

Centre for Community Child Health



Inequity in Child Health: Addressing the inverse care law – be part of the solution not the problem

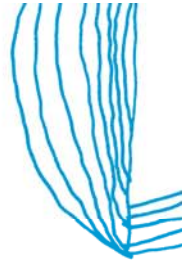
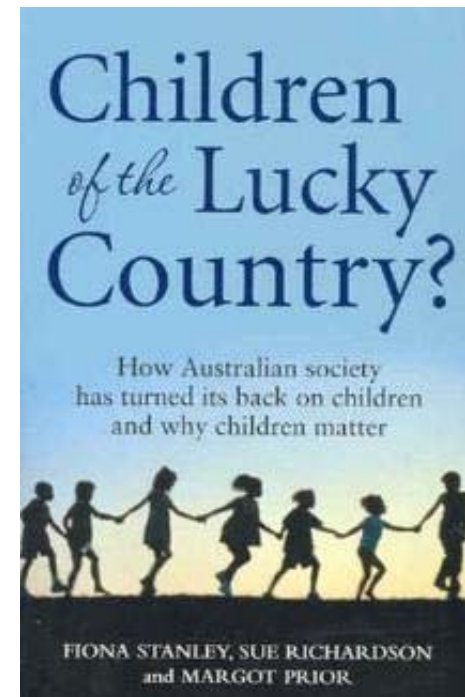
RACP Congress May 2018

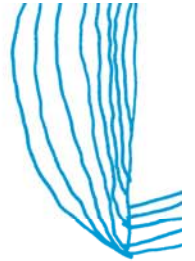
Professor Sharon Goldfeld
Deputy Director, Centre for Community Child Health, Royal Children's Hospital
Group Leader, Policy, Equity and Translation, Murdoch Childrens Research Institute
NHMRC Career Development Research Fellow
sharon.goldfeld@rch.org.au



“A society that is good to children is one with the smallest possible inequalities for children, with the vast majority of them having the same opportunities from birth for health, education, inclusion and participation.”

(Stanley, Richardson & Prior, 2005)

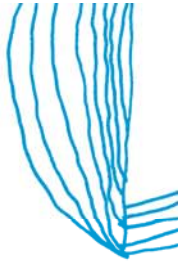
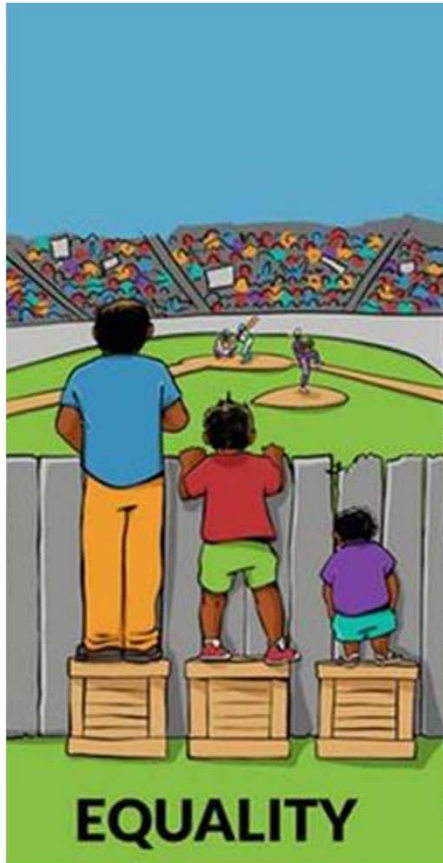


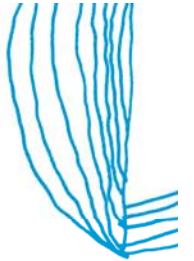
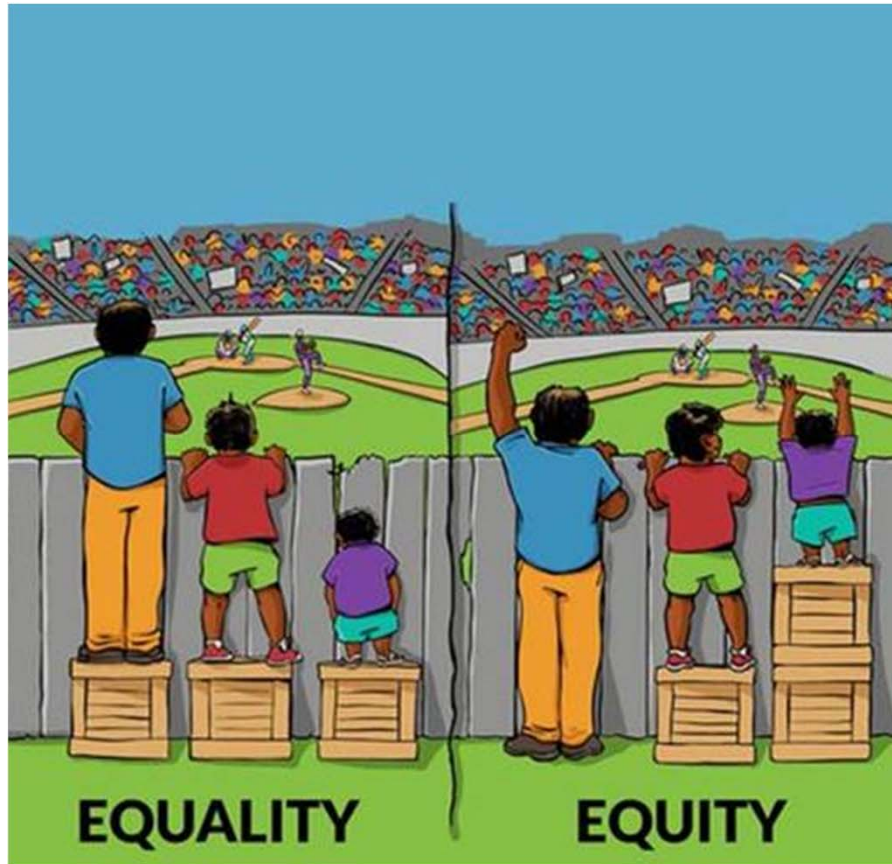


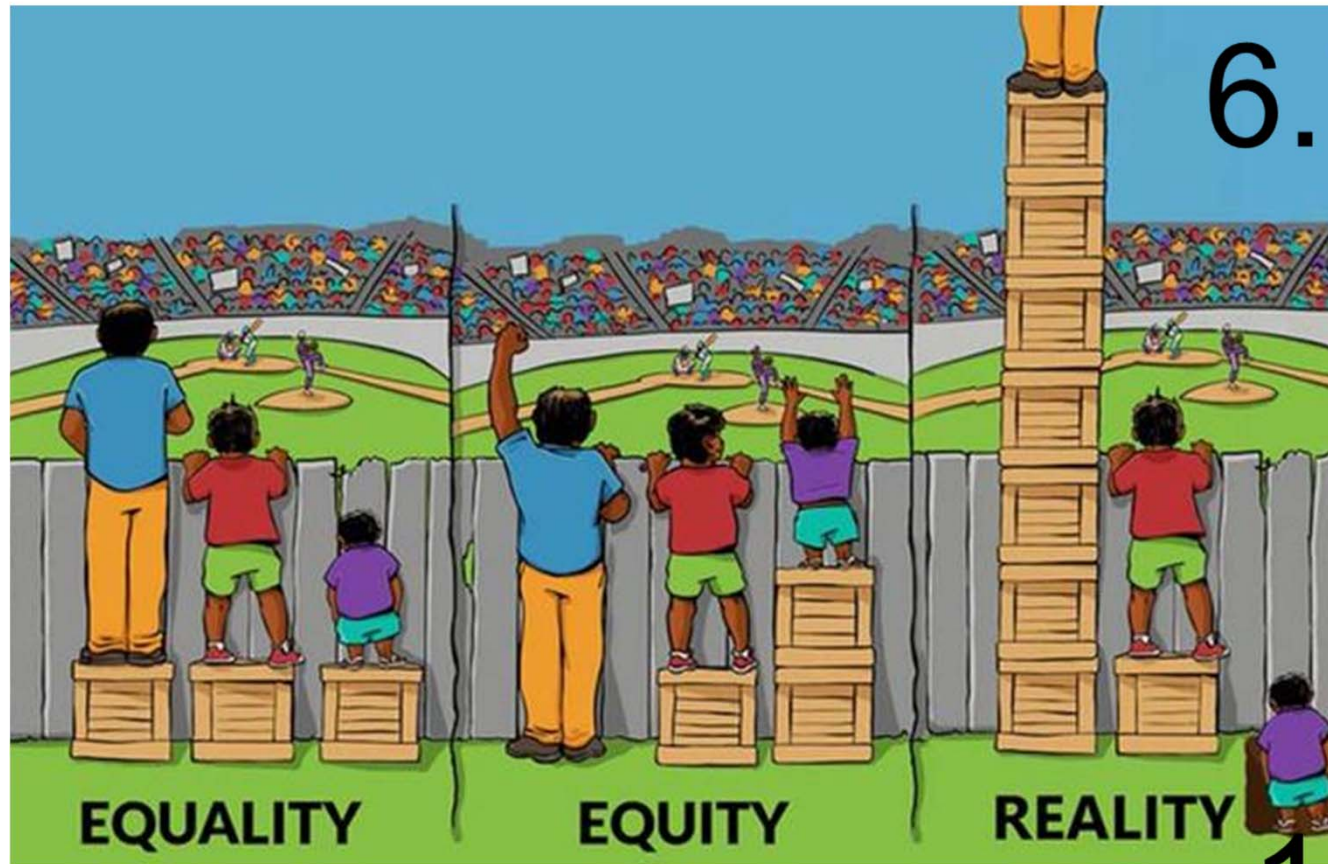
Inequity is the presence of systematic and potentially remediable differences among population groups defined socially, economically, or geographically

International Society for Equity in Health [<http://www.iseqh.org>]

Venkatapuram S, Bell R, Marmot M: **The right to sutures: social epidemiology, human rights, and social justice.** *Health Hum Rights* 2010, **12**:3-16.

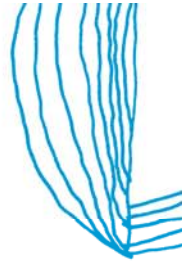




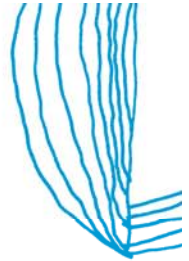


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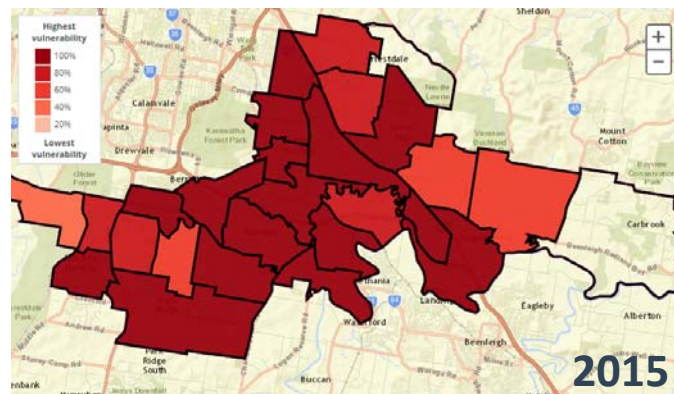
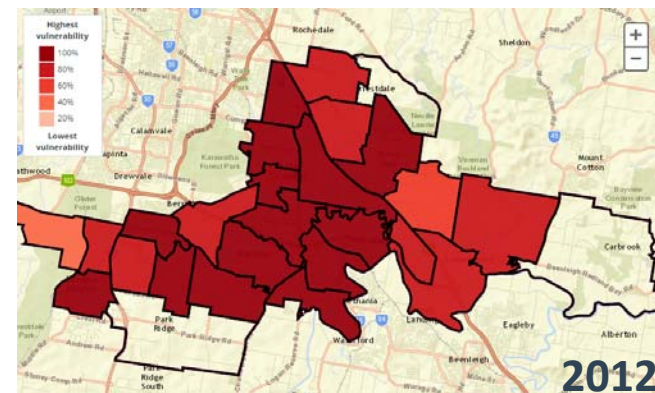
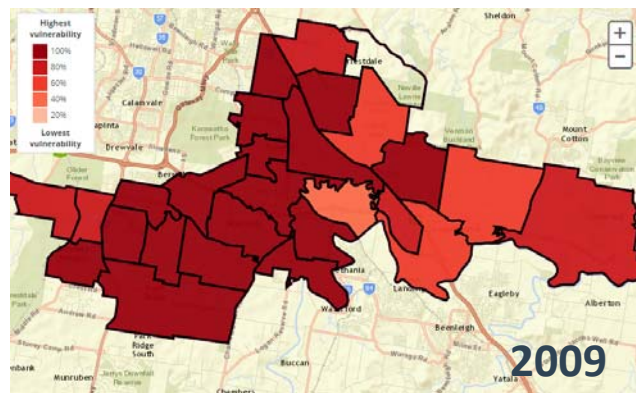
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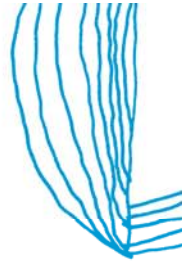


**Geographic inequities:
What is it about where you live that makes a
difference to child health and development?**



Percentage of children developmentally vulnerable on one or more domains

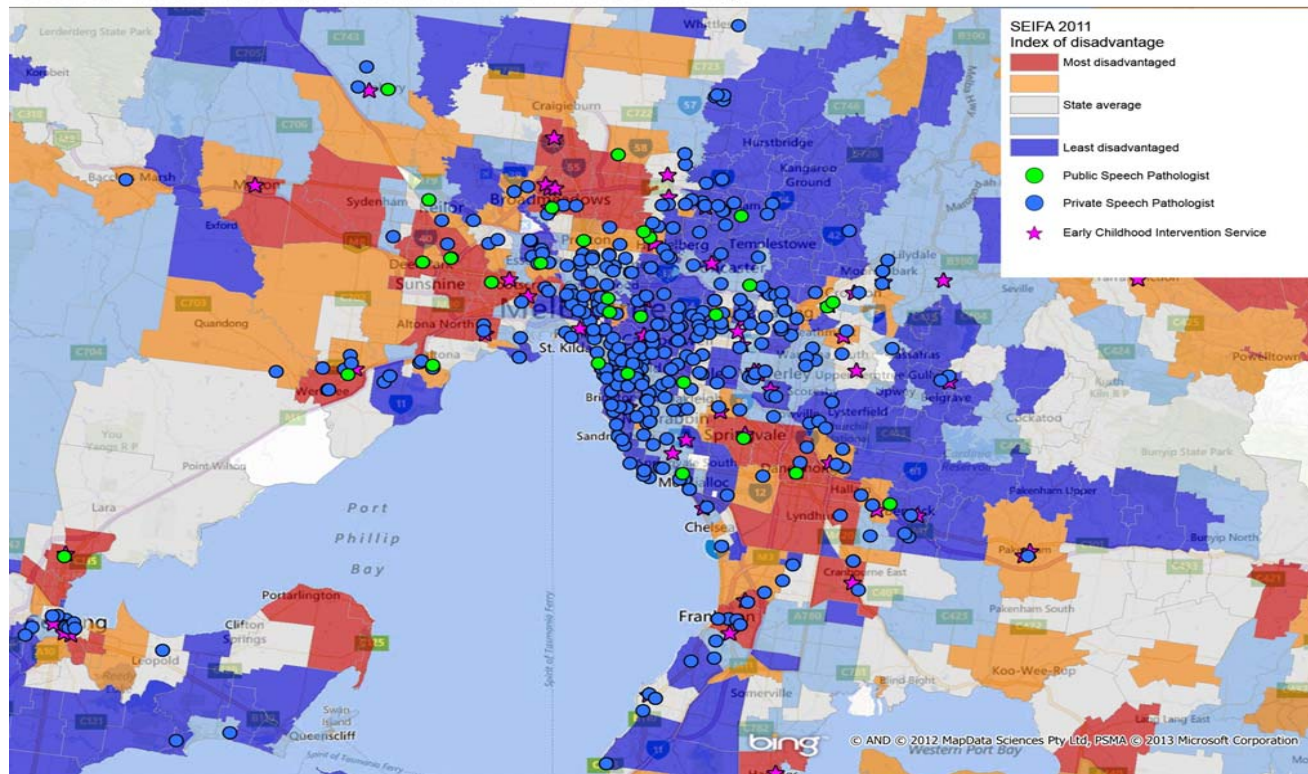




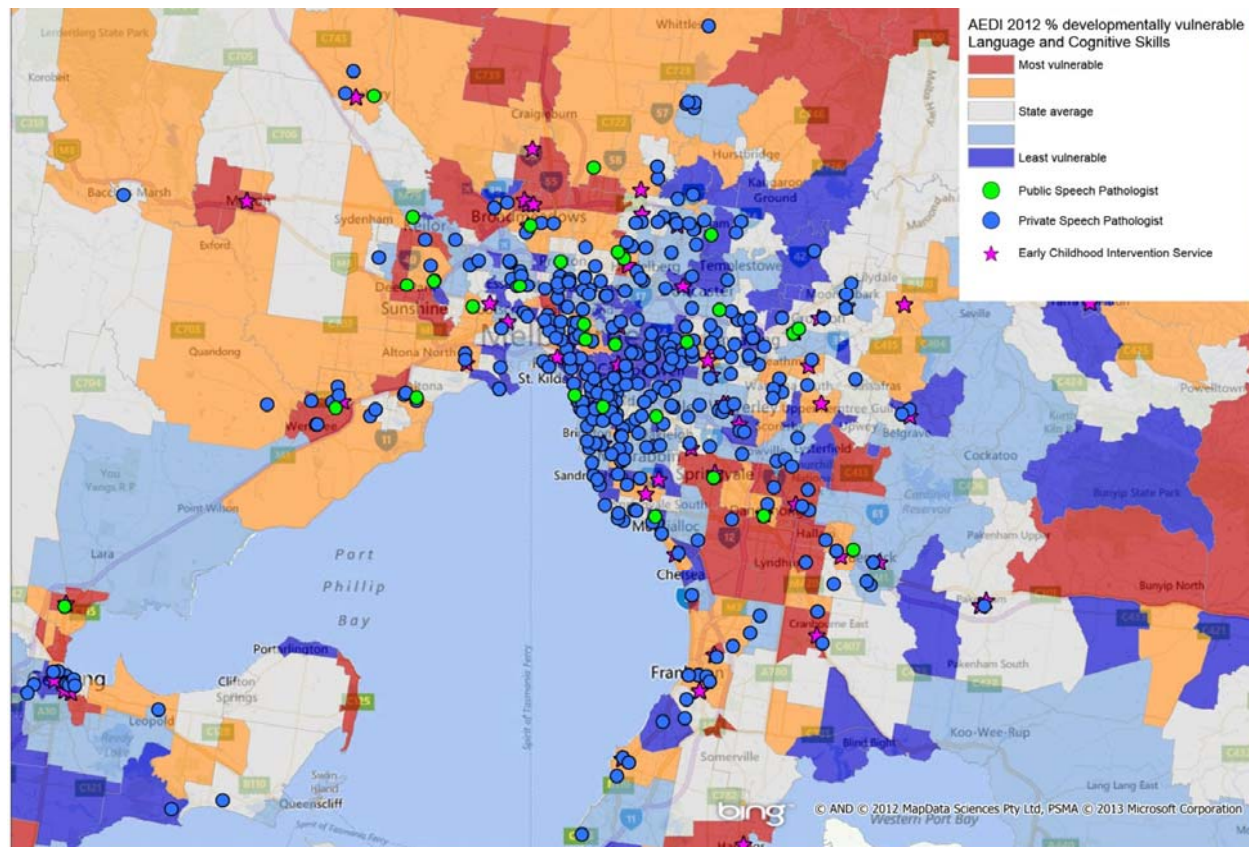
**Service inequities:
What is about the services we provide that make a
difference to child health and development?**

Locations of speech pathologists

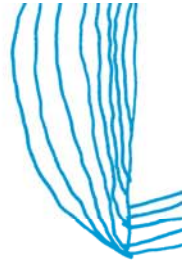
Public and private Speech pathologist locations, and SEIFA 2011 Index of Disadvantage



Reilly S, Harper M, Goldfeld S. The demand for speech pathology services for children: Do we need more or just different? *Journal of Paediatrics and Child Health*. 2016.



Reilly S, Harper M, Goldfeld S. The demand for speech pathology services for children: Do we need more or just different? Journal of Paediatrics and Child Health. 2016.

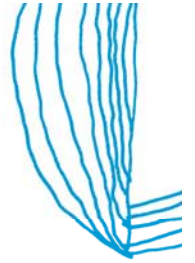


Medicare spending

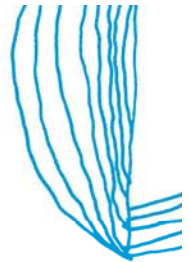
Shares of the Medicare spending by income quintile, birth to 11 years of age

Income quintile	Total spending	GP	Specialist	Imaging & pathology
Lowest	18%	20%	15%	16%
Second	19%	19%	18%	18%
Third	20%	20%	19%	20%
Fourth	21%	21%	22%	22%
Highest	22%	20%	26%	24%

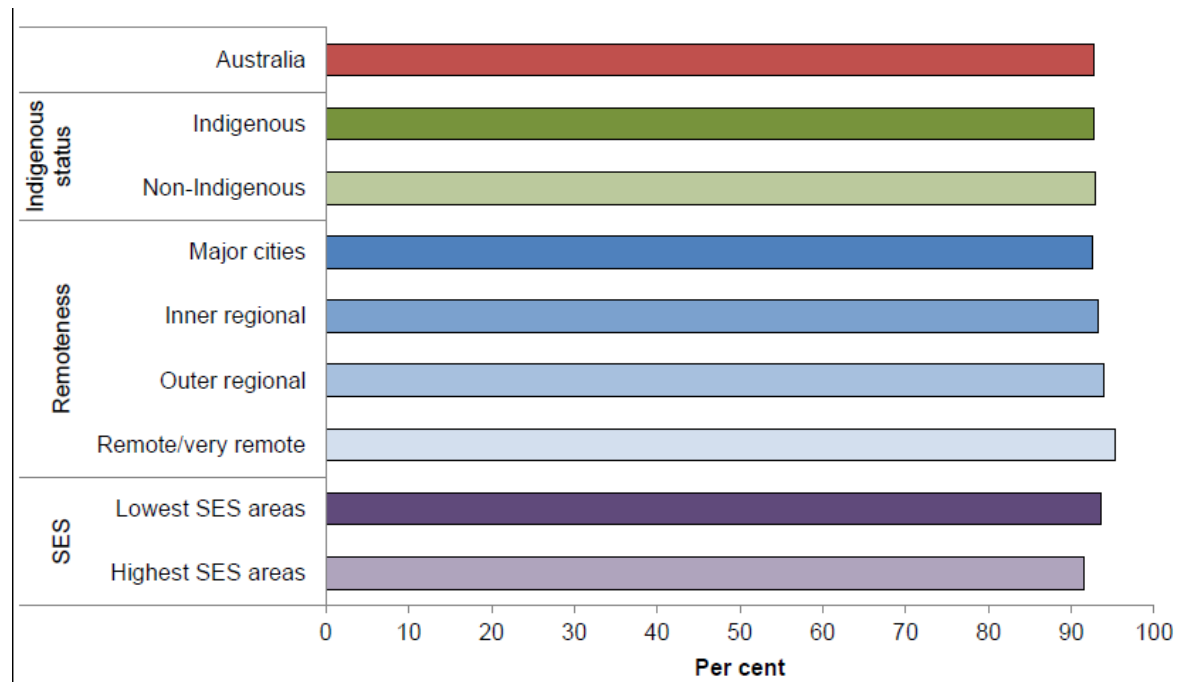
Data source: LSAC
Dalziel et al, Soc Sci and Medicine, in press



Equality of outcome in early childhood is possible in Australia....



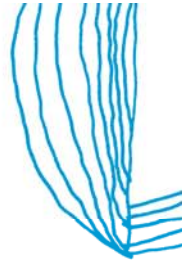
Two-year-old children on the ACIR who are fully immunised, by selected population groups, 2011

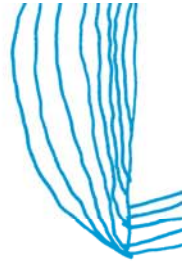


Source:
A Picture of Australia's Children 2012
Australian Childhood Immunisation Register

Many things we need can
wait, the child cannot.
Now is the time his bones
are being formed, his blood
is being made, his mind is
being developed.
To him we cannot say
tomorrow, his name is today.

Gabriela Mistral
(1889-1957)

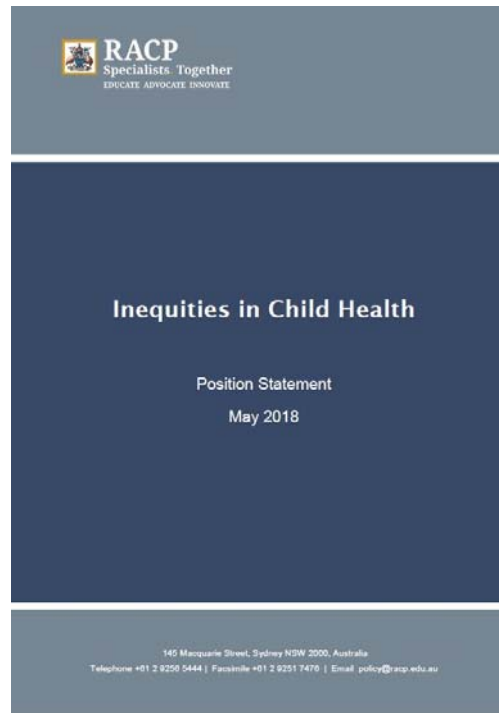




Addressing the inverse care law – be part of the solution not the problem

- Ms Megan Mitchell – Australian National Children's Commissioner
- Associate Professor Elisabeth Murphy - Child and Family Health, NSW Ministry of Health.
- Associate Professor Karen Zwi - Sydney Children's Hospital (SCH)
- Associate Professor Michael Fasher - General Practitioner
- Associate Professor Sue Woolfenden – Sydney Children's Hospital Network

Inequities in Child Health Position Statement



Working group

- Professor Sharon Goldfeld (co-chair)
- Associate Professor Susan Woolfenden (co-chair)
- Professor Innes Asher
- Dr Paul Bauert
- Dr Danny De Lore
- Professor Elizabeth Elliot
- Adjunct Clinical Associate Professor Bret Hart
- Dr Victoria Matheson
- Professor Victor Nossar
- Dr Robert Roseby
- Professor Andrew Scott