Mary’s journey across the lifecourse so far

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Mary’s Story

A “half” life

Great life

Capability

Birth

Low birth weight
Lack of extended family support
Mum low education
Poor antenatal care

Toddlerhood

Depressed Mum
Low income/food insecurity
Poor housing

Preschool

No preschool
No reading or books at home

Primary Years

Struggles at School
Language delay

Adolescence

Family dysfunction
Failing at school
Drug and alcohol use
Problem Peers
Self harm

Great paediatrician
Speech pathology
Occupational therapy
Some school support
Mary’s Mum gets support and an income

Mary’s Story

Great life
And it probably will get worse for Mary.....

The impact of Adverse events in Childhood on adult physical and mental health (Population Attributable Risk)

CDC 2018- Slide courtesy of Michael Fasher
How do we respond to Mary’s story as paediatricians?
Faces of Burnout

Fatalist - This is Mary’s biological destiny – all determined before she was born

Pessimist - There is nothing we can do anyway that works

Victim blamer - This is Mary’s mum’s fault for not accessing services

Existentialist – we’re all going to die anyway so why bother
Time to bust some myths!
The Fatalist - Mary’s learning difficulties are her biological destiny

Figure 6 Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years

Marmot 2010 –Fairer Society; Healthy Lives
The Pessimist - There is nothing we can do anyway that works
There is heaps we can do.....

Advocacy - enhance social, political, economic and physical environment; legislation (e.g. seatbelts); structural changes (e.g. housing design)
The victim blamer - This is Mary’s mum’s fault for not accessing services
Is it? We are part of the problem

The availability of good medical or social care tends to vary inversely with the need of the population served.

Canadian Institute for Advanced Research, Health Canada, Population & Public Health Branch AB/NWT 2002
Before Mary was born....

Antenatal care sessions attended and proportion of low birthweight babies, by Indigenous status, Qld, SA and NT, 2007

WHO IS THIS?
When she didn’t go to preschool

- Developmentally vulnerable in 2 domains at school entry?

- Attended a preschool program?

Where Mary Lives
# Medicare spending

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

<table>
<thead>
<tr>
<th>Income quintile</th>
<th>Total spending</th>
<th>GP</th>
<th>Specialist</th>
<th>Imaging &amp; pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>18%</td>
<td>15%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Second</td>
<td>19%</td>
<td>18%</td>
<td>18%</td>
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</tr>
<tr>
<td>Third</td>
<td>20%</td>
<td>19%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Fourth</td>
<td>21%</td>
<td>21%</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Highest</td>
<td>22%</td>
<td>20%</td>
<td>26%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Data source: LSAC
Dalziel et al, Soc Sci and Medicine, in press
The existentialist- we’re all going to die anyway so why bother?
We have sworn to help Mary

“I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person’s family and economic stability. My responsibility includes the social determinants of health as long as we are doctors.

Thus we are duty bound to treat the social determinants of health as long as we are doctors.
The equity focussed physician
Mary is experiencing multiple health inequities
due to the social determinants of health

**Inequality**
- A difference between two or more things
- Involves comparison only – can be:
  - e.g. bronchiolitis more severe in young infants

**Inequity**
- An inequality that is:
  - Unfair/unjust
  - Preventable/Avoidable
  - Systematic
  - Unnecessary

Involves comparison and a value judgment
EQUALITY  EQUITY  REALITY
The equity focussed physician

- Designs and provides services based on the best evidence and proportionate universalism
- Regularly evaluates their progress in addressing health inequities.
- Sensitively seeks information from their patients about the social determinants of health including housing, food security, income.
- Prescribes equity interventions as part of management plan including “close the gap” on prescriptions, high quality preschool, benefits, housing support, social capital initiatives.
They advocate for integrated health care systems.
And we owe it to Mary to make a difference
And it will impact on her children and grandchildren ...