Tackling child health inequities in Australia

All children, no matter where they live or who they are, should have the same opportunities to live a healthy life. But we know that factors such as socioeconomic status, geography, and level of parental education can influence a child’s health and development, and access to health care. The disadvantage many children experience means they are at increased risk for chronic issues across health, wellbeing and development.

There is strong evidence that investment in the early years is the most cost effective step to tackle adult health inequity – and the broader return on this investment for society includes economic benefits, workforce inclusion and crime reduction.

Children’s health and development shouldn’t be determined by their postcode. By making the system fairer and influencing a child’s life trajectory in the early years, we can significantly improve their health outcomes in adulthood.

– PCHD President, Professor Paul Colditz

The Royal Australasian College of Physicians is calling for the Federal Government to take comprehensive action to address inequities in child health:

1. Report annually against the Australian Institute of Health and Welfare’s Children’s Headline Indicators to keep governments accountable
2. Develop Equitable Access Indicators for children accessing health services and report on performance annually
3. Appoint a national Chief Paediatrician to provide clinical leadership in paediatric healthcare policies and programs
4. Immediately reinstate the Australian Health Ministers’ Advisory Council subcommittee on child and youth health
5. Fund, establish and maintain a national collaborative approach on research on inequities in child health.
Child health and disadvantage

Child health inequities are unfair, systematic and preventable

Many inequities start early in childhood and increase over time, meaning that the greater a child’s disadvantage, the worse their health, development and wellbeing. These gaps widen as a child grows older resulting in poorer adult health, educational and vocational outcomes. It can also have an intergenerational effect.

But these inequities can be addressed with the right policies, programs and accountability measures in place. Governments must commit to early intervention and implementing truly universal child health services.

Inequities are increasing

The gap between children living in the most disadvantaged communities and children living in wealthier areas has widened when it comes to physical health, social competence, and language and cognitive skills.¹

Recent data shows a clear link between disadvantage and poorer developmental outcomes – children who experience poverty at some time in their childhood are more likely to have poorer cognitive and social outcomes, and children who had been in persistent poverty until the age of 8–9 could be expected to be behind in reading and numeracy by at least 40 per cent of one year of schooling at a Year 3 level.²

Measuring child health inequities

All levels of government need to improve reporting to ensure child health inequities are accurately measured. This should include better integrated data and reporting systems and reporting against equity-based key performance indicators that promote children’s health, development and wellbeing.

Supporting services to provide optimal care

Sustained long-term funding will ensure child-centred health services are universally available to all children. Governments should support comprehensive services addressing child health inequities. Governments must also invest in high-quality evaluations of current evidence to inform the design of health services.

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Facts and statistics in this document are sourced from the RACP Inequities in Child Health Position Statement and other sources as cited.