Health equity and our children – where to from here?

By General Practitioner Council Chair Dr Kate Baddock

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Following on from the discussions generated by the NZMA’s position statement on ‘Health Equity - the Social Determinants of Health’ the question may now be posed - what happens next? To a large extent this will depend upon the willingness of individuals, of organisations, and of governments to commit to the principles. To understand that to change health status we have to look beyond health for the problems and the solutions.

In her Green Paper, Minister of Social Development Paula Bennett has attempted to address the problem of vulnerable children and the way they are treated (in its widest, not health, sense) which determines their future status in society. The Paper looks at how we might protect our children, nurture them and enable them to achieve fulfilling lives. While everybody may not agree with the recommendations in the Paper, we do have to acknowledge the issues that are raised. These are great starters for any discussion. Take the possibility of mandatory reporting of suspected child abuse as an example. Acknowledging that when you “get it right” there is huge benefit for the vulnerable child in this situation, and the concerns voiced over what happens when you don’t. The Green Paper speaks to the concerns of stigma to the child and the family, and the loss of trust in the relationships between the family and the professionals who are ostensibly there to help. Getting the balance right between sharing information appropriately whilst preserving trust and privacy is difficult and needs robust public discussion.

Reallocation of existing funding will be most probably be required (for we all know there is no new money) to improve Well Child services, increase access to early childhood education and to ensure that the most vulnerable children have priority. But in reality what might this mean? If you increase funding in some areas with reallocated funding, where should the reductions occur? And who decides? And where will the money come from? Who will get less so that vulnerable children get more? It has been suggested in the Green Paper that less vulnerable children may not receive access to funding. If the most vulnerable children have priority, who then decides the cutoff point that defines vulnerability? These are all challenging issues but they must be discussed and decisions must be made.

New Zealand children have some of the bleakest futures in the developed world. A new report released this month shows that New Zealand children rank 28th out of 30 for child outcomes. This ranking assessed a number of areas including infant mortality, deprivation and education. It also found that New Zealand has one of the lowest rates of spending on children at 1.5 per cent of GDP in 2010/2011. The report was commissioned by a group called Every Child Counts, which is made up of a coalition of child advocacy organisations. There is thankfully a growing recognition among many organisations that urgent action is needed. In the NZMA’s health equity statement we emphasise the importance of investing in young children to ensure the best start in life. Evidence-based investment in children will help to ensure they are healthy, educated and productive adults.
At the NZMA GPCME South conference held in Dunedin (14-16 July) there was the annual medico-political session. The health spokespeople for National, Labour, United Future, ACT and the Greens all commented on the NZMA statement on health equity and all expressed their support for it. This is the kind of “all of government,” across party lines endorsement that is needed to make progress on our children’s future.

Minister Bennett presented the Green Paper at the NZMA Wellington Council meeting earlier this month. I hope that doctors will respond to what our Chair Dr Paul Ockelford said in his speech – that all doctors have a responsibility to advocate for improved population health outcomes, including those of our children.

An initiative that has occurred following the publication of our Health Equity statement is the formation of the Wellbeing Group, made up of individuals and organizations. It is a network supporting child advocacy to enhance the effectiveness of action for children. What has become evident, as espoused by Sir Michael Marmot, is that if we can recognise the wider social determinants – such as poverty, education, and housing - and improve them for all children, then society as a whole will benefit, and enjoy better health outcomes as a consequence.