Equity, Social Determinants, and Children’s Rights: Coming to Grips With The Challenges

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The United States is the only country that has not signed the United Nations Declaration of Children’s Rights—a major indictment in itself. Documents on “rights” generally focus on the individual; it is the individual who is born with assurance of protection and entitlements. No such assurances exist for children in the United States. Only 26 state constitutions include provisions for a right to health care, but, even in these states, the “right” is conceived of as a charity rather than as something that is legally enforceable. Thus, rights to the “right” is conceived of as a charity rather than as something that is legally enforceable. Thus, rights to health care in the USA are dependent on specific legislation. Only in Hawaii and Alaska do the state constitutions have provisions that are more socially compelling.

Rights, however, are absolutes. Where they exist, no individual can be deprived of them. The ethical principle of social justice, however, is a relative attribute. In health, issues of social justice are generally formulated in terms of “equity,” most recently defined by the International Society for Equity in Health as “the absence of systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, or geographically.” “Differences” are relative phenomena; what makes differences inequitable is that they are systematic across groups of individuals (not individuals themselves) defined in societal terms.

A vast literature, known collectively as “social determinants” literature, documents the existence of inequities (ie, inequalities that are systematic across defined population subgroups, both across and within countries). This literature has been succinctly summarized by Wilkinson and Marmot, and the World Health Organization is currently forming a working group to deal with the issues on a worldwide basis.

As a body of work, the social determinants literature is largely descriptive, cataloguing the host of characteristics that are associated with inequities and their impact on various aspects of health. Equity research, on the other hand, is devoted to understanding the pathways through which such characteristics operate, with the aim of guiding policy to reduce inequities. As in any new field of scientific endeavor, questions about mechanisms can only be posed when there is a conceptual framework to guide thinking. Although there are many such frameworks for thinking about “social determinants,” there are few that are adequate for thinking about pathways to equity that could inform policy. Very recent research provides better information than has been possible in the past. This new knowledge indicates the importance of several key points.

1) Social disadvantage is damaging at every stage of life, but especially early in life.
2) The principles of penetrance, pleiotropism, and etiological heterogeneity are applicable far beyond their origins in genetics. That is, the same exposures do not always lead to an effect; the same exposures may result in different effects, and the same effects may occur through different exposures. This can only mean that specific types of influences operate in different ways under different patterns of exposures, with a variety of types of exposures interacting to produce different patterns and degrees of effect. There is rarely a “cause” or “determinant”; all that can be inferred is “influence” or, more specifically, patterns of influence.
3) Influences arising very early in life, sometimes at critical periods, set the stage for inequalities in health later in life, with effects generally accumulating over time and potentiated (or mitigated) by events occurring later in life. The extent to which early damage is reversible depends on the particular nature of the early damage as well as the particular later effects. Some findings from the research are intriguing.

- Interference with growth (intrauterine, infancy, and/or childhood) is associated with an increased risk of later ischemic heart disease, ischemic stroke, and chronic obstructive pulmonary disease. Such influences are likely to be additive, at least with respect to ischemic heart disease and chronic obstructive pulmonary disease.

- Early exposures to infection (as through crowded households or environmental hazards) are associated with increased likelihood of subsequent gastric cancer, hypertension, hemorrhagic stroke, and rheumatic fever.

Most of the life course perspective derives from longitudinal cohort studies in the United Kingdom. Proposed longitudinal studies in the USA, including possible prenatal and birth cohorts, could address similar
issues in this country, guided by a conceptual framework that captures environmental, social, and societal influences as well as biologic ones.  

4) Effective technologic advances, while generally improving average levels of health in populations, often worsen inequities because of their greater availability to more advantaged populations.  

Equally notable is the within as well as across countries: the better the primary care services have better health as measured by a variety of indicators, including (but not limited to) infant mortality (especially postneonatal), mortality from heart disease, mortality from stroke, and self-reported health. This evidence is consistent across scores of studies, both within as well as across countries: the better the primary care, the better the health levels. Equally notable is the evidence that the better the primary care, the less the inequity.  

The nature of societal resources makes a difference to health, as shown by the differences in impact of health insurance expansions (such as Medicaid and S-CHIP) and services directly provided (such as community health centers). The latter are associated with much larger reductions in inequity in health, including low birth weight, than is the former. The same is the case for studies in which the health measure is self-reported health. The very large number of studies of the impact (or lack of it) of prenatal care on low birth weight have failed to consider the role of good primary care provided to the mother before conception; the few that have considered this effect find an important relationship.  

While there may be alternative hypotheses to explain these effects (eg, areas with better health policies may also have more socially responsible social and economic policies), none of these alternatives have been shown to alter the primary care findings. Even the degree of income inequality, generally agreed to be related to differences in health levels in US states, loses much of its explanatory power in the presence of primary care resources and quality of services delivery.  

Other studies also show an impact of broader societal strategies. Infant mortality and suicide rates have been associated with type of political regime. Other health outcomes appear to be associated with societal strategies such as social transfers, minimum wage levels, and voter representation.  

As noted above, the search for understanding the genesis of inequity and, conversely, the search for strategies to reduce its impact depends on the adequacy of conceptual models that clarify the nature and interactions of influences on the distribution of health. The Figure provides such a conceptualization based in large part on accumulated evidence. In contrast to other models of the “determinants” of health, most of which include primarily social and behavioral influences at the individual level (eg, income, education, occupation, material resources, behaviors, social interactions, environmental exposures, receipt of health services), this model also specifies characteristics at the community and policy levels (eg, societal influences). Health policies influence overall health levels in populations as well as equity in the distribution of health. The most important policy characteristics appear to be governmental efforts to distribute resources according to needs (rather than demands); government provision or regulation of private provision of financial access to services; and low or no copayments for primary care services.  

Greater conceptual clarity, better research design, and inclusion of a greater variety of potentially relevant variables can be expected to clarify the nature and pathways of societal influences. Armed with such knowledge, pediatricians, family physicians, maternal and child health professionals, nurse clinicians, child health advocates, and others who care for children can be more effective in
working toward increasing equity in the health of children.

EQUITY RESEARCH BY CHILD HEALTH PROFESSIONALS

The issues addressed in this commentary indicate several areas for research concerning equity in children.

1) Follow populations of children through time, taking account not only of individual biological and social characteristics but also of social, physical, political, and health services characteristics of their environments. It is now possible to link individual data with data on area of residence; such linkages should become increasingly routine in research on the genesis and progression of ill health.

2) Think beyond specific diseases to patterns of ill health in population and subpopulations. Systems to characterize burdens of illness across different diseases are now available, and new instruments for assessing health status now permit the identification of subgroups of children who are particularly vulnerable to higher overall morbidity. Studies that focus on particular diseases will never provide a good basis for understanding the genesis of illness and its distribution in populations.

3) Create population-based registries that include information on overall burdens of morbidity and that are standardized service settings to permit comparisons of the effectiveness of various types of health services and settings in preventing the onset and progression of illness in populations and subpopulations.

The successes of such efforts can be expected to have a great effect on the overall population because of the long reach of childhood on a society’s health.

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