POSITION STATEMENT

The Royal Australasian
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The Royal Australasian College of Physicians Paediatric & Child Health Division 145 Macquarie Street, Sydney, NSW, 2000

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Summary of Position Statement on Inequities in Child Health

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All children, no matter where they live or who they are, should have the same opportunity to fulfil their potential. Child health inequities are differential outcomes in children's health, development and well-being that are unjust, unnecessary, systematic and preventable.¹ Many inequities start early in childhood and increase along a clear social gradient.² This means the greater a child's disadvantage, the worse their health, development and well-being. These gaps widen as children progress across the life trajectory resulting in adverse adult health, educational and vocational outcomes, with increased subsequent premature mortality and morbidity. This can have an intergenerational effect with inequity passed on to the next generation.³

In Australia and New Zealand a large number of children are currently missing out on the benefits of social and economic progress.^{4,5} They will not have the same health, wellbeing and developmental outcomes of their more socially advantaged peers. There are groups of children who are particularly at increased risk of experiencing health inequities that are beyond socio-economic disadvantage. These include:

- Aboriginal and Torres Strait Islander and Māori children;

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- Children of refugee and asylum seeker families;
- Children from culturally and linguistically diverse (CALD) backgrounds, including Pacific Islander children in New Zealand;
- Children living in rural and remote communities;
- Children living in out of home care;
- Children born in to poverty;
- Incarcerated children and young people; and
- Children with disabilities.

Many children who experience inequities in health are also disadvantaged in accessing health care.^{6,7} Their access to quality health care (especially specialist care) is adversely affected by social determinants of health such as geography (including living in rural and remote areas), ethnicity and socioeconomic status despite increased clinical need.

Inequities in health have high costs to society. In New Zealand, they're estimated to cost up to \$6 billion per year.⁸ The cost of inaction on the social determinants of health on productivity and expenditure in Australia has been estimated to be as high as \$14 billion per year.⁹ By tackling health inequities, societies achieve better health overall and the social gradient flattens with a "spill over" effect on non-health outcomes such as social, educational and workforce inclusion and crime reduction. Significant economic benefits flow from providing strong and truly universal child health and education services that are proportionate to a population group's needs, with those children most at need having the greatest access to quality services.¹⁰

The Convention on the Rights of the Child (1990), ratified by Australia in 1990 and New Zealand in 1993,¹¹ states that children must be free from discrimination, have an adequate standard of living for development, and should be provided appropriate support programmes, particularly with regard to nutrition, clothing, housing and health care. Governments, policy makers and health professionals must work together to reduce these inequities.

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