8. Social inequalities in health during childhood

I am Bénédicte Apouey a researcher with the CNRS the Paris School of Economics and an affiliate at Hospinnomics. In this video, I will talk about social inequalities in health during childhood. Social inequalities in health have long been observed among adults. Today in France, for example when it comes to mortality the difference in life expectancy between blue- and white-collar workers is about six years for men. For women, this difference is three years so smaller, but substantial nonetheless. These differences can be found across a number of social indicators. I just mentioned professions, but life expectancy also differs according to wealth, income or level of education. There are also many health indicators other than mortality such as chronic diseases. These inequalities in mortality have been rather stable over the last few years. We have some difficulty understanding why these inequalities exist. Three explanations for inequalities in mortality Health economics provides three explanations for these inequalities. One of them is that the socio-economic status has an impact on health i.e. people with a higher socio-economic status may have access to better quality of care may live in a safer environment and may also have access to better quality food which would lead to a better health status. Another explanation says the exact opposite i.e. that it is the health status that impacts the socio-economic status. Someone who has better health would reach higher levels of education because of this better health and would also work more productively which would result in a higher socio-economic status. The third explanation for these inequalities underlines the importance of unobservable factors. For instance, some people are more inclined to look into the future. Economists would say that their present bias is lower and this could result in a better socio-economic status and a better health status. The two are therefore correlated but there is no causal link. Recent research on social health inequalities splits into two main streams. One of them looks at sudden changes in socio-economic statuses that cannot be anticipated e.g. when someone very suddenly wins a large sum of money, such as on the lottery. The other one focuses on children. The reason for this is that in developed countries children generally do not work. Their health status therefore has little or no effect on their parents' socio-economic status unlike in developing countries where children do work. Short-term and long-term effects of children's health status. There are several reasons why we work on children's health. Their health status has both short-term and long-term effects on their level of education as well as on their future health. For short-term effects on the level of education data collected in the US and Canada show that children with attention deficit disorders i.e. hyperactivity have lower grades even when their disorders are mild. Long-term effects on health have been to shown to partly be caused by living habits which are made during childhood and then kept later in life. Main research results on social inequalities in child health I will now give you the main results of research concerning social inequalities in child health. Research first showed that there are social differences in pregnancy monitoring, birth weight and in the probability of death at a very young age. Regarding obesity a number of results are rather well known. Over the last few years researchers in France found that among five-year-old children around 12% of them are overweight. This reveals a wide social gap: 16% of the children of blue-collar workers are overweight compared to only 7% for children of white-collar workers which is a big difference. In health economics there has been a lot of work over the last few years on another indicator of children's health – their general health.

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This indicator covers weight problems as well as everything to do with mental health and other physical health issues. The first study was based on data from the US and showed social differences in health in all age groups between the ages of 0 and 17 years. It also showed that these inequalities increase with time as if the parents' socio-economic status had a cumulative effect on children's health. This same study was carried out in other countries, starting with Canada. There, it was found that, despite universal health care access there are still inequalities which also increase over time. I conducted research with Pierre-Yves Geoffard using French data, and we got similar results i.e. inequalities which also seem to accumulate as children grow older. These inequalities can also be seen on a regional level as some areas, such as Educational Priority Areas have overweight rates among children and teenagers that are higher than in other areas. How can public policy help fight these inequalities? The main question is how we can use public policy to fight these inequalities. An economically sound solution would be to say that we should not simply implement care-related measures only. Although health care has an impact on health it is never the main determinant of health status. Economists say time and time again that we must implement policies with a much further reach than merely making access to health care easier. These inequalities have been taken into account only recently by French policymakers. This happened in the early 2010s with two main events. One was the publication of the 2009 report on social inequalities in health by the High Council of Public Health. The other focused on children specifically and was a report by the General Inspectorate of Social Affairs published in 2011. This report recommends making a reduction in childhood social inequalities an explicit goal of public policy. The 2011 report includes several strategies to tackle social inequalities in health. One involves improving home life another covers what could be done in schools and a third encourages support for parents. Other ideas are also being considered but the important thing is that these strategies do not involve health care itself but rather broader social actions. To conclude, the social inequalities in health that we see among adults are caused by inequalities in childhood. As for public policy it is important to not focus solely on access to health care but also on wider social measures. One final point is the necessity of evaluating future policies by assessing the cost effectiveness of these measures so as to avoid pursuing policies that turn out to be too costly or not effective enough.