

# Social & Community Child Health – the Paediatrician's role

PNG Paediatric Society mid-year Meeting

Kokoda Trail Motel

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# Introduction

- Social paediatrics and community child health are not new concepts in the field of child health (paediatrics)
- In some parts of the world (Turkey, the Netherlands), specialized programs dedicated to social paediatrics
- UK: community child health refers to the role of paediatrician and/or child health practitioners (GPs, nurses) in non-hospital settings; social paediatrics refers to health of vulnerable groups of children and young people (out of home, behavioural, mental health)
- PNG: medical care of the sick and public health interventions for the well children in our communities play an imp

# Global definitions of Social Paediatrics

A global, holistic, and multidisciplinary approach to child health; it considers the health of the child within the context of their society, environment, school and family, integrating the physical, mental and social dimensions of child health and development as well as care, prevention, promotion of health quality of life.

Social paediatrics acts in 3 areas:

- child health problems with social causes,
- child health problems with social consequences, and
- child health care in society

And encompasses 4 areas in child health care:

1. curative paediatrics
2. health promotion
3. disease prevention
4. Rehabilitation

(ESSOP – 1977)

# Global definitions of Community Child Health

- Preventative and curative paediatrics practiced in non-hospital, community settings (well baby clinic, outpatient depts, schools)
- Its concern is with healthy children as well as sick children and child health practitioners may be a range of child health professionals
- It also encompasses components of child health including developmental paediatrics, behavioural paediatrics, school health and ambulatory paediatrics

(N. Spencer - 2005)

# In PNG

- PNG paediatric society celebrates 50 years of existence in 2025
- Evolution of PNG Child Health over 42 years:

- ➔ expansion of the immunization program
- ➔ standard treatment manual into 11<sup>th</sup> review
- ➔ child health & adolescent plan & policy 2<sup>nd</sup> edition
- ➔ PHRS into 12<sup>th</sup> year

## **Goal:**

Reduction <5MR (75 – 49)  
Reduction in IMR (57 – 33)  
Reduction in NMR (29 -20)

SDG Projection 2030

<5MR (25)  
NMR (12)

DHS 2016 -18

# The changing trajectory of Child Health Problems

## Gains

- Reduction in <5MR
- Key advances in public health interventions (EPI, Nutrition, communicable diseases)
- Anti-microbial revolution that prolongs life of the very sick & vulnerable

From era of addressing immediate health threat



chronic disease management  
&  
secondary prevention

Today's child health services are of multifactorial nature

**While more children are surviving in PNG in the 21<sup>st</sup> century, NOT all of them are thriving**

# How can the profession best move beyond helping children to survive to helping them thrive?

- There is evidence from neuroscience that the early years of development from conception to age six, particularly for the first three years, set the base for competence and coping skills that will affect learning, behaviour and health throughout life.
- Child health inequalities begin as early as in infancy (Reichman, Hamilton, Hummer, & Padilla, 2008) and perhaps before birth (Kimbrow, 2008)
- Epigenetics and adverse childhood experiences affect children's ability to thrive in any society

# How can the profession best move beyond helping children to survive to helping them thrive?

- Firstly, how we define Child Health in PNG determines how it regards its mission and how it proceeds to fulfill it
  - If care is directed at the domains of biological dysfunction of death, and dying, then the tools of clinical science are aimed towards it
  - BUT... if clinical paediatrics directs itself towards health, well-being, and the whole person – not just to the biology of disease – then clinical science of child health is not just coupled with a humane attitude of care to our patients but to also understand that our patients do not exist in isolation – many social and environmental constructs which are relevant for health
- Secondly, making the shift from healthcare focused on medical care to a health system supporting healthy lives is unlikely to succeed without buy in from those who work in the system



# Re-imagining Child Health in PNG

- Re-imagining paediatrics requires paying attention to the social determinants of child health
- While surface issues associated with survival are easy to fixate on, most diseases are attributable to the social conditions of where people live and work. Example:

Acknowledged determinants of health such as:

- Rural vs. urban (urban rich vs. urban poor)
- Parental occupation
- Use of alcohol/tobacco

influence the effectiveness of health care delivery

Other factors such as:

- Ability to afford medications
- Access to transportation
- Available time
- Competing priorities

may influence health outcomes even more

- Beck (2016) estimates that around 20% of paediatric presentations stem primarily from social problems.
- Paediatric care is frequently the point of first contact between healthcare services and children and young people with health and social problems. Given that adverse early life environments affect children's later life outcomes, paediatricians are ideally placed to identify those most at risk of later disease and to facilitate interventions for prevention, support and solidarity.
- Medical institutions worldwide affirm this view.
  - Turkey & The Netherlands – specialized programs for social paediatrics
  - AAP – call for paediatricians to routinely screen for child poverty and address socioeconomic deprivation
  - UK - Royal College of Paediatrics of and Child Health (RCPCH) call for a wide range of skills and knowledge around the social and psychological aspects of paediatric care

# What does social paediatrics look like?

- It would be easy to see patients with complex health issues as a burden – requiring extra work that is neither rewarded or not central to our core clinical expertise
  - It is understandable that since the social determinants are distal “causes of causes” acting over the course of an individual’s life, they seem beyond the control of individual paediatricians
- Rather than despairing, a socially conscious paediatrician can feel inspired to open up action both at the level of the patient and at the level of the wider community and population at large

# How might a social lens change paediatric practice?

1. At the level of the individual and interpersonal
  - Understanding social history
  - Refocusing research and quality improvement
  - Social prescribing
2. At the level of local service provision
3. At the level of national policy and advocacy

# 1. At the level of the individual patient and interpersonal

## Understanding social history

- Many social barriers exist between patient and clinician
- Deliberate inquiry into the social environment allows the clinician to understand behaviours such as:
  - Non-adherence to treatment plans
  - Missed appointments
  - Failure to attend on time
- Greater sensitivity towards patients social challenges could directly improve the quality of healthcare received

## Refocusing research and quality improvement

- It is part of the duty of all health professionals to engage in activities that are not strictly clinical and yet have implications of patient care or service provision
  - E.g.: a study might find that visits to consultation clinics are very expensive, preventing some families from receiving optimal care
  - Data from such studies not only shapes services but becomes useful for broader advocacy efforts

## Social prescribing

- Social prescribing is a way of linking patients with sources of support within the communities
  - Identify support networks within communities where families live and link patients and their care to such support
  - Didiman projects, life-skill training for parents, etc.

## 2. At the level of local service provision

- One of the key roles of paediatricians is:  
“work in multidisciplinary teams and with colleagues from a wide range of professional groups in hospitals, in the clinics and in the community, in social services and schools and with the voluntary sector.”
- A social lens encourages removal of barriers to care, and gives greater autonomy to patients and a development of more collaborative ways to ways of working
- Placing the needs of the child and family at the centre of child health practice means focusing on whether the best care is being delivered by the right combination of people, at the right place and at the right time.

### 3. At the level of national policy and advocacy

- The safeguarding of children must also include protection of children from social disadvantage
- As paediatricians, we must commit ourselves to the policy of advocacy for a healthy lifestyle in children ([CHAPP 2021-30](#)), and for protection of their rights ([LPA 2015](#), [UN-CRC](#))
- To fully realize our goals as champions for the health and well-being of all children – we must also advocate for our own education and training to reflect the social nature of health problems, if we are to respond to them appropriately



# The challenges of “socially conscious” paediatrician

- A more social role would place such heavy burdens on paediatricians with regard to time and volume of work, while desirable in ideal world, not practically sustainable

# In Conclusion

- Social problems affect children and young people's health and the effectiveness of their treatment:
  - we simply cannot afford to ignore them in assessments and treatment plans if we hope to improve outcomes, reduce costs, and improve patient satisfaction.
- A clinician's acknowledgment of social forces can strengthen their therapeutic alliance with patients. Patients and families know paediatricians cannot alleviate their poverty, obesity, or mental health burdens, but empathy and concern shown by a clinician who explicitly addresses them constitute powerful medicine.
- Crucially, a social lens enables paediatricians to see beyond and stretch the limits of their clinical roles to consider alternative avenues for fully realizing their professional obligations to uphold and promote child health.

- Socially conscious medical practice is currently far from mainstream
- As roles of paediatricians in PNG continue to evolve, we must also evolve and align ourselves with the modern systems of health care
- Paediatrics has a track-record for transforming the medical profession: the primacy of patient rights and the patient-centered care movement result from reform originating in paediatrics.
- By tackling 21st century health challenges with a social lens, paediatrics could be poised once more to lead professional change.