Once again, welcome to Newcastle. We will introduce this session by bringing it home to Newcastle, back to the home of the Thousand Family study. In 1947, Sir James Spence, who was the previous chair here at the University of Newcastle, had the vision to enroll every child born in the city of Newcastle in May and June of 1947 into a longitudinal cohort study. The purpose of the study was to understand the reasons for the high mortality rate of children from infection in the north of England. Before the war, this region had one of the highest rates of infant mortality in the United Kingdom, and he wanted to see why these children were dying. This enormous study initially lasted until the end of the first year, but the results were so intriguing that it was carried on to 5 years and then 15 years.

The key finding from the first year was that infection and ill health were related to social factors. The most important social factor was mothering skills, or parenting, as we now call it. Parenting was measured by asking health visitors (ie, public health nurses) to visit these families’ homes once a month and to categorize the mothers’ coping skills into “coping,” “not coping,” and various other categories. One of the major findings was that parenting skills were the most common and important factors in determining children’s health.

Fifty years later, it was decided to follow-up this cohort to determine whether it is fetal life, infancy, childhood, and/or adult life that determines adult health outcomes. The data were reanalyzed using sophisticated multiple regression techniques. The analysis indicated that parenting was not the most important factor in determining adult health outcomes. The most important factor was, by far, poverty—even the best parent could not mitigate the effects of grinding poverty.1 Recent studies have further demonstrated the importance of child health to adult outcomes.2

It will come as no surprise to anyone here to learn that poverty, more than any other factor, affects children’s health. However, other considerations, including access and quality of health care, also may impact child health outcomes. Although we have different health care systems in the United Kingdom and the United States, it is important to recognize how truly difficult it is to define the impact of these differences as they relate to the effect of equity in access and quality of care on disparities in child health outcomes.

These are some of the issues with which we will be dealing in this session and throughout the meeting. In this session, Joel Alpert, MD, FAAP, will be discussing access to care in the United States as it relates to US insurance policies. Leslie Davidson, MD, MSc, FFPHM, FRCPCH, will describe the UK National Health Service and its effectiveness.

REFERENCES

Session 2 Introduction: Health Systems in the United Kingdom and the United States and Their Role in Increasing Equity
Alan Craft and Fernando Guerra
Pediatrics 2003;112;712

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