Health inequalities podcast – talking with families

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Helen Stewart
Hi so welcome to the Royal College of Paediatrics and Child Health podcast. This is the first of a short series on health inequalities. My name is Helen Stewart. I'm the College's Officer for Health Improvement. I'm also a consultant in paediatric emergency medicine in Sheffield and a transport doctor in the North West.

I'm joined today by two of the guys from Liverpool who are going to introduce themselves. Ian, let's start with you.

Ian Sinha
Hi, I'm Ian Sinha. I'm a consultant respiratory paediatrician and at Alder Hey Children's Hospital in in Liverpool. And I work as an associate professor in the University of Liverpool and I co-direct the research group within Alder Hey called the Lab to Life Child Health Applied Data Centre.

Alice Lee
And I'm Alice Lee. I'm a paediatric trainee in the north west and I'm currently a clinical innovation research fellow in the Lab to Life Centre doing a PhD in respiratory health inequalities with Ian.

Helen
Thanks for joining us. So I thought we'd start by talking about what got you guys interested in health inequalities. What was it that brought it to your attention? Ian, I don't know if you want to start with that one?

Ian
Yeah, yeah., it's something that has always been visible to me is that both as a medical student and as a doctor, and even meeting before being a medical student, and I when I was at medical school at Newcastle, I had a really inspirational and mental in many ways, who was a community paediatrician called Tony Waterstone, who's just a great guy, and he was the person really who gave me the confidence to start questioning why we're doing all the things that we're doing, only to just send children into situations that make them sick. And when I started medical school in 1997, there was a shift in government from tr0ee

And obviously as times's gone on as a respiratory paediatrician, I think it's 70 to 80% of what I see is just simply the manifestations of poverty in one way or the other, or complicated by poverty one way or the other. So it's just very ingrained in in what we do.

Helen

Definitely, I work in emergency department and it's a huge part of a lot of our presentations. Alice, what about you? What got you interested?

Alice

Very similar things really. So similarly throughout medical school and early in training, being very aware of, you know, the injustice of what I was seeing presenting to A&E, presenting to the hospital and the situations that we were we were sending families and children back into. And then during my paediatric training, you know. I think it sometimes is a bit corny, isn't it? To quote Michael Marmot. But the whole idea of why send someone home to the same environment that's making them sick.

Alice

And so I knew that that was an area that was interested in and spent some time going, you know,

want to achieve and that requires a lifelong approach, and we're in a unique position as paediatricians because our adult colleagues who we know and love are basically just managing the decline of long health or gut health or brain health in adulthood. But really what they're doing is addressing things that went wrong 40 years earlier in that person, so we're the unique and crucial position to try and advocate for a lifelong change. When you get the biggest bang for your buck by investing in in, in making improvements early.

Alice

You know, at least when I7 (hi{c) 17.3 (g}om 7.7 (e) 1.9 4 adalnaounh.5 (w,) 4.9 (w an}3 .5 (uat) 3.6 (}4(wh) 9.7 (el}kayn

back to clinic in six weeks, that's a big chunk of their time that they're not earning, that they're paying for parking, travel, childcare, all these kinds of things. So it's really important that there's an open discussion about both those aspects, how their living circumstances might impact on their child's health and how their child's health might impact on their living circumstances.

And so I'll be honest, I've never really had a problem myself. No one ever questioned why I'm asking these things. I think it's important that we ask it to everybody and not a believer in the idea that we should target groups that we think might be poor and talk to them about it. Ask everybody, you know, we don't know who's struggling just cause of how someone's turned out. We've got some, you know, certainly in my life I've seen really rich people who look like they're wearing clothes straight out of the bin. And I've seen really poor people who pay so much respect for the NHS and the way they want to show that is by turning up immaculately. And so it's impossible to tell from what people look like. I know of families where there is a really high level of income, who's someone in the family, has got, you know, gambling problem and the money just goes. So there might be a huge income and 0 wealth. So we can't pick that.

Alice

No, I completely agree with everything Ian was saying that and I think especially for people who are feeling a little bit nervous about speaking about these things with families.

know, contributed to or is associated with or increased rate or different type of phenotype, whatever it is with not having as much money. And there's 100% certainty that whatever it is that you do will have an impact on that family's finances. So yeah, there are always ways in and doing it early and doing it sensitively is important.

Helen

Helen

If you ever had a negative reaction to bring you up any of these conversations?

Ian
Thank you very much.

Alice
Thanks for taking time with us.