local health care system, it is an innovative step toward meeting a critical need.

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navigating the complexities of the Medicaid system, with resultant lapses in insurance coverage and trouble filling needed prescriptions for her children.

Since the CPS filing, I have been able to check in with the S. family every 2 weeks, either by phone or in person, and to connect with their CPS caseworker. It turned out that mine was the third CPS report filed against this family, who now face a custody hearing for failing to comply with mandated home visits. Ms. S. told me that so far, CPS had done little to help her family: “All they do is come out to watch us; we don’t need a babysitter.”

CPS, a government agency that was created in the 1970s to investigate reports of child abuse and neglect, is credited with helping to increase public awareness of physical and sexual abuse of children and with implementing changes in reporting norms that have led to sharp decreases in such abuse over the past several decades. Nationally, the number of substantiated cases of physical or sexual abuse has decreased by more than 50%, but the number of neglect cases has remained level, so that neglect now accounts for nearly three quarters of cases reported to CPS. This dramatic change in case mix calls for a realignment of CPS’s priorities — a shift from the agency’s current disproportionately investigative approach to a more supportive modus operandi — so that it can better serve its changing clientele. A recent study of 595 high-risk children whose families were reported for CPS intervention showed no significant improvements in family functioning, social support, maternal education, or child behavior problems among children who received CPS intervention as compared with those who did not. These findings suggest that opportunities are being missed for meaningful intervention on behalf of society’s most vulnerable children and families.

I believe that the limited resources that are available for protecting children should be allocated to supporting rather than policing struggling families. What the S. family and other families like them desperately need are customized support services that are delivered with empathy and an understanding of the greater contextual forces that drive and shape behaviors. What they deserve are the conditions in which all people can be healthy, including equal opportunities for “education, housing, employment, living wages, access to health care, access to healthy foods and green spaces, occupational safety, hopefulness, and freedom from racism, classism, sexism, and other forms of exclusion, marginalization, and discrimination based on social status.”

Compelling evidence links inequalities in the social determinants of health, defined as the “economic, environmental, political and social conditions in which people are born, live, work, and age,” to a disproportionate burden of disease borne by socially disadvantaged groups, in striking conformity to a social gradient. People born into lower social strata are more likely than their contemporaries in higher social echelons to be born small and then to experience rapid catch-up growth leading to overweight and obesity; they also have higher rates of pulmonary and cardiovascular disease, learning difficulties, mental illness, poor quality, and premature death than do people higher up the social ladder. The 20-year differential in life expectancy between the most and least advantaged people in the United States reflects vast social inequities and grossly different life experiences for the haves and the have nots. Making the right decisions can be extraordinarily difficult for families like the S. family, because they have little true choice.

If we are to break the vicious cycle of inequality and uphold the tradition of physicians as champions of social justice in the global arena, we must widen our perspective beyond the individual to confront the “causes of the causes” at multiple levels, so as to help create social and physical environments that promote good health for all. In the same vein, multipronged approaches that include cross-sectorial collaboration among nontraditional partners (including health care providers, lawmakers, and welfare workers) and bold change in social policy are needed to ensure equal health and justice for all. As Theodore Roosevelt once said, “The welfare of each of us is dependent fundamentally upon the welfare of all of us.”

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