

# Finding, developing and using indicators of behavioural determinants of children's health in Europe

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## Chapter 9

### Valorisation

Children make up around a fifth of the population of Europe, and as such, deserve much greater attention in terms of health surveillance than is currently apportioned to them. Related to this is the need for evidence-based policies to ensure that optimum health is within the reach of every child across the continent.

The child population is unique in its vulnerability. Children have the least autonomy of any population group. Young children are entirely dependent upon the actions of adults for their health and wellbeing, and although children become more empowered in terms of their health behaviour as they grow up, they remain deeply influenced by their family, social, cultural, educational, policy and structural environment. Thus, it is important that the child population is subjected to specific attention for its health needs and the measurement of its health.

Measurement of the behavioural determinants of health can give us a more accurate picture of the most important influences of the health on this generally well population. Health of children encompasses is so much more than simply the “absence of disease” (World Health Organisation 1948) but contains the promises of the future within – in personal, social and economic terms that will influence the future of Europe. Of course, health outcomes are important to measure, but where children are concerned, the contextual influences and upstream behavioural determinants are equally important to focus upon.

### Relevance

Children are a valuable resource that must be protected and nurtured. Investing public health energy into children means we will reap rewards from good child health long into the future, and provide great benefits to the future European health, wealth and happiness. Conversely, allowing inequalities in health opportunities for children to continue, and not investing in protecting the good health of our child population will lead to long-term health, social and economic adverse consequences (World Health Organisation Regional Office for Europe, 2002).

Focusing on measuring behavioural determinants of health will allow countries and communities to see how well children are doing in their

regions, where things need to change and what is working well. Being able to use behavioural determinants of children's health as part of the evidence base for policy making means that good practice can be identified, and adopted; interventions can be put in place in a timely manner, so that they have the potential to prevent poor outcomes, rather than treat outcomes that have already begun to impact on children, families and their communities.

In addition to this, a focus on measuring upstream behavioural determinants of health will reaffirm to the wider population the importance of lifestyle decisions upon present and future health. Collecting data to indicators of good health will subtly (and sometimes not so subtly) underline their importance and prominence in people's lives. This may have the potential to improve overall health.

## **Target groups**

There are a number of target groups to which this work is relevant and of interest. These groups are very different in their needs, but all of whom have, or should have, the interests of the child as a central focus of their actions. *Policy makers* need to have clear and understandable evidence to inform the decisions that are made which concern children. Implicit in this statement is the fact that almost every policy has the potential to impact upon this population because of their vulnerability to changes in their environment. From town planning or economics to education policy or changes to social security, these affect families and children and the ease at which they can make positive decisions about their health and protecting their health. *Decision-makers in health surveillance* will also benefit from this research. Many of these data already exist, as do many of the indicators suggested by the projects that make up this thesis. However, the child is not yet placed in a focal position, and the data is not available, or analysed in a manner that is useful for evidence-based decisions. *National and Local Governments* have also the potential to see how they can improve child health surveillance as a result of this work, simply by looking further upstream in terms of indicators of children's health and wellbeing. *Parents and children* will also benefit, as they see investment in healthy community, lifestyles and in children's futures. Making healthy decisions and adopting lifestyle habits that benefit health should become easier if this is made a priority in overall health surveillance. For example, if it becomes easier and cheaper to buy

and cook healthy food; or there are fewer barriers to living an active lifestyle – such as traffic-free routes to walk or cycle to work and school.

### **Activities / products**

As mentioned earlier, many data exist already, but are not analysed in a child-focused manner. If this research could inspire the availability of better data about the behavioural determinants of children’s health, and the promotion and use of indicators that describe children’s lives it would contribute to improving health determinants of millions of children in Europe.

Using indicators in specific combinations that focus on upstream influences, as achieved by the *Lifestyle Determinants* project described in chapters 2, 3 and 4 is not impossible, and not particularly prohibitive in terms of effort or cost implications. This method is also suggested for difficult subjects such as child maltreatment described in Chapter 5.

A consensus and a debate about how to use existing indicators in a new way that is beneficial and focused on children would be of great use, in a similar fashion to the “Bellagio consensus” on breastfeeding and contraception achieved in 1988 on contraception. In terms of behavioural indicators of children’s health, it would mean that research efforts could be focused upon using these indicators, and evaluating their utility in practice in improving health outcomes and the overall health of the child population in Europe.

### **Innovation**

The results of this research are innovative in that they place an overall emphasis on the importance of the child, and how data upon children is not only patchy, but it is also very difficult to compare between nations, and difficult to ascertain the true health status of a large proportion of Europe’s population.

In addition to this, scientifically based solutions to these measurement difficulties are suggested using many tools and indicators that already exist, but are not currently widely adopted.

### **Schedule and implementation**

The results of these studies will be disseminated to interested stakeholders. These include children, families, decision-makers on many

levels and policy makers. Highlighting the unique needs of children in terms of overall surveillance is a task that has been attempted for many years, but will continue because of its vital contribution to the present and future health of the European population.

The results of the RICHE project, which was an important part of this research, will feed into future decision-making in terms of funding and coordinating children's health. Children's health is many faceted, but the upstream determinants have the potential to influence many of the health outcomes. Measuring these determinants, and as a complementary activity, strengthening these determinants in society will impact upon many health outcomes and benefit many children.

Most European countries profess to focus on children's health; but in real terms this is not demonstrated in actions, data or in policy decisions. Children's lives are marginalised in terms of specific indicators that describe them, and financial, academic and scientific energy is not dedicated to child health in many government decisions. This is not difficult to change in practical or economic terms, but requires a perspective shift for it to occur. For effective policies that truly benefit child health to be created and adopted; a functional, informative and long-term evidence stream is required (Shepherd 2014). It remains to be seen whether this is the direction that Europe will take in the future.