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

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Propositions

Finding, Developing and Using Indicators of Behavioural Determinants of Children’s Health

Paula Denise Alexander

1. “I have been struck again and again by how important measurement is to improving the human condition.” Bill Gates

2. Measuring influences upon children’s health is a vital action in improving health to the highest standard. We cannot know the extent of any public health problem, how to prevent or treat it effectively, and whether our actions are effective if we don’t have a measurement (this thesis).

3. Children are defined as “every human below the age of 18 years” but there is more to it than that. There is a vast difference between the needs of a baby and the needs of an adolescent in terms of needs, development and autonomy. Public health measurements that are effective and relevant to a one year old child are unlikely to be relevant to a fifteen year old young person. Thus, measurements need to take this into account, and be relevant to those whom they measure (this thesis).

4. Children’s health behaviour is highly dependent on decisions made by adults; to a great extent their health and health behaviour is dependent on the familial, physical, social and perceived environments that surround them. Thus to measure children’s health accurately, we must look upstream at the physical and social environments where children live, learn and play – including the family, community, school and wider environment (this thesis).

5. The effects of adverse health behaviour on children are the longest lasting of any population group, because they can last a lifetime. Poor health and health actions may have a cumulative effect, which leads to ever worsening health as a child matures (this thesis).

6. “It is a capital mistake to theorise before one has data. Insensibly one begins to twist facts to suit theories, instead of theories to suit facts.” — Arthur Conan Doyle, Sherlock Holmes

7. We have considerable gaps in our knowledge at present, which compromises our ability to create and evaluate effective preventive actions for some of the most important public health threats to Europe’s children (Valorisation – this thesis).

8. “In spite of recent progress in the development and implementation of EU-wide surveys, there is still a lack of comparable data on child growth, cognitive and socio-emotional development, and wellbeing. There is also a serious gap in the capacity to capture inequalities across population groups; this gap seems to be deepening due to an increase in social divide and migration, and to a reduction in welfare programmes.” (Cattaneo, Cogoy, Macaluso and Tamburlini eds. Child Health in the European Union. European Commission, 2002).

9. “Where is the wisdom we have lost in knowledge? Where is the knowledge we have lost in information?” — from The Rock, by T.S. Eliot

10 “Children’s early development, life chances and, ultimately, health inequities are strongly influenced by: the social and economic background of their parents and grandparents; location, culture and tradition; education and employment; income and wealth; lifestyle and behaviour; and genetic disposition.” (Marmot M. (Review Chair) Review of social determinants and the health divide in the WHO European Region: final report, World Health Organisation, 2014).

11. “European countries should have two clear health aims: improve average health, and reduce health inequities by striving to bring the health of less-advantaged people up to the level of those with greatest advantage. Improving the levels and equitable distribution of social determinants should achieve both aims. Similarly, reducing health gaps between countries requires that efforts be made to bring the level of the least healthy countries up to that of the healthiest.” (Marmot M. (Review Chair) Review of social determinants and the health divide in the WHO European Region: final report, World Health Organisation, 2014).