



Making the Lives of Children and Young People More Visible in Europe

30th June 2017

Workshop: 7.6: Child Health Indicators and Interventions

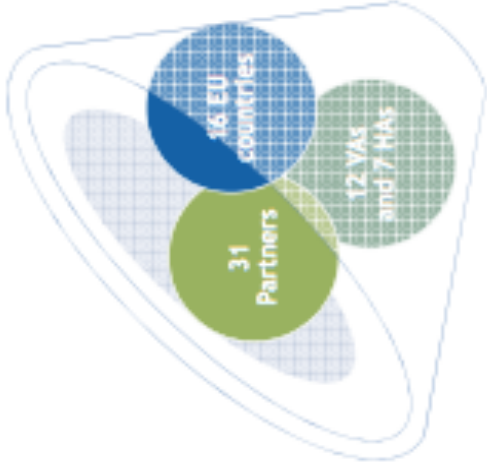
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www.bridge-health.eu



This project is funded by the Health Programme of the European Union



BRIDGE Health Project

- **BRidging Information and Data Generation for Evidence-based Health policy and research.**

- May 2015 - October 2017 (30 months)

- **Aim:** To prepare the transition towards a sustainable, comprehensive and integrated EU health information system to support evidence-based health policy and research for the EU and Member States.

- **Benefits:** efficient resource allocation through better prioritization, reduced duplication of activities, and the identification of gaps in information



- <http://www.bridge-health.eu/>



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BRIDGE Health Project - Work Package 7

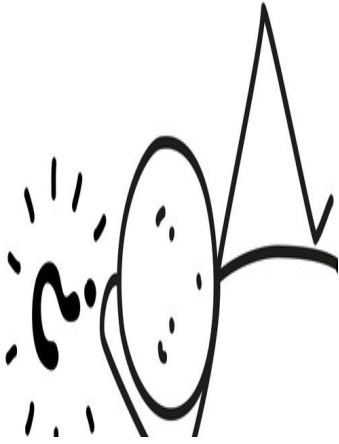
My Focus:

Children and Young People (aged 0-24)

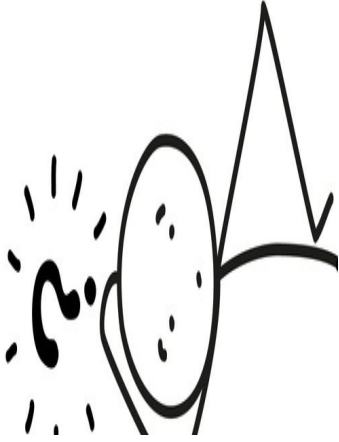
Identify the extent and value of possible data sources across Europe

Recommendations on how to make more effective use of data






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the European Union



Questionnaire: Health Professionals Information Needs





BRIDGEHEALTH
Bridging Information and Data Generation
for Evidence-based Health Policy and Research

Information on the health and well-being of children and young people across Europe.

Context

This study is being run by Sara McCulloch and Anthony Sullivan from Dublin City University, Ireland, on behalf of the European Commission funded BRIDGE Health project.

BRIDGE Health aims to bridge information and data generation for Evidence-based Health Policy and Research. Our overall aim is to create a comprehensive, integrated and sustainable health information system, to support evidence-based health policy and research, for the EU, for Member States, and for citizens.

Our focus here is on the health and well-being of children and young people (from conception to the age of 24) across Europe.

We have two main tasks:

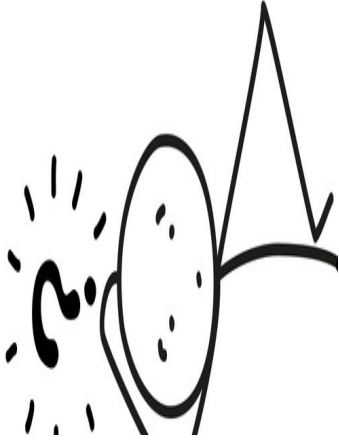
1. Review the extent and value of a range of available sources of routine data on child and young people health across Europe.
2. Identify ways of using more effective use of routine data in order to examine the health and well-being of children and young people in Europe.

Your responses to this questionnaire and your work, will help us to better understand the needs for information on the lives of children and young people in the EU.

Please only complete this survey once.



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Questionnaire: Health Professionals Information Needs



Limitations:

- Undefined Response Rate
- Limited to English language

BRIDGEHEALTH
Bridging Information and Data Generation
for Evidence-based Health Policy and Research

Consent

Information on the health and well-being of children and young people across Europe.

This study is being run by Sara McCulloch and Jonathan Baines from Dublin City University, Ireland, on behalf of the European Commission funded BRIDGE Health project.

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We have two main tasks:

1. Assess the extent and value of a range of available sources of routine data on child and young people health across Europe.
2. Identify ways of using more effective use of routine data in order to examine the health and well-being of children and young people in Europe.

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Please only complete this survey once.



Participant Information

- 294 Respondents
- 37 Countries



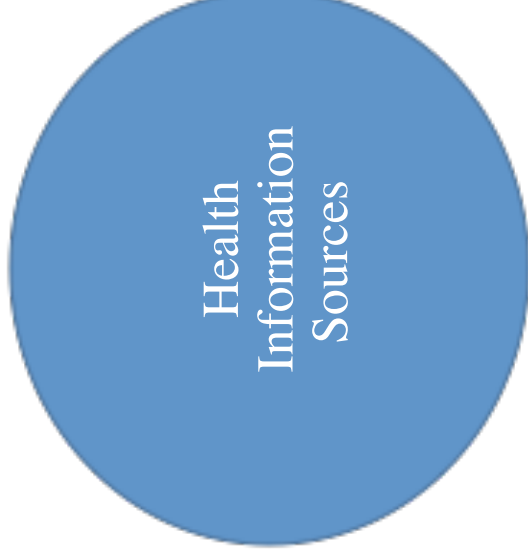
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Participant Information



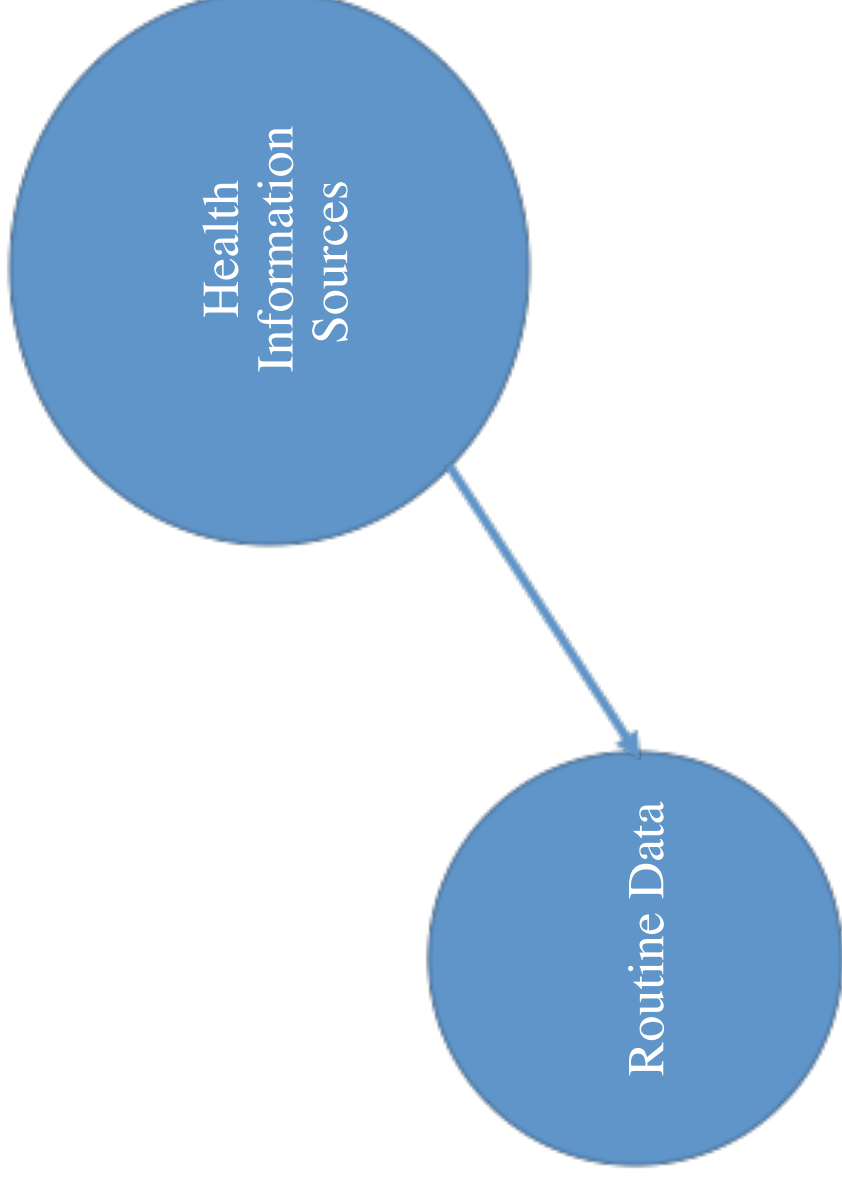
- 294 Respondents
- 37 Countries
- Researchers (48%)
Clinicians (28%)
Other (24%)
- Higher Education (38%)

Health Information Sources

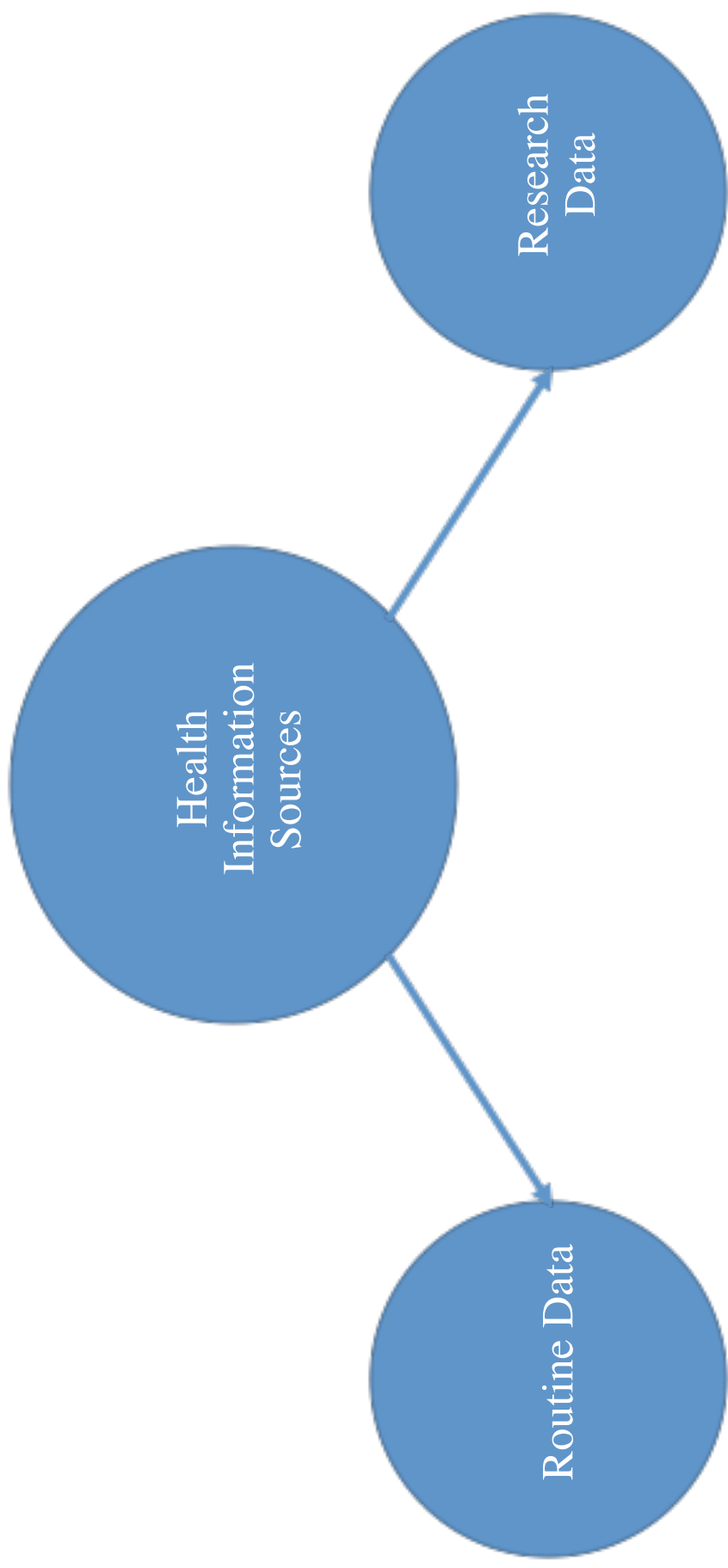


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Health Information Sources



Health Information Sources

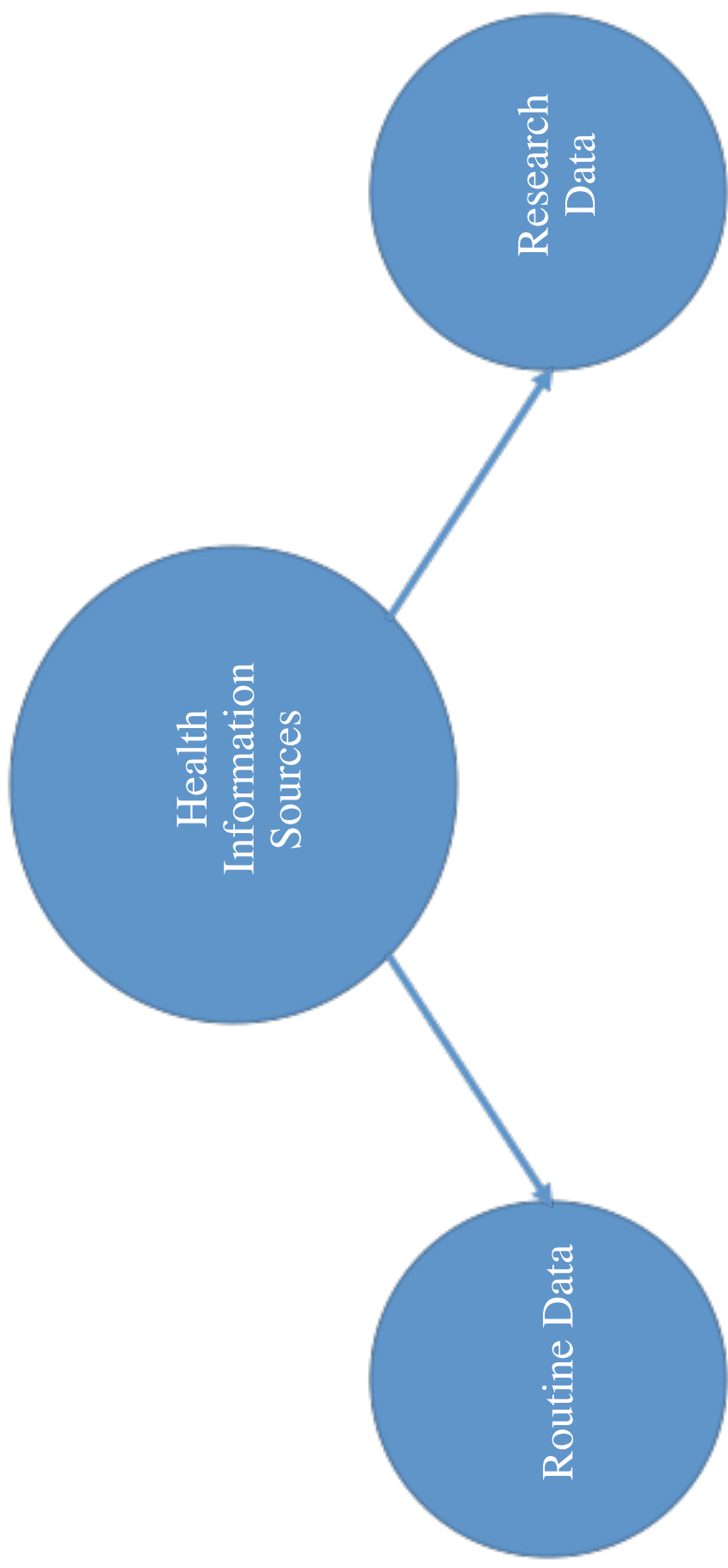


Health Information Sources

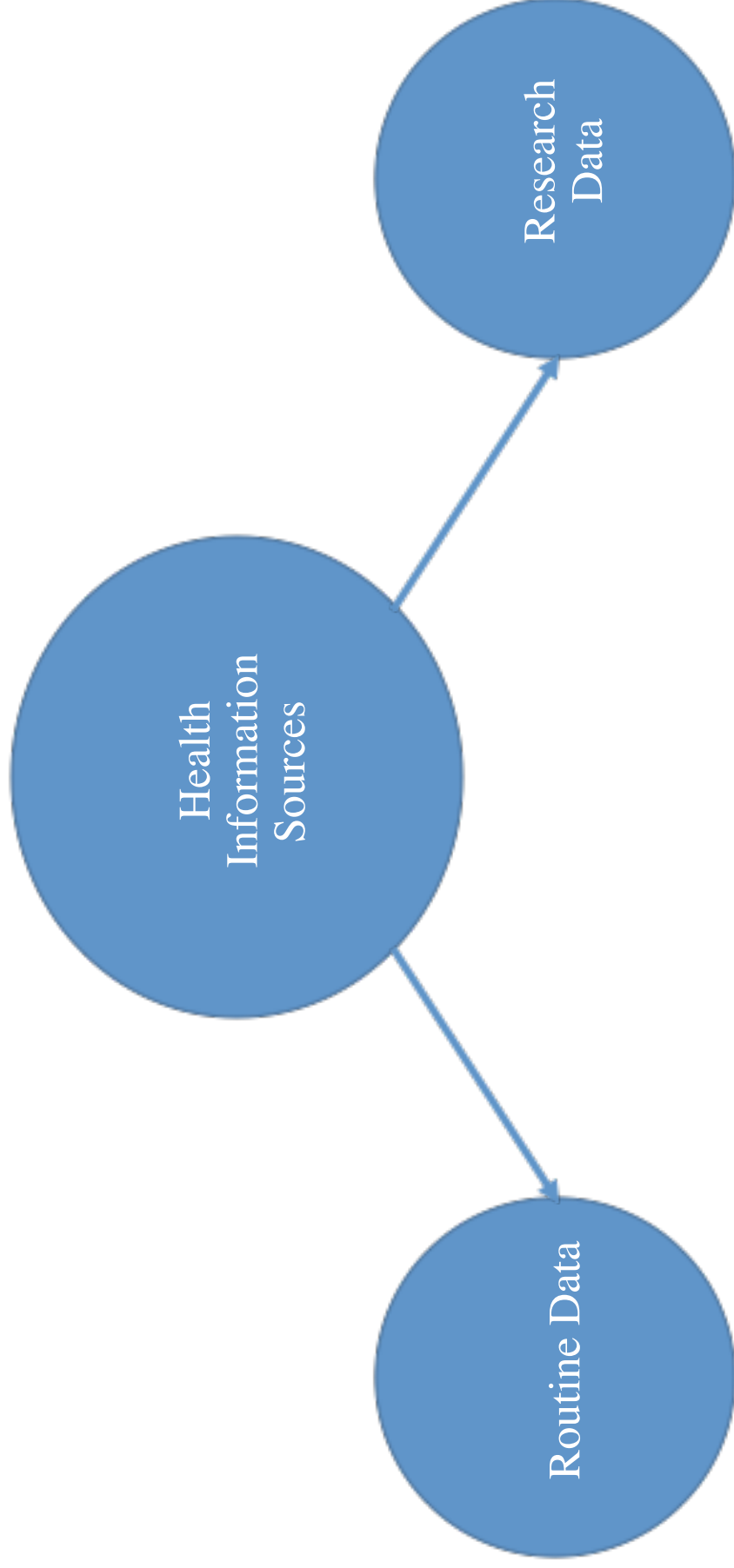
Health Information Sources	Total (n)
Only use Routine Data	8% (15)
Only use Research Data	20% (40)
Use Both	68% (132)
Use Neither	4% (8)



Health Information Sources



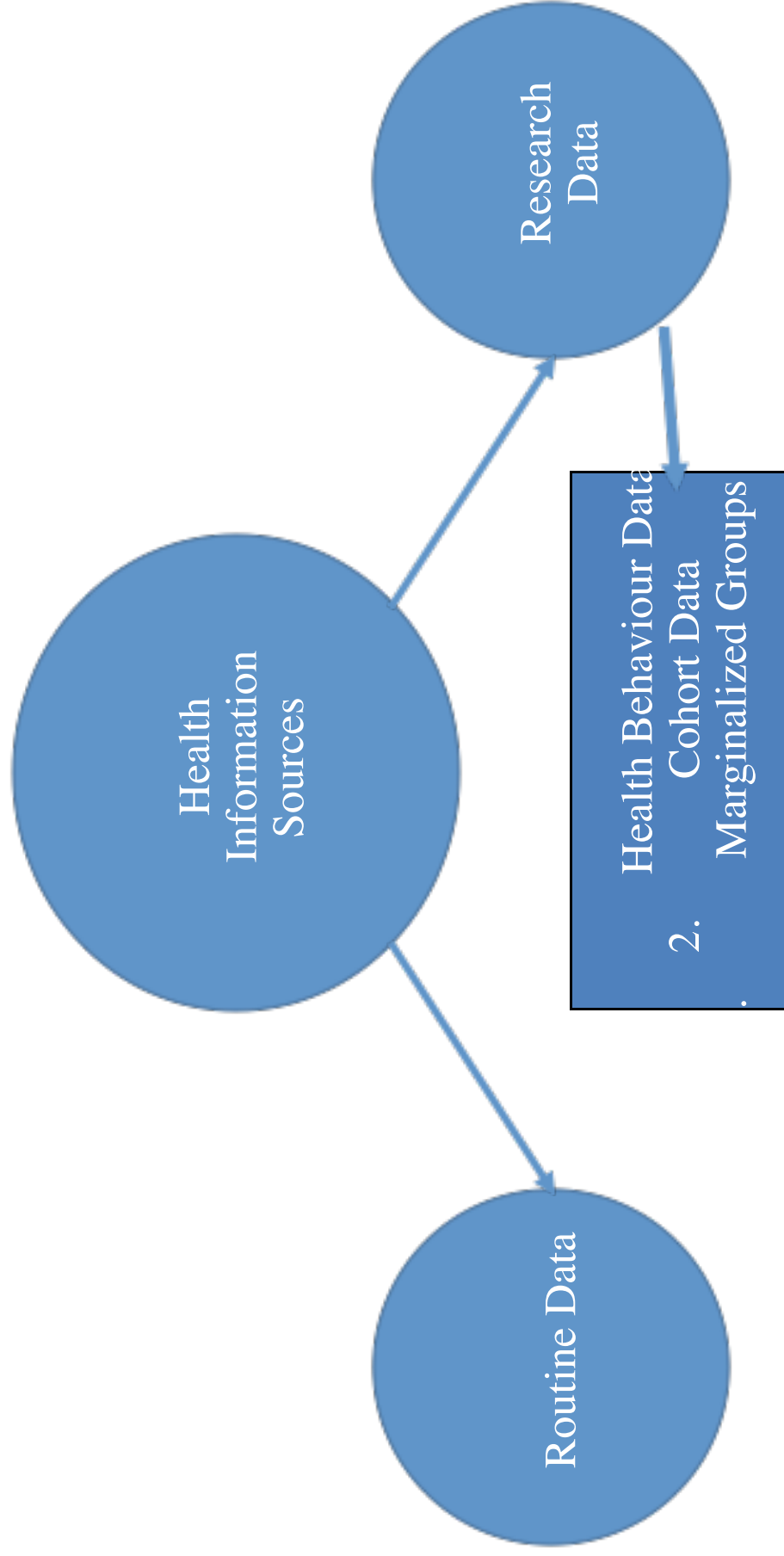
Health Information Sources



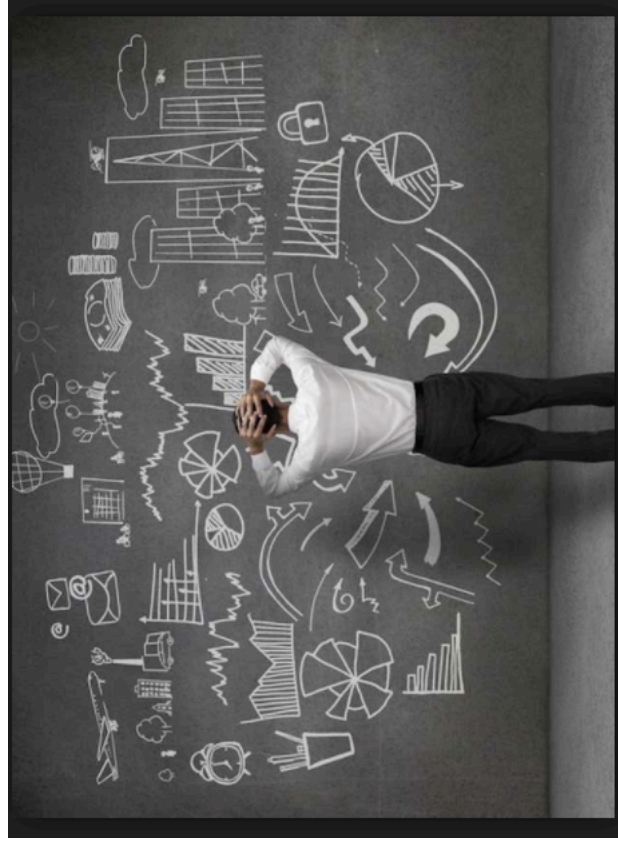
- Vaccinations/Immunization
- 2. Demographic Data
- 3. Education



Health Information Sources



Health Information Sources



‘The hardest task now is to actually locate the information required from the flood of information received’
(Davies, 2007).

Davies, K., 2007. The information-seeking behaviour of doctors: a review of the evidence. *Health Information & Libraries Journal* 24, 78–94. doi:10.1111/j.1471-1842.2007.00713.x

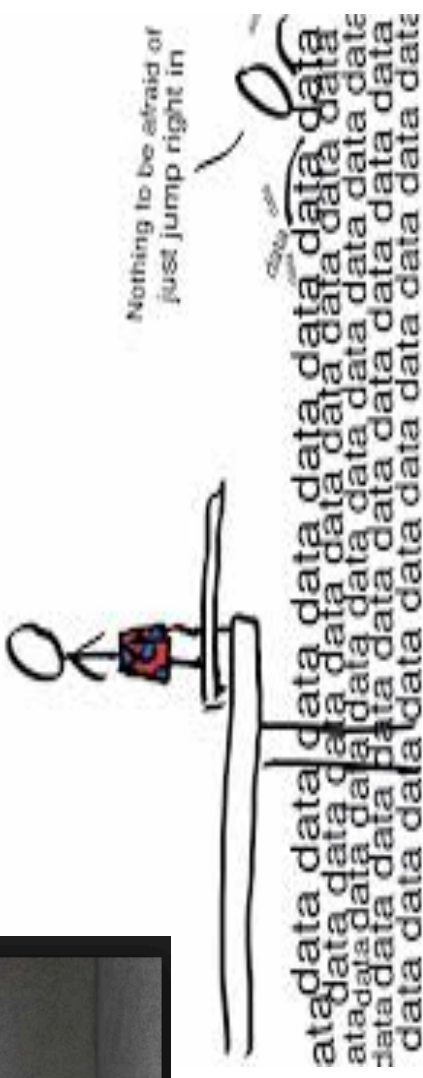


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Health Information Sources



Only 40% of health professionals selected 'yes' to being able to 'easily' access required information.





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Recommendations on how to make health information sources more effective



Recommendations on how to make health information sources more effective

“We have access to a lot of information sources – often causing as much confusion as resources – an up-to-date child health website with local, national and international data would be useful”



Recommendations on how to make health information sources more effective

“one single source of information”

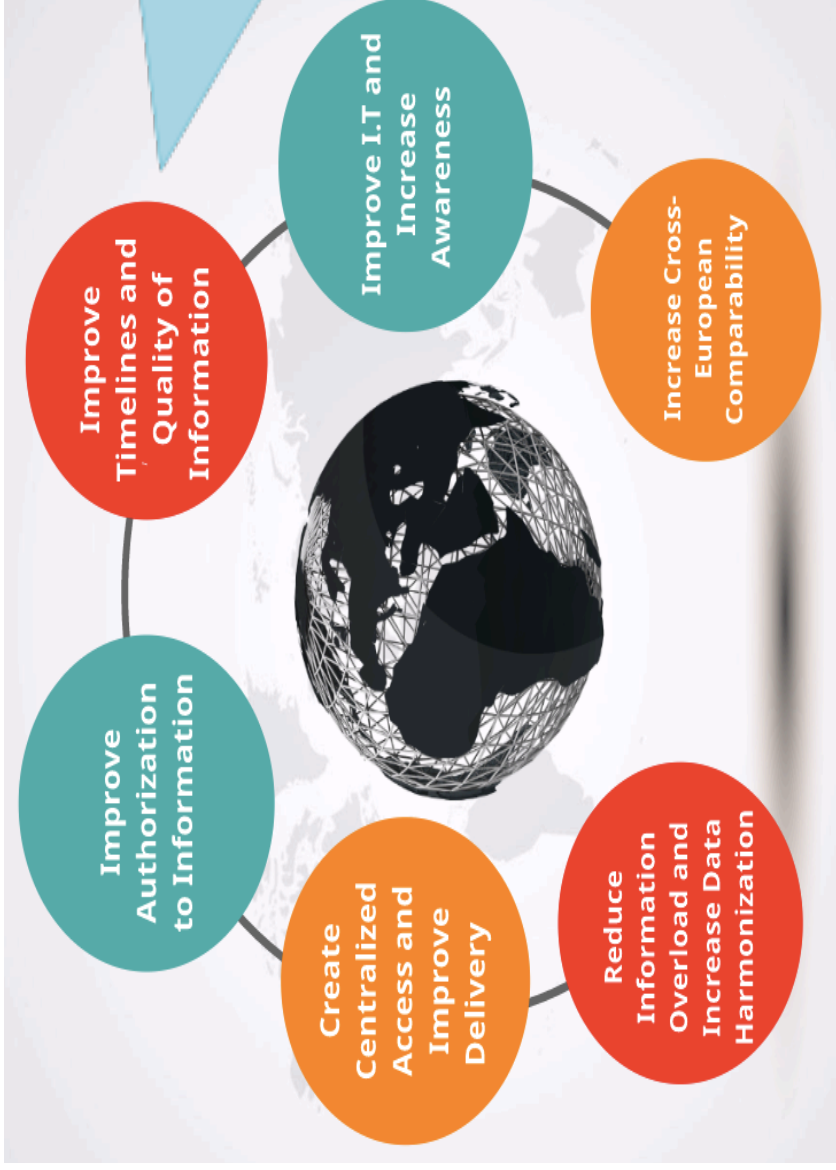


Recommendations on how to make health information sources more effective

“It depends on the country of information that I require. Some European countries are easier to obtain data than others due to privacy laws”



Recommendations on how to make health information sources more effective



“Data quality is the issue. Takes huge amount of time to clean and harmonize records”. “takes a while for the information to be available”

Recommendations on how to make health information sources more effective



“mainly it [Information on marginalized populations] is small scale surveys of limited value”

Recommendations on how to make health information sources more effective



“some data are handwritten – therefore not accessible”

Recommendations on how to make health information sources more effective



“developing political will for investment in children; understanding the critical importance of investment on long-term outcomes, especially health, wellness, and the ability to participate in a national economy”.

Recommendations on how to make health information sources more effective



“to use comparable data systems for collection of data and, of course to have standardized data available”

“We require a defined suite of universally agreed [] indicators for comparisons between groups/regions/countries”

“The inability to adequately describe and compare child health and well-being across Europe in a standard and valid way”
(Cattaneo et al., 2012)



Cattaneo, A., Cogoy, L., Macaluso, A., Tamburlini, G., 2012. Child Health in the European Union 172.



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International Comparison

- “It is international comparison that can show what is achievable in the real world, highlight strengths and weaknesses in individual countries, and demonstrate that child well-being is policy-susceptible” (UNICEF Innocenti Research Centre, 2013).

UNICEF Innocenti Research Centre, 2013. Child Well-Being in Rich Countries - A comparative overview. UNICEF Office of Research - Innocenti, Florence, Florence.



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- “International comparisons are an important means to raise awareness, stimulate research and drive investment” (Wolfe, 2014).

Wolfe, I., 2014. Disproportionate disadvantage of the young: Britain, the Unicef report on child well-being, and political choices. Arch. Dis. Child. 99, 6–9. doi:10.1136/archdischild-2013-304437

UNICEF Innocenti Research Centre, 2013. Child Well-Being in Rich Countries - A comparative overview. UNICEF Office of Research - Innocenti, Florence, Florence.

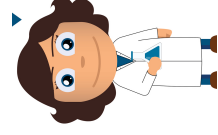
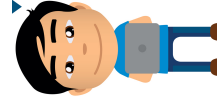


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Recruitment of healthcare professionals
Scoping literature search
Development of first questionnaire



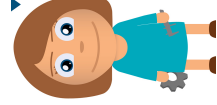
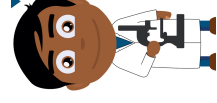
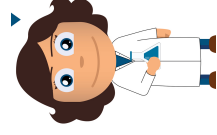
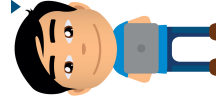
The Delphi Process



Recruitment of healthcare professionals
Scoping literature search
Development of first questionnaire



The Delphi Process

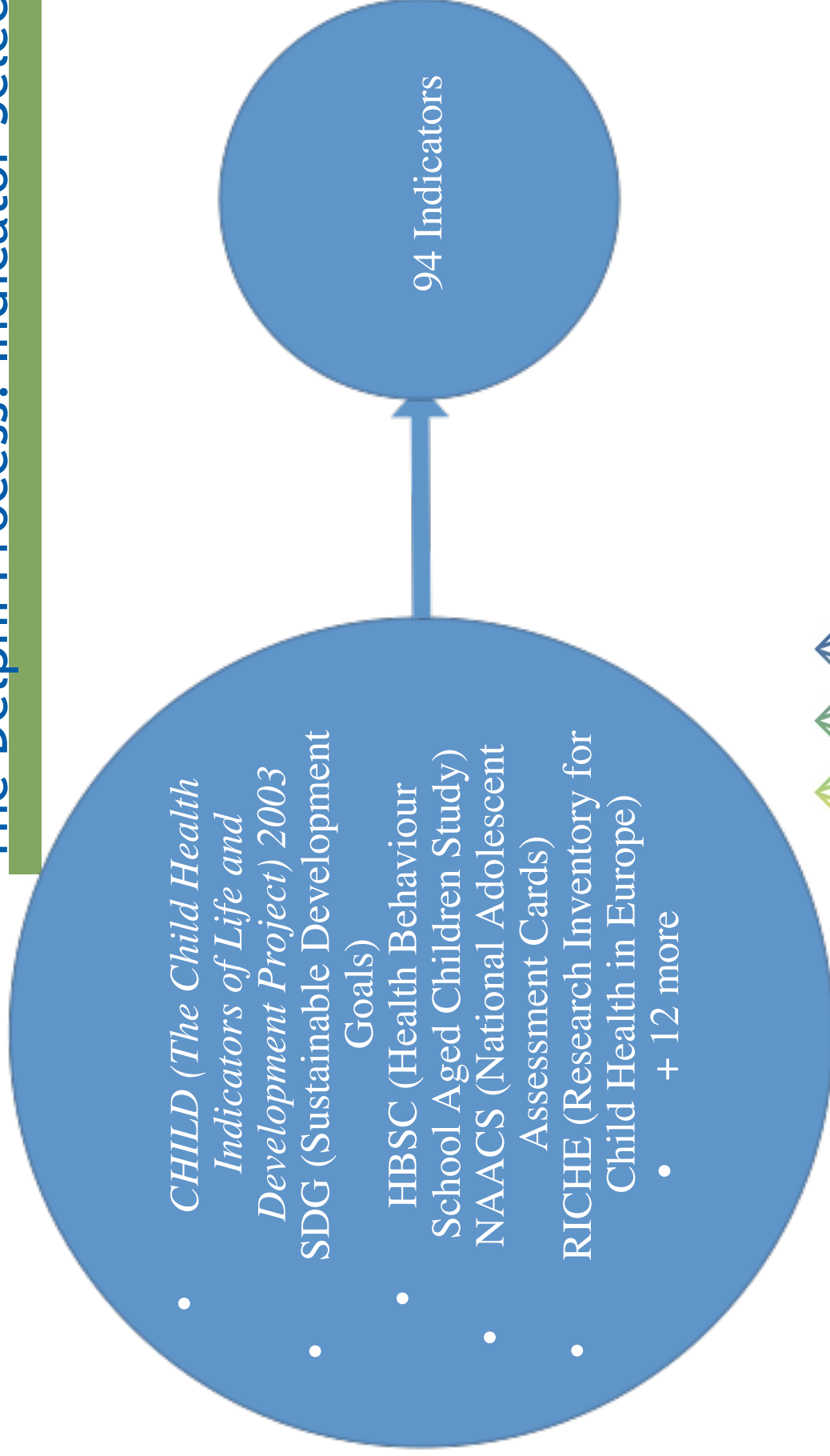


The Delphi Process: Indicator Selection

- *CHILD (The Child Health Indicators of Life and Development Project) 2003*
- *SDG (Sustainable Development Goals)*
- *HBSC (Health Behaviour School Aged Children Study)*
- *NAACS (National Adolescent Assessment Cards)*
- *RICHE (Research Inventory for Child Health in Europe)*
 - + 12 more



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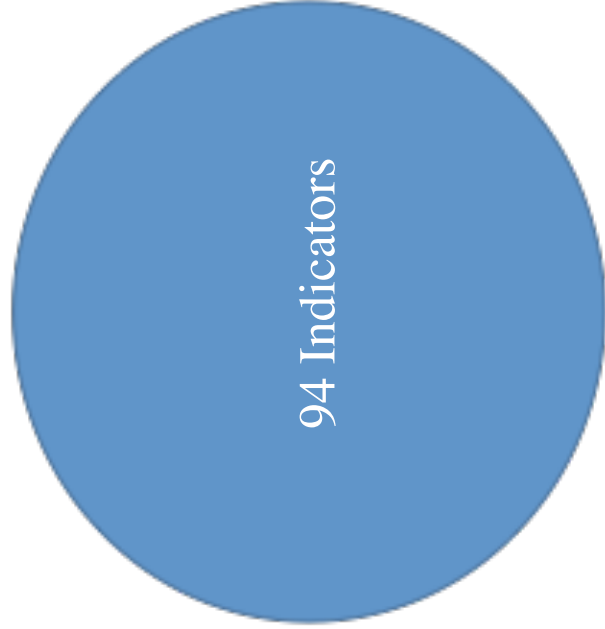
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94 Indicators



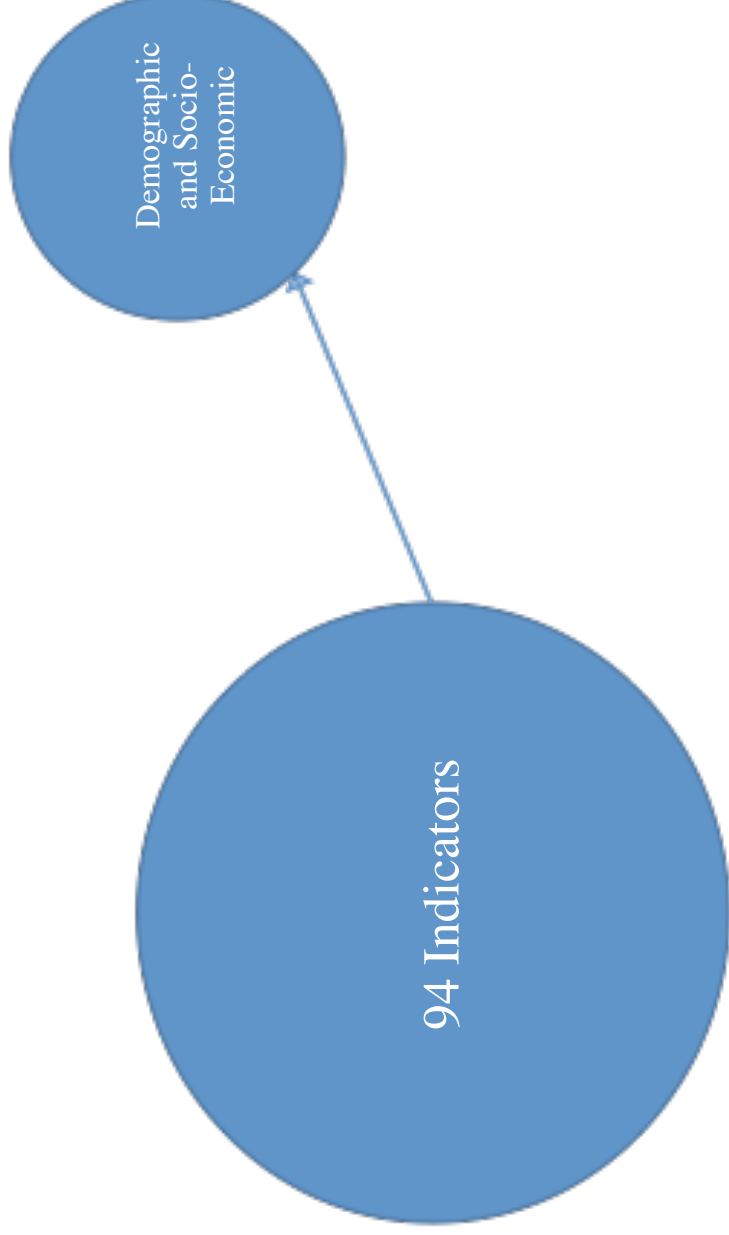
Multi-Dimensional Approach



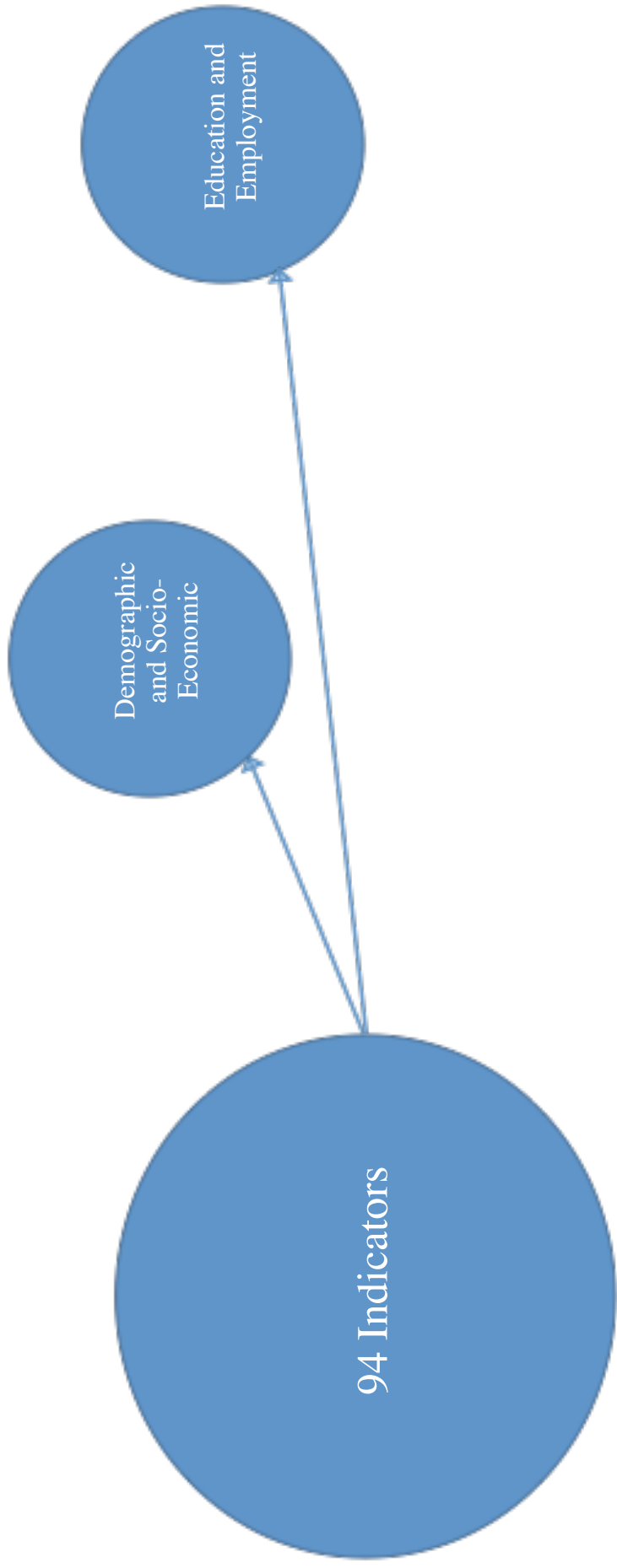
94 Indicators



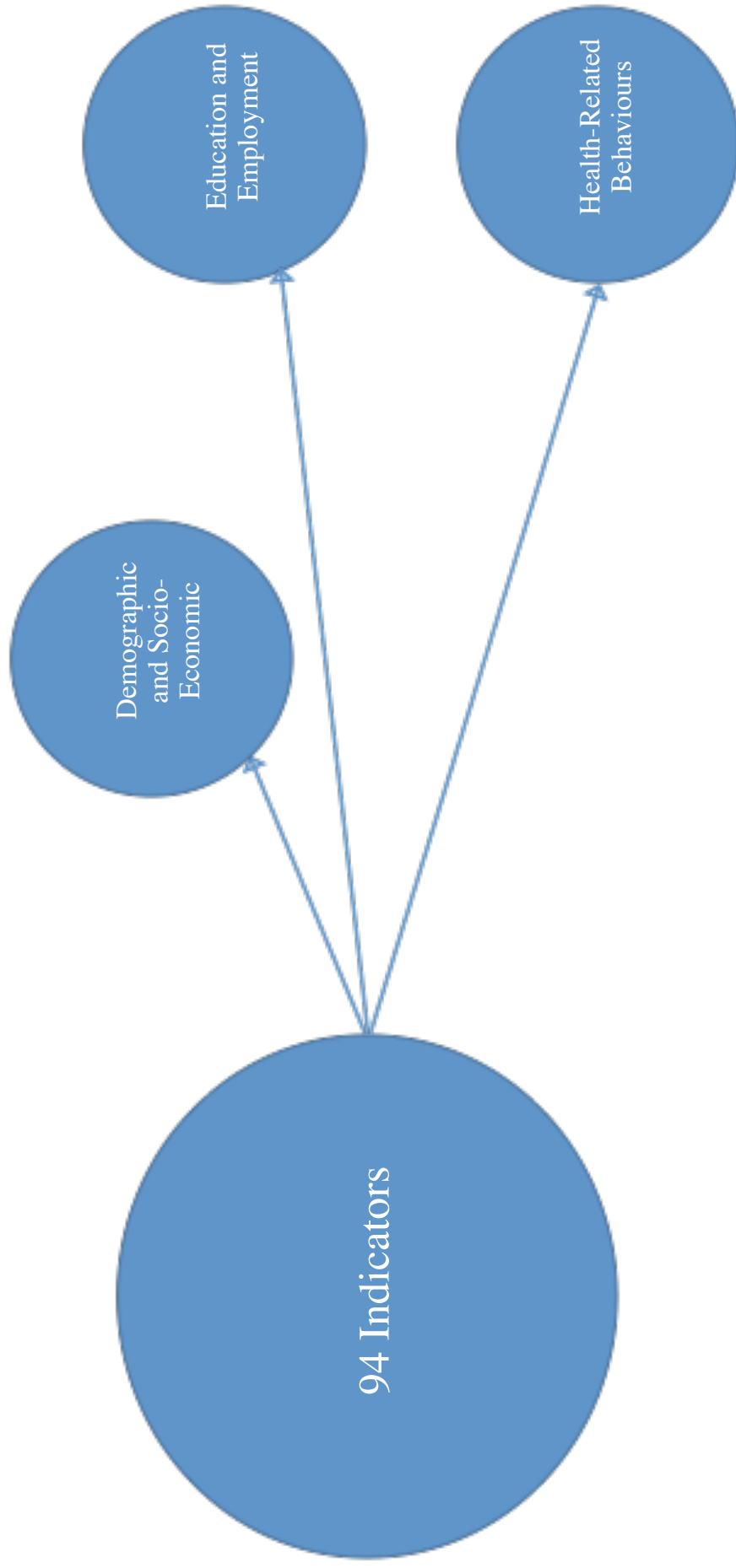
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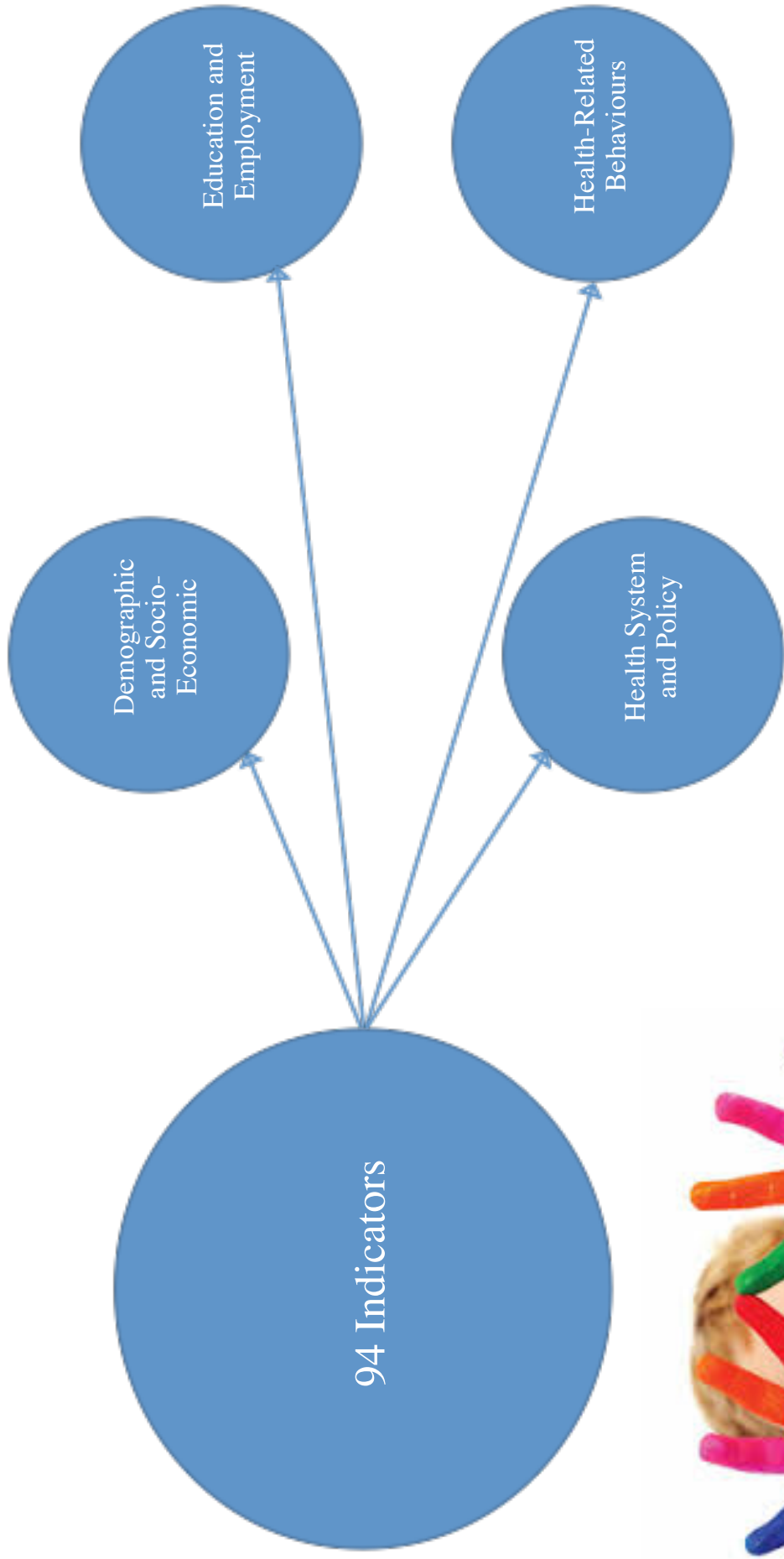
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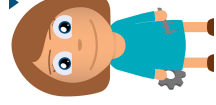
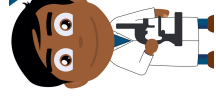
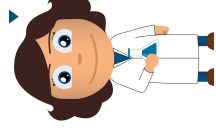
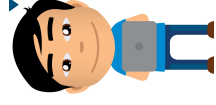
Round One
Feb/March 2017
Analysis (n=179)
Development of 2nd Round Questionnaire



Round Two
March/April 2017
Analysis (n=69)
Development of 3rd Round Questionnaire



Round Three
May/June 2017
Analysis (n=55)
Record consensus items



The Delphi Process

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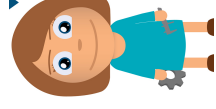
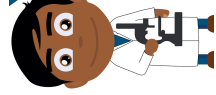
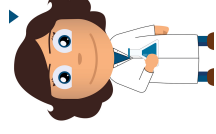
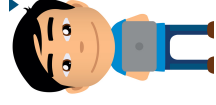
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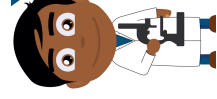
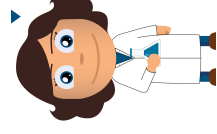
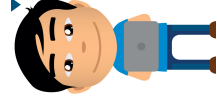
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- Importance Scale (1-5)
- Ranking (per domain and dimension)
- Availability
- Potential to be measured
- Agreement on consensus
- Balance/Coherence
- Open-ended feedback

The Delphi Process

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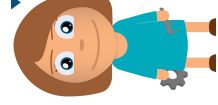
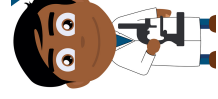
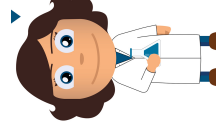
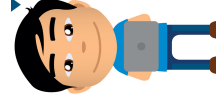
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94

96

53



Conclusion



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Conclusion

- Public health policies which focus on the interests and well-being of children and young people have a direct impact on the quality of their lives, their rights, and their opportunities.



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Conclusion

- Public health policies which focus on the interests and well-being of children and young people have a direct impact on the quality of their lives, their rights, and their opportunities.
- There is a need for a **sustainable, integrated and comprehensive** EU-Health information structure, supporting evidence-based health policy and research for the EU and Member States (MSs).



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Conclusion

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- There is a need for a **sustainable, integrated and comprehensive** EU-Health information structure, supporting evidence-based health policy and research for the EU and Member States (MSs).
- Most health professionals use both information sources (routine and research) (68%)
- Information is key for healthy public policy and practice. (- the WHY!!)



Conclusion

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- Most health professionals use both information sources (routine and research) (68%)
- Information is key for healthy public policy and practice. (- the WHY!!)
- Information must be:
 - Accessible
 - **Comparable**
 - Up-to-date/Timely
 - Reliable/High quality



Thank You For Listening!

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Sara McQuinn, Ireland - Dublin City University



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Thank You For Listening!



It is FRIDAY!

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