



# Making Children's Lives Visible - Indicators on the Health and Well-being of Children and Young People in Europe.

4th November 2017

10.C. - Workshop: Lighting candles, not cursing the darkness.  
Applications of health information across Europe

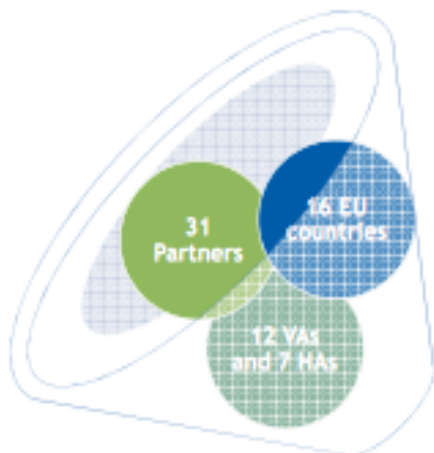
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[www.bridge-health.eu](http://www.bridge-health.eu)



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/>



# Work Package 7

## My Focus:


Children and Young People (aged 0-24)

1. Identify the extent and value of possible data sources across Europe
2. Recommendations on how to make more effective use of data



# Study One: Health 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 McQuinn and Anthony Staines from Dublin City University, Ireland, on behalf of the European Commission funded BRIDGE Health project.

BRIDGE Health stands for BRIdging 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 possible sources of routine data on child and young people health across Europe.
2. Identify ways of making 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.

# Study One: Health Information Needs

- January-February 2016
- Health Professionals working with children and young people's health and well-being
- 294 Respondents, 37 Countries
- Health information sources utility, availability, recommendations
- [sara.mcquinn2@mail.dcu.ie](mailto:sara.mcquinn2@mail.dcu.ie)



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# 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).



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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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# Study Two

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# Objective

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To identify a holistic set of indicators to be used to monitor children and young people's health and well-being to increase data comparability across Europe.



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# The Delphi Process

Recruitment of healthcare professionals  
Scoping literature search  
Development of first questionnaire

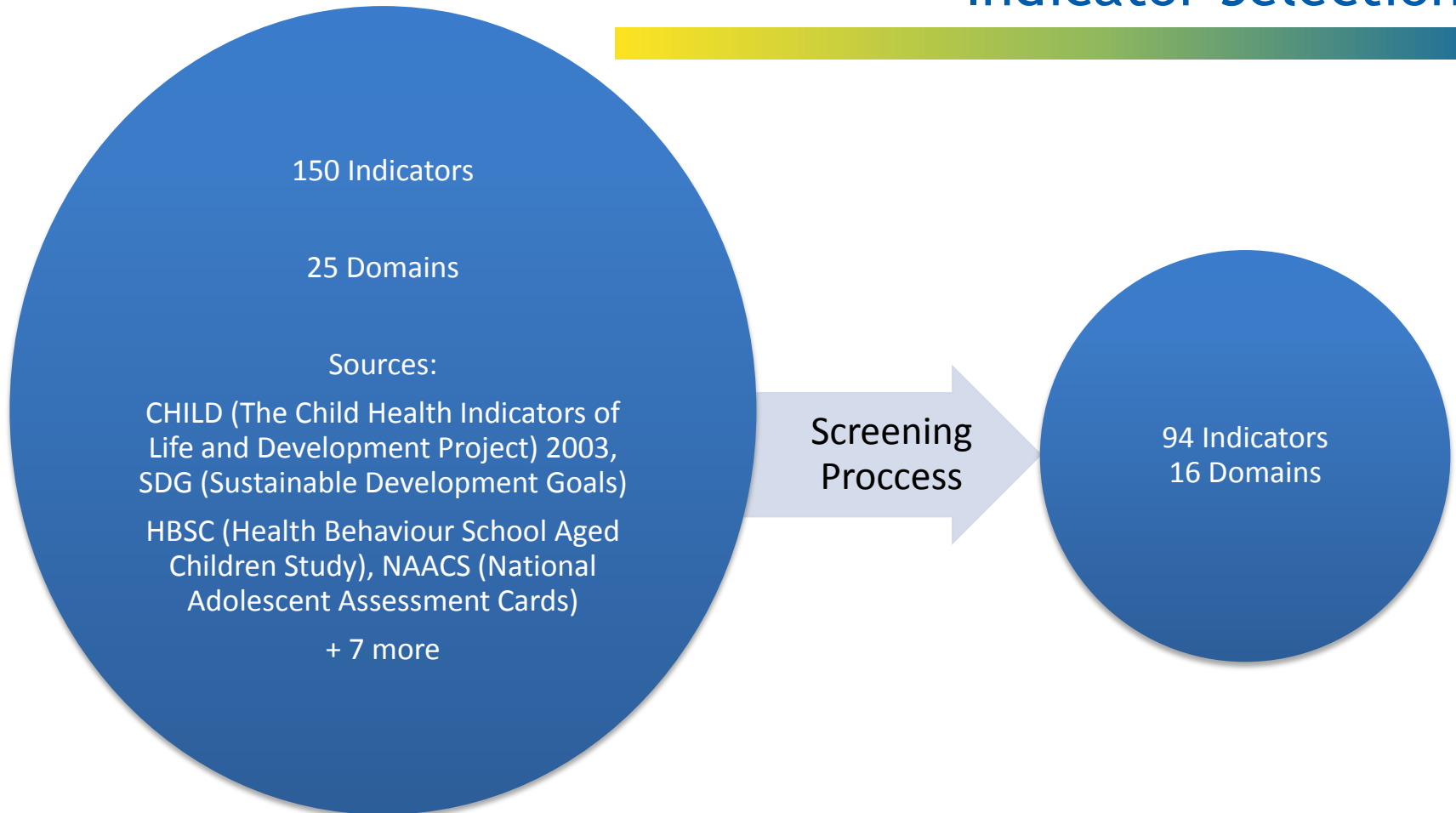


# The Delphi Process

Recruitment of healthcare professionals  
Scoping literature search  
Development of first questionnaire



# Indicator Selection

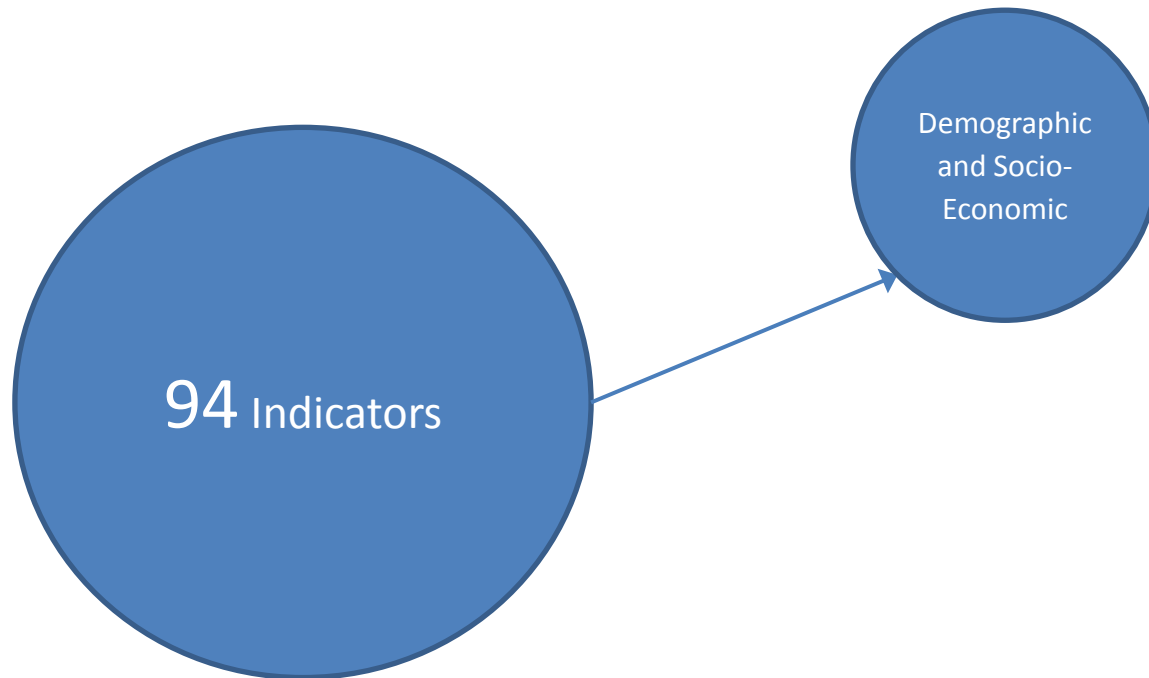




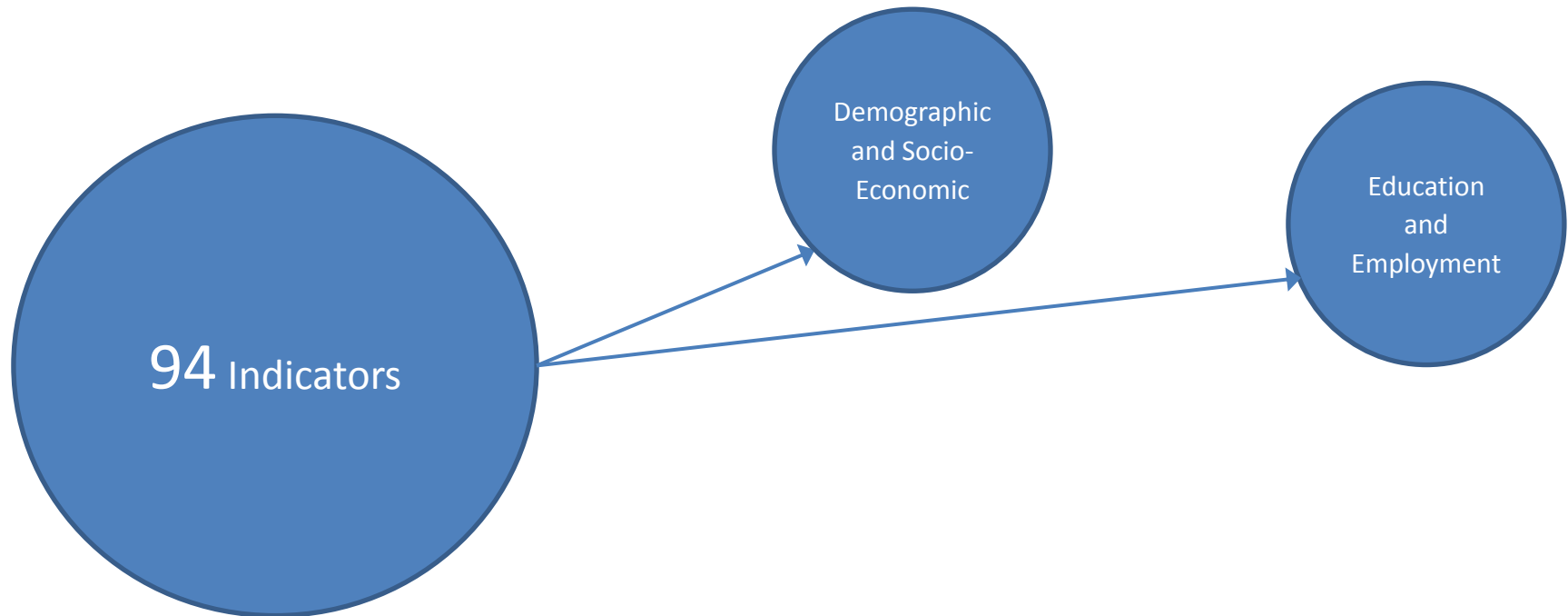
# Multi-Dimensional Approach

94 Indicators

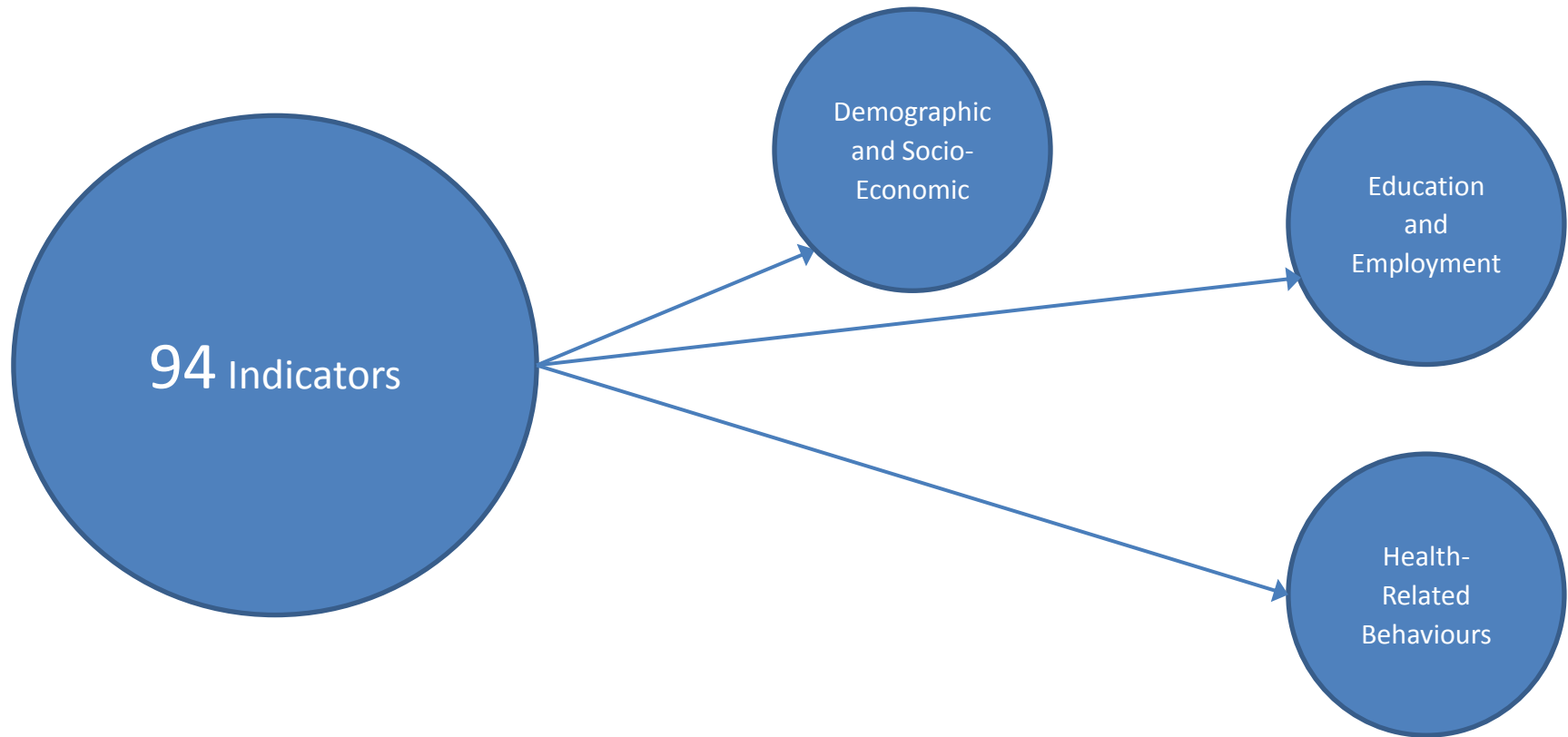
# Multi-Dimensional Approach



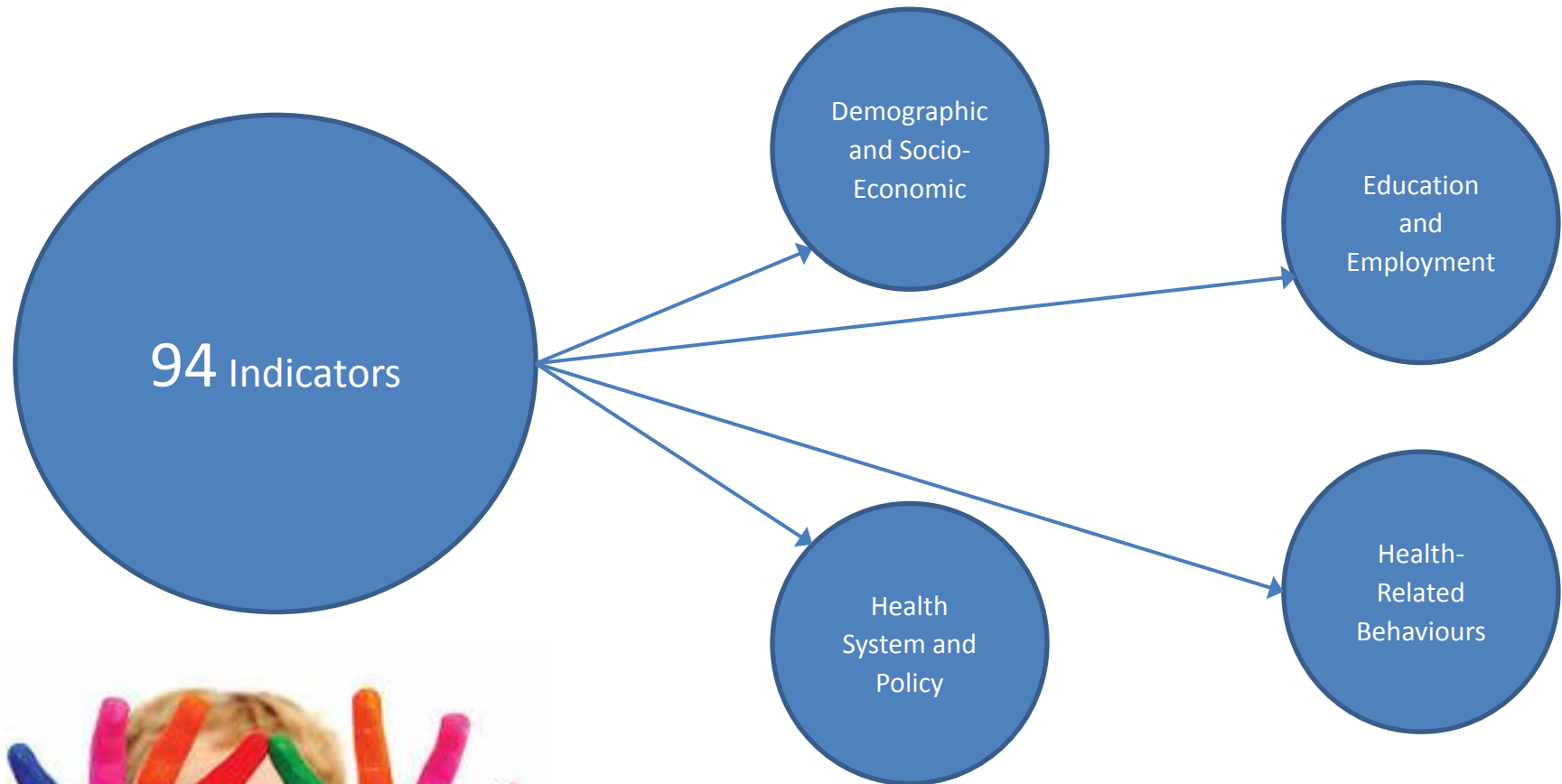
# Multi-Dimensional Approach



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# Multi-Dimensional Approach

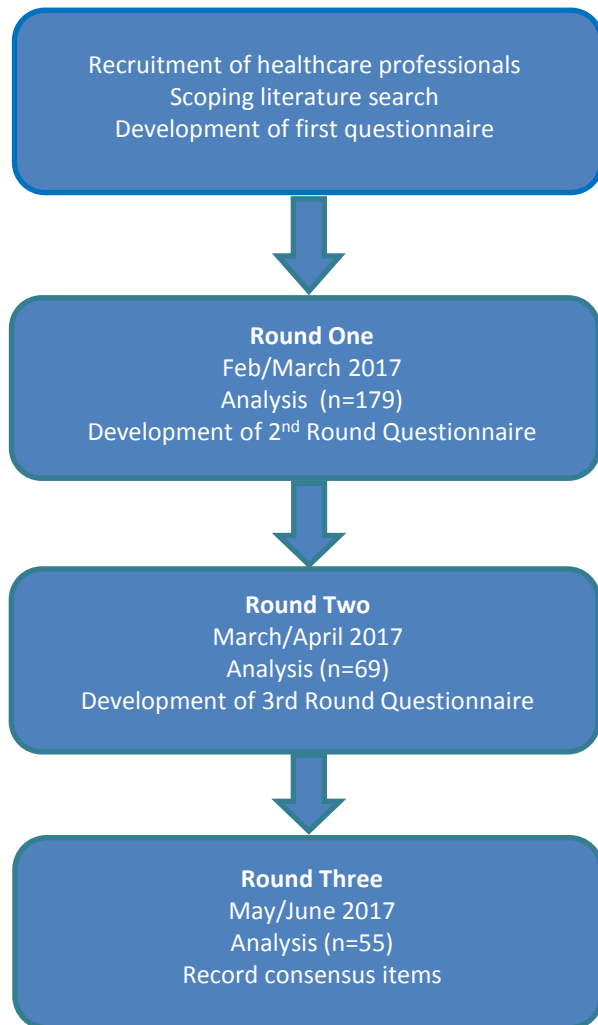


# Outline of Indicators for Round One (n=94)

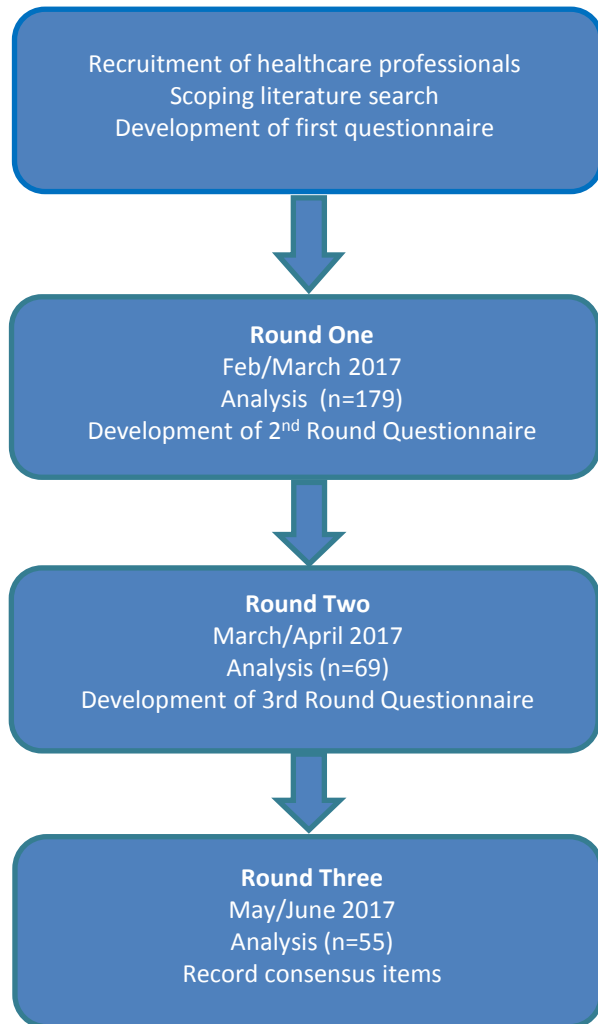
Demographic and Socio-Economic	Education and Employment	Health-Related Behaviours	Health System and Policy
Mortality and Morbidity (6)	Education (9)	Lifestyle Determinants (10)	Health and Social Policy (6)
Poverty (4)	Employment (4)	Disability and Injury (2)	Disability (4)
Crime and Protection (8)		Mental Health (6)	Environment (6)
Social Indicators (7)		Parental Determinants and Relationships (7)	Health System Quality (3)
		Reproductive and Sexual Health (8)	Participation and Engagement (4)



# The Delphi Process



# The Delphi Process



- ✓ 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

Evaluation Criteria	Delphi Rounds		
	(number of indicators)		
	Round One	Round Two	Round Three
	(n=94)	(n=96)	(n=53)
Indicators			
Importance (5-point scale)	√		
Ranking (indicators within domains)	2√	2√	
Availability		2√	
Potential to be measured		2√	
Agreement on consensus (indicators per domain)			2√2
Ranking (indicators within dimensions)			√
Domains and Dimensions			
Indicators present a balanced and coherent picture of each dimension in the EU	√		
Open ended feedback after each dimension	√		
Open ended feedback after each domain			√2

# Results

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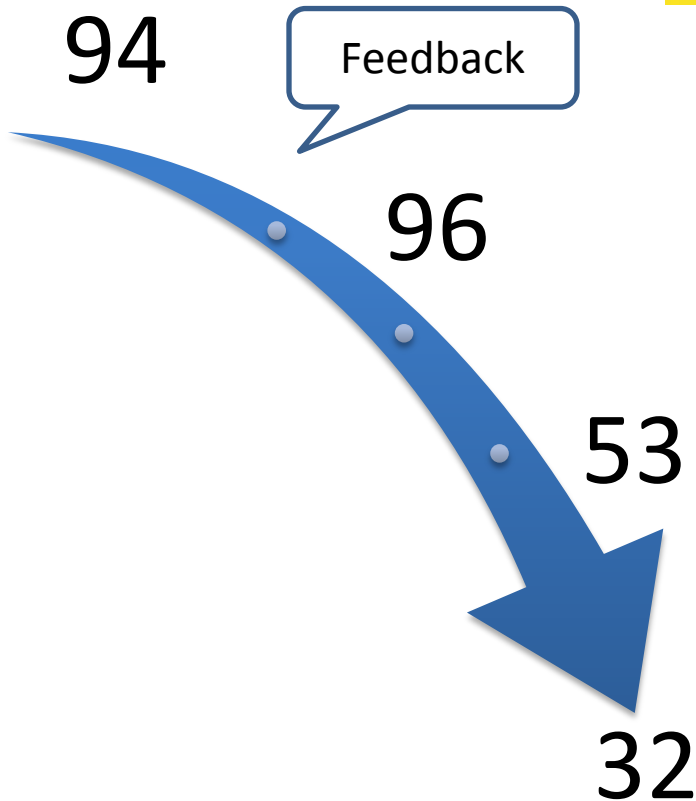
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# Demographics

	Round One	Round Two	Round Three
Completed questionnaires returned (n)	179	69	55
Response Rate	<b>Unknown</b>	<b>69/98 = 70.4%</b>	<b>55/98 = 56.1%</b>
Location: Europe	92.6%	96.8%	97.9%
Country	1. Ireland (19.5%) 2. UK (10.7%) 3. Germany (8.1%)	1. Ireland (29%) 2. Germany (9.7%) 3. Malta (9.7%)	1. Ireland (25%) 2. Germany (8.3%) 3. UK (8.3%)
Occupation/Role	1. Researcher (36.2%) 2. Epidemiologist (14.8%) 3. Other (13.4%)	1. Researcher (41.9%) 2. Epidemiologist (11.3%) 3. Health policy advisor (9.7%) paediatrician (9.7%)	1. Researcher (47.9%) 2. Epi (14.6%) 3. Other (12.5%)
Organization	1. University/Third Level (52.3%) 2. National Government (20.8%) 3. Healthcare provider (12.1%)	1. University/Third Level (43.5%) 2. National Government (27.4%) 3. Health care provider (9.7%)	1. University/Third Level (54.2%) 2. National Government (20.8%) 3. Health Care Provider (10.4%)

Round  
One

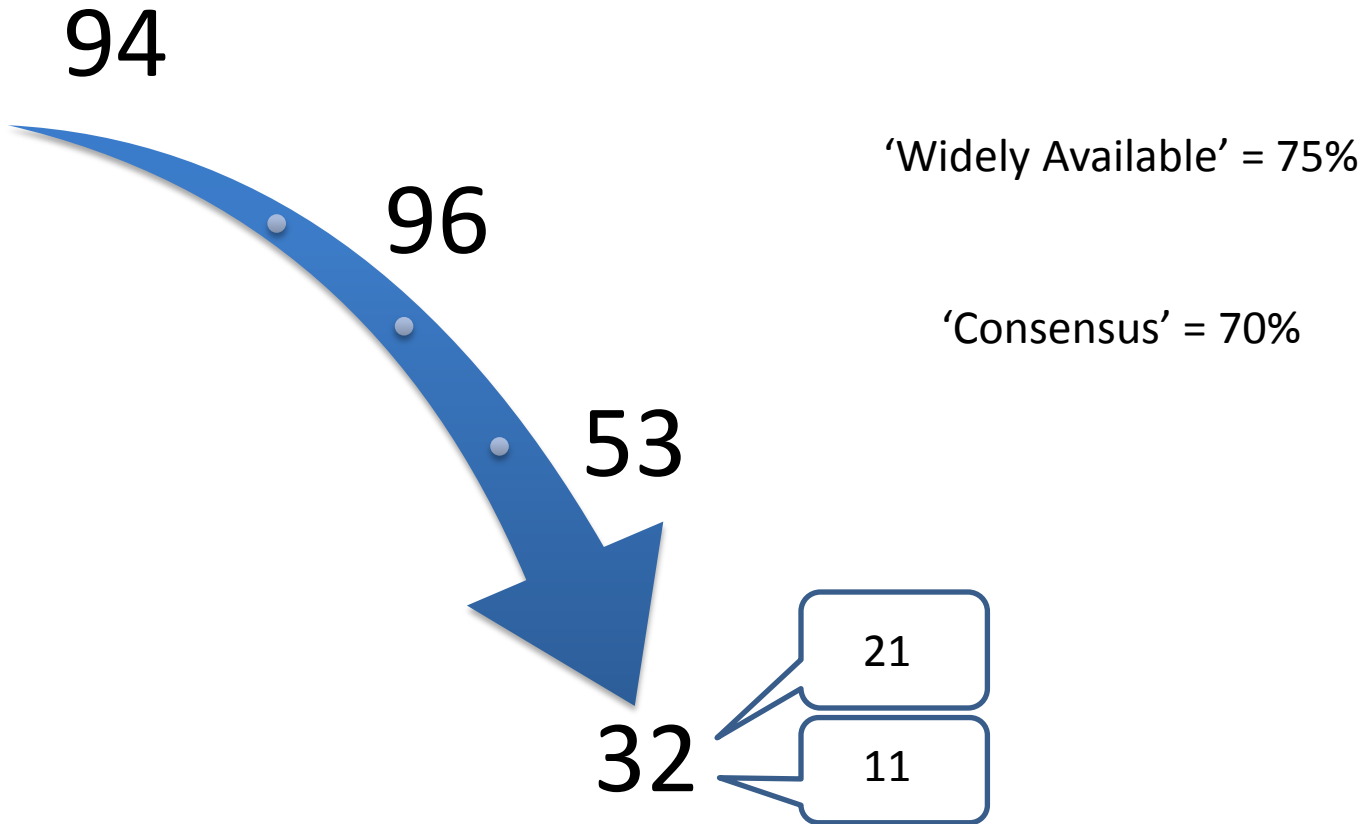
## Transition of Indicators



Round  
Three



# Transition of Indicators



# Final Consensus - ‘Widely Available’ Indicators (total n=21)

A: Demographic and Socio-Economic	B: Education and Employment
Total Mortality Rates	Education Completion Rate
Selected Cause-Specific Mortality	School Drop-out Rate
Poverty (National)	Early Childhood Education Rate
Jobless Households	% NEET (Not in Education, Employment or Training)
Socio-Economic Circumstances	Unemployment Rate
Income	
Children in Care	

# Final Consensus - ‘Widely Available’ Indicators (total n=21)

C: Health-Related Behaviour	D: Health System and Policy
Attempted Suicide	Education Facilities
Adolescent Birth Rate	Integration of People with Disabilities into Employment
Sexually Transmitted Infections (STIs)	Environmental Tobacco Smoke
	Transportation Safety
	Immunisation Coverage
	Leukaemia 5-year Survival

# Final Consensus - ‘Non-Widely Available’ Indicators (total n=11)



A: Demographic and Socio-Economic	C: Health-Related Behaviour	D: Health System and Policy
Abnormal BMI	Prevalence of Depression & Anxiety	Mental Health Policy
Disability Rate	Life Satisfaction	Integration of People with Disabilities in Schools
Child Abuse	Contraceptive Use	Exposure to Air Pollution
Access to Services		Participation in Decisions

# Conclusions

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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.

# Conclusions



- 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.
- Information is key for healthy public policy and practice.

- ✓ Accessible
- ✓ **Comparable**
- ✓ Up-to-date/Timely
- ✓ Reliable/High quality

*An agreed set of common EU indicators measuring children and young people's health and well-being allows health professionals, policy-makers, member states, and citizens, to compare data in a standard and valid way.*



# The *What Now?*

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## Study Limitations

- Small-scale study.  
Literature search, representative 0-24?
- English language questionnaires
- Limitations to using the Delphi technique

## Future Actions

- Wider variety of disciplinary backgrounds (increase number of experts involved)
- Include views of children and young people
- Setting up of a working group at EU Level
- ‘Not Widely’ available reported indicators used as a guide, i.e. addressing the gaps

This is not a finalised list -This research could be used as a starting point for future European work.



# Thank You For Listening!



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