

SOCIETAL ALERTS FOR SAFE AND HIGH QUALITY CARE FOR CHILDREN

CONTEXTUAL TRIGGERS OF CHILD HEALTH POLICY AND CARE

Kinga Zdunek¹, Michael Rigby², Mitch Blair²

1. Medical University of Lublin, Lublin, Poland

2. Imperial London College, London, United Kingdom

Introduction

Health policy making and implementation do not happen in isolation but are embedded in a broader societal context. Initiatives undertaken as a part of health policy are not only directed to the population but also driven by the population.

Attention should also be focused not only on policy content but also the actors involved, processes affecting the development and implementation of the change and the context within which policy is created (Walt and Gilson 1994).

The Models Of Child Health Appraised (**MOCHA**) project is assessing the varied patterns of children's primary care in Europe, and identifying optimum models. One strand is looking at societal views of key issues, generating the data presented here.

Method

The method was a hybrid qualitative approach linking data-driven, inductive perspective with elements of deductive coding. The MOCHA project has an experienced child health agent in each of the 30 countries; research questions are raised by the researchers, validated by an independent Expert Advisory Board, and issued to country agents.

A questionnaire designed as a semi-structured survey instrument asked agents to identify strong public and professional discussions related to child health services in their countries between July 2016 and mid-December 2016.

The stages were as follow: collecting data, pre-viewing data, incorporating the data into qualitative analysis software, coding the data, categorizing the data, and constructing the scheme for identified processes or elements. The constant comparative approach was applied.

References

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Corresponding author:

Kinga Zdunek, Public Health Department, Medical University of Lublin, Chodźki 1 Street, 20-093 Lublin, Poland
e-mail: kinga.zdunek@umlub.pl



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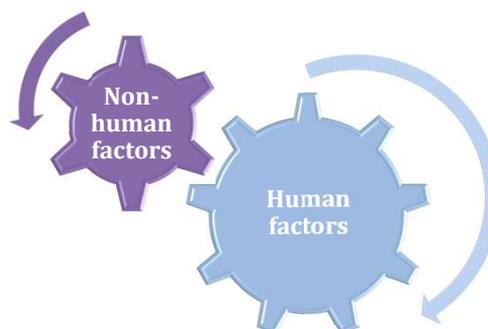


Figure 1. Interdependence of the triggers of the child health policy change

Results

Representatives of 22 countries responded and 65 cases characterizing different areas of public concerns of European countries were described. Two groups of interdependent factors were identified that trigger the onset or exacerbation of the public concerns about the quality or appropriateness of children's healthcare (see: Figure 1).

The first group includes those **triggered by the actions of the public** which we classified as societal-driven and incidental experiences which provoked incident-driven initiatives. The second group consists of factors which are **phenomenon-, information-, legally- or system-driven** (see: Table 1).

Human factors

- **Societal-driven:** parental actions undertaken against mandatory vaccination, or to establishing a self-help group for chronically ill children;
- **Incident-driven:** situations such as numerous cases of child abuse hence raising issues of child health policy in terms of infringement of children's rights.

Non-human factors

- **Phenomenon-driven:** migration of non-assisted asylum seekers and the provision of all required services; the economic crisis contributing to increased child poverty;
- **Information-driven:** scientific and institutional reports, and statistical data about problems such as bullying underlined by the HBSC study and obesity data published by HBSC and Eurostat;
- **Legally-driven:** initiatives against acts of law which were changed to patient disadvantage such as: changes in the system of post-graduate training for medical doctors; proposed plan abolishing paediatric services at county level;
- **System-driven:** situations such as a fire in the intensive therapy ward for premature babies which revealed safety deficiencies.

Table 1. Examples of human and non-human factors

Conclusions

Civil society has views on the content and quality of children's healthcare. These views matter because it is society's service, and because political policy makers respond to pressures.

This study identifies issues which are of concern to the public and often need a constructive response from politicians and policy makers to address service quality.



Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)