Child public health and child (health)care

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Child public health and child (health)care: too far apart?
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Child public health denotes both the health of the young population and the societal efforts to improve this health. Measured by for instance the contents of the Journal or the number of lectures at the annual meetings of Eupha, it constitutes a substantial part of European public health.

In the current issue of the Journal, again several publications provide information on child public health in Europe. Koupil et al. studied inequalities in infant mortality in Estonia. Efforts to lower infant mortality have been in the roots of public since long ago. Interestingly their study shows a large decrease in infant mortality since 1991, the year in which Estonia regained independence. Relative differences in mortality by socioeconomic position remained rather stable though, similar to the trend in other countries.

Health-related behaviours in children and adolescents have received attention more recently. In the current issue of the Journal, a study of Niclasen and co-authors shows the dramatic increase in overweight and obesity at school entry. Their study concerns the Greenland population from 1972 to 2001 but is likely to reflect developments in other countries.

Hagquist studied self-reported health and health-related behaviour among Swedish adolescents. This study shows a higher prevalence of adverse health outcomes among adolescents with lowly educated parents. Not unexpected, differences in morbidity by socioeconomic position remained rather stable though, similar to the trend in other countries.

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In short, this issue of the journal provides interesting data on trends in child public health, but also poses new questions. What should routine child healthcare and primary care do with the results as presented? Should providers use these findings in their provision of care, and could they help to solve or prevent problems as identified? Koupil and co-workers explicitly call for better perinatal care for deprived groups. And Niclasen and co-workers derived their data from routine child health examinations. But further activities from child (health)care services that take a child public health perspective. Interestingly, a good example regarding the opportunities for specialized child health care to achieve this can be derived from the USA. In that country, pediatricians seem to take a somewhat more active approach including a lot of public health problems. Of course one may argue that the child health problems urge them more to do so too, and that public health is better developed in several European countries. But anyhow, it may be helpful to assess whether such a social pediatrics approach, including explicit advocacy for child public health, might reinforce European public health and child (health)care services. I see a lot of opportunities to improve child public health and despite some interesting initiatives, still a lot to do.

References
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