

25 years of HBSC: challenges and successes

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He has an extensive record of presentations and publications in health promotion, chronic disease prevention and evaluation in public health. In recent years he has taken a leadership role in the development of behavioral risk factor surveillance systems globally and in the assessment of evaluation and effectiveness in health promotion. Currently he is president of the International Union for Health Promotion and Education (IUHPE), as well as leader of the IUHPE Global Programme on Health Promotion Effectiveness

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In today's world there are many surveys and many of those are surveys of children, but none possess the three salient characteristics that have defined the HBSC: 1. it has been sustained over a long period of time, more than a quarter century; 2. it has built survey research capacity over that time in many and varied countries; and 3. it is driven by an underlying theoretical approach that is informative, innovative and sensitive to the leading issues of the time. Each of these characteristics is a considerable challenge to any collective knowledge seeking endeavor. Sustainability is difficult in any scientific undertaking. Funding sources often suffer from the political whims of decision makers in governments that vary over time. Maintaining funding may not be as problematic for large scale projects in the physical or biological sciences because they are less likely to be seen as bound to societal prejudices. However, a subject area such as health related behaviour in school children is potentially much more sensitive to trends and views of current policies, because of the age of respondents as well as content, such as sexual activity and risk behaviours. Even where friendly policies do last over many years, resources may vary in the same time period. Thus for a funding body to consistently rate this survey as worthy of continued support, the result is highly valued. Although each participating country can tell its own story of sustainability, some with more success than others, the point is that the whole endeavor has been sustained and that is to be admired.

Along with that long period of sustainability has been the building of research capacity on the topic of health behaviour

*in school children. The rich legacy of reports and published articles is witness to that fact. However, what is most striking is the genuine concern, since the beginning of the HBSC, with a strong theoretical perspective in the themes that have characterized the surveys over the years. It can be argued that many surveys have not provided the depth of insight into key problems of children and adolescents. Currently there is much excitement globally with the publication of the WHO Report of the Commission on Social Determinants of Health¹. At the heart of the concern with social determinants is the social context of behaviours. Indeed behaviours are seen as outcomes of the social context, the social setting, indeed the school as a setting. Inherent in much of the HBSC activity over the years has been a concern with the social context, whether it be the setting and role for social cohesion for mental well being in children or the background social inequalities that frame the experience of children and adolescents in the school setting. Thus the HBSC work has always been *au courant*.*

There is much to be gained by other researchers from the work of the HBSC. To begin with there is the whole consideration of partnerships and collaborative work. Certainly a fundamental principle of modern health promotion practice is based on a notion of partnership. Often such notions are rather vague conceptually; however the work of the HBSC over the years is an example of partnership practice in research. Such a circle of concerted research over such a long time does not come about without effective cooperation among researchers and the cooperation of critical national and international agen-

cies. There is as much to be learned about the evidence of the effectiveness of partnerships by studying the HBSC experience as there is to be learned about health behaviour in school children. Secondly, by reviewing the HBSC work over time we have an insight into how research on children and adolescents has changed conceptually over time, what are the current themes, ideas and fads. Indeed, what has been unique about the HBSC over time is not the simple tracking of the usually studied behaviours of children over time, i.e. their eating, smoking, physical activity behaviour et cetera, but the occasional zeroing in on a problem that resonates solidly with both parents and children, such as bullying in school. It is this careful forethought regarding what should go into the protocol for each survey that sets aside the HBSC work. Finally, one may argue that the methodology of the HBSC has been an area for criticism and concern, but methodology is almost always a challenge. The methodological challenges with the HBSC arise in almost all areas of the work, notably questionnaire construction, sampling, data collection, data analysis and data dissemination. However, a unique feature of the HBSC work is the realization of the cultural context, stemming from the different researchers from different countries and backgrounds, and how those differences shape methodology. The work nicely reveals that there is no simple standard

that works for all contexts and that methodology is not only complex but in itself contextual.

It is quite obvious from the history of the HBSC, the collected publications and reports of the HBSC, as well as the papers in this special issue that the work has been and continues to be relevant for global public health and health promotion. We live in a world of increasing inequities; HBSC work has clearly delineated the dimensions of inequalities geographically, by gender, social class and setting. Many in public health today look to interventions and changes in youth that will reduce poor health outcomes and increase positive health; the HBSC work provides much background evidence on where these changes need to take place, the context and the settings.

As one of those involved in the early days of the HBSC survey it has been a pleasure to comment on the HBSC and reflect on the 25 years of knowledge gained through these surveys. My personal involvement resulted in many long time friends and scholars and the pleasure of seeing the growth of junior researchers to positions of prominence and recognition. It only remains for me to commend the work of the HBSC and to wish it all the best in the next 25 years.

References

1. Commission on Social Determinants of health. Closing the gap in a generation. Final report. Geneva: World Health Organization, 2008.

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