



Developing Child Autonomy and Active Participation of Children in Obese Medical Tourism

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INTRODUCTION

Advances in pediatric medicine mean that children with complex medical conditions (heart disease, neurodevelopmental disorders, etc.) are surviving childhood. This has important implications for healthcare design and delivery, given the broad interdisciplinary demands and susceptibility to poor outcomes if not optimally managed. Importantly, in light of the circumstances in which children and families live, their medical needs must also be understood and addressed. It is increasingly recognized that children's complex health needs (CHN) involve many other factors, including family issues, fragmented health and care services, mental health issues, and social issues. To enable proactive care of these patients, methods to accurately identify them must be developed. Whole Systems Integrated Care an online platform that integrates regularly collected data from primary and secondary care provides an example of how to do this. Algorithms applied to this data identify children with CHN from the entire patient population. When tested in a large inner-city primary care practice, this analysis shows good agreement with clinical opinion and identifies a much higher than expected proportion of complex children within the population. Continuous refinement of these data-driven processes allows us to accurately quantify and identify the needs of local residents, supporting the development of customized services.

DESCRIPTION

Telemedicine, or the use of communication technologies and infrastructure to provide health-related services and information to support patient care, improves quality of care, particularly deficiencies related to patient access and experience of care. There is a possibility. Telemedicine can also reduce inequalities for children and adolescents with special health needs (CYSHCN).

Significant groundwork has been made to study the efficacy and implementation of telemedicine, but important gaps remain regarding the use of CYSHCN. Net's national research agenda, described in an accompanying article, telemedicine in the future was identified as an innovative delivery model for all CYSHCNs and as a mechanism to address urban-rural disparities in access to healthcare. Priority areas for research were identified. Here, we review current knowledge about telemedicine, identify populations where telemedicine may be particularly beneficial, discuss key gaps identified, and make recommendations for specific research to advance this field provide. Telemedicine has many opportunities to improve the healthcare and patient/family care experience and quality of life for CYSHCN, but requires less time and resources for families accessing this care. Innovative research informs best practices in telemedicine integration and delivery to improve telemedicine efficiency and effectiveness for optimal outcomes.

CONCLUSION

Global evidence suggests that maternal education is an important factor in children's health. Health systems coordinate the relationship between maternal education and child health. However, evidence on how health systems align this relationship is scant, especially in developing countries, where data are limited. To fill this evidence gap, we examine this issue in the context of India, where the healthcare system is still in transition. Two nationally representative surveys, the Fourth Round of the National Family Health Survey (2015-2016) and the Fourth Round of the District-level Health Survey (2012-13), were used to assess the impact of maternal education and health systems. We map community level data on health infrastructure and workforce information with individual-level information on health status, insurance and antenatal care benefits, along with other

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socioeconomic characteristics. Note that motherhood education remains an important factor for children's health in India, in line with global evidence. However, the association between maternal education and child health is weakened when health systems are

poor. Improving the healthcare system will initially benefit those already privileged in the Indian situation. Nonetheless, political interest in improving women's education and health care should not be hampered.