

Annual report of the EUPHA Section Child and Adolescent Public Health (CAPH)

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The previous year (Nov 2016 – Nov 2017)

Section Join the Network meeting

The announcement, agenda for and minutes of the Join the Network meeting is included as attachment A and B. Approximately 40 persons joined the meeting.

Activities EUPHA CAPH:

- EUPHA Vienna: Co-organizing the preconference: Child Maltreatment: A Public Health Perspective. “Half way to 2020, where are we now?” (attachment C);
- Paper: Jansen DEMC, Saxena S, Azzopardi-Muscat N. Public Health Practice and Policy to Improve Child and Adolescent Health in Europe. *J Pediatr.* 2017 Nov; 190:293-294.e2. doi: 10.1016/j.jpeds.2017.07.043 (attachment D).

Plans for the coming year (2017-2018)

- Organizing the 'Join the network meeting' Child and Adolescent Public Health;
- Formalize the cooperation between the European Paediatric Association (EPA) and the EUPHA section Child and Adolescent Public Health;
- Preparation workshop(s) and/or pre-conference in 2018 on the following topics:
 - cost-effectiveness (in cooperation with the EUPHA section Public Health Economics);
 - migrant children (in cooperation with Migrant and ethnic minority health);
 - child abuse/child neglect (prevalence, incidence) / suicide among adolescents (Dr Ulugbek Nurmatov);
 - cooperation between the European Paediatric Association (EPA) and the EUPHA section Child and Adolescent Public Health;
- Send a questionnaire of demography/specialist interests to CAPH-members and make results available for the members.

Attachment A: Agenda of the Join the network meeting CAPH 2017

Agenda Join the network meeting EUPHA CAPH



Friday 3 November: 12:10-13:40, location: Room T3

1. 12.10 – 12.15 **Welcome and opening**
Welcome and opening of the meeting by Danielle Jansen
2. 12.15 – 12.30 **Introduction of Sonia Saxena, vice president of CAPH**
3. 12.30 – 12.35 **Introduction of Steering committee**
4. 12.35 – 12.45 **CAPH activities in the past year**
 - Workshops/pre-conferences in Stockholm
 - Update of other CAPH activities
5. 12.45 – 13.05 **Inventory of top 5 priority challenges in child and adolescent public health**
6. 13.05 – 13.15 **Discuss questionnaire to be sent to CAPH-members and next steps to be taken**
6. 13.15 – 13.25 **Suggestions for improving the CAPH website**
7. 13.25 – 13.35 **Ideas for working groups within CAPH, collaboration and joint proposal or paper writing, ideas for workshops for the coming year**
5. 13.35 – 13.40 **Any other business and closing**

Attachment B: Minutes of the Join the network meeting CAPH 2017

Minutes of Child and Adolescent, CAPH 'Join the networks' meeting
Friday 3 November: Fri 3rd 12:10-13:40, location: Room T3



Aims: to bring together CAPH community and attract new members

1. Welcome and introduction

Danielle Jansen (DJ) opened the meeting and welcomed all comers.

The renewed and refreshed vice-president (Sonia Saxena) and steering committee member (Silja Kosola) who were present introduced themselves. We then invited the participants -new and existing members of the Section to introduce themselves including their motivation for attending the meeting and potential motivations for joining the Section

2. CAPH purpose and activity

DJ outlined the terms of reference in brief, explained the processes at which CAPH meets and interacts with wider EUPHA community and outlined examples of our activities across the year. She reported that the CAPH had hosted one workshop at this conference on Wednesday 1st of November. DJ presented an outline of the recent publication on priorities for EUPHA and added value and potential of CAPH EUPHA network in impacting on child health in Europe. SS added that one of the main functions of CAPH was to serve its member's needs- she invited participants to consider joining CAPH if they were not among the nearly 1900 members.

Is payment needed to join CAPH? Membership of their national PH discipline was enough in several countries

Action: agreed the steering committee would invite all participants to join- address list constructed

Action: SS to circulate list and invite new recruits

3. Child Health Research priorities

SS added that the priority setting paper was an opinion piece but that a more rigorous priority setting exercise was proposed that would consult CAPH members and key stakeholders widely on priorities according to a much more rigorous process to set the agenda for child health research.

4. CAPH aims and visibility- webpages

One participant queried what the aims of CAPH were. She did not know much about it and was curious.

It emerged that very few attenders had seen the CAPH webpage or newsletters. It was voiced that the CAPH section profile could be improved and clarified. One person said she thought it so general as to have no unique identity. This would likely disenchant members for engaging actively.

It was agreed the web pages needed some updating but that first a major consultation exercise would take place of all members

Action: SS/ DJ/ CAPH committee

5. CAPH membership needs questionnaire survey

Some discussion about questionnaire content- someone helpfully suggested they could use another section's questionnaire to do this as recently another Section had already completed this. It was agreed the content of the questionnaire would not contain the priority setting as the key first step was to identify a denominator of registered participants.

Action: A questionnaire of demography/ specialist interests would be created and made available for those who opted in to contact each other directly –CAPH Committee

Initial ideas for engaging members included:

- Facebook/ Twitter feed social media to share
- A standing shared web space for member to post important news/ documents/ events
- Ad hoc email

Discussion of activities the CAPH could support can include-

- Help with identifying country specific collaborators for grants
- Contributions to position papers- usefulness of this was debated
- Advocacy for pressure on policymakers
- Raising profile of activities that fall in remit

DJ thanked everyone for attending the meeting

Attachment C: Abstract of preconference

Child Maltreatment: A Public Health Perspective. “Half way to 2020, where are we now?”

10th European Public Health Conference, 1-4 November 2017, Stockholm, Sweden

Agenda

1st November 2017, 09:00 – 12:30

09:00	Welcome, Introduction to a pre-conference workshop (Dr. Ulugbek Nurmatov, Dr. Danielle Jansen)
09:05	Dr. Alison Kemp, Professor of Child Health, Cardiff University, Wales, UK “Delivering the evidence base behind child maltreatment for health professionals”
09:30	Dr. Dinesh Sethi, WHO Programme Manager, Violence and Injury Prevention “The European CM prevention action plan”
09:55	Dr. Ronan Lyons, Clinical Professor of Public Health, Swansea University Medical School “Privacy-protecting data linkage in evaluation”
10:20	Discussion
10:30	Coffee/tea break
11:00	Dr. Lorraine Radford, Professor of Social Policy and Social Work, University of Central Lancashire, England, UK, “Improving data collection on child maltreatment across health and social care”
11:25	Dr. Bjorn Brunborg, Adviser for the Program “The Incredible Years”, Regional Centre for Child and Youth Mental Health and Child Welfare, Bergen, Norway
11:50	Dr. Steven Lucas, Senior Physician Department of Women and Children's Health, Uppsala University, Sweden “The Safe Environment for Every Kid in the community in Sweden”
12:15	Discussion
12:25	Concluding comments/next steps
12:30	End

Introduction: Child Maltreatment (CM) is epidemic in society presenting huge public health challenges and known lifelong consequences. **Objective 1** from the WHO report (2014): ‘Investing in Children: The European Child Maltreatment Prevention Action Plan 2015-2020’ states: ‘Make health risks such as child

maltreatment more visible by setting up information systems in Member States.’ Improving information systems, robust and evidence-based knowledge, analysis of the relationship between CM and its short and long-term negative health consequences collectively constitute a burning issue for future public health policy. Strong and effective collaboration amongst all stakeholder’s (healthcare professionals, social care, child protection services, educational authorities, police, and law enforcement) to combat CM in Europe will support the development of effective preventative and management strategies.

Possible themes:

- Bridging the gap between public health research and policy making for CM
- Standardised data collection (SDC) tools with minimum data set (MDS) for CM at health care sector and social care facilities
- Data linkage relevant to child maltreatment

Method: A workshop with a panel of members.

Participants: Healthcare professionals, academicians, researchers, education, police, social care workers, public health specialists etc.

Outcomes:

- European-wide collaboration between all relevant sectors involved in the protection of vulnerable children.
- Development of multiagency and multidisciplinary safeguarding hubs in each European country.
- Data linkage between Health/Social Care/Education/Criminal Justice/Law Enforcement and other agencies data.

Attachment D: Public Health Practice and Policy to Improve Child and Adolescent Health in Europe. J Pediatr.

See next page



Public Health Practice and Policy to Improve Child and Adolescent Health in Europe

Danielle Jansen, PhD^{1,2,3}, Sonia Saxena, MD^{3,4}, and Natasha Azzopardi-Muscat, MD, PhD^{5,6}

Many chronic and long-term conditions of children and adolescents are caused by modifiable behavioral and environmental factors, requiring a shift in focus of practice and policy toward preventing, rather than treating, disease.¹ These changes are best addressed by public health, the discipline that addresses prevention and health promotion. Public health can be defined as “the art and science of preventing disease, prolonging life, and promoting health through the organized efforts of society.”^{2,3} Public health focuses on primary prevention from a population perspective. It encompasses organized collective activities such as screening and surveillance to identify population health problems, their contributing factors and opportunities for intervention, and collective activities to promote health and to reduce or remove risk factors that lead to health problems.

The European Public Health Association (EUPHA)⁴ is an international, multidisciplinary, scientific organization bringing together ~10 000 public health experts from 39 European countries for professional exchange and collaboration throughout Europe. The EUPHA section on Child and Adolescent Health (CAPH), 1 of 21 sections, is investing to meet the needs of the changing face of disease burden by facilitating and generating communication between policymakers, researchers, and practitioners from different disciplines, by enhancing visibility of the evidence, and by strengthening the capacity of public health professionals (Figure; available at www.jpeds.com).

CAPH also provides a platform for the exchange of information, experience, and research. Advancing the evidence base, practice, and policy for child and adolescent public health is a priority to secure the health of future populations. Within EUPHA, this requires strong links with other disciplines, in particular pediatrics.

Priorities for Child and Adolescent Public Health

The aim of child and adolescent public health is to support children and adolescents to achieve and maintain their health by preventing health problems, for example, through behavior change, skill acquisition, or use of health services. Here, we highlight 5 public health priorities: (1) injuries,^{5,6} (2) mental health,⁷ (3) child maltreatment,^{7,8} (4) risky behaviors in

adolescents⁹⁻¹¹ and (5) obesity¹²⁻¹⁴ (Table; available at www.jpeds.com).

We considered these as priorities primarily because of the attributable burden in the European child and adolescent population. Second, we prioritized health issues that have a major impact on the child itself as well as on health systems and society. Third, we prioritized those problems for which the burden of disease is unequal between and within European countries. Fourth, we prioritized health problems that are amenable to public health intervention. Tackling these problems requires every agency to do its part and cooperate in an interdisciplinary manner. We recognize there are many opportunities for closer cooperation between public health, pediatricians, and other professionals such as primary care physicians to address these issues in a more effective manner.

Tackling Social Determinants of Child and Adolescent Health

From the numerous studies conducted on public health issues, it is clear that health care varies not only between, but also within, countries. This counts for injuries, mental health problems, child abuse, and behaviors that affect health. Children and adolescents in poorer countries and those from poorer families in more affluent countries suffer a greater burden of disease. In addition to poverty and income inequality, other major determinants of child and adolescent health are also of social and economic origin: education, social support, physical and social environment, and health service provision. The services that are responsible for general health care and for medical care must work closely together, and any fragmentation of care should be avoided, eg, the medical care model that attempts to only “repair” the health problem would be incomplete without support from other health care services. For example, operating on injuries after an accident, detoxification after excessive alcohol use, or placement of a gastric bypass

CAPH Child and Adolescent Health
EUPHA European Public Health Association

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surgery for adolescents are not solutions for the problems of society and are putting health systems and budgets under considerable strain.¹⁵

Although the medical model has proven extremely successful and essential in many contexts, the determinants of child and adolescent health show that social and economic factors need more attention from health professionals, including pediatricians and other health care professionals such as general practitioners. How can the different services in society ensure adequate and equal access to health resources? What are the best approaches to activate healthy behaviors in children and adolescents? What needs to be done to decrease psychosocial stress, which is related to so many health problems in adolescents? Public health researchers already play a major role in identifying public health problems and in improving the evidence base of public health interventions. A good example is the use of helmets: from a systematic review of studies evaluating the effect of bicycle helmets on injury prevention, it appears that helmets lead to a 63%–88% reduction in the risk of severe brain injury for cyclists.¹⁶ Another example is offering a smoking-cessation program to the parents of a child who has been discharged from the pediatric clinic after an asthma attack.¹⁷

Future Steps to Improve Collaboration between Pediatrics and Public Health

Most pediatricians already are aware that it is not possible to improve the health of children without focusing on family relations and social background factors. Mobilizing action across the whole of society, including pediatricians, is necessary to address the rise of public health problems and the social gradient in health outcomes. Public health professionals, pediatricians, and primary care physicians have a role to play in raising awareness among politicians and shaping policy, in close cooperation with industry, to ensure that children's health is safeguarded and promoted. EUPHA in general and CAPH in particular is dedicated to working in partnership with European pediatricians and their umbrella organizations to improve the current and future health of children and adolescents in Europe.

This partnership can be achieved in different ways. The first way can be the formalization of sustainable cooperation between public health experts and the European umbrella organization of pediatricians in an official international membership of EUPHA. The purpose of this membership is to

commit to cooperation in the combating health problems in children and adolescents. A second way to work in partnership is to write EUPHActs, a 2-page summary on important health issues mainly aimed at policymakers. By jointly writing an EUPHAct, both partners formally establish a joint statement and position regarding important health issues. A third way to fill the gap between pediatricians and public health experts is centered on conferences—pediatricians and public health experts should contribute to each other's scientific programs. Organizing a joint conference with a balance between both fields would build bridges between the work of pediatricians and public health experts. Other ways might include joint research projects aiming at improving international child and adolescent health and jointly designing training programs for pediatricians in public health.

Conclusion

The rise in global prevalence and burden of noncommunicable disease is evidence that preventive programs are failing. Worldwide, >3000 adolescents die every day from largely preventable causes such as road injuries, lower respiratory infections, and suicide.^{18,19} According to the World Health Organization, the greatest barrier to effectively combating preventable child health problems is a lack of political commitment and the failure of governments and other actors to provide leadership and action.²⁰ EUPHA and pediatricians can apply pressure on governments to act. A concerted, sustained, and multidisciplinary effort of different disciplines such as public health, pediatrics, and general practitioners could bring about health improvements. In prevention strategies, cooperation between different sectors should be ensured to bundle the forces and knowledge to achieve optimal children's health outcomes. In their goal to contribute to combat public health problems, pediatricians should focus not only on the individual patient but also consider a population-based approach. Thus, healthcare professionals do have a role in combatting public health problems, but a really big driver will be the joint pressure of public health professionals and other professionals applied to make governments act. ■

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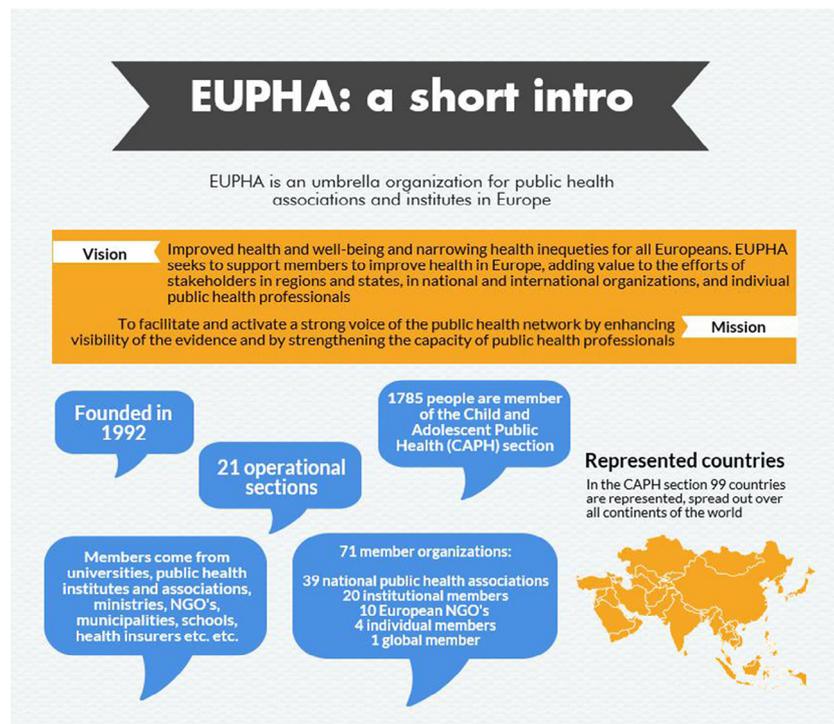


Figure. The EUPHA at a glance. NGOs, nongovernmental organizations.

Table. Five public health priorities in children and adolescents according to EUPHA**1. Injuries**

According to the World Health Organization, unintentional injuries, such as road injury, drowning, poisoning, and falls, cause approximately 42 000 deaths in 0- to 19-year-old children and adolescents in Europe, and the morbidity burden of these injuries is many times greater.^{5,6} The majority of these injuries are due to unintentional and potentially preventable causes.

2. Mental health

Depression is the leading cause of illness and disability among children and adolescents, followed by anxiety disorders, behavioral (conduct) disorders, and substance-use disorders. Suicide in some groups is the main cause of death among adolescents.

3. Child maltreatment

Child maltreatment, including physical emotional and sexual abuse, is a significant public health problem in Europe. Estimates suggest that it affects 18 million children, with prevalence rates greater in countries in Eastern Europe.^{7,8}

4. Risky behaviors in adolescents

Among the World Health Organization regions, Europe has one of the greatest prevalences of tobacco use among adolescents, with an average of 11%-12%, ranging within European countries from 5% to 51%.⁹ Tobacco smoke exposure often results in respiratory health problems such as asthma and reduced lung function in children but also creates lifelong addiction that threatens the health of future populations from cardiovascular risk and cancer. Also, adolescent alcohol use is common in the European region. Results of the Health Behaviour in School-aged Children study 2009/10 showed that in Europe, among 13-year-old adolescents, the overall prevalence of drunkenness and weekly drinking were 18.3% and 7.8%, respectively. The corresponding figures for 15-year-old adolescents were 46.5% and 21%. Alcohol use is associated closely with a number of health problems such as injury, smoking, illicit drug use, and unprotected sex.^{10,11}

5. Obesity

Childhood obesity is one of the most serious public health challenges of the 21st century. Rising prevalence across in Europe indicates that currently up to 1 in 3 boys and 1 in 5 girls aged 6-9 years is now obese and that 22%-25% of European adolescents are overweight or obese.¹²⁻¹⁴ Obesity is associated with many physical and psychological problems that already have begun to manifest in childhood, with an associated economic burden on health systems.