Annual report of the EUPHA Section
Child and Adolescent Public Health (CAPH) / 2015

Prepared by
Danielle Jansen, president of CAPH
November, 2015
The previous year (Nov 2014 – Oct 2015)

Section Annual Meeting
The announcement and agenda for the annual meeting is included as attachment A. There were approximately 10 people present.

Other activities
- EUPHA Milan: Organizing the workshop: ‘Finding and implementing ‘Best’ child primary health care: key themes in the new MOCHA project’. This workshop was organized on Friday 16th October from 8:30-10:00. Click here for abstract.
- EUPHA Milan: Organizing the workshop: ‘Care and treatment for families with multiple problems: messages from Europe’ on Saturday 17th October from 9:00-10:30. Click here for abstract.
- Introduction of EUPHA-CAPH working group ‘Cost-effectiveness in child and adolescent public health’. Diana Sonntag, Division Head in Health Economics, Mannheim Institute of Public Health, Social Medicine and Prevention, Mannheim and Program Director of the Master of Science in Health Economics, Mannheim Institute of Public Health, Social Prevention and Medicine will start the working group ‘Cost-effectiveness in child and adolescent public health’ within this EUPHA section. It will be a collaboration with the EUPHA section Public Health Economics. Aim of this working group is to put this theme more prominent on the agenda of CAPH.
The Coming Year (2015-2016)

Plans for the coming year

1. Organizing the Annual meeting Child and Adolescent Public Health;
2. Expanding the LinkedIn CAPH group (for example by distributing digital newsletters and the EUPHA newsletters);
3. Preparation workshop(s) and/or pre-conference in 2016 on the following topics:
   a. cost-effectiveness (in cooperation with the EUPHA section Public Health Economics);
   b. migrant children (in cooperation with Migrant and ethnic minority health);
Attachment A: agenda of the annual meeting CAPH 2015

**Agenda annual meeting EUPHA CAPH**

**Friday 16 October: 17.25-18.15, location: Amber 5**

1. **17.25 – 17.40** Welcome and opening  
   Welcome and opening of the meeting by Danielle Jansen  
   - Workshops/pre-conferences on CAPH in Milan  
   - Update of CAPH activities in 2015

2. **17.40 – 17.55** Introduction of working group ‘Cost-effectiveness in child and adolescent public health’  
   - Short introduction by Danielle Jansen  
   - Presentation by Diana Sonntag,  
     *Mannheim Institute of Public Health, Social and Preventive Medicine, Heidelberg University, Germany*

3. **17.55 – 18.05** Ideas for other working groups within CAPH, collaboration and joint proposal writing, ideas for workshops for the coming year

4. **18.05 – 18.10** Any other business

5. **18.10 – 18.15** Closing
Abstract of Workshop ‘Traffic injuries in adolescents: epidemiology, contributing factors and brain development processes’

After 1970, road safety has been greatly improved in many highly motorized countries with a reduction of road accident fatalities between 50 and 80%. Yet, some road safety problems persist and seem to be almost impossible to solve. One of them is the high accident rate of young drivers, in particular young male drivers compared to the safest group of drivers. In Norway, this rate has been on the same level the last 35 years, and it seems to increase in the latest years. Leonard Evans (1991) remarks that: ‘The over-involvement of young, and male, road users is one of the largest and most consistently observed phenomena in traffic throughout the world. It is so robust and repeatable that it is almost like a law of nature.’ One of our aims with this workshop is to discuss how we might influence this apparently ‘law of nature’.

The first study in this workshop gives results from a systematic review of the reviews on adolescents and traffic injuries. Major risks involved and protective factors for preventing such traffic injuries will be presented.

The next study discusses the contributing factors to these seemingly unavoidable accidents. The main factors (in both sexes) seem to be of biological nature (hormones and brain development), over-optimistic self-assessments and being in a phase of life in which becoming independent, testing limits and rebelling against values is important. Extensive research and experimentation on driver training has been done, so far with limited success. Some structural preventive measures indicate positive effects, such as rewards system on speed reductions, and some with regards to driving license: suspension, age limits and graduation.

The two last studies go into the biological factors contributing to these traffic injuries. The development of the brain in the adolescents and its effect on (healthy) behaviour will be discussed. In a magnetic resonance imaging study, 34 males aged 18–19 years were divided into 17 high risktakers and 17 low risktakers. An emulating driving task was carried out, resulting in some similar, but also different activities in the brain of these two groups when risky situations occurred in the tests.

We want to understand the risktaking processes in the brain of adolescents. This might enable us to design more precise driver training, and also to point at which structural prevention measures might have effect on reducing this seemingly constant over-involvement of adolescents in traffic accidents. If we succeed with this, we might be able to reduce the heavy toll of fatalities, permanent impairments and handicaps resulting from the high number of traffic accidents in adolescents. Our aim with this workshop is that it might be a step in that direction.

Key messages
- Traffic injuries in adolescents seem to be almost impossible to prevent
- New research on risk taking processes in the brain of adolescents might help in designing more effective prevention measures
Abstract of Workshop ‘Finding and implementing ‘Best’ child primary health care: key themes in the new MOCHA project’

Patterns of provision of primary health care for children vary across Europe, with two principal models - paediatrician based and generalist based being radically different. Both are considered ‘best’ by their advocates, but empirical evidence is weak at the population level. Additionally, preventive services, school health services, adolescent and other direct access services, and cross-sectoral services for children with complex needs have important parts to play, but again there are many patterns. By definition, if there are differences in outcome it means that many children in Europe are receiving sub-optimal primary care, with adverse implications for their current health and the Health of the future European population. The Models of Child Health Appraised project is a new Horizon 2020 project, commencing start-up preparations in June 2015 and due to be launched in the European Parliament on 21 October 2015. It will comprise a scientific programme run by academic partners, fed by factual evidence from country agents in 30 European countries.

Themes to be covered over 3 years include:
- Analytic description of principal models of child primary health in Europe
- Emergency care
- Complex care across the primary/secondary care divide; interfaces with social care
- School health services
- Adolescent health services
- Quality and outcome measures
- Economic analysis
- Professional skill sets
- Ensuring equity
- Use of electronic records, and large data sets, in child health

This workshop will be a first chance for interested child health practitioners to interact with the project, and constructively discuss some of the key enquiry lines of the project. Presenters and topics for discussion are:

Danielle Jansen - Chair
Mitch Blair (Project Leader) - What we Know and Don't Know about ‘Best’
Daniela Luzi - Measurement of Quality
Michael Rigby (Deputy Project Leader) - Electronic Health Records in Child Health - the need to regain firm ground
Peter Schröder-Bäck - How Providers set Policy

Discussion will enable conference members to register their ideas for concepts and analytic approaches at a formative stage of the project.

Key messages
- Child health services need to be optimal, and this means identification of the best core models, and specific services, based on outcome and quality data
- Effective study across the variety of Europe requires many systematic approaches, and can benefit from the ‘natural laboratory’ of Europe
Abstract of workshop: ‘Care and treatment for families with multiple problems: messages from Europe’

Parents and children of so-called ‘multiproblem families’ (MPFs) often experience difficulties in various areas of life like substance abuse, participation, parenting problems, psychosocial problems including social determinants of health and the quality of life. Therefore, it is of great importance to provide care and treatment to MPFs focusing on these various areas of life to address these problems and make them more manageable on the shorter, but also on the longer term. Which types of care and treatment seem to work for these families? And why do these types of care work? What are (potentially) effective elements of interventions for MPFS?

The aim of this workshop is to pay attention to the various types research on care and treatment for MPFs, focusing on:

– Early childhood networks: these networks seem to play an important role in providing support to families facing different and mostly multiple burden/needs.
– A modular prevention program: substance-specific group interventions for children from substance-abusing families seem to lead to more positive effects than substance-unspecific work.
– What works for multiproblem families (MPFs): giving a systematic overview of the literature concerning evidence of the effectiveness of interventions used for MPFs.
– The evaluation of an organizational model: evaluating the effectiveness of an organizational model to support MPFs in the Netherlands.

The topics discussed within this workshop complement each other, which makes it possible to exchanged knowledge between researchers, practitioners, policy makers and educationalists of various countries concerning the support for MPFs. In addition, we could learn from each other when it comes to optimizing the care for these families in various areas of life. The participants will be asked to actively take part in the discussions of the four presentations.

Key message

– For improving the care offered to families and children with severe and multiple problems it is important to combine the knowledge gathered within different countries