

## Results

Preliminary results indicate five common aspects of best practice: (i) availability of professional interpreting services and translated materials, (ii) sensitivity and adaptation of services to patient's cultural needs, (iii) entitlement to equal care for all, (iv) an integrated approach with good collaboration within and between health care and social services, and (v) initiatives to inform newly arrived migrants about the health care system.

## Conclusions

The evidence collected in the EUGATE study suggests that policies aimed at improving health care for migrants should include strategies that will ensure use of translation/interpretation services, foster multisectoral alliances, promote cultural awareness among staff through training/education, and increase awareness about the organization of the health care system and services available.

# 3.12. Workshop: Motivational interviewing: how to improve your preventive interaction with adolescents

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Organizer: EUPHA section on Child and Adolescent Public Health

The prevalence of cigarette smoking, levels of drinking with the emergence of new patterns of binge drinking and rising levels of illegal drug use in adolescents are causes for great concern. This is in part caused by the fact that these forms of behaviour are highly predictive for a large range of long-term negative outcomes such as depression, violence, risky sexual behaviours and suicidal ideation.

Although effective intervention and prevention measures are reported, our capacity to influence young people's choices and behaviours with effective prevention and intervention still do not come up to the mark. The reasons for this is that most of these preventive intervention fail to take into account the many possible rewards for substance use: increased energy, less problems, boredom and depressive thoughts, management of effects from other drugs, and/or increased confidence.

In public health, enabling adolescents to change their behaviour (and maintain healthy behaviour) to prevent or reduce negative outcomes is still a challenge. Rollnick and Miller designed concrete techniques to be able to use the motivational interviewing principles in brief (medical) contact settings. Key principles are: (being nonjudgmental in) the use of feedback, focussing on the perspective of the individual, advise-giving, providing several change options, an emphatic counselling style and the enhancement of self-efficacy.

Motivational interviewing (MI) is not just another 'bag of tricks', but a successful method to skilfully improve your communication. The right style and spirit of communicating is vital; adolescents can easily recognize whether the health professional is authentic or not.

MI is particularly attractive to young people, because it is non-confrontational and does not impose specific outcomes:

minimizing resistance is central to MI. In relation to young people's substance use, it may be all too easy to try too hard to persuade and thereby negate any potential beneficial effect by invoking resistance. Thus an intervention which helps young people to consider risk may not reduce substance consumption, but may nevertheless be influential other possible measurable benefits involve reduction of harm or risk.

### Objectives and format of the workshop

The aim of the workshop is to train the participants in using the principles of MI for promoting healthy behaviour in adolescents. First, the 'state of the art' regarding the effects of MI will be presented as well as some examples of the use of this method with adolescents that have substance use problems. The greater part of the workshop will be used for training using example cases.

For those that are not primarily interested in adolescent public health, it may be interesting to know that MI can be used with adults as well!

1. Tjitske Teeuwisse, child and adolescent psychiatrist at the Northern Institute for the treatment of Drug Addicts, The Netherlands (invited): State of the art of Motivational Interviewing: results of recent research and practical experiences (20 min).
2. Jolianne Hellemans, MSc Health Education Specialist and Saskia Loeffering MSc Adult Education Specialist: introduction into the technique of Motivational Interviewing and explanation of workshop proceedings (15 min).
3. Training in Motivational Interviewing using two example cases (45 min)
4. Auke Wiegiersma, youth health care physician at the UMCG Health Sciences, The Netherlands. Wrap up and take home messages + future activities CAPH (10 min)

# 3.13. Society and health

## The exposure to recreational water: are European guideline microbiological indicators effective to prevent health outcomes? A systematic review

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### Background

Since 1950, epidemiological studies have investigated the relationship between health risk and swimming. Although the European legislation adopted the Directive 2006/7/EC Bathing Water, questions remain on the validity of current

normative limits and indicator use. We conducted a systematic review to quantify the association between illness and different microbiological indicators of recreational water under non outbreak conditions.

### Methods

We searched in computerized databases (PubMed and Scopus) for studies reporting exposure in marine or fresh waters, microbiological water quality indicators, health outcomes (gastrointestinal, dermatological, ophthalmological, otorhinolaryngoiatric diseases) and associations measures. Preliminary analysis was conducted selecting studies with the highest indicator concentration and that used colony-forming units per 100 ml as indicator metric.