

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

Prepared by:
Danielle Jansen, president of CAPH
January 2019

Inhoudsopgave

THE PREVIOUS YEAR (NOV 2017 – NOV 2018)	3
PLANS FOR THE COMING YEAR (2018-2019).....	5
ATTACHMENT A: AGENDA OF THE JOIN THE NETWORK MEETING CAPH 2018	6
ATTACHMENT B: MINUTES OF THE JOIN THE NETWORK MEETING CAPH 2018	7
ATTACHMENT C: ABSTRACTS OF WORKSHOPS.....	9
ATTACHMENT D: QUESTIONNAIRE ACTIVITIES AND OUTPUTS CAPH MEMBERS	ERROR! BOOKMARK NOT DEFINED.8
ATTACHMENT E: JANSEN DEMC, EHRRICH J, AZZOPARDI-MUSCAT N & MCKEE M. TACKLING THE CHALLENGES OF CHILD HEALTH CARE. THE LANCET. 2018	42

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 30 persons joined the meeting.

Activities EUPHA CAPH:

EUPHA conference: Ljubljana:

Thu 29th Nov, 9:00-10:30

1.L. - Workshop: Growing up being LGBT in Europe: the impact of bullying and parenting behavior on mental health

Organisers: EUPHA (SGMH) (CAPH)

Fri 30th Nov, 8:30-9:30

4.N. - Workshop: How can we reduce inequalities in child health? Perspectives from across Europe.

Organisers: EUPHA (CAPH) (EPI) (ENV)

Fri 30th Nov, 11:10-12:10

5.N. - Round table: Improving Primary Health Care for Children and Adolescents: What Are The Future Steps?

Organisers: EUPHA (CAPH) EPA/UNEPSA, EAP, ECPCP

Sat 1st Dec, 9:40-11:10

9.N. - Workshop: Vaccination in school children in Europe: when and how?

Organisers: EUPHA (IDC) (CAPH)

Sat 1st Dec, 11:40-13:10

10.D. - Workshop: The Health Promoting School (HPS): Research, practice, innovations, and new directions

Organisers: EUPHA (HP) (CAPH), Bielefeld University Germany, ISHN

Sat 1st Dec, 11:40-13:10

10.N. - Workshop: Transitions from childhood to adolescence and young adult working life

Organisers: EUPHA (SSWH) (CAPH)

Memory of Understanding:

EUPHA/CAPH signed a Memory of Understanding with the EPA/UNEPSA (European Pediatrics Association). This signed collaboration agreement was announced in the EUPHA newsletter of July 2018:

New partnership with EPA/UNEPSA

On the 6th of July, EUPHA and the European Paediatrics Association/Union of National Paediatrics Societies and Associations signed a partnership agreement. EPA/UNEPSA will work closely together with the EUPHA section on Child and adolescent public health. At the Ljubljana 2018 conference, the EUPHA section on Child and adolescent public health and EPA/UNEPSA are organising a round table on child health and policy on Friday 30 November 2018.

Correspondence:

Jansen DEMC, Ehrich J, Azzopardi-Muscat N & McKee M. Tackling the challenges of child health care. The Lancet. 2018 (attachment 1).

Questionnaire sent to CAPH members

CAPH has send a questionnaire of demography/specialist interests to CAPH-members. We will make the results available for the members.

PLANS FOR THE COMING YEAR (2018-2019)

- Organizing the 'Join the network meeting' Child and Adolescent Public Health;
- Explore the cooperation with (the other) European paediatrician association: the EAP (European Academy of Pediatrics);
- Preparation workshop(s) and/or pre-conference in 2019

**Agenda Join the network meeting
EUPHA Child and Adolescent Public Health (CAPH)**

Thursday 29 November: 12:15-13:15, location: Room E3



1. Welcome and opening

Welcome and opening of the meeting by Danielle Jansen

2. Introduction of Michelle Kelly Irving, member of the steering committee of CAPH

3. Action points following the Join the Network meeting 2017

- Questionnaire child health research priorities of CAPH members
- Questionnaire of demography/special interests of CAPH members
- Webpage of CAPH
- Engaging CAPH members via social media

4. Results of the questionnaire child health research priorities CAPH activities in the past year

- Workshops in Ljubljana
- Update of other CAPH activities

5. Ideas for more actively involving CAPH members, working groups within CAPH, collaboration and joint proposal or paper writing, ideas for workshops for the coming year

6. Any other business and closing



Minutes of Child and Adolescent, CAPH 'Join the networks' meeting Thursday 29 November: 12:15-13:15, location: Room E3

Minutes Child and Adolescent Public Health (CAPH)
Join the network meeting 29/11/2018
27 in audience, 11 people introduced themselves,
the others arrived later

1. Opening

Introduction by Danielle Jansen, chair of the section Child And Adolescent Public Health

2. Introduction of Michelle Kelly Irving, member of the steering committee of CAPH

MKI introduced herself

3. Action points following the Join the Network meeting 2017

Questionnaire child health research priorities of CAPH members

Danielle presented the results about the questionnaire on child health research priorities of CAPH members. Although CAPH has 2000 members, we received only 30 responses on the questionnaire. Given the low response rate, no further questionnaires will be done. One person in the room had responded to the questionnaire.

- Obstacles with engagement: people identify with lack of time etc
- Questionnaires should be done as online forms (google forms & mailchimp) not word documents

Engagement CAPH members via social media

- CAPH can send email engagement outwards to members – “who can get involved in this paper/ activity”;
- Twitter account – about 6-7 people in the room use twitter;
- Engagement with LinkedIn;
- Can EUPHA collect data on expertise & interests;
- Linked-in groups where people can connect their account and get involved together;
- Who can help? At least 2 people will give their names;
- CAPH Newsletter could be re-launched.

4. CAPH activities in the past year

DJ explains activities

- Engaging with paediatricians: partnership with EPA/ UNEPSA

First collaboration stemming from this is the Round table session in Ljubljana tomorrow: Improving Primary Health Care for Children and Adolescents: What are the Future Steps?

-Letter in the Lancet on health care of children & adolescents (Tackling the challenges of child health care)

-Advertising workshop tomorrow (Friday 30th Nov) on health inequalities; Workshop on transitions from childhood to adolescence and young adult working life (Sat 1st Dec); Workshop on vaccination (Sat 1st Dec).

5. Ideas for more actively involving CAPH members, working groups within CAPH, collaboration and joint proposal or paper writing, ideas for workshops for the coming year

-Expertise & interest via a linked in group

Research themes of interest for section members for future activities:

-Theme: digital marketing towards children and child rights;

-Theme: Social prescribing: Paediatricians resistant to social interventions. What is their ability to prescribe?

-Theme: Inequalities & obesity prevention: cross-cultural differences – could send out an email to members about this topic via CAPH;

-Theme: Child obesity co-designing interventions with children. A suggestion = Organising workshops with children & young people –Link with Margarida & Dream Teens? Suggestion to marketing researchers via European journal of marketing;

-Theme: links with advocacy groups mentioned;

-Theme: Trauma & injury and alcoholic games among teenagers– “Planking”;

-Are there relevant conferences to send out information about to the network? Please let us know!

6. Overall Summary of meeting

- Find out more about members expertise via LinkedIn: Helpers!
- Topics where we can ask members for help

GROWING UP BEING LGBT IN EUROPE: THE IMPACT OF BULLYING,
FAMILY REJECTION AND PARENTING BEHAVIOR ON MENTAL HEALTH
AMONG SEXUAL AND GENDER MINORITIES



EUROPEAN PUBLIC HEALTH CONFERENCE

WORKSHOP

DATE: NOVEMBER 29TH 2018

TIME: 09.00 – 10.30

LOCATION: STIH

LJUBLJANA - SLOVENIA

OBJECTIVES

During child and adolescence years, youth face many challenges, both at school and within home settings. Experiences of bullying and peer victimization at schools are highly prevalent in all of Europe. Studies have reported prevalence rates varying widely from 10 to 60% for both victimization and involvement in bullying at schools across the US and Europe. Vulnerable groups, such as sexual and gender minority youth, are disproportionality targeted. Studies have suggested that on average, sexual minority adolescents are at an 1.7 times higher risk to be threatened or physically assaulted at school than their heterosexual peers. Moreover, home is also not always a safe and protective place for them too. Sexual and gender minority youth may encounter family rejection and lower levels of much-needed parental support.

Research has shown that school bullying, parental rejection, and lack of social support negatively impact mental health. Bullying has consistently been linked to higher levels of anxiety, depression symptoms and suicide. Furthermore, bullying in childhood has been associated with greater degrees of depression symptoms and lower life satisfaction in young adulthood, suggesting that the consequences of bullying during school years persist into later adulthood. Family rejection and harmful parental styles reduce the availability of social support sources that protects mental health and increase the stress levels of sexual and gender minorities, leading to impaired mental health.

However, the situation for sexual and gender minorities varies greatly within Europe. Stigma towards these groups is often deeply rooted in culture and history. Variation in discriminatory legislations and acceptance towards sexual and gender minorities create very different settings for youth growing up across countries in Europe. Many of these differences between European countries remain unexplored.

This workshop will provide a European perspective on bullying at schools, family rejection and parenting behavior by presenting prevalence rates and risk factors, followed by strategies and interventions to reduce bullying and its negative impact. In the first presentation, Arjan van der Star, a PhD candidate in sexual and gender minority health from Sweden, will present a cross-European comparison on the frequency of bullying at school and its structural determinants among lesbian, gay, bisexual and transgender (LGBT) individuals from 28 different European countries. The study highlights the consequences of structural stigma, policies and population attitudes on bullying at school and their links to life satisfaction later in life. Next, Gabriël Beusekom, working on sexual and gender diversity in families and youth in the Netherlands, will present a longitudinal study from Belgium on depression and anxiety and the role of parenting behavior in same-sex attracted youth. In the third presentation, Amets Suess Schwend, a social anthropologist and activist working with trans-related issues in Spain, will highlight experiences of family rejection, bullying and transphobic violence reported by young gender minorities within school and home environments. Amets will further present strategies to overcome transphobic bullying and victimization among gender-diverse children. Fourthly, Minne Fekkes and Marloes van Verseveld, both researching anti-bullying policies in the Netherlands, will present results from an anti-bullying school intervention.

This workshop will aim to facilitate an increased understanding of the challenges that young individuals face such as bullying, victimization and rejection in school and home settings and

how it disproportionally targets vulnerable populations, such as sexual and gender minority youth, all across Europe. Furthermore, the situation for youth and minorities varies greatly across Europe in terms of cultures, population attitudes and protective policies. As a second goal, this workshop will explore differences between countries with presentations coming from various European countries. Thirdly, the workshop aims to provide insights and tools for bullying interventions, resilience strategies at schools and protective parental behaviors by highlighting results, challenges, and opportunities.

MAIN MESSAGES

Message 1

Youth, and sexual and gender minorities in particular, face many mental health challenges, such as victimization, bullying and rejection, both at school and at home. Among these groups, bullying and peer victimization are very common all over Europe.

Message 2

More knowledge and understanding of the underlying mechanisms is needed in order to design effective bullying interventions and resilience strategies that further empower youth, teachers and parents, that diminish the negative consequences on mental health, and that create safe school and home environments for all children growing up across Europe.

CHAIRPERSONS FOR THE WORKSHOP



Arjan van der Star, Department of Clinical Neuroscience, Karolinska Institutet, Sweden, arjan.van.der.star@ki.se



Danielle Jansen, President, EUPHA section on Child and Adolescent Public Health (CAPH), University Medical Center Groningen, The Netherlands, d.e.m.c.jansen@umcg.nl

PROGRAM

Introduction 09.00 – 09.05

Presentation 1 09.05 – 09.15 introduction to bullying and health

Presentation 2 09.15 – 09.30 Structural determinants of school bullying among sexual and gender minority individuals across 28 European countries

Presentation 3 09.30 – 09.45 Longitudinal study on depression and anxiety in same-sex attracted youth and the role of parenting behaviors in Belgium

Presentation 4 09.45 – 10.00 Strategies of support and empowerment: the perspective of gender diverse children and adolescents

Presentation 5 10.00 – 10.15 Relation between bullying behavior and mental health and the effects of the Prima anti-bullying program in The Netherlands

Discussion and closing 10.15 – 10.30

PRESENTATION 1: 09.05 – 09.15



Presenting author: Minne Fekkes ¹

Presenting author's email: minne.fekkes@tno.nl

¹Division of Child Health, ²Netherlands Organisation for Applied Scientific Research, Leiden, the Netherlands

Introduction

In this introductory presentation an overview will be given on bullying victimization and its relation to health problems. In addition there will be presented some information from studies on the protective and risk factors that are associated with bullying. Bullying victimization is associated with a wide variety of health issues. Longitudinal studies show that bullying victimization precedes many of these problems. This indicates that bullying and its related stress and feelings of social isolation can lead to these problems. Studies also show that some health problems precede bullying behavior. Depressed or anxious children have a much higher chance of being targeted as victims of bullying behavior. Studies also show that having a good personal bond with either a friend, teacher or parent can serve as a protective factor for victimization and its health consequences. Integration of these results in intervention programs can strengthen their effects both in decreasing the onset of victimization and decreasing the longer term consequences of bullying.

Presentation 2: 09.15 – 09.30

STRUCTURAL DETERMINANTS OF SCHOOL BULLYING AMONG SEXUAL AND GENDER MINORITY INDIVIDUALS ACROSS 28 EUROPEAN COUNTRIES



Presenting author: Arjan van der Star ¹

Presenting author's email: arjan.van.der.star@ki.se

Authors

Arjan van der Star^{1,2}, John Pachankis², Richard Bränström^{1,2}

¹Division of Psychology, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden

²Department of Social and Behavioral Sciences, Yale University School of Public Health, New Haven, CT, United States

Background: The situation for sexual and gender minorities varies greatly across Europe as a consequence of large differences in structural stigma (i.e., population attitudes, discriminatory legislation, and policies). Structural stigma has been linked to increased risks of discrimination and victimization among lesbian, gay, bisexual, and transgender (LGBT) individuals, but its link to risks of LGBT bullying at schools has not yet been explored in a between-country comparison or a European context.

Purpose: Our first aim was to examine the effect of structural stigma on country-level variation in LGBT bullying at schools in all 28 European Union (EU) countries. Our second aim was to explore the impact of bullying experiences on adulthood life satisfaction.

Methods: Data from 83,275 adult LGBT individuals participating in the EU LGBT survey were used in combination with country-level data on legislation, policies, and population attitudes towards LGBT individuals.

Results: High rates of having been bullied at school, due to identifying or being perceived as LGBT, were reported in all 28 EU countries (range: 27% in Finland - 51% in Cyprus). The level of bullying was only related to country-level structural stigma among lesbian/bisexual ciswomen, but not among gay/bisexual cismen and transgender individuals. Structural stigma was linked to an increased risk of being bullied at school among cisgender individuals who were open about their LGBT identity at school, but was related to a reduced risk among transgender persons. An experience of LGBT bullying at school was significantly associated with lower life satisfaction in adulthood.

Conclusions: The high rates of LGBT bullying at schools across all EU countries, together with its link to reduced life satisfaction in adulthood, highlight LGBT bullying as a major public health concern. The protective legislation and higher levels of LGBT acceptance that exists in some countries does not seem to be sufficient to reduce school bullying among LGBT individuals. Increased efforts are needed to prevent LGBT bullying at schools in the EU.

Presentation 3: 09.30 – 09.45

**LONGITUDINAL STUDY ON DEPRESSION AND ANXIETY IN SAME-SEX
ATTRACTED YOUTH AND THE ROLE OF PARENTING BEHAVIORS IN BELGIUM**



Presenting author: Gabriël van Beusekom ¹

Presenting author's email: g.van.beusekom@scp.nl

Authors

Gabriël van Beusekom^{1,2}, Henny Bos¹, Steven de Laet³, Karla van Leeuwen⁴, Luc Goossens³

¹Research Institute of Child Development and Education, Faculty of Social and Behavioral Sciences, University of Amsterdam, the Netherlands

²Netherlands Institute for Social Research, the Hague, the Netherlands

³Research Group for School Psychology and Child and Adolescent Psychology, University of Leuven, Belgium

⁴Research Group for Parenting and Special Education, University of Leuven, Belgium

Background: This investigation examines whether adolescents with same-sex attraction differ from their counterparts who do not have these feeling for the same-sex, on depression and social anxiety. It is also investigated whether the effect of same-sex attraction on mental health problems (i.e., depression and social anxiety) depends on the participants' perceptions on the warmth and supportive behavior they received from their parents earlier in their adolescence and how much their parents their parents showed psychological controlling behavior toward them during early adolescence.

Methods: Data of the current study were based from STRATEGIES, a longitudinal study that was conducted in Belgium. For the present study data were used from wave 2 (perception of parental warmth/supportive and controlling behaviour) and wave 3 (mental health), when the participants were among 14 (wave 2) and 16 (wave 3) years old.

Results: The same-sex attracted adolescents showed more mental health problems (higher levels of depression and social anxiety) and reported less supporting and more psychological controlling behavior from their parents, compared to young sexual majority participants.

Conclusions: Sexual minority youth are especially at risk to develop more depression compared to their heterosexual counterparts, when their parents were in the past less supportive and more controlling in their parenting behavior. These findings are important for family therapists, practitioners and teachers who are working with same-sex attracted youth.

Presentation 4: 09.45 – 10.00

STRATEGIES OF SUPPORT AND EMPOWERMENT: THE PERSPECTIVE OF GENDER DIVERSE CHILDREN AND ADOLESCENTS



Presenting author: Amets Suess Schwend ¹

Presenting author's email: amets.suess.easp@juntadeandalucia.es

Authors

Amets Suess Schwend^{1,2}, G Maroto Navarro^{1,2}, A Marquina Márquez³, S Bustamante Elvira^{1,4}, M López Doblas¹, A Ruiz Azarola¹, MI Tamayo Velázquez¹, A Danet Danet^{1,2}, N García Toyos¹, MJ Escudero Carretero^{1,2}, P Ruiz Roman¹

¹Andalusian School of Public Health, Granada, Spain

²CIBER-ESP, Centre for Biomedical Network Research – Epidemiology and Public Health, Instituto de Salud Carlos III, Madrid, Spain

³University of Jaén, Jaén, Spain

⁴Childhood Observatory in Andalusia, Granada, Spain

Background: In 2014, a law against discrimination on grounds of gender identity was passed in Andalusia, based on a depathologization and human rights framework. The law establishes the right to gender self-determination. In the implementation process of the law, a protocol for the protection of gender diversity in the educational system was elaborated. An additional law focused on the protection of LGBTI people, approved in December 2017, reaffirms the rights recognized in the previous law, establishing specific procedures in case of family rejection, transphobic bullying and violence.

Methods: In a qualitative research project conducted between January 2016 and December 2017 in Andalusia, Spain, gender diverse children and adolescents, among other stakeholders, were interviewed about their experiences of support and discrimination in family, social and educational contexts, as well as about strategies for dealing with experiences of family rejection, transphobic bullying and violence.

Results: The interviewed children and adolescents reported experiences of support in the family, educational and social context. At the same time, some interviewees indicated experiences of transphobic bullying and violence at school, as well as conflicts in the family. As strategies for overcoming these negative experiences, they mentioned the support received from family members, friends and teachers, as well as the contact with other gender diverse children or adolescents. Some of the interviewed adolescents described the engagement in the LGBT movement and the questioning of gender binarism and pathologizing attitudes as relevant empowerment experiences.

Conclusions: Exploring experiences of family rejection, transphobic bullying and violence, as well as strategies for preventing and overcoming these experiences, can be identified as a relevant contribution for developing protection measures adapted to the children and adolescents' needs and priorities.

Presentation 5: 10.00 – 10.15

RELATION BETWEEN BULLYING BEHAVIOR AND MENTAL HEALTH AND THE EFFECTS OF THE PRIMA ANTI-BULLYING PROGRAM IN THE NETHERLANDS



Presenting author: Marloes van Verseveld ¹

Presenting author's email: m.d.van.verseveld@hva.nl

Authors

Marloes van Verseveld¹, Minne Fekkes², Ruben Fekkink³, Ron Oostdam⁴

¹Center for Applied Research in Education, Amsterdam University of Applied Sciences, Amsterdam, the Netherlands

²Netherlands Organisation for Applied Scientific Research, the Hague, the Netherlands

³Preventive Youth Care, Faculty of Social and Behavioral Sciences, University of Amsterdam, the Netherlands

⁴Developmental Disorders and Special Education, Faculty of Social and Behavioral Sciences, University of Amsterdam, the Netherlands

Background: Victimization among children is associated with adverse effects on their physical and psychological health. Many health complaints follow as a result of bullying and anxiety and depression also precede bullying. The Dutch school-wide anti-bullying program 'Prima' was developed based on techniques and scientific insights that are known to be effective. In this randomized trial we investigate the effects of school-wide anti-bullying program on bullying behavior and self-esteem and depression.

Methods: A total of 4,229 students of grade 3 to 6 of 31 primary schools participated in this study. The schools were randomly assigned to three conditions. Condition A was offered a teacher-training, an online screening tool for bullying behavior, and a set of practice- and evidence-based guidelines to deal with difficult bullying situations. Condition B included all of condition A plus a series of eight lessons for the students. Condition C was the control group. A questionnaire was filled out by the students before and after the intervention.

Results: Results from the pretest showed that 16% of the students was bullied regularly. There was a significant difference between bullied and non-bullied children in their reported mental health. Bullied students indicated much more depressive symptoms compared to non-bullied students (3,67 vs 1,67, $p = .000$). Bullied children also indicated lower self-esteem (16,74 vs 19,84, $p = .000$). The effects of the intervention program are currently analyzed and will be presented at the conference in the fall of 2018.

Conclusions: Bullying is strongly related to mental health issues among children. To address mental health issues among youth, schools should focus on evidence-based anti-bullying programs as a vital part of a wider school policy.

HOW CAN WE REDUCE INEQUALITIES IN CHILD HEALTH?
PERSPECTIVES FROM ACROSS EUROPE



EUROPEAN PUBLIC HEALTH CONFERENCE

WORKSHOP

FRIDAY NOVEMBER 30TH 2018

TIME: 08.30 – 09.30

LOCATION: M3+4

LJUBLJANA - SLOVENIA

Objectives

Inequalities in health are unnecessary and unjust yet are persisting or increasing both between and within countries. Reducing inequalities in health is a priority of many governments and the World Health Organisation recognises the importance of health for all as the foundation for achieving the Sustainable Development Goals. It is clear that the will to reduce health inequalities is there; the problem is finding out what best to do and how to do it with limited resources. The Commission on the Social Determinants of Health noted the importance of starting early since improvements in early child development have the potential to improve health throughout the lifecourse due to the influence of childhood on the risk of obesity, malnutrition, mental health problems, heart disease and criminality amongst others. The Glasgow Declaration “‘All hands on deck’ to close the health inequalities gap”, made following the EPH Conference in Glasgow in 2014, recognised that describing inequalities in health was not enough. The declaration recommended that the public health community should increase studies on how to achieve population wide impact; translate research/evidence to policy; understand what works to reduce inequalities, for whom, and why; ensure that policies are based on established models of good practice; and exchange best practice so that we might learn from each other. This workshop follows these principles by looking at ways in which we might reduce inequalities in child health. The first presentation considers health literacy and its impact on child and adolescent health inequalities. Evidence is presented based on nine projects on health literacy, mental health literacy and e-health literacy looking at where health literacy impacts on inequalities in child health with recommendations made regarding ways in which equity might be increased. The second presentation reports on a novel approach to parental support in a deprived neighbourhood. The experiences of professionals, parents and their children will help to inform as to the utility of the approach. The final presentation models how different existing interventions to improve maternal mental health would impact on child health and health inequalities. This shows the potential decreases in inequalities in child mental health that could be achieved under varied scenarios.

All presentations consider some form of targeting, including proportionate universalism, as a means of reducing inequalities in child health. The discussion will then be built around the following questions: What interventions work in terms of reducing inequalities in child health? How should interventions or services be targeted to help those in the greatest need? What are the “quick wins” for policy and practice to reduce child health inequalities?

MAIN MESSAGES

Message 1

It is a public health priority to reduce inequalities in child health, yet we know very little about how to achieve this in practice

Message 2

We discuss different interventions and different ways to target the most disadvantaged populations in a bid to reduce inequalities

CHAIRPERSONS FOR THE WORKSHOP



Professor Alastair Leyland, Vice President, EUPHA section on Public Health Epidemiology, University of Glasgow, UK,
alastair.leyland@glasgow.ac.uk



Danielle Jansen, President, EUPHA section on Child and Adolescent Public Health (CAPH), University Medical Center Groningen, The Netherlands, d.e.m.c.jansen@umcg.nl



Peter van den Hazel, President, EUPHA section on Environment and Health, Public Health Services Gelderland-Midden, Arnhem, the Netherlands, peter.van.den.hazel@vggm.nl

PROGRAM

Introduction 08.30 – 08.35

Presentation 1 08.35 – 08.47 Health literacy in children and adolescents: associations between health literacy and health inequalities

Presentation 2 08.47 – 08.59 A preventive and environment-centered approach of parent support in a deprived neighbourhood in the city of Groningen: experiences from professionals, parents and their children

Presentation 3 08.59 – 09.11 How might improvements to maternal mental wellbeing reduce inequalities in child health in the UK? A simulation of hypothetical interventions using a causal mediation method.

Discussion and closing 09.11 – 09.30

Presentation 1: 08.35 – 08.47

HEALTH LITERACY IN CHILDREN AND ADOLESCENTS: ASSOCIATIONS BETWEEN HEALTH LITERACY AND HEALTH INEQUALITIES



Presenting author: Orkan Okan ¹

Presenting author's email: orkan.okan@uni-bielefeld.de

Authors

Okan ¹, Jochimsen ², Hendricks ², Wasem ², Bauer ¹

1Bielefeld University, Bielefeld, Germany

2 University of Duisburg – Essen, Duisburg, Germany

Background: The social gradient in health is well established, with good education linked to better health, but health inequalities in children have not been as well researched as in adults. Available findings indicate health and behavioural inequalities in children. In this context, health literacy (HL) is a social determinant of health and low HL is associated with health inequalities. Based on a consortium project on HL in children and adolescents, this presentation will discuss HL related inequalities.

Methods: The results of nine projects on HL, mental HL, and e-HL have been synthesized based on data collected using a questionnaire completed by the project researchers. The focus was on a) summarizing the main results and b) drafting recommendations for research, practice and policy. Data have been analysed and translated into recommendations for action.

Results: First, vulnerable families and children of parents with mental health problems experience difficulties when seeking help. In particular, associated stigma affects mental health. Social care, education, and health systems are not user-friendly in relation to these families, making their situation more unjust. Second, findings of pilot studies indicate that low HL levels of children are associated with lower family affluence. Third, in the context of e-HL and digital health information, adolescents in general and migrant and refugee adolescents in particular experience inequities for several reasons, such as cultural/religious differences, poor online health information services, and separation from their home.

Conclusions: More research and action are needed on HL and inequalities in children. The consortium's synthesis report contains recommendations to address system complexities (HL of organisations/decision-makers), improve public health interventions, support children early in the lifecourse, and implement effective and equity-sensitive prevention concepts such as the proportionate universalism model.

Presentation 2: 08.47 – 08.59

A PREVENTIVE AND ENVIRONMENT-CENTERED APPROACH OF PARENT SUPPORT IN A DEPRIVED NEIGHBOURHOOD IN THE CITY OF GRONINGEN: EXPERIENCES FROM PROFESSIONALS, PARENTS AND THEIR CHILDREN



Presenting author: Jeanet Landsman ¹

Presenting author's email: j.a.landsman@umcg.nl

Authors

Landsman ¹, Tuinstra ¹

¹University Medical Center Groningen – Groningen, The Netherlands

Background: Professionals develop new methods to support parents with multiple and chronic life problems in raising their child. A preventive and environment-centred approach is frequently used: parents living in the same neighbourhood meet in groups and professionals stimulate interaction between them. One of the main goals of a project '3D parent support' in the north of the Netherlands (the cities Groningen, Hogeveen and Veendam) is to unravel the activities and actions of the professionals in this approach. In addition, we collect experiences of all participants: professionals, parents and their children using Storytelling. Results of one deprived neighbourhood in Groningen will be presented: Beijum. A local 'Living-Room' (LR) in Beijum: The LR is a community centre in Beijum where professionals facilitate 1) meetings between parents with multiple and chronic life problems, 2) supportive social networks, 3) participation, 4) empowerment of the parents.

Methods: We installed a taskforce consisting of a researcher, a professional of the LR, a volunteer LR, a parent LR and two students of Social Work studies. At first they collected information to make a description of the LR. Next, all members were trained in Storytelling and they formulated the interview topics. The researcher and the students conducted the interviews with ten parents and their children and all involved professionals and volunteers. Data collection is still going on. All interviews are transcribed and coded, both inductive and deductive. We analyse the data with Atlas Ti.

Next steps: Coding the first transcribed interviews shows some preliminary themes like 'contribution parents', 'role volunteer' and 'helping network'. The results will be discussed in the taskforce to make practice-based interpretations. In addition, we will organise focus groups with professionals and experts to discuss the results. In the workshop presentation, our results will be presented and discussed with the audience.

Presentation 3: 08.59 – 09.11

HOW MIGHT IMPROVEMENTS TO MATERNAL MENTAL WELLBEING REDUCE INEQUALITIES IN CHILD HEALTH IN THE UK? A SIMULATION OF HYPOTHETICAL INTERVENTIONS USING A CAUSAL MEDIATION METHOD.



Presenting author: Anna Pearce ¹

Presenting author's email: anna.pearce@glasgow.ac.uk

Authors

Pearce ¹, Hope ², Dundas¹, Leyland¹

¹University of Glasgow, Glasgow – United Kingdom

² UCL Great Ormond Street Institute of Child Health, London – United Kingdom

Background: Early years' services, such as the Family Nurse Partnership (FNP), aim to improve maternal mental health (MMH) to support child health and development. We examined how inequalities in child mental health (CMH) might change if interventions to improve MMH were scaled-up nationally, using data from the UK Millennium Cohort (18000 children born 2000-02).

Methods: Exposure: Maternal education in infancy. Mediator: MMH (Kessler Psychological Distress Scale at 3yrs). Outcome: CMH using the Strengths and Difficulties Questionnaire at 5yrs. Predicted probabilities for poor CMH were estimated in marginal structural models, accounting for confounding with inverse-probability-treatment-weights (n=14451). Prevalence ratios (PRs) captured relative HIs in CMH. Intervention scenarios were simulated by re-estimating predicted probabilities after modifying MMH by given amounts reflecting effect size (ES), in eligible groups (for targeted interventions), using random sampling (if uptake [U]<100%). Survey weights and multiple imputation addressed sample design, attrition, item missingness.

Results: 10% children had poor CMH, with a 2-fold difference in low v high education groups (PR 2.33 [1.94-2.72]). Simulations informed by meta-analyses of trials had limited benefit: a proportionate universal intervention combining a universal intervention (ES: 0.2SD, U: 75%), a targeted intervention in FNP eligible mothers <25 years (ES: 0.3SD, U: 66%), and an intensive intervention in mothers previously treated for depression (ES: 0.7SD, U: 66%) produced a prevalence of 9.2% and PR 2.36 (0.96-2.76). An optimistic scenario produced modest reductions in prevalence in CMH (to 8.5%) with PR 1.63 (1.34-1.91).

Conclusion: If achievable, levelling-up MMH could produce a substantial reduction in HIs. However, scale-up of existing interventions carries limited potential, even when targeting high-risk groups. These results require replication in other contexts and using alternative MMH measures.

IMPROVING PRIMARY HEALTH CARE FOR CHILDREN AND ADOLESCENTS: WHAT ARE THE FUTURE STEPS?



EUROPEAN PUBLIC HEALTH CONFERENCE

ROUND TABLE

FRIDAY NOVEMBER 30TH 2018

TIME: 11.10 – 12.10

LOCATION: M3+4

LJUBLJANA - SLOVENIA

Objectives

Primary Health Care (PHC) is the first point of contact children and adolescents have with a health care professional when they have a health concern. In the provision of primary health care, much undifferentiated illness is seen. Primary health care professionals must be able to manage several areas of children's and adolescent's health; they often have to deal with complex, intertwined medical and social problems. In addition, primary health care professionals are also seeing more and more children and adolescents with chronic conditions and/or health complaints related to an unfavourable lifestyle. This changing pattern of health problems that presents itself to the primary health care professional, and with that the higher demand for the primary health care professional, is accompanied by several challenges. One example is the poor access of children and adolescents to primary care because of a low number of GPs per capita and a low number of patients seen by a primary health care physician per week. In addition, the quality of care provided by primary health care professionals cannot be ensured anymore because the growing and changing population of children and adolescents with health concerns demands for specific training of primary health care professionals. So far, specific training is not always offered in the educational curriculum for future primary health care professionals. One way to improve primary health care can be a joint effort of multiple disciplines in the care for children and adolescents. Aim of this workshop is twofold: 1) to explore how primary health care for children and adolescents can be improved by filling the gaps between primary, secondary and tertiary care as well as the gaps between pediatric and public health care; 2) to formulate future steps in improving the collaboration and engagement between EPA/UNEPSA, ECPCP, EAP and EUPHA as the leading European societies involved in general child health care to the benefit of children and of speaking with one voice on behalf of European children. This workshop consists of four short presentations, after which plenty of time is available to discuss the presentations with the audience, to discuss how primary health care can be improved and to formulate future steps in this. The first presentation focuses on the role of primary pediatric care in the changing European environment. The second on comparisons of features and outcome of child care services in European countries. The third presentation emphasizes on the risk of shortage in community pediatricians and its negative social impact. In the last presentation before the panel discussion starts, an overview will be presented of another type of primary health care: school health services and adolescent health services in 30 European countries and what is needed in the health care system and in the workforce to improve primary care for children and adolescents.

MAIN MESSAGES

Message 1

The changing pattern of health problems of children and adolescents that are presented to the primary health care professional results in a higher demand for the primary health care professional and with that to many challenges.

Message 2

One way to improve primary health care can be a joint effort of multiple disciplines in the care for children and adolescents.

CHAIRPERSON FOR THE WORKSHOP



Danielle Jansen, President, EUPHA section on Child and Adolescent Public Health (CAPH), University Medical Center Groningen, The Netherlands, d.e.m.c.jansen@umcg.nl

PROGRAM

Introduction 11.10 – 11.15

Presentation 1 11.15 – 11.25 Primary Pediatric Care, crossing borders

Presentation 2 11.25 – 11.35 European primary child care - how could we improve quality and safety of community services

Presentation 3 11.35 – 11.45 How to calculate the risk of shortage and surplus of pediatric workforce

Presentation 4 11.45 – 11.55 Primary care in Europe: starting points from school health services and adolescent health services to improve primary care for children and adolescents

Discussion and closing 11.55 – 12.10

Presentation 1: 11.15 – 11.25

PRIMARY PEDIATRIC CARE, CROSSING

Presenting author: Károly Illy



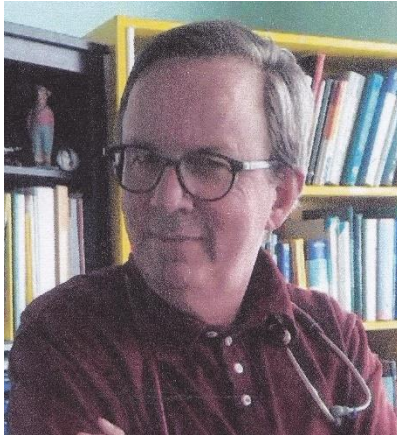
When looking at European child health care we are facing a reduced mortality, more chronic conditions and morbidities, more obesity, a higher recognition of child maltreatment, a growing alcohol and substance misuse, substantial migration within Europe and migration to Europe and finally an eroded social solidarity.

Pediatric care in primary care and hospital settings needs special knowledge, ethics, empathic behavior, and access to services. We need structured and accountable pediatric training programs for all doctors providing first-line care to children in primary care. And when family doctors provide primary health care we need a close collaboration with pediatricians and adequate continued training in both pediatrics and primary care.

My presentation will focus on the role of primary pediatric care in the changing European environment. It seems that not one single model of primary care or community service is equally efficient, effective and equitable in all circumstances. But is that true? Can't we learn from each other?

Presentation 2: 11.25 – 11.35

EUROPEAN PRIMARY CHILD CARE - HOW COULD WE IMPROVE QUALITY AND SAFETY OF COMMUNITY SERVICES?



Presenting author: Gottfried Huss, MD MPH (JHU Baltimore)
DTMH (London), General Secretary of European Confederation
of Primary Care Paediatricians ECPCP Germany
gorehuss@googlemail.com

European ambulatory health care for children is diverse. Children and adolescents do not receive the care they need in many countries. There are variations in outcomes, which includes both preventable morbidity and mortality, inequities of provision, both within and between nations. Another challenge are the difficulties with recruitment, training and retention of an appropriately trained and competent workforce, which includes paediatricians, family doctors, general practitioners, children's nurses and other professional groups.

The presentation will focus on comparisons of features and outcome of child care services in European countries. Recently developed measures can analyze the performance and the safety orientation of a paediatric team in the community. The recently published COSI indicators (core set of indicators for paediatric primary care) are consented and tested in many European countries.

Presentation 3: 11.35 – 11.45

HOW TO CALCULATE THE RISK OF SHORTAGE AND SURPLUS OF PEDIATRIC WORKFORCE?

Presenting author: Massimo Pettoello-Mantovani

Department of Pediatrics, University of Foggia, Scientific Institute "Casa Sollievo", Foggia, Italy

This presentation aims at raising the attention of legislators and the pediatric community on the risk of shortage in community pediatricians and its negative social impact that - according to several statistics - the civil society will face shortly particularly in the Western world. We propose a feasible method for calculating the adequate balance of annually trained and retired pediatricians, aiming at keeping the number of practicing pediatricians stable, yet responding to the needs of pediatric workforce in the different European countries, which are typically characterized by diverse socio-economic contexts and different health care systems. Sustainable national child health care service systems for European children must offer enough training places to establish adequate nationally tailored pediatric workforce in the community. Compatibility and consistency must be determined by the use of selected factors to be applied to the equations proposed. The use of these equations was satisfactorily tested in 20 different European countries and the results will be presented.

Presentation 4: 11.45 – 11.55

PRIMARY CARE IN EUROPE: STARTING POINTS TO IMPROVE PRIMARY CARE FROM SCHOOL HEALTH SERVICES AND ADOLESCENT HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS



Presenting author: Danielle Jansen

Within the H2020 MOCHA project (Models of Child Health Appraise) primary care models for children and adolescents across 30 European countries are explored. One focus within MOCHA is the organization and delivery of School Health Services (SHS) and Adolescent Health Services (AHS): how are these services organized throughout Europe and what are the starting points to improve primary care from SHS and AHS? In a short presentation an overview will be presented of characteristics of SHS and AHS in 30 European countries: for example, what kind of policies are available, what is the focus of SHS and AHS, what kind of health professionals do have a key role in the services and how are services paid? We have also explored what is needed in the health care system and in the workforce to improve primary care for children and adolescents. The short presentation will end with an explanation of what is expected from various disciplines such as public health professionals and pediatricians to bring European primary care for children and adolescents to a higher level.

CAREER MANAGEMENT AND EMPLOYMENT OF PERSONS WITH AUTISM SPECTRUM DISORDER.



EUROPEAN PUBLIC HEALTH CONFERENCE

SKILLS BUILDING SEMINAR

FRIDAY NOVEMBER 30TH 2018

TIME: 16.20 – 17.50

LOCATION: M2

LJUBLJANA - SLOVENIA



Organized by University of Groningen, University Medical Center Groningen, Department of Health Sciences, the Netherlands

Objectives

Approximately 1 in 68 children aged 8 years is now diagnosed with an autism spectrum disorder (ASD). So, a large number of adolescents with ASD are expected to enter post-secondary education and/or seek first-time employment in the coming years. Although active labor market policies and programmes have been introduced, the employment rate of persons with ASD is much lower compared to healthy persons. Only 25% to 50% of adults with ASD and IQ above 80 participate in any type of paid employment. Those who are employed often are employed below their level of education, work fewer hours, get paid less and have difficulty maintaining the job.

To achieve equal employment opportunities, research is needed about barriers and facilitators associated with career management and successful work participation from the perspectives of the individual and from those who work with or support them. Persons who suffer from ASD often experience problems in social communication and social interaction and they often show restricted, repetitive patterns of behavior and sensory processing problems. This affects social/behavioral functioning, including limited self-management and behavior inhibition. Which can lead to behaviors that interfere with acquisition of academic and social skills and challenge everyday life of people with ASD in terms of education, career management and entering and sustaining participation in employment.

To promote positive employment outcomes, career guidance and counselling during high school may be valuable resources which can stimulate labor market integration, while decreasing the risk of unemployment or underemployment. These guidance and counseling techniques should be targeted specific to the population, as persons with ASD typically are unresponsive to verbal initiations from others in community settings. Therefore, targeted strategies are needed to produce extended improvements in responsiveness to verbal initiations from others in community, home, school and work settings without the presence of a treatment provider. There is preliminary evidence that online tools can empower persons with ASD in their career planning and self management.

The objective of this Skills building seminar is to present the latest research evidence on influencing factors for sustainable work participation in persons diagnosed with ASD. Next, we will present our ideas on how to enhance career and self-management of these persons and will describe our ongoing research on the development of an interactive website 'WorkWeb-Autism'. After these two presentations we would like to start the interaction with the audience, sharing knowledge and experiences, but also to discuss whether the Work-Web-Autism would also be applicable in other countries and cultures and under which conditions. The session will be interactive and focus on the experiences of the panel as well as the audience.

MAIN MESSAGES

Message 1

Individuals with ASD and IQ above 80 have enough potential to be successful in sustainable work, yet only 25-50% percent of them succeeds: we need to know why in order to help.

Message 2

How an empowering e-health tool, based on scientific and practical knowledge, can help individuals with ASD in enhancing self-management in work-participation, supported by important stakeholders.

CHAIRPERSONS FOR THE WORKSHOP



Danielle Jansen, President, EUPHA section on Child and Adolescent Public Health (CAPH), University Medical Center Groningen, The Netherlands, d.e.m.c.jansen@umcg.nl



Heleen Dorland, Post-Doc at University of Groningen, University Medical Center Groningen, Department of Health Sciences, the Netherlands, h.f.dorland@umcg.nl

PROGRAM

Introduction 16.20 – 16.25

Presentation 1 16.25 – 16.50 Barriers and facilitators for work participation in persons with Autism Spectrum Disorder.

Presentation 2 16.50 – 17.25 The development of the Dutch WorkWeb-Autism to enhance career management and sustainable employment

Discussion and closing 17.25 – 17.50

PRESENTATION 1: 16.25 – 16.50**BARRIERS AND FACILITATORS FOR WORK PARTICIPATION IN PERSONS WITH AUTISM SPECTRUM DISORDER.**

Presenting author: Sandra Brouwer ¹

Presenting author's email: Sandra.brouwer@umcg.nl

Authors

Brouwer ¹, Jansen ¹, Dorland ¹, Landsman ¹

¹ University of Groningen, University Medical Center Groningen, Department of Health Sciences, the Netherlands

Outcomes for persons with an autism spectrum disorder (ASD) and IQ above 80 are generally reported as poor, although there is considerable variability within this group. Some individuals may increase their overall skills and adaptive behavior as they move into adulthood, whereas others do not. It is known that persons with ASD who have a relative stable developmental course often experience success in employment.

Outcome domains in participation research usually include independent living, friendships, employment and quality of life. A number of factors have been identified as predictors for these outcome domains, such as autism symptomatology, language and cognitive functioning. In this workshop we focus on barriers and facilitators for sustainable work-participation for persons with ASD.

Several influencing factors were found in research on work participation in ASD. For instance, living situation, expectations regarding future work level and motivation are associated with finding work. Living situation, better functional skills and positive attitude of social environment regarding work were found to be associated with maintaining employment. Besides that, the ability to adjust work and work-environment and to arrange on-the-job support, job-placement and job-search services are also predictors for successful work participation.

Furthermore, specific ASD-impairments have impact on sustainable work participation. In this workshop we will address some of them, like problems in executive functioning, conversational discourse, in the use of social interactive skills including joint attention behavior, initiating and maintaining conversations, topic management, turn taking, co-morbid diagnoses and sensory processing.

PRESENTATION 2: 16.50 – 17.25**THE DEVELOPMENT OF THE DUTCH WORKWEB-AUTISM TO ENHANCE CAREER MANAGEMENT AND SUSTAINABLE EMPLOYMENT PREVENTIVE**

Presenting author: Jeanet Landsman ¹

Presenting author's email: j.a.landsman@umcg.nl

Authors

Landsman ¹, Jansen ¹, Dorland ¹, Brouwer ¹

¹ University of Groningen, University Medical Center Groningen, Department of Health Sciences, the Netherlands

As discussed in the first workshop of this seminar, there are several factors that facilitate or hinder work participation. We will highlight the influence of these factors on enhancing career- and self-management. What is the impact of these factors on employment-readiness, regarding finding and keeping a satisfying job?

This knowledge means a lot for career- and self-management: individuals with ASD need personalized approaches to empower them in managing the process of choosing and fulfilling the best possible education and find and keep a satisfying paid job. Unfortunately, they cannot do this all by themselves. Individuals with ASD need parents, professionals and employers to encourage self-management. These stakeholders in career management and finding and keeping work with ASD should consider factors that predict successful employment and use the knowledge from science and practice about effective interventions. An online tool might help.

In order to give the individual with ASD a voice, shared decision making has shown to be a powerful tool in coaching. This is one of the base-principles of the empowering e-health tool WorkWeb-Autism (WW-A) we are developing in the Netherlands. The Supported Employment intervention is another underlying principle, which has shown to be effective for people with ASD, especially when implemented 'on the job'. In this workshop we will give some insight in these principles and how they are worked out in WW-A.

So, these are scientific principles in building WW-A: known barriers and facilitators in work participation of people with ASD, shared decision making and Supported Employment. While we are developing WW-A, we use Participatory Action Research (PAR) which has two characteristics: the participation of all relevant stakeholders as partners in the research- and developmental process and a commitment to action for social change. We apply a bottom-up approach, with a focus on priorities as defined by the target groups of WW-A: people with ASD, their parents, professionals and employers. This way, the clinical and practical knowledge is as important as the scientific knowledge in developing an effective tool to enhance self-management.

DISCUSSION: 17.25 – 17.50**WHAT ARE YOUR EXPERIENCES WITH ASD AND EMPLOYMENT?****HOW CAN WE DEVELOP WW-A SUCCESSFUL?****WHAT ARE POSSIBLE PITFALLS IN IMPLEMENTATION AND EFFECTIVE USE OF WW-A?****ROOM FOR NOTES AND OTHER QUESTIONS:**

ATTACHMENT D: QUESTIONNAIRE ACTIVITIES AND OUTPUTS CAPH MEMBERS

Dear Member,

We are conducting a short survey of all our 2048 members to try to make our activities and outputs more relevant to our membership.

EUPHA CAPH aims to respond emerging and ongoing problems that threaten the health of children by supporting research, raising awareness and influencing policy in this area.

We communicate with most of our members by email in newsletters and dissemination on social media, at our annual conference and interim meetings with EUPHA and through our networks.

To move towards a more planned approach to our activities, we think it is important to know more about interests, needs, skills and expertise of our members for mutual benefit

Please take this short 2 minute priority setting survey and let us know how we can achieve that.

Kind regards

Danielle Jansen (president), Sonia Saxena (vice-president)

ABOUT YOU

Name	
Title and Role	
Age	
Sex	
Email	
Institutional affiliation	
Country	
Activities	
Key child and adolescent public health topic areas of interest to you	
Please feel free to add a little more about why you are interested in these areas	

Q1. TOP RESEARCH PRIORITIES FOR CHILD HEALTH IN EUROPE

I would rank the following health problems to be important

1=highest priority

10=lowest priority

RANK	1-9
Obesity	
Mental Health	
Health inequalities	
Adolescent risky behaviour/ addictive behaviour	
Injury	
Refugee and migrant health	
Gender inequality/ identity	
Reducing poverty material deprivation	
Improving urban environmental deprivation	

Please feel free to insert additional topics and rank those over the ones listed above

--

Please mention why you think they are important enough to include in the top 10 or add any further comment

--

Q2. TOP RANKING PUBLIC HEALTH INTERVENTIONAL APPROACHES:

You may wish to consider criteria for ranking these approaches such as feasibility, equity and potential impact on persisting burden

RANK	1-9
Positive parenting for better child development and educational outcomes	
Engaging youth in society and reduce marginalisation	
Advocate for restrictive legislation and policies against more liberal policies regarding alcohol and other substance use	
Address child material deprivation by targeting policies towards families lacking resources to afford and access relative needs	
Fund proportionate interventions to provide quality child care across the social gradient focussed on school readiness	
Advocate for environmental and school policies that enhance healthy eating and daily exercise	
Integrate child protection, immigration & domestic violence policies, to improve family stability in vulnerable circumstances	
Promote gender neutral educational approaches across the life course, actively advocate diversity/ inclusion, and gender neutral parental leave	
Provide low-threshold social and medical services for adolescents e.g. within schools	

Please feel free to insert additional interventional approaches and rank those over the ones listed above

--

Please mention why you think they are important enough to include in the top 10 or add any further comment

--

HOW COULD EUPHA CAPH BECOME MORE EFFECTIVE AT WHAT WE DO?

The purpose of CAPH is to support public health and other professional groups to further mental and physical health, reduce health inequalities and promote healthy lifestyles for children and young people aged 0-24 years. Our activities relate to this but we want to become more effective:

- Increase the knowledge exchange about evidence-based ways to improve child health
- Support strong science and contribute to international studies of child health in Europe
- Advocate for standardised survey techniques for monitoring child health in Europe
- At annual EUPHA conferences and elsewhere, organise workshops and encourage dissemination of positive examples of the above
- Support a network of CAPH to share information through the EUPHA web pages and social media sites
- Consult our membership annually on developments they would like to see in EUPHA CAPH
- Support our section to align shared interests with other EUPHA sections

Please state what additional activities you feel would make EUPHA CAPH more useful or effective in improving child health and well being

Please list any obstacles that prevent you from interacting more with EUPHA CAPH Eg Too busy, poor communications, website needs improving, difficulty in contacting the relevant persons within organisation, no need as I already interact within my own network...

What would you like to see more of from us so can EUPHA CAPH can engage more with its membership? e.g web feed/ twitter presence/ newsletters/ email/ face to face meetings at other conferences

Your responses are much appreciated
WE HOPE TO SEE YOU AT THE CONFERENCE

Tackling the challenges of child health care

Richard Horton (July 14, p 106)¹ noted the UK's mediocre performance with respect to child health. As representatives of the European Public Health Association and the European Paediatric Association/Union of National European Paediatric Societies and Associations, we strongly endorse Horton's call for greater integration between public health and paediatrics and are already working towards this goal. We have jointly called for greater emphasis on prevention to tackle the changing burden of childhood disease, increasingly dominated by long-term conditions, many of which are caused by modifiable behavioural and environmental factors.² The reinforcement of prevention strategies can only be achieved by working together to address the underlying causes, the roots of which are embedded in the socioeconomic and commercial environments in which our children live, as set out in the 2016 Vienna Declaration³ on public health. Our two organisations have recently signed a Memorandum of Understanding in which we commit to promote children's right to health, equity, and social justice through research, public health care, and education. We will explore practical ways to realise our commitment at the European Public Health conference in Ljubljana, Slovenia, on Nov 28–30, when we will join forces to speak with one voice on behalf of European children.

We declare no competing interests.

**Danielle Jansen, Jochen Ehrich, Natasha Azzopardi-Muscat, Martin McKee*
d.e.m.c.jansen@umcg.nl

Department of Health Sciences, University of Groningen, University Medical Center Groningen, 9713 AD Groningen, Netherlands (DJ); Children's Hospital, Hannover Medical School, Hanover, Germany (JE); University of Malta, Msida, Malta (NA-M); and Department of Public Health and Policy, London School of Hygiene & Tropical Medicine, London, UK (MM)

- 1 Horton R. Offline: The UK's child health emergency. *Lancet* 2018; **392**: 106.
- 2 Jansen DEMC, Saxena S, Azzopardi-Muscat N. Public health practice and policy to improve child and adolescent health in Europe. *J Pediatr* 2017; **190**: 293–94.
- 3 EUPHA, Österreichische Gesellschaft für Public Health. The Vienna declaration. 2017. https://eupha.org/repository/advocacy/Vienna_Declaration_final_version_update02062017.pdf (accessed July 26, 2018).

Comparing estimates of spending on health and HIV/AIDS

We commend the Global Burden of Disease (GBD) Health Financing Collaborator Network (April 17, p 1799)¹ for publishing HIV spending estimates. However, we are concerned that some readers could interpret the GBD's reported estimates to mean that the global HIV-resource needs have been met.

The GBD estimate of total spending for HIV responses in low-income and middle-income countries (LMICs)² in 2015 (ie, 32.6 billion in 2017 purchasing-power parity-adjusted dollars [table 2 in the Article]¹) appears to exceed the UN General Assembly commitment to fully fund the global HIV response and reach "overall financial investments in developing countries of at least 26 billion dollars per year by 2020".³

If the GBD estimate¹ is expressed in nominal 2015 US dollars, it is almost 20% lower than the UNAIDS assessments of US\$19.7 billion available for the same set of LMICs, including countries that were reclassified as upper-middle income that year.² However, if the global and regional components of the Development Assistance for HIV are included in the LMIC aggregates, then the GBD estimate for 2015 and the UNAIDS estimates^{4,5} are remarkably similar (figure). Total Development Assistance for HIV, in 2017 dollars, is shown in figure 3A of the Article¹ but not, understandably, in the country-by-country disaggregation in table 2 of the Article.

Both analyses come to similar conclusions: increases in domestic expenditures are being offset by reductions in development assistance. We agree with the authors that more investment is needed to achieve global health and HIV goals, and that investment for in-country HIV resource tracking is also needed.

JAI-L and DM work full time for the Strategic Information department at UNAIDS to estimate HIV/AIDS expenditures (among other activities). AY declares no competing interest.

**Jose Antonio Izazola-Licea, Ana Yakusik, Deepak Mattur*
izazolaj@unaids.org

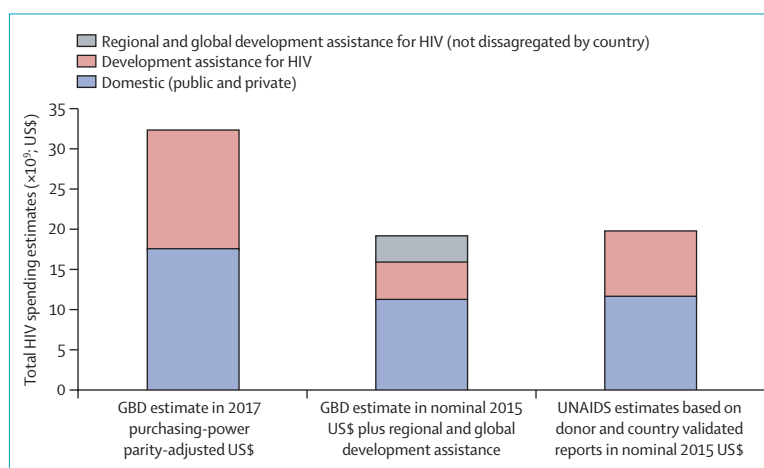


Figure: Comparison of Global Burden of Disease (GBD) Health Financing Collaborator Network and UNAIDS estimates of total HIV spending in low-income and middle income countries,² by funding source, in 2017 purchasing-power parity-adjusted US dollars and nominal 2015 US dollars

Submissions should be made via our electronic submission system at <http://ees.elsevier.com/thelancet/>