

Conclusions

This large-scale, longitudinal controlled study indicates that publicly funded provision of efficient central heating systems is associated with improvements in two aspects of self-reported health and with reduced likelihood of being diagnosed with high blood pressure. This finding carries implications for public health policy, suggesting that investment in heating improvement programmes may yield public health benefits.

Parental support, parental unemployment and adolescents' psychological health

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Background

The support given by parents to their children depends on many factors. One of them is parental unemployment. However, this topic seems to be overlooked in the literature. Based on the evidence that parent-child relationships take place within the broader family context, in this study we explored perceived parental support in the context of parental employment status (ES). Furthermore we studied the effect of parental support on adolescents' psychological health with regard to their parents' ES.

Methods

Data on perceived mother's and father's support, mother's and father's ES (employed versus unemployed) and adolescents' psychological health (vitality, mental health, long-term well-being) were collected among 1992 adolescents (aged 14–23 years, mean 16.9, 46.5% males). Chi-square test and logistic regression were used for analyses.

Results

Father's support was more often ($P < 0.001$) perceived as low when the father was unemployed, while the perception of mother's support did not differ by mother's ES. Furthermore, the effect of father's and mother's support on the adolescent's health adjusted for gender and support of the other parent was studied in the context of their ES. Among those with employed parents, mainly father's support positively affected the health of adolescents (ORs ranged from 1.65 to 2.49). However, when the father was unemployed, mainly mother's support was protective for adolescents' health (ORs ranged from 2.22 to 5.06), while when the mother was unemployed, mainly father's support was protective (ORs ranged from 2.12 to 3.23).

Conclusions

Our results show father's support given to children to be lower when he is unemployed. Furthermore it seems to be that in the case of unemployment of one parent, the support from the other parent is more important for the children. However, further research should be done for deeper understanding of processes of parental support during their unemployment.

Track E4: Health policy

Using public opinion surveys in public health policy decision making: in the case of water fluoridation programmes

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Background

In many countries and in Korea as well, there have been ongoing debates on the safety of water fluoridation and whether fluoridation should be an individual choice. In Korea, there is a debate on a legislation that will require public opinion surveys in each community for implementation of the water fluoridation programme. However, when the public do not have sufficient knowledge of, or are not much interested in the subject, the public's responses to the survey may not be valid due to the 'non-attitudes' problem. This study aimed to understand the role of public opinion surveys in making public health policy decisions, such as implementation of the water fluoridation programme.

Methods

Both qualitative and quantitative methods were used in this study. As a qualitative approach, we conducted three focus groups (7–8 people each) in three regions to understand their knowledge and interest level on the subject and how they form their attitudes in a group setting. As a quantitative approach, an opinion survey was conducted. In order to better understand the impact of various survey designs, we conducted surveys in six different experimental groups, by the content and order of information provided on water fluoridation (negative versus positive), survey methods (face-to-face versus telephone) and residence setting (urban versus rural). An age-stratified random sampling (telephone survey) and a systematic random sampling

methods were used (face-to-face survey). A total of 1200 people responded to the survey. About 48% of the respondents were male. About 34% were college graduate or had graduate level education.

Results

We found that about half of the respondents were not knowledgeable on the water fluoridation programme (53.3%) and the purpose of fluoride use (57.2%). Overall, 49.4% of the respondents agreed on implementation of the programme in their community, 32.2% disagreed and 18.8% said 'don't know'. Safety issue on fluoride was the most important reason (61%) for the disagreement, while individual choice was not as much important (16.3%). Their attitudes toward water fluoridation were significantly affected by the knowledge level as well as the order and content of the information provided in the survey. Also, attitudes were found to be different between respondents to face-to-face surveys and to the phone surveys. We also found the respondents' attitudes varied by income and education. The public's demands for accurate and balanced information on the safety and effectiveness of the programme were strong. The respondents to our survey reported that they most preferred decisions to be made by public opinion surveys or a ballot. The focus group discussion produced similar results, although 2 h group discussions have revealed somewhat different aspects of the public attitudes when they are in a group setting.

Conclusions

Overall, we found that the public had a strong desire to take an active role in the policy decision making process on water fluoridation programmes. However, when the public have a low level of knowledge on the subject, the survey results could be influenced by the content and order of the information provided in the survey as well as interviewing methods. All together, these results emphasized that while the public strongly want to participate in the public policy decision making process, public

opinion surveys should be used carefully in making public health policy decisions when the public do not have enough knowledge. Use of complementing methods such as focus groups and development of a standardized public opinion survey tools may be considered.

Welfare systems: communicating vessels?

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Issue

In some European countries, such as Finland, Germany, and Belgium, unemployment is high. In others, including Sweden, Norway, and The Netherlands, problems of sick leave and disability pensions seem to be more in focus than joblessness. Countries have developed their own distinctive policies and strategies within the welfare system. During the past years there has been a debate in Sweden about regional differences in the sick leave and disability insurance. National statistics in Sweden indicate that the prevalence of sick leave and disability pensions in the northern part of Sweden is higher than in counties in the south. The aim of the study was to explore regional differences of the welfare system in Sweden. Do different parts of the welfare system in Sweden operate as communicating vessels?

Description

The method used was a comparison of the cost per inhabitant (16–64 years of age). Five counties were selected to this study, one from the south and four from the north of Sweden. Data from seven different outcomes in 52 municipalities, the study base, were collected for the year 2003 for men and women separately. The result was standardized for age.

Lessons

In four of the counties there were pairs of municipalities with almost the same total maintenance cost (all seven outcomes) but that differed substantially in the distribution of the different costs. High social insurance costs were associated with low cost in labour-market programmes and vice versa. High costs of social insurance also appear closely correlated with slack labour markets.

Conclusions

The welfare programmes seems to work as communicating vessels. Studies with longitudinal designs are needed to explore the mechanisms behind the pattern found in this study and to monitor whether the trends identified are consistent.

Managing fear—the response to public concerns about avian flu

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Issue

In 2005 the Norwegian Institute of Public Health (NIPH) put together an avian flu task force, mainly personnel from the Department of Infectious Disease Epidemiology.

In mid-October 2005 the NIPH started receiving concerned messages from the public about avian flu. The majority of these queries arrived by e-mail and expressed people's worries about the risk to themselves and their families. The first queries were dealt with in a haphazard manner, with replies written by personnel from the Department of Information and Communication or the Department of Infectious Disease Epidemiology.

After 3 weeks, the avian flu task force was expanded to include a person dedicated to replying to queries from the public.

Description

In a period of 6 months, the NIPH received 142 messages from the public concerning avian flu. An archival search shows that of the messages received in the first 3 weeks, only 19 were replied to within the legal time limit, whereas 23 messages were found during an archive search in 2006 and only then were dealt with. All the messages received later were replied to in a timely manner.

These queries resulted in numerous short articles being written for the NIPH web pages. They also led to at least one documented change in NIPH policy.

Lessons

Future task forces should have a person charged with replying to public queries from the very start. Allaying public fears and concerns by replying to these queries, both in the form of individual replies to the person contacting us and in the form of short articles on the web on popular topics, is important.

These queries may also contain pertinent information not previously known to the NIPH (such was the case concerning pigeon-fanciers and upcoming exhibitions), so it is important that these messages are read by an informed person.

Conclusions

Two-way communication with the public is an important task for any Institute of Public Health, and should be more highly prioritized.

The need for a public health ethics framework

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Background

Last century brought about a renaissance of medical ethics, extended to bioethics due to a wider range of ethical challenges transcending the physician–patient relationship, the core of medical practice. Any ethical discussions of issues related to health—from the status of the embryo until access to the health care system—was since framed under the topic bioethics. So far, especially in Continental Europe, there is little effort to establish an explicit framework for ethical issues of public health—although a need for ethics in public health in times of SARS and Avian Flu is obvious. At the same time, bioethicists often do not understand the difference between medicine, health care and public health. However, to frame discussions of moral issues within a specified public health ethics framework seems to be fruitful.

Methods

A literature review was conducted and relevant literature was discussed. English and German literature was considered.

Results

There are hardly any public health scientists engaged in ethical discourse. Most papers mapping the terrain of public health issues—often written by well-known and experienced members from the paradigm of bioethics—actually only impose bioethics principles and methods on public health, calling this public health ethics. However, the core and interdisciplinary focus of public health are thus often not met.

Conclusions

An explicit ethical framework genuine to public health is necessary to discuss ethical issues of public health. It seems most promising to start a public health ethics that captures the moral foundation of public health—namely social justice—and makes justice the central concept of public health ethics. Furthermore, public health ethics has to emancipate from bioethics—theoretically—to sharpen its focus, taking into account the approaches and competences of public health, and—practically—to enter discourses and communities of public health sciences and public health policy makers.

A neo-institutionalist framework for the analysis of steering processes in integrated care: turning answers into questions

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Background

There is increasing knowledge internationally regarding steering processes for integrated care. However, transferring successful policy concepts between countries is difficult. A theoretical basis is needed to put specific outcomes into generalizable frameworks. Neo-institutional concepts are suitable for this purpose.

Methods

Outcomes of a transnational comparative research project on national and local steering processes for integrated (dementia) care in England and The Netherlands were analysed with the help of neo-institutionalist concepts. Specific outcomes were turned into generalized questions to build an analytical and empirical framework for comparative research and policy on steering processes for integrated care.

Results

Neo-institutional concepts allow framing structural and cultural institutional contexts which give shape to steering processes for integrated care. Models were developed for the analysis of (i) national steering processes for integrated care, (ii) local steering processes and integrated care outcomes, and (iii) specific areas of integrated care (e.g. dementia) and their national characteristics.

Conclusions

Although steering processes regarding the development and delivery of integrated care are complex and diverse, it is possible to conceptualize such processes in a general way so as to enhance the comparability and transferability of research outcomes from various countries. Further research is needed to complement, refine and further develop the initial models proposed.

European aid policy in health: why is an alternative needed?

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Track E5: Workshop: How to use the European strategy for child and adolescent health and development

Chairpersons: Auke Wiegersma, President of the EUPHA section on Child and Adolescent Public Health, The Netherlands

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Following the WHO European strategy on child and adolescent health and Development, this workshop intends to look at how this strategy can be used for national activities and how EUPHA—as an European organization—could become active in this area. After the presentation of the WHO/EURO strategy, both a national and EUPHA reaction will be given after which a general discussion will take place as to the necessity of the strategy.

A European strategy for child and adolescent health and development

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Issue

The European Union (EU) aid policy for health (e.g. its strategy on health & poverty reduction in developing countries) tends to allocate disease control to public and health care to private services, while neglecting health systems and access to care. This policy is neoliberal in that it:

- does not allow competition between a (subsidized) public sector and the private sector for services for which there is a demand in the market;
- attempts to derive as much public funds as possible towards the private sector.

We critically analyse the impact of this policy summarizing four own studies (of which two recently published).

Description

To assess the impact of EU aid policy on access to decent quality health care, we examined the health policies of three countries with contrasted approaches to show that health care privatization failed in Latin America (Colombia, Chile) and that an alternative health policy is possible (Costa Rica, Chile). We then present relevant epidemiological trends of target diseases (AIDS, tuberculosis, and malaria). To understand the failure of controlling these diseases, we performed simulations to estimate the success likelihood of malaria control in Africa under EU aid principles.

Lessons

In Latin America, countries performing best in health care delivery follow a health policy which, by EU aid standards, is not politically correct. In Africa, the observed failure to control diseases was unavoidable as programmes lacked the patients' pool necessary for early detection and continuity of care.

Conclusions

We formulate principles for an alternative aid policy. Instead of supporting disease control programmes, the European Aid could instead finance non for-profit, publicly oriented health services delivering health care and disease control in an integrated way. Managerial contracts would be useful to operationalize such support whilst securing democratization of such services.

This presentation will provide a brief overview of main health issues among children and adolescents in the WHO European region as well as the CAH strategy and accompanying tools for National policy and strategy development and implementation.

Balancing population, professionalism, and politics—expertise, application, and autonomy

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This presentation will analyse the requirements for successful progressing of the Child and Adolescent Health and Development Strategy, will identify that a balance of external evidence and national application is needed, and consider how international bodies such as EUPHA can promote both sides of the equation.