



Gesundheit

Institut für
Gesundheitswissenschaften

“Towards a national child and adolescent health surveillance system”

Workshop report

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Workshop report

Switzerland lacks an overall strategy to monitor and improve child and adolescent health. Relatively few information are available on the current health of children and adolescents in Switzerland. Further, in a life course epidemiology perspective, childhood and adolescence are key periods for the determination of long-term health. There is therefore a need for public health surveillance of child and adolescent health. The workshop held on the 8th of February at the Swiss TPH in Basel with the support of the SSPH+ aimed at going one-two steps further into the direction of a national child and adolescent health surveillance system.

Networking in childhood and adolescence public health

The workshop brought together more than 50 experts in childhood and adolescence from various sectors in Switzerland. The participants represented the broad spectrum of stakeholders in childhood and adolescence public health, from medical, psychological to sociological or economic backgrounds and including research, practice and cantonal and federal authorities (see below the participants' list). The intended outcome to strengthening of the childhood and adolescence public health network was reached with discussions during the session, group work and lunch and coffee breaks. Further, all participants were asked to fill in a template on who they represent (institution, stakeholder), their field of expertise, and how they or their institution/stakeholder contribute in theory and practice to child and adolescent public health. The templates are provided to participants and speakers together with this report

No need to invent the wheel again!

Presenting the European actions with regard to child health monitoring made clear that there are many expertise and experiences Switzerland can build on. In neighbouring countries, child and adolescent specific public health strategies have been developed and surveillance systems have been established. Hannelore Neuheuser (Germany) and Paula van Dommelen (The Netherlands) presented different examples of data monitoring methods, ranging from the German child cohort KIGGS to a Dutch smart phone application for parents, and their potentials regarding parents' support and anonymous data collection.

Child and adolescent health data puzzle

Currently, Switzerland offers a multiple puzzle pieces of child and adolescent health data. Bringing these pieces together to get the full picture is possible, but takes will and resources. Partly, because health topics we still lack the data we need or because existing data are outdated, aggregated on a too high level or not accessible, as the overview on indicators and health data by Julia Dratva and Agnes von Whyll (presented by Monika Diebold) highlighted. Regarding the actual need of data, a Swiss consent on child and adolescent health aims embedded in a child and adolescent health strategy would be a first logic step. Annemarie Tschumper demonstrated how on a cantonal level combining routine data and school health screening data provide a good overview of basic health of schoolchildren.

Group work on indicators

For the actual group work of the day, we chose to focus on the published NCD indicators. The aim was to identify indicators that were missing in the indicator list and considered relevant for reaching the aims from a CAH perspective. Participants were assigned to topics to ensure heterogeneous groups allowing for different perspectives on health and health determinants.

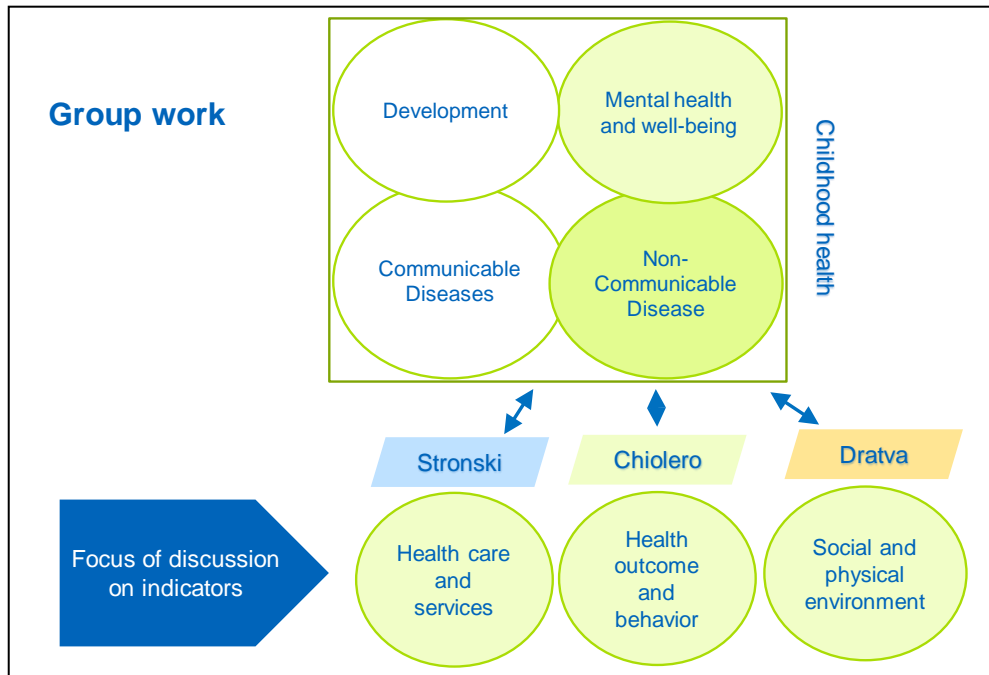


Fig.1 Group work on child and adolescent health indicators

Results of the group discussions

Environmental determinants group

The group on environmental determinants focused on the age group of children and adolescents less than 15 years of age. The participants propose to build indicators:

- 1) on the exposure to passive smoke,
- 2) on the exposure to disagreement due to road traffic (noise, air pollution, and various chemical exposures)
- 3) given that school (includes daycare) is the environment, in which children spend most of their day, the group deemed relevant to monitor the school climate/environment, e.g. school and room climate (e.g. temperature, dampness), noise, air pollution and electro smog exposure at schools as well as quality of light in the school classrooms
- 4) next to schools children and adolescents spend time playing. Child friendliness of living quarters and cities, which includes greenness, traffic safety among other indicators need to be monitored. Child friendliness includes indicators on child participation in policy and evaluation of the environment.
- 5) environmental risk competency (e.g. risk associated with UV-light exposure)
- 6) on consumption on processed foods.

Social and family related health determinants group

The participants proposed to build indicators with a focus on resilience factors and stressors:

- 1) on the family relationships and parental stressors known to put children at risk for both mental and physical health problems;
- 2) on the life style and health risks shared by families in general and specifically exposure to violence at home;
- 3) on the subjective perception of health and well-being not included in the NCD strategy indicators for the age groups 0-6 yrs. and 7-15 yrs;
- 4) on the access to higher schooling and educational measures, and

The group also proposed that indicators should be analysed according e.g. to the nationality and years of living in Switzerland to identify potentially vulnerable population of children.

Health outcomes group

It was not easy for the participants to identify what would be the necessary indicators because the goals of producing these indicators are not well defined. Indeed, there is no specific strategy for children and adolescents health surveillance. Also, while it seems essential to produce such indicators, there was, however, no agreement in the group on how to measure and define chronic diseases.

Nevertheless, the participants proposed to build indicators:

- 1) on the frequency of chronic diseases among children and adolescents;
- 2) on the frequency of problematic media consumption among children and adolescents; age range: 6-15 years old; it could be assessed through the Mike & James study¹;
- 3) on the frequency of exposure to passive smoking among children and adolescents; age range: 0-15 years old; assessed indirectly through the Swiss Health Survey (questions addressed to parents);
- 4) on the frequency of sugar consumption among children and adolescents; age range: 6-15 years old; no data currently available; it would necessitate a nutrition survey.

The group also suggested to better use data routinely collected by paediatricians, e.g., on weight and height, to produce health indicators.

Health care and health services group

The participants proposed to build indicators:

- 1) on the access to health care and utilization across the life course, notably on the participation rate in regular preventive visits
- 2) on the health care service (HCS) structures (availability, distance to HCS location; structure of the HCS such as mental health service, etc.)
- 3) on the HCS workforce (adequacy of staffing, adequacy of training, etc.);
- 4) on reasons for hospitalisations (notably on preventable conditions);
- 5) on the cost of HCS by age group and categories of conditions (e.g. accident, NCD, communicable disease, preventive care);
- 6) on the utilization rate of preventive exams (access to services, adequate population reached, etc.)
- 7) on access to health promotion and quality of health promotion (e.g. topics covered, training of workforce)

Further, the participants proposed to collect maternal and birth data; data about quality of life; and information on social determinants. Information on ineffective or useless health care interventions should also be collected.

Conclusion-Outlook

The workshop succeeded in bringing together stakeholders from various professional backgrounds who confirmed the need for monitoring child and adolescent health in Switzerland. Based on input from other European countries and on published Swiss NCD indicators additional indicators necessary to reflect comprehensively the specific aspects of child and adolescent health were proposed and should be incorporated into a national monitoring and surveillance system.

A child and adolescent health monitoring should be backed by a national strategy for child and adolescent health to ensure common aims, resources and sustainability. Health monitoring will ultimately contribute to ensure childhood and adolescent health in Switzerland and reduce long-term disease incidence.

¹Surveys on media use in children and youth:
<https://www.zhaw.ch/de/psychologie/forschung/medienpsychologie/>

Acknowledgements

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Anhang 1: Participant list

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Anhang 2- Workshop Programm

“Towards a national child and adolescent health surveillance system”

Location: Swiss Tropical and Public Health Institute, Basel
Time: Wednesday, 8th February 2017
Language: German/French (ppt presentations will be translated)

12:15 Registration with Coffee & Sandwiches

12:45 Welcome (Julia Dratva, Suzanne Stronski and Arnaud Chiolero)

13:00 – 14.00 **1. Key notes Session** Moderator: Susanne Stronski

A glance across the border – European experiences

The European View on Child & Adolescent Health Surveillance (tbd.)

National Childrens’ Health survey KIGGS (Dr. Hannelore Neuheuser, RKI, Germany)

The Netherland Experience: using new technologies to collect child health data
(Paula van Dommelen, TNO Netherlands, *provisionally accepted*)

14:00 – 14:10 Discussion

14:10 – 14:40 **2. Key notes session** Moderator: Monika Diebhold (OBSAN)

Health indicators - what do we have and what do we need?

Overview on existing child health indicators and current information systems
in Switzerland (Julia Dratva/ZHAW Department Gesundheit)

Presentation by OBSAN (Monika Diebhold, *provisionally accepted*)

14:40 – 15:00 Coffee

15:00 – 16:00 **Workshop** Moderators for each group: S. Stronski, J.Dratva, A. Chiolero

Key health indicators in Switzerland from the stakeholders’ view

Aim: each group identifies a set of key indicators and possibly potential sources/information systems
Questions to be discussed and answered: Which key indicators do the stakeholders need?
How (or who) can one fill the gaps? 2-3 small groups in parallel, short presentation using the template.

16:00 – 16:45 **3. Key notes Session** Moderator: Christina Akre (IUMSP/CHUV)

Healthy Schools - health at schools

Population based health and life style data from school health services
(Annemarie Tschumper, Vereinigung der Schulärztinnen und Schulärzte der Schweiz)

Healthy schools –healthy environments (Daniel Frey, Swiss Public Health-Kinder und Jugend AG)

How to measure and monitor health resources and capabilities in youth?
(Constanze Pfeiffer, Swiss TPH)

16:45 – 17:30 **Plenary session** Moderator: Daniel Frey (*Swiss Public Health*)

Presentation of workshop results & discussion

17:30 END of program