



Virtual Library: Public Health
What's New, April 2012

❖ Authors: Hanne Krage Carlsen, Thorarinn Gislason, Bryndis Benediktsdottir, Thorir Bjorn Kolbeinsson, Arna Hauksdottir, Throstur Thorsteinsson and Haraldur Briem
Title: [A survey of early health effects of the Eyjafjallajökull 2010 eruption in Iceland: a population-based study](#)

Publisher: *BMJ Open* 2012; 2: e000343

Category: [Iceland](#)

Category Topic: Reports, guidelines and projects

Abstract: Objective: To estimate physical and mental health effects of the Eyjafjallajökull volcanic eruption on nearby residents. Design: Cross-sectional study. Setting: The Icelandic volcano Eyjafjallajökull erupted on 14 April 2010. The eruption lasted for about 6 weeks and was explosive, ejecting some 8 million tons of fine particles into the atmosphere. Due to prevailing winds, the ash spread mostly to the south and south-east, first over the rural region to the south, later over the Atlantic Ocean and Europe, closing European air space for several days. Participants: Residents (n=207) of the most ash-exposed rural area south and east of the volcano. Methods: The study period was from 31 May to 11 June 2010. Participants were examined by a physician. To ascertain respiratory health, standardised spirometry was performed before and after the use of a bronchodilator. All adult participants answered questionnaires about mental and physical health, their children's health and the use of protective equipment. Results: Every other adult participant reported irritation in eyes and upper airway when exposed to volcanic ash. Adults (n=26) and children (n=5) with pre-existing asthma frequently reported worsening of their symptoms. No serious health problems requiring hospitalisation could be attributed to the eruption. The majority of the participants reported no abnormal physical or mental symptoms to the examining physician. Compared to an age- and gender-matched reference group, the ash-exposed participants reported lower smoking rates and were less likely to have ventilation impairment. Less than 10% of the participants reported symptoms of stress, anxiety or depression. Conclusions: Short-term ash exposure was associated with upper airway irritation symptoms and exacerbation of pre-existing asthma but did not contribute to serious health problems. The exposure did not impair respiratory function compared to controls. Outdoor use of protective glasses and face masks was considered protective against irritation in eyes and upper airway. [author abstract]

❖ Authors: Tómas Helgason, Helgi Tómasson and Tómas Zoega

Title: [Antidepressants and public health in Iceland: time series analysis of national data](#)

Publisher: *British Journal of Psychiatry*, 2004, 184: 157-162

Category: [Iceland](#)

Category Topic: Reports, guidelines and projects

Abstract: Background: Major depressive Disorder is the second leading cause of disability-adjusted life-years in developed regions of the world and antidepressants are the third-ranking therapy class worldwide. Aims: To test the public health impact of the escalating sales of antidepressants. Method: Nationwide data from Iceland are used as an example to study the effect of sales of antidepressants on suicide, disability, hospital admissions and outpatient visits. Results: Sales of antidepressants increased from 8.4 daily defined doses per 1000 inhabitants per day in 1975 to 72.7 in 2000, which is a user prevalence of 8.7% for the adult population. Suicide rates fluctuated during 1950-2000 but did not show any definite trend. Rates for outpatient visits increased slightly over the period 1989-2000 and admission rates increased even more. The prevalence of disability due to depressive and anxiety disorders has



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not decreased over the past 25 years. Conclusions: The dramatic increase in the sales of antidepressants has not had any marked impact on the selected public health measures. Obviously, better treatment for depressive disorders is still needed in order to reduce the burden caused by them.

❖ Authors: Kristjan Thor Magnusson, Ingvar Sigurgeirsson, Thorarinn Sveinsson and Erlingur Johannsson

Title: [Assessment of a two-year school-based physical activity intervention among 7-9-year-old children](#)

Publisher: *International Journal of Behavioral Nutrition and Physical Activity*, 2011, 8: 138

Category: [Iceland](#)

Category Topic: Reports, guidelines and projects

Abstract: Background: Physical activity (PA) in children has declined in recent decades, highlighting the need for effective intervention programs for school-aged children. The main objective of this study was to assess to what extent PA during and after school hours changed among children who received a progressive two-year long intervention vs. that of children who only received general curriculum-based PA. Methods: A cluster randomized intervention study was conducted and six elementary schools randomly assigned to serve as control- or intervention schools. All children attending second grade (mean age = 7.4 years - born in 1999) were invited to participate in the fall of 2006 (N = 320, 82% participated), again in 2007 (midpoint) and 2008 (end of intervention). The intervention consisted of multi-component PA-intervention during school hours and was conducted by teachers at each intervention school. PA was assessed by means of accelerometers and subjectively at the intervention schools via teachers' PA log-books. Results: There was no difference in PA intensity (minutes of moderate-to-vigorous physical activity - min of MVPA) between the two study groups at baseline, but children in the intervention schools were more physically active at moderate-to-vigorous intensity compared to those in control schools after one year of intervention (mean difference of $MVPA_{\log\text{-minutes}}$: 0.61, 95%CI: 0.02, 1.20, $p = 0.04$). Moreover, the model for minutes of MVPA during school hours, showed a significant three-way interaction between time at mid-point, group and gender (mean difference of $MVPA_{\log\text{-minutes}}$: 1.06, 95%CI: 0.15, 1.97, $p = .02$), indicating a significantly greater increase among the boys in the intervention schools compared to girls. No difference in PA was detected between the study groups at the end of the study period after two years of intervention. Conclusions: The results suggest that the objective of increasing PA at school was met after one year of intervention, and it was more pronounced among boys. The lack of increase at the end of the study period suggested that any increase in PA during school may highly depend on both motivation and training of general teachers. Boys may respond better to PA interventions such as the one described in this study.

❖ Authors: Michael G. Begley, Karmel-Carrie Garavan, Mary Condon, Ina Kelly, Katherine Holland and Anthony Staines

Title: [Asylum in Ireland: a public health perspective](#)

Publisher: Department of Public Health Medicine and Epidemiology, University College Dublin, 1999

Category: [Ireland](#)

Category Topic: Reports, guidelines and projects



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Abstract: “The focus of this report... is on the range of public health consequences surrounding the prolonged asylum determination process and especially the prohibition of work and other rights for those seeking refugee status [in Ireland]. We examine some of the obstacles to integration from the perspective of the lived experience of asylum seekers and explore the relationship between current social, legal and healthcare service delivery (what is supplied) and the felt but unmet needs (what is required) of the asylum seeking population.”

❖ Title: [Australian National Preventive Health Agency \(ANPHA\)](#)

Publisher: Commonwealth of Australia, 2011

Category: [Australia](#); [Prevention](#)

Category Topic: Government

Abstract: “ANPHA is a new agency that was established on 1 January 2011. ANPHA’s job is to be the catalyst for strategic partnerships, including the provision of technical advice and assistance to all levels of government and in all sectors, to promote health and reduce health risk and inequalities.”

❖ Authors: Kate Whittaker and Joanne Farrelly

Title: [Background to the model Australian public health policy on lead](#)

Publisher: The LEAD Group Inc., December 2010

Category: [Australia](#); [Environmental health](#)

Category Topic: Reports, guidelines and projects

Abstract: This document provides the weight of evidence to support The LEAD Group’s proposed policy for adoption by the National Health and Medical Research Council (NHMRC). It contains background material to support proposals in the Model Policy.

❖ Author: Guðbjörg Pálsdóttir and Ásta Thoroddsen

Title: [Chronic leg ulcers among the Icelandic population](#)

Publisher: *EWMA Journal*, vol.10, no.1, pp.17-21, 2010

Category: [Iceland](#)

Category Topic: Reports, guidelines and projects

Abstract: Background: Chronic leg and foot ulcers are a major health care concern, especially among the elderly population. To date little is known about the extent of the problem of chronic leg ulcers in Iceland. Aim: To identify the number of chronic leg ulcer patients in Iceland and determine their aetiology in order to create an empirical background for further research, health care policy making and evaluation of service. Methods: Descriptive, retrospective study. Chronic leg ulcers were defined as all ulcers below knee, open ≥ 6 weeks. Patients were identified by health care professionals. Data were collected in every health care institution in Iceland, 166 units altogether. Twenty cases were selected for further validation. Results: Leg ulcer prevalence was 0.072% (n=226), rising up to 0.61% among population ≥ 70 years. Male/female ratio was 1.2/1. Estimated aetiology was venous in 34% cases, other or unknown in 25% cases. Diagnosis based on clinical observation alone was in 57% cases. Conclusion: Prevalence is low compared to other studies. Male/female ratio differs from most studies. Diagnostic methods need to improve. Evidence based leg ulcer practice needs to be implemented. Empirical background on chronic leg ulcers in Iceland has been established. [author abstract]



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❖ Title: [Code de la santé publique \[Public health code\]](#)

Publisher: Legifrance.gouv.fr – République Française

Category: [France](#)

Category Topic: National policy and related documents

❖ Authors: Sandor Balogh, Renata Papp, Peter Jozan and Albert Csaszar

Title: [Continued improvement of cardiovascular mortality in Hungary – impact of increased cardio-metabolic prescriptions](#)

Publisher: *BMC Public Health* 2010, 10: 422

Category: [Hungary](#)

Category Topic: Reports, guidelines and projects

Abstract: Background: During the last 35 years the poor ranking of Hungary on the list of life expectancy at birth among European countries, has not changed. In 1970 our lag behind the leading European countries was the smallest. The gap was growing between 1970 and 1993 but from 1994 onwards the life expectancy at birth in Hungary has increased continuously and somewhat faster than in other European countries. The aim of this study was to analyze the association between decreasing cardiovascular mortality rates, as a main cause of death and the increase in cardio-metabolic prescriptions and possible changes in lifestyle behavior. Methods: Analyses were conducted on national data concerning cardiovascular mortality and the number of cardio-metabolic drug prescription per capita. The association between yearly rates of cardiovascular events and changes in antihypertensive, antilipidemic and antidiabetic prescription rates was analyzed. The changes in other cardiovascular risk factors, like lifestyle were also considered. Results: We observed a remarkable decline of mortality due to stroke and acute myocardial infarction (AMI). The fall was significantly associated with all prescription rates. The proportion of each treatment type responsible for suppression of specific mortality rates is different. All treatment types comparably improved stroke mortality, while antilipidemic therapy improved AMI outcome. Conclusions: These results emphasize the importance of a comprehensive strategy that maximizes the population coverage of effective treatments. Hungary appears to be at the beginning of the fourth stage of epidemiologic transition, i.e. it has entered the stage of delayed chronic noninfectious diseases. [author abstract]

❖ Authors: Z Vokó, P Csépe, R Németh, K Kósa, Z Kósa, G Széles and R Ádány

Title: [Does socioeconomic status fully mediate the effect of ethnicity on the health of Roma people in Hungary?](#)

Publisher: *J Epidemiol Community Health*, 2009; 63: 455–460

Category: [Hungary](#)

Category Topic: Reports, guidelines and projects

Abstract: Background: Several models have been proposed to explain the association between ethnicity and health. It was investigated whether the association between Roma ethnicity and health is fully mediated by socioeconomic status in Hungary. Methods: Comparative health interview surveys were performed in 2003–04 on representative samples of the Hungarian population and inhabitants of Roma settlements. Logistic regression models were applied to study whether the relationship between Roma ethnicity and health is fully mediated by socioeconomic status, and whether Roma ethnicity modifies the association



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between socioeconomic status and health. Results: The health status of people living in Roma settlements was poorer than that of the general population (odds ratio of severe functional limitation after adjustment for age and gender 1.8 (95% confidence interval 1.4 to 2.3)). The difference in self-reported health and in functionality was fully explained by the socioeconomic status. The less healthy behaviours of people living in Roma settlements was also related very strongly to their socioeconomic status, but remained significantly different from the general population when differences in the socioeconomic status were taken into account, (eg odds ratio of daily smoking 1.6 (95% confidence interval 1.3 to 2.0) after adjustment for age, gender, education, income and employment). Conclusion: Socioeconomic status is a strong determinant of health of people living in Roma settlements in Hungary. It fully explains their worse health status but only partially determines their less healthy behaviours. Efforts to improve the health of Roma people should include a focus on socioeconomic status, but it is important to note that cultural differences must be taken into account in developing public health interventions. [author abstract]

❖ Editor: Dominique F. Charron

Title: [Ecohealth research in practice: innovative applications of an ecosystem approach to health](#)

Publisher: International Development Research Centre, Ottawa, Canada, 2012

Category: [Research](#); [Environmental health](#)

Category Topic: Reports, guidelines and projects

Abstract: “This book provides examples of how ecohealth projects can be used to develop environmentally friendly interventions. It also shows that there are many scientifically sound strategies to conduct research with an ecosystem approach to achieve successful outcomes. However, there remain conspicuous challenges to the implementation of an ecohealth approach, and these are discussed in the last chapter. The normal tensions that arise from the interactions and different interests of the diversity of participating stakeholders reflect the complex nature of human interactions. No recipes can be offered. Navigating through these hardships requires visionary leadership and constructive imagination to build trusting partnerships. Readers can imagine the magnitude of these difficulties by considering the complexity of the processes involved in attaining the many achievements described in the projects. Nevertheless, what permeates the case studies is that, malgré tout, conducting this type of research is not only effective but also much fun.”

❖ Title: [Eliminating health inequities: every woman and every child counts](#)

Publisher: International Federation of Red Cross and Red Crescent Societies (IFRC) and The Partnership for Maternal, Newborn & Child Health (PMNCH), Geneva, November 2011

Category: [Inequalities and health](#); [Population and family health](#)

Category Topic: Reports, guidelines and projects

Abstract: “Health inequities are affecting the life and future of all vulnerable groups of society across the world, creating systems of social injustice. By dismantling the barriers to health services and resources, we reduce the burden of disease that affects the future of children, impoverishes entire families and passes social injustice on through the generations. In this report, we focus on women and children not only because many of them suffer undue hardship, but also because women are instrumental in improving the health of their children, families and communities. This report provides evidence that health inequities can and need



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to be addressed through a holistic approach. Health inequities, and the resulting social injustice are closely linked with other issues such as poverty, gender inequality and human rights violations which in turn, have an impact on education, transport, health, agriculture, and overall well-being. Our interventions should therefore be multi-sectoral, going beyond health to address social and economic determinants – malnutrition, alcohol abuse, poor housing, indoor air pollution and poverty, among others.”

❖ Authors: Kristie L. Foley, Péter Balázs, Andrea Grenzner and Ildikó Rákóczi
Title: [Factors associated with quit attempts and quitting among eastern Hungarian women who smoked at the time of pregnancy](#)

Publisher: *Cent Eur J Public Health*, 2011; 19 (2): 63–66

Category: [Hungary](#)

Category Topic: Reports, guidelines and projects

Abstract: Introduction: The purpose of this research was to assess factors associated with quit attempts and successful smoking cessation among a sample of socioeconomically disadvantaged pregnant women living in Eastern Hungary. Materials and methods: In-person interviews were conducted among 201 women residing in Eastern Hungary who self-identified as occasional or regular smokers at the time they learned they were pregnant. Results: 54% of the women were smokers at the time they learned they were pregnant. Just over half tried to quit, but only 20% were successful. Factors associated with reduced likelihood of quit attempts included being a regular (vs. occasional) smoker (OR=0.36, 95% CI 0.13–1.00) and being Roma (vs. non-Roma) (OR=0.32, 95% CI 0.14–0.72). Women who completed high school were 7½ times more likely to quit (OR=7.5, 95% CI 1.68–33.2) and those who were employed were 7½ times more likely to quit (OR=7.6, 95% CI 1.88–30.35). Regular smokers were 88% less likely to quit than occasional smokers. Discussion: Smoking cessation interventions targeting pregnant women are needed in Eastern Hungary. Efforts to integrate smoking cessation into the current excellent pre-natal care and health visitor program will reach most women who are pregnant or who have given birth within the preceding 3 years. [author summary]

❖ Editors: Richard B. Saltman, Antonio Durán and Hans F.W. Dubois

Title: [Governing public hospitals: reform strategies and the movement towards institutional autonomy](#)

Publisher: World Health Organization 2011, on behalf of the European Observatory on Health Systems and Policies, Observatory Studies Series 25

Category: [Europe](#); [Health sector development](#)

Category Topic: Reports, guidelines and projects

Abstract: “For hospital governance to be effective, it must incorporate two powerful and well-developed lines of health sector logic: on the one hand, national health policy and objectives; on the other, operational hospital management. One sphere is political, the other is technical. One is subjective and value based, the other is objective, with performance that can be measured both clinically and financially. The challenge for hospital-level governance is to integrate these two disparate logics into a coherent and effective institutional-level strategy. This study explores key developments in public hospital governance in Europe. In doing so, it highlights the central role of hospital-level decision-making and how it is shaped by the various participants and stakeholders. In particular, it examines the degree to which granting



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an individual hospital the ability to make its own strategic, financial and clinical decisions – to become semi-autonomous within the public sector – may improve institutional-level functioning and outcomes.”

❖ Title: [Guide des vaccinations](#)

Publisher: Direction générale de la santé, Comité technique des vaccinations, 2006

Category: [France](#)

Category Topic: National policy and related documents

Abstract: Pour la population générale, “sont obligatoires les vaccinations contre la diphtérie, le tétanos et la poliomyélite (DTPolio)... D’autres obligations vaccinales concernent certaines catégories de professionnels. L’article L. 3111-4 du code de la santé publique précise qu’il s’agit des « personnels des établissements de prévention ou de soins qui sont exposés à un risque de contamination lors de leur exercice professionnel » qui doivent être immunisés contre la diphtérie, le tétanos, la poliomyélite, la tuberculose et l’hépatite B. En outre, les personnes qui exercent une activité professionnelle dans un laboratoire d’analyses biomédicales doivent être immunisées contre la fièvre typhoïde. Les étudiants se préparant à ces professions y sont également assujettis.”

❖ Authors: Inga Dóra Sigfúsdóttir, Álfeir Logi Kristjánsson and John P. Allegrante

Title: [Health behaviour and academic achievement in Icelandic school children](#)

Publisher: *Health Education Research*, vol.22, no.1, 2007, pp.70–80

Category: [Iceland](#)

Category Topic: Reports, guidelines and projects

Abstract: Interest in the relationship between health behaviours and academic achievement has recently intensified in the face of an epidemic of childhood and adolescent obesity and converging school reforms in the United States and other nations with advanced economies. Epidemiologic research has demonstrated that poor diet and lack of adequate physical activity place children at risk for being overweight and obese and thus influence future health status. Additional research has also shown that children and adolescents whose diets are nutritious and whose participation in physical activity is high tend to perform better on various measures of cognitive performance and academic achievement. We analysed cross-sectional survey data from 5810 Icelandic school children to explore the relationship between selected health behaviours and academic achievement. Body mass index, diet and physical activity explained up to 24% ($P < 0.01$) of the variance in academic achievement when controlling for gender, parental education, family structure and absenteeism. Variance explained increases to 27% when depressed mood ($P < 0.05$) and self-esteem ($P < 0.01$) are added to the model, but confounds the role of physical activity. Although not robust, these findings are consistent with previous work and affirm the complexity of the relationship of health to academic achievement. [author abstract]



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❖ Authors: Simone Sandier, Valérie Paris and Dominique Polton

Title: [Health care systems in transition: France, 2004](#)

Publisher: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2004

Category: [France](#)

Category Topic: Reports, guidelines and projects

Abstract: “An important reform recently took place in the form of the Universal Health Coverage Act (CMU), which was passed in June 1999 and came into force on 1 January 2000. This act, as its name suggests, establishes universal health coverage, opening up the right to statutory health insurance coverage on the basis of residence in France. Furthermore, those whose income is below a certain level (currently 1.8% of the population) are entitled to free coverage. The old system of individual insurance, with contributions that could be financed by the general councils (according to income scales that varied from one department to another), has now been replaced by a system based on the right to health insurance and the logic of social protection through insurance rather than state aid. The CMU Act has further shifted the balance of the health insurance system away from a work-based system towards a system of universal health coverage.”

❖ Author: A Simek

Title: [Health handicaps and advantages of the rural population in Hungary](#)

Publisher: *Rural and Remote Health* 10: 1473. (Online), 2010

Category: [Hungary](#)

Category Topic: Reports, guidelines and projects

Abstract: “In many countries rural health is an accepted part of the healthcare system and an independent discipline. In Hungary, rural health has been an important part of the healthcare system from the 19th Century. From the 1980s there have been reports of common problems in rural health internationally, such as accessibility, socio-economic inequalities and the influence of cultural background on access to services. However, in Hungary there have been no data collected concerning healthcare services in rural areas. The purpose of a survey in the year 2000 was, therefore, to establish a valid database with the aim of improving healthcare equality between the rural and urban populations in Hungary.”

❖ Title: [Health inequalities on the island of Ireland: the facts, the causes, the remedies](#)

Publisher: Public Health Alliance for the Island of Ireland, 2007

Category: [Ireland](#); [United Kingdom](#)

Category Topic: Reports, guidelines and projects

Abstract: “People who are poor and those who are socially excluded are more likely to die at a younger age and experience a higher rate of ill health. The risk of poor health increases for those furthest down the socio-economic scale. On the island of Ireland health inequalities can be shown to exist through comparison with international ratings, contrasts between health data from Northern Ireland (NI) and the Republic of Ireland (ROI) and in relation to a range of factors including socio-economic status, age, gender and geographic location. This report presents a sample of the current data on the inequalities in health experienced on the island of Ireland, together with a brief discussion on the causes of, and remedies for, such inequalities. It is hoped that the report will prompt further discussion, debate and action to equitably address the root causes of ill health and inequality.”



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❖ Title: [Healthy ageing: a challenge for Europe](#)

Publisher: The Swedish National Institute of Public Health, 2006

Category: [Europe](#); [Ageing](#)

Category Topic: Reports, guidelines and projects

Abstract: “The need for healthy ageing is a challenge to all European countries. By 2025 about one-third of Europe’s population will be aged 60 years and over, and there will be a particularly rapid increase in the number of people aged 80 years and older. This will have an enormous impact on European societies. There are powerful arguments for investing in health as an objective in its own right. Health is also an important determinant of economic growth and competitiveness. Investing in healthy ageing contributes to the labour supply, decreasing the likelihood of early retirement... This Report brings together information from the Healthy Ageing project: literature on intervention, statistical data, examples of good practice and facts about policies and strategies for healthy ageing. It also proposes recommendations. National implementation will take place in the European countries.”

❖ Title: [Hungarian Food Code](#)

Publisher: Hungarian Food Safety Office, 2010

Category: [Hungary](#)

Category Topic: National policy and related documents

Abstract: In Hungarian

❖ Title: [Hungarian Food Safety Office](#)

Category: [Hungary](#)

Category Topic: Government

Abstract: “The Hungarian Food Safety Office (HFSO) was established as the Hungarian partner institution of the European Food Safety Authority (EFSA) in 2003 in conformity with the EU requirements... One of its objectives is to build confidence vis-à-vis in food safety by means of credible and reliable information based on evaluation of scientific information, international experience and the activities of the Hungarian institutes. One of its priority aims is to liaise with international and Hungarian authorities, to communicate and to assess the health risks derived from food and indirectly from feed. It collaborates in drawing up the Hungarian national food and nutrition policy and the National Food Safety Programme, which is based on priorities resulting from the survey of the Hungarian food safety situation and the fundamental principles of national and international food safety policy. Fostering international relations is one of the most important responsibilities of the HFSO.”

❖ Authors: Márta Bognár, Andrea Ponyi, Péter Hauser, Judit Müller, Tamás Constantin, Zsuzsa Jakab, Dezső Schuler and Miklós Garami

Title: [Improper supplementation habits of folic acid intake by Hungarian pregnant women: improper recommendations](#)

Publisher: *Journal of the American College of Nutrition*, Vol. 27, No. 4, 499–504 (2008)

Category: [Hungary](#)

Category Topic: Reports, guidelines and projects



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Abstract: Background: Neural tube defects (NTDs) are some of the most common congenital anomalies. Proper folic acid supplementation is a dominant risk factor, which has been shown to decrease the incidence of NTDs. In Canada, the incidence of neuroblastoma has presented a considerable decrease of 60% as a result of enrichment cereal grain flours with synthetic folic acid. The aim of this study was to investigate the effect of folic acid intake by pregnant women on the incidence of NTDs and neuroblastoma. Methods: Regular folic acid intake has been recommended to pregnant women in Hungary since the eighties of the last century by health visitors eventually raking effect as an official protocol which had been released in 1997. During 2001, 2002 and 2003, folic acid intake habits of pregnant women were evaluated by health visitors, proving to be successful in collecting data from 95.06% of the pregnant women. The incidence of NTDs has been registered by the Hungarian National Centre of Epidemiology, Department of Human Genetics and Teratology. The Pediatric Cancer Registry provided the incidence of neuroblastoma in children. Results: Consistent findings revealed a regular intake of supplementary folic acid products by 68.71% of the pregnant women. Out of these, 93.13% of pregnant women who were taking folic acid, started the supplementation after their 7 weeks of pregnancies, a time designated as the completion period of the development of the neural tube. The dose of folic acid supplementation was evaluated as less than 5 mg/day in 84.75% of the pregnant women. In Hungary, the incidence of NTDs has remained constant, while the incidence of neuroblastoma has shown constant slight increase in spite of the introduction of folic acid supplementation in 1997. Conclusions: Based on our experience, folic acid supplementation was initiated after the recognition of pregnancy and its application in a dose of lower than 5 mg/day neither decreased the incidence of NTDs nor did it have an effect on the neuroblastoma incidence. It is implicated that proper folic acid supplementation, which is started from the conception, can be achieved only with the enrichment of cereal grain flours. [author abstract]

❖ Editors: Sarah Thomson, Robin Osborn, David Squires and Sarah Jane Reed
Title: [International profiles of health care systems: Australia, Canada, Denmark, England, France, Germany, Italy, Japan, the Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United States](#)

Publisher: The Commonwealth Fund, 9 November 2011

Category: [International/global health](#)

Category Topic: Reports, guidelines and projects

Abstract: This publication presents overviews of the health care systems of Australia, Canada, Denmark, England, France, Germany, Japan, Italy, the Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United States. Each overview covers health insurance, public and private financing, health system organization, quality of care, health disparities, efficiency and integration, use of health information technology, use of evidence-based practice, cost containment, and recent reforms and innovations. In addition, summary tables provide data on a number of key health system characteristics and performance indicators, including overall health care spending, hospital spending and utilization, health care access, patient safety, care coordination, chronic care management, disease prevention, capacity for quality improvement, and public views. [publication overview]



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❖ Authors: David McDaid, Miriam Wiley, Anna Maresso and Elias Mossialos

Title: [Ireland: health system review](#)

Publisher: *Health Systems in Transition*, Vol. 11 No. 4 2009

Category: [Ireland](#)

Category Topic: Reports, guidelines and projects

Abstract: The Irish health system can be characterized as having been in a process of constant review and implementation of staged initiatives since the late 1990s. This process has culminated in major structural changes, made possible due to the economic growth that Ireland has enjoyed recently. The changes affect both the organization and orientation of the health care system. The reforms have revolved around the abolition of the former Health Boards and the creation of a single national body, the Health Service Executive (HSE). The aim is to make the system more primary and community care driven, backed up by improved access to specialist, acute and long-stay services. Implementing such major change is challenging and it is too early to reach any definitive judgement on the success of these reforms, particularly as the pace of reform has varied across different sectors of the health system. Promoting equity within the health system is likely to remain a critical concern. Access to the primary care system tends to be pro-poor, in that services are free for this group, while the remaining 70% of the population who do not qualify for free primary care must pay the substantial cost of general practitioner (GP) fees out of pocket. In contrast, in the secondary care sector, those who can afford private health insurance can avoid waiting for treatment. While much has been done to change the Irish health care system for the better since the late 1990s, major challenges remain, and none more so than primary care reform. The implementation of promised reforms is the key challenge, particularly now that the country, like most of the developed world, is likely to experience an economic downturn which will give the Government less room for manoeuvre in the near future. [excerpt from publication abstract]

❖ Title: [James P Grant School of Public Health, BRAC University](#)

Category: [Bangladesh](#)

Category Topic: Academic institutions

Abstract: Established in 2004, the James P Grant School of Public Health (JPGSPH), located within BRAC University, is an innovative international educational and research institution focusing on knowledge creation through research and training that connects with practice. Its flagship Masters of Public Health (MPH) programme which attracts a student body of health and development professionals from around the world is taught by a group of committed national and international faculty, JPGSPH also provides public health courses for health professionals through its Continuing Education Programme (CEP), as well as specialized trainings, advocacy workshops, and seminars. JPGSPH's extensive research portfolio spans discovery, intervention, implementation, policy, systems and evaluation research with a focus on addressing the health and development needs of the poor and disadvantaged in Bangladesh and internationally.



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❖ Authors: Joanne Farrelly and Kate Whittaker

Title: [Model Australian public health policy on lead](#)

Publisher: The LEAD Group Inc., December 2010

Category: [Australia](#); [Environmental health](#)

Category Topic: Reports, guidelines and projects

Abstract: The policy adopts the German practice of setting blood lead 'targets' for people with a blood lead level above that of 95 per cent of the survey population (the 95th percentile). The targets can be expected to trend downwards, as awareness, prevention and treatment of lead poisoning continues to improve. (To make this clear: there would be no such thing as a 'national' target for the whole population; there would, instead, be targets for each sub-group, to be set by a process of blood lead level surveys, as described below. On the other hand, there could be a national 'goal', nominated by the NHMRC [National Health and Medical Research Council]...) Once established by blood lead survey, the targets to become 'action' levels, as in Germany; meaning, something should be done, for example, reduce their blood lead level, remove the source of lead poisoning, etc. The policy calls for an immediate national blood lead level survey, with subsequent surveys at five-year intervals. The policy also suggests determining and allocating responsibility for prevention of lead poisoning in order to reach the targets.

❖ Authors: Elizabeth O'Brien and Anne Roberts

Title: [Model national public health policy on the prevention of lead poisoning: an outline proposal](#)

Publisher: Global Lead Advice & Support Service (GLASS), 2008

Category: [Australia](#); [Environmental health](#)

Category Topic: Reports, guidelines and projects

Abstract: This outline policy is aimed at the Health Ministers of national governments. The proposals for policy are... Introduction: 0.1 Determine and allocate responsibility for prevention of lead poisoning; 0.2 Carry out a national survey of blood lead levels within 6 months of Health Minister endorsing the Prevention of Lead Poisoning Policy; Steps in Primary Prevention of Lead Poisoning: 1.1 Use the results of the national blood lead level survey to identify persons/groups at risk of elevated blood lead levels; 1.2 Identify sources and pathways by which lead poisoning has occurred; 1.3 Set a national goal, to be reviewed within a definite time frame, applicable to everyone, including workers, for reduction of blood lead levels; 1.4 Determine staged reduction of target levels; 1.5 Define success in achieving a particular target as being no incidence of blood lead level exceeding the target level by the target date, as revealed by follow-up national surveys; 1.6 Having identified persons/groups at risk, and sources and pathways by which lead poisoning has occurred, introduce regulations to prevent poisoning occurring in the first place, so that each target can be met; 1.7 Set standards for the certification of tradespeople involved in the removal of lead hazards; 1.8 Develop strategies to increase public awareness of the dangers of lead and inform relevant professionals of appropriate prevention actions; 1.9 Do follow-up national surveys to see if the target was met and to motivate and inform increased development or implementation of strategies to achieve the next target; Steps in Secondary Prevention: 2.1 Identify persons at risk, using known risk factors, and set intervention levels to prevent further poisoning. The intervention blood lead level should be identical with the country's current target blood lead level and should apply universally, including for workers; 2.2 Re-educate employers and health professionals as to new intervention levels; 2.3 Ensure ongoing



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blood lead monitoring in at-risk groups; Steps in Tertiary Prevention: 3.1 Carry out further research to discover if there are links between elevated blood lead levels at any age and the development of certain adverse health effects in later life; 3.2 Carry out or request the carrying out of research to test whether certain intervention protocols succeed in reducing the risk of development of associated adverse health effects; [and] 3.3 Require independent research of detox claims and constantly inform health professionals and the public of research findings.

❖ Title: [National action plan on child and youth safety: programme for preventing unintentional injuries of 0–24-year-olds, 2010–2019](#)

Publisher: [Hungarian] National Institute of Child Health, 2009

Category: [Hungary](#)

Category Topic: National policy and related documents

Abstract: “The National Action Plan on Child and Youth Safety is a result of cooperation between Hungarian experts working in various areas related to the issue. The document aims to promote the prevention of unintentional injuries among those under 24 years of age. It establishes objectives for the next 10 years (2010-2019), defines actions for the first 3 years (2010-2012) and identifies methods through which results can be evaluated. Our mission is to establish “a national partnership for the greater safety of children and the youth.” The programme seeks to more effectively prevent unintentional injuries with the most serious outcomes, while not obstructing the healthy physical, mental, social and psychological development of children. Our goal is to reduce the mortality due to injuries among people under 24 years of age by 30% in 10 years. Achieving this target would reduce our unintentional injury mortality rate to the current rates of the European countries with the best results. The action plan focuses on road traffic safety, safety at home and at child care institutions, safety during play, leisure and sport activities, and on the coordination, monitoring and evaluation of domestic efforts aiming at injury prevention. It is in alignment with the objectives of the National Public Health Programme, the National Infant and Child Health Programme, the National Accident Prevention Strategy, and the 2008-2010 Public Road Transport Safety Action Programme. Its implementation also facilitates the achievement of the objectives of the above programmes.”

❖ Author: Valentin Petkantchin

Title: [Non-profit health care hospitals in France](#)

Publisher: Institut économique Molinari (IEM) – IEM’s Economic Note, July 2010

Category: [France](#)

Category Topic: Reports, guidelines and projects

Abstract: Private for-profit clinics are one of the pillars of the French hospital care system. Alongside public hospitals, they provide French patients with additional choice. Greater competitiveness has given rise to a greater abundance of care and to much shorter waiting lists than those found elsewhere. A third category of establishments – private but operating on a non-profit basis – is also involved in this competition. Penalised by various regulatory obstacles, they play only a limited role. With the government seeking to reform the hospital system in France, priority should go toward removing these obstacles. A large portion of public health care budgets is devoted to financing hospital care. In public debate surrounding provision of this care, private for-profit clinics generally go up against public hospitals,



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which are supposedly the sole providers of so-called “public hospital service.” Private non-profit hospitals are usually ignored, even though most of them also provide this “public service.” With obligations identical to those of public hospitals, they are nonetheless managed in a less rigid way. They are also more likely to adapt to society’s future health care needs. They are a major pillar in the provision of hospital care in Alsace and account for the great majority of establishments in the Netherlands. If the government really wants to reform the French health care system, it should examine the alternative they provide. [author abstract]

❖ Author: Peter Makara

Title: [Policy actions to tackle health inequalities in Hungary arising from the economic crisis](#)

Publisher: *Eurohealth*, vol 15, no 3, pp.28-29, 2009

Category: [Hungary](#)

Category Topic: Reports, guidelines and projects

Abstract: “In 2009 the main challenge facing the public health community (decision makers, researchers and practitioners [sic]) has been to find innovative ways to reduce the toll of the economic and financial crisis whilst protecting and promoting the health of the Hungarian population. A number of impacts of the economic recession on the social and economic determinants of health have been identified by public health experts. Increasing inequities in health status are occurring at a time of labour market change characterised by increasing unemployment and job insecurity. Mental health can be affected as a result of any loss of social status, the triggering of depression and increased harmful escapist activities. There are risks due to changing patterns of nutrition and more limited options for leisure time. Another key challenge to be faced is the poor and fragile health of those already socially excluded groups now also contending with the economic downturn, including the Roma community.”

❖ Title: [Prevention and control of viral hepatitis in France – a VHPB symposium report – Veyrier-du-Lac, France, November 18-19, 2004](#)

Publisher: *Viral Hepatitis*, Volume 13 - Number 2, March 2005

Category: [France](#)

Category Topic: Reports, guidelines and projects

Abstract: Contents: The healthcare system in France; National strategy for prevention and control of viral hepatitis infection in France; Hepatitis A in France; Hepatitis B in France [including Epidemiology of hepatitis B in France; Hepatitis B surveillance; Hepatitis B immunisation policy; Prevention and residual risk of HBV infection following blood transfusions; Preventive measures against HBV infection in healthcare workers; and Preventive measures for prisoners]; Hepatitis C in France [including Epidemiology of hepatitis C in France; Hepatitis C surveillance; Screening; Preventive measures for injecting drug users (IDUs); Nosocomial HCV infections; Prevention and residual risk of HCV infection following blood transfusions; Preventive measures for prisoners; and Prediction of HCV-related morbidity and mortality burden in France]; Hepatitis B and C ; Hepatitis E in France; Viral hepatitis research in France; Hepatitis B vaccine safety issues; and What still needs to be done



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❖ Author: Marie Carney

Title: [Public health nurses' perception of clinical leadership in Ireland: narrative descriptions](#)

Publisher: *Journal of Nursing Management*, 2009, 17, 435–445

Category: [Ireland](#)

Category Topic: Reports, guidelines and projects

Abstract: Aim: The aim of the study was to identify how clinical leadership skills are perceived by Public Health Nurses in the course of their everyday work and the effectiveness and consequences of such skills in primary care delivery. Background: Public health nurses deliver primary care to children and adults as part of small teams or in individual situations. Leadership skills are needed to fulfil their many roles. Method: Rigorous analysis of narrative interviews with public health nurses working in primary care environments in Ireland was undertaken. Narrative information was obtained by having conversations with 20 public health nurses relating to their perceptions on what clinical leadership meant to them and how their leadership skills influenced effective primary care delivery. Results: Analysis of conversations identified the tensions existing between the various roles and responsibilities of the public health nurse and other primary care workers. This tension was perceived by the nurses as being the main barrier to effective primary care delivery from their perspective. Conclusions: Clinical leadership is viewed narrowly by public health nurses as management skills rather than leadership skills were mainly identified. Education for the role was identified as a critical success factor. [author abstract]

❖ Title: [Public Health Perspective \(PHP\) Online Newsletter](#)

Category: [Nepal](#); [Journals](#)

Category Topic: Educational resources

Abstract: Public Health Perspective (PHP) Online Newsletter is the first online public health newsletter of Nepal. It is a monthly newsletter that provides information about public health events, health policy, global health issues, and epidemiological investigations, among others. PHP has nine sections broken down as editorial, letters to the editor, national news, global health, featured articles, journal watch, WHO publications, advertisements (seminars, workshops, conferences, book releases etc.), and being healthy. It is envisaged that issues such as national and global health and health policy, disease outbreaks, epidemiological investigations and health interventions, medicines, laboratory sciences, the environment and health rights will be covered. PHP provides a forum for individuals to not only share information but also experiences, ideas, solutions, and success stories that can help with policy change, program planning, and future research. In addition, the newsletter aims to increase the professional development of public health students, as well as provide a platform for seasoned public health professionals to share their expertise. The PHP team believes that it will be a revolutionary newsletter in the field of public health in Nepal. PHP is entirely free.



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❖ Authors: Alfgeir L Kristjansson, Inga D Sigfusdottir, John P Allegrante and Asgeir R Helgason

Title: [Social correlates of cigarette smoking among Icelandic adolescents: a population-based cross-sectional study](#)

Publisher: *BMC Public Health*, 2008, 8: 86

Category: [Iceland](#)

Category Topic: Reports, guidelines and projects

Abstract: Background: Previous research has shown that between 80 and 90 percent of adult smokers report having started smoking before 18 years of age. Several studies have revealed that multiple social factors influence the likelihood of smoking during adolescence, the period during which the onset of smoking usually occurs. To better understand the social mechanisms that influence adolescent smoking, we analyzed the relationship and relative importance of a broad spectrum of social variables in adolescent smoking in Iceland, a Nordic country with high per-capita income. Methods: We used cross-sectional data from 7,430 14- to 16 year-old students (approximately 81% of all Icelanders in these age cohorts) in the 2006 Youth in Iceland study. The Youth in Iceland studies are designed to investigate the role of several cognitive, behavioral, and social factors in the lives of adolescents, and the data collected are used to inform the design, implementation, and evaluation of substance use prevention programs that are being developed by Icelandic social scientists, policy makers, and practitioners. Results: Our analysis revealed that friends' smoking behavior and attitude toward smoking were strongly associated with adolescent smoking and other tobacco use, as well as alcohol consumption during the previous 30 days. Main protective factors were parent's perceived attitude toward smoking, the quantity of time spent with parents, absence of serious verbal conflict between parents and adolescents, and participation in physical activity. Family structure was related to adolescent smoking to a small extent, but other background factors were not. Conclusion: We conclude that multiple social factors are related to adolescent smoking. Parents and other primary preventive agents need to be informed about the complicated nature of the adolescent social world in order to maximize their impact. [author abstract]

❖ Authors: Inga Dóra Sigfúsdóttir, Thorolfur Thorlindsson, Alfgeir Logi Kristjánsson, Kathleen M. Roe and John P. Allegrante

Title: [Substance use prevention for adolescents: the Icelandic model](#)

Publisher: *Health Promotion International*, vol. 24, no. 1, pp.16-25 (2008)

Category: [Iceland](#)

Category Topic: Reports, guidelines and projects

Abstract: Data from the European School Survey Project on Alcohol and other Drugs have shown that adolescent substance use is a growing problem in western and particularly Eastern European countries. This paper describes the development, implementation and results of the Icelandic Model of Adolescent Substance Use Prevention. The Icelandic Model is a theoretically grounded, evidence-based approach to community adolescent substance use prevention that has grown out of collaboration between policy makers, behavioural scientists, field-based practitioners and community residents in Iceland. The intervention focuses on reducing known risk factors for substance use, while strengthening a broad range of parental, school and community protective factors. Annual cross-sectional surveys demonstrate the impact of the intervention on substance use among the population of 14- to 16-year-old Icelandic adolescents. The annual data from two cohorts of over 7000 adolescents (.81%



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response rate) show that the proportions of those who reported being drunk during the last 30 days, smoking one cigarette or more per day and having tried hashish once all declined steadily from 1997 to 2007. The proportions of adolescents who reported spending time with their parents and that their parents knew with whom they were spending their time increased substantially. Other community protective factors also showed positive changes. Although these data suggest that this adolescent substance use prevention approach successfully strengthened a broad range of parental, school and community protective factors, the evidence of its impact on reducing substance use needs to be considered in light of the correlational data on which these observations are based. [author abstract]

❖ Authors: G Sigmundsdottir, T Gudnason, Ö Ólafsson, G E Baldvinsdóttir, A Atladottir, A Löve, L Danon and H Briem

Title: [Surveillance of influenza in Iceland during the 2009 pandemic](#)

Publisher: *Euro Surveill.* 2010; 15(49): pii= 19742

Category: [Iceland](#)

Category Topic: Reports, guidelines and projects

Abstract: In a pandemic setting, surveillance is essential to monitor the spread of the disease and assess its impact. Appropriate mitigation and healthcare preparedness strategies depend on fast and accurate epidemic surveillance data. During the 2009 influenza A(H1N1) pandemic, rapid improvements in influenza surveillance were made in Iceland. Here, we describe the improvements made in influenza surveillance during the pandemic, which could also be of great value in outbreaks caused by other pathogens. Following the raised level of pandemic influenza alert in April 2009, influenza surveillance was intensified. A comprehensive automatic surveillance system for influenza-like illness was developed, surveillance of influenza-related deaths was established and laboratory surveillance for influenza was strengthened. School absenteeism reports were also collected and compared with results from the automatic surveillance system. The first case of 2009 pandemic influenza A(H1N1) was diagnosed in Iceland in May 2009, but sustained community transmission was not confirmed until mid-August. The pandemic virus circulated during the summer and early autumn before an abrupt increase in the number of cases was observed in October. There were large outbreaks in elementary schools for children aged 6–15 years throughout the country that peaked in late October. School absenteeism reports from all elementary schools in Iceland gave a similar epidemiological curve as that from data from the healthcare system. Estimates of the proportion of the population infected with the pandemic virus ranged from 10% to 22%. This study shows how the sudden need for improved surveillance in the pandemic led to rapid improvements in data collection in Iceland. This reporting system will be improved upon and expanded to include other notifiable diseases, to ensure accurate and timely collection of epidemiological data. [publication summary]

❖ Authors: Gísli Pálsson and Paul Rabinow

Title: [The Icelandic genome debate](#)

Publisher: *Trends in Biotechnology*, vol.19, no.5, pp.166-171, May 2001

Category: [Iceland](#); [Ethics](#)

Category Topic: Reports, guidelines and projects

Abstract: Three of the central issues in contemporary debates about the commodification of the human body are those of property, ownership, and access. This article uses the case of the



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central medical database on Icelanders to discuss contesting claims about the ownership of the human genome, with respect to the rapid development of biotechnology, human genome projects and DNA collections. We emphasize the contrast between commercial and communitarian perspectives and to illustrate our argument we explore debates about the Icelandic database. These debates have been intense, focusing on a range of issues, including ethics, academic freedom, public health and, last but not least, the control and ownership of medical records, genetic information and genealogical data. This article should be seen primarily as an anthropological commentary on ongoing developments. [publication summary]

❖ Title: [The Icelandic National Health Plan to the year 2010 \[abridged version\]](#)

Publisher: The Ministry of Health and Social Security, Reykjavík, 2004

Category: [Iceland](#)

Category Topic: National policy and related documents

Abstract: “The National Health Plan describes all the European targets, circumstances in Europe and in Iceland, and the specific Icelandic targets up until 2010. It also covers fields where the situation is unsatisfactory, or less clear. Furthermore, the Plan uses the appropriate type of statistical measurement tools, thereby endeavouring to present a reasonably accurate picture of the development of health care matters and of the effectiveness of the country’s health care services. The Plan covers specific factors which influence the making and implementation of health plans. Among these are trends in population growth, age composition, lifestyle and environment, the economic situation, state fiscal status, quality of health care services, social services, technological development, progress in medicine and other health care sciences, as well as a description of the general health situation and future vision for health care affairs... Priority projects of the Health Plan until 2010 cover the following seven sectors: Prevention of alcohol, drug, and tobacco use; Children and adolescents; Senior citizens; Mental health; Heart and brain disease prevention; Cancer prevention; [and] Prevention of accidents.”

❖ Authors: Michael P. Kellya and Tessa A. Moore

Title: [The judgement process in evidence-based medicine and health technology assessment](#)

Publisher: *Social Theory & Health* (2012) 10, 1–19

Category: [Biomedical technology](#)

Category Topic: Reports, guidelines and projects

Abstract: This article describes the judgements used to interpret evidence in evidence-based medicine (EBM) and health technology assessment (HTA). It outlines the methods and processes of EBM and HTA. Respectively, EBM and HTA are approaches to medical clinical decision making and efficient allocation of scarce health resources. At the heart of both is a concern to review and synthesise evidence, especially evidence derived from randomised controlled trials (RCTs) of clinical effectiveness. The driver of the approach of both is a desire to eliminate, or at least reduce, bias. The hierarchy of evidence, which is used as an indicator of the likelihood of bias, features heavily in the process and methods of EBM and HTA. The epistemological underpinnings of EBM and HTA are explored with particular reference to the distinction between rationalism and empiricism, developed by the philosopher David Hume and elaborated by Immanuel Kant in the Critique of Pure Reason. The importance of Humian and Kantian principles for understanding the projects of EBM and



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HTA is considered and the ways in which decisions are made in both, within a judgemental framework originally outlined by Kant, are explored. [author abstract]

- ❖ Authors: S Caini, K Szomor, E Ferenczi, Á Székelyné Gáspár, Á Csohán, K Krisztalovics, Z Molnár and JK Horváth

Title: [Tick-borne encephalitis transmitted by unpasteurised cow milk in western Hungary, September to October 2011](#)

Publisher: *Euro Surveill.* 2012; 17 (12): pii=20128

Category: [Hungary](#)

Category Topic: Reports, guidelines and projects

Abstract: In October 2011, a cluster of four tick-borne encephalitis (TBE) cases was identified in Hungary. Initial investigations revealed a possible link with consumption of unpasteurised cow milk sold by a farmer without authorisation. We performed a cohort study including all regular customers of the farmer. Overall, eleven cases (seven confirmed and four suspected) were identified. Customers who had consumed the farmer's unpasteurised cow milk had more than a two-fold increased risk for being a TBE case, although not at statistically significant level. [publication summary]

- ❖ Authors: Bibiana Navarro, Sandra Pinzón, Roumyana Petrova-Benedict, Vanessa Barbosa and Paola Pace

Title: [Training modules on migration and health for border officials](#)

Publisher: International Organization for Migration (IOM), [2010]

Category: [Migration](#)

Category Topic: Educational resources

Abstract: The enlargement of the Schengen zone brings new migration-related health challenges to the Member States on the eastern external frontier and highlights the pre-existing gap in migration and health policies in Europe. Health systems and border services need to be prepared to address public health concerns, health needs and rights of migrants as well as ensure staff's occupational health... Launched in June 2007, the Project aims to minimise public health risks, build capacity for border management and public health staff, and facilitate appropriate healthcare to migrants as a fundamental human right. Based on this comprehensive assessment, the Project is developing a template for a migrant health database, a set of evidence-based guidelines for public health in border management and detention procedures and recommendation for structural changes to health/public health services in the targeted border sectors, multidisciplinary training materials for health professionals and border guard staff, as well as a regional workshop to test these elements as part of a comprehensive and adaptable public health and border management module. [project summary]



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❖ Authors: Inga D Sigfusdottir, Alfgeir L Kristjansson, Thorolfur Thorlindsson and John P Allegrante

Title: [Trends in prevalence of substance use among Icelandic adolescents, 1995–2006](#)

Publisher: *Substance Abuse Treatment, Prevention, and Policy*, 2008, 3: 12

Category: [Iceland](#)

Category Topic: Reports, guidelines and projects

Abstract: Background: Adolescent substance use continues to be of great global public health concern in many countries with advanced economies. Previous research has shown that substance use among 15–16 year-old-youth has increased in many European countries in recent years. The aim of this study was to examine trends in prevalence of daily smoking, alcohol intoxication, and illicit substance use among Icelandic adolescents. Methods: Repeated-measures, population-based cross-sectional surveys of between 3,100 and 3,900 10th-grade students who participated in the annual Youth of Iceland studies were analyzed, with response rates of between 80% and 90%. Results: The prevalence of daily smoking, alcohol intoxication, and illicit substance use was at a peak in 1998, with almost 23% having reported daily smoking, 42% having reported becoming intoxicated at least once during the last 30 days, and over 17% having used hashish once or more often in their lifetime. By 2006, daily smoking had declined to 12%, having become intoxicated once or more often during the last 30 days to 25%, and having ever used hashish declined to 9%. Conclusion: The prevalence of substance use among Icelandic 10th graders declined substantially from 1995 to 2006. Proportions of adolescents who smoke cigarettes, had become intoxicated during the last 30 days, as well as those admitting to hashish use all decreased to a great deal during the period under study. The decline in prevalence of adolescent substance use in Iceland is plausibly the result of local community collaboration where researchers, policy makers and practitioners who work with young people have combined their efforts. [author abstract]