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ABSTRACT SUPPLEMENT

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Results:

Five items were found to have an Item Content Validity Index (I-CVI) of 0.6, 2 of 0.5, and 2 of 0.2. The Scale Content Validity Index (S-CVI) was found to be 0.80. Regarding parental knowledge, the results show that almost all parents are able to correctly state the name of the diagnosis and the description and location of the heart defect. However, parental knowledge has important gaps; in particular, parents are less informed about the most characteristic sign of endocarditis, the possibility of contracting endocarditis more than once in a lifetime, and risk factors. Parental knowledge also seems to be lacking regarding symptoms suggesting worsening health status in their children.

Conclusions:

The Italian version of the LKQCHD has proved to be a valid tool to measure the level of knowledge of parents of children with CHD, allowing to identify in which areas it is necessary to improve the education addressed to parents.

Key messages:

- Assessing the knowledge of parents of children with CHD allows to improve their education.
- The Italian version of the LKQCHD is a valid tool to measure the level of knowledge of parents of children with CHD.

Abstract citation ID: ckac131.458**Importance of communication between health care professionals and forced migrant women during birth**

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Background:

Communication and information are part of the Sexual and Reproductive Health and Rights (SRHR). Various studies show that successful communication between birthing person and health care professionals (HCP) has a positive impact on birth and lowers risk of traumatic birth experience for women. Since information and communication is a major challenge for both forced migrant women (FMW) and health workers during birth, we investigated experiences of both sides in qualitative study.

Methods:

Qualitative interviews were conducted with 7 maternal HCPs (midwives, physicians, social workers) and with 7 FMW 1-9 months after the birth of their child in 3 regions in Germany. The refugee sample included new mothers from 6 countries of origins, 14 languages, and an average of three years living in Germany. The interviews were analyzed via framework analysis.

Results:

The majority of the interviewed FMW had no or little knowledge about SRHR. Good communication is one of the main factors allowing a safe and trustful environment with the birthing women. If verbal communication is not possible nonverbal communication helps to create and maintain a care relationship with the women is given. However, due to lack of staff, time and interpreters FMW with little German language proficiencies receive hardly any relevant information and had a poorer accompaniment during birth.

Conclusions:

To provide for equity and SRHRs in maternal health and care there is an urgent need for reliable professional interpretation and easily accessible information in relevant languages material about giving birth, medical possibilities, procedures and interventions. Additionally, further training on heterogeneous

needs and life contexts is necessary, to improve professional care during birth in maternity wards. HCPs 1:1 support is strongly recommended.

Key messages:

- Information on SRHR and communication are a fundamental part of birth work and should be made possible for all women including FMW to prevent discrimination and traumatic birth experiences.
- If given, 1:1 support by HCPs during birth can compensate missing communication.

Abstract citation ID: ckac131.459**Trends of risk behaviors in adolescents: a 10-year study in a representative sample of Tuscany, Italy**

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Background:

The aim of the study was to evaluate the trends of prevalence of several health risk behaviors (HRBs) and health conditions over a 10-years period in a representative sample of adolescents of Tuscany Region, Italy.

Methods:

The study had a repeated cross-sectional design, data from the last four survey waves of EDIT surveillance (2008-2018) were used. EDIT surveillance investigates HRBs in a representative sample of students attending the upper secondary schools of Tuscany. Prevalence of 17 HRBs and health conditions were considered and analyzed by age, sex, and socioeconomic status (SES).

Results:

A total of 21.943 students were surveyed from 2008 to 2018. Declining trends in the participation in smoking, cocaine use, driving under the influence of alcohol and drugs, and problem gambling were observed, while alcohol abuse and at-risk sexual behaviors remained unchanged or increased during the study period. During the most recent survey males resulted more frequently involved in most of the HRBs, while females more frequently reported physical inactivity, regular smoking and not using a condom. Female participation in smoking and alcohol abuse behaviors, fruit and vegetables consumption, and bullying worsened over the study period. Smoking, poor dietary habits, physical inactivity, high distress level, and obesity were more frequently observed in low SES students than in high SES students.

Conclusions:

In conclusion findings showed various different tendencies in adolescent participation in HRBs over the course of the last decade; concerning trends in at-risk sexual behaviors and alcohol consumption and females' risk-taking behavior on the rise require careful monitoring and intervention.

Key messages:

- Distinct tendencies according to sex, socio-economic condition and specific health risk behavior were observed in adolescent participation in health risk behaviors over the course of the last decade.
- Health promotion and prevention interventions tailored on specific health risk behaviors and population groups are needed.