Young Children and Health Promotion

Young children are more dependent on others for their functioning and development. It also means that interventions in young age (so called early intervention) can have a large impact on the children’s present situation as well as their future. A special topic for this newsletter is young children and early intervention. It seems like children that are active, focused and persistent and live in health promoting environments not only are healthier but also learn more. Read Mats Granlund’s complete CHILD-update.

Researchers on Young Children

How to strive for a zero-vision for children’s tobacco smoke exposure
PhD in Medical Science, Noomi Carlsson, writes about tobacco prevention work in Child Health Care and what can be pedagogic resources in the dialogue with the parents in the strive for a zero-vision for children’s tobacco smoke exposure. Read more

Can pre-school promote mental health?
The goal of PhD-student Madeleine Sjöman’s thesis is to gain knowledge about how preschool can help promote mental health by engagement and by identifying young children’s behavioral problems as risk factors in potentially developing future mental illness. Read more

Can health dialogues with the parents promote the child’s health?
Senior lecturer and PhD in nursing, Marie Golsäter, says that usage of the model ‘the Health Curve’ possibly increases the nurse’s ability to support a family’s development of a healthy lifestyle at an early stage, positively affecting the health of the child. Read more

Bulletin Board
**Academic Achievements**

Anna Karin Axelsson, successfully passed her part time in mid-October. Her work is about children with profound intellectual and multiple disabilities and participation in family activities.

Anne-Sofie Strand, successfully passed her part time in the end of September. Her research is about young people’s experience of school absence among several groups of nine graders where the pupils have turned away from school and played truant.

Ann Simmeborn-Fleischer, successfully passed her final seminar in November. Her research is about students with Aspergers syndrome (AS). The purpose of the study is to create new knowledge about how students with AS within higher learning environments experience their daily lives.

**42 Articles Published**

Members of the CHILD-group has published 42 articles in peer reviewed journals during 2012.

**Received funding**

Ann Simmeborn Fleischer has received in total 196 320 SEK from Sunnerdahls Handikappfond for her PhD-project.

Jenny Wilder and Anna Karin Axelsson has received 1 400 000 SEK from Allmänna Arvsfonden for the 3rd year of their project on participation.

**CHILD in Australia**

Researchers from the research group CHILD went to Australia for a conference on early childhood intervention. Here, researcher in disability research, Margarita Adolfsson tells us all about it.

**CHILD-conference on National Television**

In September CHILD and Ann-Katrin Swärd arranged a conference day on Autism Spectrum Disorder. In mid-October the conference was broadcasted on Swedish National Television. You can also view the lectures right here!

**We go Transatlantic**

CHILD-members Madeleine Sjöman, Christina Peterson and Laura Darcy are looking into the possibility to go as exchange researchers to Vanderbilt and University of North Carolina at Chapel Hill sometime during spring or summer term of 2013. All within the GEDS-project.

**Is there life after a PhD-examination?**

Several members of the CHILD-group quite recently passed their PhD-examinations. What are they all doing now?

**Internship at the WHO**

Read researcher Lina Magnusson’s report from her internship at the WHO in November.

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**CHILD** is a research environment at Jönköping University in Sweden. Our primary research focus is on interventions, participation, learning, health and everyday functioning in children with special needs, but also in typically developing children.

For more information, contact CHILD's research coordinator Cecilia Allegrind, +46 36 10 13 76. CHILD’s webpage

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Young Children and Health Promotion

Seasonal greetings to you all, 2012 is close to an end and we can summarize a very productive and stimulating CHILD year. The group has published more articles than ever before and actually just passed number 40. This is of course a very academic measure of our work. During the year several members of the group have appeared in media in different constellations, both concerning health care, education and functioning in everyday life. We have been relatively successful (although not the best year) in receiving funding and some new projects have been started. A new exciting development is our engagement in the network on child focused research within the Swedish Disability research. CHILD will be responsible for coordinating activities and we plan a first network conference in June 2013.

For several years CHILD members have participated in a number of international research projects and exchanges related to research. One example is the GEDS program with exchanges of doctoral students and researchers between EU and USA. Another example is an ongoing research project with South African researchers. Some of these projects are close to being finished and we hope to publish several articles together with researchers from other countries in the coming year. Already in 2012 we can see that the number of studies published in collaboration with researchers from, EU, USA, and USA is increasing. We have also started to apply for funding for new collaborative projects with researchers from Australia, Taiwan and South Africa. We cross our fingers for a positive outcome, participation in international collaborations is a vital part of everyday life for CHILD members.

Research wise participation in everyday life, focusing on topics such as young children in preschool, perceived participation in medical procedures for school children and participation in higher education of students having disabilities is still a dominating research theme. The coming year we hope to publish both several scientific articles as well as Swedish books and reports in this area. In the last year a special focus of several articles have been young children and their everyday life. Young children are more dependent on others for their functioning and development. It also means that interventions in young age (so called early intervention) can have a large impact on the children’s present situation as well as their future. A special topic for this newsletter is young children and early intervention. Noomi Carlsson will describe work with tobacco prevention focused on families with young children. Also Marie Golsäter writes about young children and their families but with a focus on how to implement health dialogues with parents to promote young children’s health. Health promotion is also the theme in Madeleine Sjöman’s text about preschool as an environment that can promote mental health and learning and protect from behavioral problems in young children. It seems like children that are active, focused and persistent and live in health promoting environments not only are healthier but also learn more.

Professor Mats Granlund, research leader of CHILD

Avregistrera prenumeration
A Zero-vision for
Children’s Tobacco Smoke Exposure
Tobacco prevention in Child Health Care

By Noomi Carlsson

Noomi Carlsson works at the department of Public Health and Healthcare in the County Council of Jönköping as section manager with responsibility for public health work among children and adolescents (0-18 years).

Noomi Carlsson belongs to the CHIL D research group and passed her PhD-examination in August 2012.

All children have the right to grow up in a healthy environment according to the UN’s Convention on the Rights of the Child [1]. A healthy environment includes a tobacco-free environment. Adverse health effects in children caused by environmental tobacco smoke (ETS) are well known [2]. Children are primarily exposed to their parents’ smoking in their homes. A comprehensive evidence base shows that parental smoking during pregnancy and ETS exposure in early childhood are associated with an increased risk for a range of adverse health problems [3-5]. Child Health Care nurses, who meet nearly all families in Sweden with children aged 0-6 years, have thus an important role in tobacco preventive work in order to support parents in their ambitions to protect their children from ETS exposure [6].

The overall aim of our research was to develop, test and evaluate a new model for tobacco preventive work in Child Health Care (CHC) with special focus on areas with a high prevalence of parental smoking. In a first step CHC nurses’ and parents’ views on tobacco preventive work were analysed in two studies based on questionnaires [7, 8].

The intervention was performed during the second step, based on the results from nurses’ and parents’ experience of the tobacco preventive work in CHC, and with methods from Quality Improvement. An “intervention bundle” was developed which included evidence based methods for prevention of ETS exposure, and four learning sessions for the nurses. The instrument “Smoking in Children’s Environment Test” (SiCET) included in the bundle was evaluated with focus group interviews with the CHC nurses who participated in the intervention [9]. Two urine samples were analysed to measure cotinine levels in children which provide an estimate for ETS exposure. Parents’ answers from the SiCET questionnaire, measurements of cotinine, and data from the nurses’ log-books were used in the evaluation of the effects of the intervention. In areas with a high prevalence of parental smoking 22 nurses recruited 86 families of whom 72 took part for the entire one-year period of the intervention.

The results showed that parents wanted to have information on the harmful effects tobacco smoke have on their children and how they can protect their children from ETS exposure [8]. The nurses saw tobacco preventive work as important but they experienced difficulties to reach certain groups such as fathers, foreign-born parents, and those who are socio-economically disadvantaged[7]. The SiCET instrument provided a basis for dialogue with parents [9]. The main results from the intervention showed that ten parents (11%) quit smoking, thirty-two families (44%) decreased their cigarette consumption in the home, and fewer children were exposed to tobacco smoke. Consequently, more children showed levels of urinary cotinine less than 6 ng/ml (base-line n=43, follow up n=54; p=0.05). The total number of outdoor smokers did not change. Seven of the nurses (30%) had successful results in their areas with a decrease of smokers in families with a child of 8 months, from 20% in 2009 to 12% in 2011. The corresponding figures for the whole county as well as the country did not decrease during the same period.

The sustainability of the intervention has to be followed and thus measures should be followed prospectively over time. The SiCET instrument was found useful and might be applicable in other arenas where children’s ETS exposure is discussed. The development of an instant cotinine test using dipsticks would make it possible to give parents immediate feedback on the effectiveness of taken protective actions. This could work as a pedagogic resource in the dialogue with parents.
Factors in pre-school that promote children’s mental health

By Madeleine Sjöman

The mental health of adolescents is a timely issue. In Sweden, health care reports state that more girls than boys seek assistance because of mental health problems such as depression, stomach aches and headaches (Socialstyrelsen, 2005). In fact, several studies have shown that early intervention prevents mental illness and promotes mental health later in life (Gustafsson, Allodi, Alin-Åkerman, Erikson et al., 2010; Institute of Public Health, 2001). About 80-90% of Swedish children attend pre-school from 1 to 2 years of age. Pre-school is therefore an appropriate environment in which to promote mental health by engagement and by identifying young children’s behavioral problems as risk factors in potentially developing future mental illness. Pre-school environments, however, vary with culture, both between and within countries. In several countries (e.g., the US) only certain risk groups (such as disadvantaged children) have been selected for intervention and in mainly in considering achievement later in school (Farran, 2001). Pre-school as universal intervention for all children, with mental health as an outcome, has not been an issue to the same extent.

Children’s opportunities for engagement and participation in pre-school activities, on a daily basis, depend on several interacting environmental factors, such as physical factors: toys and a playroom; and psychological factors: interaction between children and between grown-ups and children.

Early identification- early intervention

In the project about preschool environment and children’s mental health we are going to investigate what factors in preschool that contribute to mental health and protect against mental illness. The study includes a representative sample of Swedish municipalities in 90 departments and 1200 preschool children aged 1-5 years. Data collection is done by preschool staff who answer the survey questions on children's everyday functioning in preschool and structured observations of preschool staff interaction with the children. The data analysis focused on children's involvement on a group level related to preschool environment. The aim of that study is to study what factors in preschool that contribute to children's engagement and participation. The study is based on a longitudinal design with three measurement occasions. The goal of my thesis is to gain knowledge about how preschool can contribute to children's mental health and to their learning in a life-long perspective.
References


Health dialogues with the parents – one way to promote children’s health?
By Marie Golsäter

As a child’s primary caregivers, parents can promote healthy behaviours, such as positive eating habits and physical activity, in their children. Health dialogues focused on the parents’ health can be used to help a family lead a healthy lifestyle, in turn reducing the risk of their children developing health-related problems. As an innovation of the Child Health Care parents are invited to a health dialogue based on their own health when the child is one-year. In the health dialogues the educational tool ‘The Health Curve’ is used. The Health Curve, is an educational tool for conducting goal-directed dialogues concerning lifestyle and health. It is intended to evoke an interest in and provide support for the clients, highlighting possible changes in lifestyle that improve well-being.

The nurses experiences that in previous contacts with the parents they sometimes got the feeling that there are circumstances affecting the family’s life situation that surface in these health dialogues. By using the Health Curve the nurses get a more exhaustive description of and understanding for the family’s health and life situation. As the family constitutes the greatest deal of the child’s environment it is important to focus on the family’s life style in order to improve and develop a healthier way of living for the child. Through the work with the Health Curve the whole family life style like dietary habits was discussed.

The results indicate that working with ‘the Health Curve’ would increase the nurse’s ability to support a family’s development of a healthy lifestyle at an early stage, positively affecting the health of the child.

Reference

Marie Golsäter (marie.golsater@hhj.hj.se) is a Senior lecturer in nursing at School of Health Sciences. She also works at the Research and Development Unit in Primary Care in Jönköping.
Anna Karin Axelsson’s research project is focusing on children with profound disabilities and their participation in family activities. The project is based on the knowledge about participation as a prerequisite for learning as well as an important aspect of health.

The different studies will be about the child’s presence and involvement in the routines and activities of the family, the role of the personal assistant in the family and also about facilitating factors to promote the child’s participation. The studies will have a qualitative and a quantitative approach and include questionnaires, interviews and focus groups. The project is financed by Allmänna Arvsfonden.

Anna Karin Axelsson is a registered physical therapist. She has been working in different fields of physical therapy, of which the past ten years in the area of children- and youth habilitation.
The research was carried out at two secondary schools (13-16 ages), built on ninety truant students in a municipality of about 30,000 in the south of Sweden. The dissertation uses a system theoretical frame where the school is an open social system affected by internal and external forces. The aim of this dissertation is to find what system forces are gravitating the truant students to participation in school work and what system forces are repelling the students away from school. In the analysis school system is viewed from a salutogenes (health promoting) point of view where social relationships are the basis for psycho social health and well-being. Through a school document study, an interview study of students themselves and one of school staff the different system forces are identified and analyzed.

When too many system forces draw the students in the direction away from school, the school system becomes inbalanced. The synergetic effect of several system forces, which draw the students in the same direction away from school are: unclear documentations, staff’s attitude, few relationships to adults, indistinct instructions for the students, lack of challenges and expectations and even the school climate. In addition, system forces coming from the outside of the school system such as friends also draw students away from school.

The results showed that the school documentation was neither systematic nor followed up, the students had no connections to their school except the three
students called “The Winners” who after adult support returned to their school. Nobody but one of fifteen students had good relations to teachers and other students. School, especially the lessons, were boring for the group “The Unchallenged”. For the group “The Losers” was noted a lot of different kinds of support the last school years, but not all of the supports were perceived positively. The students in this group had learning difficulties. Not all of the students had an Individual Educational Plan (IEP). Though many of the students failed the national test in at least one subject, some had no support. The attitude to truant youth expressed by school staff contained negative attributes although some school staff expressed positive attributes and did a good work to help the student in the classroom. The school staff predominantly considered the young people’s difficulties as pertaining to them individually.

Based on the results of the studies follow a discussion about truancy as a social problem and how this social problem could be treated through a change on system level aimed at coordinating systems forces pulling students towards school based on the synergetic effect of the school climate/school ethos focusing on salutogenesis and well-being. Since we say that school is a reflection of society, the results may have relevance also to other systems outside the school system, where the boundaries of exclusion may be crucial for the people who are included.


Elgmark Andersson, Elisabeth; Jonsson, Cecilia (2012) Mild traumatic brain injury: A description of how children and youths between 16 and 18 years of age perform leisure activities after 1 year *Developmental Neurorehabilitation*


Jonsson C., Elgmark Andersson, E. Mild traumatic brain injury: A description of how children and youths between 16 and 18 years of age perform leisure activities after 1 year


**Accepted articles 2012**

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Ullenhag, A; Bult, M; Nyquist, A; Ketelaar, M; Jahnsen, R; Krumlinde-Sundholm, L; Almqvist, L; Granlund, M. (accepted) "An international comparison of patterns of participation in leisure activities for children with and without disabilities in Sweden, Norway and the Netherlands" Developmental Neurorehabilitation

Wennick A., Huus K. (accepted) What it is like being a sibling of a child newly diagnosed with Type 1 diabetes – an interview study. European Diabetes Nursing

Gimbler Berglund, I., Ericsson, E., Proczkowska-Björklund, M. and Fridlund, B. Nurse anaesthetists caring for children requiring anaesthesia. Nursing Children and Young People, Accepted in July 12 to be published (fick info i okt -12)

The School of Education and Communication together with two other EU universities and two US universities has been granted a unique project within student mobility. The project is funded by the European Union's Atlantic program and the U.S. Department of Education.

The purpose of the project is to give European graduate students the opportunity to study in the USA for six months and US graduate students the opportunity to study in Europe. Their studies have to be within children's development, education, health and wellbeing. The exchange takes place within the research program CHILD. The GEDS-project takes place between 2008 and 2013.

Beside School of Education and Communication at Jönköping University five other universities take part in the project:

- University of North Carolina Chapel Hill, Chapel Hill, North Carolina
- Vanderbilt University, Memphis, Tennesse
- University of Colorado, Denver
- Ludwig Maximilians University, München
- Porto University, Porto

For further information contact:
EU: Research coordinator Cecilia Allegrind
Cecilia.allegrind@hlk.hj.se
036-10 13 76

US: Professor Rune J. Simeonsson
rjsimeon@email.unc.edu
For GEDS' American website.

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| Administered by: Cecilia Allegrind

http://hj.se/hlk/en/business-and-society/international-collaborations/ge...
Several members of CHILD has recently been conferred PhDs or finished their licentiate thesis. What are they all working on now?

**Gregor Maxwell** is a lecturer and researcher at Harstad University in Norway. Affiliated to School of Education and Communication.

**Margareta Adolfsson** is a leader of developmental processes in habilitation services in the county of Dalarna and an affiliated researcher to School of Education and Communication.

**Ylva Ståhl** is working with national development processes.

**Gunilla Ljusegren** works as a lecturer in Nursing Science at School of Health Sciences. She goes to South Africa as an exchange teacher every year. She is also a reviewer for a scientific journal.

**Noomi Carlsson** works at the department of Public health and healthcare.

**Ingalill Gimbler Berglund** is a guest teacher in Tianjin, China, but will come back to School of Health Sciences as a lecturer.

**Stefan Nilsson** is a pediatric nurse at Drottning Silvias Barnsjukhus in Gothenburg.

**Marie Golsäter** is a Senior lecturer in nursing at School of Health Sciences.
quality registers for children. The purpose is quality improvement in Swedish health and medical services. Ylva is also working within the Swedish National Information System project.

She also works at the Research and Development Unit in Primary Care, Jönköping.

In the county council of Jönköping as section manager with responsibility for public health work among children and adolescents (0-18 years).

Avregistrera prenumeration
Report Internship World Health Organization, Headquarter Geneva, Disability and Rehabilitation unit October 1st–November 9th 2012

Lina Magnusson

I have had a good time at the World Health Organization, WHO and have been able to meet a lot of people from around the world that are working at, or visiting WHO. My main tasks have been to work on a proposal for a new guideline on prosthetics and orthotics together with technical officer Chapal Khasnabis, literature searches on available evidence, proposal writing and discussions on the process to develop guidelines with members of the WHO guideline review committee. I have also been able to attend the rehabilitation guideline development group that has representatives from all different regions of the world for their first meeting to start develop the rehabilitation guideline.

Disability and rehabilitation unit has done a few publications that I have read during my time here that I recommend

- Disability world report
- WHO and UNICEF encourage discussion and action on early childhood development and disability
- Joint position paper on the provision of mobility devices in less resourced settings
  http://www.who.int/disabilities/en/

I have participated in a course Clear Print: How to make your information accessible for people with visual impairment.
http://www.who.int/mediacentre/factsheets/fs282/en/

During my time we also put up photo exhibition on Spina bifida
http://www.who.int/features/2012/spina_bifida/en/

WHO had about 60 interns from all over the world. Twice a week experts for interns seminar was organized where an expert from WHO presented the latest within an area or gave an overview. WHO also had lunch seminars organized of different departments for the staff and visitors almost every day on different health topics. As I teach in a course health care in developing countries at home I have been able to get some new teaching material and had the possibility to attend seminars to update myself. I have also had the possibility to attend a few high level meetings where the large actors and donors discuss how to best channel resources for health to States.
United Nations Geneva

A possibility to be working in a United Nation organizations such as WHO offers other unique opportunities. I have taken the opportunity to attend a few meetings in other UN organizations.

The Human Rights Council meets in the general assembly hall. Pakistan’s Foreign Minister Hina Rabbani Khar led the delegation from Pakistan to Geneva. Most countries represented of diplomats expressed concerns about the human rights situation in Pakistan and pointed out different issues and made strong recommendations to the Pakistani government. The General Assembly hall has a fantastic sealing.  
http://www.ohchr.org/EN/HRBodies/HRC/Pages/HRCIndex.aspx

Ending child marriage

Events were held around the world on 11 October 2012 to mark the first ever International Day of the Girl Child, the theme of which was ‘ending child marriage’. In Geneva, WHO and UNFPA convened a meeting to build a shared understanding of the scale of child marriage.  

World Mental Health Day 10 October 2012

This day raised public awareness about mental health issues. The day promotes open discussion of mental disorders, and investments in prevention, promotion and treatment services. This year the theme for the day was “Depression: A Global Crisis”. I can recommend the introduction video for the day “the big black dog depression”.  
http://video.who.int/streaming/NMH/MSD/COPR_depression_01_OCT2012.wmv

During my time in Geneva I have been able to establish many contacts with people from around the world within the UN organizations. I am thankful for the opportunity to spend some time of my Ph.D. education to build international networks and to be able to work with the Disability and Rehabilitation unit at the WHO. My time here in Geneva has also been fruitful for my PhD thesis work as I have met people working within my field of research.

Lina Magnuson