1. Introduction
Dear reader,

We are happy to present to you the public health training pre-Regional Meeting of the Americas Montevideo 2016. Following previous efforts of capacity building in public health in IFMSA and the Americas Region, this workshop was organized in response to a need from members to get a deeper insight on some aspects of public health, namely research, advocacy and project development. We had 7 participants from 5 countries (Québec-Canada, Brazil, Chile, Paraguay and Ecuador), which highlighted the diversity of the workshop in regards to public health issues.

Enjoy reading this report and feel free to share with us your questions and feedback,

Aline D. Khatchikian, SCOPH Regional Assistant for the Americas 2015-16
Skander Essafi, IFMSA Liaison Officer for Public Health Issues 2015-16
2. **Rationale and goals**

**Capacity building** is one of the strongest public health methodologies and topics to build up a strong network of public health leaders skilled to measure the impact of their activities and act upon them while thinking about the bigger picture and other health-related aspects.

The attendees of the Public Health Training were expected to gain knowledge in the following areas:
- Define public health, global health and international health, as well as levels of prevention.
- Defining the global health system and global health actors.
- Building capacity in activities development and public health related campaigns.
- Learning basics of public health epidemiology and research.
- Build capacity in policy making and policy intervention.
- Highlighting opportunities for student involvement.

3. **Agenda**

<table>
<thead>
<tr>
<th>Time</th>
<th>15-01-16</th>
<th>16-01-16</th>
<th>17-01-2016</th>
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<tbody>
<tr>
<td></td>
<td>Introduction, Agenda, icebreaker</td>
<td>Recap</td>
<td>Activities: From an idea to a project</td>
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<tr>
<td>09:00-10:00</td>
<td>Public and global Health</td>
<td>Advocacy and Networking Part 1: joint session with LEAD</td>
<td>Media Training</td>
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<td>10:00-11:00</td>
<td>Community Health Interventions</td>
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<td>11:00-12:00</td>
<td>Health education and behavioural sciences</td>
<td>Advocacy and Networking: Part 2</td>
<td>Fish Box: The role of medical students, Wrap-up</td>
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<td>12:00-13:00</td>
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<td>13:00-14:00</td>
<td>Lunch</td>
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<td>Time</td>
<td>Session Content</td>
<td>Tools and Methods</td>
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<td>14:00-15:00</td>
<td>Research in Public Health: Find the evidence</td>
<td>Advocacy Tools: Policy statements, videos, open letters etc.</td>
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<td>15:00-16:00</td>
<td>Case Studies on public health research: articles</td>
<td>Role plays and creativity</td>
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<td>16:00-17:00</td>
<td>Epidemiology and statistics (what already exists)</td>
<td>Let’s get critical! Public and Global health actors</td>
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<td>17:00-18:00</td>
<td>Wrap-up and evaluation</td>
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4. Sessions Outcomes (Day by Day)

1. Day 1 started smoothly by getting to know each other, and a brief insight on participants’ expectations in order to adapt to them. Afterwards, an introduction was provided on public health, global health, and international health, as well as the different aspects that will be covered in the following sessions, from problem identification to public health action. Moreover, there was a brief introduction to global priorities and where does health fit in it, such as the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs) with the goals that are related to health and the different means of implementation.

On the second part of the morning, there was a focus on community health education, the different levels of prevention, and the role of the public health actors to bring the public by your side for a better health status, focusing on community active participation and targeting their social determinants of health. Different barriers were identified such as the community and environment you’re living in, as well as the support you get from their surroundings to have healthier lifestyles and conditions. A discussion took place in relation to the healthy message that is conveyed in the media, and how it should be. In the past, the most effective message was the most frightening one (e.g. AIDS Australia advertisement), however nowadays the message should be balanced. Tobacco was taken as an example: to show the direct benefits, to adapt the message to the target group, to appeal to the heart, and to use visuals via the right media communication.

In the afternoon, a presentation on public health research methods and study types was presented, supported by this video. Participants were split into 3 groups to analyze 3 different review articles or research studies: on XDR TB, cancer prostate screening and early surgery, and on child obesity. Participants had to identify the types of research tackled, the problem or question that was being answered and finally share their remarks. One of the remarks that came out of the group discussions, that it’s not always black or white when it comes to conclusions and researches that were made as results might be contradictory and there is not necessarily a way to move forward. There was also a highlight on the ethical components of studies such as patient rights/consent. A concern was shared...
in relation to the articles chosen as they were not as simple as examples are explained with
the methodology chosen and expected result. Overall, it was a good exercise that differs
from college classes on epidemiology since it provides a critical eye on public health
research in general. Below the outcomes of group works:

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<td>Different PSA values and recommendations for either: biopsy, radical surgery or radiation. Discussion on radical surgery as a prevention measure at early prostate cancer; Usage of PSA as screening substance shows lack of accuracy on the spread of the diseases and doesn’t guide properly on the actions to follow. Randomized study: 695 patients with early prostate cancer: 347 had radical surgery and 348 had a watchful waiting. Results showed that less patients who had radical surgery died from prostate cancer, within the 5 and 10 following years. However, the results were not solid enough to confirm the hypothesis.</td>
<td>Descriptive Study that is retrospective Aim to analyze BMI from 1990 to 2008. Data from the national health nutrition examination survey by the national center for health statistics. Calculation of BMI in percentiles. Results: 9.5% of infants &gt;95 percentiles 11.9% Children&gt;87 percentiles 16.9% children&gt;95 percentiles 31.7%&gt;85 percentiles</td>
<td>Type of study: Review General Information on TB Resistance, association, prevalence and the overall problem Objective: Identify ways of transmission to stop TB from the basis. Specific objectives: 1. to define population conditions and epidemiology of TB 2. Get information of TB Transmission and mutation 3. Develop a math method to stop transmission Background theory: transmission, resistance, drugs used, population, adequate treatment used, other studies… This review was not conclusive, but highlighting that the issue is related to health services and not only to communities.</td>
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On day 2, there was a morning session on policy making and advocacy tools, jointly with the LEAD workshop. Different examples were given on why advocacy campaigns are being made, and we went through the steps of developing an effective advocacy campaign to develop, with SMART goals that have to be adapted to the project they are to work on in groups.
In the afternoon, we had an exercise to work on policy statements, to have an overview on what it is about and how to develop one. The activity was on mental health and each group had to write what they would be calling for in mental health within their medical school or community.

Lastly, we went back to our room, and we worked on role plays that are meant to communicate a message on public health, using the different methods used to convey a message, and the 7 Cs of communication. The 2 topics chosen were self-medication and mental health, which are also the topics chosen for the project development activity of the next day.

3. On the last day, there were small working groups to develop project proposals on the topics chosen by participants. Facilitators also joined to help developing the proposals and give feedback:

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<th>Self-medication</th>
<th>Ele-Mental Health : Run your mind</th>
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<td><strong>Project:</strong> Creation of an awareness campaign towards the dangers of self-medication including social media (youtube) and posters on health centers to increase our target group.</td>
<td><strong>Long term goals:</strong> High schoolers know where to go when they are in need of help Reduces the stigma about mental health among high-schoolers and people who surround them</td>
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<td><strong>Goals:</strong> To inform people about possible consequences of taking medicines without a prescription To reduce self medication</td>
<td><strong>Short term goals:</strong> Make highschoolers reflect on the topic Make the board and teachers reflect and discuss the topic in order to help the students</td>
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Human resources: IFMSA active members

**Short term goals:**
Produce and share 10 short clips on our youtube channel, within 6 months
Produce 1500 posters to stick in almost 5 health care centers at each LC of our NMOs

with mental issues.

**Organisation: What? Run you mind-Marathon**

**Brazil:** Schools, doctors, psychologists, big avenue in Sao Paulo, budget and fundraising, institutions related to mental health, sponsors, musicians, water, 2 organizing committees for the marathon and the workshop

**Paraguay:** school courses

**Ecuador:** Same as Brazil, Parque de la Carolina

Allies and opponents:
Agree or disagree: schools, municipality, parents
Helpers: organizations, doctors, parents

**Targets:**
Primary: highschoolers
Secondary: parents, teachers, friends….

**Themes:** depression, anxiety disorders, autism, conflict management and stress

**Evaluation:** pre and post survey about mental health and they have learned

Finally, we had a recap session and reflection on the follow-up of this training using the fish box method:

a. Working on local and national similar trainings
b. Focus on epidemiology with less articles per number of people, and more time to read and comment. Articles should be directed to another theory addressed
c. Tailor the training to the background of the participants: their countries public health systems and region
d. Advocacy: have a longer exercise on policy making and role plays.

5. **Follow-up plan**
Elaborate on the implementation of the proposed projects with the groups
Work on standardized agendas for basic local trainings
Have a video call with participants to share experience on specific topics