



EURONEWS MRPH

The Newsletter of the European Network of Medical
Residents in Public Health

**Next EuroNet MRPH Meeting
Vienna 25th - 27th July 2019**

Editorial

I would like to welcome you to another edition of our newsletter. I can say, from the equator of my current position, that this time working for the association has been wonderful and it has given me the opportunity to get to know and spend time with smart and interesting people.

During this time, new projects have been developed and are still growing. The residents' interest in Hospital Management and in Public Health Communication was transformed into wonderful working groups. Hospital Management work has just started, and the fruitful first steps of PH Communication's work will be presented during the European Public Health congress

in Marseille.

Other working groups say goodbye. A lot of EuroNetters can feel the bittersweet taste of the end of the E-cigarrettes working group, led by Prieto Ferrara. Bitter because it finished, but still sweet since the team-work effort conducted to the publication of an article in a scientific journal.

New steps have been taken to bring residents closer together. The involvement of new individual members, like Mia Blazevic, from Bosnia Herzegovina. The Vienna meeting celebration, with our magical and amazing Igor Grabovac - individual member from Austria - as a host. Also, new approaches to participation of National Associations with EuroNet have just started and the interest in the network has grown.



Figure 1. EuroNet MRPH Spring Meeting in Torino

EuroNet Summer Meeting in Vienna will be a marvelous opportunity to strengthen our community in a wonderful academic context. Social justice, discrimination and economic evaluation are key topics that might be in the working groups list soon. EuroNet Meetings can not only catalyze the discovery of common interests but also be the birthplace of meaningful relationships.

I can't be more excited of being part of this, which is only getting better and better. The communication team and residents' work have come up with this newsletter edition. I won't take more attention from you now. Let's enjoy the reading!

See you soon in Vienna,

Laura

Edited by Euronet MRPH Communication and
Webmaster Team 2019

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EuroNet Summer Meeting in Vienna

Igor Grabovac (3rd year resident)

on behalf of the Vienna Organizing Committee

After a wonderful Spring Meeting in Turin, the EuroNet delegates chose the Austrian capital of Vienna as the next location to hold the Summer Meeting, which will be held between the 25th and the 27th of July.

This meeting marks two firsts for EuroNet MRPH; it will be the first meeting organized and hosted by an individual member, and the first to take place in Austria.

The meeting will be held at the Center for Public Health of the Medical University of Vienna, one of the oldest medical teaching institutions in Europe. Founded as Alma Mater Rudolphina (University of Vienna) in 1365 it was the authority for medical education in central Europe. Later in 18th century a formal medical school was founded by the personal physician of the Empress Maria Theresia and soon with it in 1784 came the opening of the General Hospital. In 2004 the School of Medicine separated from the University of Vienna, establishing itself as the Medical University currently ranking among the top 50 medical universities in the world. The Center for Public Health dates back to 1870 and is the premier center for education and research



Figure 2. A taste of Vienna

in public health and preventive medicine with 6 individual departments (General and Family Medicine, Epidemiology, Social and Preventive Medicine, Health Economics, Medical Psychology and Environmental Medicine). The Center for Public Health is also the only acknowledged institution for residency training in public health in Austria.

The Summer Meeting will bring over 50 EuroNetters to Vienna where they will have a chance to get better informed about EuroNet activities, and learn something more about vulnerable groups as well as present their own research on various public health topics. Given the unique position of residency training in Austria, this meeting will bring also non-residents, as well as other non-medical professionals working in public health together with members of EuroNet. This will hopefully open up interesting new lines of discussion and provide unique possibilities for networking.

During the main section of the meeting (the first two days) participants will have the opportunity to hear more about public health interventions in older adults, aspects of medical anthropology in public and global health, quality indicators in health care, health economic factors associated with mental health, workplace based discrimination as well as gender and sexual minorities. Each of the presentations will deliver not only an European perspective but also present the participants with a glimpse into the Austrian perspective, allowing the participants to learn more about the public health situation in Austria.

Vienna is a city rich with history, art, music, culture (and cake) but is a modern and vibrant city rich in diversity. More than half of all Viennese have roots outside of Vienna and the best way to experience this is through one of many open air festivals of music, food or film that will take place during the summer. This will allow for many options for the participants who want to explore and relax after the lectures and meetings.

Other than partying on the beaches of the Danube, a dinner in a real Austrian beer hall has been organized in the traditional EuroNet style.

Nothing else left to say but welcome you guys to Vienna, looking forward to see and meet you all! The registrations were open till the 23rd of June but if anyone now



Figure 3. EuroNet MRPH Summer Meeting in Vienna banner

realizes their huge mistake in not participating and still wants to come, let us know by email!

More info here: <http://euronetmrph.org/viennasummermeeting/>

Spring Meeting report Torino 2019 “A Song of Rain and Fire”

Torino EuroNet MRPH
Spring Meeting Organising Committee

There is an ancient Italian saying that goes “The only best thing than joining a EuroNet meeting is joining 2 EuroNet meetings”, and this is still true nowadays as the number of applications for Vienna’s meeting are reaching the same sky-high peaks as they did in Torino; we personally are still thrilled remembering how cool it was to bring EuroNet and so many colleagues in our city. When we first decided to engage with this task, we just had a rough idea of the amount of work we were about to face, but thanks to the help of EN board and leads and of the other colleagues in Torino, we managed to arrange everything while enjoying the whole process in the meantime.

Our main aim was to reach and involve as many residents as we could, especially first years or residents at their first EN experience; to reach this goal we decided to offer a wide range of contents, from residents’ presentations (thanks to the Italian Consulta Working Group on Climate Change), to experts presentations about Data Science (thanks to Daniela Paolotti, ISI Foundation, Emilio Sulis and Davide Duma, University of Torino), Health Communication and Debunking (thanks to Prof. Pier Luigi Lopalco, University of Pisa, and Pietro Arina, BUTAC), to discussion groups about Health Communication and training (thanks to Francesca De Nard and

the Italian Consulta Working Group on Ethics and Public Health). All this was set up together with group activities for each EuroNet area (Communication, Internships, Research), and a focus group dedicated to the EuroNet-Residents’ National Associations relationship.

Finally, on the last day, we concluded with the EuroNet General Assembly.

In this way we were able to give a nice view



Figure 4. A taste of the Torino meeting

of the activities that characterise not only the meetings but also the year-round work inside EuroNet.

We are proud to say that this meeting and was thought with environmental sustainability at its base.

Only paper dishes and cups were used during coffee breaks; we provided recycling

bins in the venue and the participants used them effectively and thoroughly; furthermore, the now iconic reusable EuroNet water bottles were introduced, a solution to decrease plastic waste production that we hope will become the standard for the next meetings too. Of course, each “work hard” moment in EuroNet is followed by several “party harder” occasions, and Torino did not let us down, despite the rain and bad weather throughout the whole weekend.

On the first evening we were able to have a taste of traditional Piedmont cuisine; on the second evening the beautiful terrace on the Po river of the Cus (University Sport Center) Torino building was just the perfect spot to enjoy an aperitivo! The descent into the nightlife of the Murazzi sul Po was just the natural conclusion of this meeting’s social activities; wild moves on the dancefloor were performed and the atmosphere reminded - as someone also said about Nancy and Valencia - of a joyful bunch of fellas enjoying their first night out of jail.

After the official closing of the meeting on Saturday morning, there still was time left for more food, more wine, ice-creams, city centre sightseeing and chocolate-shopping; on Sunday the few still in Torino were able to enjoy a trip to Porta Palazzo and the Balon Market, the largest open market in Europe!

As we farewelled the last EuroNetters, we sincerely felt that a great adventure was over, together with all the thrill, adrenaline, and, of course, stress from the organization.

Without any doubt we learned a lot from

this experience; but the most valuable reward to us, what makes us feel proud of our work, was the positive feedback received from the residents who attended the meeting, especially from the “EN freshmen” who did not know what to expect from a meeting and now are interested and actively engaged with the network’s activities! This is without question our biggest achievement!

So we once more want to return our biggest thanks to all of you who attended, helped, spoke, danced, bought EuroNet water bottles and were part of this! And a very special thanks goes to little Elias, youngest EuroNetter to ever join a meeting!

Can’t wait to see you all in the next meeting in Vienna and we want to wish all the best to Igor and the Organizing Committee: we know how tough it is, but also how great it feels when it gets done!!

See you in Vienna! Come for the schnitzel, stay for the Net!



Figure 6. EuroNet MRPH Torino Spring Meeting

EuroNet MRPH's participation on the 1st EUPHW!

Joana Miranda, EuroNet's Webmaster Lead, 2nd
year
resident from Portugal

The Communication and Webmaster Team took the challenge of participating in the first ever European Public Health Week (EUPHW), between the 13th and the 17th of May. This event, launched by The European Public Health Association (EUPHA), aimed to raise the visibility of public health and encourage collaboration between professionals and citizens working for better public health in more than 50 European countries. The initiative consisted of a whole week of public health events all over

Europe, and each day had a different topic assigned to it, as follows:

Monday, the 13th of May's topic was "becoming, being and remaining physically active", and with the motto of the day being "I like to move it, move it.", the subtopics that ruled the events were: activity-friendly environments; work and health; rehabilitation; sickness absence; healthy ageing; social security benefits.

Tuesday the 14th was about healthy environments, with the motto: "Healthy environments make healthy people", and the subthemes were: urban health; air pollution; green zones; blue zones; road infrastructure and road safety; water and sanitation; healthy communities and neighbourhoods.

Wednesday the 15th was about "care 4 care", motto: "Taking care of what takes care of you." The subtopics were: prevention in healthcare; (self-) management of chronic diseases; primary

healthcare; health services research; health workforce research; access to healthcare; health insurance; healthcare reform.

Thursday the 16th was sustainable and healthy diets day, with the motto “A healthy diet while taking care of our planet.” The subtopics for this day were: healthy diets; sustainable agriculture; food production; food system transformation; food safety laws; fat tax and sugar tax.

Friday the 17th May was all about youth mental health; the motto was: “I am me even when I’m bruised”, and the subtopics of this day were: mental health public services; healthy sleep patterns; online and offline balance; social relationships and supportive peers.

On May the 13th there was a launch event in

Brussels with roundtable discussion and live streaming, celebrating the start of the first ever EUPHW.

After brainstorming around ideas of how the team could work on these subjects to raise awareness to the first EUPHW, as well as to our European resident’s organization, it was decided that we would promote the whole event and work mainly for the 4th day, the one about Healthy and Sustainable Diets.

We then devised a plan to launch an online campaign using our website and social media (facebook and twitter) to get people talking about sustainability of food sources and choices, and healthy diets and recipes. This campaign, that ended up reaching and involving around 400 people on facebook and twitter, saw the release of two infographics on the subject, a sustainable



Figure 7. EuroNet Challenge: Sustainable and Healthy Diets

recipes book of international cuisine, and a series of 6 tips and tricks posts for zero-waste and sustainable changes in behaviour regarding food and hydration.

Meanwhile, a food photography contest was going on, and even though the number of participants on this particular challenge was not what was expected, there was great feedback about it.

The winner was Maaïke Droogers, a resident from the Netherlands, and the award was an official EuroNet MRPH reusable water bottle, that we hope she will use in the future.

We loved getting everyone talking about Public Health, and are very happy to have taken part of such a wonderful event. Congratulations to EUPHA for such a great initiative, and we hope to take part in next year's event as well!

Why I missed my first EuroNet meeting in more than three years?

Damir Ivanković (divankovic@gmail.com)
with an invaluable help from another HealthPros
Fellow - Erica Barbazza
(e.s.barbazza@amc.uva.nl) that prepared the
official training week report quoted [here](#).

Because I was joining my fellow HealthPros in the land of LEGO, that is Denmark!

First of all, I have to say that this title is almost entirely correct. My first EuroNet experience was the Barcelona Autumn meeting in 2015. Since then I have attended a total of nine meetings, organised two in Croatia and sat in nearly every EuroNet chair there is, including the presidential one in 2017. I have only missed the 2016 Dutch Summer meeting, now famously known as the farmhouse campfire meeting.

Funnily enough, I now live in the Netherlands (not on a farm, though) and work as a HealthPros Fellow and a PhD candidate at the Academic Medical Centre of the University of Amsterdam.

Right now, you must be wondering-what is this HealthPros project and what does that have to do with him missing the Torino meeting?

Who are the HealthPros?

HealthPros stands for "Healthcare Performance Intelligence Professionals" and is an EU-funded Marie Skłodowska-Curie Action (MSCA) project training 14 PhD candidates into a first generation of HealthPros that can make effective use of available healthcare performance data in countries to improve integrated service delivery, patient engagement, equality in access to healthcare, health outcomes, and reduce waste in healthcare. [2]

HealthPros Fellows are trained in six different locations around Europe, based at universities, teaching hospitals and even private companies. I am sure that pretty much everyone reading this considers her or himself as being a health professional. In fact, the cohort of HealthPros Fellows includes a very heterogenous group of professionals. A public health specialist from Slovenia and a public health resident from Croatia (that's me), but also health policy experts, economists, IT people,

statisticians and epidemiologists, pharmacists and medical doctors from across the globe-Canada, Chile, China, Portugal, Mexico, Montenegro, the Netherlands, Turkey and United Kingdom. What differentiates HealthPros from a typical PhD consortium is that this is the first MSCA project in the field of health system and service research and that most of the Fellows did not come directly from their MSc/MD training into a PhD life but have had a couple of years of professional (mostly non-academic) work experience. Truly a diverse and interesting bunch-almost like EuroNet.

So, what were us HealthPros doing in Denmark?

That's where the HealthPros second training week took place. In the charming city of Aalborg. Apparently, the happiest city in Europe (followed by Copenhagen). [1]

I'll just quote a part of the official training week report here:

**Innovative Training Network
for Healthcare Performance
Intelligence Professionals**



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 765141.

Figure 8. HealthPros Banner

Between 8th and 12th of April 2019, HealthPros Fellows-joined by consortium members and partners-convened in Aalborg, Denmark for the second of six intensive week-long training courses. Highlights from the programme organized and hosted by the University of Aalborg included the following:

Mid-term review meeting. A one-day mid-term review meeting was organized to update on the implementation of HealthPros and was joined by a representative of the European Commission Research Executive Agency. Over the course of the day, HealthPros Fellows each presented the scope and stage of their projects, engaged in discussions with Fellows, consortium members and partners and shared experiences from the initial six-months of the project.

- **Lectures.** Drawing on the expertise of the hosts, topics covered over the course of the week included: methods for composite measures and their application for monitoring performance in the Danish health system; the art of scientific presentations and open access publications enriching skills and techniques to enhance academic writing; and exploring bioethics and the analysis and management of ethical considerations in scientific work.
- **Data Hackathon.** This problem-based learning task was designed to apply taught principles and the unique skillset of individual Fellows.

Working in teams, fellows were tasked to develop a composite measure using the Danish mental health registry. Groups worked to explore the different uses and users of the composite, methodological considerations and methods for data presentation. Presentations back to the group showcased the creativity and resourcefulness of the Fellows, with ideas ranging from data repositories to data presentation platforms among the results reported back.

- **Immersion community event.** Immersion community events are an



Figure 9. The Team in Copenhagen. Courtesy of HealthPros project archives

innovative modality to meet with local partners active in health performance intelligence for the hosting country. During this training week partners included the Danish Company for Patient Safety, SAS Institute, Pfizer and the Health Data Board. In the style of speed-dating, Fellows and immersion community members are invited to meet and quickly familiarize with one another and common interests.

Further to the intensive programme described, training weeks are an important time for brainstorming ideas, sharing experiences and coordinating plans. Planned and unplanned social activities run throughout and all leave with a renewed sense of energy, inspiration for their work and sense of team and pride in the network.

Because of a, very reasonable, work count limit for EuroNet newsletter articles, I've only been able to touch upon certain aspects of the HealthPros project / PhD experience. There's so much more, including, for instance, secondments and dissemination activities.

For any questions, feel free to contact me directly and do not forget to follow and support us on social media! Let's stay in touch!

Twitter: <https://twitter.com/HealthProsH2020>
Facebook: <https://fb.me/HealthProsH2020>
LinkedIn: http://tiny.cc/HealthPros_Linkedln

Disclaimer: A lot of you reading this are medical public health residents and some must be wondering what happened to my residency. After

doing three (out of four) years of the programme, I had it "frozen". Yes, like the movie. Plan is to finalise the residency after the HealthPros Fellowship / PhD.



[1] <https://studyindenmark.dk/news/aalborg-and-copenhagen-named-happiest-cities-in-europe>

[2] <https://www.healthpros-h2020.eu/>

"This project (HealthPros; www.HealthPros-h2020.eu) has received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 765141".

Patient Planet

Rachael Marsh
Public Health resident, Bristol, UK

"We can only pray that our sick planetary patient might be placed on a road to recovery - failure to write the prescription, however, might leave us contemplating the death certificate instead".

Prince of Wales 2015, Royal Society in London.

Our Planet is Critically Sick

If we were to consider our Planet as a patient, as health professionals, we would be seriously

concerned about their health and would

quickly diagnose that 'Patient Planet' was critically sick. A rapid assessment of the Planet's health

would find an escalating fever, with difficulties breathing, a faltering circulation, with metabolic acidosis and a toxic status, failing liver and kidney functions, a pale, blotchy skin indicating signs of shock, with a rapidly declining mental state.

Human systems can be seen as a microcosm of the Earth's living biosphere, although there are significant differences in scale and functioning of some of these systems, in terms of appreciating the seriousness of the Earth's failing eco-systems, it is helpful to consider the analogies of the Planet's health with that of a human, as below:

Diagnosis and prognosis - will 'Patient Planet' die?

As physicians, we would diagnose an

Fever - escalating temperature - 1°C now, rapidly rising to 3-4°C by 2100 and 3-10°C by 2200 (a temperature rise of 3-4°C is considered a medical emergency and risks fatally in humans).

Respiratory System - escalating carbon emissions with CO2 at 411ppm; air pollution dangerously high with 91% of places exceeding WHO guidelines; wildfires and continued loss of global forests.

Circulatory system - oceans 30% increased acidity having absorbed 50% of postindustrial carbon emissions and 90% of the excess heat (equivalent to 36°C when released back to the atmosphere); pollution with toxins and plastics; freshwater scarcity.

Organs (liver and kidneys) - an annual 3% loss of swamp and marsh lands that protect coasts, detoxify and regenerate.

Skin - increasing desertification, mudslides, and depleted agricultural land.

Mental Health - biodiversity loss at 60% for mammals, birds, fish and reptiles since 1970, nearing the threshold for a sixth mass extinction at 75% loss.

escalating fever with a critical risk of multiple organ failure and send 'Patient Planet' straight to Critical Care. Not knowing what else to do, we could declare the situation as chronic, terminal, and just take steps to make the patient as comfortable as possible until the end came. However, we stand at a critical moment in the history of our Planet. Over the next decade, we are the generation that holds the responsibility to reverse the epidemic explosion of carbon emissions and urgently stabilise the risks from runaway climate change.

Management - how can we save 'Patient Planet'?

Just like for a sick patient, by taking a Critical Care Response approach as below, we can halt and potentially reverse the harm done so far.

Analogy of the Planet as a patient requiring a critical care response



Resuscitation: declare a Climate Emergency.

We already have mechanisms like the WHO Emergency Response Framework in place, and given the critical state of the Planet's Health, this should warrant an urgent assessment, which based upon risks and severity of global impacts, should be placed at Grade 3, triggering a multi-sector, global emergency response (WHO, 2017). We can draw lessons from handling other emergencies like Ebola, which led to rapid mobilisation of resources, strategic co-ordination and action at speed and scale.

Stabilization: homeostasis/ re-stabilization of systems requires a rapid reduction of carbon emissions over the next decade, including actively sequestering carbon to lower the driver of increasing temperatures. Stabilisation of ocean temperatures and acidity may also be required.

Treatment: depending upon the successful resuscitation and stabilisation, 'Patient Planet' would be able to leave the critical care unit, with a longer-term treatment plan, including an initial recovery period, during which time toxins and plastics would be removed to allow healing.

Recovery: to enhance the recovery of eco-systems

- **Air** - rapid investment in clean energy and transport systems
- **Water** - restore healthy ocean and coastal environments, enhance nature-based solutions for clean water and sanitation systems
- **Food** - reduce food waste and excess consumption, enhance plant based healthy foods and clean cooking

Rehabilitation: additionally, a preventive approach would be taken, including building climate resilience/ emergency preparedness (flood management, drought response, etc). Development of planetary health indicators to act as an Early Warning Score enabling detection of high-risk symptoms, and corresponding early intervention.

Promotion: promote sustainable development with a focus on actions that primarily benefit the health of the Planet, whilst maximising co-benefits for humans, including: continuing work towards the Sustainable Development Goals (SDGs, 2015) and actions such as; reduced food waste, plant rich diets, family planning, educating girls, clean cookstoves, renewable energy, housing insulation, recycling, forest protection, water saving, walkable cities, and cycling infrastructure (Drawdown, 2017).

The UN recently declared that we have to reduce global carbon emissions by 45% by 2030, in order to keep to within safe limits (1.5°C), with a target of zero emissions by 2050. This requires urgent, large-scale action with an estimated annual investment of 2.5% of global GDP (IPCC 2018).

Please share this analogy widely to help save 'Patient Planet'.

Concept adapted from work by Dr Joanna Nurse (Strategic Advisor to InterAction Council).

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Migrants' Health: new perspectives from a Symposium in Amsterdam

Giulia Gherardi, MD

PH resident University of Bologna, Italy

“Challenges and realistic Solutions to Migrant Health Burden in Europe” has taken place in Amsterdam 12 July 2019. Amsterdam Public Health-Global Health Section within the Amsterdam UMC (University Medical Centers) has organized this symposium.

The seminary started at 9:30 AM in a stunning Mennonite Church in Singel Street and ended at 6:00 PM with a celebration for the recent “full Professor title” of Professor Charles Agyemang.

In the morning three keynote lectures has been presented by leading scholars in the field of ethnicity, health and migration, including Prof. Raj Bhopal (University of Edinburgh), Prof. Allan Krasnik (university of Copenhagen) and Prof. Karien Stronks (Amsterdam UMC, University of Amsterdam).

The first presentation has dealt with risk factors, both genetic and environmental, for diabetes type 2 among South Asian population living in Amsterdam. The result imputed, as a major risk factor, the lifestyle and the particular way of cooking at very high temperature that concentrate



trans-fat acids. On the other hand, the second and the third lectures have been broader, addressing the important role of inequalities and social determinants on migrants' health.

They strengthened the need of improvement cultural competence of health services as well as the creation of target programs for selected population.

After the lunch, PhD students of UMC presented some thriving researches about the burden of chronic non-communicable diseases among migrant population. Some of them has been extremely specific (metabolism and molecular pattern) and mostly based on the South Asian community, which is the more representative in the city of Amsterdam.

In the end, a Round Table Discussion has been carried out with the keynote speakers. This dynamic interaction pointed out that we need a system

thinking with inclusive intervention designs with community engagement and stakeholder participation in order to develop achievable and realistic solution to this issue.

Professor Agyemang' celebration has probably been the best part. To honor also is Ghanaian origin he presented a wide interesting lecture "Healthy Migrants, Healthy Society" about migration and all its aspects.

Personally, this attendance has been a pleasure. Especially noticing that UMC really cares, allocates resources and promotes research in migrants' health, as it is seriously considered an important public health issue.

Celebrating the European Immunization Week in Lisbon

Margarida Paixão, Rita Martins, Maria Etelvina Calé
Public Health Unit of Amadora, Portugal

The World Health Organization proclaimed the European Immunization Week from the 24th to the 30th of April 2019. As an organised campaign, this week aims to get the debate going on the benefits of vaccination amidst ever-growing anti-vaccination movements. In order to do so, this year the theme "vaccine heroes" was chosen framing the conversation in a positive note, highlighting the work of professionals and everyday people who have contributed to make the world safer for the last decades¹.

Portugal has traditionally enjoyed high rates of coverage, and is the European country with the highest confidence in vaccines³. Nonetheless, in an increasingly global world, anti-vaccination movements in other

countries represent challenges for both the transmission of infectious agents and ideas not corroborated by science.

In Portugal, the main celebration was held in a suburban town of Lisbon, Amadora, on the 30th of April. In the presence of the main national figures in Health and with the Mayor of the City Hall of Amadora, a look was given to how vaccination efforts have developed in the country since the creation of the National Program of Vaccination in 19652 and the successes achieved so far and future challenges.

The morning ceremony started with series of speeches by both the representatives of the national public health institute and local authorities. The Portuguese General Director of Health, Graça Freitas, started by underling the



importance of partnerships in the success of the national vaccination programme, stating that only with the cooperation between schools, local authorities and health such achievement was possible. Graça Freitas emphasized that many people who are now children caregivers, never actually experienced some of the diseases people are being immunized against, as such, some complaisance is to be expected from this generation. Thus, is now more important that ever to advocate for vaccination. Furthermore, the General Director of Health recalled that vaccination is also an act of solidarity, as it protects those with contraindication to vaccination.

This first part of speeches was followed by the signing of a protocol between the National Directorate of Health 13 city halls of the metropolitan area of Lisbon to start a movement for city halls to be ambassadors of vaccination. This means

they would actively get involved in pro-vaccination movements.

In the afternoon, the General Director of Health and the president of the City Hall visited a mobile unit deployed to vaccinate in a local neighbourhood with typically lower coverage rates of vaccination. This was used to demonstrate both the value of mobile units for vaccination and the efforts of local healthcare personnel and non-profit organisations who work daily to try to reach communities and ensure protection through vaccination.

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Survey of the current state of public health emergency management teaching in italian schools of specialization in hygiene and preventive medicine among medical residents

Dott. Stefano Greco, MD. Resident in Hygiene and Preventive Medicine at the University of L'Aquila, Co-ordinator of the Consulta SItI's working group of Emergency Management and Disaster medicine.

Dott. Francesco Rosiello, MD.

Dott. Antonio Vinci, MD. Resident in Hygiene and Preventive Medicine at Università di Tor Vergata,

Dott. Mario Muselli, MD. Resident in Hygiene and Preventive Medicine at University of L'Aquila

Abstract

Following the institution of the working group on Emergency Management and Disasters Medicine within the Italian Advisory Body of Medical Residents in Hygiene, Preventive Medicine and Public Health (Consulta SItI), an official body of the Italian Society of Hygiene, Preventive Medicine and Public Health (Società Italiana di Igiene, Medicina Preventiva e Sanità Pubblica, SItI), a survey on preparedness, knowledge demand and professional interest on disaster medicine among residents in public health has been conducted. 96 out of about 500 interns

answered the survey.

From the answers it can be affirmed that, despite growing attention on the matter (especially due to the numerous nefarious events that afflicted Italy in the last 10 years), a very small number of Schools of Specialization dedicate time of resources on the thematic.

Introduction

Italy, during the last 10 years, was afflicted by 5 earthquakes of medium-high intensity (Richter >3) and several floods and/or unseasonal meteorological hazards. These events sum up to anthropic disasters of national relevance, such as the collapse of Morandi Bridge in Genua, interrupting a fundamental traffic road not only for the city and the hinterland, but for the entire national road movements of people and goods.

Materials and Methods

After a first meeting (in person) on the creation of the working group, several online meetings were indicted via skype in order to design a questionnaire to be delivered on all Italian's Public Health (Hygiene) residents.

The final questionnaire consisted of 12 Items, based on a 6-steps increasing scale (0-5), yes/no answers and open ones. It was host on Google module and diffused to all Schools, whose interns had ample time to answer to (one month).

Results

96 out of 500 interns answered the questionnaire, from 26 out of 35 schools. Overall compliance was of 19,2% for interns and 74,2 for schools.

The answers, shown in figure 2, were as follow: 79% declared they never attended any activity on emergency management in public health; 93.8% is not satisfied by the space reserved to the thematic in their School; 75% declared to be interested in the thematic (scale score ≥ 4); 80% declared they never attend to any course on the matter and 86% that their university did not have any Master active on the thematic.

As per sources of information, 58,9% declared they look for information on courses and congresses, with a strong interest on workshops, simulations, and formative events.

Last but not the least, 81,3% declared absence of a sharing policy for confrontation and experiences exchange among Schools from clinical areas.

Strengths and Limitations

Unfortunately, number of respondent residents was only a fraction of the total resident number, most likely those who already had a keen interest in the matter. This could have lead to a selection bias, at least on the interns' interest section; it must be noted, however, that this has no repercussions on the study section regarding presence of specific courses or masters, since this does not depend from the number of participants.

Also this did not influence the statistics covering information sources either, since those who have no interest are not expected to have a source of information at all.

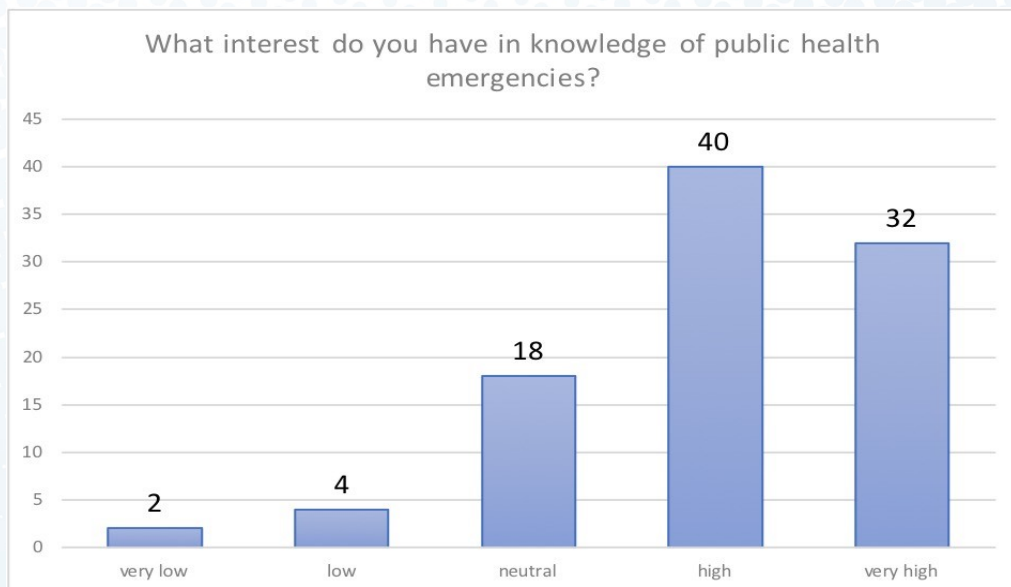


Figure 10. Some results concerning public health emergencies knowledge.

Is there a teaching in your school concerning the management of emergencies in public health?

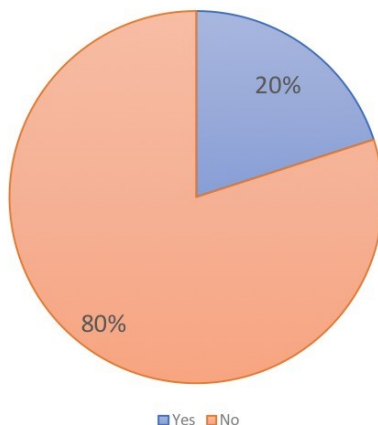


Figure 11. Results showing the differences in public health emergencies management in public health schools.

Discussion

An analysis of answers shows that there is high interest on the matter by Italian residents, but unfortunately such interest is not always met by the courses held in the respective Specialization Schools. Henceforth, the authors believe it is opportune to allow an enrichment of the formative portfolio of Italian interns, and that this should be reported in all opportune environments, in order to answer to the formative demand hereby emerged.

All the members of the Working Group actively help Stefano to realize this project.

Acknowledgements

The survey was conducted by Dr. Stefano Greco, MD, resident from L'Aquila University and co-ordinator of the Consulta SItI's Emergency Management and Disaster medicine working group.

The Formation of the German Network of Young Professionals in Public Health (Nachwuchsnetzwerk Öffentliche Gesundheit): Reflecting transformative change in Public Health in Germany

Kerstin Sell on behalf of the Network

A wave of transformative energy has been building up in Germany's Public Health community over the past years. After the 2015 Leopoldina report powerfully presented the necessity for reform in Germany's Public Health institutions and academic landscape, along with the country's politics and policies, the actors in the Public Health community have joined forces to work towards a new Public Health strategy for Germany. The conference Zukunftsforum Public Health (Future Forum PH) has been critical in facilitating community networking, interdisciplinary exchange of perspectives and preparing a road map for the strategy development.

At the second Zukunftsforum Public Health in December 2017, early career public health professionals, students, and researchers sought to find a medium to connect with each other, network, discuss and work on common interests. This led to the formation of the German Network of

Young

Professionals in Public Health which we would like to introduce here.

Initially, the network consisted of an informal mailing list that anyone who self-defined as a young person with an interest in Public Health could join after review by the moderators. News about the network was shared by word of mouth, but as the network became more formalised, new members were informed about its existence through publications and the visibility of public engagement of the network.

In addition to the email exchange, regular conference calls were established, a network statute was adopted, a corporate design and a homepage were launched, and a coordinating committee was elected. Within the first months of the network's existence we published an article about our perspectives as young professionals on Public Health in Germany with a focus on necessary reforms in Public Health education and training (Akçay et al. 2018). Careers in Public Health have been an ongoing topic in the network as the urgency to reform Public Health education in



Germany has become very clear through the exchange of the network members' experiences.

At the third Zukunftsforum conference in January of 2019, participation of young professionals and students had increased remarkably. A network meeting was organised for the day following the conference to enable reflection about our role as Young Professionals in Public Health at the conference and within the German Public Health landscape. The network meeting also offered the opportunity to continue brainstorming and discussing the Zukunftsforum's main topic: the new Public Health strategy for Germany. From the brainstorming process we were able to derive recommendations for the strategy development from our perspective, which we subsequently published on our homepage. An executive summary of this paper has been accepted for publication recently.

While our network is growing and facilitating exchange, cooperation and a platform for discussion among young professionals in Public Health in Germany, it is also still evolving and diversifying. We hope to be able to report on further interesting projects and initiatives in another EuroNet Newsletter in the future.

As our homepage is in German, please feel free to contact the speakers of the network sprecher@noeg.org for more information.

Reference:

Akçay et al., Public Health in Germany from the Perspective of Young Professionals. *Gesundheitswesen* 2019; 81(03): 176-181. DOI: 10.1055/a-0795-3477. (Article in German)

INFOGRAPHIC

Purpose: to analyze the burden of disease attributable to injuries and what we know about programs to control and reduce the impact of injuries. Focus not only on the “what” but also on the “how”.

Ana Regina Serra Sá
2nd year resident, Portugal

The following pages were designed as an infographic.



INJURIES

[BURDEN AND PREVENTION]

DEFINITION

Injury is the physical damage that results when a human body is **suddenly or briefly** subjected to **intolerable levels of energy**, in a short period of time or an **impairment of function** resulting from a lack of one or more vital elements, such as oxygen.

SOURCE

- mechanical
- radiant
- thermal
- electrical
- chemical



does not include

conditions that result from continual stress, such as chronic back pain, mental disorders or poisoning due to infections.

"WHO I Injury surveillance guidelines," WHO, 2014.

CLASSIFICATION

22nd and 23rd chapters of the International Statistical Classification of Diseases and Related Health Problems, **eleventh edition (ICD-11)**

unintentional (i.e. accidental)

intentional (i.e. deliberate)

traffic collisions and incidents at home, work and in sports



interpersonal violence and sexual abuse, collective violence



WHO | "ICD-11 - Mortality and Morbidity Statistics." [Online].

BURDEN OF DISEASE



men, in the phase of adolescence and young adults, and in low Socio Demographic Index (SDI) countries

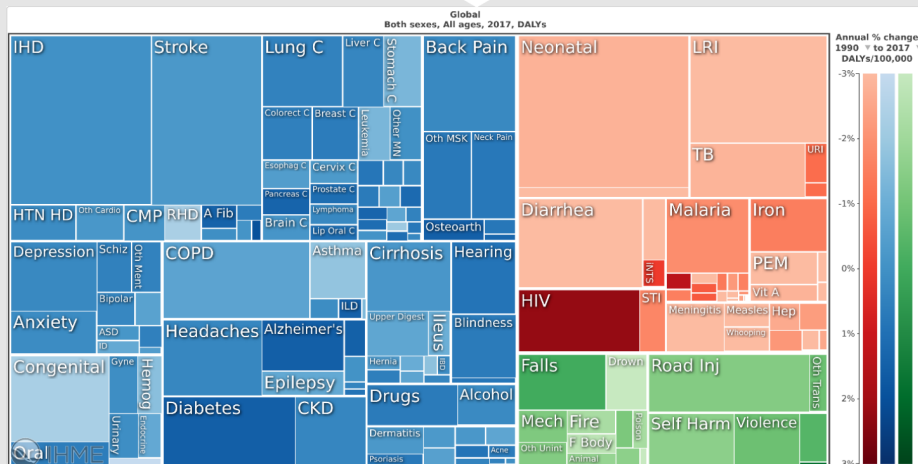
has been decreasing globally, but still accounts for a large part of the global burden of disease



in both sexes and all ages road injuries are the most common cause contributor for the problem

14 000
people die daily

WHO | "The magnitude and causes of injuries," 2014.



Global Burden of Disease, World, 2017. (Blue: non-communicable diseases; Red: communicable, neonatal, maternal and nutritional diseases; Green: injuries). Source: IHME | "GBD Compare | IHME Viz Hub." [Online].

3RD In 2017, injuries were the 3rd in the rank of groups responsible for the Global Burden of Disease

252 405 616 Disability Adjusted Life Years (DALYs) (10.11% of total DALYs)

SYRIA Top of the rank
250.46 deaths/100 000 inhabitants caused by injuries (39,76% of total deaths, from which 36,13% were due to conflict and terrorism)

YLD Years Lived with Disability (YLDs)
From injuries were largest between ages 20 and 69 years and in males, with the exception of sexual violence, that is largest in women.

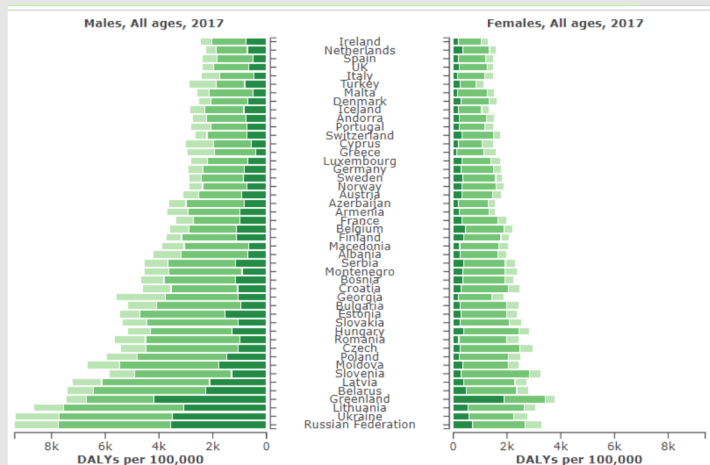


1ST falls
2,86% of total DALYs

2ND self harm
1,95% of total DALYs

3RD road injuries
1,89% of total DALYs

Global Burden of Disease, European Region, 2017. Source: IHME | "GBD Compare | IHME Viz Hub." [Online].



Injuries Burden of Disease, Europe, 2017. (Light green: transports; Green: unintentional injuries; Dark green: self-harm & violence). Source: IHME | "GBD Compare | IHME Viz Hub." [Online].



Multisectorial approaches are effective preventing injuries and violence, which makes imperative the involvement of the health sector within governments, civil society, transportation, urbanism, built environment, work policies, education, among others.

WHO, "The magnitude and causes of injuries," 2014.



Declared in 2010 by the United Nations

Global plan to be implemented from **2011-2020**

Purpose: to stabilize, reduce and forecast the global level of road fatalities by increasing activities at the national, regional and global levels.

Five pillars were: road safety management, safer roads and mobility, safer vehicles, safer road users and post-crash response

PROBLEM

for every 1km per hour increase in speed there is an increase of 3% on the risk of crashing

PROBLEM

seat belts are known to reduce serious injury by 45-65%, making them the most effective road safety intervention

KEY INTERVENTION

Enforcing speed limits
Traffic calming measures
Education and public information

KEY INTERVENTION

Use of enforcement
Encouragement through fines

United Nations General Assembly, "Global Plan for the Decade of Action for Road Safety 2011-2020 DECADE OF ACTION FOR ROAD SAFETY 2011-2020," 2010.



PROBLEM

intimate partner violence and sexual violence are widespread, affect both men and women, and often start early in life

KEY INTERVENTION

Teach healthy relationship skills
Promote social norms that protect against violence
Create protective environments

Nolton, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

PROBLEM

child abuse and neglect

KEY INTERVENTION

Home visitation to parents and children introduce a median reduction of 38.9% in episodes of child maltreatment in high-risk families.

Blukha, O., Hahn, R. A., Crosby, A., Fullilove, M. T., Liberman, A., Moscicki, E., ... Briss, P. A. (2005). The Effectiveness of Early Childhood Home Visitation in Preventing Violence A Systematic Review. <https://doi.org/10.1016/j.amepre.2004.10.004>

PROBLEM

violence negatively affects the health of victims as well as those who witness violence

KEY INTERVENTION

Detect and interrupt potentially violent conflicts
Identify and treat highest risk
Mobilize the community to change norms

Cure Violence. (n.d.). Home | Stopping the Spread of Violence | Cure Violence. Retrieved June 12, 2019, from <http://cureviolence.org/>



PROBLEM

fall injuries are responsible for significant disability, loss of independence, and reduced quality of life

KEY INTERVENTION

Exercise-based Interventions
Home Modification Interventions
Multifaceted Interventions

Stevens JA. A CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults. 2nd ed. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2010.

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News from Erice (ASPHER - Deans' and directors retreat)

Erica De Vita and Filippo Quattrone,
PH residents University of Pisa, Italy

The 2019 edition of the Deans' & Directors' Retreat organized by the European Association of Public Health (ASPHER) was held in Erice (Sicily, Italy), from 26th to 29th of May.

The congress dealt with educational issue in some of the most relevant topics in public health such as vaccinology, digital health, climate change and workforce development.

A parallel session of the congress was dedicated to Italian schools of public health.

It was a unique occasion for Directors and

Residents from all over Italy to discuss together about the status of public health education in Italy.

Erica De Vita and Filippo Quattrone, two members of SItI residents' committee (EuroNet MRPH member), had the opportunity to illustrate the expectations of residents and to propose some solutions

In particular five expectations were highlighted:

- Recognize that the status quo of public health education is unsatisfactory.
- Act for quality standards and homogeneity among all schools of public health.
- Promote collaboration among schools on public health education.
- Adopt innovative technologies and methods in public health
- Involve actively residents in their own education.



More info at: <https://www.aspher.org/deans-and-directors-retreat.html>

In addition, two improvements were proposed:

- 1) to write, with the contribution of all Italian school, a national core curriculum based on ASPHER list of core competencies for the public health professional.
- 2) to develop a e-learning portal where sharing courses among different schools. The proposals found the approval of the presents and the session closed with the institution of a working group, composed by directors and residents' representatives, to promote the improvement of public health education in Italy.



FAQ about EuroNet MRPH

How can I be part of EuroNet MRPH?

- If your country is a member of EuroNet MRPH you can get in touch with your National Committee (National Committee contacts are available on our [website](#)).

How can I be part of EuroNet MRPH, if my country is not an EuroNet MRPH member?

- As an individual you can apply to [EuroNet MRPH](#), but your country won't have voting right in some decisions. But you'll still be able to take action in a lot of issues.

What can I do to collaborate with other Public Health Residents?

- Check the current [working groups](#) on our website. There is also the possibility to propose a new working group and gather a team to work with you. For more information send an email to research@euronetmrph.org.
- If you wish to be even more involved - National commission member, board member, leader - please consider contacting your National Commission. They will give you any information you need.

How can EuroNet MRPH help me to find an European internship?

- Your EuroNet MPRH Internship Lead is

always looking for interesting opportunities for you. On our website you can find a list of placements and universities that you might apply to. For more information or to ask for help pursuing a desired placement please send an email to internship@euronetmrph.org.

Are there any regular meetings that I can attend?

- Yes, EuroNet MPRH organizes 3 international meetings each year. Please check our website and social media for updates on meeting.

Are there any other benefits for me?

- Yes, in some particular congresses and conferences you might have access to special fees. [Sign up](#) for our newsletter to stay updated. Please visit our [website](#) for more information.



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