



A social epidemiology workshop in Central America: Advancing a regional policy on research for health

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Social Epidemiology has as a major premise that health and disease distribution are determined by social interactions and collective human activities.¹

It requires understanding the strengths, weaknesses, opportunities and threats that each society has, and knowledge of the related social and structural characteristics. Social Epidemiology seeks to understand the influence of these factors on population health, and to understand and address the causal mechanisms relevant to health. In this way, public health benefits from the Social Epidemiology approach that provides essential data to inform policies and policy dialogues—those within the health and development sectors, as well as health care, primary prevention, and the development and use of new knowledge.²

As professors, researchers and members of the International Epidemiological Association (IEA) – Latin American chapter and former participants in the IEA 4th International Course on Epidemiological Methods held in Lima, Peru in May 2012, we felt the need to disseminate knowledge and strengthen academic networks, using Central America as a starting point. Countries in the Northern Triangle—El Salvador, Honduras and Guatemala—have worrisome inequalities in their health and social systems that perpetuate poverty and make them lag behind other countries. Importantly, they also need a cadre of epidemiologists to guide health, science, and other development policies. Much of the research in Social Epidemiology happens in academic environments that are not even based in the Central American countries,³ as a result of being out of the context,

usually without inputs from decision-makers, consumers, and other stakeholders who can bring key insights and perspectives that complement the research process and policy development. There is a perceived paucity of opportunities to build a critical mass of trained experts through training placements for researchers from the Americas, on these issues.⁴

Based on the experience of a prior Social Epidemiology workshop at Harvard University in 2009, we designed a workshop geared towards increasing these capacities in Latin America. A suggestion then, was to apply theoretical frameworks that helped explain social and health inequity and inequalities. The proposed agenda considered four main aspects of Social Epidemiology: theoretical evolution; methodology; current trends in

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research and; interventions contrasting trends and frameworks between North America and Europe versus Latin America. The latter aspect was inspired by Krieger's remarks focusing on aspects of process, history and embodiment.² One of the goals of our workshop was to understand lessons learned in different scenarios to create a benchmark to guide future analyses and interventions.⁵⁻⁷

We also considered the mandates, guiding principles, goals and objectives, and implementation considerations in PAHO/WHO's Policy on Research for Health (CD49/10)⁶ which has been approved for implementation in PAHO (Member States and the Pan American Sanitary Bureau) in 2009. This policy determines the need to strengthen national health research systems, which is fundamental to attaining health with equity. It calls, among other things, for the development of research agendas and the development of capacities and strategies to seize the benefits of research for health, with equity. Social Epidemiology plays a key role in several of the policy items and has been a key topic also in the discussions held at the Latin American Conferences on Research and Innovation for Health, as reflected in the conference reports.⁷

This conceptual and methodological approach allowed us to assemble a wide series of international experiences and methodologies in Antigua Guatemala from November 17 - 20, 2015 with more than 50 highly recognized professional experts and leaders in Social Epidemiology traveling from at least 14 countries; the workshop was entitled SEWAG (Social Epidemiology Workshop Antigua Guatemala). SEWAG participants engaged in a rich and ongoing exchange of ideas about social determinants of health and their relevance towards improving population health. The workshop built on the concept of research for health, as presented in PAHO's Policy, hence understanding contributions beyond the health sector.²

Workshop participants identified the trends and some research needs for Latin America, and reached conclusions such as:

1. There is a need for a regional research center on Social Epidemiology, and to strengthen national research for health systems.
2. The approach of implementation science can be a fundamental contribution to improving health research in the region.
3. There is a need to map the regional resources available to date on social epidemiology, public health and research for health, in order to take full advantage of them as these spaces for opportunities arise. The mapping tools should allow real time information and build on the tools that enable participation and quality data built around social media and other strategies that allow capturing valid information in real time.
4. The importance of supporting champions: identifying national research for health leaders that feed national maps of resources using tools such as the Health Research Web, support these health professionals through constant training and *Train the Trainer* courses in their own countries.
5. The relevance of communication tools and social media, such as social networks to accrue and disseminate knowledge, research interests, opportunities, exchange of ideas, academic exchange, and collect real time data.
6. A follow-up to SEWAG to build on the momentum achieved throughout the meeting.
7. The need to build a cadre of experts with the know-how, networking, partnerships and drive needed to integrate research knowledge with policies for health and development.

As pointed out before, it is very important to "socialize" research efforts among all public health actors, first of all to share findings and improve decision-making and, as a next step, to avoid research waste.

In summary, we understood that priorities have to be defined as soon as possible, and be framed around existing regional policies. This involves an understanding of all the factors involved, including



political, socio-economic, cultural etc., that promote equity in the region, especially in Central America, through robust functional health research systems. It also means recognizing the present needs and weaknesses of these systems, the limitations in access to knowledge, and the need to build a cadre of experts, as well as to establish a wealth of opportunities to develop and support human resources with expertise in implementation sciences such as Social Epidemiology.

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REFERENCES

1. Oakes JM, Kaufman JS. *Methods in social epidemiology*. San Francisco, Calif.: Jossey-Bass; 2006.
2. Krieger N. Theories for social epidemiology in the 21st century: an ecosocial perspective. *International Journal of Epidemiology*. 2001 Aug 1;30(4):668–77.
3. Kaufman JS, Mezones-Holguin E. Una epidemiología social para América Latina: una necesidad más allá de la reflexión sobre la inequidad en salud [editorial]. *Rev Peru Med Exp Salud Publica*. 2013;30(4):543–6.
4. Scientific and technical journal articles by country 1981 – 2015, World Bank, <http://data.worldbank.org/indicator/IP.JRN.ARTC.SC>
5. Barata RB. *Epidemiologia social*. *Revista Brasileira de Epidemiologia*. 2005;8(1):7–17.
6. Pan American Health Organization. Policy on Research for Health. Proceedings of the 49th Directing Council of PAHO, 61st Session of the Regional Committee of the WHO for the Americas, 28 September-2 October 2009. Washington, DC: PAHO; 2009. (Document CD49/R10).
7. Reports of the Latin American Conferences on Research and Innovation for Health (<http://www.paho.org/LACRIH>):
 2008
http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=17305&Itemid=270&lang=es
 2009:
<http://www1.paho.org/hq/dmdocuments/2010/followUp-1LA-cuba2009.pdf>
 2011:
http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=20414&Itemid=270&lang=en