

# Health Promotion and Protection

Health promotion aims at giving individuals the ability to take decisions that will give them a sustainable healthy life. It includes activities designed to inform the public about possibilities for individual decision-making and to foster citizens' responsible participation in community-level activities designed to protect their right to health. This approach intends to eventually attain equity in health and, to that end, it

Info

information

Developing healthy communities and healthy spaces relies on the use of information to empower individuals to take charge of their lifestyles and well-being.

promotes a healthy paradigm throughout a person's life, including in places where people gather and develop.

Within this context, PAHO in 1998 worked to gather information on marginated social sectors, as a way to find the most appropriate health interventions that could become the basis for programs and activities that foster equity in health care and the adoption of healthy lifestyles.

### HEALTHY COMMUNITIES AND HEALTHY SPACES

The Organization, which spearheaded the healthy communities and healthy spaces initiative in the Region, continues to play a leadership role as it works with new partners such as the World Bank, USAID, UNICEF, FAO, and the ILO to put the initiative in practice. Encouraged by the success of cooperation projects already under way, PAHO continued to work on the initiative's development, emphasizing technical cooperation designed to set up "health promotion schools" and "healthy *municipios*." The initiative relies on the use of information to empower individuals to take charge of their lifestyles and well-being, both of which are key components for health. It also focuses on strengthening *municipios* so they can elicit the community's full participation at the local level and can engage the participation of other sectors and of schools. The comprehensive development of schools represents a key element in turning children into healthy adults.

Both components strengthen decentralization and health sector reform by collecting local information that can be used for diagnosis and programming, and disseminating that information as an essential tool to attain those objectives. PAHO provides a forum for the exchange of information and supports the adoption of recommendations that emerge from that exchange.

PAHO cooperated with the Second Meeting of the Latin American Network of Health Promoting Schools, which brought together representatives from 27 countries of the Region to share experiences and materials. Two types of materials were made available during the meeting: 1) conceptual-functional information inputs, which include evaluation and diagnosis documents aimed at existing health promoting schools and mechanisms for identifying needs for establishing new ones; these have already been put in place in Bolivia and Costa Rica and 2) a mechanism for monitoring health risk behavior in youths and adolescents that has been adapted and is already in use in Argentina, Brazil, Chile, Costa Rica, El Salvador, Mexico, Nicaragua, and Panama.

Both materials collect and analyze data in order to produce information that can be used to identify and measure inequities in the overall quality of education and students' access to health promotion information.

A Web site was designed to disseminate information about the initiative, and it included a questionnaire targeted to schools and another

aimed at the national network, which were destined to coordinators of National Commissions for Health and Education in the countries.

The healthy *municipios* movement developed two types of mechanisms for collecting data at the community level. One is designed to identify the most important activities in the sphere of health, as a way to advance the establishment of a healthy *municipio*; the other will assess local needs. This material was tested in Bolivia, Costa Rica, Chile, Colombia, Guatemala, and Venezuela. The analysis of these local policy information mechanisms will allow health inequities to be identified and measured, and the impact of the strategy to be evaluated in specific *municipios*. PAHO supported the formation of the Latin American Network of Healthy *Municipios* and Communities, as a way to bring together experts to develop a consensual model for evaluating the process and the effect of the healthy *municipios* strategy in the Region.

## REPRODUCTIVE HEALTH

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PAHO has worked intensely in revising its information system on reproductive health. In collaboration with the Latin American Center for Perinatology and Human Development (CLAP) and the Centers for Disease Control and Prevention (CDC), the Organization began to develop a user friendly software to facilitate analysis and suggest interventions using the Perinatal Information System record form. By merging the database advantages of the Perinatal Information System with the analytical tools of EPI 2000 (statistical analytic software developed by CDC), this program uses the best of both systems to address country needs.

The program will be able to extract information for decision makers from data already being collected in the Region. Moreover, this information will permit countries to discriminate between individual clinical cases and population trends and services, as well as to show social determinants. In so doing, it will enable inequities in access and quality to be identified. It also is important to note that the use of this system will encourage the Region's health paradigms to shift and will assist the countries to address their changing health profile. The software will focus on morbidity and mortality, and will emphasize a new model of reproductive health attention.

The use of various sources of information has enabled the Latin American Center for Perinatology and Human Development to analyze the perinatal and maternal health situation in the Region and disseminate recommendations to improve it. On the one hand, the Center developed a database with information supplied by all the countries, whose analysis was used to determine the leading factors linked to maternal and perinatal health. On the other, it evaluated various maternal and child health practices.

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A critical bibliographic review and joint research determined which of these practices were beneficial and which were harmful. The Center widely disseminates these determinations in scientific publications and its bulletin, as well as by participating in international scientific events. In an effort to more widely establish the good practices, the Center gave courses on developing test-based norms. An in-depth analysis conducted by the Center has led to the determination of maternal and child health priorities for the Region.

### HEALTH AND DEVELOPMENT OF ADOLESCENTS AND YOUTH

PAHO believes that the health and development of adolescents (10–19 years old) and youth (15–24 years old) are key for the social, economic, and political development of the Region's countries. Adolescents' needs and rights are not always considered as priorities in the governments' public policies or in the health sector's agenda. It is essential to gather information on the health status of this often overlooked group that suffers from many health inequities; it will be a challenge to include this information within public agendas and regional policies.

In response to this challenge, the Organization evaluated national adolescent health programs, and the information gathered enabled it to draft the 1998–2001 Plan of Action, which contains strategies and lines of action on adolescent health and development in the Americas. The Plan also helped fill the need for disaggregated data on adolescents and youth; this was stipulated in Resolution CD40.R16, adopted by the XL Directing Council of PAHO, which urged Member Governments to strengthen health information about this group.

PAHO also designed an analytical tool for examining the health status of adolescents and youth, which encompasses a computerized database for information updated at the local, provincial, and regional levels. This database was programmed to be initially used at the national level in Costa Rica, the Dominican Republic, and Venezuela.

The Organization continued to cooperate in gathering information on juvenile violence through the multicentric study on attitudes and cultural values about violence, known as ACTIVA. This multicountry project to diagnose violence led to the development of a database on juvenile violence, which, in turn, led several of the Region's countries to consider the issue as a priority and to launch concrete actions.

During the period under review, a critical aspect of cooperation involved the dissemination of knowledge on the health and development of adolescents and youth through many publications and electronic formats that were in great demand throughout the Region.

**It is essential for public agendas and regional policies to incorporate information on the health status of adolescents.**

## AGING

The development and strengthening of programs to promote the health and well-being of older persons was a key component of PAHO's technical cooperation. To this end, the Organization endeavored to develop information systems on health and aging for policy makers and contributed to enrich the Region's body of knowledge on aging from different perspectives.

In conjunction with the United States National Institute of Aging and the United States Census Bureau, the Organization published English and Spanish versions of a wall chart showing projections on aging for the 21<sup>st</sup> century. The chart includes demographic data, basic indicators, and projections of the aging of populations by gender and age cohorts for each country in the Americas. The chart was distributed throughout the Region and was also made available in PAHO's web page.

A set of key indicators for documenting the health and well-being of aging people was developed. This data is indispensable for documenting inequalities in health and aging among different population groups, as well as inequities in the distribution of resources to different cohorts of older persons. While some of the key indicators were part of PAHO's core data, others will need to be obtained in order to develop a comprehensive diagnostic picture of the situation of older persons.

The Organization developed and began to implement a multicenter study on health, well-being, and aging, known by its Spanish acronym SABE (Salud, Bienestar y Envejecimiento). This was the first epidemiological study of older populations to produce a database of comparable information across eight urban areas in the Region, and it will provide the foundation for the development and monitoring of health and social policies for older persons in the Region. The participating countries (Argentina, Barbados, Brazil, Chile, Cuba, Costa Rica, Mexico, and Uruguay) are still collecting data. SABE provides a comprehensive analysis of the current health status and health conditions of this age group. The study also will provide an understanding of how these conditions are associated with different social and economic determinants: at the macro level, SABE will help identify how the various social, political, and economic factors in the Region associate with the health and wellbeing of older persons; at the micro level, the data collected on the eight urban centers will help show the relationship between different socioeconomic status, lifestyles, gender, and age cohorts with health and quality of life in the older population. The study also provided a research package that included a detailed protocol with a well-developed and tested survey instrument, data collection manuals, and software for analysis of data that could be used by every country in the Region.

A database of national policies, plans, and programs for older persons also was developed, and by the end of the year, interviews had

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been carried out with 15 countries. The complete database will be available on PAHO's web page by the end of 1999.

PAHO believes that an information system on geriatric care for the continuing education of health care professionals is essential for the development of quality services. To that end, the Organization—in collaboration with the Novartis Foundation—developed a series of information manuals and a distance learning package that is available on the Internet for the use of primary health care teams throughout the Region. The materials originally were made available in English, and will be subsequently issued in Spanish and Portuguese. The *Basic Manual on Geriatric Care for Physicians* was developed and will be published in three languages by the end of 1999. The manuals also will be available in the PAHO web. "A Geriatric Syllabus" for continuing education teaching to practicing physicians treating older persons began to be translated into three languages; it will be disseminated in all Member Countries.

## NUTRITION

Despite the fact that the nutrition information and epidemiological surveillance systems have significantly expanded in the 1970s and 1980s, most of the Region's countries have not yet formulated nutrition related public policies. Several factors are responsible for this—on the one hand, overall, these systems were developed independently of nutrition health interventions, and they have been little used to understand the status of food and nutrition problems; on the other, these systems were glutted with a vast amount of information, and this volume did not foster analysis and made it difficult to disseminate the data. In response, PAHO established lines of cooperation to promote epidemiological surveillance systems for nutrition through the Regional Program and corresponding centers, INCAP, and CFNI.

In 1998, the Organization continued to foster the design of nutritional survey modules, so they could be incorporated into other periodic surveys conducted in the countries, such as housing, family spending, living conditions, health, and demographic surveys. The collection of information through periodic surveys is economical, and also allows the nutritional situation to be analyzed on the basis of the socioeconomic and health information the surveys provide. In this way, the activities undertaken were able to collect up-to-date information about various populations' nutritional conditions and about various changes observed in various periods. As a result, the countries now have information on the prevalence of protein energy malnutrition; iron, iodine, and Vitamin A deficiencies; and breast-feeding practices.

PAHO also collaborated to promote the design of information systems specializing in evaluating the development of activities and their effect in the nutritional situation.

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Working through CFNI and INCAP, the Organization worked to promote the surveillance systems targeting the two institutes' areas of expertise; PAHO focused its efforts in the nutritional surveillance of children 0–5 years old, using weight-for-age measured in standard deviations, as the indicator. In addition, height surveys were institutionalized and periodically carried out in almost every country.

As a way to promote a balanced diet affordable for working families earning the minimum wage, CFNI continued to monitor the cost of foodstuffs and to analyze the content and cost of food in selected countries. Working through the Caribbean Program Coordination (CPC), CFNI organized an international workshop on evaluating surveillance systems; the workshop emphasized the importance of selecting key indicators. CFNI also continued to cooperate in training staff in the application of Epi-Info.

INCAP, for its part, supported surveillance and monitoring systems for micronutrient deficiencies (iron, iodine, and Vitamin A) in El Salvador, Guatemala, Haiti, Nicaragua, and Panama; supported the follow-up of food fortification programs, especially fortifying salt with iodine, sugar with Vitamin A, and flour with iron; and cooperated in developing the above-mentioned nutrition modules to be incorporated into periodic surveys. It also provided support for the promotion of chronic disease surveillance and for procedures to streamline the calculation of the basic food basket and cooperated with the countries' ministries of education in the development of surveillance systems for school feeding programs.

## MENTAL HEALTH

PAHO accorded particular importance to the study of inequities associated with neuropsychiatric disorders. Upon analyzing various epidemiological studies carried out in different communities in the Region, a pattern emerged: the greater the degree of poverty, the higher the prevalence of the disorders. This pattern, which holds for most somatic disorders, also is present with psychiatric morbidity. Several factors, both personal and social, are responsible for that uneven distribution. These results underscore the urgent need to respond to this situation.

Given these inequities, which are present throughout the Region, the Directing Council of PAHO approved a mandate in September 1997, whereby it required the Secretariat to systematically program activities designed to control three types of disabling disorders that occur frequently: mood disorders, epilepsy, and severe mental disorders. In 1988, PAHO responded in two broad ways: by gathering information about the health services as a way to foster their restructuring and make them available to those who suffer the disorders with the highest prevalence, and by using information as the basic advocacy tool in working with Regional and local decision making agencies to attain

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these changes. To this end, the Organization continued to pursue the "Initiative to Restructure Psychiatry in Latin America," which is designed to make available to the neediest population groups a modality of mental health restoration that favors early detection and treatment within a community context. The initiative's strategies protect mental patients' human rights, rely on a gender perspective, and operate within a local framework.

PAHO also began to work on the development of tools and the implementation of activities aimed at controlling mood disorders and epilepsy, targeting women from the poorest sectors. It also launched activities to prevent neuropsychiatric problems that result from child abuse; these problems also show an inverse relation to social class.

Information gathered by studies and surveys led to the development of a database that was used to develop better programs, and it also will serve to evaluate the changes that these programs bring about over time.

### PREVENTION AND CONTROL OF TOBACCO USE

Updated information on tobacco consumption and its consequences in the Region, which shows that tobacco use is the leading preventable cause of death, has caused serious concern in those working in health. In fact, mortality from tobacco consumption has surpassed that from AIDS, accidents, and suicide. Deaths from tobacco consumption in the Region have been estimated at more than 600,000 annually.

Diseases closely linked to tobacco consumption, such as cancer of the bronchus, lung, and larynx; cardiovascular diseases; and chronic obstructive pulmonary disease (emphysema), represent 54.2% of the total disease burden in terms of disability-adjusted life years (DALYs). Survey results are alarming, in that they show that approximately one-third of the population older than 15 years smokes.

The scope of the epidemic and economic interests that inhibit actions to combat it are some of the main reasons that hinder finding an effective response to this serious health threat. Moreover, many of the Region's countries do not have enough information on tobacco consumption, and as a result, do not fully understand its effect on their economies and health conditions. Studies reviewed by the Organization in the last three years, as part of a project designed to estimate tobacco consumption's disease burden, show annual incidences of some 18%, and indicate that the age at which smoking begins is dropping, and that incidence doubles between ages 11 years and 15 years.

Given this situation, PAHO considered it imperative to launch a systematic Regional effort to promote various activities to combat tobacco use in the countries and to provide guidance to the governments in car-

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rying them out. Activities included implementing programs and adopting policies and legislation to fight tobacco consumption, supporting research, launching educational activities to prevent smoking initiation, supporting smokers who want to quit, and protecting non-smokers. The 25<sup>th</sup> Pan American Sanitary Conference, echoing recommendations contained in a PAHO report on the prevention and control of tobacco use, issued Resolution CSP25.R12 during its September 1998 meeting. The Resolution requested Member States to protect children and adolescents by regulating tobacco advertising, enforcing laws and ordinances aimed at eliminating the sale of tobacco products to minors, and establishing effective prevention programs; it also asked them to designate a staff member or unit to handle interministerial coordination of the smoking prevention and control national programs and to prepare a plan of action with educational, legislative, regulatory, and fiscal components. Moreover, the Resolution recommended that the Organization step up its efforts to mobilize financial resources to support and strengthen regional smoking control programs.

In response to these recommendations, PAHO undertook various activities, such as training staff in charge of anti-smoking programs; applying methodologies aimed at discouraging children and youths from starting to smoke; and executing a program to develop legislative capabilities in the countries, with the collaboration of Latin American parliaments. It also created a Web page on tobacco use, which will be able to disseminate updated information on the issue and will support regional activities for World No-Tobacco Day.

## HEALTH COMMUNICATION

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PAHO emphasized the development of effective communications programs to achieve equity in health and in access to health information. To this end, PAHO's technical cooperation worked with governments, social security agencies, and universities to implement and evaluate health communications programs that target children and adolescents, as well as safe motherhood and other issues that encourage healthy lifestyles in individuals and communities. Most of these programs incorporated both mass media and interpersonal communication strategies as a way to reach the largest possible segments of the most vulnerable populations. The programs, which were carried out in partnership with many community groups, were implemented at both national and community levels. They emphasized fostering the community's ownership of its health and stimulated such activities as public and private dialogues and debates on health issues. In addition, health communications workshops held in Colombia, Cuba, Ecuador, and Peru brought together participants from those countries and from Bolivia, Chile, the Dominican Republic, Mexico, Panama, and Venezuela.

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**The role of the press  
is key in fostering  
healthy attitudes.**

The Organization continued to work with the Latin American Federation of Faculties of Social Communication (FELAFACS) to identify ways in which faculties of communication, the mass media, ministries of health, and ministries of education could best work to incorporate adolescent health topics in the media. As a result of this effort, adolescent health was established as the central theme for the FELAFACS 1999 meeting.

Results of data gathered on adolescent health behaviors indicate that this group is engaging in risky behaviors and attitudes at increasingly earlier ages. In response, PAHO, with the support of the Kellogg Foundation and the Centers for Disease Control and Prevention (CDC) of the United States of America, initiated a health communication initiative targeting youths 8–12 years of age. As part of this initiative, an educational module to train teachers in media literacy was implemented in collaboration with CFNI, the Jamaican Healthy Schools Programs, and PAHO's CPC office in Barbados.

As a way to promote good communications in health services delivery, PAHO continued to work to incorporate health communications—including communications through the media—in nursing school curricula. This effort is designed to train nurses in the use of the mass media, so they can become effective health communicators with their patients, groups, and the community at large. The influential role of the press in fostering healthy attitudes also was considered of key importance. As a result, in collaboration with USAID, the United States Information Agency (USIA), and the CDC, PAHO started to develop a CD-ROM for journalists that will include strategies for addressing such health-related issues as disaster preparedness, occupational health, HIV/AIDS, and diet and nutrition.