Chronic Disease Prevention & Control in the Americas

Monthly Newsletter of the PAHO/WHO Chronic Disease Program

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Editor-in-Chief: James Hospedales *Copy Editor:* Donna Eberwine *Editorial Staff:* Pilar Fano, Enrique Pérez-Flores, Maria Pico, Suzanna Stephens

Greetings from the Editor

On this occasion of our first anniversary of the Chronic Disease newsletter and the start of 2008, the PAHO/WHO Noncommunicable Disease Unit wishes to extend warm wishes for a prosperous new year.

This newsletter has been our avenue to raise awareness of the chronic disease epidemic and the many initiatives that are being undertaken in our Region to address it. Some of our highlights in 2007 included the following:

- Putting CNCDs on the agenda of all the PAHO Subregional Managers' Meetings.
- Participating in the Caribbean Summit of Heads of State on Chronic Diseases, which led to a declaration "uniting to stop the epidemic of chronic diseases."
- Establishing the Trans Fat Free Americas Task Force and convening the major food companies, who pledged to eliminate trans fat from food supplies in the Americas by the end of 2008.
- Presenting a regional strategy for cervical cancer prevention and control to the PAHO Executive Committee.
- Uniting all the PAHO focal points for chronic disease prevention and control to build a collaborative team on chronic diseases across PAHO headquarters, country offices and centers.
- Convening the chronic disease program managers from ministries of health across the Americas, along with partner organizations, for the CARMEN biennial meeting to plan the implementation of the PAHO regional strategy on chronic disease.
- Collaborating with WHO Headquarters in Geneva on several issues, including the Global Action Plan.

We thank you all for your contributions to this newsletter and for your continued collaboration in chronic disease prevention and control, and we look forward to a productive year in 2008.

Special Feature: Cancer

Celebrate World Cancer Day: 4 February 2008

This year's *World Cancer Day* focuses on the theme of smoke-free environments for children. It will

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direct a simple message to parents around the world: *"Secondhand smoke is a health hazard for you and your family. There is no safe level of exposure to secondhand smoke. Give your child a smoke-free childhood."*

Around 700 million children—almost half of the world's children—breathe air polluted by tobacco smoke, particularly at home. Only 100% smoke-free environments protect children and families from the very serious health problems caused by breathing secondhand smoke.

This global media campaign is being launched by the *International Union Against Cancer* on *World Cancer Day 2008* to increase awareness of the hazards of smoking around children and to mobilize individuals and communities for smoke-free environments for children. The aim is to create a global movement in support of no-smoking environments, with the ultimate aim of reducing tobacco use and cancer risks.

10 Key Findings and Recommendations for Effective Cervical Cancer Screening and Treatment Programs

The United States Congress designated January as *Cervical Health Awareness Month*. In honor of this occasion, we would like to promote the 10 key findings and recommendations from the ***Alliance for Cervical Cancer Prevention*** (ACCP), of which PAHO is a partner.

1. Every woman has the right to be screened against cervical cancer at least once in her lifetime. In low-resource settings, the optimal age for screening to achieve the greatest public health impact is between 35 and 40 years old.

2. Although cytology-based screening programs using Pap smears have been shown to be effective in the United States and other developed countries, it is difficult to sustain high-quality cytology programs. Therefore, in situations where healthcare resources are scarce, resources should be directed towards cost-effective strategies that

are more affordable and in which quality can be assured.

3. Studies have shown that the most efficient and effective strategy for secondary prevention of cervical cancer in low-resource settings is to screen using either HPV DNA testing or VIA (visual inspection), and then treat using cryotherapy (freezing). This is optimally achieved in a single visit and can be carried out by competent physicians and non-physicians, including nurses and midwives.
4. The use of HPV DNA testing followed by cryotherapy results in greater reduction of cervical cancer precursors than does the use of other screening and treatment approaches.

5. Cryotherapy, when conducted by competent providers, is safe and results in cure rates of 85% or greater.
6. Studies suggest that cryotherapy is protective against the future development of cervical disease among women with current HPV infection. Because of this, and due to the low morbidity of cryotherapy, the occasional treatment of screen-positive women without confirmed cervical disease is acceptable.
7. Unless there is a suspicion of invasive cervical cancer, the routine use of an intermediate diagnostic step (such as colposcopy) between screening and treatment is generally not efficient and may result in reduced programmatic success.
8. Women, their partners, communities, and civic organizations must be engaged in planning and implementing services, in partnership with the health sector.
9. For maximum impact, programs require effective training, supervision, and continuous quality improvement mechanisms.
10. Additional work needs to be done to develop rapid, user-friendly, low-cost HPV tests and to improve cryotherapy equipment.

New Global Cervical Cancer Advocacy Coalition

Cervical Cancer ACTION
A Global Coalition to STOP Cervical Cancer

In 2007, the ***Cervical Cancer Action: A Global Coalition to STOP Cervical Cancer*** launched its *Global Call to Stop Cervical Cancer*.

The Global Call to Stop Cervical Cancer

The goal is to raise awareness and galvanize the necessary action to ensure rapid access to life-saving new technologies for women and girls around the world, including HPV vaccines and cervical cancer screening and treatment programs.

The initiative is joined by 13 international organizations, including PAHO, and is being used as an advocacy forum to demonstrate to key policymakers that there is strong global support for ensuring rapid, sustainable and affordable access to HPV vaccines, cervical cancer screening and treatment for women and girls around the world. High-level political events are being organized in an effort to gain endorsement from a broad range of organizations, key opinion leaders and policymakers to demand that donors commit the resources essential to stop cervical cancer.

The Latin American and Caribbean Society for Medical Oncology (*Sociedad Latinoamericana y del Caribe de Oncologia Medica* / SLACOM) organized the meeting ***Stop Cervical Cancer: Accelerating Global Access to the Cervical Cancer Vaccine in Latin America***, which took place in Buenos Aires from 19–20 June 2007. This activity brought a wave of support for this important public health issue in our Region and mobilized support for the global call. Video

To learn more about—and to get involved in—this advocacy coalition, visit their website at www.cervicalcanceraction.org.

Follow-Up on New Cancer Center in Argentina

In last year's October issue, we announced the opening of a new cancer center to treat patients in the province of Santa Fe, Argentina, thus providing them with freer access to services by eliminating the distances they had to travel before. The center is now up and running, much to the satisfaction of the local community:

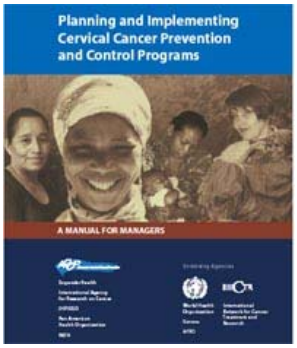
Newly opened Center for Treatment in Oncology in Venado Tuerto, Santa Fe province, Argentina

Source: Dr. Leandro Rozada, Oncologist, Venado Tuerto, Santa Fe, Argentina.

Cervical Cancer Resources for Public Health Professionals

Planning and Implementing Cervical Cancer Prevention and Control Programs: A Manual for Managers

This manual is ideal for health professionals who are developing a new cervical cancer prevention program or who are strengthening an existing program. The manual provides information on how to organize and deliver a program, including how to conduct a needs assessment, how to ***reach women,*** provide counseling support to women, improve quality of care, ***train health professionals***, provide ongoing mentoring, and ***monitor and evaluate the program.*** English | español



Comprehensive Cervical Cancer Control: A Guide to Essential Practice

This WHO publication offers comprehensive practical information to healthcare providers on how to perform screening, diagnosis, and treatment procedures for precancerous cervical lesions.

English | español | français

Progress in the Countries

Findings from Diabetes Project in Mexico

People with diabetes take center stage in their care: *The Veracruz Initiative for Diabetes Awareness (VIDA)*

The Secretariat of Health (*Secretaría de Salud* / SSA) of Mexico has launched the ***National Campaign for Quality Improvement*** to provide better health care for the population. Chronic diseases are of particular importance, because they constitute the leading causes of morbidity and mortality in Mexico. Data from the monitoring system for quality of medical care in Mexico indicated that in 2000, 66% of people with diabetes had inadequate metabolic control. In

order to evaluate a more integrated approach to chronic disease care, the Secretariat of Health, in collaboration with PAHO/WHO, conducted a pilot project in the state of Veracruz.

Diabetes Education

The 13-month intervention consisted of in-service training of primary care personnel on diabetes management and foot care and implementation of a structured diabetes education program. In addition, primary health care teams, which included primary care personnel and staff from the local hospital, were trained to adopt a quality-improvement methodology that allowed them to develop solutions to problems that prevented them and their patients from achieving good diabetes control.

The first step identified gaps and problems in the delivery of care, using a ***diabetes care model*** adapted from the chronic care model developed by Wagner et al. ("A survey of leading chronic disease management programs: Are they consistent with the literature?" *Manag Care Q* 1999, 7 (3): 56-66). The model emphasizes an approach to self-management based on collaboration between the health team and patient with support from the community. The model also emphasizes the importance of clinical information systems to monitor patients, as well as evidence-based guidelines and team-based organization of care.

Once team members identified a specific problem, they jointly selected the most appropriate solutions and planned how to carry them out. These cycles, known as ***Plan-Do-Study-Act*, or P-D-S-A**, were adapted from a methodology used by the Institute for Healthcare Improvement (IHI).

Ten randomly selected centers in the state of Veracruz participated in the project. All of the centers implemented a clinical information system and all patients with diabetes were offered two glycosylated hemoglobin (A1C) tests (baseline and end of project). (The A1C test is not standard in Mexico's health care system.) Five of the health centers were randomly selected to receive the intervention (cases), and the other five participated in monitoring while their patients received usual care (controls). A total of 43 primary care teams (made up of a physician, a nurse and other professionals such as dietitians, nutritionists, psychologists, etc.) participated in the project. The effect of the study was monitored by reviewing the clinical records of 313 patients, 196 in the health centers that received the intervention and 111 who received usual care, before and after the intervention.

Innovations

Primary health centers implemented a variety of innovations, such as the organization of diabetes clinics, collective medical visits for support groups of people with diabetes, training of people with diabetes as health promoters (community workers) to carry out diabetes education in the community, and participation of people with diabetes in the three Learning Sessions that preceded every P-D-S-A cycle.

The number of people with diabetes and good control (A1C < 7) **increased** from 28% to 39% (p=0.01) in the intervention group (cases), while among the patients receiving usual care (controls), the proportion increased from 21% to 28% (p=0.22). At baseline, the mean A1C among the intervention cases was 8.4%, and among controls it was 8.6%. It decreased to 7.9% among people in the intervention group (reduction of 0.5%, p < 0.01, statistically significant) and remained the same (no reduction, p=0.678, not statistically significant) among people in the control group. Documented foot care education increased to 75% among patients in the intervention group, but to only 34% among those in the control group.

Plan: Plan the test or observation, including a plan for collecting data.
Do: Try out the test on a small scale.
Study: Set aside time to analyze the data and study the results.
Act: Refine the change, based on what was learned from the test.

Key Lessons Learned

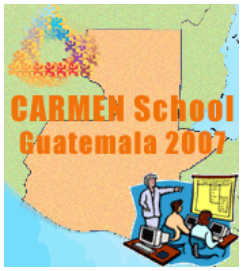
- An integrated approach can improve the quality of diabetes care in a primary healthcare setting.
- The responsibility for health care delivery does not lie exclusively with the physician and the nurse; a well-operating team is fundamental, and

most importantly, the participation of people with diabetes in the decision-making process contributes enormously to successful outcomes.

- The achieved results are not due to a single intervention, but to a systems-based approach based on a combination of patient education, in-service training for primary care teams, a number of other initiatives generated by the participating health teams, and actions taken by people with diabetes and their families.
- The methodology used in VIDA motivated primary care teams to identify their problems and find solutions from within, most of which required few external resources. The participation of people with diabetes was a strategic element incorporated into the methodology—one that is expected to ensure sustainability.

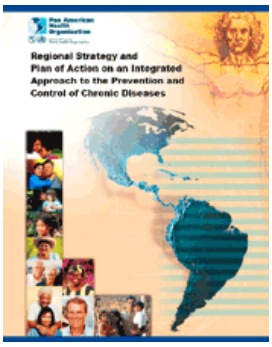
For more details, see the 81-page final report.

Physical Activity and Public Health Course in Guatemala



This was the second CARMEN School course to be held in Guatemala, within the framework of the WHO global initiative ***Move for Health***, which is dedicated to physical activity and public health. The course gathered participants from various health districts (Quetzaltenango and Guatemala City) of the Ministry of Public Health and Social Assistance, (MSPAS), as well as from several universities (Marro, Galileo, del Valle, Rafael Landívar, San Carlos) and municipalities, e.g. all CARMEN demonstration areas (Mixco, Villa Nueva, and Guatemala City), from nongovernmental organizations (NGOs) in the area of diabetes and heart health, and from the private sector.

Physical activity was presented as a protective factor against chronic diseases. The main policy documents consulted were the WHO ***Diet and Physical Activity Strategy*** (DPAS) and the PAHO ***Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases Including Diet, Physical Activity, and Health***. The aspects of urban planning and social and individual responsibility were discussed, as well as tools for monitoring and evaluating physical activity (PA). A session was also held on planning PA projects.



Instructors were from PAHO Headquarters (Branka Legetic of the Noncommunicable Disease Unit), PAHO-Guatemala (Maggie Fisher), the US Centers for Disease Control and Prevention (CDC, represented by Mike Pratt), the University of Tennessee (Gregory Heath), and the *Physical Activity Network of the Americas* (RAFA/PANA, represented by Victor and Sandra Matsudo).

PAHO wishes to acknowledge the excellent support provided by the Ministry of Public Health and Social Assistance of Guatemala, and especially Dr. Judith Cruz.

For more information, see the course agenda.

Visit to PAHO-NHLBI Project in Mixco, Guatemala

As part of the ***Pan American Cardiovascular Initiative*** (PACI): ***Promoting Heart Health in the Americas: Preparing for Success***, PAHO and the National Heart, Lung and Blood Institute of the U.S. National Institutes of Health (NIH/NHLBI) are sponsoring a cardiovascular health promotion project in the municipality of Mixco, Guatemala, that uses using lay health promoters (*promotoras*) as a complement to local health services. In November 2007, Dr. Branka Legetic, PAHO Regional Advisor on Noncommunicable Diseases, made the first visit to the project site.

A group of 25 *promotoras* has been working for some time in the community, providing assistance to families primarily in the areas of maternal and child health. The group has received instruction through APRECOR, a Guatemalan NGO, with supported from the Ministry of Health and Social Assistance (MSPAS) of Guatemala, the Municipality of Mixco, and the Mixco Health Center, following its selection and training provided last May at PAHO headquarters in Washington, D.C. The *promotoras* will be receiving continuing education on topics related to such risk factors for cardiovascular health as tobacco, nutrition, alcohol consumption, and physical activity. This ongoing project includes the adaptation of the manual ***Your Heart, Your Life*** as well as evaluation of the training and of the *promotoras*' work in the community, using the knowledge acquired. The project will last for two years.

Pan American Cardiovascular Initiative (PACI)

Dr. Branka Legetic, PAHO instructor, and course participants

The recent visit provided an opportunity for learning about the commitment of the project team, establishing connections, and learning about the *promotoras*' expectations and how they perceive the organization of their work in light of the project.

Overall, impressions were very favorable, given that the project has stable and committed core and expanded teams and has been advancing as planned in implementation.

Source for the two above contributions: Branka Legetic, PAHO Regional Advisor on Noncommunicable Diseases.

STOP THE GLOBAL EPIDEMIC OF CHRONIC DISEASE

PROMOTE. PREVENT. TREAT. CARE

The PAHO/WHO Chronic Disease Program invites the readers of this newsletter to submit contributions on activities related to chronic disease the Americas. Send contributions (1–3 paragraphs) to Dr. James Hospedales (hospedaj@paho.org) with copy to Pilar Fano (fanopili@paho.org) and Suzanna Stephens (stephens@paho.org). Instructions and criteria can be found on the homepage for this newsletter at the web link below:

http://www.paho.org/english/ad/dpc/nc/cronic.htm