

Chronic Disease Prevention & Control in the Americas



Monthly Newsletter of the PAHO/WHO Chronic Disease Program
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Season's Greetings
Felices Fiestas
Boas Festas
Joyeuses Fêtes



Season's Greetings!

The PAHO Chronic Disease Prevention and Control Team wishes you and your families a wonderful holiday season and a prosperous new year!

The holiday season is filled with many emotions, mostly happy ones that accompany the reunion of family members and holiday celebrations; but some sadness and melancholy comes during the holidays about missed loved ones and another year passed. We wish that your celebrations are joyful and filled with love.

The start of a new year tends to bring a feeling of hope within all of us. And in this year 2009, the Chronic Disease Prevention and Control Team wishes that we can deepen our partnerships and unite for a stronger fight against chronic diseases. We are hopeful that the year will result in many new accomplishments, including the launch of a new private-public partnership in our *Partners*

Forum project. We are hopeful that you will contribute and participate in our collective efforts.

A season's greeting to all of you and safe travels for those reuniting with family.

Silvana Luciani, M.S., Newsletter Team



Greetings from the members and Managers of the PAHO Chronic Disease Team!



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Personal Testimonials: The Human Cost Two Christmases ago ...

Nowadays the Christmas season brings some sadness to our family. Just two years ago, on 22 December 2006, my brother died at age 50 from chronic disease; and on 1 March 1999, my father passed away at age 77 from the same. This all happened in the United States.



In the case of my brother Brian, he developed congestive heart failure as a result of too much alcohol, a problem related to depression that he never managed to either treat or overcome. As a journeyman with the Ironworkers Union, he often had to travel far to find work, paying for secondary housing costs for long periods; he also suffered frequent or prolonged unemployment due to economic downswings. Thus, despite high union wages, Brian's standard of living rarely was above the poverty line, which brought him to the dilemma countless other Americans face: the inability to afford health insurance. With little or no little access to health services, and very few for low-income people, he was rarely able to treat his medical problems and had to rely on whatever public services could offer him—which was never much. If he did manage to get treatment, it was often ill-applied and caused unforeseen damage. In one county rehab program, for example, the approach was to go “cold turkey,” with no attending physicians to handle alcohol withdrawal. My brother went into delirium tremors (DTs) and his heart stopped as a result. Paramedics were able to revive him, though there was permanent heart damage. A couple of years later came the onset of congestive heart failure, which made it nearly impossible for him to engage in the heavy physical labor required of his trade. He would not accept disability benefits, however, because of the fact that it is heavily stigmatized in this work-oriented country and would have destroyed his self-respect. His rationale was “I'd rather work till I drop!”

Eventually he did just that, with such severe brain damage from a withdrawal seizure that he never really came back to us. His children, barely adults, were put under a lot of pressure to withdraw life support, which they chose to do to end his misery, thinking that he would hate being bedridden and unable to communicate.

Am I in denial or did health economics enter into this? I cannot find an answer to this tragic situation. Would my brother's life been different if proper care had been available to him, to support him in treating his depression, making better life choices, and offering care for the medical side of his condition? I believe this might well have been the case, or at the very least improved the odds.

In the case of my father, I think health economics were a very definite factor. He had congenitally narrow arteries and after ten years of hanging on, was told he could choose to die in the near future or undergo open-heart surgery. He opted for life but was only allowed three days of hospital care. Once he was back home, a public-health nurse was supposed to come by daily to check on him, but she never did, despite reports to the responsible agency. He developed pneumonia a week later, was treated in the emergency room, and was sent home once again. The doctors said he had survived the operation well but nonetheless he died within a matter of days. I cannot help but think that if had been a private-pay patient, he might have been provided more inpatient hospital care; but his insurance was based on his social security, which many doctors will refuse to handle and which does not pay as much to the hospitals as other insurance plans might. This is a matter of health policy; in this country, health is very much a commodity.

Woulda, shoulda, coulda Yes, everybody has to die sometime. It's always hard to lose loved ones, no matter what the season. But—in this richest of all countries with undeniable health disparities, inequities, and lack of access to care—could my brother's or my father's lives have been prolonged had adequate care been available to them? I shall never know.



Suzanna Stephens, M.A., Newsletter Team

Progress in the Countries

Argentina Publishes Report on Improving Its Cervical Cancer Program

The PAHO/WHO Country Office in Argentina has announced its new *Publication No. 64, Project to Improve the National Cervical Cancer Program in Argentina—Final Report: Situation Analysis of the National and Provincial Programs* (in Spanish, *Publicación No. 64, Proyecto para el mejoramiento del Programa Nacional de Cáncer de Cuello Uterino en Argentina: Informe final: diagnóstico de situación del Programa Nacional y Programas Provinciales* (Buenos Aires, Argentina, 2008).

The purpose of this report is to take steps towards filling the knowledge gap and to contribute to the mobilization of the social, technological, and economic resources needed to reduce illness and deaths from cervical cancer.



The report presents a baseline diagnosis of how national- and provincial-level screening activities are being organized in Argentina and identifies those components that need to be singled out and strengthened.

El Salvador: AMNET Workshop on CNCD Policy Analysis & Decision-Making

Description: This mini-workshop held at America's Network for Chronic Disease Surveillance ([AMNET](#)) in San Salvador from 12–14 November 2008 was an introduction to public policies and decision-making with emphasis on health, within the context of surveillance, prevention, and control of chronic noncommunicable diseases (CNCDs).



Purpose: This joint activity of the CARMEN School and the CARMEN Policy Observatory had a dual purpose. On the one hand, it attempted to familiarize the participants with the situation in the Americas with respect to CNCDs and existing regional initiatives for their monitoring, prevention, and control. Particularly, it emphasized the objectives and the experience of the CARMEN CNCD Policy Observatory. The workshop also sought to familiarize the participants with several concepts, frames of reference, and instruments related to the design and analysis of applicable public policies at different governmental levels and functions. The workshop underscored the importance of establishing political agendas, structuring policy problems, and coming to a consensus through the discussion of both processes.

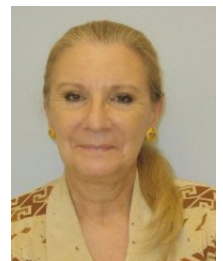
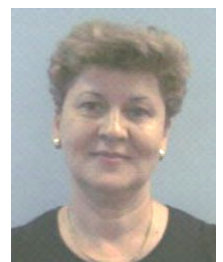


Learning Objectives: To familiarize participants with the current health agenda with regard to CNCDs, corresponding initiatives, and general concepts related to public policy analysis and design.

Approach: The sessions included presentations and discussions.

Bibliography: A list of references for basic supporting information documents was provided in the presentations.

Contact Persons: [Dr. Branka Legetic](#) (photo top right), PAHO Chronic Disease Team, Health Surveillance and Disease Prevention and Control Area; and [Dr. Cristina Puentes-Markides](#) (photo bottom right), PAHO Policy, Regulation and Financing Team, Area of Health Systems and Services Area.



The **agenda and presentations** (in Spanish) can be found on the [meeting website](#). For the presentations in English, see the [Barbados meeting](#) held last year.

Source: Branka Legetic, PAHO CNCD Team.



Announcements

New PAHO Book Reveals Ties between Excessive Consumption of Alcohol and Domestic Violence

We know that drinking too many alcoholic beverages is a strong risk factor for chronic disease. However, it can be destructive in other ways

A new Pan American Health Organization (PAHO) book provides evidence from 10 countries that excessive alcohol consumption is associated with increased risk of intimate partner violence among men and women.



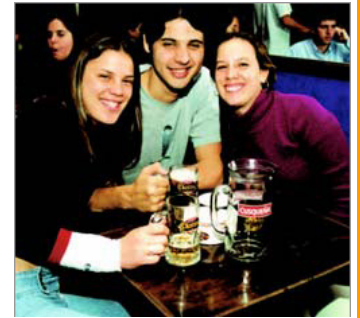
The book, *Unhappy Hours: Alcohol and Partner Aggression in the Americas*, was launched during a Dec. 4 event at PAHO headquarters marking the International Day for the Elimination of Violence against Women.

Research results reported in the book show that excessive alcohol consumption is associated with increased risk of both victimization and perpetration of intimate partner violence for men and women. The link is primarily with consuming large amounts per occasion; there is no consistent pattern linking intimate partner violence with frequency of drinking. Male partners were more likely to be drinking at the time of aggression in countries where drinking is relatively infrequent and where those who drink consume larger amounts per occasion, a pattern typical of most countries of the Americas.



The countries in the study were Argentina, Canada, Costa Rica, Brazil, Belize, Nicaragua, Peru, Mexico, Uruguay, and the United States.

A key finding in the book is that while men can be victims, women suffer more from intimate partner violence. They report more severe aggression and greater feelings of fear and anger than men, and are more likely to seek medical attention for their injuries.



“The book’s message is clear,” said PAHO Director Mirta Roses.

“Effective policies to decrease excessive, harmful alcohol consumption in a population will have a beneficial impact on the rates of violence against women.”

“We should reduce all violence, against both men and women, but women should be our highest priority since they suffer the most from intimate partner violence,” said Dr. Kathryn Graham, of Canada’s Centre for Addiction and Mental Health (CAMH) and co-editor of the book. She also said the research suggests that public health interventions should focus on prevention and deterrence, not just services for victims.

Alcohol policies that curtail overall alcohol consumption, such as price/taxation, regulating marketing and the hours and points of sale, can have an impact on the relationship between alcohol and domestic violence, the book showed. A study in Diadema, Brazil, showed that reducing hours of sale of alcoholic beverages resulted in 30 percent fewer police calls related to violence against women.

“In view of the evidence regarding the relation between alcohol consumption and domestic violence, effective policies should be promoted to reduce strong episodic alcohol consumption as an integral part of policies and programs to reduce domestic violence. Beyond the level of development or culture, it is clear that there is a need for action to address alcohol-related domestic violence,” wrote Dr. [Maristela Monteiro](#), PAHO senior advisor on alcohol and substance abuse, (photo to right)



and [Marijke Velzeboer-Salcedo](#), PAHO regional advisor for gender, ethnicity, and health (photo to right).



Analyses from the survey showed that both men and women who consumed five or more drinks on any occasion in the past year were significantly more likely to report partner physical aggression than were respondents who never consumed alcohol at this level. The relationship between drinking pattern and partner aggression was especially strong among those who reported that alcohol was involved in the most severe incident that they had experienced in the past two years.

The study also found that partner aggression decreased with age and was least likely among couples who were legally married (compared with cohabiting, divorced/separated or single). These findings were mirrored across the countries included in the analyses, suggesting that the relationship between alcohol consumption and intimate partner violence is similar across diverse cultures and drinking patterns.

The research was completed as part of the [GENACIS](#) project (*Gender, Alcohol and Culture: An International Study*), on current knowledge on partner aggression. The book was edited by Kathryn Graham from Canada's Centre for Addiction and Mental Health (CAMH), CAMH's Sharon Bernards, Myriam Munné from the Research Institute of [University of Buenos Aires](#) and Sharon Wilsnack from the [University of North Dakota](#), and published by PAHO.

Source: PAHO News and Public Information Office.

New Online Master's Degree Program in Advanced Oncology

The School of Medicine ([Medizinische Fakultät](#)) of Ulm University ([Universität Ulm](#)), Germany, is planning to implement an online,



internationally oriented, part-time master's program in advanced oncology at the Ulm Comprehensive Cancer Center. This graduate degree program will provide basic interdisciplinary knowledge in advanced oncology, including palliative medicine and psycho-oncology. It is aimed at trained physicians and medical oncologists who seek continuing education opportunities.



The proposed contents include modules on "Management," "Clinical Research," "Interdisciplinary Oncology," and "Advanced Therapies." There are also two summer programs on "Challenges in the Treatment of Cancer" and "New Techniques and Future Treatments." A master's thesis on one of the four main subjects is required.

Continuing education credits may also be awarded along with the master's degree (60 ECTS credits equivalent to a workload of 1800 hours). In addition, participating medical doctors who complete the program will also have completed their certification for the European Society for Medical Oncology ([ESMO](#)) as a "Clinical Researcher" and will obtain credits in continuing medical education from the European Council for Continuing Medical Education (EACCME).

For **more information** on this on-line course, please contact the program director:

[Prof. Dr. Theodor M. Fliedner](#), Director
International Center for Advanced Studies
in Health Sciences and Services
School of Medicine
University of Ulm
Ulm, Germany.

News Roundup

News Links in English



- [Drinking and Partner Violence—What's the connection?](#) *Canada NewsWire* (press release), 2 December 2008.
- [TV, Internet Causing Kids Harm: Report](#), *Washington Post*, 2 December 2008: *HealthDay News* speaks of strong link between media exposure and childhood obesity, smoking and sexual activity.
- [Priority Attention Must be Given to Nutrition](#), Government of Jamaica, Jamaica Information Service, 6 December 2008.
- [Alcohol plays role in aggression](#), *Times and Transcript*, Canada (on new PAHO book), 8 December 2008.
- [Latin American society sees elderly as burden](#), *Indian Catholic*, India, 9 December 2008 (based on article from Peru).
- [Severe Heart Attacks Deadlier for Women](#), *New York Times*, 9 December 2008.
- [Happiness could just be contagious](#), *Red Bluff Daily News*, 9 December 2008, on BMJ article on how social networks can reduce obesity and tobacco use; also in the Spanish section, “La felicidad es contagiosa”).
- [Study: Poverty dramatically affects children's brains](#), *USA Today*, 7 December 2008: A new study finds that certain brain functions of some low-income 9- and 10-year-olds are much lower in comparison with those of wealthier children and that the difference is almost equivalent to the damage from a stroke.
- [Cancer to Surpass Heart Disease as World's Leading Killer](#), *Washington Post*, 10 December 2008
- [Selenium, Vitamins E and C Won't Prevent Prostate Cancer](#), *U.S. News & World Report*, 10 December 2008.
- [Health Promotion Unit to Conduct Risk Factor Survey](#), *Platinum News Online*, British Virgin Islands, 12 December 2008.

- [Obesity 'controlled by the brain'](#) *BBC News*, 15 December 2008.
- [National rates of co-occurring substance use and mental disorders call for better integration of mental health and addictions services](#), *Canada NewsWire* (press release), 17 December 2008.
- [First kidney transplant at GPHC deemed a success](#), *BigNews.biz* (press release), MA, 17 December 2008: After nearly six hours of intense and intricate medical procedures, the first kidney transplant in Guyana, hosted by the Georgetown Public Hospital Corporation.
- [AHA Year-End Report: Mortality Declines as Risk Factors Climb](#), *Medscape*, 17 December 2008 (Dallas, Texas): The American Heart Association (AHA) year-end report is once again boasting reduced deaths from heart disease and stroke, but the authors warn that the prevalence of modifiable risk factors still seems to be creeping
- [SmartCentres Supports the Centre for Addiction and Mental Health](#), *CNW Telbec* (press release), Canada, 18 December: The Centre for Addiction and Mental Health (CAMH) is fully affiliated with the University of Toronto and is a PAHO/WHO Collaborating Centre.

Vínculos a noticias en español

- [Uno de cada diez niños en los países ricos sufre algún tipo de maltrato](#), *El Espectador* (Colombia), 2 diciembre 2008 (habla del rol del alcohol).
- [Aseguramiento universal en salud a un paso de ser una realidad](#), *El Sol de Cusco*, 10 diciembre 2008.
- [Alimentos Funcionales: la importancia de la dieta y la nutrición en la salud](#), *argenpress.info*, 11 diciembre 2008.
- [Más de 11.000 mujeres y niños víctimas violencia familiar en Nicaragua](#), *Info7*, 13 diciembre 2008.



- [Afecta violencia a más de 11 mil mujeres en Nicaragua](#), *El Mañana de Nuevo Laredo*, 15 diciembre 2008.
- [Cada vez menos adolescentes buscan atención en salud sexual y reproductiva](#), *Press Perú*, 15 diciembre 2008.
- [La felicidad es contagiosa](#), *El Universal* (México), 15 diciembre 2008: El mismo equipo que demostró que la obesidad y fumar se extienden en redes, ha demostrado que cuantas más personas felices conozcas más probable es que tú seas feliz, y conectar con personas felices mejora tu propia felicidad (también en la sección en inglés, “Happiness just could be contagious”).
- [Fumar también aumenta el riesgo de cáncer de colon: estudio](#), *Reuters América Latina*, 17 diciembre 2008; Londres (Reuters).
- [Circuncisión masculina reduce riesgo cáncer de útero](#), *Universal* (Venezuela), 18 diciembre 2008.

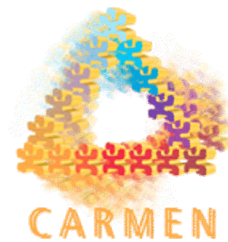
Source: Selected from daily lists compiled by Sonia Mey Schmidt, PAHO News and Public Information Office.

Erratum

An error was made in last month's newsletter regarding Cancer Week in Chile. This event took place from 22–27 November 2008, not 22–27 September. The online version has been corrected.

STOP THE GLOBAL EPIDEMIC OF CHRONIC DISEASE

PROMOTE. PREVENT. TREAT. CARE



Chronic Disease Prevention and Control in the Americas



The PAHO/WHO Chronic Disease Program invites the readers of this newsletter to submit contributions on activities related to chronic disease in 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). Letters to the Editor should be addressed to Silvana Luciani (lucianis@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>