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RESEARCH PRIORITIES
HEALTH OF ADULTS PROGRAM

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ADULT HEALTH

The Adult Health Program covers disease prevention and control activities and health promotion from the perinatal period through old age.

Its components or subprograms are:

- (a) Chronic Diseases (including Cancer);
- (b) Mental Health (including Drug and Alcohol Abuse);
- (c) Health of the Elderly;
- (d) Blindness Prevention;
- (e) Accident Prevention;
- (f) Services for the Disabled and Rehabilitation.

There has been a dramatic change in environmental factors and personal habits, customs and "life styles", and therefore also in the nature and intensity of the risk factors for particular diseases and conditions among adults and the elderly. The major health problems of this group are chronic and disabling diseases, whose treatment and rehabilitation require more complex levels of specialization with a significant increase in costs for the health and social security services.

Accordingly the Program places special emphasis on prevention (hereditary and congenital diseases, environmental, psychosocial and behavioral factors) and rehabilitation services.

The general purpose of the Adult Health program is to improve the state of health of the adult population and to promote reduction of the incidence and prevalence of the diseases, conditions and disabilities that affect it through an integrated regional program of promotion, prevention, care and rehabilitation. The program operates in collaboration with the Governments in the formulation, execution and evaluation of health policies and programs for the adult and elderly population based on a proper understanding of the social, cultural, economic and political factors which affect this population.

To achieve these objectives, various strategies are employed including periodic monitoring of the health situation, technical support to national programs, the identification of national resources, the promotion of technical cooperation between the countries, the promotion of training and research and the dissemination of technical information. All sub-units of the Program utilize approaches that seek to change harmful life styles and intervene to modify adverse psychosocial factors.

Historical Background

The majority of the components of the Adult Health program are relatively new and the list of past activities in research is necessarily short.

Using models suggested by WHO, PAHO promoted and coordinated a series of collaborative operations research projects during 1974 to 1981. Investigators in various countries who were either working or interested in certain aspects of chronic disease prevention and

control participated. The projects included control of rheumatic fever, arterial hypertension, chronic rheumatic diseases and chronic allergies. The objectives were to gain program experience, demonstrate the feasibility of secondary prevention programs, support existing researchers or groups, facilitate the exchange of experience of common interest and promote and support wider-ranging programs in the different countries. These studies facilitated the collection of epidemiologic data in certain countries, the preparation of technical manuals, and the initiation of a research program on primary prevention of cardiovascular diseases.

Part of the work of promoting research consisted in identifying outstanding institutions and centers. In 1982, a survey of 20 Latin American and Caribbean countries identified 67 institutions devoted to cancer research and treatment.

Until 1984, the Latin American Cancer Research Information Project had identified a total of 696 research projects focusing on both basic and applied research and had reviewed 298 clinical research protocols on cancer. All the projects have been incorporated into the cancer data banks of the United States National Library of Medicine.

Since 1977, PAHO has maintained, in collaboration with the National Cancer Institute of the United States, the Collaborative Cancer Research and Treatment Program to facilitate cooperation between 13 institutions in Latin America and nine in the United States, and enable the countries to improve their research methodology and treatment of neoplasms.

In the field of Mental Health, research in the last ten years has concentrated on study of the epidemiology of mental illness, alcoholism and drug dependence, with special emphasis on urban areas. The program has collaborated with the member countries in designing and conducting surveys on mental illness, alcoholism and drug dependence in six countries and has made a survey of drinking in five countries. Some early stimulation projects have been sponsored which have in their turn generated research projects in the countries concerned and the program has participated in various WHO research projects on the extending of mental health services, the therapeutic effects of psychotropic substances in various cultures and triaxial classification of health problems in the primary level, in which centers belonging to the mental health collaborative network are participating (Brazil, Colombia, Canada, USA).

A survey was made of laws that affect mental health in Latin America and another survey was performed by legislation pertaining to the treatment of alcohol and drug patients.

Over the past five years a number of centers involved in research and training in mental health, neurological sciences and substance abuse have been identified and these now make up a network that currently includes ten institutions.

Investigators in some countries have done research on the health and social condition of persons over 60, covering legal, nutrition and services availability as well as attitudes and beliefs, but the majority of these studies were performed using non-representative samples of the elderly population.

Criteria Used for Setting Priorities

In addition to the minimum requirements to be met by any research as regards feasibility, scientific rigor and ethical safeguards, those in charge of the various components of the Program have agreed to adopt the following priority criteria:

Importance of Problem Studied. Priority will be given to research aimed at solving a health problem of high incidence or prevalence or of special social importance in the adult population of the Region.

Technical Relevance. Projects closely connected with the objectives of the subprograms and with PAHO's policies and plan of action will have high priority.

Applicability. The results expected to be obtained from the research must be suitable for application to large sections of the population, if possible through primary health care. They must also be compatible with the cultural and socio-political situation of the location where they would be applied.

Promotional Effect. In addition to its specific objectives, the proposed study must serve to strengthen and develop national research groups and centers and to foster technical cooperation between member countries.

Diagnostic Value. Special consideration will be given to studies that will help to further understanding of the natural history of diseases, conditions and disabilities that are of greater significance in the Region, including their frequency and distribution and the identification of factors that have a bearing on their origin, course and conclusion.

This criterion is of special importance in the case of chronic noncommunicable diseases, mental disorders, substance abuse and disabilities affected by the life styles of the population.

Technology Development. Priority will be given to research that promotes the development of appropriate technologies for the diagnosis and treatment of and rehabilitation from chronic diseases prevalent in Latin America and the Caribbean.

Despite the fact that the above-listed criteria lean toward application in the developing countries of the Region of scientific knowledge already available, this does not mean that no support is forthcoming for basic research. Such projects are also considered, but only to the degree that there is some possibility that the knowledge they bring can be utilized in the countries' health services.

Priority, Goals and Activities

The following areas are considered to have priority in the various components of the Adult Health program.

- Epidemiologic research, both among the population as a whole and in special groups, in urban and rural areas and low-income districts.
- Studies of psychosocial factors, especially life styles and quality of life, which play a role in the development and course of somatic and mental illnesses, accidents, and disabilities, and on the supply, accessibility and utilization of services.

- Clinical and epidemiologic research on, for example, the nutritional status of the elderly, neurological diseases, vision problems, etc.
- Determination of indicators (for diagnosis, evaluation, risk, etc.)
- Development of technologies for use in diagnosis, treatment and rehabilitation that can be applied in Latin America and the Caribbean. (Examples are production of prostheses, diagnostic means applicable in the primary level, manuals and other teaching tools, etc.).
- Operations research: accessibility, utilization, efficiency and efficacy of services.
- Research on evaluation of technologies.

Current Activities

- Project MORE, which is compiling data on the magnitude and characteristics of certain noncommunicable chronic diseases in the countries of the Region.
- A household health survey concerning chronic diseases. A socio-epidemiologic and operations research study of social and health conditions and utilization of services by the adult population in Uruguay.
- A feasibility study for the implementation of integrated prevention and control programs for chronic diseases in Brazil and Cuba.
- A cooperative study on the incidence of cancer of the gall bladder in Bolivia, Mexico and the United States.

- Compilation and dissemination of information on cancer, serving all the countries of the Region, through the Latin American Cancer Research Information Project.
- Collaborative Research Program on Cancer Treatment. A multinational clinical trial project involving 22 institutions in the Region.
- Neuroepidemiologic research in Mexico, Venezuela, Ecuador, Peru, Bolivia and Chile.
- A study of social support systems in a low-income district of Mexico City.
- Household surveys of the use of psychoactive drugs in Colombia and Peru.
- A survey of the needs, perceptions and attitudes of the population aged 60 and over in urban centers of 11 countries of the Region, the findings of which will be used in the development of programs.
- Field test of a manual for community-based rehabilitation in Argentina, Mexico and St. Lucia.