

CARMEN Country Profiles:

Costa Rica



In 2002, based on the 2002 WHO Global Burden of Disease data¹, noncommunicable diseases (NCDs) accounted for 79.8% of the total 18,308 deaths in Costa Rica. The leading cause of death among noncommunicable diseases was cardiovascular disease, with an Age Standardized Mortality Rate (ASMR) of 184 per 100,000 (40.5%). Malignant neoplasms followed, with an ASMR of 124 per 100,000 (27.3%). Chronic respiratory diseases were responsible for an ASMR of 37 per 100,000 cases (8.2%); and diabetes, for an ASMR of 21 per 100,000 (4.6%). The remainder was due to other non-specified conditions.

Date	CARMEN Demonstration Site
1999	Cartago – Da Vida al Corazón

Date	Evolution of the CARMEN Initiative
2004	Costa Rica Da Vida al Corazón – National Program
2004	CARMEN Policy Observatory

CARMEN/ Cartago²

When it joined the CARMEN Network, Costa Rica had first developed and conducted a project called *Cartago Da Vida al Corazón* in the Cartago area. The project was designed as a

¹ World Health Organization. WHO Global InfoBase Online. Country Profiles. 2006.

² Castanedas, Darlyn. *CARMEN Initiative Meeting*. Brazil, November 2003.

simplified surveillance model for cardiovascular diseases and its risk factors. Another role of the project was that it had provided clinical support for smoking cessation.

Five years of work was synthesized into **eight different projects**:

- → Work places and schools promoting heart health
- → Epidemiologic measurement of risk factors
- → Community courses to promote heart health
- → Intervention courses for high risk heart disease groups
- → Training volunteers to promote heart health in the communities
- → Encouraging heart health promotion for primary health care personnel
- → Capacity building of Cartago's heart rehabilitation program
- → Organizing strategic alliances with local social actors

Some of the projects were designed and analyzed in demonstrative areas, and others were adapted to be used in heart health promotion. The methodologies that were adopted may be used and re-valued in other areas of the country.

Costa Rica Da Vida al Corazón

In 2004, Costa Rica began its transition from guiding a demonstration area to developing a national program called *Costa Rica Da Vida al Corazón*. The National Program has put **five areas** into the focus of attention:

- ✓ Development of the health sector
- ✓ Health promotion
- ✓ Health services bureau
- ✓ Health monitoring bureau
- ✓ Nutritional surveillance

In order to achieve its goals, the National Program requires **intersectoral work**, involving the national and local governments, and communities (schools, hospitals and churches).

The main strategies of the National Plan are:

- → Actions of Active and Healthy Regions
- → People Promoting People with support from social actors (IAFA, ICODER, CCSS, CENCINAI)
- → Other sectors: municipalities, COSAL, UPA, MAG
- Community participation
- > Improving lifestyles by health education on tobacco, healthy diet and physical activity

The aim of the National Program is to have 50 implementation areas developing *Actions of Active and Healthy Regions* by 2006. The following **indicators** will be used as tools for evaluating the results:

- ✓ Fruit and vegetable consumption
- ✓ Amount of physical activity
- ✓ Quality of care provided by primary health care services measured by studying the lifestyle practices of families
- Compliance with hypertension and diabetic guidelines
- ☑ Epidemiologic analysis of acute myocardial infarction source of data: national registry on hospital discharges
- ✓ Other NCD surveillance data source: "Clinic for Quitting Smoking Project" and INCIENSA

The **expected results** are:

- → Higher level of public satisfaction with health care services
- → Better understanding of NCD risk factors in the communities and satisfaction with the quantity of accessible information
- → Higher number of trained health workers
- → Better quality measures in diagnosing cases of diabetes and hypertension

Costa Rica implemented the **CARMEN Policy Observatory** in 2004.