



Brazilian Journal of OTORHINOLARYNGOLOGY

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EDITORIAL

ABORL-CCF and disease prevention campaigns[☆]



A ABORL-CCF e as campanhas de prevenção de doenças

The scope of the term “campaign” involves very different areas and domains of human activity, including military, political, religious, advertising, and health, among others. A good definition of this term refers to the “sum of efforts made to achieve a certain goal”, and this aim should always permeate this type of activity; it should be expanded only in the numerical aspect to be attained (objectives) and it should be adequate for a target audience and a period of time.

Thus, in order to achieve these goals (direct objectives), first and foremost it is necessary to identify a problem and the need to address it, bearing the possible consequences of this activity is generally directed towards the informative/ educative/ preventive/ early detection direction or the interventionist/ curative direction which are sometimes inseparable from health promotion and protection.

The necessity of such directions undergoes several influences, and is primarily associated with genetic, cultural, and socioeconomic factors of a given population. Thus, a less informed population requires campaigns with an informational/educational/prevention/early detection focus and, the greater the difficulty of having regular access to the health system, the greater the need for campaigns with interventionist/curative focus. In Brazil, both situations are strongly present; in order to address them, it is obviously necessary to combine public and private efforts. The lack or inadequacy of information, in addition to hindering the prevention and early detection of diseases, also burdens the deficient, ill-equipped, and politically (ab)used public health system.

The Brazilian Association of Otorhinolaryngology (ABORL-CCF), as a private entity officially founded in 1978, has relevantly fulfilled its role in this public–private pair, having pioneered several educational campaigns the Voice Campaign (Campanha da Voz), the Hearing Health Campaign

(Campanha da Saúde Auditiva), the Breathe through your Nose and Live Better Campaign (Campanha Respire pelo Nariz e Viva Melhor), the Otorhinolaryngology [ORL] Trails Campaign (Campanha Caminhos da ORL), in obvious agreement with three of its primary objectives, which are:

1. *To promote educational campaigns and to be a relevant actor in the organization of otorhinolaryngological services and campaigns;*
2. *To collaborate with public authorities and other institutions in medical-social and educational issues related to the specialty;*
3. *To analyze issues relevant to its purposes, establishing the position of ABORL-CCF regarding such issues.*

In addition, the extrapolation of indirect objectives/results is related to three others primary objectives of our association, which are:

1. *To promote the teaching and research in ORL in its different sectors, such as otology; neurotology; pediatric ORL; occupational ORL; snoring and sleep apnea; rhinology; bucco-pharyngeal diseases in ORL; traumatology-orthodontic; aesthetic and reconstructive surgery of face, head, neck and base of the skull; otoneurosurgery; microsurgery; allergy; phoniatic diagnosis; endoscopy; and other sectors that may be incorporated into ORL and broaden its horizons;*
2. *To bring together Brazilian otorhinolaryngologists and stimulate their cultural and social relationships;*
3. *To defend the professional interests of its members.*

Thus, in addition to the fact that promoting health campaigns is in the DNA of ABORL-CCF, the indirect results of these campaigns go beyond the informational/educational/prevention/early detection scopes, supporting and motivating our specialty and positively promoting our work and our association. Moreover, by stimulating information and education, ABORL-CCF can contribute

[☆] Please cite this article as: Hueb MM. ABORL-CCF and disease prevention campaigns. Braz J Otorhinolaryngol. 2014;80:273–4.

to better cultural awareness and health of the population, which becomes an active partner in the search (and in demanding public organs) for a utopian definition of health as a complete physical, mental, and social well-being.

ABORL-CCF, as a participant in this search, is the ideal partner of public agencies and private entities to act in the ORL scenario, and should actively seek these partnerships and be heard among these groups. The objective observation of the reality of professional otorhinolaryngological distribution in Brazil (ORL Census 2012) and epidemiological data (2012 Epidemiology Project), associated with the strength of our organization and our campaigns, forges an "introductory letter" of utmost importance, which should be persistently used by our managers in an effort to pursue these partnerships and target these necessary interventional/curative campaigns.

The possibility of a global attention to otorhinolaryngological health will certainly raise the interest of public funding and private sponsorship for these activities, establishing factors that will determine the supervision and tendencies of public (e.g., public health policies), private (e.g., pharmaceutical research and marketing trends), professionals (e.g., primary, secondary and tertiary care), and educational/research activities (e.g., studying and teaching about diseases).

In this sense, and observing that almost 80% of Brazilian otorhinolaryngologists are associated to ABORL-CCF, a

source of information of great scope and significance can be envisioned; our future administrations are advised not to spare any effort in creating a project of informatics to assist in the merging of this information to our association. A small example of this can be observed through the analysis of diagnostic data made by otorhinolaryngologists in approximately 20,000 patients nationwide (Epidemiological Project 2012), where the ICD of allergic rhinopathy predominates (11% of total), followed by septal deformity (9%), cerumen (9%), allergic and vasomotor rhinopathy (6%), and adenoid and tonsil hypertrophy (6%).

This sample demonstrates the importance of this information and the need to perpetuate these consultations, which will certainly collaborate to a greater understanding of the prevalence of otorhinolaryngological diseases in Brazil, assisting in the guiding of campaigns and definitively collaborating for a better healthcare for our population.

Conflicts of interest

The author declares no conflicts of interest.

Marcelo M. Hueb

Association of Otorhinolaryngology and Cervical-Facial Surgery (ABORL-CCF), São Paulo, SP, Brazil

E-mail: mmhueb@gmail.com