



REDUCING RISK FACTORS FOR NONCOMMUNICABLE DISEASES IN PRIMARY CARE



REDUCING RISK FACTORS FOR NON- COMMUNICABLE DISEASES (NCDs) IN PRIMARY CARE

TRAINING MANUAL FOR COMMUNITY HEALTH WORKERS

Developed by the
National Institute of Mental Health and Neuro Sciences, Bangalore
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acknowledged (Annexure 5).

Foreword

Non-communicable diseases (NCDs) are currently the leading cause of mortality globally and also in India. Cancer, Diabetes, Cardiovascular disease (CVD), Chronic Respiratory Diseases and Common Mental Disorders are major causes of disability and premature mortality. They entail not only adverse health but economic and developmental consequences.

The rising burden of NCDs has generated an overall concern globally to formulate and implement effective strategies for their prevention and control.

In India, a national programme on cancer control was already ongoing for more than three decades. It was decided to integrate this programme with the NCD control programme and the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) was launched in October 2010. The objectives of this programme include preventing and controlling NCDs through behaviour and lifestyle changes; providing early diagnosis and management of common NCDs; building capacity at various levels of health care; training human resources adequately and establishing palliative and rehabilitative care. The NPCDCS revised guidelines (2013-2017) seek to create adequate community resources for effective prevention, detection, referral and treatment through convergence/linkage with the ongoing interventions of the National Health Mission (NHM) including programmes such as the National Tobacco Control Programme (NTCP), National Mental Health Programme (NMHP), National Programme for Health Care of the Elderly (NPHCE) for NCDs, programmes that deal with communicable diseases like TB, as well as programmes like the RCH/Adolescent/School Health etc.

Towards this objective, it becomes important to train the health workforce in understanding the risk factors for NCDs in general and the preventable risk factors in particular. This will enable health personnel in the promotion of healthy lifestyles, reduction of risk factors, early identification and intervention, as well as encouraging treatment compliance and follow-up. As reducing many of the risk factors involves behavioural change, health personnel need to be trained to acquire the knowledge and skills to engage clinical and community populations, motivate them to change, initiate and maintain healthy behaviours that will ensure optimal health of the people.

A series of training manuals has thus been developed for different categories of health providers, including community health workers, counselors and medical officers. Various experts have been involved in the development of these manuals. The National Institute of Mental Health and Neuro Sciences, Bangalore, was given the primary responsibility for developing the manualised training programmes. An expert group meeting held in Bangalore on 6 and 7 February 2014 provided the headstart for the manual development with suggestions on the content, format and delivery of the training. The draft manuals were developed by the NIMHANS team and revised based on the reviews of external experts. These manuals were then field tested and further revised. A second meeting of experts held at New Delhi on August 13, 2014 reviewed the final drafts and provided further suggestions on refinement as well as rolling out.

Optimal behaviour change occurs when persons have the knowledge of risks associated with a particular behaviour, the benefits of changing, the way in which change is possible and supported for such change.

Effective counseling can help to motivate persons to change, improve treatment adherence and help them to maintain such changes. We hope health providers will use these training sessions effectively and be agents of change in the community. What they do will have a major impact on reducing the burden from non-communicable diseases in India.

List of Abbreviations

AIIMS – All India Institute of Medical Sciences
ANM - Auxiliary Nurse Midwife
AUDIT - Alcohol Use Disorder Identification Test
BMI – Body Mass Index
CD - Communicable Diseases
CHW – Community Health Worker
CO – Carbon Monoxide
COPD – Chronic Obstructive Pulmonary Disease
COTPA – Cigarettes and Other Tobacco Products Act
DALY - Disability Adjusted Life Years
DASH - Dietary Approaches to Stop Hypertension
DM - Diabetes Mellitus
FIT- Frequency Intensity and Timing of exercise
GOI – Government of India
ICMR – Indian Council of Medical Research
MO - Medical Officer
NCD - Non Communicable Diseases
NFHS - National Family Health Survey
NHM – National Health Mission
NIMHANS - National Institute of Mental Health and Neuro Sciences
NIN – National Institute of Nutrition
NPCDCS – National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
NRT – Nicotine Replacement Therapy
PHC – Primary Health Care
QPE - Quality Physical Education
SHG – Self help groups
SHS – Second hand smoke
TCC – Tobacco Cessation Clinic
WHO – World Health Organization

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Introduction to the Training Manual

This training manual is intended as a facilitator's training manual for community health workers in primary care, in order to make them familiar with the behavioural and psychological risk factors for non-communicable diseases and provide them with the skills to identify and reduce these risks, in the clinical and more particularly, in community settings. This manual is primarily targeted to health providers working in the community and would be useful for the health workers/auxiliary nurse midwives (ANMs), health assistant, health educator as well as the accredited social health activists (ASHA).

An ideal facilitator for this manualised training would be a professional with a background in health, preferably public or mental health or humanities with a good knowledge of health and health behaviour change. The facilitator would need to have a good understanding of non-communicable diseases and risk factors that mediate these disorders. The facilitator would need to have knowledge of the NCD burden in India. In addition, she or he should be an effective facilitator with good communication and motivating skills. A working knowledge of the roles and responsibilities and field work practice of community health workers would help the facilitator to teach the community health care worker skills to bring about and sustain behavioural change in the community as well as among patients seeking health care. Most importantly, the facilitator should be passionate about improving the health and well-being of our communities and convey to the participant community health workers that behaviour change is possible and can significantly reduce risk for many of the non-communicable disorders.

It would be desirable to have a co-facilitator who could conduct some of the sessions, answer questions, involve silent participants, distribute the handouts and make the sessions more lively and interactive.

Notes to the Facilitator

The training manual is planned for 3 days and will cover the following areas:





1. Introduction to risk factors and NCDs
2. Tobacco use
3. Alcohol use
4. Unhealthy diet
5. Physical inactivity
6. Teamwork and developing an integrated approach

Each of the 5 risk factors is dealt separately. The training of the Community Health Workers can either be conducted as a continuous 3 day programme or as standalone sessions for each risk factor. Teamwork and developing an integrated approach is the last session describing how health care providers will work together as a team in primary care.

- A *timetable* with specific contents and approximate time allocated for each risk factor is given. The facilitator is free to decide how to use this time to plan each session.

Format of the training:

- **1. Registration and Pre-training assessment.** The participants should be advised to register at least half an hour prior to starting of the training programme on Day 1. The Pre-training assessment can be handed to each participant soon after they register and the filled forms collected prior to Session 1. Further details are provided under the section on pre and post-training assessment.
- 2. Introduction on Day 1:** The facilitator will open the session on Day 1 using an ice breaker. The participants will pair off and get to know each other (discuss about what one likes to eat, favourite movies, songs and so on). The aim is to gather information about the person and introduce him/ her to the group. This activity will take about 30 minutes.
- 3. Opening and Closing session:** Each day will open with a 15 minute session on what was discussed and learnt the previous day. The closing session at the end of the day is to summarize what was discussed. The opening and closing session as an exercise is to link different risk factors and NCDs together as a whole. More about opening and closing session is given at the end of this section.
- 3. Content of each session (covering risk factors):**

- *Presentation of information:* The facilitator's style is interactive and generates discussion throughout with the purpose of linking the contents to how the community health worker will actually use it in the field. The slides used in the power point presentation have been linked with the training manual to make it easy for the facilitator.
- *Format:* Each risk factor begins with an introduction, broad aim and specific objectives.
- *INSTRUCTION* given at the beginning of each objective gives the facilitator instructions about the session.
- *Notes to the facilitator* give instructions about how an activity is to be conducted. It gives simple steps for the facilitator to follow.
- *Duration:* Approximate time for the entire presentation of each risk factor (e.g. diet, tobacco etc) and for each activity is given. The facilitator can use this time frame to plan sessions.
- **Activities:** Activities during each training session may be:
 - **Brainstorming** or whole group interaction (indicated by the letter 'B' and the symbol 
 - **Group activity** or discussion in small groups, indicated by the letter **GA** and the symbol 
 - **Individual Activity**, indicated by letter **IA** the symbol 
 - **Role Play** is indicated by the letter **RP** and symbol 
- *Facilitator's reading material:* The facilitator should read the material before the session. Sources for specific information are quoted and included as references in the footnotes.
- *Handouts:* Copies of handouts will be made before the session and distributed either before or after the session. List of handouts are included at the end of each session.
- *Power point presentation:* A DVD containing the power point presentations accompanies the training manual. The slides for each session are reproduced in the manual to aid the facilitators.
- *Annexure* is at the end of the manual.
- *Materials for the training* need to be arranged in advance and they are as follows: LCD projector, writing board and markers or chalk, chart papers and felt pens, drawing pins to display charts, paper and pens for individual work, tables (for group work) and chairs.
- Instruct participants about Various administrative arrangements for the training (stay, food, travel etc)
- Go over the training schedule
- Distribute files and writing material
- Introduce the facilitators and co-coordinators for the workshop
- Tell the trainees about arrangements for drinking water, location of restrooms and answer questions regarding any other arrangements.
- **OPENING AND CLOSING SESSION**

OPENING SESSION (at the beginning of each day)

Duration: 15 minutes

INSTRUCTION

Open the day by inviting participants to share what they learnt from the previous day's programme. It is worth taking some time over the opening session as the aim is to link one risk factor to another and so on.

A sample question is provided below.

Prompt question: Could some of you share about what you learnt and understood from the previous day's sessions? For instance, what was the risk factor (s) that was discussed and what action will the Community Health Worker take?

CLOSING SESSION (at the end of each day)

INSTRUCTION

Close the day by inviting participants to share what they learnt from the day's sessions. It is worth taking some time over the closing session and give time to participants to share how they will transfer what they have learnt back to the field. Remember to link one risk factor to another and so on.

A sample question is provided below.

Prompt question: Could some of you share about what you take back from today's sessions? For instance, what was the risk factor (s) that was discussed and what action will the Community Health Worker take?

Training Schedule

TIME	DAY 1	DAY 2	DAY 3
9.00-10.30	WELCOME INTRODUCTION TO RISK FACTORS AND NCDs	- RECAP - ALCOHOL USE CONTD	PHYSICAL INACTIVITY CONTD.
10.30-11.00	TEA	TEA	TEA
11.00-1.00	TOBACCO USE	UNHEALTHY DIET	STRESS
1.00-1.45	LUNCH	LUNCH	LUNCH
1.45-3.30	TOBACCO USE CONTD.	UNHEALTHY DIET CONTD	STRESS CONTD.
3.30-3.45	TEA	TEA	TEA
3.45-4.45	ALCOHOL USE	-RECAP -. PHYSICAL INACTIVITY	TEAMWORK AND DEVELOPING AN INTEGRATED APPROACH
4.45-5.00	CLOSING SESSION	CLOSING SESSION	-EVALUATION -CLOSING SESSION

**Introduction to Risk Factors for NCDs and
their inter-relationship
Session 1**

Objectives of the session





By the end of this session, the participants will understand the following:

- Common NCDs and their presentation
- The various risk factors for NCDs
- Types of intervention to address risk factors
- The role of the community health worker in the identification and reduction of risk factors
- Team approaches to reducing risks in the clinic and community

Organization of the session

- *Facilitator's reading material:* The facilitator should read the material before the session. Sources for specific information are quoted and included as references in the footnotes.
- *Handouts:* Copies of handouts will be made before the session and distributed either before or after the session. List of handouts are included at the end of each session.
- *Powerpoint presentation:* A DVD containing the powerpoint presentations accompanies the training manual. The slides for each session are reproduced in the manual to aid the facilitators.
- **Activities:**

Activities during each training session may include:

- **Brainstorming** or whole group interaction, indicated by the letter 'B' and the symbol 
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- **Individual Activity**, indicated by letter **IA** the symbol 
- **Role Play**, indicated by the letter **RP** and symbol 

INTRODUCTION TO RISK FACTORS FOR NCDs AND THEIR INTER-RELATIONSHIP

Session 1

1

Introduction

In India, while we have been dealing with communicable diseases (diseases that spread from one person to another) like tuberculosis and HIV, we find newer health problems in the form of Non Communicable Diseases (NCDs). NCDs are a major problem all over the world, and more than two out of three deaths are due to NCDs.¹ More than one in two deaths now in India (60%) are because of NCDs². NCDs affect people from both urban and rural areas, that too in their productive age (35-64 years). Poor and disadvantaged people find it difficult to get health care, particularly for chronic diseases. They often end up dying from the disease or spend a lot of their limited resources on health care. Just as people should have the right to good health and treatment for NCDs, they have a right to the correct information on how they can follow a healthy lifestyle and reduce their risk for NCDs.

¹ World Health Organization. Global Status Report on Non-Communicable Diseases. 2014. www.who.int/nmh/publications/ncd-status-report-2014/en/

² World Health Organization – Non Communicable Diseases (NCDs) Country Profile 2014. www.who.int/nmh/countries/ind_en.pdf

NON COMMUNICABLE DISEASES

- **CARDIOVASCULAR DISEASES (DISEASES OF THE HEART AND BLOOD VESSELS)**
 - DIABETES
 - CANCER
- **CHRONIC RESPIRATORY DISEASES**
- **COMMON MENTAL HEALTH DISORDERS**
 - MANY OTHERS

NCDs are the new epidemic

2

What are NCDs?

Non Communicable Diseases (NCDs) are health conditions that are not caused by any infection and therefore are not communicable from person to person. They are chronic in nature. If untreated, they can lead to further health complications and even early death. Common NCDs include cardiovascular diseases (diseases of the heart and blood vessels), stroke, cancer, diabetes, chronic respiratory diseases (asthma, chronic obstructive pulmonary disease due to pollution indoor and outside) and mental health disorders, including common mental disorders (anxiety and depression).

There are many NCDs and many risk factors. For the purpose of this training, we have focused on some of the common NCDs where death and disability can be prevented to a large extent by reducing some of the common risk across the diseases.

It is important for the community health worker to be aware of the common presentations of NCDs in order to reduce the risk factors for NCDs. Some of the common symptoms that may indicate an NCD are described. The community health worker can accompany/refer such persons for screening to the health centre and then help them in reducing risk factors. For those persons in the community who do not have any symptoms of an NCD, the community health worker has an important role to educate and support them in reducing risk factors, and thereby reducing the risk for NCDs.

heart attack...

Let us know about the heart

What is it?
Where is it situated?
What is its shape?
How big is it?



Does the heart also need blood for itself

- Yes
- Coronary arteries supply the blood



Heart attack?
When an artery in the heart gets blocked, it can lead to a heart attack



The Heart

Heart pumps blood through blood vessels to supply oxygen to all parts of the body
Oxygen is the fuel for the energy needs of the body



How does an artery get blocked?

- Progressive deposition (cholesterol) in the vessel wall and growth of plaque
- Clot formation obstructing forward blood flow



Heart attack warning signs

- Pain, pressure or constriction in the centre of the chest
- Nausea, sweating, or feeling faint
- Pain in the jaw, neck, arms, shoulders or back
- Shortness of breath

Don't hesitate to seek MEDICAL HELP

Chewing a tablet of water soluble aspirin at the onset of heart attack can reduce chances of death by 25%


MOHFW, Govt of India

HEALTHY HABITS, HEALTHY LIFE, HEALTHY INDIA 20


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DIABETES

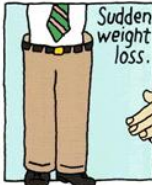
KNOW THE SYMPTOMS




Always tired




Frequent urination.




Sudden weight loss.




Wounds that won't heal.




Sexual problems.




Always hungry.




Blurry vision.



Numb or tingling hands or feet.



Always thirsty.



Vaginal infections.

iq.intel.com

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Slide 5

cancer...

- Avoid smoking, tobacco products and alcohol
- Adopt and maintain a healthy diet
- Maintain ideal body weight for height
- Eat plenty of vegetables and fruits



WARNING SIGNALS

CHANGE IN BOWEL OR BLADDER HABITS
ASORE THAT DOES NOT HEAL
UNUSUAL BLEEDING OR DISCHARGE
THICKENING OR LUMP IN THE BREAST OR ELSEWHERE
INDIGESTION OR DIFFICULTY IN SWALLOWING
OBVIOUS CHANGE IN A WART OR MOLE
NAGGING COUGH OR HOARSENESS OF VOICE

Cancer is treatable in early stages | In case of any symptom don't delay, get medical advice

MOHFW, Govt of India

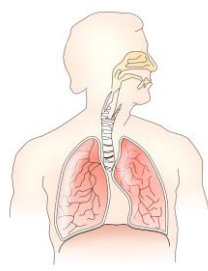
HEALTHY HABITS, HEALTHY LIFE, HEALTHY INDIA | 23

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Slide 6

Chronic Respiratory diseases



- Long-lasting cough
- Mucus
- Breathlessness
- Wheeze
- Easy tiredness



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Slide 7

	COMMON MENTAL DISORDERS	 <small>Wholehealthnow.com</small>
DEPRESSION Sad mood Lack of interest Irritation Worry Hopeless and Helpless feeling Loss of appetite Loss of weight Loss of energy Feeling of guilt Death wish or attempt to harm self <i>SYMPTOMS persist for two weeks or more</i>		ANXIETY Feelings of fear or panic Cold and clammy hands Difficulty sleeping Shortness of breath Rapid heart beat Restlessness Dry mouth Tingling and numbness of hands or feet Trembling <i>SYMPTOMS persist without any obvious cause</i>

Slide 8

COMMON AND PREVENTABLE RISK FACTORS

- TOBACCO USE
- ALCOHOL USE
- UNHEALTHY DIET
- PHYSICAL INACTIVITY
 - STRESS

8

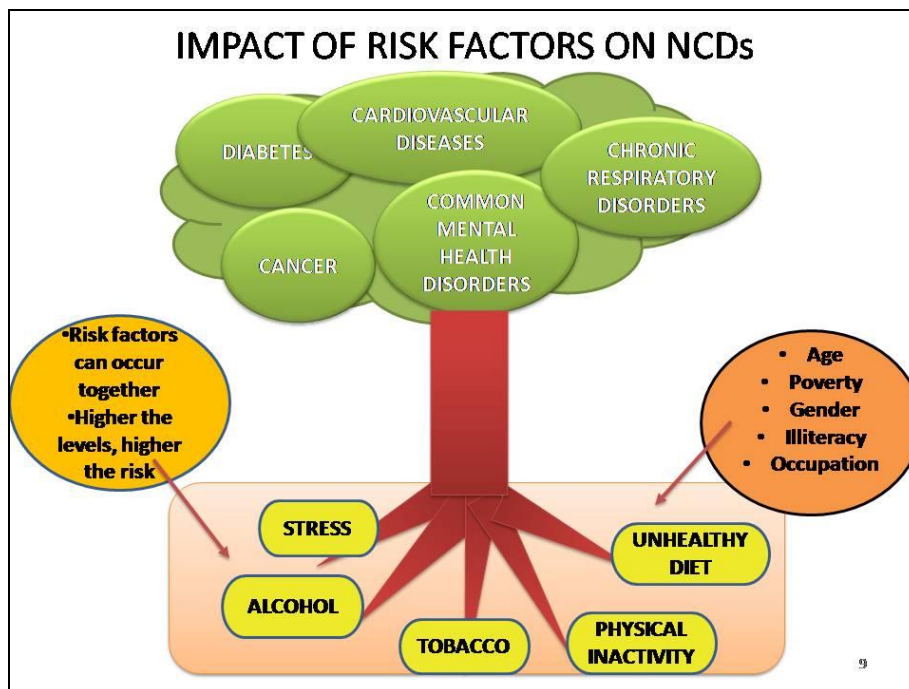
What are risk factors for NCDs?

Risk factors are those conditions that can increase a person's chances of developing an NCD or worsening an NCD.

Risk factors are of two kinds:

- Those that cannot be modified (age, gender, race, family history)
- Those that can be modified by changing our behaviour (diet, weight, physical activity, lifestyles including tobacco and alcohol use, stress).

Slide 9



Why address risk factors?

While it is important for us to know how to provide care for NCD's according to the national guidelines, we also know that waiting for NCDs to develop and then treating them becomes expensive for the sufferer and to the health care system. Once NCDs occur, complications can also follow. Therefore, it is best to prevent the NCDs by helping people manage the risk factors, so that NCDs can be prevented, or identified early and treated.

For instance, simple screening can be done using relevant questions and physical measurements (about tobacco use and measurement of blood pressure) in order to identify persons who are at risk for developing cardiovascular disease. Such early identification of persons needing further investigation can help in timely action.

**AIM OF HEALTH CARE PROVIDERS IN
PRIMARY CARE**

- TO PREVENT EXPOSURE TO RISK FACTORS THROUGH BEHAVIOUR CHANGE
- TO PROMOTE HEALTHY LIFESTYLES

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What can be done to address risk factors in primary care?

The services in primary care include health promotion, counseling and simple advice to manage the health problem (Operational Guidelines (Revised), NPCDCS, 2013-17)³. Health education includes promotion of healthy diet and physical activity, weight reduction, early diagnosis and screening. These services would be integrated below the district level and be a part of existing primary health care delivery system. For more specialized health care for NCDs, referrals to district hospitals and above are recommended.

**COMMUNITY HEALTH WORKER'S
GOALS**

- Promote good health in the community by informing persons about healthy lifestyle, diet, exercise, avoidance of tobacco and alcohol (at home visits/meetings)
- Provide simple advise to persons having risk factors
- Refer persons who need help to address risk factors and NCDs to Health Centre and provide other help as necessary

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³ Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke. Operational Guidelines for Implementation of NPCDCS. May 2013.

Promoting good health in the community, providing simple advice about risk factors and referring persons to the Health Centre are the goals of the Community Health Worker.

The Community Health Worker’s role described below takes into consideration the ASHA’s role in prevention and control of NCDs (2009) and role of health worker specified in the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (2013):

- To educate community about NCDs and associated risk factors (health promotion to create awareness, prevention and early detection in the community, among stakeholders, schools, self-help groups and community mobilization)
- To promote healthy lifestyle changes during community interactions (advocate healthy diet and educate about the harmful use of alcohol and tobacco during community interactions and home visits)
- To assist other health workers (Auxiliary Nurse Midwife or ANM/) during their work on NCD themes
- To arrange follow-up visits (make home visits and accompany referrals to Health Centre)

Slide 12

**COMMUNITY HEALTH WORKER’S ROLE
‘T A L K’**

- T – TELL about NCD’s and Risk Factors
- A - ADVISE Individuals and Families on what to do to reduce risk factors and support them to reduce risks and adopt healthy lifestyles
- L - LEAD Collective community action for reducing risk factors by working with community based organizations and self-help groups
- K - KNOW More about NCDs and Risk Factors, self-help approaches to reduce risk and community resources for treatment and support

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TALK is a simple approach to remember what the CHW will do to address risk factors for NCDs.

HELPFUL QUALITIES FOR EVERY CHW

- Listen to what the person says
- Be patient
- Show warmth and concern
- Do not judge a person based on their background, habits or lifestyle (e.g. not expressing disapproval when a person says he used tobacco or alcohol)
- Show appreciation when the person makes changes
- Use non verbal means of communicating (eye contact, not get distracted, not interrupt when person is talking)

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Every health professional must be a good communicator in order to bring about effective behaviour change among patients. Good communication involves patient listening, letting the patient know that there is someone who understands and is willing to help. Good communication helps to build an effective therapeutic relationship, which in turn, helps in keeping the patient in treatment, improves adherence to treatment and follow-up.

B *Describe the inter-relationship
between the five risk factors
& NCDs*

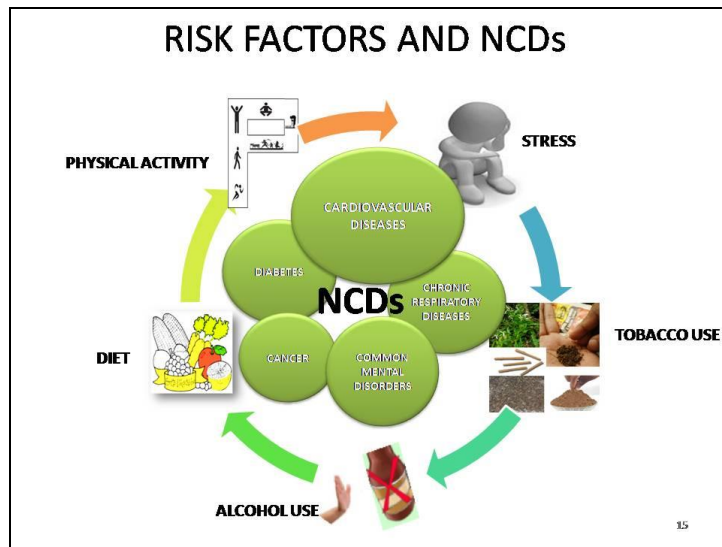


14

Instruction

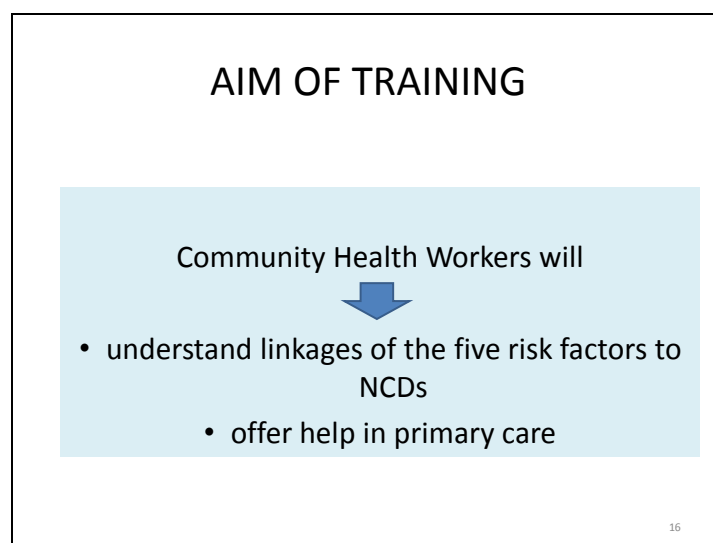
Generate discussion and write responses on the board. The idea here is to get the participants to understand how closely the risk factors are related to NCDs and to each other. For example, encourage the group to connect unhealthy eating habits to risk of diabetes and heart disease, or excessive salt or tobacco use to heart disease. Similarly ask them to explore links between tobacco use and stress, or the additional risks to NCD when more than one risk factor is combined.

Slide 15



The participant therefore understands that in addition to the risk factor worsening or causing an NCD, one risk factor could lead to another, or more than one may combine to worsen the NCD.

Slide 16



The aim of training is to help Community Health Workers to use knowledge about risk factors and NCDs to the ground situation in the local community.

Tobacco use as a risk factor for NCDs

Session 2

Objectives of the session





By the end of this session, the participants will understand the following:

- The health problems associated with tobacco and tobacco as a risk factor for NCDs
- The various types of tobacco used in the country
- Reasons for tobacco initiation and maintenance
- Laws related to tobacco use
- What messages to give in the community on tobacco related harm and benefits of quitting
- How to advise tobacco users to quit and support them in their quit attempts

Organization of the session

- *Facilitator's reading material:* The facilitator should read the material before the session. Sources for specific information are quoted and included as references in the footnotes.
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- **Role Play** is indicated by the letter **RP** and symbol 



Introduction

Eighty percent of the world's smokers live in low and middle income countries like India⁴. Every day, 2,500 Indians die due to tobacco related diseases⁵. In our country, nearly one out of every two men, and one out of five women uses tobacco in one form or the other⁶. In the South East Asian region, young and middle aged adults are becoming more affected due to tobacco use during the productive phase of their lives. Poor women are most vulnerable because of unhealthy living conditions, poverty and poor health care. Smoking brings diseases not just for the user but also to their family.

Tobacco is a serious public health problem, responsible for a variety of diseases including cancer, cardiovascular disease and respiratory diseases. It kills more than AIDS, legal and illegal drugs, road accidents, murder and suicide put together in developed countries.⁷ Chronic use of tobacco can also affect the brain and is a risk factor for stroke (paralysis). According to WHO, if the risk factors such as tobacco use, poor diet and physical inactivity are prevented, there would be a 80% reduction in heart diseases, strokes, diabetes and 40% reduction of cancers⁸.

This session is to facilitate an understanding of tobacco use and its linkages to other risk factors and NCDs and address tobacco use in primary care. The first session is about improving the Community Health Worker's understanding about tobacco use. The next session is about its relationship to other risk factors and NCDs. The session ends with how the Community Health Worker will use the simple 'TALK' approach for behavioural change in the community in order to encourage tobacco quitting, an important step to reduce risk for NCDs.

⁴ World Health Organization. Tobacco Fact Sheet 2015. www.who.int/mediacentre/factsheets/fs339/en/

⁵ Sebastian M, Krishnan D, Dhingra M, Zutshi A, Benegal V, Murthy P. *Tambakina upayogavannu nillisalu sahayavaguva kaipidi. Tobacco Use: A Smart Guide On Why you should stop...and how.* 2007.

www.nimhans.kar.nic.in/cam/CAM/TOBACCO_USE_A_SMART_GUIDE_ENGLISH__NIMHANS_BANGALORE_.pdf

⁶ Ministry of Health and Family Welfare, Government of India. Global Adult Tobacco Survey (GATS) Fact Sheet India: 2009-2010. www.who.int/tobacco/surveillance/en_tfi_india_gats_fact_sheet.pdf

⁷ Centers for Disease Control and Prevention. Annual smoking-attributable mortality, years of potential life lost and productivity losses- United States, 1997-2001. www.cdc.gov/mmwrhtml/mm5114a2.htm

⁸ World Health Organization. Chronic disease and health promotion. 2014. www.who.int/chp/chronic_disease_report/part1/en/index11.html

Total Duration: 2 hours 45 minutes approximately

Slide 2

AIM

The Community Health Worker would be able to recognize and address *tobacco use* as a risk factor for NCDs and offer help in primary care.

2

Slide 3

LEARNING OBJECTIVES

A. Educate about different forms of tobacco, why people start or continue tobacco use and laws on tobacco control

B. Encourage tobacco users to quit by using the 'T A L K' approach

3

Slide 4

LEARNING OBJECTIVE

A. Educate about different forms of tobacco, why people start or continue tobacco use and laws for tobacco control


4

Instruction

The facilitator will lead a discussion about the different forms of tobacco use in the Indian context, why people use tobacco, why it is difficult to quit and the laws on tobacco control.

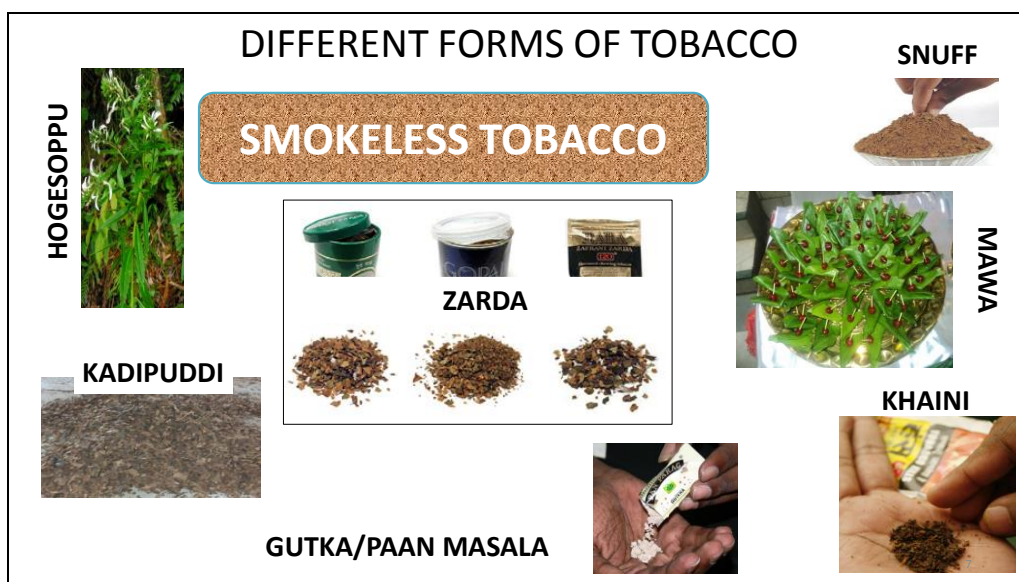
Slide 5

B *What are the common forms of tobacco used in your community?*



5

Generate discussion and write them on the board.




Tobacco is a plant whose leaves are dried and used in various ways. It may be smoked in the form of cigarettes or bidis. Smokeless tobacco comprises tobacco chewed as zarda, gutka, khaini, paan, etc, or inhaled as snuff. In India 1/3rd of its population used tobacco (smoking or smokeless forms). One in two men and one in five women in India uses tobacco either in the smoked or smokeless forms. India ranks at the top among countries which have a problem of chewing tobacco. Chewing tobacco and using other forms of smokeless tobacco are more popular in India among men, women children and teenagers. Smoking by women is not looked upon well by society but there is no taboo with regard to smokeless forms.⁹ There are many social factors like poverty and illiteracy that contribute to tobacco use.

⁹ Directorate General of Health Services, Ministry of Health & Family Welfare Government of India. Tobacco Dependence Treatment Guidelines. National Tobacco Control Programme. 2011

www.treattobacco.net/en/uploads/documents/Treatment%20Guidelines/India%20treatment%20guidelines%20in%20English%202011.pdf

WORKSHEET (Group Work)

A *Why do people start tobacco use?
Why do they continue?*



8

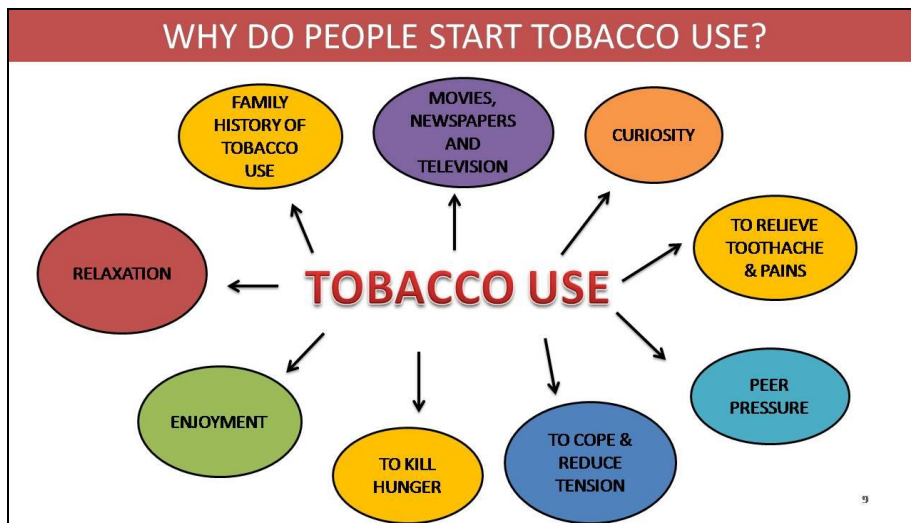
Activity (group work)

Duration: 30 minutes

The participants will discuss as to why people use tobacco and why they continue¹⁰. Divide participants into small groups and give them chart paper and pens and 15 minutes to discuss. Each group will make a presentation (5 minutes). Generate discussion during the presentation.

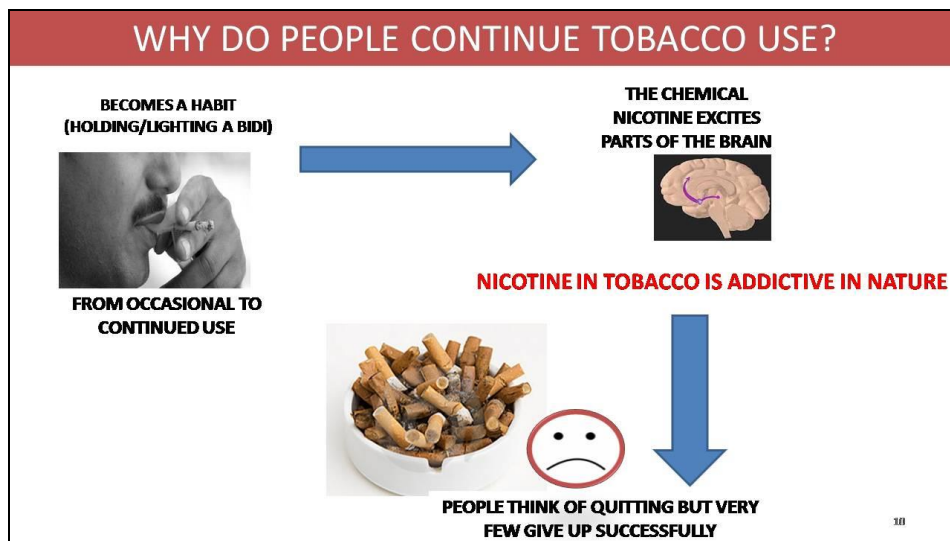
¹⁰ National Institute of Mental Health and Neuro Sciences. Addiction: What to know and how to get help. Deaddiction Centre, NIMHANS, 2009. www.nimhans.kar.nic.in/cam/CAM/Helping_persons_with_addiction_booklet.pdf

Slide 9



Discuss how people start tobacco use.

Slide 10



According to the Global Adult Tobacco Survey, nearly one out of two current smokers and users of smokeless tobacco planned to quit or thought about quitting. Less than half of patients who were smokers and just about one quarter of users of smokeless tobacco were advised to quit by a health care provider.¹¹ Very few smokeless tobacco users quit by themselves. Only 1% of daily smokeless tobacco users have quit on their own, even lower than the 2% of smokers have quit by themselves

¹¹ Global Adult Tobacco Survey (GATS), India Fact sheet (2009-2010) ibid

Why is it so difficult to quit tobacco even when people want to quit?

All forms of tobacco contain nicotine. Nicotine is a chemical that acts on the brain and releases certain natural brain chemicals which make the person feel good, just like anyone may feel when they get a reward. Every time the person uses tobacco, the brain releases this 'reward' chemical. Over time, when tobacco is stopped, and there is no release of the reward chemical, the brain reacts by producing a craving for tobacco and other symptoms like irritation, lack of concentration, and moodiness, which are all called withdrawal symptoms. These symptoms start a few hours after tobacco is stopped, increase in the next two or three days and reduce in a week to ten days. Craving can last for a longer time.

Slide 11

WHAT THE CHW SHOULD KNOW ABOUT
TOBACCO USE

There is
no safe
limit for
tobacco

**HARM FROM TOBACCO IS
PREVENTABLE & TOBACCO
ADDICTION IS TREATABLE**

11

It is important to know that though tobacco is addictive in nature, it is possible to prevent the harm from tobacco. Tobacco addiction is treatable.

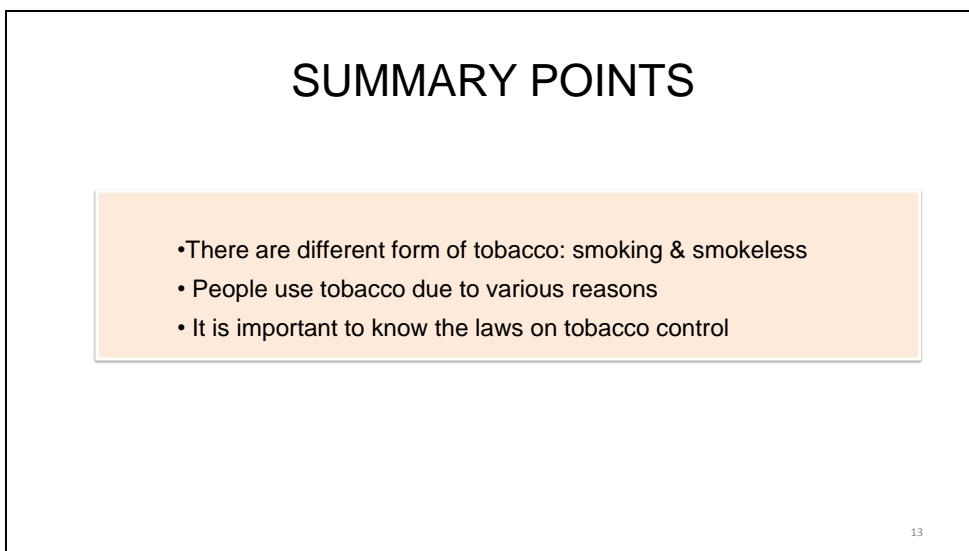


The law in our country bans smoking in public places.

In order to protect the public from the adverse and harmful effects of tobacco use and second hand smoke (SHS) and to discourage the consumption of tobacco, the Government of India enacted the Tobacco Control law titled “Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA) 2003”.¹²

According to COTPA:

- No one is allowed to smoke in public places
- Tobacco products should not be advertised
- Tobacco products should not be sold near educational institutions
- Tobacco packets should carry warnings about the risks of using tobacco



¹² Ministry of Health and Family Welfare, Government of India. National Tobacco Control Programme. www.mohfw.nic.in/index1.php?lang=1&level=2&sublinkid=671&lid=662

LEARNING OBJECTIVE

B. Encourage tobacco users to quit by using the 'T A L K'

14

Instruction


There will be discussion on the steps to provide awareness about tobacco use in community using the 'TALK' approach.

WORKSHEET (Group Work)

A *Where can you conduct tobacco awareness programmes?*

For whom will you conduct?

What will you talk about?



15

Activity (group work)

Duration: 30 minutes

The participants will discuss about how they will conduct awareness programmes and the contents. Divide participants into small groups and give them chart papers and pens and 15 minutes to discuss. Each group will make a presentation for 10 minutes. Generate discussion during the presentation.

**STEPS TO PROVIDE AWARENESS
ON TOBACCO USE (4 W's)**

STEP 1: WHERE can I conduct awareness on risk factors & NCDs?

STEP 2: WHOM is the awareness for?

STEP 3: WHAT messages can I give? (Use 'T A L K')

STEP 4: WHEN can I give awareness on risk factors?

16

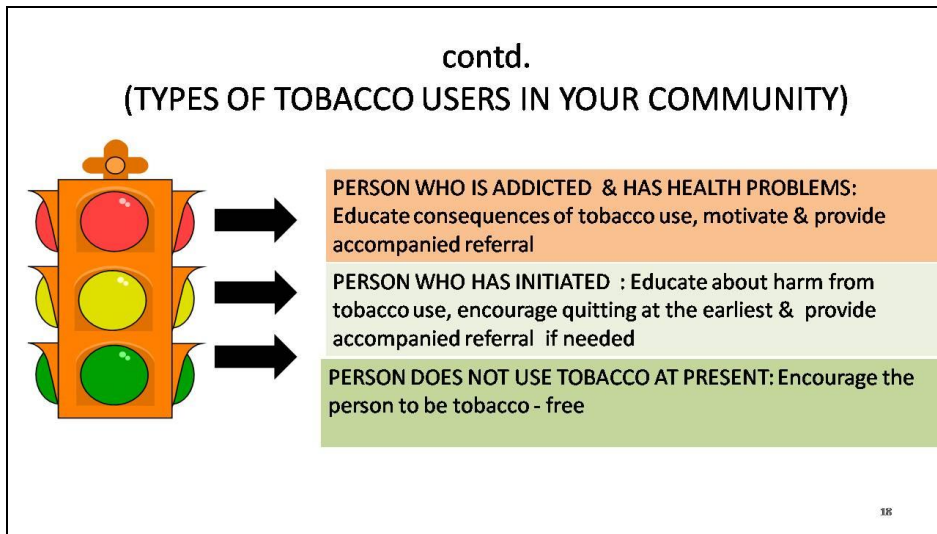
An important role of the CHW is to provide awareness in the community. Four W's are essential steps that help CHW to plan awareness programmes in the community effectively. They should know where to conduct the awareness programme on tobacco use and have to keep the target population in mind. They can give important messages on the consequences of tobacco consumption using 'T A L K' and also need to be aware when to provide these awareness programmes.

**STEP 1. WHERE CAN I CONDUCT AWARENESS ON
TOBACCO USE ?**

Home visits
Self - help groups
Schools & Colleges
Anganwadis (for teachers & mothers)
Small scale factories
Health Camps
Village Panchayat
Village Health and Sanitation
Committee
In many more places....

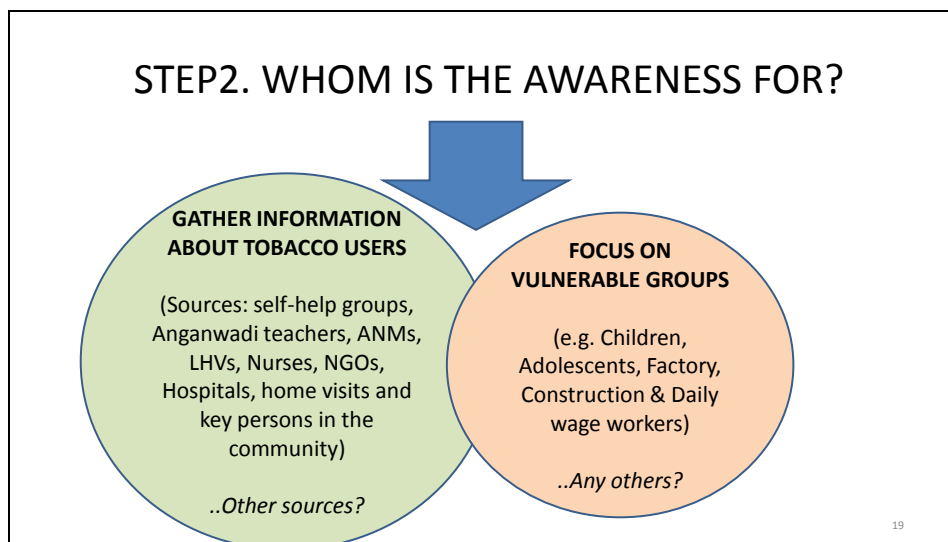
17

There are many places in the community where the CHW will have an opportunity to provide information about tobacco use. Some of them are given above.



The Community Health Worker will come across different types of tobacco users in the community. They need to address three different groups differently as mentioned above. The red light is for a person who is addicted and those who already have serious health problems (NCD or infection); yellow light is for a person who has initiated tobacco use but is not addicted/those who do not yet have any disease and green light is for person who is a non user at present.

The CHW needs to educate, motivate and provide accompanied referral for people who are in the red zone. For people in the yellow zone the CHW need to educate, encourage them to quit at the earliest. At follow-up check their quit status and if they are unable to quit provide accompanied referral to the Health Center. Encourage people in green zone to be tobacco-free.



Some homework and preparation are essential before any awareness programme. Gather information about tobacco users from various sources in the community.

In the community there can be many who are more likely to use tobacco and will benefit from information e.g. factory workers, construction & daily wage workers. Students and youth are an important group who need information because tobacco use generally starts among teenagers

Slide 20

STEP 3: WHAT MESSAGES CAN I GIVE? (USE 'T A L K')

- T – TELL What NCD's and Risk Factors are
- A - ADVISE Individuals and Families on what to do to reduce risk factors and support them to reduce risks and adopt healthy lifestyles
- L - LEAD Collective community action for reducing risk factors by working with community based organizations and self-help groups
- K - KNOW More about NCDs and Risk Factors, self-help approaches to reduce risk and community resources for treatment and support

20

Use the 'TALK' approach to address risk factor in the community. T is for tell, A is for advise, L is for lead, and K is for know. While using the T A L K

it is essential for the CHW to be empathetic, non-judgmental (e.g. not saying a smoker is 'bad' and warm. Providing hope while conveying the messages to people are also important.

For example when a person says his/her problem the CHW can say '*I understand*'...OR '*I know that this might be hard for you*'..., OR '*Do not feel bad there is always a way out of every problem*'....CHW also needs to be positive and encouraging. For example whenever a person shows signs of improvement the CHW can say '*I appreciate your effort*'....

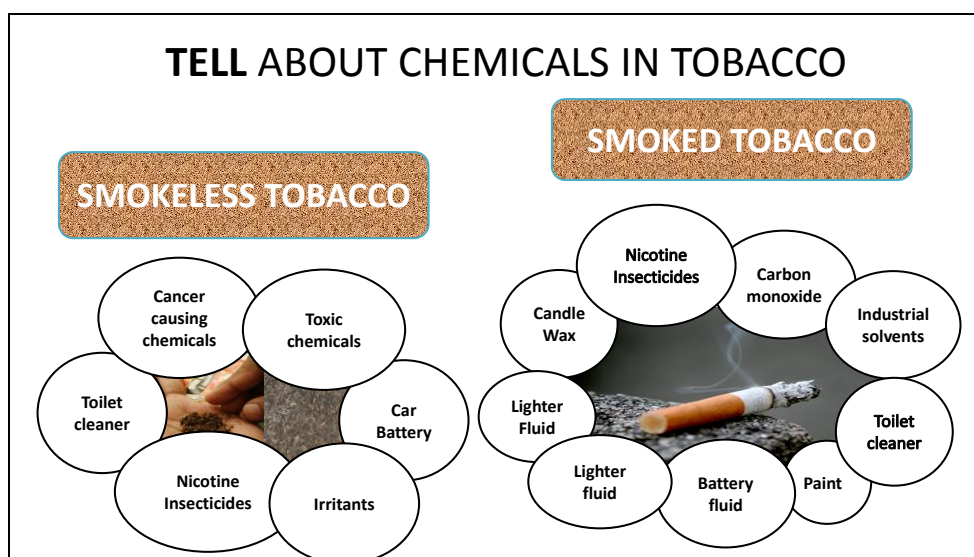
TALK TO INDIVIDUALS AND THEIR FAMILIES



NOTE GOA

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Community Health Workers play an important role because they meet both individuals and their families. They can thus provide effective messages and clarify wrong beliefs in the community.



In India, tobacco kills 8-9 lakh people every year and tobacco smoke contains over 4000 harmful & poisonous chemicals. There are 3000 chemicals in one packet of gutka, pan masala, khaini (smokeless tobacco). The good news is that presently many states have banned the sale of gutka. But the sad news is that now people are being sold the pan masala and tobacco separately, which they mix and use. Therefore, we understand the importance of making people understand why it is important to quit.

contd.

TELL ABOUT TOBACCO USE AND IMPACT ON HEALTH & NCDs

Stroke


Hair loss, Skin, eye & ear diseases

Respiratory diseases, Cancer, Tuberculosis, Asthma, COPD, Lung disease

Bone problems such as brittle bones

Reduced immune response & increased infection

Miscarriages, stillbirths, pre-term delivery, low birth weight, sudden infant death syndrome, developmental impairments in child



Premature ageing & tooth decay

Mouth ulcers & cancers

CARDIOVASCULAR DISEASES: Hypertension, heart disease, heart attacks and coronary diseases

CANCERS: pancreas, kidney, urinary bladder

Sexual & reproductive diseases: erectile dysfunction (men), impaired menstrual cycle, early menopause (women), reduced fertility and cancers

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Tobacco and diabetes: Tobacco use increases the risk of diabetes. In persons who are diabetic, tobacco use increases damage to blood vessels.

Tobacco and Cancer: Smoking is the major cause of lung cancer, oral cancer and cancers of the stomach, liver, pancreas and kidneys. In addition, exposure to second-hand tobacco smoke causes lung cancer. The International Agency for Research on Cancer (IARC)¹³ found that tobacco smoking is the major cause of lung cancer and is associated with oral cancer. In addition, second-hand tobacco smoke also causes lung cancer. The IARC reports that chewing betel quid with tobacco and tobacco mix with lime is carcinogenic. Several studies from the South East Asian region provide evidence of oral cancer risk.

Tobacco and Cardiovascular diseases: Tobacco use, especially in the form of smoking has been found to lead to coronary artery diseases and sudden cardiac death. A study in Bangalore found that the most important predictor of acute myocardial infarction (heart attack) was the smoking of cigarettes and bidis.

Tobacco and respiratory diseases: Tobacco is associated with chronic respiratory diseases including symptoms such as cough, wheezing and reduced lung capacity. Tobacco can also cause chronic cough, sputum production, frequent infections in the air ways and breathing difficulties. In Nepal, the high incidence of respiratory tract infections among under-fives is linked to smoke from cigarettes and cooking in enclosed areas¹⁴.

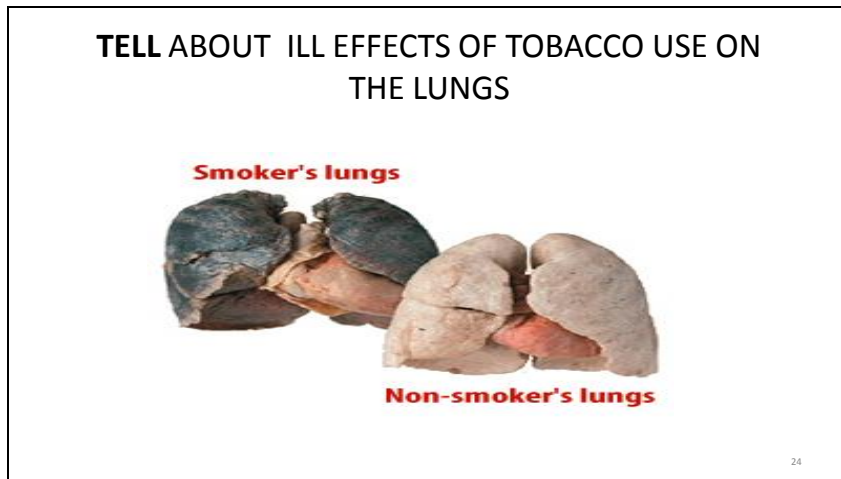
¹³ IARC. Tobacco smoke and involuntary smoking. IARC Working Group on the Evaluation of Carcinogenic Risk to Humans. Volume 83. Lyon: IARC, 2004 (www.monographs.iarc.fr/ENG/Monographs/vol83/mono83-1.pdf)

¹⁴ The Framework Convention on Tobacco Control in the South-East Asia Region. Regional Committee Fifty-third session, document no. SEA/RC53/14. New Delhi: WHO SEARO, 2000. (http://www.searo.who.int/LinkFiles/RC_53_rc53-14.pdf - accessed 1 April 2010)

Tobacco and Mental Health Disorders: Patients with mental health problems have higher rates of smoking/tobacco use and are prone to serious health problems both on account of their mental illness and on account of tobacco use¹⁵.

Tobacco use can also worsen diseases like tuberculosis, HIV etc and can make a person develop infections more easily by reducing the person's strength to handle infections.

¹⁵ Tobacco Dependence Treatment Guidelines, Control Programme Directorate General of Health Services, Ministry of Health & Family Welfare Government of India. National Tobacco Control Programme Directorate General of Health Services Ministry of Health & Family Welfare Government of India. 2011.

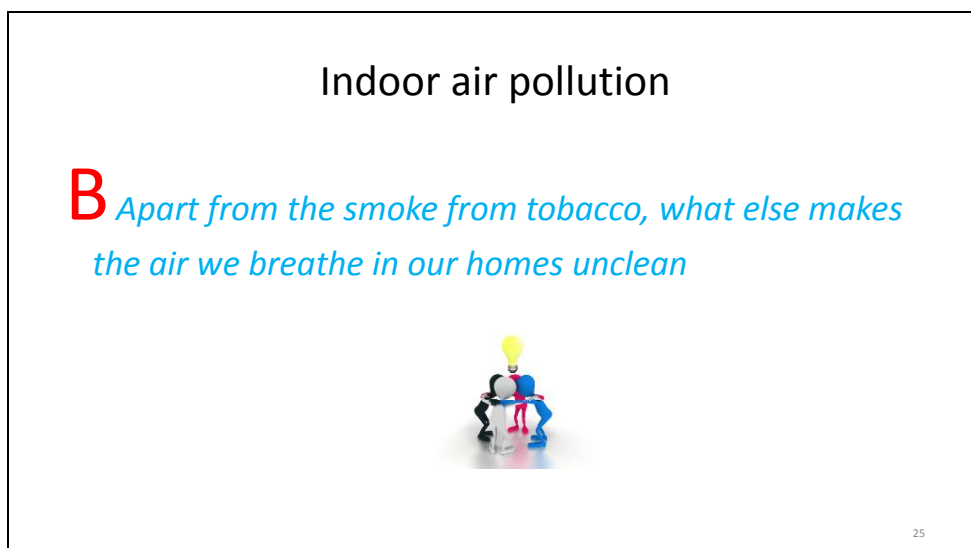


Pictures can be used to show how tobacco use affects people.

Other causes of indoor air pollution apart from tobacco smoke

There are other factors that can cause damage to the lungs and respiratory system, especially those that lead to indoor air pollution. At this stage, it is useful to initiate a discussion on other factors that can lead to pollution of indoor air and health damage.

ACTIVITY (BRAINSTORMING)



The World Health Organization stresses that if a pollutant is released indoors, it is 1000 times more likely to reach the lung, than if it is released outdoors.

Slide 26

Unhealthy indoor air

- Using wood, dung, charcoal, other agricultural wastes
- Dampness on the walls
- Smoke from mosquito coils
- Dusty blankets and mattresses
- Poor ventilation
- Tobacco smoke

The diagram illustrates the health impacts of unhealthy indoor air. It features four distinct effects arranged around a central point, each accompanied by a small image: 1. 'Irritates the throat and lungs' with an image of a person coughing. 2. 'Irritates the eyes' with an image of a red, irritated eye. 3. 'Irritates the skin' with an image of a hand being scratched. 4. 'Causes irritability, headache and poor concentration' with an image of an angry face emoji. A blue curved arrow points from the list of causes on the left towards these effects.

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Slide 27

contd.

TELL ABOUT CANCER AND TOBACCO USE

The photograph shows an elderly woman with a large, prominent, pink, fleshy tumor on her lower lip. She is wearing a red headscarf and a pink garment. The background is a plain wall with some papers pinned to it.

Photo courtesy:
Dr. Pankaj Chaturvedi
27

Tell how tobacco use can lead to cancer.

Slide 28

contd.

TELL ABOUT TOBACCO USE AND DENTAL CAVITIES




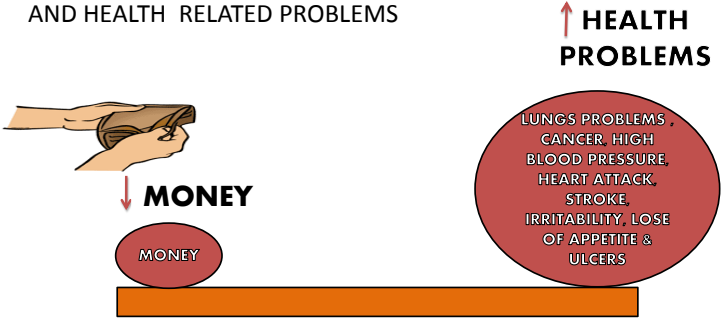
Photo courtesy:
Dr. Pankaj Chaturvedi
28

Discuss about tobacco use and dental cavities.

Slide 29

contd.


TELL HOW TOBACCO USE LEADS TO FINANCIAL AND HEALTH RELATED PROBLEMS



29

Slide 30

B *Does smoking tobacco use affect only the smoker?*



30

Generate discussion and write responses on the board.

Slide 31

‘TELL’ ABOUT SECOND HAND SMOKING



EVERY THIRD CHILD IN INDIA IS EXPOSED TO TOBACCO SMOKE

31

Second-hand smoke (SHS) is the inhalation of smoke breathed out by a smoker including smoke from the burning end of cigarettes, cigars, pipes and bidis. It is also called passive smoking or environmental tobacco smoke (ETS).

Children & Secondhand Smoke:

- One in three children in India aged 2 months to 5 years is exposed to SHS.
- Nearly two out of six deaths due to SHS worldwide occurs in children under five
- One in four children is exposed to SHS at home
- Children exposed to SHS fall sick very often and have frequent attacks of asthma, pneumonia and bronchitis

Pregnancy & Secondhand Smoke:

- Pregnant women exposed to ETS 6 hours a day pass carcinogens into the blood of the unborn
- ETS for 2 hours a day causes 2 times risk of low birth weight
- Miscarriage
- Prematurity
- Low birth weight
- Sudden Infant Death Syndrome (SIDS)

Slide 32

'TELL' YOUTH ABOUT MESSAGES FROM THEIR ROLE MODELS



When Tamil superstar Rajanikanth turned 62 he asked fans for a special birthday gift .
GIVE UP SMOKING AND DRINKING, said Rajini Sir



Hit out tobacco,
before tobacco hits you out!

KEEPING YOUTH FREE FROM TOBACCO

SAY NO TO TOBACCO – RAHUL DRAVID BATS TO HIT OUT TOBACCO

Say NO to tobacco

32

Role models have a very important influence on the attitudes and styles of people. Recently, more and more role models in society have been encouraging people to give up tobacco and other risky life styles. These messages can be made more popular so that youth are influenced to reduce risky behaviours.

Slide 33

TELL ABOUT THE BENEFITS OF QUITTING


- ✓ Within 20 minutes your BP, pulse rate reduce.
- ✓ Within 2 hours nicotine gets washed out.
- ✓ Within 8 hours carbon monoxide/ tar in your body reduces.
- ✓ Within 24 hours your chance of a heart attack has already reduced.
- ✓ Within 48 hours your sense of smell improves.
- ✓ By 3 months your fertility improves.
- ✓ By 9 months your shortage of breath improves.
- ✓ Over 5–15 years your risks of lung cancer, heart disease & stroke will reduce to levels of that of a non-smoker.

CDC Atlanta 33

Benefits of quitting tobacco should be discussed¹⁶.

Slide 34

ADVISE HEALTHY LIFE STYLES & WAYS OF QUITTING TOBACCO



- ✓ Decide a date to QUIT
- ✓ Remove tobacco products around you
- ✓ Use 4 Ds
- ✓ Use cardamom(elaichi), cloves (lavanga), peanuts when there is urge to use tobacco
- ✓ Have healthy food, sleep & work schedule
- ✓ Say 'NO' to tobacco
- ✓ Leave the situation/place if you are forced to use tobacco

34

Healthy life styles & ways of quitting tobacco¹⁷ need to be discussed as there may be some in the group who are users of tobacco. They may be interested to know about quitting tobacco use but may hesitate to ask in public. Simple tips on how to quitting tobacco use needs to be included and are given below:

¹⁶ National Cancer Institute. Secondhand smoke: questions and answers. www.cancer.gov/images/Documents/3770da1d-1c3a-4a1c-905f-944140049158/Fs10_18.pdf

- Discuss with the patient an appropriate time to quit. It can be on the persons' birthday or child's birthday or as a gift to the family. Set about 15 days of time to quit from the time of meeting the counselor.
- Reduce tobacco use daily (from 10 to 9 bidis; 9 to 8 and so on). However this is less successful than suddenly quitting. Suddenly quitting may be more uncomfortable, but with preparation can be done and there is better chance of staying quit.
- Avoid company of friends who smoke and shops where you buy tobacco every day. These are called 'high risk' situations and are triggers as they remind us of previous smoking times and that can lead to relapse.
- Use 4 Ds at high risk situations:
 - Delay (postpone use); Distract (move away, shift your attention); Drink water(sip by sip like the way you drink coffee, tea or juice); Deep breathing (take a few deep breaths and concentrate on your breath)
- Say 'NO' to tobacco use: Be firm when you are forced to use by friends and other users. Leave the place quickly if you are forced to use tobacco to a safe place
- Have healthy food on time, sleep well and have a work schedule
- Spend time with family and friends (who do not use tobacco); have hobbies (gardening, reading, playing games).
- Take a long walk
- Get engaged in household chores
- Listen to some music or read
- Instead of using tobacco when you are stressed or feeling sad or lonely, talk to someone who you are close to.

¹⁷ Sebastian M, Krishnan D, Dhingra M, Zutshi A, Benegal V, Murthy P . Tambakina upayogavannu nillisalu sahayavaguva kaipidi. Tobacco Use: A Smart Guide On Why you should stop...and how.2007
www.nimhans.kar.nic.in/cam/CAM/TOBACCO_USE_A_SMART_GUIDE_ENGLISH_NIMHANS_BANGALORE_.pdf

'TELL' ABOUT FINANCIAL SAVING AND HEALTHY ENVIRONMENT



Putting up a sign
Our House is Tobacco - Free



Save the money that was being
spent on tobacco

35

In some community experiments, simple activities like encouraging a tobacco user to put aside the money he/she was spending on tobacco as a saving, or putting up a board outside the home saying that this is a tobacco free house have shown success in encouraging community change. Such simple but effective activities can easily be taken up by the Community Health Workers.

- Putting up a signage (signs used to show information about smoking). The signage can be 'tobacco free home'.
- Tobacco users can put money spent on tobacco in a saving box and spending it later on something that is worth it.

Contd.

What a CHW can say if patient has stopped using tobacco:

'... I am happy to hear that you have managed to quit tobacco use. I really appreciate your effort to make a change in your lifestyle...'

FOR THOSE WHO DO NOT QUIT, CONTINUE TO ADVISE

If patient starts using tobacco again:

'.. It is normal to use tobacco again and it is a part of recovery. It is important to visit the Health Centre and get help again...'

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IF PATIENT STARTS USING TOBACCO AGAIN

- Educate about consequences of tobacco use & provide hope to the person (state how relapse or re-starting use is normal in the recovery process)
- Refer to Health Centre (to manage health related problems such as withdrawals, cough and so on)



IF PATIENT HAS STOPPED USING TOBACCO

- Congratulate the person for having stopped tobacco use (positive words of encouragement are important)
- Educate about the possibility of relapse
- Advice to continue medicine regularly
- Advise regular follow-up

Slide 37

LEAD DISCUSSIONS ON HOW TO ADDRESS NCDs

For example, initiate discussion on cancer and its relation to tobacco use

→

MOUTH OF A CHEWER Photo courtesy: Dr. Pratima Murthy

Photo courtesy: Dr. Pankaj Chaturvedi

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These pictures can be used to generate discussion about how tobacco use leads to cancer.

Slide 38

‘KNOW’ WHERE TO GET ADDITIONAL HELP TO ADDRESS TOBACCO USE

- HEALTH CENTRE
- GENERAL HOSPITAL
- TOBACCO CESSATION FACILITY
- USE MEDITATION OR YOGA CENTRE TO RELAX
- USE A PLAY GROUND/ GYM TO ENGAGE IN PHYSICAL ACTIVITY

Example of what the CHW can say to a person who wants to stop tobacco use:

‘If you cannot stop tobacco use on your own or find more health problems after stopping use, please contact me or visit the Health Centre’

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The CHW should extend help and support to those who want to quit and inform about the role of the Health Centre. The Community Health Worker can inform the people how she/ he can help if some of them have difficulties quitting tobacco (contact via phones, letters). The person may require special help from the Health Centre and she can offer to accompany the person to the Health Centre. The person should be introduced to the health care providers (Medical Officer, Counselor) for further help.

Slide 39

STEP 4: WHEN CAN I GIVE AWARENESS ON TOBACCO USE?

- During Home Visit
- Health Camp
- Village Fair
- Exhibitions
- *Melas*
- Educational Talks

...Any others?

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SUMMARY POINTS

Steps to provide awareness about tobacco use in the community
(4 W's: Know where, for whom, what message and when)

40

FREQUENTLY ASKED QUESTIONS

1. Why is tobacco bad? What happens if we smoke a few beedis or chew a few packets a day?
2. Why should tobacco cause death? I am using tobacco for many years and am still alive.
3. I smoke only 1 or 2 cigarettes a day. Is that safe?



4. One has to die some day. How does it matter if I die because of tobacco related disease or otherwise?
5. I won't smoke at home but will go out and smoke. Is that ok?
6. I am smoking all these years. If I stop will I get my good health back?

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FREQUENTLY ASKED QUESTIONS

1. Why is tobacco bad? What happens if we smoke a few cigarettes or chew a few packets a day?
 - Nobody will fall and die as soon as they smoke a cigarette or chew tobacco. The person may die of some heart problem, cancer, stroke and so on and their death certificate will have the name of that disease and not tobacco as the cause of death. The real fact is that smoking or tobacco use is responsible for nearly one in two heart attacks; one in three cancer deaths and more than three out of four cases of lung cancer each year. There is also a 50% increase in the risk of impotence among smokers compared to those who have never smoked.

2. Why should tobacco cause death? I am using tobacco for many years and am still alive.
 - Among the 4000 chemicals in the cigarette and bidi, 60 are cancer causing. It's like having pesticides, insecticides, paint thinner and battery fluid. It reduces 15 years of your life.

3. I smoke only 1 or 2 bidis a day. Is that safe?
 - Thinking of smoking 1 or 2 bidis a day or chewing tobacco 1-2 times a day is like jumping from the tenth floor of a building instead of the 20th. It makes no difference.

4. One has to die some day. How does it matter if I die because of tobacco related disease or otherwise?
 - Have you seen a person dying due to cancer? Do you know how much the family suffers when he is suffering? It is said that with one cancer patient the family dies many times. Is it right to cause our family such suffering.

5. I won't smoke at home but will go out and smoke. Is that ok?
 - It is estimated that only 15% of the smoke from a cigarette is inhaled by the smoker; the rest goes into the surrounding air and others in the same area. This causes cancer, heart diseases to others. Do we have a right to kill others? When we smoke at home, it is our children, partner or older people at home who inhale the fumes and fall ill.

6. I am smoking/chewing tobacco all these years. If I stop will I get my good health back?

Yes. There are short term and long term benefits.

After 2 days:

- Sense of smell and taste will improve. You will enjoy your food more.
- Your risk of a heart attack begins to decrease.

After 2 weeks:

- Blood flow improves as nicotine has passed from your body.
- Within 2 weeks to 3 months circulation will improve making walking and running easier.
- Lung functioning goes up by 30%

Within 6-9 months:

- You will experience less coughing, tiredness and breathlessness

After 1 year:

- Your risk of heart disease will be about half of what it would have been if you continued to smoke

After 5 years:

- Your risk of stroke will be less.

After 10 years:

- Your risk of dying from lung cancer will be about half of what it could have been if you had continued to smoke
- Your risk of cancer of the mouth, throat, oesophagus, bladder, kidney and pancreas will decrease


Within 15 years:

- Your risk of dying from heart attack is equal to a person who has never smoked.

Slide 42

CHALLENGES & BARRIERS

B *What are the difficulties you can face when you use the 'TALK' Model for tobacco use?*



42

Slide 43

WRAP UP

- *What do you take back at the end of this module?*
- *As a CHW name at least two things you will do in the field to address tobacco use as a risk factor?*

43

Alcohol use as a risk factor for NCDs

Session 3

Objectives of the session





By the end of this session, the participants will understand the following:

- Alcohol use as a risk factor for NCDs
- The various types of alcohol available and commonly encountered alcohol related problems in the community
- Reasons for drinking initiation and maintenance
- Harms to self and others from alcohol and other drug use
- Laws related to alcohol use
- How to create awareness in the community about the harm from alcohol use
- How to motivate and support abstinence from alcohol
- How to lead action to reduce harm from alcohol in the community

Organization of the session

- *Facilitator's reading material:* The facilitator should read the material before the session. Sources for specific information are quoted and included as references in the footnotes.
- *Handouts:* Copies of handouts will be made before the session and distributed either before or after the session. List of handouts are included at the end of each session.
- *Power point presentation:* A DVD containing the power point presentations accompanies the training manual. The slides for each session are reproduced in the manual to aid the facilitators.
- **Activities:**

Activities during each training session may include:

- **Brainstorming** or whole group interaction indicated by the letter '**B**' and the symbol 
- **Group activity** or discussion in small groups, indicated by the letter **GA** and the symbol 
- **Individual Activity**, indicated by letter **IA** the symbol 
- **Role Play** is indicated by the letter **RP** and symbol 

ALCOHOL AS A RISK FOR NCD



Introduction

Alcohol use is quite common in India, particularly among men. According to the World Health Organization¹⁸, nearly one in three men in India uses alcohol. The use of alcohol among women is also increasing with about one in ten women also using alcohol. Among men who drink, one in ten is a heavy drinker. One in four deaths in the age group 20-39 years is attributable to alcohol. With alcohol being easily available in both urban and rural areas, the number of people using alcohol is steadily growing. The age when people start drinking is gradually decreasing. Many persons who drink also tend to use tobacco. Alcohol use is linked with other risk factors as apart from tobacco, such as diet, physical inactivity and stress. According to WHO¹⁹, alcohol consumption is related to 200 diseases and injury conditions. The diseases include many types of cancers, diabetes, cardiovascular diseases and cirrhosis of the liver. In India, alcohol related problems account for one out of every five hospital admissions and is often not mentioned in the patient's records. Alcohol and tobacco use together is higher among the poor and illiterate²⁰. High consumption of alcohol leads to inappropriate food intake and low physical activity. Stress is commonly stated as a reason for drinking, particularly among the poor. Enjoyment and relaxation are other common reasons given for drinking alcohol. Alcohol is closely related to other risk factors²¹. It is also an independent risk factor for NCDs²².

The session on alcohol use will help participants to understand the linkages of alcohol to non communicable diseases and offer help in primary care. The first objective is to improve understanding about the alcohol use patterns and consequences. This is followed by a session on how to use the 'T A L K' in the community.

¹⁸ World Health Organization Global status report on alcohol and health 2014.

www.who.int/substance_abuse/publications/global_alcohol_report/en

¹⁹ World Health Organization. Alcohol Fact sheet 2015. www.who.int/mediacentre/factsheets/fs349/en/

²⁰ Benegal V (2005) India: Alcohol and Public health Addiction. 100: 1051-1056

²¹ NIAAA. Alcohol Alert, January 2007 www.pubs.niaaa.nih.gov/publications/AA71/AA71.htm

²² Ministry of Health and Family Welfare, Govt of India. Reading material for ASHA book 8, 2009 www.mohfw.nic.in/WriteReadData/1892s/748906949fsublinkfile1.pdf

Total duration: 2 hours 45 minutes approximately

Slide 2

AIM

The Community Health Worker would be able to address *alcohol use as a risk factor* for non communicable diseases and offer help in primary care

2

Slide 3

LEARNING OBJECTIVES

A. Educate about different types of alcohol, why people start or continue alcohol use and the laws on alcohol use

B. Encourage alcohol users to stop use by using the 'T A L K' approach

3

Slide 4

LEARNING OBJECTIVE

A. Educate about different types of alcohol, why people start or continue alcohol use and laws on alcohol

4

Instruction

There will be a discussion about the different types of alcohol use in the Indian context, about why people use alcohol, why it is difficult to stop and what happens when a person stops drinking alcohol.

Slide 5

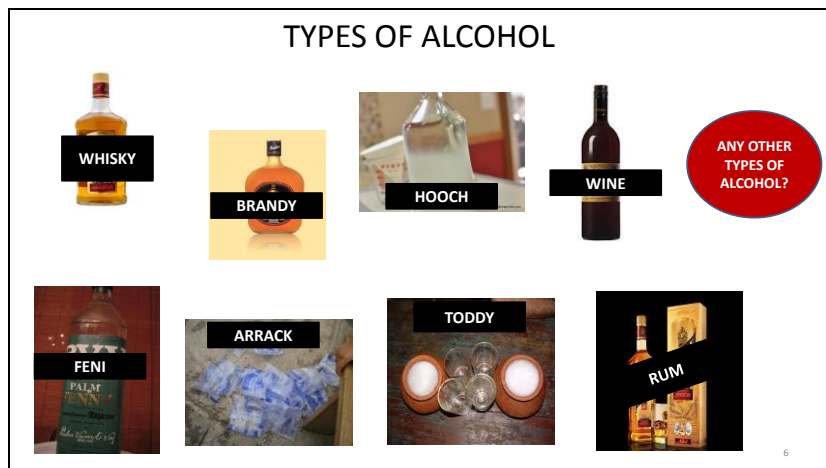
B *What are the different types of alcohol used in your community?*



5

Generate discussion and write them on the board.

Slide 6



There are different types of alcohol that are used in India²³. A study in 2010 reported that whisky and arrack are the preferred types of alcohol in South India²⁴. The common types of alcohol are as follows:

- foreign liquors: Whisky, Brandy, Rum, Vodka & Gin
- Beers (different strengths)
- Imported liquor and Wine
- Country liquor manufactured in government-licensed factories, commonly called 'arrack or toddy'
- Home brewed alcohol
- Illicit drinks which are consumed widely (e.g. hooch)²⁵

There are different varieties of alcohol available in different parts of the country.

Ask the participants if there are other types of alcohol locally available.


²³ Addiction: What to know and how to get help. Deaddiction Centre, NIMHANS, 2009, Retrieved from http://www.nimhans.kar.nic.in/cam/CAM/Helping_persons_with_addiction_booklet.pdf

²⁴ Girish N, Kavita R, Gururaj G, Benegal V. Alcohol use and implications for public health: patterns of health in four communities. Indian J Community Med 2010; 35 (2):238-44.

²⁵ Public Health Foundation of India Alcohol Marketing and Regulation Policy Network. A Report , 2013. www.ioigt.org/presidentupdate/wp-content/blogs.dir/39/files/2013/12/PHFI-Alcohol-Industry-Report.pdf

Slide 7

A *Why do people drink and why are many people who want to stop drinking unable to do so?*



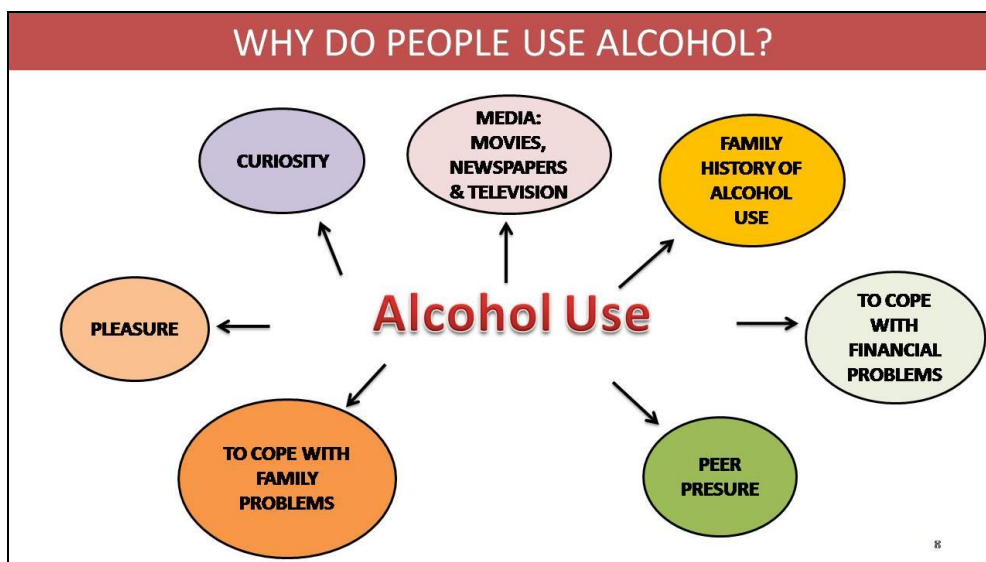
7

ACTIVITY (GROUP WORK)

Duration: 30 minutes

Divide participants into small groups. The groups will discuss about why people use alcohol (reasons) and why they continue to use. Give chart paper and pens to make presentations (15 minutes). Generate discussion during the presentation.

Slide 8



People drink alcohol for various reasons²⁶. Psychological stress, attributed primarily to financial problems and family disturbances are stated as one of the reasons for alcohol use. Peer pressure is another key reason for sustained alcohol use or dependence. People also drink for personal enjoyment and out of

²⁶ Nadkarni A, Dabholkar H, McCambridge J, Bhat B, Kumar S, Mohanraj R, Murthy P & Patel V. The explanatory models and coping strategies for alcohol use disorders: An exploratory qualitative study from India. Asian J Psychiatry 2013; 6 (6): 521-7.

curiosity. Apart from these, advertisements, movies, newspapers and televisions also tempt people to use alcohol. Availability of disposable income can also lead to drinking.

Slide 9

WHY IS IT DIFFICULT TO STOP ALCOHOL USE?

ALCOHOL IS ADDICTIVE IN NATURE

CERTAIN PARTS OF THE BRAIN GETS EXCITED



SOME PEOPLE WANT TO REDUCE OR STOP DRINKING

BUT ARE UNABLE TO STOP



DRINKING MORE QUANTITY OF ALCOHOL TO GET THE SAME EFFECT

9

It is difficult to stop alcohol use because alcohol is addictive in nature. The initial decision to use alcohol may be voluntary however; over time a person's ability to exert self control over alcohol use becomes impaired. This happens because alcohol affects the brain's pleasure circuit. Over time, the brain actually changes in certain ways so that a powerful urge to use alcohol controls the person's behaviour.

Slide 10

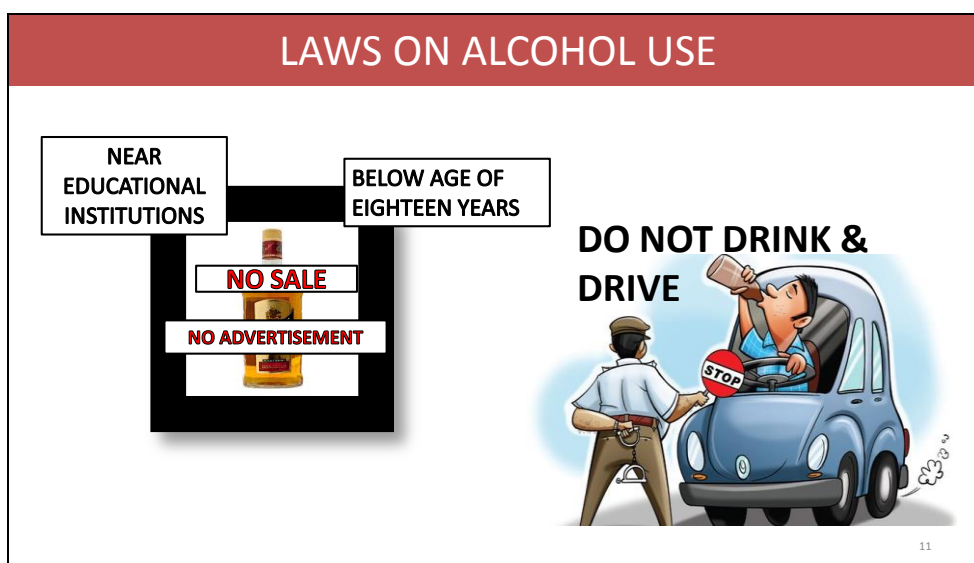
WHAT THE CHW SHOULD KNOW ABOUT ALCOHOL USE

HARM FROM ALCOHOL IS PREVENTABLE & ALCOHOL ADDICTION IS TREATABLE

10

It is important to know that though alcohol is addictive in nature, it is possible to prevent the harm from alcohol. Alcohol addiction is like any other chronic disease which is treatable.

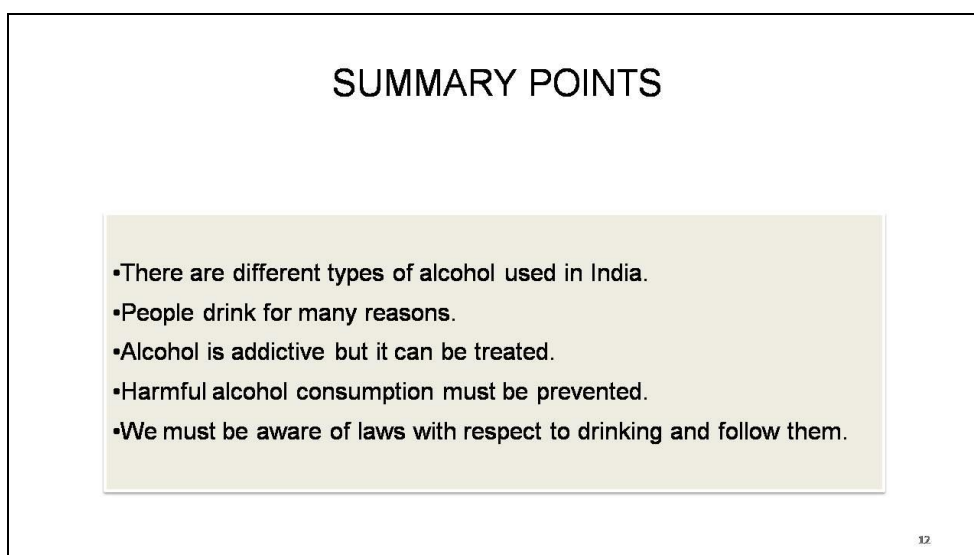
Slide 11



Laws on alcohol use²⁷

- Drinking and driving is a punishable offence.
- Alcohol should not be sold near educational institutions (within 100meters).
- Alcohol should not be sold to children below eighteen years of age.
- Advertising alcoholic beverages (commercial/surrogate) is banned.
- Government staff should not use alcohol during working hours.

Slide 12



²⁷ Regulation & Legislation India (2012). Retrieved from <https://www.alcoholwebindia.in/content/regulation-legislation>

Slide 13

LEARNING OBJECTIVE

B. Encourage alcohol users to stop use by using the 'T A L K' approach

13

Instruction

There will be a discussion about steps to create awareness about alcohol use in community using the 'T A L K' approach.

Slide 14

**STEPS TO PROVIDE AWARENESS
ON ALCOHOL USE (4 W's)**

STEP 1: WHERE can I conduct awareness on risk factors & NCDs?

STEP 2: WHOM is the awareness for?

STEP 3: WHAT messages can I give? (Use 'T A L K')

STEP 4: WHEN can I give awareness on risk factors?

14

An important role of the CHW is to create awareness in the community. Four W's are essential steps that help CHW to plan awareness programmes in the community effectively. They should know where to conduct the awareness programme on alcohol use. The CHW should keep the target population in mind and can give important messages on the consequences of alcohol consumption using T A L K approach. They also need to be aware when to provide these awareness programmes.

STEP 1. WHERE CAN I CONDUCT AWARENESS ON ALCOHOL USE ?

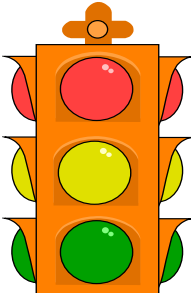
Home visits
Self - help groups
Schools & Colleges
Anganwadis (for teachers & mothers)
Small scale factories
Health Camps

In many more places....

15

There are many places in the community where the CHW will have an opportunity to provide information about alcohol use. Some of them are given above.

Contd.
TYPES OF ALCOHOL USERS IN YOUR COMMUNITY



	ADDICTED USERS: Educate about consequences of alcohol use & provide accompanied referral
	HARMFUL & RISKY USERS: Educate about consequences of alcohol use & provide accompanied referral
	PERSON DOES NOT USE ALCOHOL AT PRESENT: Encourage person to be alcohol - free

16

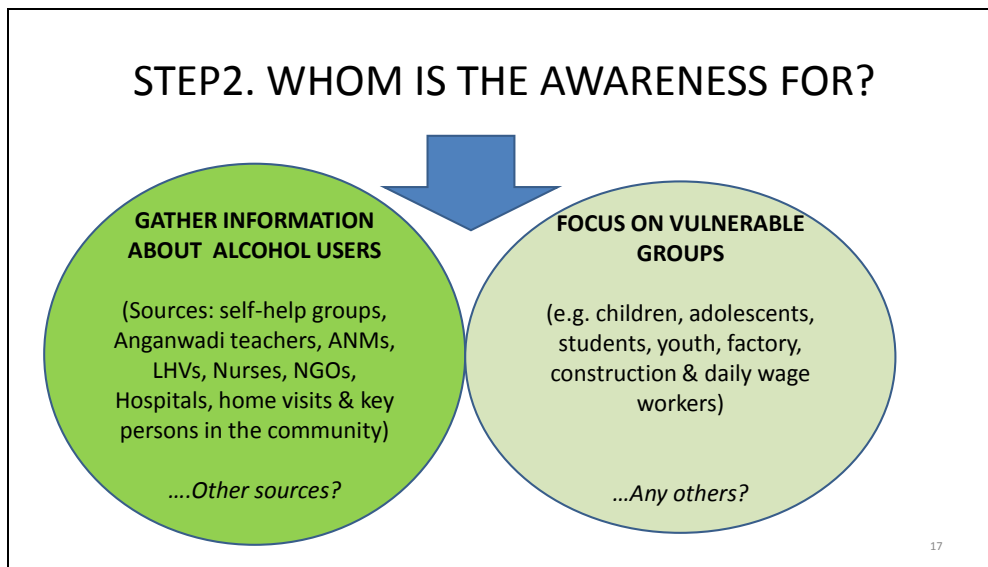
The Community Health Worker will come across different types of alcohol users in the community. They need to address three different groups differently as mentioned above. The red signifies danger (addicted users), yellow is a warning (harmful and risky users) and green signifies that the person is a non - user at present.

Addictive users are those unable to control the urge to use alcohol; need more quantity of alcohol for satisfaction; experience withdrawal symptoms like headaches, vomiting, tremors in hands, general aches

and pains when they stop drinking; lose interest in pleasurable activities and concentrate only on drinking and are unable to stop despite knowing the ill effects.

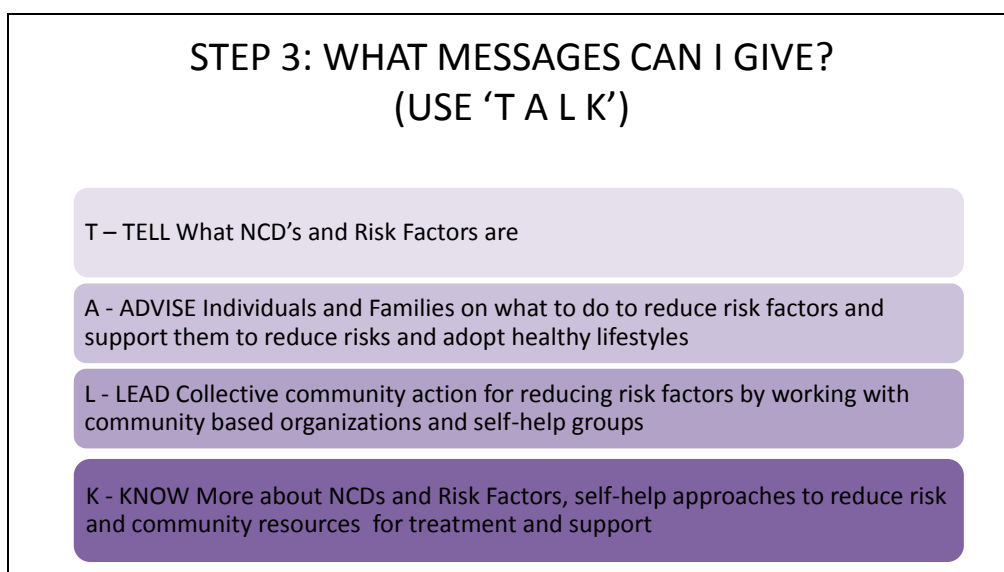
Harmful and risky users are those who drink in such a way that it affects their physical and mental health as well as brings in social consequences.

Slide 17



Some homework and preparation should be done to gather information about alcohol users from self-help groups, Anganwadi teachers, ANMs, LHV, Nurses, NGOs, hospitals, home visits and key persons in the community before the awareness programme. Focus on vulnerable groups who are likely to use alcohol such as factory workers, construction & daily wage workers. Addressing students can also be important to give them proper facts about alcohol consumption and risks.

Slide 18



Use the 'TALK' approach to address risk factor in the community. T is for tell, A is for advise, L is for lead, and K is for know.

While using T A L K, it is essential for the CHW to be empathetic, non-judgmental and warm. Providing hope while conveying the messages to people are also important.


For example when a person says his/her problem the CHW can say '*I understand*'...OR '*I know that this might be hard for you*'..., OR '*Do not feel bad as there is always a way out of every problem*'. The CHW also needs to be positive and encouraging. For example whenever a person shows signs of improvement the CHW can say '*I appreciate your effort*'....

Slide 19

WORK SHEET (Group Work)

A *When you ask people 'why they drink'? what are their common responses or what do they give as reasons?*

For example: Some people give reasons and say:
'I drink to relieve body aches and pains' OR 'When I drink I will work more'



19

Activity (group work)

Duration: 30 minutes

Divide the participants into groups to discuss the question 'why people drink' and 'what they give as reasons'. Give them chart papers and pens to make the presentation (15 minutes). Generate discussion during the presentation.

contd.

COMMON BELIEFS REGARDING ALCOHOL USE- CORRECT OR INCORRECT?

1. Alcohol relieves cold and cough
2. Alcohol relieve body aches and pains
3. Alcohol enhances sexual performance
4. Alcohol makes the mind clear and sharp
5. Alcohol makes a person brave
6. Alcohol improves work performance
7. Drinking beer helps in body building
8. Alcohol induces good sleep
9. Alcohol keeps us warm especially during winter and rains
10. Eating good food or drinking buttermilk or lime juice neutralizes harmful effects of alcohol
11. Costlier alcohol beverages are safe than cheaper ones

COMMON BELIEFS IN THE COMMUNITY REGARDING ALCOHOL USE²⁸

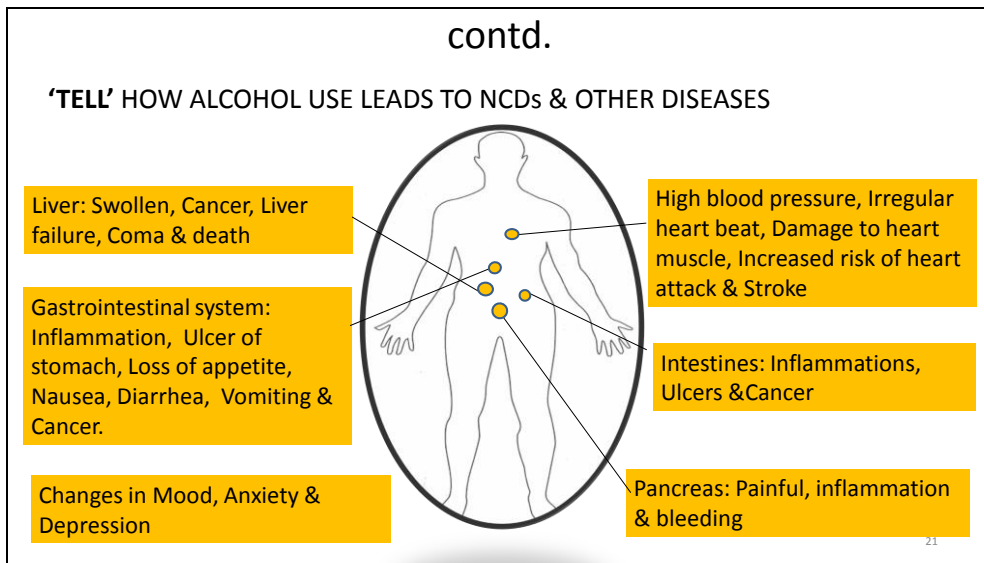
People can have various beliefs about alcohol use and drink alcohol for various reasons. The CHW worker is likely to come across men who drink but needs to keep in mind that women also drink, but may not be open or talk about it in public (due to stigma). If women drink when they are pregnant, the children born to such mothers may have a variety of defects, including poor brain development and behaviour problems.

- Alcohol relieves cold, cough, body aches and pains.
Fact: Alcohol produces a sensation of warmth throughout the body, due to opening up of blood vessels. This in turn causes stuffiness in the nose and loss of body heat. This produces a sense of well being, which is wrongly interpreted as relief from the cold, body aches and pains.
- Alcohol enhances sexual performance.
Fact: Chronic alcohol use decreases sexual desire and impairs the person's sexual ability. Intoxication can lead to poor judgment and therefore unprotected sex, resulting in risk to HIV and other sexually transmitted diseases.
- Alcohol makes the mind clear and sharp.
Fact: Alcohol produces a sense of well being but impairs the person's judgment (being able to decide what is right or wrong). This makes him feel that he is thinking and performing very efficiently, whereas he is not.
- Alcohol does not make a person brave.
Fact: Many shy people report that the use of alcohol reduces their shyness, and this helps them interact better with others. Others say alcohol makes them feel brave and be more confident. Alcohol produces this effect by impairing judgment. The person cannot judge the appropriateness

²⁸ Nattala P, & Murthy P. *Relapse prevention in alcohol dependence: A family-based approach*. National Institute of Mental Health and Neuro Sciences, Bangalore. 2013, Publication No 87.

and consequences of his/her thoughts and actions and often ends up saying and doing things which when sober, would be considered wrong.

- Alcohol does not improve work performance.
Fact: This again is due to the false sense of well being and faulty judgment produced by alcohol. In people who have been using alcohol for a long time and are dependent on it, withdrawal symptoms occur in the morning after drinking the night before and this impairs work performance. In such people, drinking alcohol temporarily relieves the symptoms of withdrawal which is mistaken for improved work performance. However, continuing to drink to relieve withdrawal symptoms would serve no useful purpose, and would adversely impact health.
- Drinking beer does not help in body building.
Fact: Alcohol causes increase of body fat and decreases muscle mass in the long run. Beer belly (excessive fat around the abdomen) is commonly seen in drinkers. Alcohol actually leads to nutritional imbalance and does not build the body. Body building occurs when muscle mass increases, and not fat. So it is healthy diet and regular exercise that builds the body, not alcohol.
- Alcohol induces good sleep.
Fact: Alcohol disrupts the natural sleep cycle and decreases efficiency of sleep. Following natural sleep, a person wakes up refreshed in the morning, whereas alcohol-induced sleep leaves the person tired and drowsy in the morning.
- Alcohol keeps us warm especially during winter and rains.
Fact: Alcohol widens blood vessels which cause a sensation of warmth. This widening of blood vessels is harmful as it causes the body to lose heat, and actually reduces body temperature. This is dangerous in cold weather as it may lead to frostbite or even death due to hypothermia (reduced body temperature).
- Eating good food or drinking buttermilk, or lime juice neutralizes harmful effects of alcohol.
Fact: Alcohol-related health damage depends on the amount of alcohol consumed, and cannot be set right just by food intake.
- Costlier alcohol beverages are safer than cheaper ones.
Fact: Nowadays alcohol is manufactured by various companies in different forms or under different brand names. It seems to be a popular notion that these are not as harmful as, say, country liquor or arrack, which is generally considered more crude, but it is not really so. It is the alcohol content in the beverage that is important. Damage from country liquor can also occur from various other poisons present in it apart from the alcohol.



Alcohol use is a risk factor for many NCDs

Cardiovascular diseases: Alcohol weakens heart muscles and decreases cardiovascular fitness. Alcohol hardens blood vessels and increases blood pressure (hypertension) and increases the risk for heart attacks.

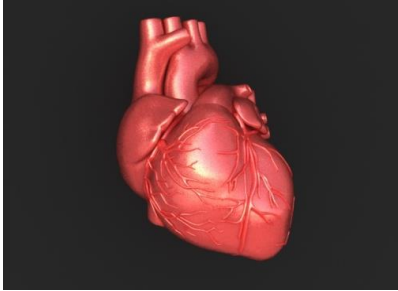
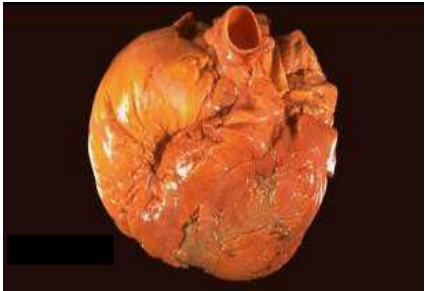
Cancer: Cancer of the liver can result from heavy drinking, and is very difficult to treat. Both cirrhosis (liver cells begin to die and are replaced by scar tissue) and liver cancer can finally result in death, as the liver is a very important organ, and the body cannot survive without it. Mouth cancer, cancer of esophagus (food pipe, through which food travels from the mouth to the stomach), and gastric cancer (cancer of stomach) occur at high rates in heavy drinkers, due to the corrosive effects of alcohol.

Diabetes: Alcohol seriously impairs blood sugar levels through liver damage and affects the hormones which keep blood sugar under control and leads to higher risk for developing diabetes.

Mental health disorders: Heavy use of alcohol can also alter various brain chemicals resulting in risk of developing common mental health disorders such as anxiety and depression, as well as major psychotic disorders, mood disorders and delirium (acute confusion).

contd.

‘TELL’ ABOUT ILL EFFECTS OF ALCOHOL USE ON HEART

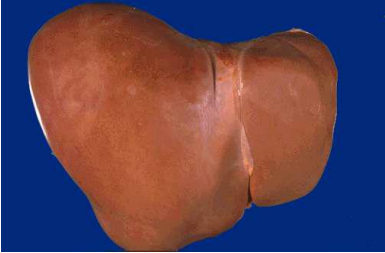
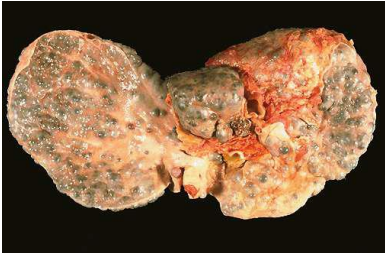
<p>HEALTHY HEART</p> 	<p>ENLARGEMENT OF HEART OF A HEAVY DRINKER</p> 
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22

The pictures show the impact of alcohol use on the heart.

contd.

‘TELL’ ABOUT ILL EFFECTS OF ALCOHOL USE ON LIVER

<p>HEALTHY PERSON’S LIVER</p> 	<p>LIVER OF A HEAVY DRINKER</p> 
--	---


23

The pictures show the impact of alcohol use on the liver.

WORKSHEET (Group Work)

A HOW DOES ALCOHOL USE LEAD TO FINANCIAL LOSS AND HOW DOES IT IMPACT THE PERSON'S LIFE?

e.g. If a person is drinking at 50 rupees per day, how much does he spend each one month on drinking?

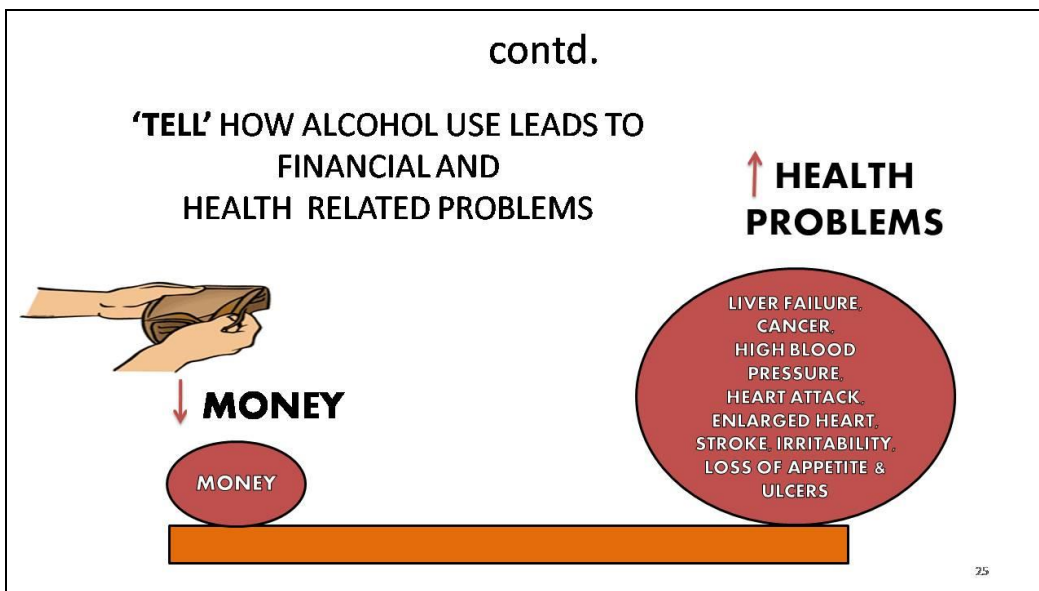


24

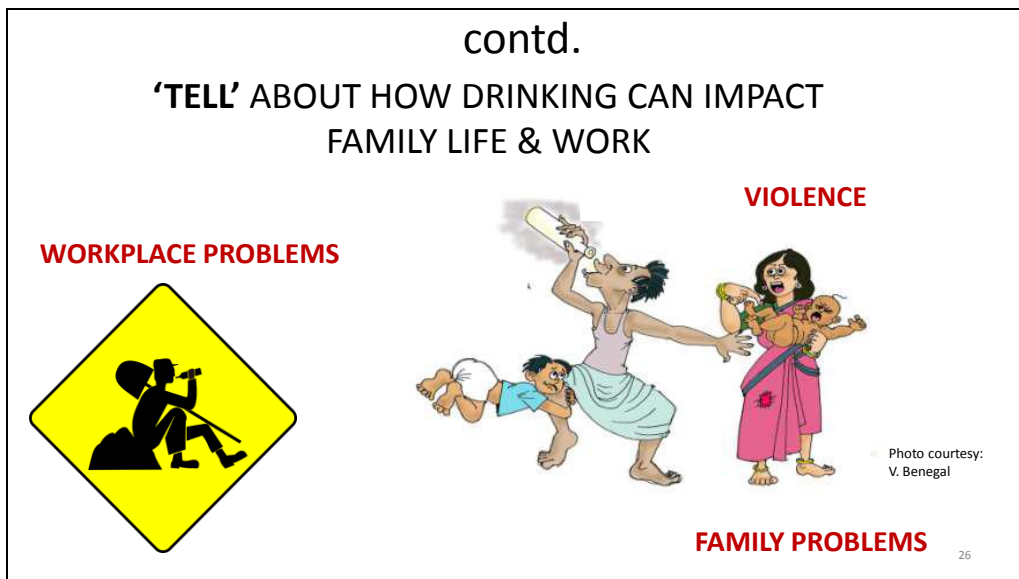
Activity (group work)

Duration: 30 minutes

Divide the participants into small groups. They will discuss how alcohol use leads to financial loss and its impact in general. Give them chart papers and pens and 15 minutes to make their presentation. Generate discussion during the presentation



The pictures show the impact of alcohol use on health and finance.




Alcohol use can impact family life and work. Alcohol destroys family much before it destroys the liver. Marital disharmony, domestic violence and neglect of children are most common problems faced by alcohol use. Problems related to work is also very common and this includes absenteeism, poor relationship with colleagues, disciplinary problems and even loss of job.





Drinking and driving is dangerous to self and others. When a person drinks, the reaction time slows down, the vision and judgment becomes impaired. Therefore the risks of accidents are high.

Other drugs and health risks



Cannabis, sleeping pills, opioids, stimulants, inhalants, cocaine, hallucinogens

➔





- Overdose leading to death
- Brain damage
- Mental disorders
- Liver damage
- Lung damage
- Kidney damage
- Heart damage
- Infections like HIV and Hepatitis

28

At this point, the facilitator can briefly touch upon the issue of other drug abuse, apart from tobacco and alcohol. This includes cannabis (locally called ganja or charas), sleeping pills, opioids (pain killers, cough syrups), inhalants (petrol, erazex), stimulants (drugs that excite the brain) and drugs that produce hallucinations (seeing, hearing, feelings things that are not actually there). Drugs can be smoked, inhaled, swallowed or injected. Long-term use and unsafe use (through infected needles or syringes) can lead not only to infections like HIV and hepatitis, but also diseases of the lung, liver, heart, kidney and brain. Mental disorders also occur more commonly among drug users. The facilitator can mention at this point that though the rest of the session focuses on prevention and reducing problems specific to alcohol use, the same principles would apply to any other drug abuse.


‘ADVISE’ HEALTHY LIFE STYLES & WAYS OF REDUCING ALCOHOL USE



- Avoid company of friends who drink; avoid bars, hotels
- Use 4 Ds
- Say ‘NO’ to drinking
- Healthy food, sleep & work schedule
- Spend time with family & friends (who do not drink)
- Have hobbies
- When you are stressed or feeling sad or lonely, talk to someone (close to you)

29

Contd.



“Alcohol use is addictive therefore it is difficult for some people to stop on their own because they may have headaches/tremors of hands, tongue or eyelids/ weakness/sweating after stopping “.
These symptoms are called withdrawal symptoms and will reduce after a few days.

“For some people these symptoms are unpleasant and they also have a strong urge to drink. Sometimes more severe reactions like fits or confusion can occur when heavy alcohol users suddenly stop”. In such cases, it is important to seek help at the health centre.

30

Advise healthy life styles and ways of reducing risk of alcohol use²⁹

During the awareness programmes, there may be some in the group who may be users of alcohol (includes men and women). They may be interested to know about quitting alcohol but may hesitate to ask in public. Simple tips on how to quit alcohol needs to be included in the discussion:

- Avoid friends who drink, bars or hotels (these are called ‘high risk’ situations and can be triggers reminding us of previous drinking times leading to relapse)
- When you are at high risk situations (occasions when you are close to drinking alcohol again) use 4 Ds:
 - Delay (postpone use); Distract (move away, shift your attention); Drink water; Deep breathing (take a few deep breaths)
- Say ‘NO’ to drinking: Be firm when you are forced to use by friends and other users. Leave the high risk situation quickly if you are forced to drink, to a safe place
- Have healthy food on time, sleep well and have a work schedule
- Spend time with family and friends (who do not drink); have hobbies (gardening, reading, playing games)
- When you are stressed or feeling sad or lonely, talk to someone (close to you).

Alcohol is addictive and it is difficult for some people to stop on their own because they may have headaches, tremors of hands, tongue or eyelids, general weakness or sweating after stopping alcohol use

²⁹ Murthy P, & Nikketha S. Psychosocial interventions for persons with substance abuse: Theory and Practice. National Institute of Mental Health and Neuro Sciences, Bangalore. NIMHANS 2007, Publication 64.

due to chemical changes in the body. Therefore, advise them to visit the Health Centre for removing the toxins from the body.

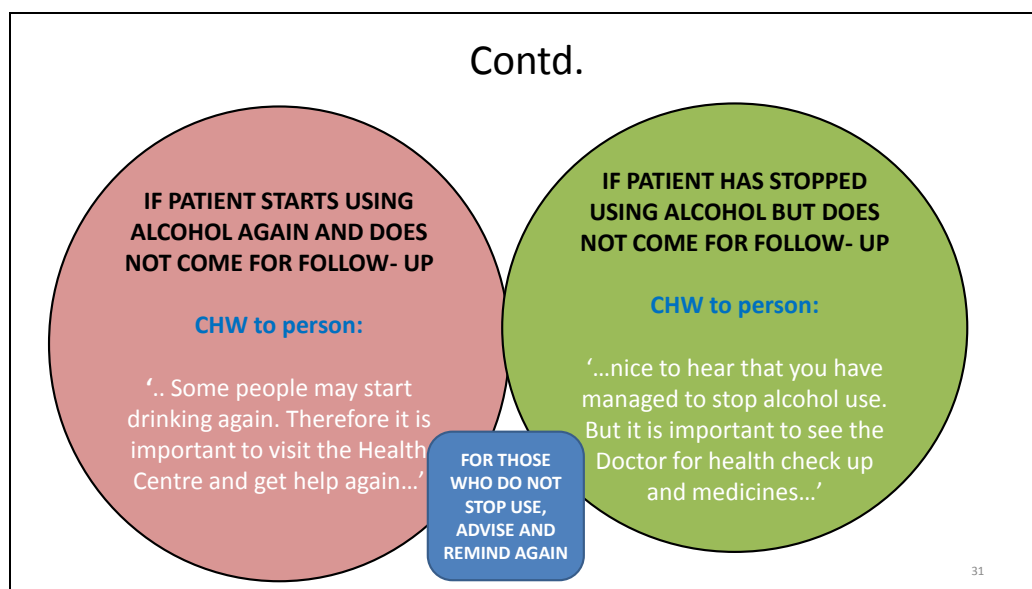
The unpleasant effects that the person gets on suddenly stopping alcohol are called withdrawal symptoms. Apart from the bodily uneasiness and reduced sleep, the person also develops a strong desire for using alcohol again. This is called craving. Many people who actually want to give up alcohol are unable to because of their strong craving. This is a sign of addiction. Understanding that addiction is a brain disease rather than just a weakness that the person should control is useful to provide help to overcome the condition.

An addicted person may start using alcohol again: Educate about consequences of restarting alcohol use & provide hope to the person (state how relapse or re - starting use is known to occur in the recovery process) and refer them to the Health Centre (to manage health related problems after having stopped alcohol use)

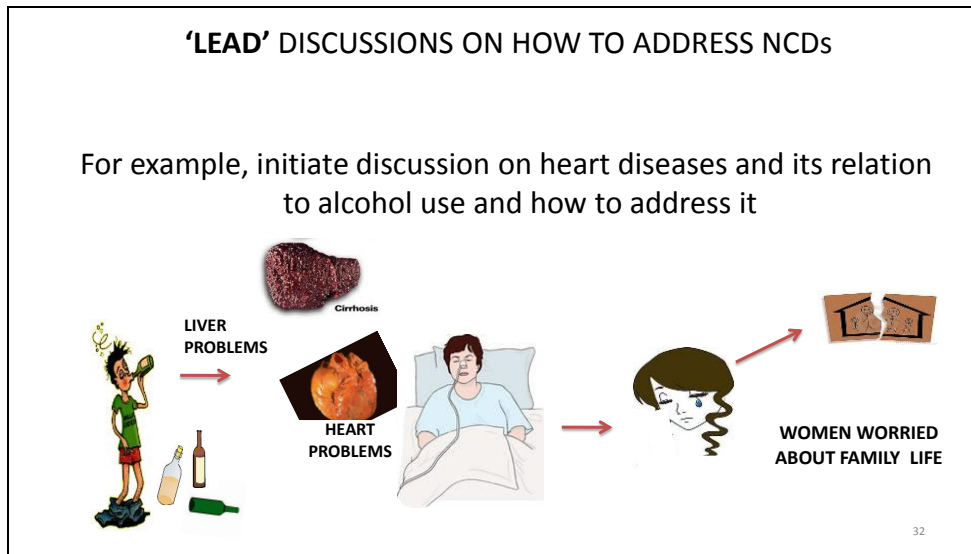
If the patient has stopped using alcohol: Congratulate the person for having stopped alcohol use (positive words of encouragement and praise are important), Educate possibility of relapse, advise to continue medicine regularly and regular follow-up

For those who do not stop use, continue to remind them that help is available and keep a watch on their health. Sometimes, suggesting a medical check-up for a health problem without talking about alcohol is useful. The medical officer or counselor may be able to convince the person to alter the drinking habit because of a health condition.

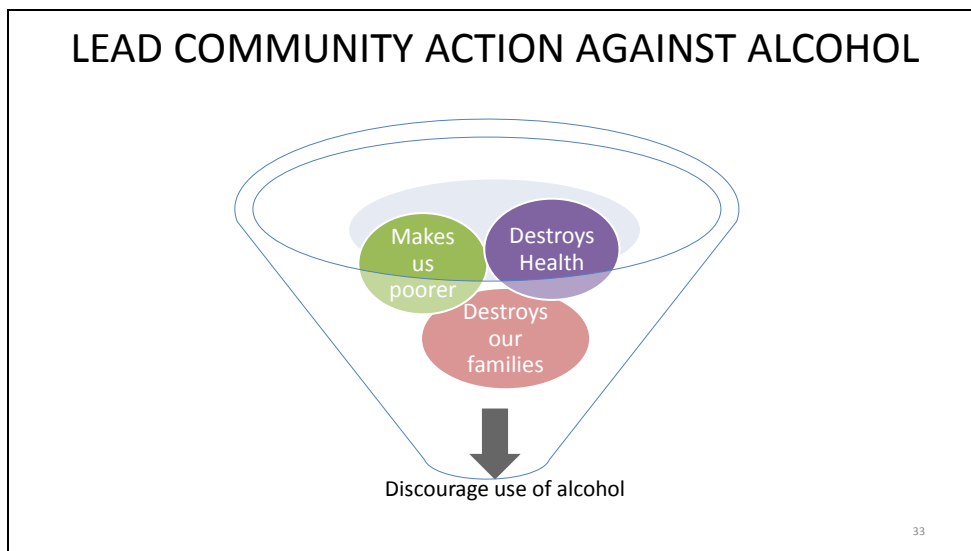
Slide 31



Discuss how alcohol use can affect the liver, nerves and heart. There may be many more examples where it can affect a person's health.



The Community Health Worker can talk to the community members to raise awareness of the health risks from the use of alcohol, how alcohol disturbs the family and makes people poor. Sometimes addressing children in school can make parents more open to changing their behaviours. Workplace awareness programmes can also be conducted. Developing healthy ways of recreation, knowing how to cope with problems without alcohol use, learning to say no to friends who drink, learning ways of handling craving,³⁰ are some important issues to discuss. In the community, making alcohol less attractive can also change people’s desire to use. This is especially important for young people.



³⁰ World Health Organization. Regional Office for SE Asia. Reducing harm from use of alcohol. Community Responses. www.apps.searo.who.int/PDS_DOCS/B0309.pdf

Working with families and community based organizations and mobilizing community action to reduce harm from alcohol is necessary. In many parts of India, women’s anti-alcohol movements have greatly helped many families whose lives are destroyed by alcohol.

Slide 34

LEAD COMMUNITY ACTION



NIMHANS

Family Education





Collective Action

TTK

34

The CHW needs to inform the community about her support to help those who want to stop alcohol use.

The Community Health Worker can inform the people how she/ he can help if some of them have difficulties quitting alcohol use (keep contact via phones, letters). The person may require special help from the Health Centre and she can offer to accompany the person to the Health Centre. The person should be introduced to the health care providers (Medical Officer, NCD Counselor and Nurse) for further help.

The CHW can also give additional help to the people as mentioned above.

Slide 35

‘KNOW’ WHERE TO GET ADDITIONAL HELP TO ADDRESS ALCOHOL USE

- HEALTH CENTRE
- GENERAL HOSPITALS
- DE-ADDICTION CENTRES
- USE MEDITATION OR YOGA TO RELAX
- GET A WORK ROUTINE (START WORK OR LOOK FOR JOBS)
- USE PLAYGROUNDS / GYMS TO ENGAGE IN PHYSICAL ACTIVITY
- AA GROUPS (SELF - HELP GROUPS)

Example of what a CHW can say to a person who wants to stop alcohol use:
‘If you cannot stop alcohol use on your own or find more health problems after stopping use, please contact me or visit the Health Centre’

35

STEP 4: WHEN CAN I GIVE AWARENESS ON ALCOHOL USE?

- During Home Visits
 - Health Camp
 - Village Fair
 - Exhibitions
 - Melas
 - Educational Talks
- ...Any others?*

36

B *What are the difficulties you can face when you use the 'TALK' for alcohol use?*



37

WRAP UP

- *What do you take back at the end of this module?*
- *As a CHW name at least two things you will do in the field to address alcohol use as a risk factor?*

38

SUMMARY POINTS

Steps to provide awareness about alcohol use in the community
(Know the 4 W's: where, for whom, what messages and when)

39

Unhealthy diet as a risk factor for NCDs

Session 4

Objectives of the session

By the end of this session, the participants will understand the following:





- Unhealthy diet as a risk factor for NCDs
- Constituents of a healthy diet
- How to identify unhealthy dietary practices in the community
- Barriers to follow a healthy diet
- How to provide awareness about healthy diet and support healthy dietary practices in the community

Organization of the session

- *Facilitator's reading material:* The facilitator should read the material before the session. Sources for specific information are quoted and included as references in the footnotes.
- *Handouts:* Copies of handouts will be made before the session and distributed either before or after the session. List of handouts are included at the end of each session.
- *Power point presentation:* A DVD containing the power point presentations accompanies the training manual. The slides for each session are reproduced in the manual to aid the facilitators.

- **Activities:**

Activities during each training session may include:

- **Brainstorming** or whole group interaction (indicated by the letter 'B' and the symbol )
- **Group activity** or discussion in small groups, indicated by the letter **GA** and the symbol 
- **Individual Activity**, indicated by letter **IA** the symbol 
- **Role Play** is indicated by the letter **RP** and symbol 



INTRODUCTION

Eating habits of people have changed all over the world. Choice of what a person eats is based on convenience, habit, trends and income. Unhealthy diets (which are high in salt, free sugar and fats and low in fruits and vegetables) are associated with an increased risk for NCDs.³¹ In India, until recently, we were mainly concerned about undernutrition, particularly among children, which led to a variety of health problems. Of late, we have the double problem of both undernutrition as well as over nutrition due to overeating and having unhealthy diets. Unhealthy diet is one of the leading causes of non communicable diseases such as obesity, heart diseases, hypertension, cancer and diabetes. The burden from unhealthy diet on mortality, morbidity and disability continues to grow in developing countries. According to the WHO, dietary factors contribute to about one in three of all cancers. With a good diet, improved physical activity, and avoiding tobacco, 80% of the early cardiovascular diseases, 80% of adult diabetes type 2 and 40% of cancers can be prevented.

Unhealthy diet has the greatest impact on young people, particularly those in developing countries. There is a rapid change in traditional diet onto energy dense and often nutrient poor foods that are high in fat, sugar and salt.³²

In India, the problem of obesity is higher in women compared to men. Diabetes and coronary heart diseases are higher in urban areas. Malnutrition and diet - related NCDs are on the rise. One in four adults and one in five school - going children are overweight in India. Nearly one-third of diseases can be

³¹ NCD Alliance. Putting non-communicable diseases on the global agenda.2014. www.ncdalliance.org/node/42

³² Dietary guidelines for Indians (2nd ed.). National Institute of Nutrition (NIN), Hyderabad. 2010. <http://ninindia.org/DietaryguidelinesforIndians-Finaldraft.pdf>

controlled with proper diet. Healthy diet not only reduces the risk for heart diseases and type 2 diabetes, but also leads to better health and quality of life, less psycho social problems and higher productivity.³³

This session on unhealthy diet as a risk factor is to facilitate an understanding of unhealthy diet and its relation to NCDs. The first objective is about improving the Community Health Worker's understanding about unhealthy diet. The next objective is using the TALK to encourage healthy diet in the community.

Total duration: 2 hours 45 minutes approximately

Slide 2

AIM

The Community Health Worker would be able to address *unhealthy diet as a risk factor* for non communicable diseases and offer help in primary care

2

Slide 3

LEARNING OBJECTIVES

A. Educate about healthy, unhealthy diet and what prevents following a healthy diet
B. Encourage healthy diet in community by using the 'T A L K'

3

Instruction

There will be a discussion about healthy diet and what prevents people from following a healthy diet.

³³ Sudha V, Radhika G, Mohan V. Current dietary trends in the management of diabetes. *Indian Journal of Medical Research*, 2004; 120, 4-8. www.medind.nic.in/iby/t04/i7/ibyt04i7p4.pdf

Slide 4


LEARNING OBJECTIVE

A. Educate about healthy and unhealthy diet and what prevents following a healthy diet.

4

Slide 5

B *What is a healthy diet and what can make it unhealthy?*



5

Generate discussion and write responses on the board.



Healthy Diet

A healthy diet is one which provides all the nutrients and non-nutrients in required amounts and proper proportions. The requirements vary depending on age, nature of work and the presence of any illness. Healthy diet can easily be achieved through the blend of the four basic food groups:

- *Energy giving food* includes examples such as grains /cereals (rice, wheat, oats & corn), millets (ragi & jower), roots (carrot, potato, ginger and onion), jaggery /honey /sugar and oil /ghee.
- *Body building food* includes pulses, soya beans, milk & milk products, meat, fish, eggs and nuts.
- *Protective food* includes fruits, vegetables and green leafy vegetables.
- *Fibre food* includes fruits & vegetables (especially raw), whole grains and pulses.
-

APPROXIMATELY PER DAY FOR A HEALTHY PERSON
Grains/roots /millets = 50-60% in the total meal
Oil = 3 to 4 teaspoon (Avoid vanaspathi, coconut oil, ghee, as cooking oil)
Pulses/meat/fish/egg = 30% in the total meal
Milk = 250 ml
Fruits = 100gms in the total meal
Vegetables = 200gms in the total meal

Slide 7

UNHEALTHY DIET



- High intake of salt & oily food
- Low intake of vegetables & fruits
- Excess intake of fast foods (chaats, gobi manchurian, samosas, burgers, potato chips)
- High consumption of bakery items, noodles, candies, chocolates

7

Unhealthy Diet:

- High intake of salt and oily food
- Low intake of vegetables and fruits
- Excess intake of fast foods (e.g. chaats, gobi manchurian)

Slide 8

D *Are we eating right?*



8

Activity (debate)

Duration: 30 minutes

After explaining about healthy and unhealthy diet conduct a debate where the participants will talk for and against the topic 'Are we eating right?' Divide participants into two groups and give them 10 minutes to prepare. One person from each group will speak and each speaker will get 5 minutes to speak. After the

first round the two groups will have a discussion to strengthen their argument (5 minutes) and restart the debate. There will be three rounds. The facilitator will summarize the points made by the two groups.

Slide 9

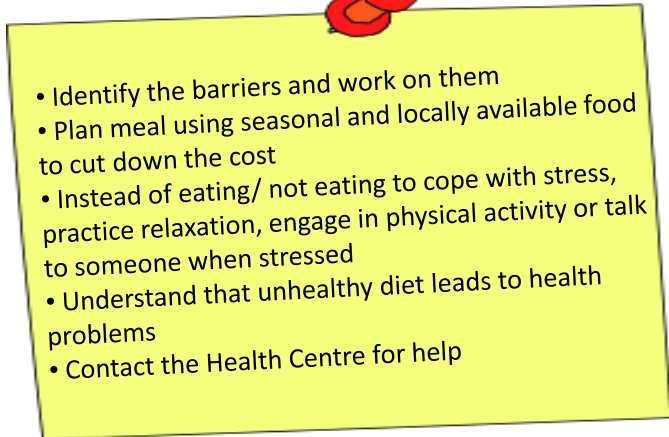


Poor dietary practices may occur for a variety of reasons. Many in the community may not be able to afford a healthy diet all the time. The Community Health Worker needs to keep all this in mind when discussing barriers.

- No time (lack of time to prepare or eat healthy food regularly)
- Not aware of the importance of healthy diet (poor knowledge)
- Lack of self- motivation (unable to make a change or maintain changes in diet)
- Stress and its impact on diet (some may not pay attention to what they eat when they are stressed and may skip meals and this can lead to health problems. Similarly, some may overeat during stressful times)
- Lack of money (eating healthy all the time can be expensive and unaffordable for many)
- Attractive advertisements for fast foods (e.g. foods that can be served fast and also make a person fat fast!)
- Easier availability of packaged/fast foods may be convenient but may not be healthy

Slide 10

HOW TO OVERCOME BARRIERS TO HEALTHY DIET?



- Identify the barriers and work on them
- Plan meal using seasonal and locally available food to cut down the cost
- Instead of eating/ not eating to cope with stress, practice relaxation, engage in physical activity or talk to someone when stressed
- Understand that unhealthy diet leads to health problems
- Contact the Health Centre for help

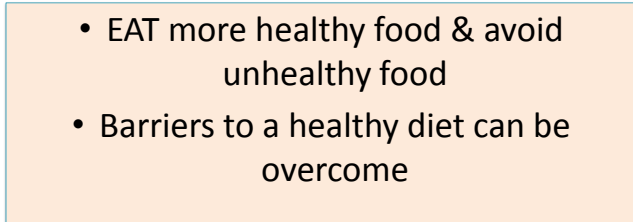
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The barriers to healthy diet can be overcome by simple tips:

- Identify the barrier to an unhealthy diet and work on them
- When planning a daily meal choose seasonal and locally available food so that the cost can be reduced
- Whenever there is stress, try and engage in some kind of relaxation or physical activity or even talk to someone instead of over or under eating
- Understand that unhealthy diet leads to NCDs and other health problems
- For additional help seek out – for example contact Health Center or general hospital

Slide 11

SUMMARY POINTS



- EAT more healthy food & avoid unhealthy food
- Barriers to a healthy diet can be overcome

11

Slide 12

LEARNING OBJECTIVE

B. Encourage healthy diet in community by using the 'T A L K'

12

Instruction

There will be a discussion about steps to provide information about unhealthy diet in the community using the 'T A L K'.

Slide 13

**STEPS TO PROVIDE AWARENESS
ON UNHEALTHY DIET (4 W's)**

STEP 1: WHERE can I conduct awareness on risk factors & NCDs?

STEP 2: WHOM is the awareness for?

STEP 3: WHAT messages can I give? (Use 'T A L K')

STEP 4: WHEN can I give awareness on risk factors?

13

An important role of the CHW is to provide awareness in the community. Four W's are essential steps that help CHW to plan awareness programmes in the community effectively and should know where to conduct such awareness on unhealthy diet and keep the target population in mind. They can give important messages on the consequences of unhealthy diet consumption using T A L K and need to be aware when to provide these awareness programmes.

Slide 14

STEP 1. WHERE CAN I CONDUCT AWARENESS ON UNHEALTHY DIET ?


Home visits
Self - help groups
Schools & Colleges
Anganwadis (for teachers & mothers)
Small scale factories
Health Camps

In many more places....

14

There are many places in the community where the CHW will have an opportunity to provide information about alcohol use. Some of them are given above. The Community Health Worker needs to be aware about diet practices in the local community before an awareness programme.

Slide 15

A**WORKSHEET**

What are the good diet practices in my community?

What are the not-so-good practices that I would like to change?

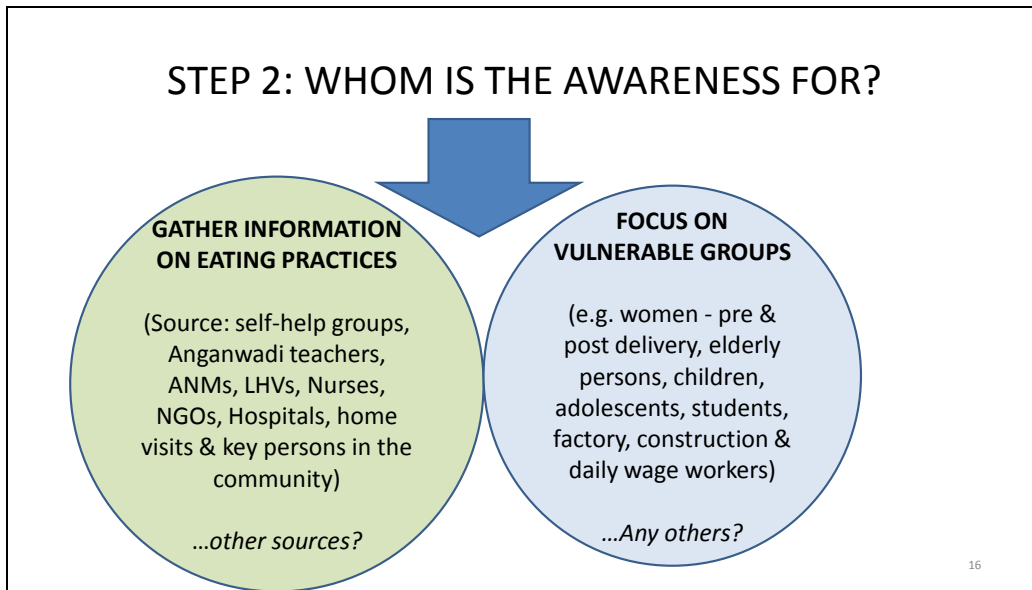
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Activity (group work)

Duration: 30 minutes

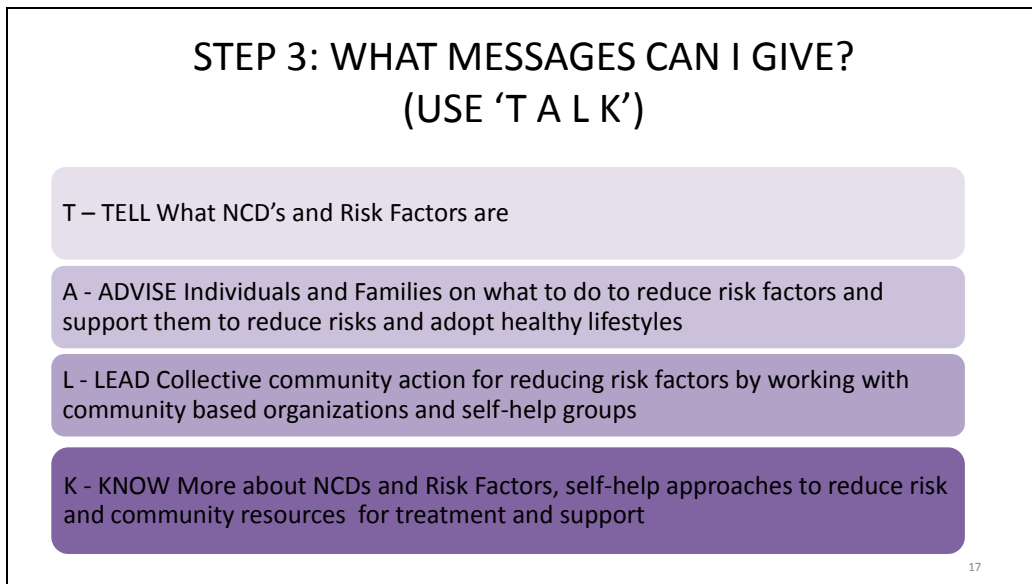
Divide participants into small groups and give them chart paper and pens and 15 minutes to discuss. They will discuss good diet practices in their community and the not-so-good practices that they would like to change and make a presentation (15 minutes per group). Generate discussion during the presentation.

Slide 16



Some homework and preparation should be done about the target group before any awareness programme. Gather information about their diet practices and focus on vulnerable groups who have poor diet practices e.g. women in pre and post delivery phase, elderly persons, factory workers, construction and daily wage workers, as well as students. In low socio economic groups, some women may eat only after feeding the family (husband, children and the elderly) and this may result in her eating the leftover food. The woman can end up being under nourished and anemic.

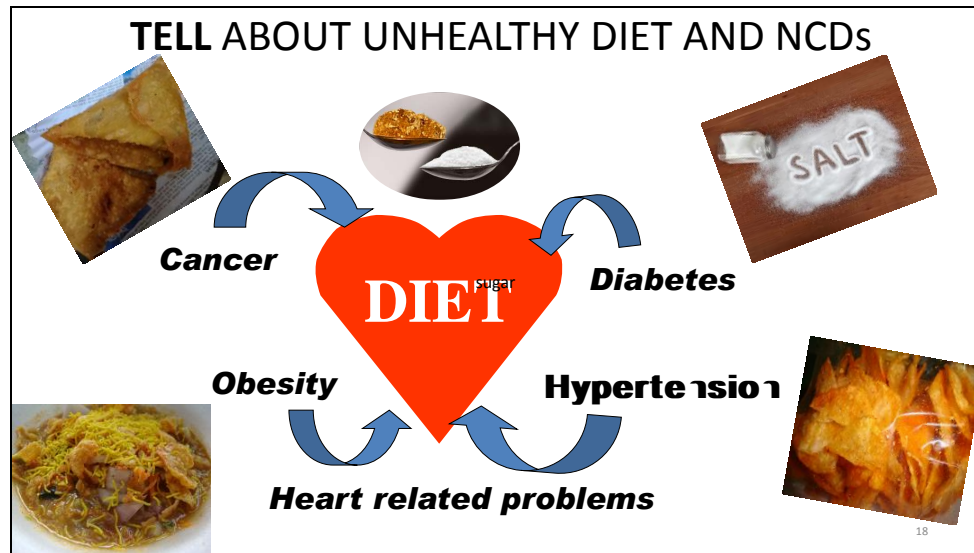
Slide 17



Use the 'TALK' to address risk factor in the community. T is for tell, A is for advise, L is for lead, and K is for know. While using the T A L K it is essential for the CHW to be empathetic, non-judgmental and warm. Providing hope while conveying the messages to people are also important.

For example when a person says his/her problem the CHW can say 'I understand'...OR 'I know that this might be hard for you'..., OR 'Do not feel bad there is always a way out of every problem'....CHW also needs to be positive and encouraging. For example whenever a person shows signs of improvement the CHW can say 'I appreciate your effort'....

Slide 18



UNHEALTHY DIETS LEAD TO NCDs

A study reports how healthy diet (fruits, vegetables, legume and whole grain) appears to be a protective factor for NCDs³⁴ and increased intake of fruits and vegetables reduces the risk of cancer, hypertension, diabetes, cardiovascular diseases, stroke and obesity.

Cancer: Intake of fruits, vegetables and cereal grains reduces risk of lung cancer. Pumpkins and onions are found to be protective against cancer³⁵. Foods that contain antioxidants (orange, carrots, leafy vegetables and sweet potatoes) and seafood decrease risk of cancer.

Cardiovascular diseases and stroke: Salt intake higher than 5 gms is identified as a risk factor for hypertension. Excess coffee consumption is known to increase blood pressure, causing abnormalities in heartbeat, elevated level of total LDL cholesterol (bad cholesterol), triglycerides and heart diseases.³⁶ A diet that includes fruits, vegetables, nuts, whole grains and soya bean oil are effective in preventing primary and secondary coronary artery diseases. Nutrition is important in prevention of stroke.³⁷

³⁴ M. Tokunaga, T. Takahashi, R.B. Singh, D. Rupini, E. Toda, T. Nakamura, H. Mori, and, D.W. Wilson. Diet, Nutrients and Non communicable Diseases. The Open Nutraceuticals Journal, 2012, 5, 146-159. benthamscience.com/open/tonutraj/articles/V005/146TONUTRAJ.pdf

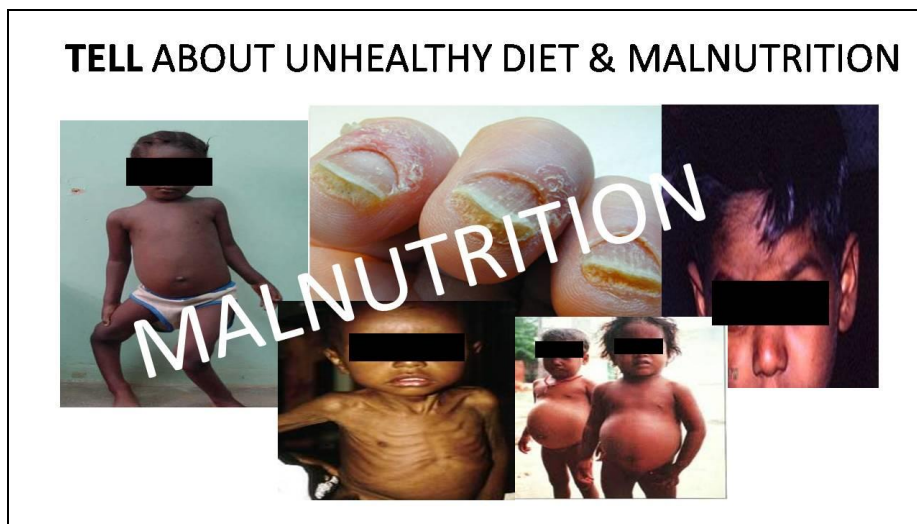
³⁵ Sankaranarayanan R, Varghese C, Duffy, WS, Padmakumary G, Day EN, Nair MK. A case-control study of diet and lung cancer in Kerala, South India. *International journal of Cancer*, 2006; 58: 644-649.

³⁶ Singh BH, Dubnov G, Niaz AM, Ghosh S, Singh R., Rastogi SS, Manor O, Pella D, Berry E M. Effect of an Indo-Mediterranean diet on progression of coronary artery disease in high risk patients (Indo-Mediterranean Diet Heart Study): a randomized single-blind trial. *The Lancet*, 2002; 360 (9344):1455-1461

³⁷ Fisher M, Lees K, Spence DJ. Nutrition and Stroke prevention. *American Heart Association*, 2006; 7: 2430-2435.

Diabetes: Diet has a role in diabetes. Healthy diet helps to control the blood sugar. According to the WHO (2009)³⁸, 90% of people with diabetes have type 2 diabetes, closely related to being overweight and physically inactive. High consumption of brightly coloured fruits and vegetables such as oranges and tomatoes, whole grains and cereals and beans decrease risk of diabetes.

Slide 19



Undernutrition problems are still quite common across India. It is now well known that early undernutrition can not only lead to a variety of health problems, but also to heart disease and diabetes in later life.

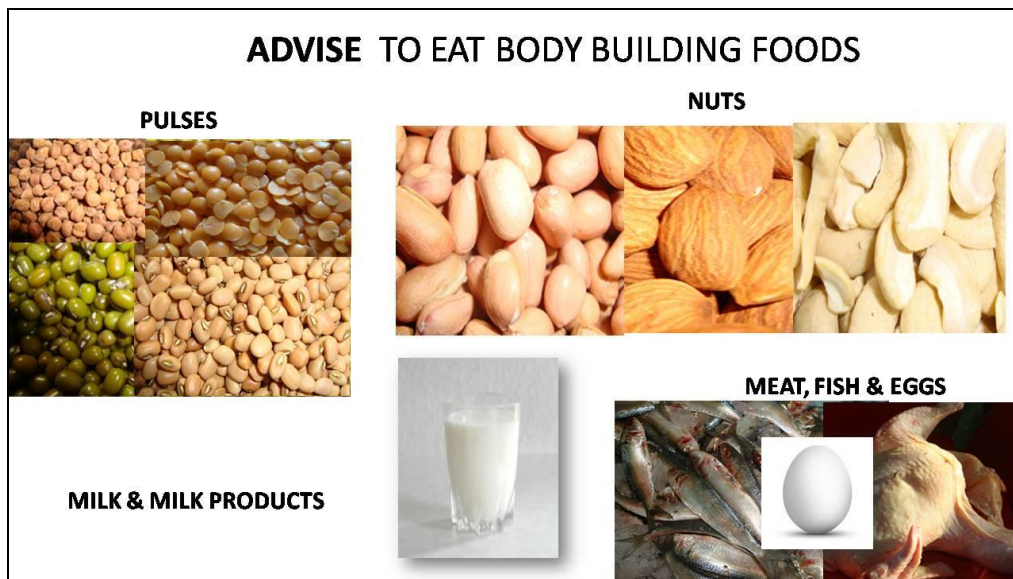
Slide 20



The CHW should advise about eating energy giving foods that are affordable and locally available.

³⁸ World Health Organization. Diabetes, the problem. www.who.int/nmh/publications/fact_sheet_diabetes_en.pdf

Slide 21

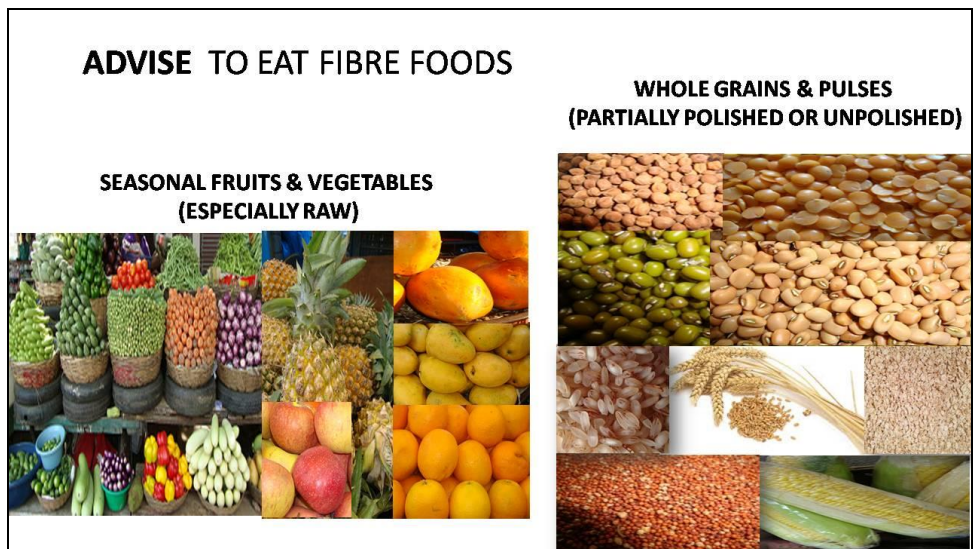


The CHW should advise about eating body building foods that are affordable and locally available

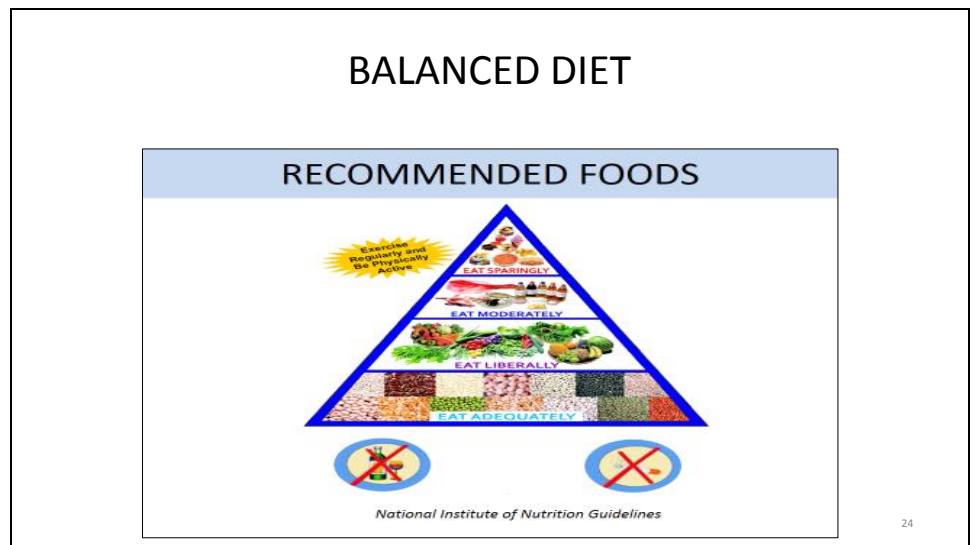
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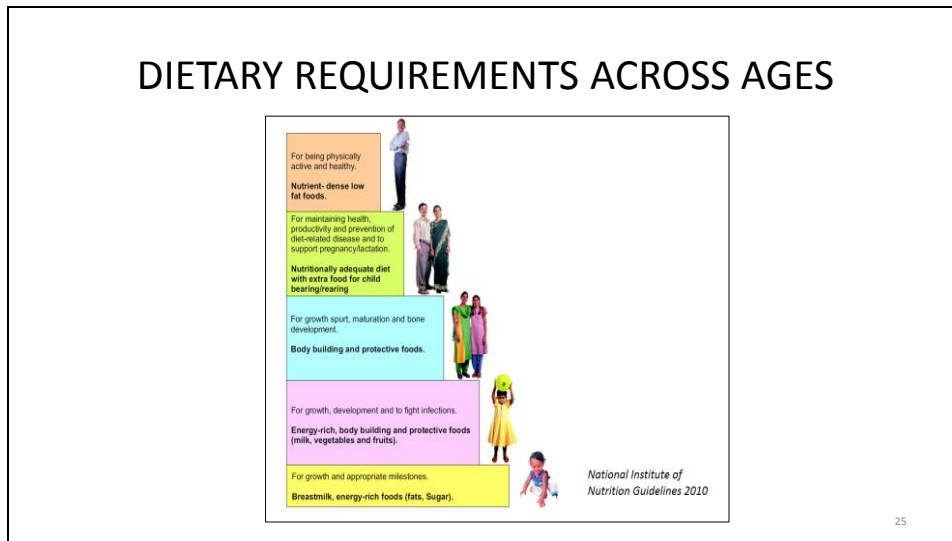
The CHW should advise about eating protective foods that are affordable and locally available



The CHW should advise about eating FIBRE-RICH foods that are affordable and locally available.



It is important to advise people to have a balanced diet, with adequate pulses, fruits and vegetables. For non-vegetarians, fish and poultry is preferable to red meat. Fried foods, oily foods must be taken in moderation. CHW should also advise people to avoid sprinkling extra salt onto food while eating and reduce salt in usual cooking.



Dietary requirements are not the same for everyone. Young children need food rich in energy and good for body building. Elderly people need food rich in fibre and low in fat.

The Community Health Worker should discuss how a healthy diet can easily be achieved through a blend of the four basic food groups:

1. *Energy giving food* includes examples such as grains /cereals (rice, wheat, oats and corn), millets (ragi and jower), roots (carrot, potato, ginger and onion), jaggery /honey /sugar and oil /ghee.
2. *Body building food* includes pulses, soya beans, milk and milk products, meat, fish, eggs and nuts (chana, peanuts, badaam).
3. *Protective food* includes seasonal fruits, vegetables and green leafy vegetables.
4. *Fibre food* includes seasonal fruits and vegetables (especially raw), whole grains and pulses.

Give information about foods including what is locally available.

Slide 26

ADVISE ON WHAT TO AVOID?

- AVOID FRIED FOODS
- RESTRICT INTAKE OF GHEE, OIL
- AVOID RED MEAT
- AVOID SALTED FISH, PAPADS & PICKLES
- REDUCE SALT & SUGAR
- AVOID INTAKE OF AERATED DRINKS (COLA)
- AVOID FAST/PROCESSED FOOD (CHIPS, SAMOSAS)
- TEA & COFFEE SHOULD BE AVOIDED AT LEAST FOR ONE HOUR BEFORE AND AFTER FOOD



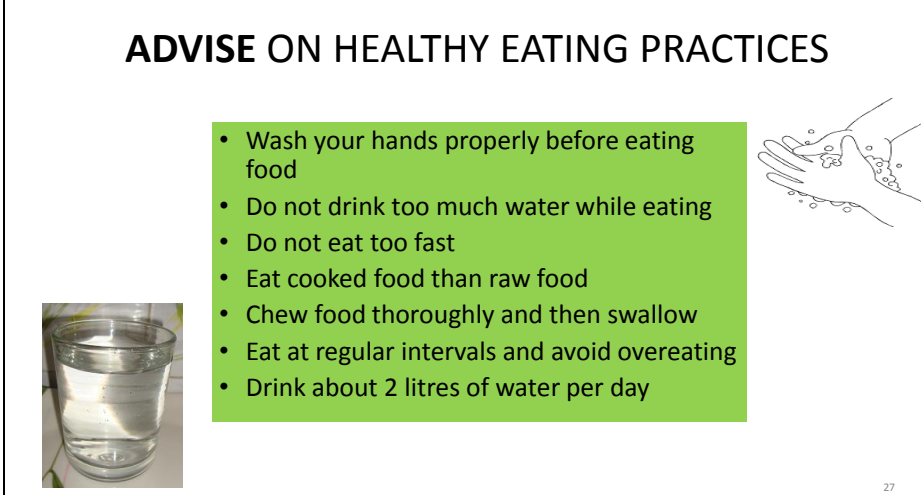
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The CHW need to give advise on what to avoid. Some unhealthy food items that need to be avoided are mentioned above. A healthy non-vegetarian diet would include egg white, fish and poultry rather than red meat and fat.

Slide 27

ADVISE ON HEALTHY EATING PRACTICES

- Wash your hands properly before eating food
- Do not drink too much water while eating
- Do not eat too fast
- Eat cooked food than raw food
- Chew food thoroughly and then swallow
- Eat at regular intervals and avoid overeating
- Drink about 2 litres of water per day



27

It is important to advise on healthy eating practices. Some of the tips for healthy eating practices are mentioned above.



ADVISE ON HEALTHY COOKING PRACTICES

- ✓ Wash vegetables and fruits thoroughly before eating/cooking.
- ✓ Do not wash food grains repeatedly before cooking.
- ✓ Do not wash vegetables after cutting.
- ✓ Do not soak the cut vegetables in water for long periods.
- ✓ Do not discard the excess water left over after cooking. Use only sufficient water for cooking.
- ✓ Cook foods in vessels covered with lids.
- ✓ Prefer pressure/steam cooking to deep frying/roasting.
- ✓ Encourage consumption of sprouted/fermented foods.
- ✓ Avoid use of baking soda while cooking pulses and vegetables.
- ✓ Do not reheat the leftover oil repeatedly.

Apart from healthy eating practices it is essential to advise about healthy cooking practices. This will help to improve nutritional level in the food and enhance health.

LEAD SMALL DISCUSSIONS ON HOW TO ADDRESS NCDs

For example, initiate discussion on obesity and malnutrition, its relation to unhealthy diet and how to address it



Obesity and undernutrition are related to unhealthy diet.

Childhood obesity

A recent study from Chennai³⁹ showed that nearly one in four children from private schools was overweight /obese. In this study, girls tended to be more overweight /obese than boys and adolescents tended to be

³⁹ Jagadesan S, Harish R, Miranda P, Unnikrishnan R, Anjana RM, Mohan V. Prevalence of overweight and obesity among school children and adolescents in Chennai. Indian Paediatrics 2014;51: 545-549

more overweight /obese than children. Causes of childhood obesity include unhealthy eating habits, lifestyles including lack of physical activity.

Slide 30



In 2006, the Ministry of Health and Family Welfare, Govt of India prepared a set of pamphlets to educate parliamentarians on avoiding risk for NCDs and maintaining good health. These two posters emphasize avoiding unhealthy foods and eating healthy.

Slide 31

‘KNOW’ WHERE TO GET ADDITIONAL HELP TO ADDRESS UNHEALTHY DIET

- HEALTH CENTRE
- GENERAL HOSPITAL

• COPE WITH STRESS IN HEALTHY WAYS RATHER THAN OVEREATING OR NOT EATING TO COPE WITH STRESS CAN LEAD TO HEALTH PROBLEMS (PLAY, TALK TO FRIENDS ABOUT PROBLEMS, MEDITATE, DO YOGA AND BREATHING EXERCISES AND SO ON)

An example of what the CHW can say to a person who has health problems and wants to change diet:

‘If you have any health problems or need more information contact me or visit the Health Centre’

31

The Community Health Worker should escort the person who has difficulties with health and diet problems to the Health Centre and be introduced to health care providers (Medical Officer, NCD Counselor, and Nurse) for further help. Regular visits by the CHW to monitor healthy diet and health is important.

Slide 32

STEP 4: WHEN CAN I GIVE AWARENESS ON DIET?

- During Home visits
 - Health Camps
 - Village Fairs
 - Exhibitions
 - *Melas*
- Educational Talks

...Any others?

32

Slide 33

Contd.

- When you make home visits check for improvement in dietary practices
- When you visit a home, ensure that you talk to the person who cooks the meal:
'What do you cook everyday?' OR 'How much salt / sugar/ oil do you use while cooking on regular basis?'
- Find out who eats outside food (hotels etc) and talk to them about healthy diet:
'Who takes packed lunch from home?' If answer is 'No', ask *'why don't they take packed lunch?'*

33

The CHW can use home visits to discuss diet practices at home and how it can be changed to improve general health.

Other ways to mobilize the community may be to hold cooking competitions in the community focusing on healthy cooking, holding competitions among children and youth promoting health eating campaigns. School, college and workplace campaigns on healthy eating is yet another way to engage the community in adopting healthy eating habits.

Slide 34

SUMMARY POINTS


Steps to provide awareness about unhealthy diet
in the community
(4 W's: Know where, for whom, what message and when)

34

Slide 35

CHALLENGES & BARRIERS

B *What are the difficulties you can face when you use the 'TALK' for healthy diet?*



35

Slide 35

WRAP UP

- *What do you take back at the end of this module?*
- *As a CHW name at least two things you will do in the field to address unhealthy diet as a risk factor?*

36

Physical Inactivity as a risk for NCDs

Session 5

Objectives of the session





By the end of this session, the participants will understand the following:

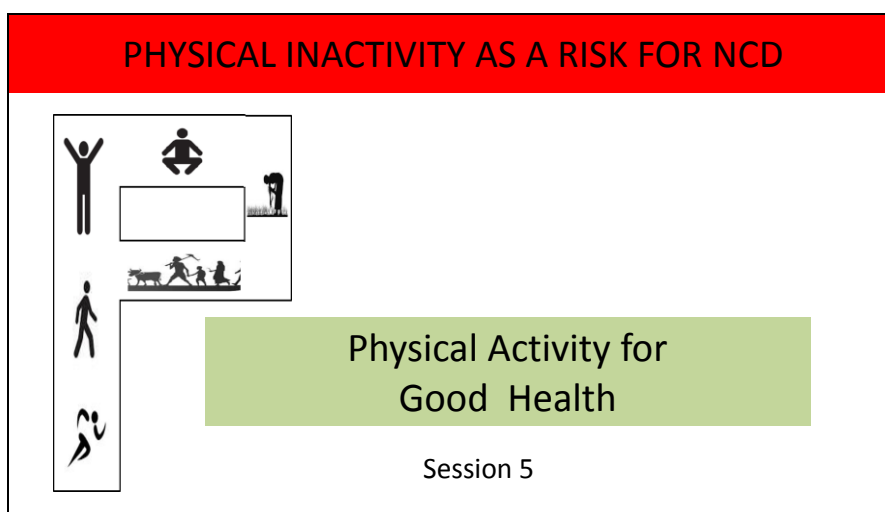
- The health problems associated with physical inactivity and physical inactivity as a risk factor for NCDs
- The importance of regular and adequate physical activity
- Reasons for physical inactivity and barriers for physical activity
- How to provide awareness in the community about the risks of physical inactivity
- How to enhance awareness of the benefits of physical activity and encourage physical activity
- Lead community action to encourage physical activity in different settings.

Organization of the session

- *Facilitator's reading material:* The facilitator should read the material before the session. Sources for specific information are quoted and included as references in the footnotes.
- *Handouts:* Copies of handouts will be made before the session and distributed either before or after the session. List of handouts are included at the end of each session.
- *Power point presentation:* A DVD containing the power point presentations accompanies the training manual. The slides for each session are reproduced in the manual to aid the facilitators.
- **Activities:**

Activities during each training session may include:

- **Brainstorming** or whole group interaction, indicated by the letter 'B' and the symbol 
- **Group activity** or discussion in small groups, indicated by the letter **GA** and the symbol 
- **Individual Activity**, indicated by letter **IA** the symbol 
- **Role Play** is indicated by the letter **RP** and symbol 



INTRODUCTION

Physical activity and regular exercise are very important for human beings. Without physical activity, the body is at risk of developing illnesses. Physical inactivity is considered the fourth leading risk factor for early death all over the world. Lack of physical activity is a major modifiable risk factor in reduction of non communicable chronic diseases (NCDs). It is a contributing factor for lower back and neck pain, obesity, coronary heart disease, stroke, cancer, type 2 diabetes, hypertension, arthritis, osteoarthritis and osteoporosis.

In the Indian population, research shows that physical inactivity is an independent risk factor for NCDs⁴⁰ and can lead to disease in adulthood in the form of high blood pressure, cancer, cholesterol, and insulin resistant diabetes.

Some physical activity every day is recommended, more so during childhood to reduce risk and onset of NCDs⁴¹. Asia has the highest number of overweight children⁴². It is now well-known that overweight children become over-weight adults.

This session is to facilitate an understanding of physical inactivity and its relation to NCDs and address ways to improve physical activity in primary care. The first session is about improving the Community Health Worker's understanding about physical activity and what prevents people from being physically active. The next session is on how the Community Health Worker will use TALK for behavioural change in community.

Total duration: 2 hours 45 minutes approximately

⁴⁰ Vina C, Wurz A, & Reed N (2013) Promoting Physical Activity in Pediatric Oncology. Where Do We Go from Here? Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3709134/>

⁴¹ Swaminathan S¹, Vaz M. Childhood physical activity, sports and exercise and non communicable disease: a special focus on India. Retrieved from *Indian J Pediatr*, 2013 Mar;80 Suppl 1:S63-70. doi: 10.1007/s12098-012-0846-1. Epub 2012 Jul 12.

⁴² Prevalence and trends of stunting among pre-school children, 1990–2020. *Public Health Nutrition*: page 1 of 7 doi:10.1017/S1368980011001315. Retrieved from http://www.who.int/nutgrowthdb/publications/Stunting1990_2011.pdf

Slide 2

AIM

The Community Health Worker would be able to address physical inactivity as a risk factor for non - communicable diseases and offer help in primary care

2

Slide 3

LEARNING OBJECTIVES

A. Educate about different levels of physical activity and what prevents a person from being physically active

B. Encourage physical activity by using the 'T A L K' approach

3

Slide 4

LEARNING OBJECTIVE

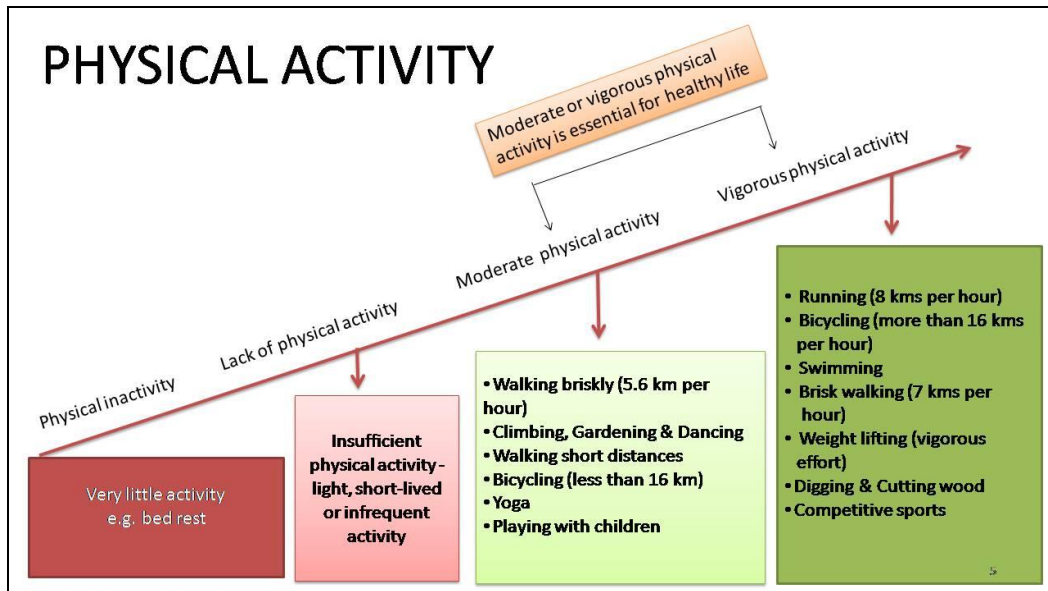
A. Educate about different levels of physical activity and what prevents a person from being physically active.

4

Instruction

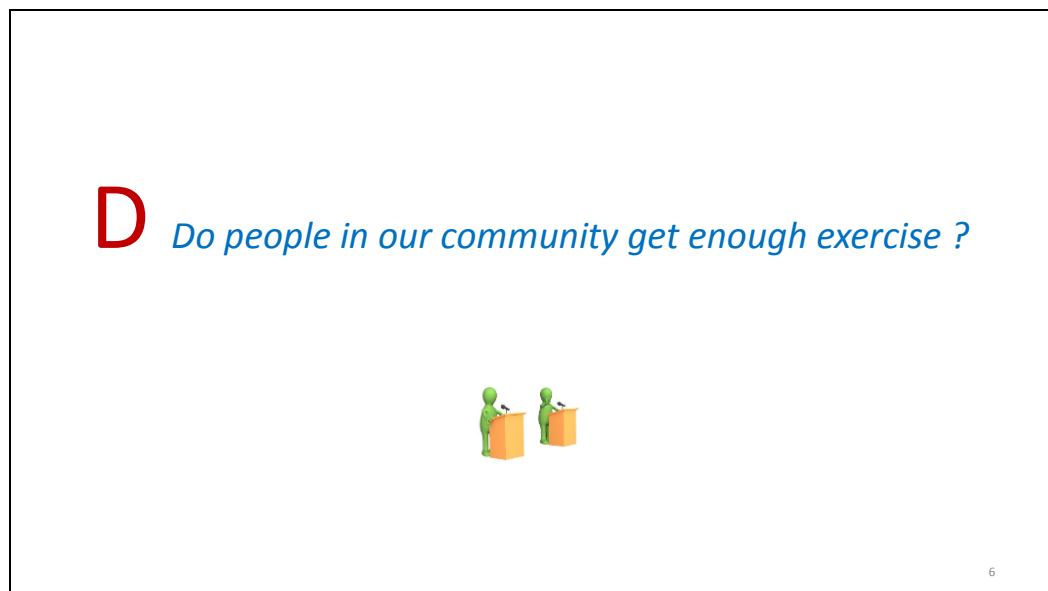
There will be a discussion about physical activity and what prevents from being physically active.

Slide 5



Explain about physical activity⁴³ and the different levels.

Slide 6



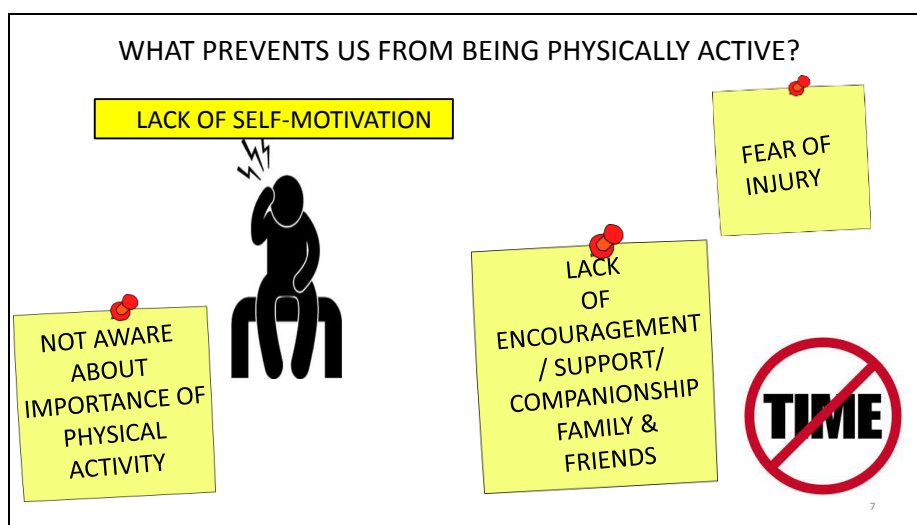
⁴³ National Institute of Nutrition (NIN): Hyderabad. Physical activity: Dietary guidelines for Indians 2010(2nd ed) www.ninindia.org/DietaryguidelinesforIndians-Finaldraft.pdf

Activity (debate)

Duration: 30 minutes

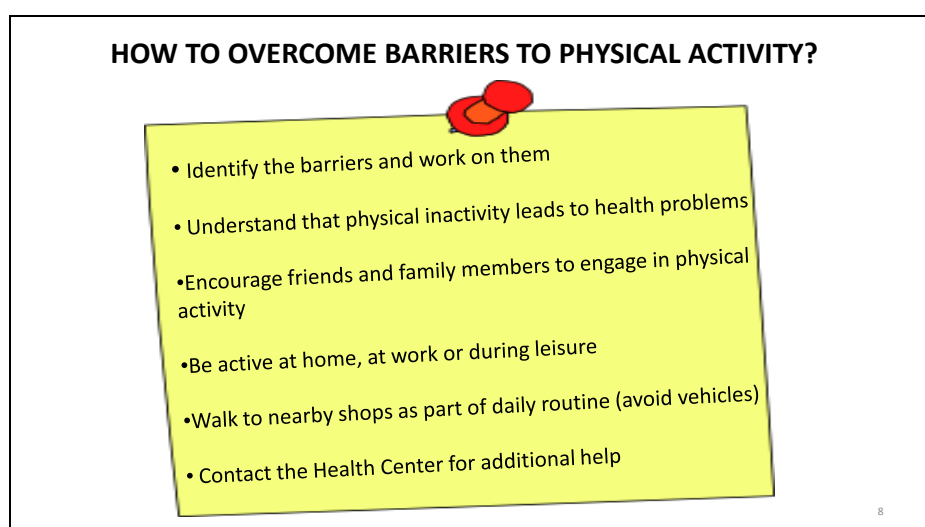
After explaining about the levels of physical activity conduct a debate. Divide participants into two groups and tell them to talk for and against 'do people in our community get enough exercise?' Give participants 10 minutes to prepare; each group will nominate a person to be a speaker. In the first round each speaker will have 5 minutes to present their points after which they will get 5 minutes to discuss amongst themselves and begin the second round. After three rounds are completed the facilitator will summarize the important points.

Slide 7



Explain what prevents people from doing physical activity^{44 45}.

Slide 8



⁴⁴ Overcoming Barriers to Physical Activity <http://www.cdc.gov/physicalactivity/everyone/getactive/barriers.html>

⁴⁵ Barriers to fitness: Overcoming common challenges <http://www.mayoclinic.org/healthy-living/fitness/in-depth/fitness/art-20045099>

The barriers to healthy diet can be overcome by simple tips mentioned above.

Slide 9

SUMMARY POINTS

- Moderate & vigorous physical activity is essential
- Barriers to physical activity can be overcome

9

Slide 10

LEARNING OBJECTIVE

B. Encourage physical activity by using the 'T A L K' approach


10

Instruction

There will be discussion about steps to provide awareness about physical activity in community using the 'T A L K' approach.

Slide 11

B *How do you provide awareness about physical activity in your community ?*



11

Generate discussion and write responses on the board.

Slide 12

STEPS TO PROVIDE AWARENESS ON PHYSICAL INACTIVITY (4 W's)

STEP 1: WHERE can I conduct awareness on risk factors & NCDs?

STEP 2: WHOM is the awareness for?

STEP 3: WHAT messages can I give? (Use 'T A L K')

STEP 4: WHEN can I give awareness on risk factors?

12

An important role of the CHW is to provide awareness in the community. Four W's are essential steps that help CHW to plan awareness programmes in the community effectively. They should know where to conduct the awareness programme on physical activity and should keep the target population in mind. They can give important messages on physical activity using 'T A L K' and need to be aware when to provide these awareness programmes.

Slide 13

STEP 1. WHERE CAN I CONDUCT AWARENESS ON POOR PHYSICAL ACTIVITY ?

- During home visits
- Self - help groups
- Schools & Colleges
- Anganwadi (for teachers & mothers)
- Small scale factories
- Health Camps


In many other places.....

13

There are many places in the community where the CHW will have an opportunity to provide information about physical activity. Some of them are given above.

Slide 14

STEP 2: WHOM IS THE AWARENESS FOR?



GATHER INFORMATION

(Sources: self-help groups, Anganwadi teachers, ANMs, LHVs, Nurses, NGOs, Hospitals, home visits & key persons in the community)

Other sources? ...

FOCUS ON VULNERABLE GROUPS

(e.g. People who are overweight
People who have NCD's,
General public)

...any others?

14

Some homework and preparation should be done about the target group to be addressed before an awareness programme. Gather information on people who are physically not active.

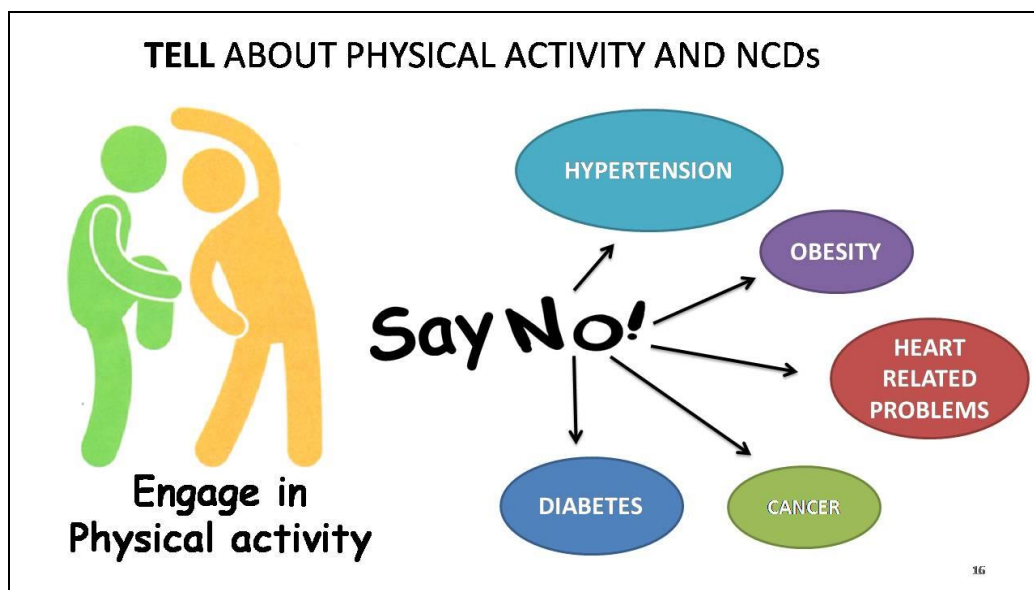
STEP 3: WHAT MESSAGES CAN I GIVE? (USE 'T A L K')

- T – TELL What NCD's and Risk Factors are
- A - ADVISE Individuals and Families on what to do to reduce risk factors and support them to reduce risks and adopt healthy lifestyles
- L - LEAD Collective community action for reducing risk factors by working with community based organizations and self-help groups
- K - KNOW More about NCDs and Risk Factors, self-help approaches to reduce risk and community resources for treatment and support

15

Use the 'TALK' to address risk factor in the community. T is for tell, A is for advise, L is for lead, and K is for know. While using the T A L K it is essential for the CHW to be empathetic, non-judgmental and warm. Providing hope while conveying the messages to people are also important.

For example when a person says his/her problem the CHW can say *'I understand'...OR 'I know that this might be hard for you'...*, OR *'Do not feel bad there is always a way out of every problem'*CHW also needs to be positive and encouraging. For example whenever a person shows signs of improvement the CHW can say *'I appreciate your effort'....*



The Community Health Worker should discuss how physical activity and NCDs are linked:

Physical activity reduces risk for cardiovascular diseases, obesity and diabetes. Physical activity reduces blood pressure, improves the level of high density lipoprotein cholesterol, improves control of blood glucose in overweight people, even without significant weight loss and reduces the risk for colon cancer and breast cancer among women⁴⁶.

Physical activity & NCDs in India: Physical activity alone is a risk factor for NCDs. When combined with other risk factors like unhealthy diet and obesity, as well as the use of tobacco or alcohol, the risks become multiplied.

Heart diseases and stroke: The high rates of coronary heart diseases and stroke are largely due to poor diet, lack of physical activity and tobacco smoking. The risk can be decreased substantially by increasing physical activity and exercise. Even a moderate amount of physical activity, such as a brisk walk for half an hour every day has been found to decrease the risk of stroke. Increasing levels of physical activity is good for blood pressure⁴⁷.

Cancer: Factors like lack of physical activity combined with an unhealthy diet leads to overweight and obesity. This contributes for high and increasing occurrence of cancer in genetically predisposed populations⁴⁸.

Diabetes: In India there is an increase in prevalence of type 2 diabetes. For its prevention, the recommendation is 30 minutes of moderate to intense aerobic activity. Physical activity decreases the risk of developing type 2 diabetes by approximately 30 per cent. Losing weight through diet and becoming more active has shown to reduce the risk of developing diabetes by approximately 60 per cent⁴⁹.

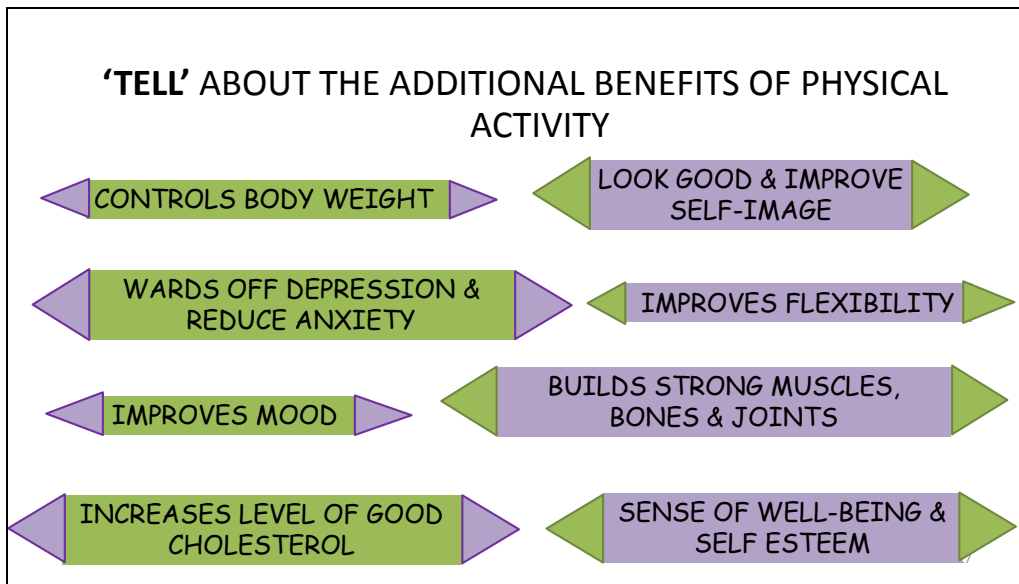
⁴⁶ World Health Organization. Global strategy on diet, physical activity and health. 2011. www.who.int/dietphysicalactivity/pa/en

⁴⁷ Integrating Health Promotion into Workplace OSH Policies. (2012). Retrieved from www.ilo.org/wcmsp5/groups/public/@ed_protect/.../wcms_178397.pdf

⁴⁸ Kravitz, L. The 25 most significant health benefits of physical activity and exercise. [www.fitnessstogether.com/pointhoma/site_downloads/The 25 most significant health benefits of physical activity.pdf](http://www.fitnessstogether.com/pointhoma/site_downloads/The_25_most_significant_health_benefits_of_physical_activity.pdf)

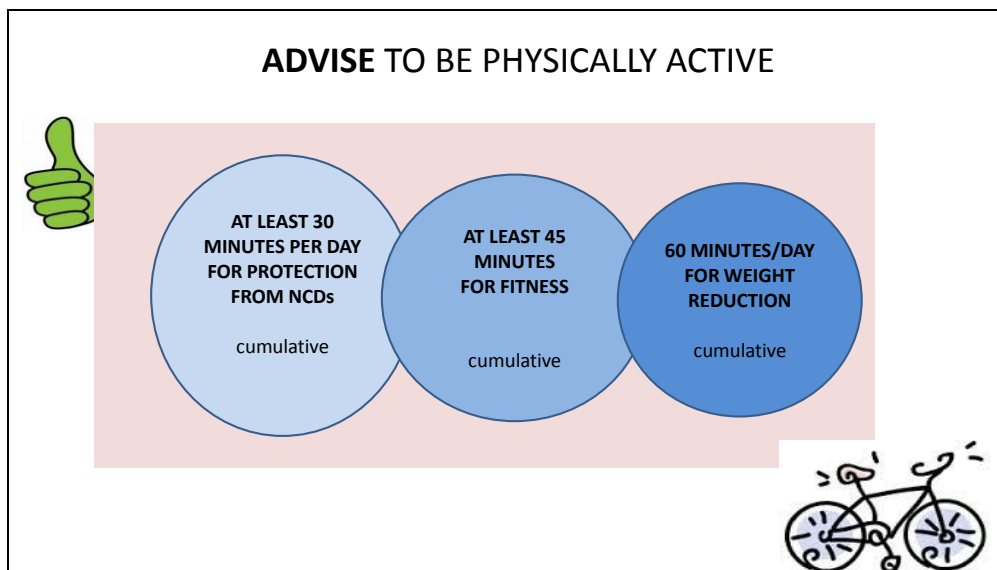
⁴⁹ Misra A, Nigam P, Hills AP, Chadha DS, Sharma V, Deepak KK, Vikram NK, Joshi S, Chauhan A, Khanna K, Sharma R, Mittal K, Passi SJ, Seth V, Puri S, Devi R, Dubey AP, Gupta S. Consensus physical activity guidelines for Asian Indians. Physical Activity Consensus Group. *Diabetes Technol Ther.* 2012 Jan;14(1):83-98.

Slide 17



Additional benefits of physical activity are mentioned above.

Slide 18



Simple physical activities such as walking, cycling, jogging, playing games/sports, gardening, household chores (washing, mopping) and playing with children can be carried out for above mentioned time for desired outcome. The Community Health Worker should state how much physical activity is needed and advise persons to start slowly and work-up gradually as given above⁵⁰.

⁵⁰ Directorate General of Health Services. Ministry of Health and Family Welfare, Govt. of India. National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke: A Guide for Health Workers, 2011. Directorate General of Health Services. Ministry of Health and Family Welfare. Govt. of India.

ADVISE WHERE TO DO PHYSICAL ACTIVITY

BE ACTIVE AT HOME, AT WORK OR DURING LEISURE




WALK TO NEARBY SHOPS AS PART OF DAILY ROUTINE (AVOID VEHICLES)



USE STAIRS

19

Encourage persons to make exercise and staying active as a part of daily routine (at home, at work and during leisure time)


IF PERSON HAS DIFFICULTY MAINTAINING PHYSICAL ACTIVITY

- Educate about consequences of poor physical activity and provide hope to the person
- Refer to Health Centre (to manage health related problems if present)

IF PERSON IS MAINTAINING A PHYSICALLY ACTIVE ROUTINE

- Congratulate person for having changed his / her lifestyle (positive words of encouragement are important)
- Educate possibility of reverting to a sedentary lifestyle
- Advise regular follow-up (if health related problems are present)

Physical activity for children 5-17 years



To improve:
 Muscle health
 Bone health
 Heart health
 Lung health
 Co-ordination and movement control (neuromuscular development)
 Psychological well-being

Playing, sports, physical education, games, walking or cycling as transport, doing chores

WHO strategy on diet, physical activity and health 2015

At least 60 minutes daily of moderate to vigorous physical activity

Running, turning, jumping helps to build good bones

20

Specific advice for different age groups

The WHO recommends different 'doses' of physical activity for different age groups^{51,52,53}

Ages 5 to 17 years

Physical activity has many health benefits for children and youth. While 60 minutes per day of moderate to vigorous physical activity is recommended, more physical activity produces greater health benefits. Bone and muscle strengthening vigorous physical activity must be done at least 3 times per week. Apart from physical development, it also has psychological benefits by improving symptoms of anxiety and depression. It is also helpful in social development.

Slide 21

Physical activity: Adults 18-64 years

To improve:
Muscle health
Bone health
Heart health
Lung health
Mental health

Leisure time physical activity
Walking or cycling as modes of transport
Household work
Play, games sports or planned exercise

At least 150 minutes of moderate-intensity physical activity or 75 minutes of vigorous-intensity physical activity in a week

Muscle strengthening exercises 2 or more days per week

More exercise, additional health benefits

Pregnant women and persons with heart or other diseases must get advice about the amount and kind of exercise

WHO 2011

Ages 18 to 64 years

These guidelines can be followed by all adults, including those with disabilities. For pregnant and post partum women, as well as for those with diabetes, hypertension or heart disease, medical advice on the physical activity must first be obtained.

While at least 150 minutes of moderate intensity energy –spending exercise or at least 75 minutes of high intensity exercise is recommended per week, increasing this to 300 minutes per week of moderate intensity exercise or 150 minutes of high intensity physical activity can give additional health benefits. Every adult must do muscle strengthening activities of major muscle groups at least on 2 or more days each week.

Physical activity among adults protects against practically every NCD. It also helps to achieve weight maintenance and a healthier body mass and composition (better muscle, less fat).

⁵¹ World Health Organization. Global Strategy on Diet, Physical Activity and Health. 2011.

www.who.int/dietphysicalactivity/factsheet_young_people/en/

⁵² World Health Organization. Global Strategy on Diet, Physical Activity and Health. Information sheet: global recommendations on physical activity for health 18-64 years, 2011. www.who.int/dietphysicalactivity/publications/recommendations18_64yearsold/en/

⁵³ World Health Organization. Global Strategy on Diet, Physical Activity and Health. Information sheet: global recommendations on physical activity for health 65 years and above. 2011. www.who.int/dietphysicalactivity/publications/recommendations65yearsold/en/

Physical activity adults: 65 years and older

At least 150 minutes of moderate-intensity physical activity in a week


At least 75 minutes each week of vigorous-intensity physical activity


Muscle strengthening exercises 2 or more days per week

To improve:

- Heart health
- Lung health
- Muscle fitness
- Bone health
- Mobility
- Mental health
- Memory

Leisure time physical activity
Transportation (walking or cycling)
Occupational (if working)
Household chores
Play, games, sports, planned exercise





Older adults with specific health conditions may need to take extra precautions and get medical advice as to the type and duration of exercise

22


Ages 65 years and older

As with adults, exercise has significant health benefits even in older adults. Exercise is beneficial even for those with disabilities and those who already have an NCD. For those with heart disease or diabetes, medical advice on what exercises may be undertaken should be obtained. While older adults should do at least 150 minutes of moderate-intensity or 75 minutes vigorous-intensity energy spending physical activity during the week, they can get additional health benefits by increasing this to 300 minutes each week of moderate-intensity or 150 minutes each week of vigorous intensity physical activity. Muscle strengthening activities must be carried out at least for 2 or more days per week.


Linking physical inactivity to poor health is important.

LEAD SMALL DISCUSSIONS ON HOW TO ADDRESS NCDs


For example, initiate discussion on heart problems, its relation to physical inactivity and how changing lifestyle can help



ALWAYS WATCHING TV



HEART ATTACK



23

The emphasis here needs to be on the importance of physical activity at all ages in preventing risk for NCDs and its importance in reducing further complications of NCDs.

Slide 24

LEAD ACTION IN THE COMMUNITY

- Encourage sports activities
- Help to keep parks open and safe
- Make sure children have time kept for physical activity
- Encourage workplaces to have physical activities
- Organize competitions involving physical activity



24

The Community Health Worker should encourage physical activity in different community settings, particularly schools, colleges and workplaces.

Slide 25

‘KNOW’ WHERE TO GET ADDITIONAL HELP TO ADDRESS PHYSICAL INACTIVITY

- USE PLAY GROUND/PARKS/SPORTS/ GYMS TO ENGAGE
- IN PHYSICAL ACTIVITY
- HEALTH CENTER
- GENERAL HOSPITAL

Example that CHW can say to a person who has health problems/wants to change:

‘If you have any health problems or need more information contact me or visit the Health Centre’

25

The Community Health Worker should escort the person who requires more information on health and physical activity to the Health Centre. The person should be introduced to the health care providers (Medical Officer, NCD Counselor) for further help.

The CHW can also provide additional help to the people as mentioned above.

STEP 4: WHEN CAN I GIVE AWARENESS ON PHYSICAL ACTIVITY?

- During Home Visit
 - Health Camp
 - Village Fair
 - Exhibitions
 - *Melas*
- Educational Talks

...Any others?

26

There are so many places where the CHW can talk about physical inactivity as a risk factor for NCDs. Awareness about physical activity and how to stay healthy through exercise can be promoted during cultural programmes, fairs or melas, exhibitions and meetings. Organizing sports competitions and giving messages on health can be done to promote physical activity.

SUMMARY POINTS

Steps to provide awareness about physical inactivity in the community
(4 W's: Know where, for whom, what message and when)

27

CHALLENGES AND BARRIERS

B *What are the difficulties you can face when you use the 'TALK' for physical activity?*



28

WRAP UP

- *What do you take back at the end of this module?*
- *As a CHW name at least two things you will do in the field to address physical inactivity as a risk factor?*

29

Stress as a risk factor for NCDs

Session 6

Objectives of the session





By the end of this session, the participants will understand the following:

- Health problems associated with stress and stress as a risk factor for NCDs
- Types of stress
- Causes of stress and its effects
- How to provide awareness on preventing and coping with stress
- How to identify signs of stress and provide support
- How to help persons manage thoughts of self-harm and seek help
- How to promote mental health in the community

Organization of the session

- *Facilitator's reading material:* The facilitator should read the material before the session. Sources for specific information are quoted and included as references in the footnotes.
- *Handouts:* Copies of handouts will be made before the session and distributed either before or after the session. List of handouts are included at the end of each session.
- *Power point presentation:* A DVD containing the power point presentations accompanies the training manual. The slides for each session are reproduced in the manual to aid the facilitators.
- **Activities:**

Activities during each training session may include:

- **Brainstorming** or whole group interaction, indicated by the letter '**B**' and the symbol 
- **Group activity** or discussion in small groups, indicated by the letter **GA** and the symbol 
- **Individual Activity**, indicated by letter **IA** the symbol 
- **Role Play** is indicated by the letter **RP** and symbol 

STRESS AS A RISK FOR NCD



PREVENTING AND DEALING WITH STRESS

Session 6

1

Introduction

Stress is linked to NCDs in many ways. It can directly worsen the NCD. For example, stress can worsen diabetes by increasing blood glucose levels. Stress, particularly psychological distress, can worsen or bring about acute asthma attacks. Such mental states can also worsen recovery from stroke. Persons with high levels of stress and tension may cope with the use of tobacco and alcohol, eat unhealthy food and become withdrawn and physically inactive. Each of these responses in turn can affect health and when more than one occurs together, can cause even greater health problems. For example, tobacco use by itself is an important risk factor for cancer. When tobacco and alcohol are used together, the risk increases many more times.

This session on stress seeks to help the Community Health Worker to understand the concept of stress and its linkages to other risk factors and Non Communicable Diseases. It will help her to use the 'TALK' approach in persons having stress and other common mental health problems.

Total duration: 2 hours 45 minutes approximately

AIM

The Community Health Worker would be able to identify *stress* as a risk factor for non communicable diseases and offer help in primary care

2

LEARNING OBJECTIVES

- A. Improve understanding of stress and its relationship to NCDs
- B. Use 'T A L K' in the community for stress

3

LEARNING OBJECTIVE


A. To improve understanding of stress and the relationship to NCDs

4

Instruction

The session is interactive with brainstorming. As a facilitator, you would help the participants understand the concepts of stress and common mental health disorders and their relationship to NCDs. When different aspects related to stress are discussed, encourage the participants to give examples from their settings. Ask prompt questions and summarize with the power point presentation. Use the board to write down responses.

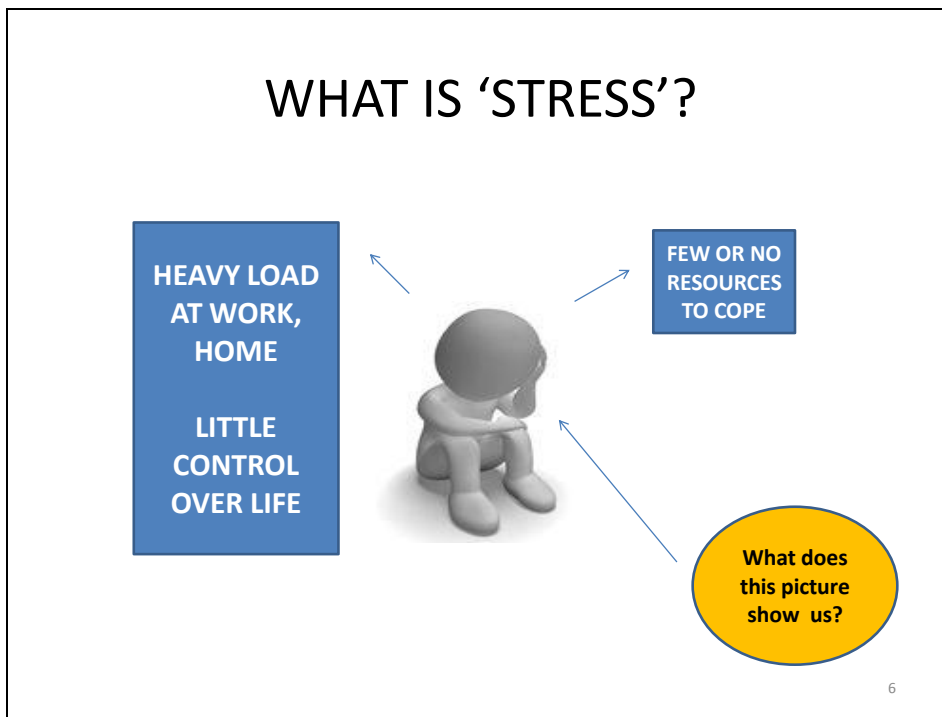
B *What do you understand by stress?*



5

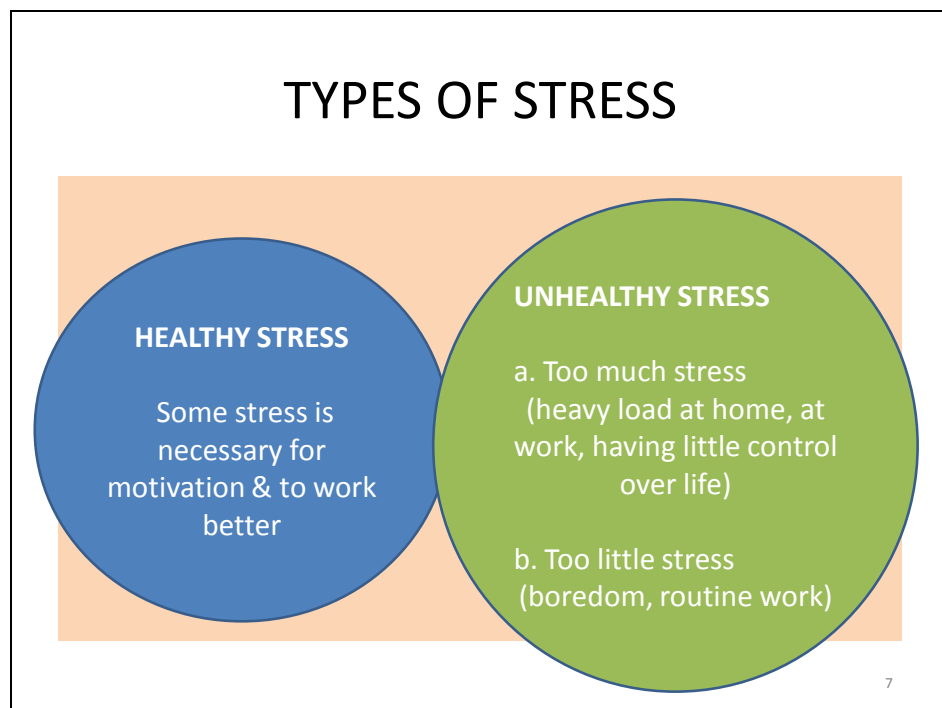
Generate discussion and write responses on the board.

Slide 6



'Stress' is a term that is often used in today's world. Some may use the word 'tension' to describe such a state. All of us at some point or the other have undergone stress in our lifetime. A certain amount of stress is important for motivation and productive work. In this training session, our focus is on unhealthy stress.

Slide 7



1. *Healthy Stress*⁵⁴: Stress can be positive and motivate a person to do better and accomplish the goal he/ she has set. Some examples are a sportsperson who is preparing for a running race, a student facing a final examination or parents preparing for a wedding in the family.

2. *Unhealthy stress* or distress: Too much work at home or at work can lead to unhealthy stress. Unhealthy stress can also result from having little control over life. Too little stress leading to boredom, monotonous work and routine work can also lead to distress. Stress can affect our body and mind and lead to health problems like backache, peptic ulcer, headache, skin problems and low immunity. People with psychological problems may be under greater stress. The same situation that can be a healthy stress can become unhealthy. For example, if a student is so anxious during the exams that she/he becomes totally blank, that can be unhealthy stress. When one family member has to cope with many ill persons in the family, this may result in unhealthy stress. For many persons, stress is produced by the conditions in which they live.

Stress is not always harmful. Stress can be negative, positive or neutral. Planning a pilgrimage to a temple can be very stressful but the challenge of knowing that pleasure awaits at the end can be rewarding.

Slide 8

B *What are the reasons for stress among persons in your community?*



Contd.

Generate discussion and write responses on the board.

⁵⁴ International Labor Organization. Integrating Health Promotion into Workplace OSH Policies.2012. www.ilo.org/wcmsp5/groups/public/@ed_protect/.../wcms_178397.pdf



REASONS FOR STRESS

What are the causes of stress and other mental health problems?⁵⁵ Stress can originate from the home, social environment, a person's workplace or from the community.

Family: Frequent quarrels with persons at home, death of someone close to us, poor support from home during difficult times can cause stress.

Work: Lack of work and being burdened with too much work are common sources of stress. Working in unsafe places or being alone at work (alone in the field or in a remote place) can make a person stressed. Positive events like a promotion at work, which means a better pay but also more responsibilities can be stressful for some. Stress at the workplace can lead to tension and unhappiness at home and can also reduce a person's productivity at work.

Community: Difficult living conditions, living alone, migration to different places for jobs, poor support from family or friends can cause stress.

Social environment: As health care providers, we see both men and women of different ages as well as socio economic backgrounds. There can be different causes of stress depending on their backgrounds.

⁵⁵ Murthy P and Sankaran L Workplace Well-Being: Integrating psychosocial issues with health 2009. Published by The Printers (Mysore) Pvt. Limited and The National Institute of Mental Health and Neuro Sciences, Bangalore.

Disability and unemployment are common causes of stress. Mounting debts, chronic illnesses and injury can also make living stressful.

Each one's ability to withstand pressure, coping styles and way of relating to stress is different. Cultural factors also contribute, and many people do not talk about their stress, thinking it is a sign of personal weakness to talk about it.

In India, as in many other parts of the world, people are hesitant to say they are feeling stressed, anxious or depressed. Very often, they may complain of bodily symptoms and tiredness (for which there is no obvious physical cause)⁵⁶.

Community Health Workers should remember that symptoms of stress and mental health problems are often hidden due to shame and stigma⁵⁷. For example, people may not readily talk about their use of alcohol and tobacco for fear of shame. The Community Health Worker needs to make sure that questions about stress and lifestyle are asked in a way that it is related to health, and not in a way that will make the person feel offended or hurt e.g. when talking to persons having health problems, link current health condition to stress or other risk factors and how it can lead to NCDs.

Slide 10

SUMMARY POINTS

- Some stress can be motivating but too much of stress is unhealthy
- Reasons for stress can be due to work and family pressures, community and social reasons

10

⁵⁶ Murthy RS, Chandrashekar CR, Isaac MK, Nagarajiah I, Parthasarathy, Raghuram A. Manual of Mental Health Care for Health Care Workers. Published by National Institute of Mental Health and Neuro Sciences, Bangalore.

⁵⁷ World Health Organization. Burden of disease: DALY (Part 4).

www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_part4.pdf

LEARNING OBJECTIVE

B. Using the 'T A L K' in the community for person having stress

11

Instruction

The session is interactive with brainstorming. As a facilitator, you would help the participants how to use T A L K approach in community for person having stress and common mental health problems. Ask prompt questions and summarize with the power point presentation. Use the board to write down responses.

STEPS TO PROVIDE AWARENESS ON STRESS (4 W's)

STEP 1: WHERE can I conduct awareness on risk factors & NCDs?

STEP 2: WHOM is the awareness for?

STEP 3: WHAT messages can I give? (Use 'T A L K')

STEP 4: WHEN can I give awareness on risk factors?

12

An important role of the CHW is to provide awareness in the community.

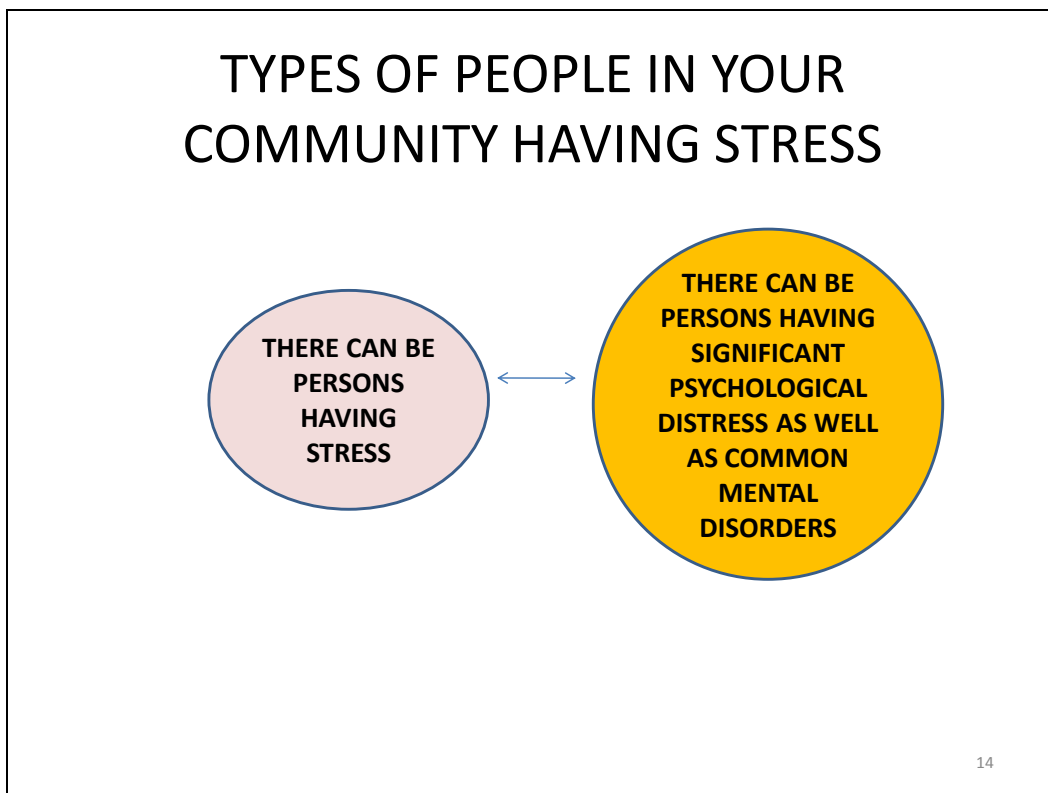
STEP 1: WHERE CAN I CONDUCT AWARENESS ON RISK FACTORS & NCDs?

- During home visits
- Self - help groups
- Schools & Colleges
- Anganwadis (for teachers & mothers)
- Small scale factories
 - Health Camps

In many more places.....

13

There are different groups that the CHW will come across in the community and many of them may have risk factors leading to NCDs.



The CHW will come across different types of persons having stress. Some may manifest as physical problems. Others may have significant psychological distress. Stress can also increase the risk of developing common mental disorders such as depression and anxiety.

B *How do you know when someone is undergoing stress?*



For example, a person can say:

'I get tense when my in-laws say that they want me to have a male child. I can't sleep. How can I ensure that?..'

'I smoke and drink with my friends after a long day in my shop to forget my financial problems....'

'.....I can't sleep at night and don't feel like eating as I worry if I will pass my exams next month. I have lost weight....'

contd.

15

Generate discussion and write responses on the board.

SIGNS OF STRESS IN A PERSON

•A person can have some health problems like headache or body pain, high blood pressure, tiredness, weight gain or loss of weight, upset stomach, back pain, sleeplessness or loss of interest in sexual activity

•He/ she can also feel worried, restlessness, have no interest to do anything, get irritable, angry and feel sad

•There can be behaviour changes like overeating or not eating, shouting at others, using alcohol & tobacco to reduce tension , taking medication without doctors advise

Such changes in emotion and behavior are signs of psychological distress

If these complaints persists for a longer duration, they need to get help

16

Persons may not directly say that they are facing stress or tension. The Community Health Worker can use the checklist for symptoms of stress given below⁵⁸:

Physical symptoms:

Headache, muscle tension or pain, chest pain, reduced immunity to infection, high blood pressure, fatigue, thirst, weight gain or loss of weight, upset stomach, skin disorders, back pain, sleeplessness, loss of interest in sexual activity

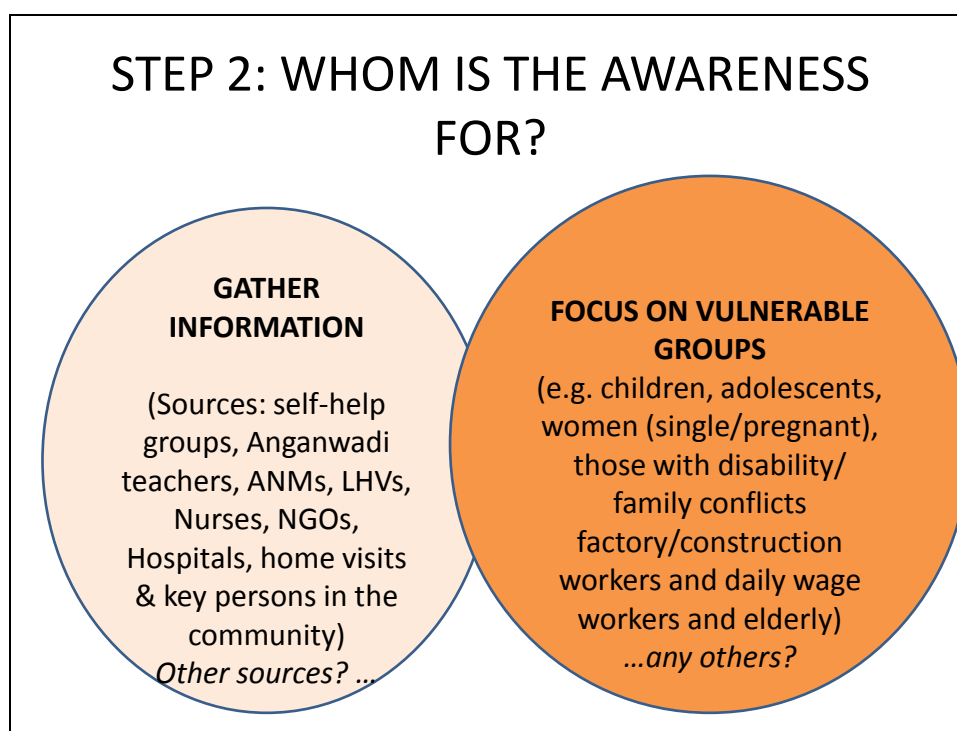
Emotional symptoms:

Anxiety, restlessness, lack of motivation or focus, irritability or anger, sadness or depression

Behavioural symptoms:

Overeating or refusing to eat, angry outbursts, difficulty to concentrate or poor memory, tobacco, alcohol or other drug use, social withdrawal and taking medication without prescription (e.g. painkillers)

Slide 17



The CHW needs to identify the target groups that are vulnerable in order to create awareness. Information about different groups in the community can be gathered from different sources.

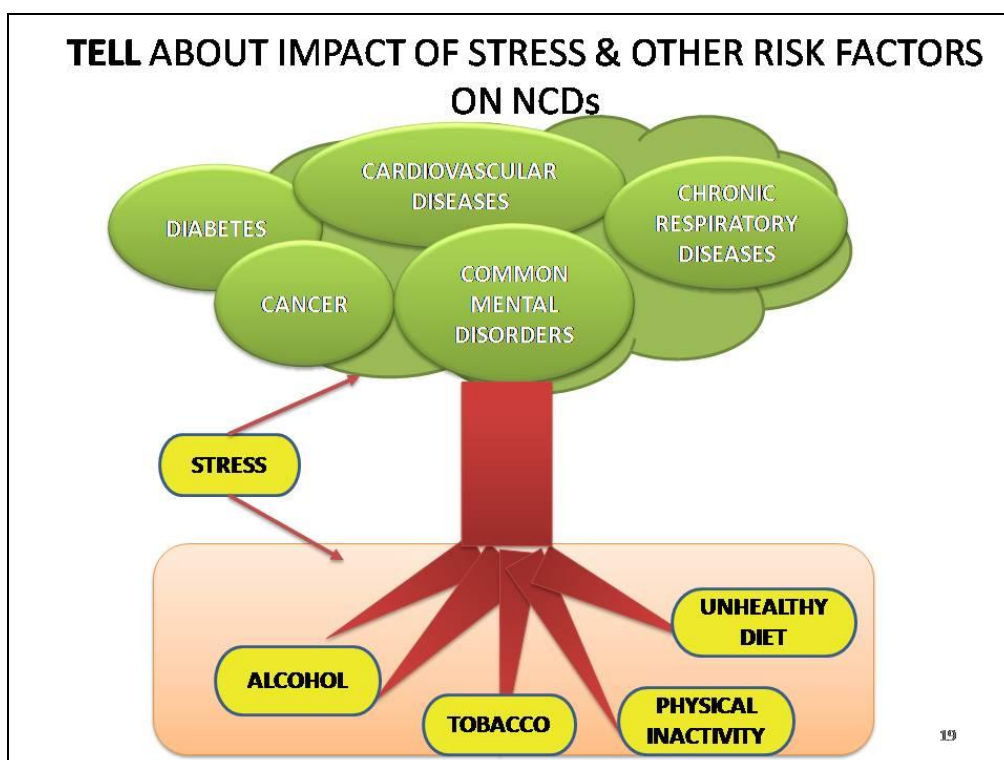
⁵⁸ International Labor Organization. Integrating Health Promotion into Workplace OSH Policies.2012
www.ilo.org/wcmsp5/groups/public/@ed_protect/.../wcms_178397.pdf

COMMUNITY HEALTH WORKER'S ROLE 'T A L K'

- T – TELL What NCD's and Risk Factors are
- A - ADVISE Individuals and Families on what to do to reduce risk factors and support them to reduce risks and adopt healthy lifestyles
- L - LEAD Collective community action for reducing risk factors by working with community based organizations and self-help groups
- K - KNOW More about NCDs and Risk Factors, self-help approaches to reduce risk and community resources for treatment and support

18

Use 'TALK' to address risk factor in the community. T is for tell, A is for advise, L is for lead, and K is for know.



The tree in the diagram shows the relationship of stress, other risk factors such as tobacco, alcohol, poor diet and physical activity which are roots that can grow into NCDs (also see box)⁵⁹.

Box. ***Relationship between stress and disease:***

- Psychologists have found that stress is a contributing factor in human disease
- Depression is common among people having a serious illness or physical disease
- Chronic stress triggers or worsens depression, cardiovascular disease and HIV/AIDS.
- Stress can affect the immune system and worsen depression, infections, arthritis, coronary artery disease and at least some (e.g., viral) cancers.
- Stress plays a part in worsening cancer, by reducing the sufferer's immunity

Slide 20

'TELL' ABOUT THE CONSEQUENCES OF STRESS

- Stress can lead to psychological distress
- Severe psychological distress can lead to suicidal thoughts (thoughts to harm self)

20

As discussed earlier, stress can be expressed as psychological distress with disturbances of emotion, including sadness, anger, problems in behaviour and disturbances in sleep and appetite. These symptoms may disappear when the cause for stress disappears or when the person learns to handle the stress effectively. However, when the psychological distress becomes severe, thoughts of self-harm may occur when the person feels helpless and hopeless.

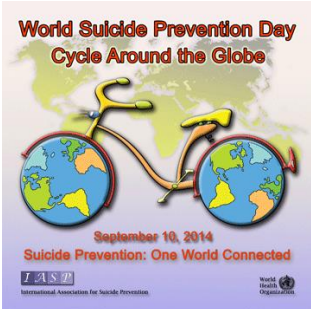
⁵⁹ Science Daily. Stress contributes to Range of Chronic Diseases, Review Shows, 2007.

www.sciencedaily.com/releases/2007/10/07100916422.htm>

‘TELL’ ABOUT RECOGNISING AND MANAGING THOUGHTS OF SELF-HARM

The CHW can educate about the following steps when a person has thoughts of self-harm

- Calm oneself and understand that with support and time, such feelings will pass
- Remind oneself of the reasons to live
- Call a friend, family member or the CHW when having these thoughts
- Call a help-line if available
- Not be alone but move to a safe place
- Approach the nearest health care provider for help and emotional support



The poster for World Suicide Prevention Day features a bicycle with two globes as wheels, set against a world map background. Text on the poster includes 'World Suicide Prevention Day Cycle Around the Globe', 'September 10, 2014', 'Suicide Prevention: One World Connected', and logos for the International Association for Suicide Prevention and the World Health Organization.

21

The CHW can help people in the community to understand that severe psychological stress can also lead to ideas of self-harm. In such situations, it is important that the person is made to understand that she/he is not alone. It is important to allow the person to express their feelings of helplessness and thoughts of self-harm, rather than hide them. Help and support at this time is very important. The CHW must encourage the person and his/her family member to come to the health centre for an evaluation by the counselor/doctor. Following up the person in the community and providing support also reduces the risk of repeated self-harm.

‘TELL’ ABOUT DEPRESSION

A person having depression will feel sad, have no interest in life and will not enjoy anything (e.g. food, fun). He/ she can complain of feeling tired or not feeling hungry, has difficulty sleeping and cannot concentrate on anything and feels guilty. Suicidal thoughts or acts can occur.

(There can be physical problems like headaches, back pain, muscle & joint pain, chest pain, digestive problems, change in appetite or weight or dizziness. Life events (losing a loved one, losing a job, failure of a love affair) can lead to depression in the person if these problems persists daily and for more than 2 weeks contact CHW or the Health Centre)

22

Generate discussion and write responses on the board.

A person having stress can also be at risk to develop common mental health problems like depression and anxiety⁶⁰. Death or separation from a loved one, loss of status, financial problems are some causes that can lead to depression.

NOTE: There is a difference between someone having depression (a common mental health disorder) and a person experiencing psychological distress including sadness (see box).

EXAMPLE OF A PERSON FEELING SAD:

For instance, there can be a student who finishes her college and feels sad about missing her friends. She may not feel like eating or sleeping and keeps thinking about the good times in college and this may last for a few days. What is important is that the person's sadness will not in a major way affect the person's daily life. Using healthy coping can help the person to come out of the sadness.

Slide 23

'TELL' ABOUT ANXIETY

A person with anxiety can say that he/ she has a pounding heart, sweating or dry mouth, difficulty in breathing, feelings of choking, chest pain, uneasy feeling in stomach, feeling dizzy, sense of losing control, numbness, feeling hot or cold, aches and pains. Restlessness, irritability, worrying and inability to relax or sleep

(If these problems persists daily and for more than 2 weeks contact CHW or Health Centre)

A person having anxiety can report having problems with their family, finance, work and so on.

NOTE: How anxiety disorder is different from tension is given in the box.

EXAMPLE OF A PERSON HAVING TENSION: Think of a person feeling nervous about going for a job interview. The person can have increased heart beat, feel sweaty, dryness of mouth and many such symptoms. Once the interview is over, these symptoms will disappear and normalcy returns.

⁶⁰ ICD-10 Classification of Mental and Behavioural Disorders. www.who.int/classifications/icd/en/bluebook.pdf

Mixed symptoms of both depression and anxiety can be present in some.

Slide 24

A WORKSHEET

- *You may have undergone a stressful period in your life in the past. Think of the ways in which you coped with the situations? Write them down.*

24


Activity (individual activity)

Duration: 30 minutes


Give paper and pens to write (15 minutes). Generate discussion during the presentation.

Slide 25


‘ADVISE’ HEALTHY LIFESTYLES



DEVELOP HEALTHY EATING



BE PHYSICALLY ACTIVE/PLAY GAMES




LEARNING TO RELAX FOR AT LEAST AN HOUR DAILY :USING PRAYER, MEDITATION, GAMES, HOBBIES, MUSIC, WATCH TV


TIPS FOR HEALTHY COPING

BE ACTIVE: WALK TO SHOPS, USE STAIRCASE, CYCLE TO WORK


MANAGE TIME PROPERLY



AVOID TOBACCO & ALCOHOL USE TO COPE



SLEEP WELL



SPEND TIME WITH FAMILY AND FRIENDS; SHARE TROUBLES AND ASK FOR HELP

TAKE SUPPORT FROM THE HEALTH CENTRE FOR MEDICAL HELP & COUNSELING

25

At the time of giving advice, it is important to be respectful and warm towards the person and not judge the person based on their background, habit or lifestyle.


The CHW will provide information on tips to cope with stress in healthy ways:

- **MANAGING STRESS IN HEALTHY WAYS** and prioritizing what we want from life; at the same time taking care of our own selves are ways to reduce stress.
- **DOING REGULAR EXERCISE** (walking, cycling, yoga), eating healthy food (seasonal fresh fruits and vegetables), taking proper rest and sleep and having hobbies like listening to music, reading or gardening are important. Having healthy rituals (eating on time, taking time off to enjoy, and celebrating with family and friends) can protect us from ill health. Not taking proper diet and lack of exercise are risk factors that can contribute to NCDs.
- **SPENDING TIME WITH FAMILY AND FRIENDS** (taking time off to be with family and friends, sharing problems, laughing and relaxing can reduce stress). Managing time and planning what is important and needs to be done each day is important.
- **AVOIDING TOBACCO AND ALCOHOL USE TO COPE** (Using alcohol and tobacco to cope is a common way of handling stress and should be avoided as these are risk factors for NCDs)
- **TAKING SUPPORT** from the Health Centre for help and counseling


Slide 26

A PRESSURE COOKER

'Should I keep my tension inside me and get stressed...?'



'Should I talk or share with someone about my troubles and feel better...?'



OUR MIND IS LIKE A PRESSURE COOKER. NOT VENTILATING OR KEEPING THINGS INSIDE OUR MINDS CAN LEAD TO PHYSICAL ILLNESS. SAFETY VALVES IN THE COOKER RELEASE PRESSURE. SHARING WITH SOMEONE AND HEALTHY COPING ARE LIKE SAFETY VALVES.

The CHW can tell persons how by talking about what stresses us to someone, we can reduce stress. Give an example about how the mind is like a pressure cooker and how not ventilating or keeping things bottled up can lead to physical illness.


Slide 27

‘LEAD’ DISCUSSION ON HOW TO ADDRESS NCDs

For example, initiate discussion on how stress can lead to depression and anxiety and how to address it

‘I AM FEELING VERY TENSE...’

‘I FEEL LIKE ENDING MY LIFE....’



Can we change this figure...put an emoticon instead

27

Slide 28

‘KNOW’ WHERE TO GET HELP TO ADDRESS RISK FACTORS

CHW to a person who wants to change:

‘If you can’t handle stress and health problems and need more information, contact me or visit the Health Center’

THERE MAY BE PLACES FOR STRESS RELIEF...
A MEDITATION OR YOGA CENTRE,
PRAYER HALL,
A PLAYGROUND OR LAUGHTER GROUP,
FRIENDS AND SO ON..

Know general information to help individuals e.g. to find jobs, get vocational training, night schools, access welfare schemes, business loans

28


The CHW can say how persons facing stress can find relief by engaging in activities around them. When there is no lowering of stress, the Health Centre and CHW are available for those who need specific help.

Slide 29

STEP 4: WHEN CAN I GIVE AWARENESS ON RISK FACTORS?

For example, when the CHW makes regular home visits to check for improvement:

Ask,
*'How are you feeling now?
Are you able to cope with your stress better?'*



29

The CHW will have many opportunities and occasions to create awareness on risk factors.

Slide 30

ENCOURAGE AND PRAISE DURING FOLLOW UP

What a CHW can say if the person has made changes in coping to reduce stress:

'...You have managed to make lifestyle changes to cope with stress and you look cheerful. I really appreciate your efforts....'

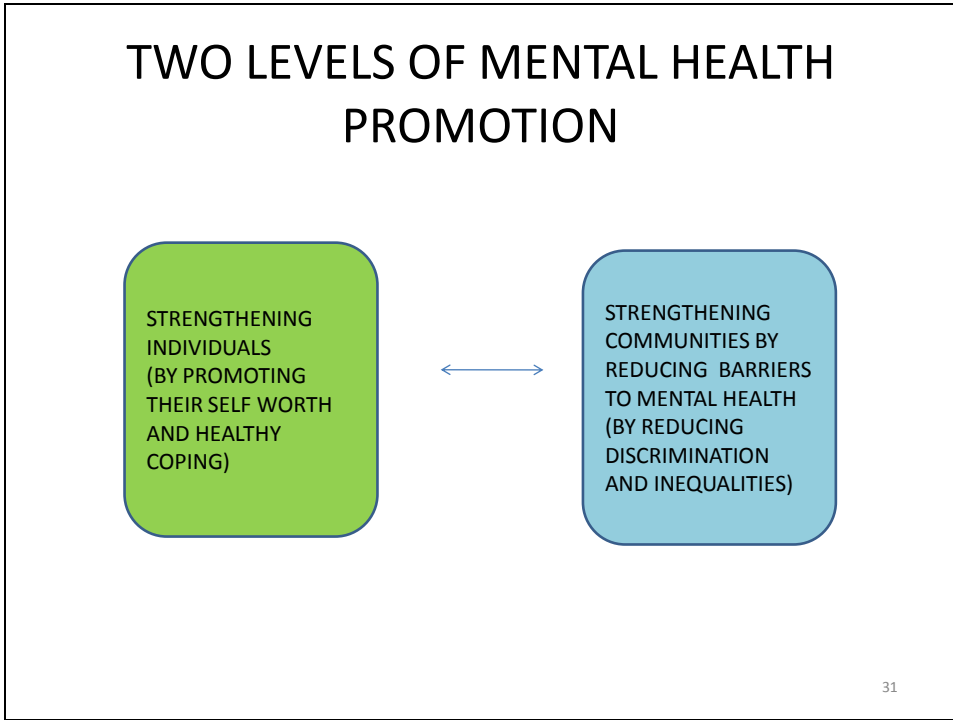
If the person continues to have difficulties with stress:

'.. I can understand the difficulties you are facing in coping with stress. It is important to visit the Health Centre and get help again....'

30

Genuine words of praise should be used when lifestyle changes are observed. What exactly the Community Health Worker can say is given in the slide. The CHW needs to provide support and optimism about how things can improve.

Slide 31



Slide 32

stress management...

Stress is the reaction of the body (physical or mental) to the interpretation of a known situation. As a negative influence, it can result in feelings of disruption, rejection, anger, and depression which in turn can lead to health problems such as headache, upset stomach, rashes, insomnia, ulcers, high blood pressure, heart disease, and stroke.

Origins of stress

Physical
Social
Psychological

Life's events
Situations

Individual

Environment

Coping with stress

- Relaxation exercises
- Practicing yoga and meditation
- Acquiring problem solving skills
- Developing hobbies (listening to music)
- Positive thinking
- Social support
- Physical activity

Developed by the Ministry of Health, Govt of India, for education of Parliamentarians 2006

32

The CHW can use posters such as the one developed by the Ministry of Health and Family Welfare, Government of India to make the community aware of how to cope with stress.

WORKSHEET (Group Work)

Case study 1: Raju is 42 years old and has a vegetable farm. The CHW during her visit finds that he stays at home saying that he is unable to go to work in the past 2 weeks. He tells his wife that he feels tired and has body ache.

He has also been smoking more beedis.

He hardly sleeps, says that he is not hungry and does not feel like eating and refuses to come for any family functions.

His wife informs the CHW that he has blood pressure and is not taking medicines.

- Use 'TALK' to help Raju



33

Instruction

Form small groups and give worksheet with case vignettes. The slides with the cases can also be projected for the activity. Participants will discuss about how they will help the person as CHWs (15 minutes). Each group will make a presentation that can be oral or using chart papers and felt pens (10 minutes per group to present). Generate discussion during presentation and use board to write the responses by the groups. Present the 'TALK' Model as a way of helping persons having similar problems in the community.

Activity

Duration: 45 minutes

TELL Raju about how his lack of sleep and risk factors (bidis, poor diet, lack of physical activity, stress) and blood pressure can lead to NCDs.

ADVISE about how he can get help from the Health Centre for his blood pressure and find ways to cope with the current situation.

LEAD discussion with Raju and his family on what is troubling him and what small changes he can make (elicit family support).

KNOW where Raju can get help from the community (e.g. playground, park, meditation classes, and friends groups).

WORKSHEET (Group Work)

Case study 2: The CHW meets Mala in the village who says she is studying hard to get a good job in the city to support her poor family. She has her final exams in a week and is worried about how she will do the exam. She is unable sleep or eat and does not take a break from studies.

She says she has an upset stomach and gets headaches when she thinks about the exam paper.

- Use 'TALK' to help Mala



34

TELL Mala about how her poor sleep, appetite, stomach upset and headaches can lead to health issues.

ADVISE how she can get help from the CHW and Health Centre for her current health condition.

LEAD discussion with Mala about how she can make some changes in her life e.g. plan a timetable to complete the study portions, combined studies with her friends/ take help from her teacher; regular diet, exercise and rest (elicit family support).

KNOW where Mala can get help from the community (e.g. teachers, classmates, walk in the playground etc).


SUMMARY POINTS

Steps for conducting and awareness programme (Know your community, Identify target group, Use T A L K to provide awareness, make home visits & follow-up)

35

CHALLENGES & BARRIERS

B *What are the difficulties you can face in the community when you use the 'TALK' for stress?*



36

Allow participants to brainstorm the various challenges they face in the community and how they can overcome them. Some may share about how they overcame barriers in the field. Generate discussion and summarize.

WRAP UP

- *What do you take back at the end of this module?*
- *As a CHW name at least two things you will do in the field to address stress as a risk factor?*

37

**Team work and developing an integrated
approach to managing risk factors for NCDs
Session 7**

Objectives of the session





By the end of this session, the participants will understand the following:

- The patient's journey to help seeking and the various points where risk factors can be identified and addressed
- The roles and responsibilities of team members in carrying out activities to prevent and reduce risk factors for NCDs
- The involvement of all care providers as a co-ordinated team to carry out activities in the clinic and community to prevent and reduce risk factors for NCDs

Organization of the session

- *Facilitator's reading material:* The facilitator should read the material before the session. Sources for specific information are quoted and included as references in the footnotes.
- *Handouts:* Copies of handouts will be made before the session and distributed either before or after the session. List of handouts are included at the end of each session.
- *Power point presentation:* A DVD containing the power point presentations accompanies the training manual. The slides for each session are reproduced in the manual to aid the facilitators.
- **Activities:**

Activities during each training session may include:

- **Brainstorming** or whole group interaction, indicated by the letter 'B' and the symbol 
- **Group activity** or discussion in small groups, indicated by the letter **GA** and the symbol 
- **Individual Activity**, indicated by letter **IA** the symbol 
- **Role Play** is indicated by the letter **RP** and symbol 

Slide 1

**TEAMWORK AND
DEVELOPING AN INTEGRATED
APPROACH TO MANAGING
RISK FACTORS
FOR NCDs**

Session 7

1

Instruction

Close the training to discuss how health care providers work as a team to address risk factors and leading to NCDs.

Slide 2

A


WORKING AS A TEAM

How can we work as a team in primary care?

The team:

- Medical Officer
- Counselor
- **Community Health Worker**
- Health Centre
- District Hospital

(Duration: 30 minutes)



2

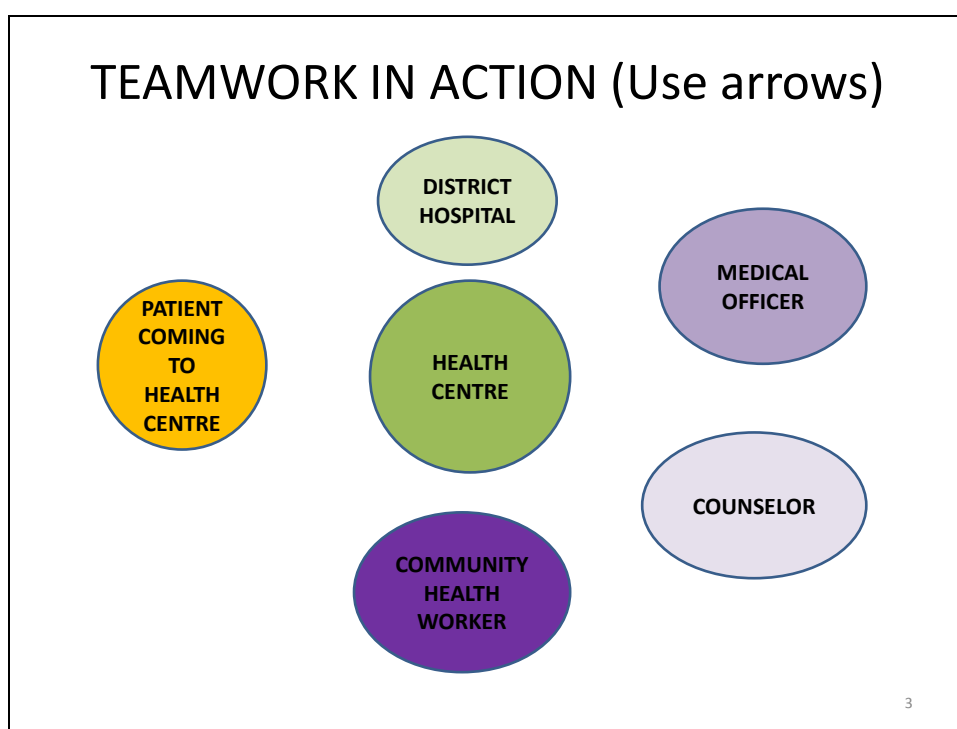
Activity (group work)

Teamwork in action

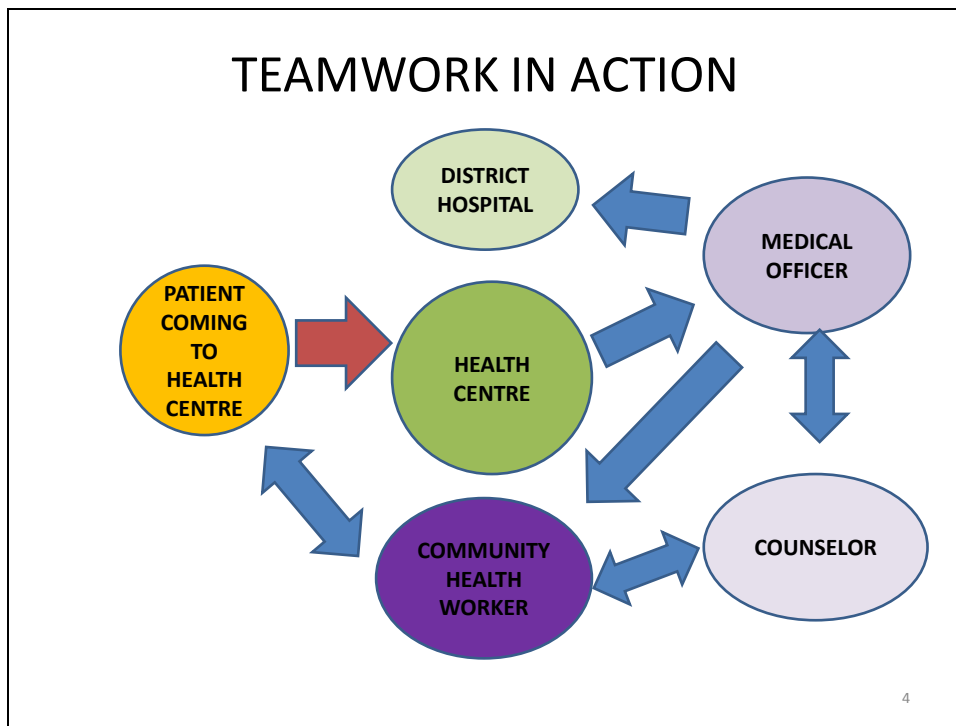
Total duration: 30 minutes

Divide participants into groups and give chart papers and pens for the activity. The group will nominate a representative to make the presentation (15 minutes). Ask the group how health care providers work as a team to help the patient from the time he/she enters the Health Centre. Arrows can be used to explain linkages among the team of health care providers in the given diagram (use Slide 3). Summarize after group presentations.

Slide 3



Ask the groups to use arrows to depict linkages. Give 15 minutes for group work and after presentation by each group discuss Slide 4.



There are many ways of interpreting the patient's journey to seek help. The patient can be referred by the Community Health Worker or come directly to the Health Centre after which he/ she is seen by the Medical Officer (including Nurse). The Medical Officer treats the patient and refers him/ her to the Counselor for further help. The Counselor after seeing the patient can refer the patient back to the Medical Officer for health related issues/ medication and link up to the Community Health Worker for home visits and follow-up.

Use of contemporary technology

All team members can use contemporary technology to engage and maintain patients in follow-up. SMS messaging, phone calls, quit lines and internet-based communication can increasingly be exploited to improve contact with patients and provide them continued support.

Referral

When there is a need for specialized care (beyond the capacity of primary care), the patient will be referred to the specialist/ District Hospital by the Medical Officer.

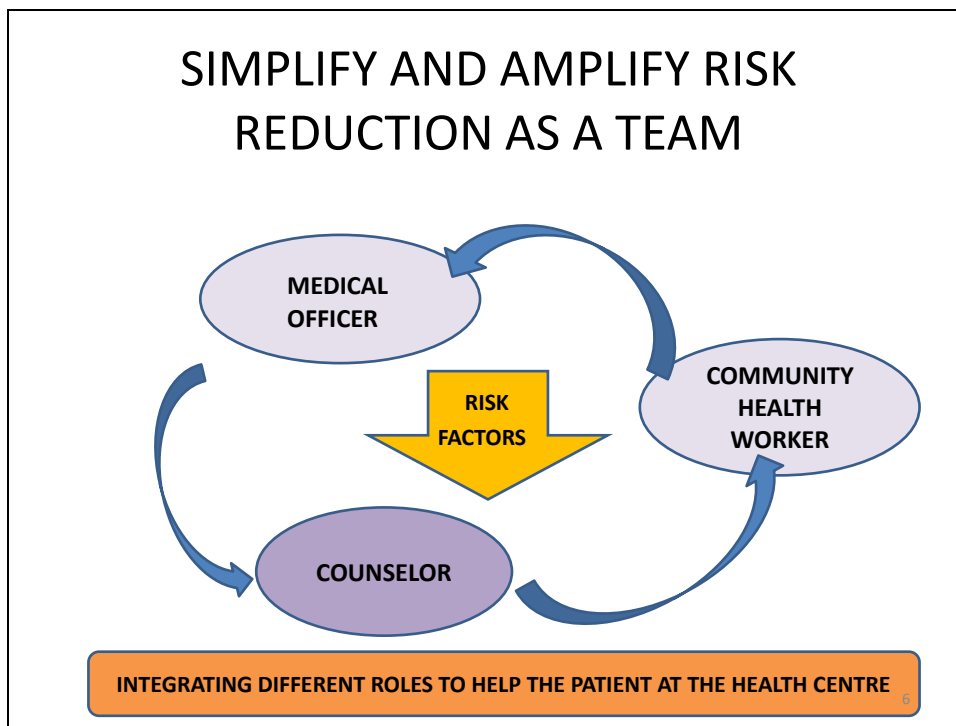
Slide 5

RISK FACTORS IN NCDs

	Stress	Tobacco use	Harmful alcohol use	Unhealthy Diet	Physical Inactivity
Cardiovascular Diseases	√	√	√	√	√
Diabetes	√	√	√	√	√
Cancer	√	√	√	√	√
Chronic Respiratory Diseases	√	√	√	×	√
Common Mental Disorders	√	√	√	√	√

The more the risk factors, greater are the chances of developing NCDs.

Slide 6



The importance of working together as a team is greatly beneficial for the patient to address risk factors for NCDs.

Slide 7

BEYOND THE HEALTH CENTRE

What roles can different health care providers play in the community?

7

All health care providers need to be involved in promoting health in the community. Providing awareness, encouraging behaviours that improve health and well-being and reducing the risk to disease among our communities is our joint responsibility. The Community Health Worker can take the front role in this activity and take the support of all the other health care providers in the various activities that can be carried out in the community. She must become the champion for health in the community.

Slide 8

MEDICAL OFFICER'S ROLE

3 I's

- IDENTIFY
 - Ask/Assess for tobacco use, alcohol use, stress, diet and physical inactivity
- INTERVENE
 - Investigate for NCD/risk factor complication
 - Provide feedback
 - Motivate behavioral change to address risk factor
 - Advise regarding stress reduction, tobacco and alcohol cessation, healthy diet and physical activity
 - Support change
- INVOLVE
 - A multidisciplinary team of health professionals in prevention and care to address risk factors for NCDs

8

The Medical Officer will use the 3 I's approach when helping the patient.

COUNSELOR'S ROLE

3 A's

STEP 1: ASK about risk factors leading to NCDs

STEP 2: ADVISE how to make behavior changes by educating about risk factors, giving information about healthy lifestyle, mobilizing social supports for behavior change i.e. healthy coping for stress, encourage proper diet, regular exercise and avoid use of tobacco and alcohol

STEP 3: ARRANGE for help with Medical Officer for assessment and medication and Community Health Worker for follow up through home visits

9

The Counselor will use the 3 A's approach when helping the patient.

COMMUNITY HEALTH WORKER'S ROLE

'T A L K'

T – TELL What NCD's and Risk Factors are

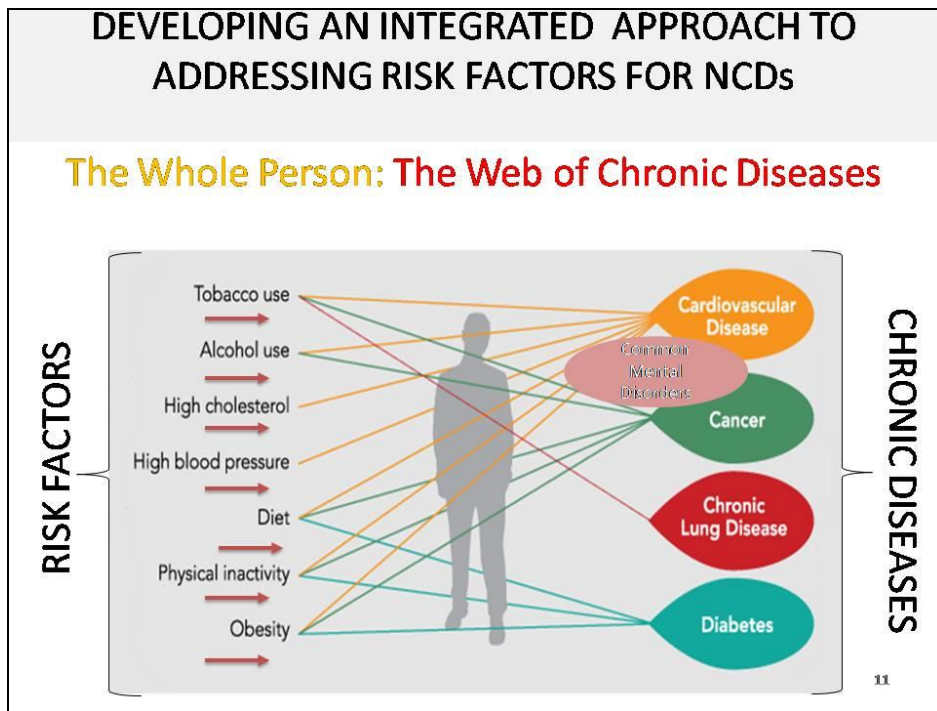
A - ADVISE Individuals and Families on what to do to reduce risk factors and support them to reduce risks and adopt healthy lifestyles

L - LEAD Collective community action for reducing risk factors by working with community based organizations and self-help groups

K - KNOW More about NCDs and Risk Factors, self-help approaches to reduce risk and community resources for treatment and support

10

The Community Health Worker will use the TALK approach when helping the patient.



An integrated approach to addressing risk factors leading to chronic diseases is important.

What are the barriers or challenges you see as a health care provider to address risk factors leading to NCDs?

12

Annexure 1

REDUCING RISK FACTORS FOR NON COMMUNICABLE DISEASES (NCDs)

IN PRIMARY CARE

Training Programme for Community Health Workers

PRE TRAINING EVALUATION QUESTIONNAIRE (COMMUNITY HEALTH WORKERS)

NAME:

DATE:

1. Risk factors for Non communicable diseases (NCD) include:
 - a) Pollution, germs, garbage, tobacco use
 - b) Stale food, non- boiled water, alcohol use, poor sleep
 - c) Alcohol and tobacco use, unhealthy diet, physical inactivity, stress

2. Non communicable diseases (NCDs) are:
 - a) Typhoid, Cancer, Blood pressure, Diabetes, Swine Flu (H1N1)
 - b) Depression and Anxiety, Cancer, Heart Diseases, Diabetes, Chronic respiratory diseases
 - c) HIV/AIDS, Polio, Cancer, Hepatitis, Tuberculosis, Asthma, Stroke

3. The CHW's role specified in the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke is as follows:
 - a) To educate the community, to promote healthy lifestyle changes, to assist other health workers and to arrange follow up visits
 - b) To provide medicines, to take patients to labs for blood tests, to refer to medical officer for treatment
 - c) To create awareness in the community, to help women save money, to refer to counselor

4. Risk factors for NCDs that can be modified are as follows:
 - a) Age
 - b) Alcohol and tobacco use, unhealthy diet, physical inactivity and stress
 - c) Family history of disease

5. We know a person has stress when we observe the following:
 - a) Prominent physical problems (e.g. body pain, head ache)
 - b) Only when a person cries a lot and is unable to normal activities
 - c) Changes in behaviour and emotion and unexplained physical symptoms

6. Stress is best managed by:
 - a) Taking medicines in the right dose

- b) Doing regular exercise
- c) Healthy lifestyle

7. When can the CHW create awareness on tobacco use?

- a) During home visits
- b) At multiple places in the community
- c) During health camps

8. One form of smokeless tobacco is:

- a) Khaini
- b) Bidis
- c) Snuff

9. Alcohol use can cause the following:

- a) It can harm the person's liver and other organs
- b) There can be violence at home and outside (fights, beating)
- c) Physical, psychological, social and occupational problems

10. An unhealthy diet includes the following EXCEPT:

- a) High intake of salt and oily food
- b) Green leafy vegetables
- c) Fast food

11. An unhealthy diet increases risk for:

- a) Heart disease
- b) Type 2 diabetes
- c) All non-communicable diseases

12. The main reason for doing physical activity is:

- a) To control body weight and increase levels of good cholesterol
- b) To look good
- c) To promote our physical and mental health and reduce risk for disease

13. Physical activity and exercise in the community can best be promoted by:

- a) Using local parks, organising competitions at workplaces and schools and encouraging physical activity as part of daily routine
- b) Building modern gyms, using hi-tech gadgets for weekend exercises
- c) Conducting daily theory classes at health centre and community on how to exercise

14. Depression and Anxiety are the same as stress.

True/ False

15. Smokers who have used tobacco for many years will not get their health back if they stop use.

True/ False

16. Dietary requirements are the same across all ages.

True / false

17. Alcohol relieves colds and coughs and induces sleep (e.g. brandy)

True/ False

18. It is impossible to do physical activity as there is no time or space for this in many areas

True/ false

19. The Community Health Worker has no role in preventing suicide in the community.

True/False

20. In primary care to address risk factors for NCDs, the primary role of the Community Health Worker is to educate the community about healthy lifestyles and bring about behaviour change.

True/ False

Annexure 2

REDUCING RISK FACTORS FOR NON COMMUNICABLE DISEASES (NCDs)

IN PRIMARY CARE

Training Programme for Community Health Workers

POST TRAINING EVALUATION QUESTIONNAIRE (COMMUNITY HEALTH WORKERS)

NAME:

DATE:

1. Risk factors for Non communicable diseases (NCD) include:
 - a. Pollution, germs, garbage, tobacco use
 - b. Stale food, unboiled water, alcohol use, poor sleep
 - c. Alcohol and tobacco use, unhealthy diet, physical inactivity, stress

2. Non communicable diseases (NCDs) are:
 - a. Typhoid, Cancer, Blood pressure, Diabetes, Swine Flu (H1N1)
 - b. Depression and Anxiety, Cancer, Heart Diseases, Diabetes, Chronic respiratory diseases
 - c. HIV/AIDS, Polio, Cancer, Hepatitis, Tuberculosis, Asthma, Stroke

3. The CHW's role specified in the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke is as follows:
 - a. To educate the community, to promote healthy lifestyle changes, to assist other health workers and to arrange follow up visits
 - b. To provide medicines, to take patients to labs for blood tests, to refer to medical officer for treatment
 - c. To create awareness in the community, to help women save money, to refer to counselor

4. Risk factors for NCDs that can be modified are as follows:
 - a. Age
 - b. Alcohol and tobacco use, unhealthy diet, physical inactivity and stress
 - c. Family history of disease

5. We know a person has stress when we observe the following:
 - a. Prominent physical problems (e.g. body pain, head ache)
 - b. Only when a person cries a lot and is unable to normal activities
 - c. Changes in behaviour and emotion and unexplained physical symptoms

6. Stress is best managed by:
 - a. Taking medicines in the right dose
 - b. Doing regular exercise
 - c. Healthy lifestyle

7. When can the CHW create awareness on tobacco use?
 - a. During home visits
 - b. At multiple places in the community
 - c. During health camps

8. One form of smokeless tobacco is:
 - a. Gutka/pan masala
 - b. Bidis
 - c. Snuff

9. Alcohol use can cause the following:
 - a. It can harm the person's liver and other organs
 - b. There can be violence at home and outside (fights, beating)
 - c. Physical, psychological, social and occupational problems

10. An unhealthy diet includes the following EXCEPT:
 - a. High intake of salt and oily food
 - b. Green leafy vegetables
 - c. Fast food

11. An unhealthy diet increases risk for:
 - a. Heart disease
 - b. Type 2 diabetes
 - c. All non-communicable diseases

12. The main reason for doing physical activity is to:
 - a. To control body weight and increase levels of good cholesterol
 - b. To look good
 - c. To promote our physical and mental health and reduce risk for disease

13. Physical activity and exercise in the community can best be promoted by:
 - a. Using local parks, organising competitions at workplaces and schools and encouraging physical activity as part of daily routine
 - b. Building modern gyms, using hi-tech gadgets for weekend exercises
 - c. Conducting daily theory classes at health centre and community on how to exercise

14. Depression and Anxiety are the same as stress.

True/ False

15. Smokers who have used tobacco for many years will not get their health back if they stop use.

True/ False

16. Dietary requirements are the same across all ages.

True / false

17. Alcohol relieves colds and coughs and induces sleep (e.g. brandy)

True/ False

18. It is impossible to do physical activity as there is no time or space for this in many areas

True/ false

19. The Community Health Worker has no role in preventing suicide in the community.

True/False

20. In primary care to address risk factors for NCDs, the primary role of the Community Health Worker is to educate the community about healthy lifestyles and bring about behaviour change.

True/ False

Annexure 3

REDUCING RISK FACTORS FOR NON COMMUNICABLE DISEASES (NCDs)

IN PRIMARY CARE

Training Programme for Community Health Workers

Training Feedback Evaluation Form

Date: _____

Trainers: _____

Kindly indicate your level of agreement with the statements below:

		Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
1	The objectives of the training were clear					
2	The workshop was interactive and actively involved the participants					
3	The topics were relevant					
4	The content was organised and easy to follow					
5	The practical exercises were useful					
6	The handouts were useful					
7	I will be able to use what I have learned in the training in my work					
8	The trainer was knowledgeable in the areas					
9	The trainer was well prepared					
10	The training was useful					
11	The time allotted to the training was useful					
12	The meeting room and facilities were adequate					
13	The administrative arrangements were satisfactory					

Annexure 4

REDUCING RISK FACTORS FOR NON COMMUNICABLE DISEASES (NCDs)

IN PRIMARY CARE

Training Programme for Community Health Workers

Evaluation Questionnaire- Response Key

Question No	Correct Response	Additional Information
1	c	Risk factors are those conditions that can increase a person's chance of developing an NCD and can be modified by changing behaviour and lifestyle.
2	b	Non communicable diseases are health conditions that are not caused by any infection and therefore not communicable from person to person. They are chronic in nature and if untreated can lead to further health complications and even early death. There are many NCDs and some that are common where death and disability can be prevented.
3	a	The CHW's role takes into consideration the prevention and control of NCDs. Promoting good health, providing simple advice about risk factors and referring persons to the Health centre are the main goals.
4	b	There are risk factors that are modifiable through behaviour and lifestyle changes (termed modifiable risk factors) and some that are not modifiable (age, gender, family history of disease)
5	c	Signs of stress can be physical e.g. (headache, muscle pain, chest pain, tiredness), emotional (e.g. anxious, restless, anger, sadness) and behavioural (eg. overeating or not eating, drinking a lot of alcohol, tobacco use, taking medicines without prescription)
6	c	Maintaining a healthy lifestyle and taking medical help only if needed is the best way to tackle stress.
7	b	As part of the role of CHWs, the opportunity to create awareness in the community is vast. There are many locations and occasions to spread awareness on preventing risk factors for NCDs in the community.
8	a	There are smokeless (khaini/gutka/pan masala/zarda) and smoked forms of tobacco (includes bidis and cigarettes).
9	c	Alcohol use can impact work, health and family life. Problems related to work are very common and can lead to absenteeism and even loss of job.
10	b	There are not enough of nutrients in unhealthy diets. Both malnutrition and risk for developing NCDs are common when diet is unhealthy. Blending the four basic food groups such as energy giving foods, body building foods, protective foods and fibre in food is important.
11	c	Unhealthy diet is a risk factor that contributes to NCDs. Through lifestyle changes we can eat healthy, and reduce

		risk for NCDs.
12	c	Physical activity makes us physically and mentally healthy. It does more than just controlling body weight.
13	a	Promoting use of local resources to exercise is both affordable and practical in the long- term including being physically active in daily life. It is a myth that only gyms and high tech gadgets are necessary for physical activity.
14	False	Depression and anxiety are recognized by the WHO as common mental disorders. Mental disorders are NCDs, just like heart disease and diabetes. While depression and anxiety can be precipitated by stress, stress does not always lead to common mental disorders.
15	False	Over time, the sense of smell and taste will improve. Walking and running will become easier. Coughing, tiredness and breathlessness and risk of heart disease will reduce. The risk of lung cancer and heart attacks will also reduce.
16	False	Young children need food rich in energy and body building foods. Elderly people need food rich in fibre and low fat.
17	False	Alcohol produces a sensation of warmth due to widening of blood vessels which in turn causes stuffiness in the nose and loss of body heat. This sense of well being is wrongly interpreted as relief from the cold, body aches and pains. Where sleep is concerned, the natural sleep cycle is disrupted and the person wakes tired and drowsy in the morning.
18	False	Walking, cycling, going to the market, using stairs, playing games and sports, housework, playing with children are examples of physical activity and can be stepped up gradually.
19	False	The Community Health Worker has an important role in educating the community on how to respond to feelings of harming self, how to support and help an individual who is feeling suicidal, take such a person to the health centre for evaluation and intervention, and support the person during regular follow up.
20	True	The Community Health Worker will TELL what NCDs and risk factors are; ADVISE individuals and families on what to do to reduce risk factors and adopt healthy lifestyles; LEAD collective community action for reducing risk factors by working with community based organisations and self-help groups; KNOW more about NCDs, risk factors, self-help approaches for treatment and support.

Annexure 5

NATIONAL MEETING OF EXPERTS FOR DEVELOPING TRAINING MANUALS TO ADDRESS PSYCHOLOGICAL/BEHAVIOURAL RISK FACTORS FOR NCDs

(NIMHANS, BANGALORE- 6th & 7th Feb 2014)

Ms. Aruna	ASHA worker, Kolar
Dr. Vivek Benegal	Professor & Head, Centre for Addiction Medicine, NIMHANS, Bangalore
Dr P Satish Chandra	Director/Vice-Chancellor and Professor of Neurology, NIMHANS, Bangalore
Dr. Prabhat Kumar Chand	Assoc Professor of Psychiatry, NIMHANS
Dr. Sudipto Chatterjee	Psychiatrist, Sangath, Goa
Dr George A. D'Souza	Professor & Head, Department of Pulmonary Medicine, St John's Medical College and Research Institute, Bangalore
Dr. N Girish	Additional Professor, Dept of Epidemiology, NIMHANS, Bangalore
Dr. Bipin Gopal	State Programme Officer (NCD), Trivandrum
Dr. Pradeepa R Guha	Sr. Scientist & Head, Research Operations, Madras Diabetes Research Foundation, Chennai
Dr. Vivek Gupta	Assistant Professor, Department of Epidemiology, NIMHANS, Bangalore
Dr. G. Gururaj	Professor and Head, Dept of Epidemiology, NIMHANS, Bangalore
Mr. Khaja Husain	NCD Counselor, Kolar
Dr. Jagannath P	State Consultant, National Tobacco Control Programme, Anti-Tobacco Cell, Bangalore
Dr Pradeep Joshi	National Professional Officer, WHO country office to India, New Delhi
Dr Arun Kandasamy	Assistant Professor, Dept. of Psychiatry, NIMHANS, Bangalore
Dr. Prakash Kumar	State Programme Manager, National Rural Health Mission, Directorate of Health & Family Welfare Services, Bangalore
Mr. Prem Kumar	Social Worker, Centre for Addiction Medicine, NIMHANS, Bangalore
Dr. C. Kuppaswamy	District Programme Officer, District Surveillance Unit, S.N.R Hospital Compound, Kolar
Dr. A Laxmaiah	Sr. Deputy Director (Scientist 'F'- Epidemiology) HoD, Division of Community Studies and Officer-In-Charge of NNMB National Institute of Nutrition, Hyderabad
Dr. Sathya Prakash Manimunda	Scientist-D (Medical), NCDIR (ICMR), Bangalore
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Ms Tresa Mary	Research Associate, NCD Project, NIMHANS, Bangalore
Dr Vinalini Mathrani	Research Consultant, Health & Education, Bangalore
Dr. Sailesh Mohan	Senior Research Scientist & Adjunct Associate Professor, Public Health Foundation of India, New Delhi
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Dr Pratima Murthy	Professor of Psychiatry, Centre for Addiction Medicine, NIMHANS, Bangalore
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Ms. Nethravathi	Research Associate, NIMHANS, Bangalore
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Dr. Jayashree Ramakrishna	Prof. & HOD, Dept of Health Education, NIMHANS
Dr. P Ravi	Registrar and Professor of Neurovirology, NIMHANS, Bangalore
Dr. Vishal Rao	Senior Consultant- Oncologist, Head Neck Surgeon, Bangalore
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Dr. Mario Vaz	Professor and Head, Department of Physiology, St. John's Medical College and Research Institute, Bangalore
Dr. R.T Venkatesh	State Nodal Officer NCD (Karnataka)

**LIST OF PARTICIPANTS AT THE EXPERT GROUP MEETING TO REVIEW DRAFT TRAINING MANUALS TO
ADDRESS RISK FACTORS FOR NCDS
(26 AUGUST 2014, NEW DELHI)**

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