



**ORIGINAL RESEARCH PAPER**

**Community Medicine**

**BEST PUBLIC HEALTH PRACTICES FOR PREVENTION AND CONTROL OF NCDs IN J&K STATE**

**KEY WORDS:** Ncds, Disease Burden, J&k State

**Dr Sheikh Mohd Saleem\***

Post Graduate Scholar, Department of Community Medicine, Government Medical College, Srinagar, J&K, India\* Corresponding Author

**Dr. S. Muhammad Salim Khan**

Professor & Head, Department Of Community Medicine, Government Medical College, Srinagar, J&K

Non-communicable diseases (NCDs) have surpassed communicable diseases over the last two decades and have emerged as the leading cause of death globally (1). When we look into South East Asia region, many social determinants like unhealthy lifestyle practices, urbanization, demographic and socioeconomic transitions, and marketing strategies have led to the behavioral change in the population and increase in the risk factors for NCDs (1).

The burden of NCDs like Cardiovascular diseases (CVD), Cancers and Diabetes Mellitus and Chronic non-infectious respiratory diseases (like COPD), is a matter of concern in a country like India. NCDs have a direct impact on the country's economy by having an impact on disability-adjusted life years (DALY) as reported in the Global burden of disease report (2). NCDs incur heavy costs to individuals, families, and societies due to the loss of productivity, increased health care costs and need of a lifelong treatment which ultimately leads to poor socioeconomic consequences. The best thing about NCDs is the risk factors they carry and most of them are modifiable in practice. The risk factors are influenced by socioeconomic conditions and overall behavioral change plays an important role (3). So, it's well evident that NCDs are preventable or their onset can be delayed if the underlying risk factors and socioeconomic factors are well addressed upon in a strategic well-planned approach.

In response to this Government of India launched National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in the year 2010 with some objectives: - Prevention and control of NCDs at the earliest, increase in awareness on lifestyle changes among the population, early detection of NCDs through timely screening and capacity building of health systems to tackle NCDs (4). After the introduction of NPCDCS, Jammu & Kashmir (J&K) state has also advocated this programme at various healthcare levels so as to reduce the burden of NCDs in the state. The best public health practises currently in practise to tackle NCDs in J&K state are as under: -

- 1) Health promotion for behaviour change and counselling was advocated at subcentre level and primary health center (PHC) level so as to target and enroot the problem from the grass root level.
- 2) Opportunistic screen of the community members using blood pressure measurement and blood glucose measurement using simple and easy to use glucometer by FMPHWs/ANMs at the subcentre level and by health care professionals at the PHC level has improved rate of identifying, onset of NCDs at the earliest.
- 3) Regular training of FMPHWs/ANMs is carried out throughout the year so as to improve their knowing in identifying common warning signals of cancers and other ailments in the community.
- 4) Referral system for patients with NCDs is in place right from the subcentre to the Tertiary care center. Simple cases of hypertension and diabetes mellitus are treated at the PHC level, while complicated cases are referred to specialists at community health centers, subdistrict hospitals or district hospitals.

- 5) Regular health camps for screening of NCDs especially hypertension and diabetes mellitus are organised at regular intervals to identify hidden submerged portion of the iceberg disease phenomenon within the community.
- 6) School children are targeted with regular school health screening camps so as to identify early signs of risk factors of NCDs in them. Counselling and health education among school children can prove beneficial in changing behaviour right from the childhood.
- 7) NCD cell at every district of the state is functional and regularly provides health care facilities to the ailing patients. Patients are regularly counselled and health risk assessment is done.
- 8) Furthermore, Urban NCD Clinic at Government Medical College & Associated Hospital, Srinagar has bought facilities of 5 specialist under one roof. Patients can consult General physician, Endocrinologist, Ophthalmologist, Dietician and Preventive care specialist once in a week. This provision has provided opportunities for patients to consult 5 specialist doctors under one roof in a single sitting. Time of the patients is saved and problem of arranging and fixing multiple appointments has eased out.
- 9) Regular Health education regarding NCDs by use of public information systems like radio, TVs and IEC materials by the health authorities have sensitize the general population regarding risk of NCDs.

**What else we can do to reduce burden of NCDs can be summarised as under: -**

- 1) Government should enforce strict laws against selling of loose cigarettes, smoking in public places and should decrease production or import of cigarettes into the state.
- 2) Government should provide provision of gyms at a very lesser cost to the people so that even poor can afford attending physical training sessions.
- 3) Strict laws should be implemented for those polluting our environment especially air pollution.
- 4) Eye catching advertisements of Junk and unhealth foods should be kept between 10 pm to 7 am slot only so that children are not attracted towards unhealthy food practises at a very tender age.
- 5) Community self-care diabetic group for NCD patients should be advocated at the subcentre level so that the patients suffering from common NCDs can take self-care under supervision of FMPHWs/ANMs. Such patients can be referred to the medical officer at PHC whenever required.

Overall the burden of NCDs can be reduced in any part of the globe if we have a strong political commitment, we adapt multisectoral approach to tackle NCDs, reduce tobacco and alcohol use, avoid unhealth eating practises, improve physical activity among the population, reduce air pollution and develop strong surveillance system, improve research activities, regular monitoring and evaluation of NCD programme.

**References**

- 1) Reddy KS. Prevention and Control of Non-Communicable Diseases: Status and Strategies. Indian Counc Res Int Econ Relations. 2003;(104).
- 2) Non Communicable Disease Section, Ministry of Health M. NCD Prevention and Control Report. In: NCD prevention and control [Internet]. 2013.

- 3) World Health Organization (WHO) COFN. Multisectoral Action Plan for the Prevention and Control of Non Communicable Diseases (2014-2020) Government of Nepal [Internet]. 2014.
- 4) World Health Organization. Global status report on noncommunicable diseases 2010. World Heal Organ [Internet]. 2010;176.