



Methods of prevention and control in NCDs

Objectives:

- Epidemiology as a method to understand the nature, extent and causes of NCDs.
- Interventions for NCD control.
- Intrapersonal approaches for NCD control.
- Interpersonal approaches.
- Organizational level interventions.
- Community factors in NCD control.
- Health Policy and Legal Interventions.

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Important | Extra | Notes

[Editing file](#)

We don't know the causative agent for chronic diseases but we know risk factors and determinants.

It's all hypothetical and theories

Nature, extent & causes of NCDs

- There is much to learn about the cause of chronic diseases.
- Whereas in some chronic diseases the cause is known (e.g., silica in silicosis, asbestos in mesothelioma), for many chronic diseases the causative agent is not known.
- **Multifactorial causation.**
- In the absence of a known agent, the term "risk factor(s)" is used.

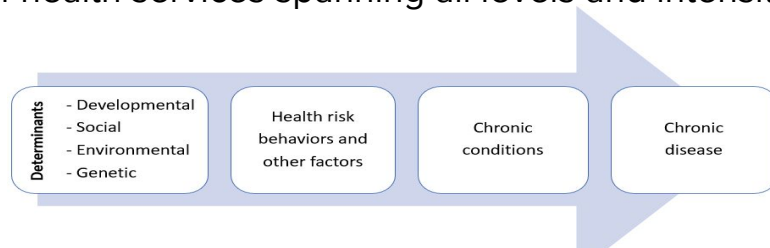


Chronic disease continuum: **Mainly depends on your behavior.**

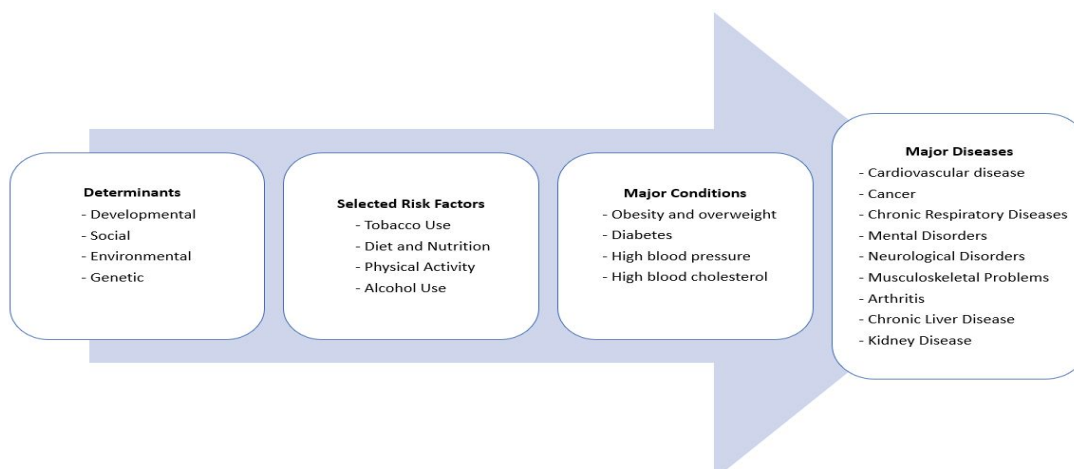
- Deals with the person and its community, from birth until death. Focuses on the full picture.

Continuum of Care is a concept involving a system that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensity of care.

You will have a station in the OSCE about it



1. **Descriptive epidemiology:** Describing the distribution of the continuum in populations by time, person, and place. *Ex. how many cases of blood pressure developed heart disease?*
2. **Analytic epidemiology:** Discovering the causes of each of the factors along the continuum. *Ex. what is the main cause of developing heart disease in a certain population?*
3. **Intervention and evaluation research:** Finding programs that work along the continuum from primary to tertiary prevention. *What is the approach you are looking for to prevent the development of the disease?*



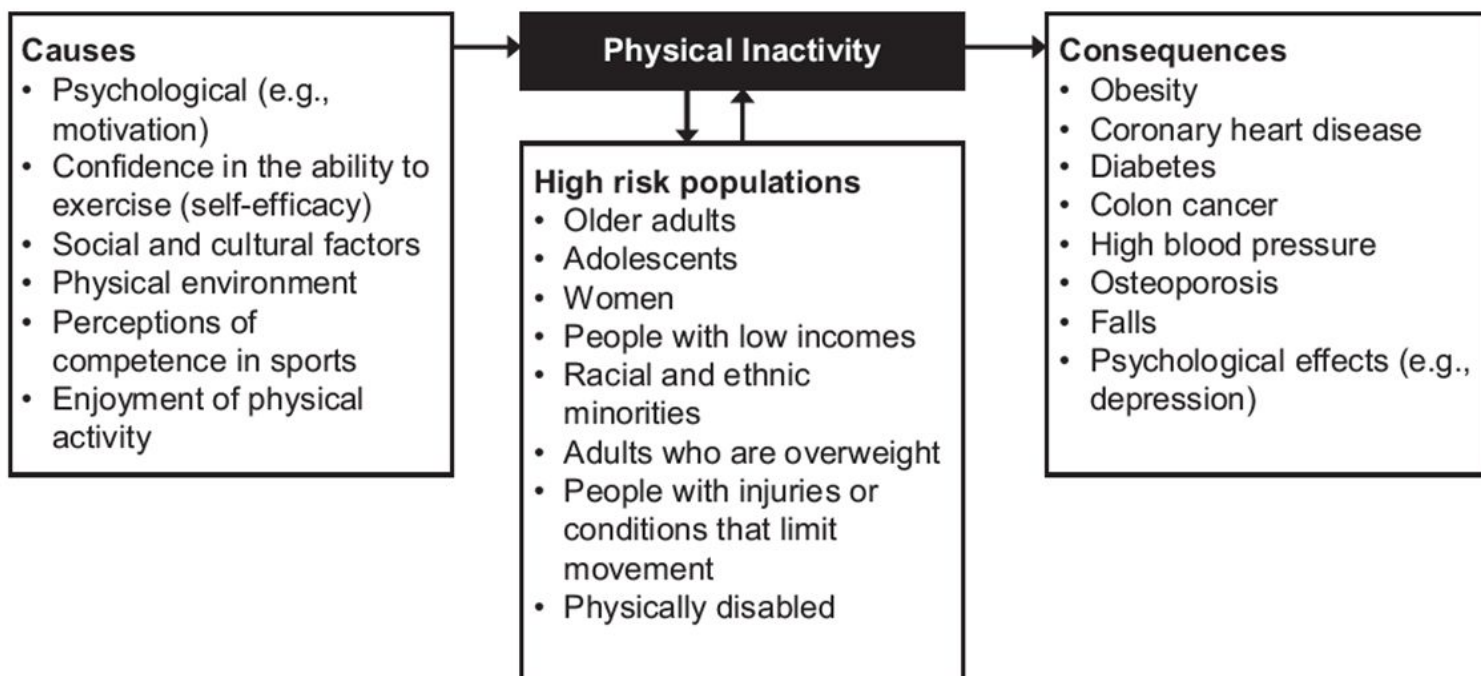
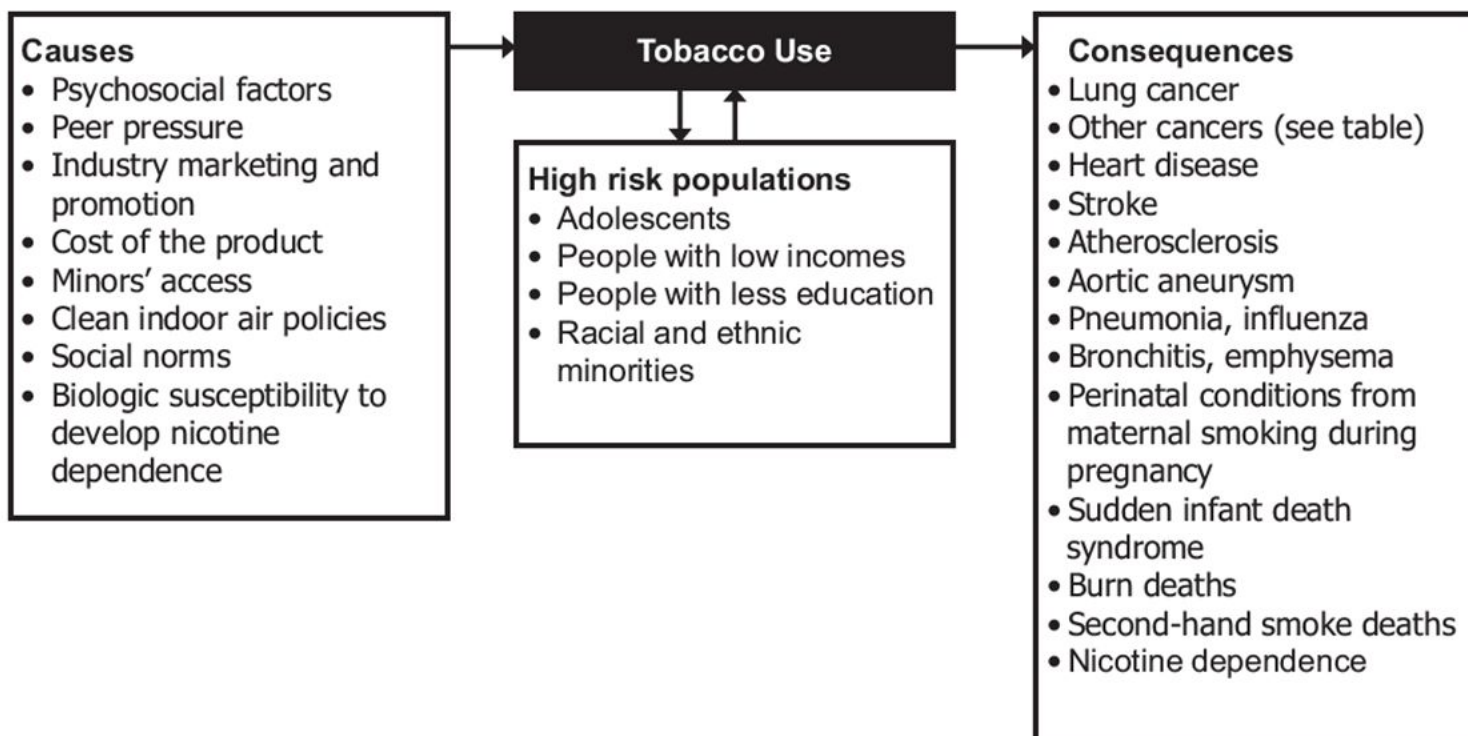
In summary:

Epidemiology: know that there is chronic disease determinant, distribution and population.

The Centers for Disease Control and Prevention (CDC) currently defines epidemiology as: “the study of the **distribution and determinants** of health-related states in specified populations, and the application of this study to control health problems.”

Epidemiology Key words:

study	Epidemiology is a quantitative discipline based on principles of statistics and research methods.
distribution	Epidemiologists study the “distribution” of health events within groups in a population, characterizing health events in terms of person, place, and time. This type of epidemiology is referred to as <u>descriptive epidemiology</u> .
Determinants	Epidemiologists also search for “determinants” (i.e., causes or factors) that are associated with increased risk or probability of disease. This type of epidemiology, where we move from questions of “who,” “what,” “where,” and “when” and start trying to answer “how” and “why,” is referred to as <u>analytical epidemiology</u> .”
Health-related states	Although infectious diseases were clearly the focus of much of the early epidemiological work, the field is no longer limited in this way. Epidemiology as it is practiced today is applied to the whole spectrum of health-related events, which includes NCDs, conditions, and risk factors.
Populations	One of the most important distinguishing characteristics of epidemiology is that it deals with groups of people rather than with individual patients.
Control	Epidemiological data and methods steer public health decision-making and aids in developing and evaluating interventions to control and prevent health problems. This is the primary function of applied, field, or consequential epidemiology.



Intervention methods for NCD control

Multiple Determinants of NCDs:

1. Behavioral Determinants:	<ul style="list-style-type: none"> ● Poor diet, physical inactivity, and smoking. ● 80% of heart disease and Stroke. ● 80% of type 2 diabetes. ● 40% of cancers.
2. Environmental Determinants:	<ul style="list-style-type: none"> ● Accessible and safe sidewalks ● Nearby parks ● Bike trails ● Community swimming pools ● Multiple-television households ● Desktop computers, and sophisticated video games ● Healthy menu choices in schools, restaurants, and worksite cafeterias.
3. Social determinants:	<ul style="list-style-type: none"> ● Level of education ● Level of social or economic stressors ● Access to health care ● Transportation ● Housing ● Income inequality ● Social inclusion or exclusion stemming (arising) from sex, race, or age <p style="margin-left: 20px;">- Peer pressure is in both social and psychological.</p> <p style="margin-left: 20px;">- People with higher economic status can eat healthy and go to the gym.</p>
4. Healthcare determinants:	<ul style="list-style-type: none"> ● More funding on primary prevention ● Secondary prevention (e.g., screening for hypertension, hyperlipidemia, breast cancer) ● Tertiary prevention will minimize hospitalizations and provider visits.

Evidence-based interventions:

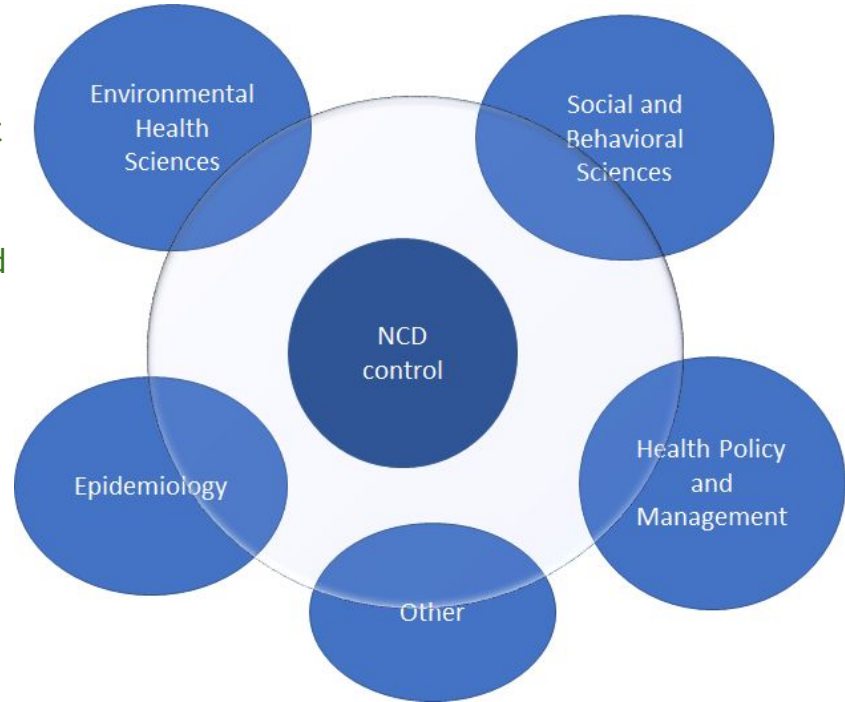
Ex. about cause and effect:

A group of animals on the shore, and they want to cross to the other side.

All the animals got on the boat (already heavy) including the elephant. When the rabbit jumped in, the boat sank.

So, they blamed the rabbit

- It applies in that more than one factor contributes to a disease



Levels of intervention: Ecological model of health:

Address every problem inside out.

Multiple levels to include government and community.



Levels of intervention: Ecological approach:

<p>1. Intrapersonal factors:</p>	<p>Altering knowledge, attitudes, skills, and future behavioral intentions at the level of the individual person.</p>
<p>2. Interpersonal factors:</p>	<p>Understanding and accessing the relationships that people have with other individuals in their social network such as friends, peers, and coworkers, family members, neighbors, and others from whom behavioral patterns and behavioral norms are acquired.</p>
<p>3. Organizational factors:</p>	<p>Using organizations such as schools, faith-based groups, work sites, or health care facilities to direct, influence, or support health behavior change and help to define health behavior norms.</p>
<p>4. Community factors:</p>	<p>Catalyzing interest within an area having geographic or political boundaries to leverage power structures to achieve a particular set of health objectives, perhaps to address the most serious health problems among persons typically in the weakest position to advocate on their own behalf (e.g., the rural poor, members of underrepresented minorities, less educated, physically or mentally disabled). Ex. primary school kids as a whole changing food in all canteens.</p>
<p>5. Policy factors:</p>	<p>Advocating for and organizing and analyzing policies and procedures, regulations, and laws that favorably influence the fight against chronic diseases. Ex. banning smoking, regulation, taxation</p>

1. Intrapersonal (individual) approaches:

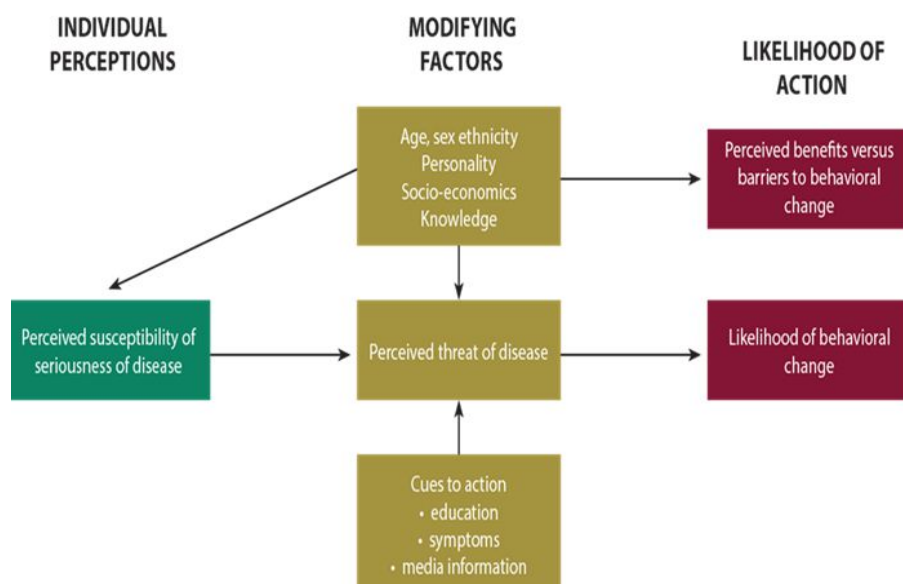
Intrapersonal models or theoretical frameworks draw on the assumption that people can be motivated to take individual action that changes their health knowledge, attitudes, skills, behavioral intentions, and eventual behavior.

A. Health belief model:

- The HBM suggests that a person's belief in a personal threat of an illness or disease together with a person's belief in the effectiveness of the recommended health behavior or action will predict the likelihood the person will adopt the behavior.
- A person is likely to change behavior if he/she experiences:
 1. **Perceived Susceptibility/Seriousness (believing he/she is at risk).**
 2. Perceived Benefits: believing that the behavior change will reduce risk.
 3. Perceived Barriers: how one interprets the costs/barriers of the desired behavior.
 4. Cues to Action: strategies to activate “readiness.”
 5. Self-Efficacy: feeling confident in one’s ability to take action.

1. Understanding that obesity increases the risk of diabetes
 2. Thinking about changing your diet
 3. Understanding barriers
 4. Doing something to change diet and physical activity like sticking a note to remind yourself to eat healthy
 5. Feeling happy after changing your behavior
- It all happens in one's mind without any outside influence

(Might come in OSCE)



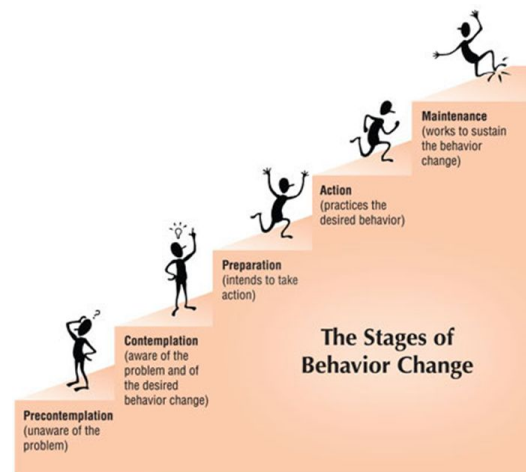
B. Transtheoretical Model and Stages of Change (TTM):

- The TTM operates on the assumption that people do not change behaviors quickly and decisively.
- Rather, change in behavior, especially habitual behavior, occurs continuously through a cyclical process (there are 5 stages of behavior change).

Change doesn't happen overnight, it takes years

It's a vicious cycle, you get all the way up and then relapse

1. Don't realize they are overweight.
2. See the doctor (HTN, PAD, ...)
3. Get ready to start a diet on Sunday and go to the gym.
4. Action starts and keeps going, could fall off the wagon but still keeps going.
5. Maintenance: could relapse and go back to the beginning.



Sources: Grimley 1997 (75) and Prochaska 1992 (148)

C. Health Locus of Control Model:

- It focuses on who or what is responsible for that which happens to one's health.

Ex. Obesity

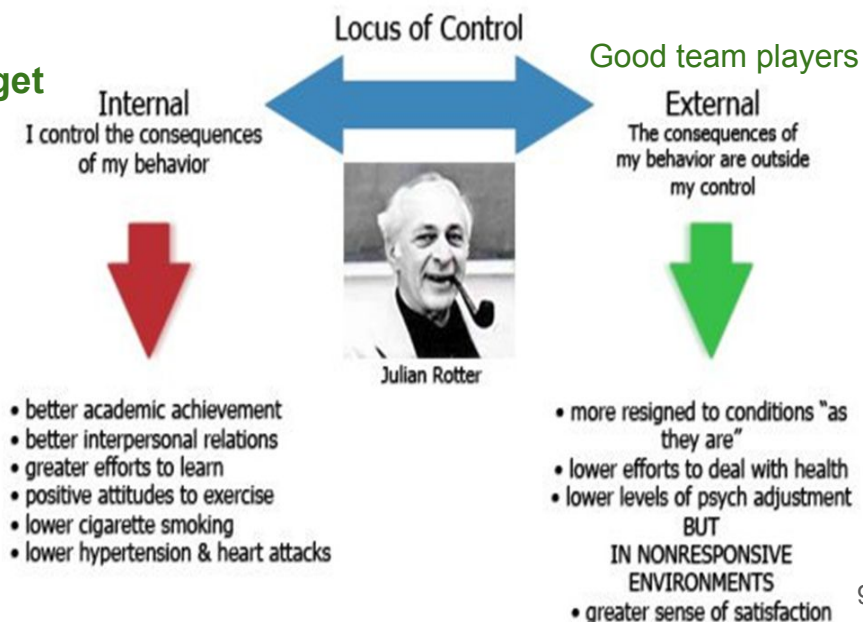
Internal: I should stop eating, and exercise more.

External: I can't go to the gym, because I don't have time

Ex. You have an exam and you didn't get good marks

Majority: "They were hard questions" (external)

Minority: "I didn't study well" (internal)

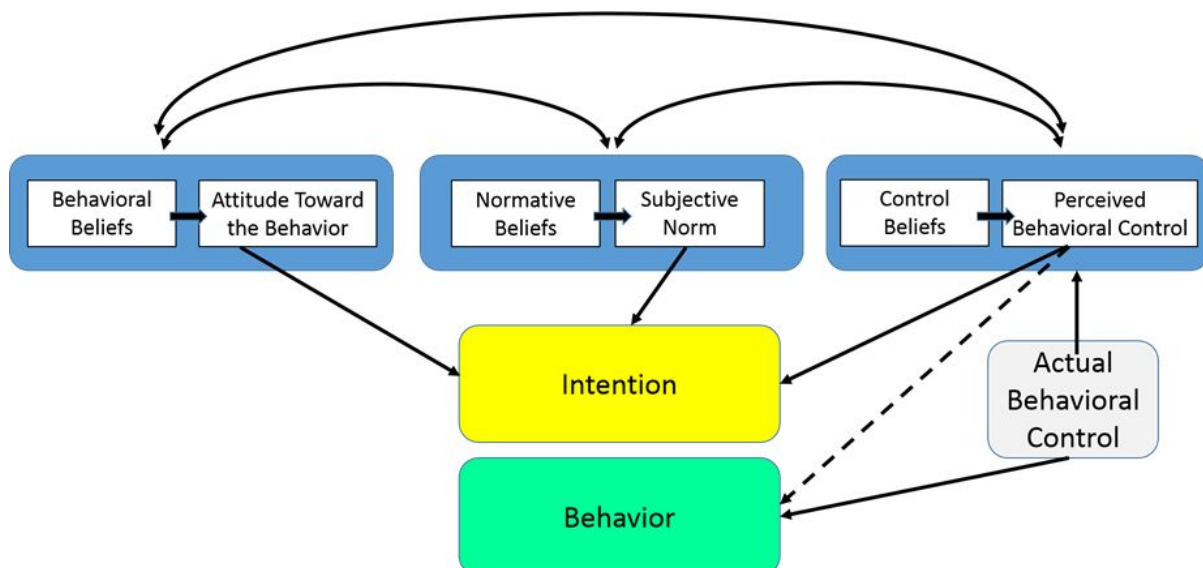


D. Theory of Planned Behavior:

- The theory was intended to explain all behaviors over which people have the ability to exert self-control.
- The key component to this model is behavioral intent; behavioral intentions are influenced by the attitude about the likelihood that the behavior will have the expected outcome and the subjective evaluation of the risks and benefits of that outcome.
- Behavior in this model is influenced by three elements:
 1. **Belief and Attitude:**
 - That the behavior will be beneficial to the individual.
 2. **Subjective Norms:**
 - The belief that other people think that the behavior is acceptable.
 3. **Perceived Ability:**
 - The belief that one has the skills and capability to change behavior.

Ex. You want to buy a new phone:

1. You believe you want a new one and do the research.
2. Talk to friends and family on their opinions.
3. Once you get the new phone, things change like texting and reading



2. Interpersonal Approaches:

- Models of interpersonal health behavior assume that the interpersonal environment is one of the most powerful sources of influence for health-related behavior and health status.
- “People’s environments provide the means, model, reinforcements, resources, and sources of influence from which people gain information, skills, self-confidence, self-management competencies, coping behavior, and support” (Glanz, Rimer, and Lewis 2002, p. 265)

<p>1. Social cognitive theory</p>	<p>Learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behavior</p>
<p>2. Family-based intervention</p>	<p>For example, family members have been trained to provide support to individuals who are in programs to stop smoking.</p>
<p>3. Friends and social networks</p>	<p>Developing new social network linkages through mentor programs, buddy systems, and self-help groups. Groups such as Alcoholics Anonymous, Overeaters Anonymous, and Weight Watchers.</p>
<p>4. Social support and social networks:</p>	<p>Impact of social relationships on health status, health behaviors, and health decisions has the potential to make important contributions to the design of effective interventions</p>
<p>5. Natural helpers</p>	<p>Respected and trusted members of social networks to whom other network members turn for advice, support, and other types of aid.</p>

3. Organizational-Level Venues for Intervention:

- 20 minute sleep breaks
- Healthy food in cafeteria
- Increase break time

A. Health Care System and Clinical Services:

Research has firmly established that physician advice given in the health care setting provides a powerful and motivational message for cardiovascular disease risk reduction, weight loss, dietary change, and physical activity improvement among adolescents, tobacco control and alcohol consumption.

An intervention that has shown effectiveness without being especially burdensome on health care providers or patients is known as the “**brief intervention.**”:

- Brief interventions usually last for **5–60 minutes** and consist of counseling and education.
- Sometimes, there are multiple sessions, perhaps initiated by a primary care provider, and then transitioned to a health education specialist to carry on the intervention.
- However, a brief intervention can be as limited as 30 seconds and consist of just one “teachable moment” session conducted by an alert and opportunistic health care provider
- The content, duration, and number of sessions may depend on the provider, the patient’s receptivity and readiness to change, the setting, and previous patient–provider rapport.

Examples of Brief Interventions for Health Promotion:

- a. When taking a blood pressure reading, **sharing information about the causes and problems of high blood pressure**, talking about exercise and proper diet as ways to reduce blood pressure
- b. Encouraging a patient at risk of developing diabetes to talk about the foods they eat, offering nutrition advice, talking about practical ways to shop for food and prepare healthy meals
- c. When treating an infant or child with a respiratory infection, talking to the mother who smokes to find out if she knows about passive smoking, recommending ways of reducing the child’s exposure to smoking, and asking if she is thinking about quitting

B. Work sites:

Work site health promotion services:

- Fitness centers
- On-site exercise classes
- Weight loss programs
- Policies related to paid time to exercise at work
- Healthy vending and/or cafeteria choices.

Benefits through workplace interventions:

1) Improved employee productivity.	Employees with multiple health risk factors have been found to be less productive than employees with fewer risk factors (Partnership for Prevention 2001).
2) Reduced absenteeism	In an analysis of the effects of worksite wellness programs and employee absenteeism, it was determined that there was an average savings of \$5.00 for every dollar spent on employee wellness. <i>Something to look forward to and have better mental health, physical health and economy.</i>
3) Reduced healthcare costs.	An analysis of eight worksite wellness programs determined a reduction of health care expenses averaging \$3.35 for every dollar spent on employee health promotion (Partnership for Prevention 2001).
4) Improved corporate image.	Work site wellness programs offer further gains to employers by demonstrating social responsibility in addition to promoting the health of employees and their families in addition to retirees (Partnership for Prevention 2001).
5) Reduced employee health risks.	For a cost of \$32 per employee, the Coors Brewing Company “Lifecheck” program reduced employee risk for cardiovascular disease by decreasing high blood pressure, high cholesterol, and weight among its employees (Aldana 1998).

Apply all models as individual, community, or organization

C. Schools:

Coordinated school health program (see the image)

D. Faith-based organizations.

4. Community-level interventions:

Community: Group's members must share:

- A sense of belonging
- Common symbols
- Norms and values
- Conditions and constraints
- And mutual influence



Community interventions: [Read](#)

Intervention strategies should be selected based on:

- The needs and priorities of the specific population so as to identify appropriate interventions that are compatible with the population’s knowledge, attitudes, perceptions, and sociocultural and economic circumstances.

Chronic disease prevention and control programs:

- Will be more effective if the population of interest is actively involved in prioritizing, developing, and implementing all intervention activities.

Full partnership between public health professionals and local community members:

- Can lead to empowerment of individuals and groups and result in more effective management of health issues and economic, social, and political forces in the community.

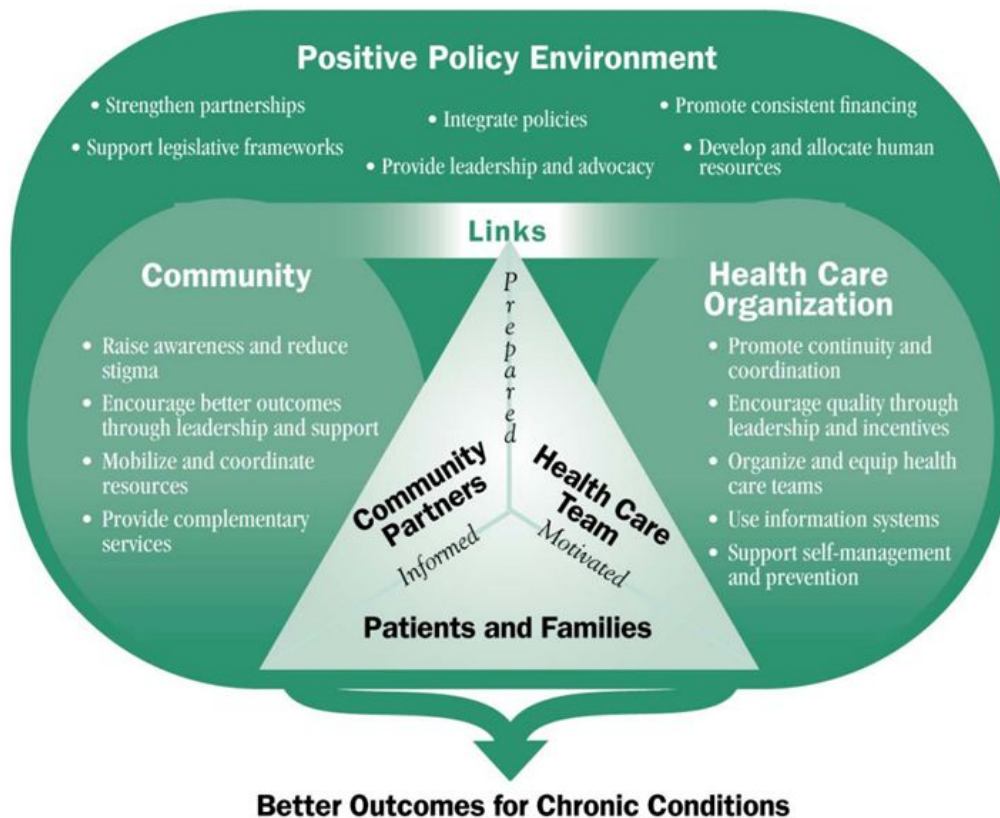
Community coalitions (groups):

- Are often initiated to assist communities in mobilizing resources and coordinating activities that improve the public’s health.

Media advocacy	Definition: “the strategic use of mass media in combination with community organizing to advance healthy public policies”
	Media advocacy differs from other uses of mass media in its attempt to shift power back to communities so they can change policies that affect their lives (i.e., addressing the power gap) rather than promote messages about the need for individual behavior change.
	By learning to use media to address system-level factors, communities are empowered to participate in the political process.

5. Health Policy and Legal Interventions:

Policy measure	Source
Undertake a comprehensive ban on all tobacco advertising, promotion and sponsorship.	Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025 (12)
Ensure that unit packets and packaging of tobacco products carry large, clear, visible legible pictorial health warnings	Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025 (12)
Consider restricting or prohibiting the use of logos, colours, brand images or promotional information on tobacco packaging.	Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025 (12)
Develop and implement national policies to ban (or virtually eliminate) trans fats from the food supply.	WHO European Food and Nutrition Action Plan 2015–2020 (11)
Establish strong measures to reduce the overall impact on children of all forms of marketing of foods high in energy, saturated fat, trans fats, sugar or salt.	WHO European Food and Nutrition Action Plan 2015–2020 (11)
Establish easy-to-understand or interpretative front-of-package labels that help consumers to identify healthier options.	WHO European Food and Nutrition Action Plan 2015–2020 (11)



Conclusions:

- Epidemiology helps in searching for determinants of health and preventing chronic non-communicable diseases.
- Health care continuum involves health care system and guides and tracks patients over time through a comprehensive array of health.
- Many determinants of health can be modified through behavioural change.
- Behavioural change needs time and patience.

Summary

Chronic disease continuum: is a concept involving a system that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensity of care.

Intervention Methods for NCD Control

1. Behavioral Determinants: poor diet, physical inactivity and smoking.

2. Environmental Determinants: safe sidewalks, community swimming pools, healthy menu choices in schools.

3. Social Determinants: level of education, level of economic stressors.

4. Health Care Determinants: primary prevention, secondary prevention (screening), tertiary prevention.

Levels of intervention: Ecological model of health

1. *Intrapersonal factors:* altering at the level of the individual person.

- Health Belief Model: the prediction of the likelihood the person will adopt the behavior based on the person's belief.
- Transtheoretical Model and Stages of Change: assumption that people do not change behaviors quickly rather it occurs continuously through a cyclical process.
- Theory of Planned Behavior: intended to explain all behaviors over which people have the ability to exert self-control.
- Health Locus of Control Model: who or what is responsible for that which happens to one's health.

2. *Interpersonal factors:* accessing the relationships that people have.

- Social Cognitive Theory: learning occurs in a social context with a dynamic and reciprocal interaction.
- Family-Based Interventions: family members trained to provide support.
- Friends and Social Networks.
- Social Support and Social Networks.
- Natural Helpers.

3. *Organizational factors:* schools, faith-based groups, work sites.

4. *Community factors:* catalyzing interest within a geographic area to achieve a particular set of health objectives.

5. *Policy factors:* policies, regulations and laws that influence the fight against chronic diseases.

Good luck!

