

# Prioritizing Social Actions And Involving Community For Prevention Of The Non-Communicable Diseases

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## Abstract

Recently, there have been papers articulating the importance of priority interventions that are useful for controlling the crisis of non-communicable diseases.<sup>1,2</sup> However, we wish to state that the UN High-Level Meeting (UN HLM) on NCDs in September 2011 should also focus on additional and important aims. These are addressing other broader social/contextual factors and the promoting co-opting strategies wherein; communities and employers are involved as partners (as opposed to being mere recipients) in prevention and intervention for controlling NCDs.

There is abundant evidence that social and structural factors play a significant role in why people use tobacco, alcohol and unhealthy foods.<sup>3</sup> In low and middle income countries (LMIC), there is an urgent need to counter the social challenges such as advertising tobacco products and alcohol, promoting fast unhealthy foods and not providing safe, exercise opportunities such as safe jogging facilities, all of which play a key role in rapid upsurge in the incidence of NCD's in these countries. There is also a large body of evidence on the negative role of job stress and workplace environment in causing early onset and worsening of NCDs, particularly high blood pressure and heart disease.<sup>4,5,6,7</sup> In our study of workers in India, we found that the prevalence of hypertension among information technology industry workers was as high as 15% among young people less than 30 years. This is a decade earlier than reported for the rest of India and 2 decades earlier than reported in developed countries.<sup>8,9</sup> Social contextual factors at the organizational level, job stress and environmental factors play an important role in the occurrence of hypertension at earlier age. Based on our study and others we feel that it is very important to design specific strategies targeting environmental and structural factors present in the worksite.<sup>10</sup> There has been evidence of success in reducing smoking and increasing fruit

and vegetable intake through worksite level interventions.<sup>11,12</sup>

UN-HLM offers a unique and rare opportunity to focus on interventions which involve and target workplace and community characteristics, and traditions that promote NCDs and counter negative social forces such as those which are inherent in globalization efforts.<sup>8</sup> Targeting schools can also be particularly effective as this is when lifelong habits are solidified. As an example, the CATCH study was very successful in achieving and sustaining multiple level targeted changes at the individual, environmental and community level in reducing smoking, improving nutritional choices and increasing physical activity at schools.<sup>13</sup> Mobilizing the community and employers to recognize the problem and to take responsibility for designing interventions can be particularly effective as was demonstrated by Zunyou Wu and Detels which involved mobilizing villagers in southern China to combat initiation of drugs by young men.<sup>14</sup> The work by Lester Breslow in demonstrating that adherence to seven healthy habits reduced mortality and morbidity dramatically is an inspiring example for building community-partnerships.<sup>15</sup>

The proposed interventions<sup>1</sup> will have the highest chance of success by working and collaborating with communities, schools and employers to promote health individual choices and a safe environment. We urge UN HLM to also focus on long-term sustainable approaches involving communities and employers to achieve positive social actions promoting healthy and reducing NCDs.

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