

## **Extension & Outreach Activities - Identifying, developing and implementing programs for the achievement of sustainable healthcare outcomes**

This is one of the largest community extension project implemented by JSS University through its constituent colleges with the support of Dr Somashekhar and Mrs. Malthi Munavalli Health Wellness Foundation through Dr Somashekhar and Mrs. Malathi Munavalli Health Awareness Project for Rural Areas of North Karnataka (SMARAN) project and Colgate India Ltd through Colgate Bright Smiles, Bright futures program.

**1. Title of the Practice:** Identifying, developing and implementing programs for the achievement of sustainable healthcare outcomes

**2. Goal:**

- To implement a self-sustainable health awareness model in resource limited localities of North Karnataka
- To implement a self-sustainable Oral Health Model in residential schools near Mysuru Karnataka

**Objectives:**

- To conduct and organize lectures, demonstrations and clinical screening on various health related problems such as heart diseases, diabetes, cancer, blood related problem etc. by professionals and qualified experts
- To prepare brochures and bulletins and other useful audiovisual aids on various diseases in simple language for free distribution among general public in large.
- To create audiovisual aids for demonstration and exhibitions as often as necessary and needed to educate ordinary people.
- To Implement educative oral hygiene sessions through demonstrations and reinforcement through caretakers on oral health related habits such as oral hygiene maintenance, oral hygiene aids and teeth friendly diet.
- To develop and distribute teaching material explaining oral health and hygiene practices through easily understandable simple audio video Presentation for school caretaker's teachers and children.

**3. The Context**

### **SMARAN Project**

Reaching larger section of population need more number of link workers and supervisors, but in rural areas getting such people is a difficult task. Sometimes link workers face difficulty in answering the queries raised by the villagers on these thrust areas, thus we are thinking of technology driven awareness sessions through interactive E gadgets, and telemedicine approaches. We are working towards locally tailored health education materials adapting the local language and culture which need larger intellectual inputs from experts and community. There is also a demand for increasing the number of health check-up camps and increasing advocacy for the community mobilization.

### **Dental Awareness Project**

Oral health care and preventive dental education have not been provided to the children of school going age and many dental problems could be avoided by proper oral hygiene and care. Hence it was thought to develop a sustainable dental awareness program which can meet these objectives and prevent diseases related to oral hygiene.

### **4. The Practice: SMARAN Project**

This project is to be implemented in six districts of North Karnataka out of which three districts are covered so far. We established collaboration with local branches of Family planning Association of India, an NGO with larger field based activities in the health sector. With the help of this organization and district health administration, we have identified five most backward villages in each districts (which are devoid of health benefits and situated far away from district headquarter) for implementation of project activities. Based on the consultation with community leaders, villagers, health care authorities of the specific districts and sponsoring authorities, the final thrust areas for health education activities decided were, Hypertension, Diabetes, Anemia and issues related to MCH (Mother and Child health). Health awareness materials like handouts and pamphlets in local language were prepared to deliver the health education messages. In order to achieve sustainability, local link worker empowerment approach was adapted. The model is identifying one highly motivated, service minded person from each of the villages (link worker) and training them on the thrust areas by a group of experts, in two contact sessions and intern utilizing them for delivering health education activities in the community. This model has helped us to solve most of the challenges mentioned in section 3, like aligning with socio-cultural milieu, establishing rapport with community, improve credibility and community mobilization. This model also helped us to reach the larger section of the community through the community participation.

Few innovative approaches in health education sessions adapted by the link worker are moon light shared dinner health awareness sessions, pregnant women honouring programme for mobilizing women for awareness sessions related to mother and child health issues. A good supportive supervision and monitoring mechanism is established where one supervisor from the local collaborative agency will visit the awareness sessions being delivered by the link worker and provides inputs for the performance. A team from JSS Medical College undertakes regular supervisory visits to monitor the project related activities.

Health camps are being conducted in these areas, to screen people for the common health related ailments and treatment is provided on the spot. The patients requiring specialized care are referred to district hospital for further management. This opportunity is also utilized for providing health education to the people on the thrust areas under the project. The camps have acted as tools for community mobilization for the awareness sessions.

### **Dental Awareness Project**

This project is to be implemented in residential schools of Mysore Taluk Karnataka out of which follow up in 2 are covered so far. We have established collaboration with local branch of Indian Dental Association and Colgate Bright smiles, bright futures organization. With the help of this organization and school education administrators, we have identified residential schools for implementation of project activities. Based on the consultation with the sponsoring authorities, the thrust areas for health education activities decided were on oral health through demonstrating oral hygiene method and audio video presentation in local language. In order to achieve sustainability, local dormitory teacher empowerment approach was adapted. The model is identifying highly motivated, caretakers from each of the residential school and training them on the thrust areas by a group of experts, in two contact

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sessions and in turn utilizing them for delivering oral health hygiene education activities in the school on regular basis.

Few innovative approaches in oral health education sessions adapted by this program are delivery during the TV time which enhances receptivity of children. Also the team from JSS Dental College undertakes regular supervisory visits to monitor the project related activities.

Oral Health camps are being conducted in these schools to screen children or the common oral health related ailments and minor treatment is provided on the spot and on the portable dental unit. The patients requiring specialized care are referred to the Dental Section at the Local hospital for further management.

### **5. Evidence of Success:**

#### **SMARAN Project**

A total of 24,810 people across 12 villages in three districts are covered under the project so far. 1545 health awareness sessions, involving twelve village level link workers and 8 supervisory staff from the FPAI were conducted. 5200 people underwent health check up and received treatment in 21 health camps across these villages. 1200 school children across four schools have also received health education through 15 sessions. The knowledge of villagers about the causes, symptoms, prevention and treatment of the diseases like hypertension, diabetes, anemia and MCH problems were found to be poor in the base line survey (survey conducted before educational interventions), the terminal survey results after series of health education activities have shown that there were significant improvement in the knowledge related to above mentioned domains.

Assessment of qualitative factors like acceptability of the awareness activities, attendance to the sessions, satisfaction with services, cooperation with link workers, participation in health camps, seeking care for these ailments have also improved over a period of time. Feedback from link workers also suggest that they feel empowered by the project and are able to help their villagers with their knowledge obtained through the project.

#### **Dental Awareness Project**

A total of 1345 children across the 2 schools are covered under the project so far. Sixty oral health awareness sessions involving 50 teachers/dormitory teachers cum care takers has been done. The School children of 2 schools have received oral health education annually from the last 20 years. The education involved live oral hygiene demonstration through a simple lesson in the local language. The knowledge of care takers and children about the oral hygiene circular brushing method was found to be poor in the base line survey using KAP assessment and in the survey results after series of oral health education have shown that there was significant improvement in the knowledge related to oral health care.

Assessment of qualitative factors like acceptability of the awareness session, attendance to the sessions, satisfaction with education program and cooperation with caretakers for oral wellbeing of the children by bringing change in oral Hygiene practises is being taken on a periodically. Feedback from caretakers also suggest that they feel empowered by the project and are able to help the children with their training on the Dental knowledge, attitude and practises obtained through the project.

## 6. Problems Encountered and Resources Required

### SMARAN Project

- The SMARAN project had to be implemented in Northern Part of Karnataka with its administrative centre in Southern part of the state, Mysuru, which are situated almost 500 Kms apart. Thus it was difficult job to go there in- person and deliver the services by the team situated in the institution.
- The second challenge was to get in tune with the socio-cultural specificities of the target population, especially the language, familial and community relationships, social structure, communication etc.
- Gaining the confidence of the target population was the third important challenge. As the implementing institution is far away from the service zone and people were not aware of the community extension activities offered by our organization. This has raised the issue of credibility and acceptance of the project related activities and services.
- Fourth challenge was mobilizing the people to accept the awareness messages and adapt them for positive behaviour change.
- The dental awareness project was implemented at the residential schools in the rural area near Mysuru of Karnataka, India. Though within the accessible distance it was difficult job to go there in- person to train the caretakers and educate the children and deliver the services by the trained caretakers of the dormitory residential team situated in the institution and to conduct quarterly revision on dental hygiene during the free hours for 15 minutes on weekends during the TV shows Time.
- Delivering the oral Hygiene method in a standardised manner through the trained caretakers was a challenge. At the implementing institution the authorities were not aware of the pre-recorded oral Hygiene method training activities offered by our organization to train the children and caretakers.
- Another challenge was to accept the oral hygiene brushing sequence method and adapt them for positive behaviour change in the children in turn through audio-visuals and caretakers of the dormitory.

### Dental Awareness Project

- Reaching larger number of schools need more number of caretakers trained. Sometimes caretakers face difficulty in supervising the oral hygiene method by the children all at a time in groups, Thus we propose to have display charts near the brushing area and advice to use audio guided brush. We are intending to improvise locally tailored oral health education materials for the posters adapting the local language and culture which need larger intellectual inputs from experts, school teachers and community.