

ABSTRACT

Introduction: Cardiovascular Diseases (CVD), Chronic Respiratory Diseases, Diabetes and Cancer account for 71% of the disease burden in Sri Lanka. Healthy Lifestyle Center (HLC) is a relatively a new concept introduced by the Ministry of Health (MoH) of Sri Lanka in 2011 to have an organized mechanism to screen those 40 years and above for major NCDs at primary health care level (PHC)(MoH, 2010).

The objective of HLC is to establish a cost effective screening mechanism for major NCDs at PHC level in order to reduce premature mortality. The number of HLCs was increased to 814 at the end of 2015 but less than 25% of the target population was screened by HLCs during the period of 2011 to 2015. Therefore, it is important to carry out an intervention to improve participation at HLCs.

Objective: To assess the effectiveness of an intervention to improve the client participation in HLCs in Matara District.

Methodology: This research project was an interventional project consisting of three Phases. Phase 1 - Strategic Assessment (Pre-intervention), Phase 2 - Intervention and Phase 3 – Evaluation the intervention (Post- intervention). The project period was January 2017 to June 2017.

Phase 1- Two convenient samples of 150 individuals of general public from empaneled areas and 100 HLC clients were taken. A mixed method of data collection techniques used as well as primary and secondary data collected with Interviewer Administered Questionnaire, Observational Check Lists, Data Extraction Sheet and Focus Group Discussion. Data was collected by the Principle Investigator (PI) and by a trained data collector.

Phase 2 - Intervention was planned according to the gaps identified in Phase1. A referral system was developed as an intervention within the existing health system in the district using available resources. Selection and training of group of volunteers to recruit people from field and Referral Card were the tools of intervention.

Mothers club, a volunteer group established throughout the district having knowledge on health system, was selected to recruit people for HLC. Referral Card developed to facilitate the referral. Selected mothers club members from urban, rural and estate areas were trained and advised to recruit people according to an appointment system.

Phase 3- Same sample techniques were used as in Phase 1, client attendance and client assessment was done.

Ethical approval for the project was taken by Ethics Review Committee of Faculty of Medicine, University of Colombo.

Results and Discussion: Phase 1 revealed client attendance of around four for a HLC session with only around 20% male participation. Basic facilities and human resources were available almost at all HLCs.

Post-intervention evaluation found a marked increase of client attendance at the three intervention HLCs with an average of 18 clients per-session while that of non-intervention HLCs were four clients per-session. Male participation remained at 20% in both intervention and non-intervention HLCs.

Conclusions and recommendations: Recruiting clients with the help of volunteers and Referral Card was effective in increasing overall client attendance to HLCs, but did not address the male participation. Male participation is low and it is possible that different strategies must be introduced to improve male participation at HLC.