

Dr YL Vasudeva Oration

Beyond publication: Idea to research to policy and practice

Introduction

A very good afternoon to all my friends, colleagues, fraternity of North Zone-Indian Association of Preventive and Social Medicine (IAPSM), students, and everyone else gathered here for 21st Joint Conference of North Zone IAPSM and Indian Public Health Association, Vasudeva Oration on November 2–3, 2017, at Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh.

गुरुर्ब्रह्मा गुरुर्वर्षिणुर्गुरुदेवो महेश्वरः ।

गुरुरेव परं ब्रह्म तस्मै श्रीगुरवे नमः ॥१॥

Before starting my presentation, I would like to express gratitude to my mentors, whose dynamism, vision, and motivation have deeply inspired me throughout my life. It has been rightly said by Sir Stephen Covey, the great management Guru that you cannot have fruits without the roots.

Today's topic of my presentation is Beyond publication: Idea to research to policy and practice.

As we all know, research makes the ways open for newer possibilities in every field. It is also considered a foundation for evidence-based practice and a concrete step toward policymaking. Therefore, it is of utmost importance to utilize research even beyond publication.

The Path Unraveled

The journey of my medical studies started at Indira Gandhi Medical College which is my alma mater, the institution which has provided the ground for footing my entire career. From here, I explored a different world. I completed my graduation in 2003 from this esteemed institution. Now, it was time to select MD course, must say a very important turning point in my life actually it's for everyone else. I opted for community medicine as a specialty by choice over and above other options among orthopedics, ophthalmology, and anesthesia. From there, I got an multiple opportunities to serve community which I immensely enjoyed. Thereafter, during my work with UNICEF in difficult areas of North East states, I practiced

community medicine in its true flavor. The other milestone was Dr. Rajendra Prasad Government Medical College, Tanda, where I enriched myself with experience in research. Moreover, by God's grace, presently in PGIMER, Chandigarh, I got unbound chances to excel, mentor, and undertake research close knit with the community.

During all the ladders of my way, I found that research is very important, but at the same point of time as any other junior researcher, I have also gone through the symptoms such as anxiety, hyperexcitability, insomnia, and loss of appetite sometimes even feeling like suffering from manic-depressive illness which led me to think why it is so? Then, I realized that it has its roots in extreme peer pressure, competitive environment, profound prerequisites for advanced studies, and more than anything else quest for promotion. Even, I could not be spared from Publication Pressure Syndrome (PPS).

Over a period of time, I overcame it and traversed further and found that India contributes even a minuscule of the total research and out of which very few relates to policy and practice. It reinforced my belief that, though research is important, the research which changes the policy decisions and goes into the practice is even more important. As it is rightly said" If no one change, nothing will change".

Now, I would like to narrate glimpse of the contributions during my career in public health spanning 20 years. In the early years, I was divergent in my research topics but later realized the importance of focused research and converged myself to the areas in Operational Research, Tobacco Control, and Health Resource Management. To share chronicles of my journey with you all, I have translated them in the form of brief storylines.

Public Health Initiatives toward Policy and Practice

Plant the seeds of trust and faith, they will bear great fruits
My first tale is on the ground that if "we tried to plant the seeds of trust and faith in the community knowing that they will bear great fruits." We all know that Banjaras, Saperas basti, Brick-Kiln workers and people living in the urban slums constitute the marginalized community.

They are the most vulnerable group which faces problems in everyday life. They have wandering lifestyle, poor household conditions, and malnourishment in packages. In one of our satellite centers in Naraingarh, Sapera basti is one such group of people which incited our interest related to issues of nonutilization of government services by this community during a routine visit [Figure 1]. The health worker conveyed the concerns to the authorities. Then, we made a rapport visit, a series of planned health-care interventions such as repeated reinforcement visits by the doctors, free health checkup camps, immunization camps, and focus group discussions which built a trust and faith toward availing the services. Finally, all these efforts started bearing fruits. The immunization coverage increased to whopping 800 times. Even now after 13 years, that community remembers us. However, this is not the end of story. Later, our efforts lead to endowment of policy to include marginalized population in routine health surveys.

A little step: Beginning of great journey

Another story started from a scene in immunization clinic of Community Centre, Naraingarh, where on visiting the day of immunization, we observed that the room was loaded with the attendants, shoutings and noisy all around,

no queuing, and no much interaction with the health workers. Nothing, even the patients were unsatisfied. We thought what we can be done to improve the existing situation? We had a meeting with health authorities and health workers as well tried to make a way out of this. Our ultimate objective was to improve the quality of immunization services. In this regards, first, we addressed some space-related issues by arranging separate tables for registration, card entries, and vaccination administration. A bench was placed for patients to wait. This stationing in immunization clinic regularized the flow of attendants which reduced chaos and thus more time can be spared for the counseling of mothers [Figure 2]. Training sessions and timely discussions were held for the health workers and all this really worked. We found that 1-day immunization rate was comparable to 5-day activities before intervention and more satisfied and educated attendants than before. It was really tremendous even these small-scale operational changes can make big differences, which do not require much resources and authority. Still, we did not leave them because it is not like our study is over and paper is published and our job is done but we took it to another level of daily routine practice.

A little progress each day adds up to big results

Next story is based on the concept that opportunity can come from anywhere in anyway. Once a school authorities approached us to impart some basic knowledge regarding first aid to high school children. We heartily welcome their proposal. Meanwhile, we understood the essence of this issue, took it as another area to explore, and sent a research proposal to IAPSM and our grants for the project got accepted. The next step was to have a module to train high school students. Hence, we designed *Swasthya chalisa* inspired from our Hindu mythology to strengthen the basic knowledge and make part and parcel of their education curriculum and took responsibility to gear up the students for first-aid management. We got a positive response regarding our study module. Many vendors and even the school authorities called us for the extra copies of *Swasthya chalisa* which were well appreciated.

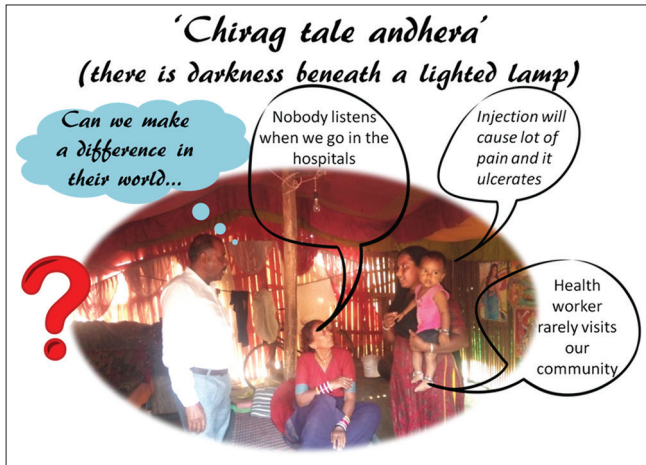


Figure 1: Reasons for non-utilization of Government Health Care Services by Sapera Bastis community in Naraingarh



Figure 2: Immunization Centre, Naraingarh – before and after intervention

Success is the sum of small efforts repeated day in and day out

This tale is also very interesting in the way it started. In one of discussion session with school teachers, one student asked, “Is epilepsy a mental problem???” This made us think differently toward the situation. We pack our backs for another journey. We planned school visit for baseline assessment of students regarding Epilepsy and addressed their queries. We really had an interactive session with them. We upgraded the level of this discussion and conducted a workshop for all 102 schools in Chandigarh by utilizing nonconventional methods of learning such as videos, presentations with audio-visual aids, mock drills, and role plays. We developed a training booklet for first-aid management of epilepsy in school setting. This acts as a catalyst and reciprocation from students and schools was recommendable. They performed skits, street dramas, and presentation to spread the awareness. Media also played its role in disseminating the message forward. Thus, by this story, we concluded that Epilepsy Educational Package as an intervention is an effective tool. Thereafter, such periodic workshops were being conducted in the schools and community settings.

Knowledge is of no value unless you put it into practice

Sometimes things happen synonymously. One fine day National Health Mission, Chandigarh, called us for the oral health of anganwadi children and few days after even one of my PhD students showed interest in doing research regarding the oral health. That is how things have evolved. We hold a meeting with health personnel and health workers to plot the steps sequentially. We started visiting all the anganwadi children in Chandigarh and conducted oral health screening camps, also collected students salivary samples to perform Snyder test to evaluate the caries activity. Along with that regular strengthening of the skills has been done for anganwadi children by organizing training workshops, utilizing Dentoform models, powerpoint presentations, and even we prepared study materials to be utilized for oral health education by health workers. Various findings of this journey were summarized as the anganwadi children have a very high susceptibility to dental caries, and more importantly, with proper training sessions, the grass root workers can be effectively utilized to solve health issues at public level. Further, now, oral health examination has been packaged as a part of routine health checkups in anganwadis of Chandigarh.

Every accomplishment starts with the decision to try

This quote holds so true for the next story of mine. “Give a try at least,” “try your best,” “well try” you all must have heard this word “Try”. However, in our case,

it works magically. Once Dr. Salig Ram Mazta, Ex HOD, Department of Community Medicine in RPGMC, Tanda, simply narrated an incident of occurrence of plague in H.P during his posting and also mentioned about the mysterious outbreak of plague after every 10 years. This kicked me again during one of my lectures on factors related to plague. These incidents jolted me to solve this mystery. We took a preliminary step as writing a proposal to Indian Council of Medical Research (ICMR), keep getting comments from them, even meanwhile I changed my institution to PGIMER but still persistently was behind the same idea. Finally, the D-day has come; we got our proposal approved by ICMR and Ethics committee of PGIMER. Then, we started the field work with our team in terms of focus group discussions with health-care staffs, native villagers, and Gujjar and Mural communities. Our research team did really commendable job to collect every minute details from various states of the country such as Surat and Beed from Gujarat, Pune, and Himachal Pradesh which were affected by epidemics of plague and snapshot the detail about the socioepidemiological, socioenvironmental, and lifestyle factors of forest communities in these areas. Thus, we tapered down to the conclusion that their way of living, social structures, customs, and myths regarding health and diseases were associated directly with plague outbreak, which were totally overlooked in various government agency reports. We found the importance of Rapid Diagnostic Tests in the detection of plague in rural settings which has now been adopted by the government. In the microbial analysis of the samples, even we found few novel species of rats such as white-footed rats, not found in India. This work on plague leads to strengthening of plague surveillance units in India.

Use everything as an opportunity to understand, grow, and expand

Once upon a time in 2008, I was bestowed with additional responsibilities of Deputy Medical Superintendent and Officer-Incharge Emergency (DMS and O I/C Emergency). I never felt overburdened, instead took it as another opportunity come in the way. While discharging my duties, I concluded few operational researches in hospital settings which led to streamlining the flow of patients in the emergency department, combated the delay in provision of services to patients and recommended a collaborative multidisciplinary hospital-wide approach to address the issues. Looking at our initiatives, we got a project in partnership with World Health Organization (WHO) and department of hospital administration for making PGIMER as a health-promoting hospital. Moreover, finally, I compiled my experiences in an Elsevier’s book on hospital administration, which is now a well cited and widely read book.

Initiatives aimed at beating a menace

My next piece of work is against a deadly curse “tobacco” which is equivalent to slow form of poison. Nowadays, no one is spared as it entrapped human of all ages from children to youngsters to adults, and it has no boundaries for poor and rich. Hence, we paid out attention to the scanty research in the area of tobacco control, especially toward tobacco control policies in India. We also realized even our social responsibility to monitor the compliance of tobacco legislation. A research team surveyed all the districts of Punjab enquired, observed, and collected feedback from the vendors involved in violation of Cigarettes and Other Tobacco Products Act. Then, issues were addressed by involving local stakeholders. Advocacy was done for smoke-free legislation at various levels. No smoking signees were placed at the conspicuous places. Our initiatives were also supported by positive feedback from the public; then, final supervisions were made by principal investigators along with nodal health officers of state. Our work got appreciated by World Health Organization where Punjab received the WHO award for best work in tobacco control. Our findings also suggested that smoking cessation intervention is an effective strategy and smoking cessation training should be recommended even for nurses. We made a first successful attempt at PGIMER, then Jawaharlal Institute of Postgraduate Medical

Education and Research to start an operational research workshop focusing on tobacco control. As a result of which, we developed a comprehensive tobacco control module for public health professionals with contribution of various national and international experts in the field including various case studies, illustrations, and activities.

What are you doing for others?

Life’s most persistent and urgent question is “What are you doing for others”? We all are very well aware of the lack of workforce, especially in rural hospitals. This thing sparks in my brain to find out the reasons behind it and even what can be effective strategies to improve the present scenario by motivating the selection and retention of medical officers in rural or remote areas. After getting a green signal from ICMR, we started visiting the places and introducing the study to medical officers and civil surgeons and intrude the reasons by in-depth interviews. We designed the first validated tool in the country to study the motivation of medical students toward medical studies. Based on the feedbacks, various factors were enlisted where due attention should be made to improve the enrollment of physicians in rural areas. The results were shared with respective governments. This will give an insight to the government to accept idea of multipronged strategy.

When one teaches, two learn

This one is the last. Once during our field visit, a civil surgeon requested us to start a program for building capacity in Public Health Management (PHM). Further, Dr. Rana J. Singh, Deputy Regional Director in International Union against tuberculosis (TB) and Lung Diseases and one of my professors also underpinned the importance of PHM. This buds the seed of ever first International PHM Development Programme in the year 2016. This program was a real success, and on

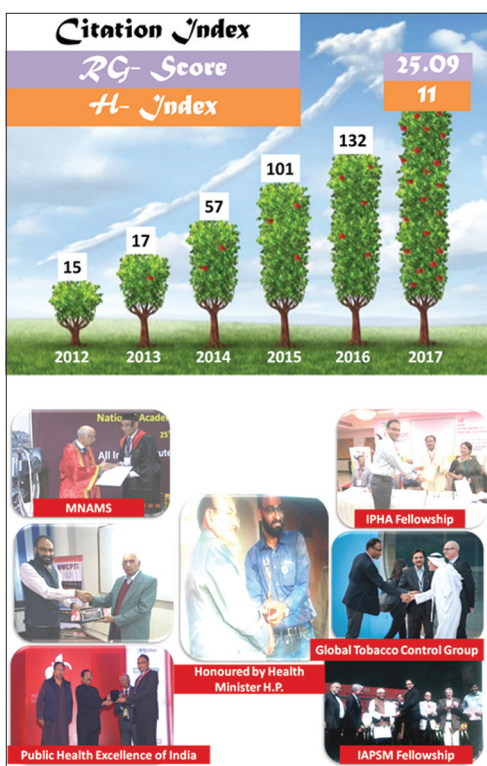


Figure 3: Scientific scores and awards at various levels including fellowships and scholarships from leading organizations



Figure 4: Beloved masters and ambitious students

receiving requests from other states including Ministry of Health, another program was conducted in December, the same year. This further initiated the cascading effect leading to the involvement of senior international delegates through Indian Technical and Economic Cooperation Programme (ITEC) program, a flagship program from the Ministry of External Affairs, Government of India.

With all these stories, I tried to portray the selfless efforts toward community by involving stakeholders, undertaking collaborations, and exploring new arenas in routine practice to make a dent in policy for reducing the ever-rising burden of diseases in India.

Offshoots of Committed Work

As appropriately said by Sri Krishna in Bhagwat Geeta,

कर्मण्येवाधिकारस्ते मा फलेषु कदाचन ।
मा कर्मफलहेतुर्भूर्मा ते सङ्गोऽस्त्वकर्मणि ॥ ४७ ॥

Meaning: One should keep on doing the work selflessly and with joy, God will bless you. Some of the offshoots of my selfless work is increasing scientific scores in terms of citation index, H index and RG scores, letter of appreciations from various authorities with whom I worked, and awards at various levels including fellowships and scholarships from leading organizations all around the world [Figure 3]. I got the token of appreciations from my beloved students and whenever got the opportunity to share the dias always ready to disseminate my research work as we all know science grows by sharing.

Way Forward

This is not the end as “picture abhi baki hai mere dost”. As of, for future I never stopped myself, I am still in the continuous never ending phase of learning, perusing PhD from University of Maastricht, and writing a book on Health Management by Oxford Publications. Forthcoming research work funded by ICMR, Bloomberg’s Initiative, WHO, International Union against TB and Lung Diseases, and finally our upcoming 6th International PHM Development Programme is underway.

With this, I would like to present the nutshell of today’s presentation as:

- Identify and avail the opportunities on the way
- Move from conviction toward idea as innovation in science pursuit for inspired research
- Always be persistent in your course of action in spite of difficulty or opposition

- Do hard work as success is the result of persistent hard work
- “Do small but think big” is ideology always inspires toward consistent efforts
- Cascade the existing research and piggy-backing
- Build your team and develop leadership qualities
- Utilize platforms to disseminate and share your research
- Empower your students; they will take you forward [Figure 4].

Finally, I take immense pleasure and honor to express my profound gratitude and reverence to my esteemed teachers and guides. I would like to profess love and thanks to my family for their continuous and unparalleled support. I am forever indebted to my parents for giving me the opportunities and experiences that have made me who I am.

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Conflicts of interest

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