

# 15<sup>th</sup> Annual Report

2018-2019

## Healis Sekhsaria Institute for Public Health



A non-profit organization dedicated for  
improving public health in India and other  
low middle income countries.

Public Health | Research | Community Development

## ***Message from the Directors***

*Dear Friends,*

*It is our great honour to share with you the Healix Annual Report 2018-19. This report comes to you with pride, as it is a compilation of our major accomplishments and our experiences from the past financial year Healix has completed fourteen years. Institute vision is to advance public health through innovative science and evidence based research recommendation. To accomplish its vision, this year Healix has 5 projects in ongoing stage and 2 in data analysis phase. In addition to research, during this year, Healix has produced about 23 research publications in peer reviewed international journals.*

*Thank you all for your continued support on our journey!*

***Sincerely,***

***Dr. Prakash C. Gupta***



***Dr. Mangesh S. Pednekar***



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## About HEALIS



Healis-Sekhsaria Institute for Public Health is a Non-profit Organization that aims to advance public health in India by undertaking timely high quality population based epidemiological research since 2004. Since its inception the organization is committed to improving the public health in India and in other LMIC countries addressing important public health questions and facilitating and guiding the translation of research findings into policies/programs at national level. It is among the few institutes that are solely dedicated to public health research in India.

The Institute was registered on April 29, 2005 under section 25 of the Companies Act, 1956 [corresponding to section 8 of the Companies Act, 2013 ('the Act')] as a company limited by guarantee and not having a share capital. The Institute is registered under section 12A of the Income Tax Act, 1961 vide Registration No. 39490 dated July 25, 2005.

### Healis Vision

Advancing public health through innovative science and evidence- based research.

### Goals and Objectives

- ✦ To undertake timely, quality, and population-based epidemiological research that addresses important public health issues.



## About HEALIS

- ✦ To facilitate the translation of research findings into policies and programs at national and international levels

Healis works in collaboration with leading National and International Health and Research organizations. Healis is operating from the premises of its own situated at MIDC, Mahape, Navi Mumbai since January 2015.

### Registrations & Recognitions

Institutional Ethics Committee (IEC) is registered with National Institutes of Health and has Federal Wide Assurance (FWA). Healis IEC is also registered with the Office of Drugs Controller General; Central Drugs Standard Control Organization, India.

Healis recognition as a Scientific and Industrial Research and Development Organization (SIRO) by Department of Science and Technology, Ministry of Science and Technology. For CSR recognition, Healis is also empanelled with the Tata Institute of Social Sciences CSR Hub.

### Donation

Healis is registered U/S.80-G(5)(i)(a). Also have Permanent Registration of FCRA Act 1976 since April' 2009 vide registration No.083781138

# Abbreviations

<b>ACC</b>	<b>Asia Cohort Consortium</b>
<b>ACTREC</b>	<b>Advanced Centre for Treatment, Research and Education in Cancer</b>
<b>ASPH</b>	<b>Arnold School of Public Health</b>
<b>CDC</b>	<b>Centers for Disease Control and Prevention, USA</b>
<b>CFI</b>	<b>Cancer Foundation of India</b>
<b>CGHR</b>	<b>Center for Global Health Research</b>
<b>COTPA</b>	<b>Cigarettes and Other Tobacco Products Act, 2003</b>
<b>CTFK</b>	<b>Campaign for Tobacco Free Kids</b>
<b>DFCI</b>	<b>Dana Farber Cancer Institute, Boston, USA</b>
<b>DGHS</b>	<b>Directorate General of Health Services</b>
<b>FDA</b>	<b>Food and Drug Administration</b>
<b>FSSA</b>	<b>Food Safety and Standard Act</b>
<b>FWA</b>	<b>Federal Wide Assurance</b>
<b>GATS</b>	<b>Global Adult Tobacco Survey</b>
<b>GBD</b>	<b>Global Burden of Disease</b>
<b>GOI</b>	<b>Government of India</b>
<b>GSPS</b>	<b>Global School Personnel Survey</b>
<b>GTSS</b>	<b>Global Tobacco Surveillance System</b>
<b>GYTS</b>	<b>Global Youth Tobacco Survey</b>
<b>HSPH</b>	<b>Harvard School of Public Health</b>
<b>IARC</b>	<b>International Agency for Research on Cancer</b>
<b>ICMR</b>	<b>Indian Council of Medical Research</b>
<b>IRB</b>	<b>Institutional Review Board</b>
<b>ITC</b>	<b>International Tobacco Control Project</b>
<b>IUATLD</b>	<b>International Union Against Tuberculosis and Lung Disease</b>

## Abbreviations

<b>MCGM</b>	<b>Municipal Corporation of Greater</b>
<b>Mumbai MLA</b>	<b>Member of Legislative Assembly</b>
<b>MMC</b>	<b>Mumbai Municipal Corporation</b>
<b>MOHFW</b>	<b>Ministry of Health and Family</b>
<b>Welfare</b>	
<b>TCP</b>	<b>(International) Tobacco Control Project, India</b>
<b>TIFR</b>	<b>Tata Institute of Fundamental Research</b>
<b>TMH</b>	<b>Tata Memorial Hospital</b>
<b>VoTV</b>	<b>Voice of Tobacco Victims</b>
<b>WHO, India</b>	<b>World Health Organization, India Office</b>
<b>WHOSEARO</b>	<b>World Health Organization, South-East</b>
<b>Asia MP-VHAI</b>	<b>Madhya Pradesh Voluntary Health</b>
<b>Association MWTCS</b>	<b>Mumbai Worksite Tobacco</b>
<b>Control Study</b>	
<b>NCD</b>	<b>Non Communicable Disease</b>
<b>NCI</b>	<b>National Cancer Institute, USA</b>
<b>NGO</b>	<b>Non Governmental Organization</b>
<b>NIH</b>	<b>National Institutes of Health, USA</b>
<b>NSF</b>	<b>Narotam Sekhsaria Foundation</b>
<b>PHFI</b>	<b>Public Health Foundation of India</b>
<b>SBF</b>	<b>Salaam Bombay Foundation</b>
<b>SEAR</b>	<b>South-East Asian Region (of the WHO)</b>
<b>LMIC</b>	<b>Low Middle Income Countries</b>

## Healis Board of Directors

### ***Dr. Prakash C. Gupta***

**Dr. Prakash C. Gupta** is the Director of Healis. He is also an Adjunct Professor, at the Department of Epidemiology and Biostatistics, Arnold School of Public Health, University of South Carolina, USA and Visiting Scientist at the Harvard University, USA. He is a recipient of Luther Terry Award from the American Cancer Society for Exemplary Leadership in Tobacco Control in the category of Outstanding Research Contribution

### ***Dr. Mangesh S. Pednekar***

**Dr. Mangesh S. Pednekar** is Director of Healis. He is also a visiting Scientist at the Department of Society, Human Development, and Health, Harvard School of Public Health, USA and Visiting Faculty, Tata Institute of Social Science, Mumbai, India.

## Healis Board

### ***Prof. P. V. S. Rao***

**Prof. Rao** is past President of the Bombay Association for the Science Education, past President and Fellow of the Computer Society of India, Distinguished Fellow of the Institute of Electronics and Telecommunication Engineers, Fellow of the Indian Academy of Sciences, the Indian National Science Academy, Indian National. He is recipient of the Padma Shri (1987) from the President of India, the Om Prakash Bhasin Award (Electronics and Telecommunications 1987), the VASVIK (1987) awards [Electrical and Electronics (combined) for 1985] and the Vikram Sarabhai Research Award (1976).





## Healis Board



### ***Dr. Purvish Parikh (Up to September 2017)***

**Dr. Purvish M. Parikh** is a vice president and managing director of Ameri Cares India, He is an expert in medical oncology and hematology and founder of the Indian Co-operative Oncology Network. He is recipient of Excellence in Medicine Wockhardt Award by Harvard Medical International 2009; Dr TB Patel Oration Award 2009, Distinguished Visiting Fellow, Harvard Medical 2009, Honorary Senior Fellow, Oxford University.

### ***Mr. Noshir Dadrawala (Up to September 2017)***

**Mr. Noshir H. Dadrawala** is Chief Executive of the Mumbai-based Centre for Advancement of Philanthropy, a company specializing in the areas of charity law and good governance practices for nonprofits. He conducts seminars and workshops for nonprofits all over the country, and is visiting faculty member at the Tata Institute of Social Sciences, SNDT University, Nirmalaniketan (College of Social Work), Narsee Monjee Institute of Management Studies, the SP Jain Institute of Management & Research, and SIES, College of Management Studies.



## INSTITUTIONAL ETHICS Committee



Healis Institutional Ethics Committee (IEC) consists of 12 members, out of which nine are external members and three are from Healis. The committee is multidisciplinary and multi-sectoral in composition as per NIH and ICMR guidelines and maintains gender equity. This body has two functions, one is to assess the compliance of the research proposals with the protection of human subjects' guidelines and the other is to assess the scientific value of the studies.

The Chairperson of the Committee, a basic medical scientist, with many years of scientific experience, is from outside the Institution so that the independence of the Committee is maintained. Other members are a mix of medical / non-medical, scientific and non- scientific persons including a housewife to reflect differing viewpoints. The Committee is highly qualified, through the experience and expertise of its members, and the diversity of its member backgrounds, to foster respect for its advice and counsel in safeguarding the rights and welfare of human subjects in research.



# **INSTITUTIONAL ETHICS Committee**

## **List of Members during 2018-2019**

- 1. Dr. Daniel Joseph, Chairman, Professor, MUHS**
- 2. Dr. Pankaj Chaturvedi, Oncosurgeon, TMH**
- 3. Dr. Prakash C. Gupta, Epidemiologist, Healix**
- 4. Dr. Mangesh S Pednekar, Epidemiologist, Healix**
- 5. Ms. Farida Poonawala Tata, Advocate**
- 6. Ms. Cecily Ray, Epidemiologist, Healix**
- 7. Ms. Manorama Agarwal, Housewife**
- 8. Ms. Tshering Bhutia, Social Scientist, SBF**
- 9. Dr. Rajendra Agarkar Medical Scientist**
- 10. Dr. Sabita M. Ram, Dentist, Dean, MGM**
- 11. Dr. Sharmila Pimple, Professor, TMH**
- 12. Dr. Raju Jotkar, Medical Scientist**

# International Collaborators

Healis work is carried out in collaboration with leading national and international organizations leading to publications in peer-reviewed journals and resulting in key policy level actions to improve public health, epidemiological research, tobacco control and dissemination and capacity building.

## ● April 2018- March 2019

1. Harvard School of Public Health Boston, DFCI , USA
2. Arnold school of Public Health, University of south Carolina, USA
3. University of Waterloo, Canada
4. University of Michigan (UM)
5. University of Minnesota Cancer Center, USA
6. Center for Global Health Research, University of Toronto, Canada
7. Campaign for Tobacco Free Kids, USA
8. American Cancer Society, Atlanta, USA
9. National Cancer Institute, Bethesda, Maryland, USA



## International Collaborators

10. Centers For Disease Control and Prevention, CDC Atlanta, USA
11. Roswell Park Cancer Institute USA
12. International Union Against Tuberculosis and Lung Disease (The Union)
13. Tobacco Free Initiative, WHO, Geneva, Switzerland
14. International Agency for Research on cancer, Lyon, France
15. Bloomberg School of Public Health, Johns Hopkins University, USA
16. University of Toronto, Canada
17. WHO, SEARO, New Delhi, India
18. World Lung Foundation, USA
19. Institute for Community Research Hartford, CT.



## National Collaborators



April 2018- March 2019

1. Ministry of Health and Family Welfare, Government of India
2. Indian Council of Medical Research
3. Office of Registrar General of India.
4. The Government of Maharashtra
5. Tata Memorial Hospital (TMH)
6. Advanced Center for Treatment, Research and Education in Cancer, (ACTREC)Navi Mumbai
7. Action Council against Tobacco – India (ACT- India)
8. Municipal Corporation of Greater Mumbai, Mumbai
9. Narotam Sekhsaria Foundation (NSF)
10. Salaam Bombay Foundation (SBF)
11. Voluntary Health Association of India (MP)
12. Cancer Foundation of India



## National Collaborators



13. [Hriday, New Delhi](#)
14. [National Cancer Registry Programme \(ICMR\)](#)
15. [Mumbai Cancer Registry, Mumbai](#)
16. [Birla Institute of Science and Technology](#)
17. [Vital Strategies, India](#)

# Project Updates

## Project in Ongoing

### 1. Longitudinal Study of Adolescent Tobacco Use and Tobacco Control Policy in India

#### **Background:**

Study of Community Tobacco Environmental Factors and Adolescent Tobacco Use: Mumbai Student Tobacco Survey. Cross sectional study conducted in Mumbai using population based survey of students and GIS data collection of schools, tobacco vendors and advertisements. Provides foundation for research as students reported high exposure to tobacco advertisements, and half of the tobacco users reported obtaining tobacco from vendors

**Type of Study:** Cohort study

**Project Timeline:** August 2016- December 2021

**Research Design:** The research will be conducted in two geographically dispersed Indian cities Mumbai and Kolkata to reflect the diversity in tobacco use, tobacco control policy implementation, socioeconomic status and cultural factors. The main aim of this study is to prospectively measure Community Tobacco Environmental (CTE) factors (i.e., objective assessments of community level compliance with tobacco control laws, availability of all forms of tobacco products including gutkha and e- cigarettes, and the presence of tobacco vendors and advertisements). Also, to study the CTE factor is longitudinally associated with adolescent tobacco use initiation and trajectories. This study will contribute substantially to research on tobacco control policy implementation and the influence of policies on adolescent tobacco use, a behavioral cancer risk of immense concern globally.

**Expected Outcome and measure:**

To identify the social determinants of tobacco, use that include the analysis of policy, community and family factors and the GIS data on the location of tobacco vendors and POS policy compliance

- **Current Updates:**

- Wave 1 data collection for the eligible adolescent and their main care giver started from May 04, 2018 in Mumbai and in Kolkata from May 15, 2018.
- External Advisory Board (EAB) meeting was conducted on April 27, 2018. Dr. Mira Aghi, Dr. Rakesh Gupta and Dr. Geoff Fong (via skype) participated in the meeting.
- We are able to recruit the following eligible adolescent from both studies:

City	Household enumeration done	Eligible participants recruited as on March 31 <sup>st</sup> 2019
Mumbai	15443	944
Kolkata	20618	733



**Publication:**

Mistry R, Pednekar MS, Gupta PC, Raghunathan TE, Appikarla S, Puntambekar N, Adhikari K, Siddiqi M, McCarthy WJ. Longitudinal study of adolescent tobacco use and tobacco control policies in India. BMC Public Health. 2018 Jul 3;18(1):815. doi: 10.1186/s12889-018-5727-8.

## **2. Disseminating an evidence-based tobacco control intervention for School Teachers in India**

**Background:**

Dissemination of tobacco control intervention program implemented through Bihar School Teachers Survey (BSTS): *“Tobacco Free Teachers- Tobacco Free Society”*, Tested in Bihar and pilot tested in Mumbai schools, Plan to disseminate in the state of Bihar.

**Type of Study:** Intervention Dissemination

**Project Timeline:** December 2016- November 2021

**Research design:** Determine the feasibility of building the capacity of cluster coordinators to train and support principals in program implementation and maintenance in schools, and for the DoE to sustain the program. Determine the direct financial costs of program implementation and maintenance.

**Expected outcome and measures**

Demonstration of the feasibility of implementation and the effectiveness of the TFT-TFS program within the infrastructure of the Bihar DoE. To better understand the implementation process and to identify factors that need to be taken into account as evidence-based interventions are taken to scale.

**Current update:**

- Selected 3 districts along with intervention & control blocks within those districts for the study.

- We Pilot tested the intervention tools by training the Cluster Coordinators and observing them train the HeadMasters on implementing the program in their schools.
- Based on the feedback, we revised the intervention tools and have finalized them.
- The program was implemented in around 250 schools across the 3 districts from September 2018 to February 2019
- We are now through with the project implementation of all 6 themes, in the three intervention blocks of Asthawan in Nalanda District, Kurhani in Muzaffarpur district and Sarairanjan in Samastipur district.
- We have also completed the post implementation surveys 140 randomly selected schools from the Intervention and Delayed intervention groups.



### **3. Tobacco Control Policy Evaluation India Project (TCP) Wave 3**

#### **Background:**

The International Tobacco Control (ITC) Project is a multi-country prospective cohort study designed to measure the psychosocial and

behavioral impact of key policies of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC).

To evaluate the effect of the FCTC, the ITC Project is conducting parallel prospective cohort surveys with adult smokers in 21 other countries— Canada, United States, Australia, United Kingdom, Ireland, Thailand, Malaysia, South Korea, China, New Zealand, Mexico, Uruguay, Germany, France, the Netherlands, Brazil, Bangladesh, Mauritius, Bhutan, Kenya, and Zambia. Half of the ITC countries represent high income countries and the other half low- and middle-income countries.

As a part of the ITC project, the Tobacco Control Policy (TCP) India Survey is being conducted by Healix-Sekhsaria Institute for Public Health in India in collaboration with the University of Waterloo in Canada and the Roswell Park Cancer Institute, USA.

**Type of Study:** cohort Study

**Project Timeline:** Feb 2017- Oct 2019

**Objective:** The broad objective of TCP India Project is to evaluate and understand the impact of tobacco control policies of the Framework Convention on Tobacco Control (FCTC) as they are implemented in low and middle income countries (LMICs) participating in the International Tobacco Control Policy Evaluation Project (the ITC Project).

The objectives of the TCP India Survey are:

- To examine the change in prevalence and tobacco use behavior in India.
- To examine the impact of specific tobacco control policies implemented in India during the next 5 years.
- To compare smoking behavior and the impact of policies between India and other ITC countries.

**Current Status:**

- From April 23-27 we had conducted interviewer training workshop at Healix in Maharashtra in collaboration with

Waterloo team. We had very productive training workshop and few suggestions/feedback generated from the training were incorporated in the English survey tools and later similar changes were made in Hindi and Marathi translated documents.

- All tools have been finalized for the Wave 3 survey, the translation work for Hindi and Marathi are complete and finalized.
- We conducted the training in all the four states: Bihar, Madhya Pradesh (MP), West Bengal (WB) and Maharsashtra (MH).
- Details of the field staff training:

State	Date
Bihar	May 29 – June 1 2018
MP	June 12-15, 2018
WB	August 7-10, 2018
MH	July 10-13, 2018

And the field work has started in all the states from the following dates:

State	Start date
Bihar	August 13, 2018

MP	July 31, 2018
WB	September 24, 2018
MH	August 14, 2018

The field work progresses for the survey conducted are as follows as on March 31<sup>st</sup> 2019:

State	Tobacco User	Tobacco No- User
Bihar	2013	604
MP	1870	582
WB	1431	459
MH	1213	428



#### 4. Measurement of the effectiveness of a worksite multi-component canteen and behavioural intervention on cardio metabolic risks in India.

**Rational:** CVD is the leading cause of morbidity, mortality, and disability in South Asia, where 20% of the world's population resides. Asian Indians have high rates of diabetes, prediabetes and cardio metabolic risk factors which is also affecting India acutely. There is robust evidence that lifestyle change, particularly weight loss, increasing physical activity, and improving diet quality can prevent or delay diabetes and reduce cardio metabolic risk factors such as elevated glucose, plasma lipids, and blood pressure. Use of lifestyle intervention to prevent hypertension and diabetes and to improve glucose tolerance, their translation in real world settings has been challenging. Worksite-based health interventions have shown positive impacts on employees and worksites. However, the range and scope of the interventions adopted will largely depend on the feasibility and acceptability of the interventions and the ease of the implementation at each worksite, based on resources available and the support thereof.



### **Research Objective:**

AIM 1. To facilitate the adaption and implementation of an existing evidence-based canteen intervention to increase healthy eating habits at a worksite canteen environment.

AIM 2. To measure the effectiveness of a multi-component worksite intervention to reduce Cardio-metabolic risk.

Type of Study: Behavioral Qualitative cohort study **Project Timeline:** June 2019- March 2022

### **Expected Outcome:**

The primary outcome will be the proportion of individuals reaching two or more of their cardio-metabolic risk goals, namely reductions in blood pressure, triglycerides, and HbA1c. Participants will be scored on the number of risk factors they improve (0-3) as defined by decreases in (1) HbA1c  $\geq 0.5\%$ ; (2) systolic blood pressure  $\geq 5$  mm Hg; or plasma triglycerides  $\geq 10$  mg/dl.

These outcomes were selected because blood pressure, HbA1c, and triglycerides are commonly measured in clinical settings, which makes their use clinically-appropriate and translatable, and because other CVD risk scores, for example the Framingham Risk Score, do not perform well in South Asian populations. Moreover, the composite outcome allows for individuals to reduce different factors based on their variable risk profiles at baseline

### **Current Updates:**

- Proposal has been revised and MOU is under finalization stage.
- We are in process of recruiting the worksite as per eligibility criteria.
- We are also working on developing the study instruments.



## **Project in developing stage**

### **5. Analytical capacity building for the study of tobacco carcinogen exposures in India**

**Research Design:** The goal of our proposal is to investigate the relationship between carcinogen content in smokeless tobacco (SLT) products and relevant exposures as well as oral/head and neck cancer (OHNC) risk in users of these products, while concurrently building capacity for a sustainable tobacco carcinogenesis research program in India. We will focus on the tobacco-specific nitrosamines N'-nitrosonornicotine (NNN) and 4(methylnitrosamino)-1- (3-pyridyl)- 1-butanone (NNK).

**Type of Study:** cohort Study

**Project Timeline:** July 2017- July 2022

#### **Research Objectives:**

- (i) To determine the variation of NNN and NNK in SLT products currently available in Mumbai.
- (ii) To examine the relationship between NNN and NNK levels in SLT products and the levels of corresponding biomarkers in users of these products.
- (iii) To compare levels of urinary NNN and NNK biomarkers between SLT users with and without OHNC.

**Rationale:** (including that for undertaking human subject research in the light of existing knowledge): Indians develop oral/head and neck cancers (OHNC, includes oral cavity, lip, pharynx) at the very high rate of 20 cases per 100,000 per year; this results in an estimated 70,000 deaths per year, making India the worldwide epicenter of OHNC mortality. Therefore, India serves as a unique setting for such studies and more importantly, it is an area of critical need. This study will incorporate capacity building activities that include the development of analytical laboratory resources, training of young investigators from Mumbai in tobacco research

and relevant procedures, and establishment of tobacco product and bio specimen repositories for future research.

**Subject Recruitment Procedures:** The recruitment for Aims 2 and 3 will be carried out in a combined effort at TMH. For Aim 2, the 300 cancer-free SLT users will be recruited among persons accompanying cancer patients to the clinic. We anticipate recruiting at least 100 such SLT users per year. Since OHNC patients in Aim 3 will be included independent of the type of SLT product they use, their recruitment will start in Year 1. Enroll 40-50 patients per year is expected.

**Updates:**

- Healis is primarily working on
  - devising Standard Operating Procedures for tobacco product purchase, building a tobacco product repository and catalogue and
  - Creating a web portal for capacity building which will include tobacco product database, transdisciplinary tobacco research training, and peer reviewed publications, among others.
  - Finalizing tobacco use questionnaire to accurately assess the status and the patterns of smokeless tobacco use for each patient enrolled for the study.
- Completed training visit to University of Minnesota.
- Purchase of equipment for storage of tobacco products is completed.
- We have finalised project protocols and questionnaires and we have devised the plan and are periodically transferring patient product samples from ACTREC/TMH to Healis.
- Healis is also in process of purchasing tobacco products for repository from various states all over India.

## Project with ongoing data analysis

### 6. Asia Cohort Consortium

#### Projects Background:

The Asia Cohort Consortium (ACC) is a collaborative effort seeking to understand the relationship between genetics, environmental exposures, and the etiology of disease through the establishment of a cohort of at least one million healthy people around the world.

The countries involved include China, India, Japan, Korea, Malaysia, Singapore, Taiwan, the United States, and few others. The Investigators from these countries meet on a biannual basis to report on the progress of each country's cohort, to discuss issues relevant to the development of common protocol guidelines, and to prepare for collaborative projects. The collaboration involves seeking partners among existing cohorts across Asia to facilitate the exploration of specific research questions that need specific answers.

Mumbai Cohort study data is a part of this

Consortium. The study on BMI was completed and a paper has been published on relationship between body mass index and pancreatic cancer-No significant association was found.

#### Publications:

- Yang JJ, ... Gupta PC, et al. Tobacco Smoking and Mortality in Asia A Pooled Meta-analysis. JAMA Netw Open. 2019 Mar 1;2(3):e191474. doi: 10.1001/jamanetworkopen.2019.1474.
- Yang JJ, ... Gupta PC, et al. Association of Diabetes With All- Cause and Cause-Specific Mortality in Asia A Pooled Analysis of More Than 1 Million Participants. JAMA Netw Open. 2019 Apr 5;2(4):e192696. doi: 10.1001/jamanetworkopen.2019.2696.

## **7. Mumbai Cohort Study (MCS)-2nd**

### **Follow Up Background:**

The Mumbai Cohort Study is a prospective cohort study following around 1, 48,000 individuals from Mumbai. The study has been conducted in two phases with phase one following 100,000 individuals, both men and women, and phase two following 48,000 men. By 2008, two follow-ups were completed for phase one individuals. For phase two, the first follow-up was completed in 2003 and the second follow-up for 48,000 individuals is currently in process of being completed.

### **Objectives:**

The objective of this study is to study mortality associated with tobacco and alcohol use.

### **Current Progress:**

Data analysis is going on.

## **Completed Projects**

## **8. Mumbai Worksite Tobacco Control**

### **Study Background:**

This is a five years' randomized control trial aimed at testing and developing a tobacco control intervention suitable and effective in the context of Indian worksites. It is being conducted at 20 manufacturing worksites in the Mumbai, Thane and Raigad districts in Maharashtra, India. Dana Farber Cancer Institute, Harvard School of Public Health (United States of America) is the collaborator for this project.

### **Objectives:**

To assess the efficacy of the comprehensive tobacco control intervention in terms of two outcomes:

- increased cessation of tobacco use among workers (primary outcome) and
- increased adoption and enforcement of worksite tobacco control policies (secondary outcome)

To meet these objectives, 20 participating worksites were randomly allocated to two groups of 10 worksites a each: i) group receiving active intervention or Program A (including 6 health education events) and ii) group receiving alternative intervention or Program B (including one health education event unrelated to tobacco and the health communication material). Pre and post intervention surveys were conducted in each of the 20 worksites. Worksites in the program B group additionally receive one tobacco related health education event immediately after completion of the post intervention survey.

#### **Current Progress:**

Data analysis is going on.

### **9. Role of Genetic and Dietary Factors in Breast Cancer Risk: Study of a Population in Demographic Transition**

#### **Background:**

This is a case-control study on 500 breast cancer study cases and 500 controls in Mumbai with the triparty collaboration between Arnold School of public Health, Tata Memorial Hospital and Healix – Sekhsaria Institute for Public Health.

#### **Objectives:**

- Genotype 500 cases and 500 controls for 19 candidate single nucleotide polymorphisms (SNPs) association with inflammation, carcinogen metabolism and cell cycle/ DNA repair pathways
- Perform a case-control analysis to test the hypothesis that candidate SNPs are associated with increased BcCA risk and

that subjects with both poor (pro-inflammatory, high-fat) diets and candidate risk genotypes have even greater BrCA risks compared to subjects without a risk allele and with more healthy diets.

**Current Update:** Data collection completed now analysis is going on.

## **10. Analysis of Karunagapally cohort data Background:**

Karunagapally cohort study was planned to establish a cohort of the entire residents in Karunagapally taluk in order to examine the risk of cancer. All household (n=71674) in Karunagapally taluk were surveyed using six page standardized questionnaire, starting from January 1, 1990 and ending on December 31, 1990. Healis has collaborated with RCC, Kerala to analyse the cohort data.

### **Objective:**

The objective of the study is to estimate all cause and cause specific mortality by analysing the cohort data.

### **Current Status:**

Data analysis is going on and paper "Tobacco associated mortality in Kerala Karunagapally Cohort data" is under finalization.

## PUBLICATIONS (April 2018-2019)

1. Mistry R, Jones AD, Pednekar MS, Dhupal G, Dasika A, Kulkarni U, Gomare M, Gupta PC. Antenatal tobacco use and iron deficiency anemia: integrating tobacco control into antenatal care in urban India. *Reprod Health*. 2018 May 2;15(1):72. doi: 10.1186/s12978-018-0516-5.
2. Pednekar MS, Nagler EM, Gupta PC, Pawar PS, Mathur N, Adhikari K, Codeira LS, Stoddard AM3, Sorensen G. Scaling up a tobacco control intervention in low resource settings: a case example for school teachers in India. *Health Educ Res*. 2018 Jun 1;33(3):218-231. doi: 10.1093/her/cyy011.
3. Mistry R, Pednekar MS, McCarthy WJ, Resnicow K, Pimple SA, Hsieh HF, Mishra GA, Gupta PC. Compliance with point-of-sale tobacco control policies and student tobacco use in Mumbai, India. *Tob Control*. 2018 May 9. pii: tobaccocontrol-2018-054290. doi: 10.1136/tobaccocontrol-2018-054290. [Epub ahead of print]
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## Healis Activities

### ➤ 4th National Conference on Tobacco or Health (NCTOH) February 2019

Healis Sekhsaria Institute for Public Health, Salaam Bombay Foundation, Action Council against Tobacco and Tata Memorial Hospital hosted the 4th National Conference on Tobacco or Health held from 8th-10th February, 2019. Dr. PC Gupta, Director, Healis Sekhsaria Institute for Public Health was the President of the conference, the theme for which was Tobacco Free Generation.



## ➤ Guest Lectures

<b>S. No.</b>	<b>Presenter</b>	<b>Title</b>	<b>Date</b>
1.	<b>Dr. Sandhya K. Shetty,</b>	Stress management with Vipassana	Jan 02, 2019
2.	<b>Dr. Upendra Bhojani</b>	Political Economy of Tobacco Control	Dec 27, 2018
3.	<b>Dr. Rajendra Agarkar</b>	hypertension and diabetes control	Aug 01, 2018

## ➤ Visitors

- We have University of Waterloo team visiting Healix for training workshop in regards with the TCP Wave 3 project in the month of April 2018.



- We have Dr. Ashika Naicker from Durban University of Technology, South Africa in regards with the Mumbai worksite intervention study in the month of September, 2018.



- We have Dr. Archana Shrestha visiting us from Nepal in regards with the Mumbai worksite intervention study in the month of October, 2018. She also discussed The Case for Worksite Interventions to Prevent Obesity and its Consequences, with a focus on Nepal.



- We have Dr. Glorian Sorensen visiting us in regards with the Dissemination project in the month of January 2019.



## ➤ Foundation day

**On August 01 every year Healix celebrate its Foundation day and this time we have invited Dr. Rajendra Agarkar to share his contribution to the field of hypertension and diabetes control.**





## Visits by Healis staff members

### International Visits:

**June 14 to July 03, 2018:** Dr. Gupta attended a meeting at Dana Farber along with prof. Glorian Sorensen, Dr. Eve Nagler and Leah Jones in regards with the Dissemination Project. Dr. Gupta returned on June 20th to Newark and left for Oxford University UK on June 27 reached their June 28, 2018. On June 29, 2018, Dr. Gupta attended the symposium in honor of the retirement of the Sir Richard Peto. The symposium was attended by many close friends and many collaborators of Dr. Gupta including Prabhat Jha, Samira Asma, Tom Frieden, D Max Parkin and several others.

**September 11-16, 2018:** Dr. Gupta attended the 12th Asia pacific conference on Health or tobacco. On Sep 12, 2018, evening a special dinner was organised for all the committee members was organised. On Sep 13, 2018, opening ceremony of the conference and several presentation was made. Dr. Gupta also attended a meeting with University of waterloo team in regards with TCP Wave 3 project. A networking dinner was organised for all the delegates in the evening. On Sep 14, 2018, Dr. Gupta chaired a rapid fire session on Reveal the Burden and its impact from tobacco use. On Sep 15, 2018 Dr. Gupta made presentation on The Dual Burden of areca Nut and SLT use in the region and production harms and during the lunch time a Plenary Session in the form of "The great E- Cigarette Debate" between him and Prof. Ron Borland on the issue of e- cigarette in which Prof. Ron supported the idea as harm reduction device and Dr. Gupta opposed the same.

Below is the link for the debate:  
<https://www.youtube.com/watch?v=UbM-jBJ24n4>



**Sep 30- Oct 05, 2018:** Dr. Gupta gave a presentation on Areca nut and Betel Quid in the University of Malaya. On Oct 02, there were pre-conference sessions. On Oct 03 Dr. Gupta gave two presentations on the below mentioned topic:

- Priority research and Policy Intervention to prevent oral cancer, Targeting the Betel quid and Areca Nut Track-1 Motivation Prevention and Health Behaviour
- Full implementation of WHO-FCTC Demand and Supply Reduction measure of mitigation the global S T Burden. Track-1 Motivation Prevention and Health Behaviour

Dr. Gupta also had a meeting with Ms. Sutapa Biswas in regards with the IPACTS project.

**November 01- 18, 2019:** Dr. Gupta visited – Union Office International Union Against Tuberculosis and Lung Disease and met Mr. Tara Singh Bam and the other officials there to discuss topics of mutual interest. And then on Nov 13 Dr. Gupta visited and met Nuan Ping heading and Directing the Pharmacy and Cosmetic and Cigarette testing laboratories in Health Sciences Authorities of the government of Singapore. She showed the entire laboratory and the procedure followed for product testing and discussed details. It was quite useful as she is also chairing person of the tobacco product testing committee of WHO.

## National Visits:

**April 02-03, 2018** : Dr. Gupta attended a meeting at National Institute of Cancer Prevention and Research (NICPR) at Noida, Uttar Pradesh and Public Health Foundation of India (PHFI) Gurgaon, Haryana. Dr. Gupta was a member of a committee that selected few official for Smokeless tobacco (SLT) project. Later, Dr. Gupta reviewed that functioning of the Global SLT knowledge Hub which is established at NICPR; by speaking with each staff members of the Hub individually. In addition, being at NICPR, Dr. Gupta reviewed the projects that were proposed by staff members and provided critical inputs to them. Dr. Gupta went PHFI Noida, Gurgaon there, he recorded the modifications/revisions in the internet lectures on Tobacco surveillance. Dr. Gupta edited the PPT slides and lecture notes and also reviewed the quiz based on the lecture.

**May 02- 04, 2018**: Dr. Gupta attended the meeting in regards with conduct practice training of the TFT-TFS intervention program in Patna. Dr. Sinha, Mr. Rajesh Verma and Healix team attended a whole day meeting and discussed and finalised various documents to be used in the practice training and drafted the detailed agenda of the practice. Practice training was conducted for 5 Cluster Coordinators of Phulwarisharif Block . Feedback was taken on various documents given to them. After the training detailed debriefing session lead to understanding of the overall session and the steps needed to further modify the documents for the training of the Cluster Coordinators.

**June 01, 2018**: Dr. Gupta took an early morning flight on June 01, 2018 to Delhi to deliver a talk at 1st webinar of the series on “Smokeless tobacco prevention and control - the global landscape and health impact” at 4:30PM, June 01, 2018. Along with Dr. Gupta Prof. Ravi Mehrotra, Director, ICMR-National Institute of Cancer

Prevention and Research, Noida, India also delivered a talk on the above said topic.

**July 18, 2018:** Dr. Gupta attended Stakeholders' Meeting and National Consultation in Smokeless Tobacco: Priorities for curbing the Epidemic" organised by Indian council of Medical Research and ICMR- National Institute of Cancer Prevention and Research in collaboration WHO FCTC Global Knowledge Hub on smokeless Tobacco (KH-SLT).

**March 22-25, 2019:** Dr. Gupta visited the School of Public Health at Postgraduate Institute of Medical Education and Research (PGIMER). He met Assistant Prof. Sonu Goel and Head of the department Dr. Amarjeet Singh, they showed around the schools, he met other faculty members and gave their newsletters and other relevant public material. On Friday and Sunday evening, Dr. Gupta met Dr. Rakesh Mahajan, Ophthalmologist working with Punjab Government and visited his very effective tobacco advocacy centre. On Monday Dr. Gupta attended the meeting at Haryana Cancer Atlas, organised by NCDIR at State Health Department at Panchkula. In a smaller meeting he met with Additional Chief Secretary Mr. Arora and DGHS and NCDIR officials. They explained the concept of Cancer Atlas.

In the larger meeting, he addressed the queries of the participants of the methodological issues adopted in preparation at Haryana Cancer Atlas. The meeting ended in the afternoon. The organizational aspects of 5th NCTOH and date for the same was also discussed.

**March 22-25, 2019:** Dr. Gupta visited the School of Public Health at Postgraduate Institute of Medical Education and Research (PGIMER). He met Assistant Prof. Sonu Goel and Head of the

department Dr. Amarjeet Singh, they showed around the schools, he met other faculty members and gave their newsletters and other relevant public material. On Friday and Sunday evening, Dr. Gupta met Dr. Rakesh Mahajan, Ophthalmologist working with Punjab Government and visited his very effective tobacco advocacy centre. He also attended the meeting at Haryana Cancer Atlas, organized by NCDIR at State Health Department at Panchkula. In a smaller meeting he met with Additional Chief Secretary Mr. Arora and DGHS and NCDIR officials. They explained the concept of Cancer Atlas. In the larger meeting, he addressed the queries of the participants of the methodological issues adopted in preparation at Haryana Cancer Atlas.

**March 28, 2019:** Dr. Pednekar attended a brainstorming meeting on non-communicable disease Surveillance at National Centre for Disease Informatics and Research (Indian council of Medical Research) at Bengaluru. Dr. Pednekar was invited as an Expert for the meeting. The main objective of the meeting was to discuss about various components of NCD surveillance system and obtain a multi-disciplinary view on developing a framework for national level surveillance system on non-communicable disease.

## **Local Visits:**

**April 04, 2018:** Dr. Gupta went to attend a meeting with TMH, ACT India and SBF representatives to discuss the feasibility of holding the National Conference on Tobacco or Health somewhere early next year. It was decided to call a meeting for various stake holders on April 17, 2018 to be hosted at SBF.

**Oct 08, 2018:** Dr. Gupta attended a meeting on the organisation of National Conference on Tobacco or health (NCTOH) at Tata Memorial Hospital (TMH).

# Finance and HUMAN RESOURCES

The institute has received Rs. 35, 509,855/ by way of Grants during the current year and has utilized the same for implementing various Research & Development Projects encompassing charitable objects.

**Healis - Sekhsaria Institute For Public Health**  
CIN : U91120MH2005NPL152926  
Balance Sheet as at March 31, 2019

Particulars	Note No.	As at March 31, 2019	As at March 31, 2018
<b>I. EQUITY AND LIABILITIES</b>			
(1) Shareholder's Funds			
(a) Reserves and Surplus	2	85,354,409	83,560,433
(2) Non-current Liabilities			
(a) Long-term provisions	3	1,179,156	931,523
(3) Current Liabilities			
(a) Trade payables			
Due to MSME's	4	-	-
Due to Others	4	697,143	1,145,924
(b) Other current liabilities	5	13,120,548	9,642,848
(c) Short-term provisions	6	185,001	171,682
<b>Total</b>		<b>100,536,257</b>	<b>95,452,410</b>
<b>II. ASSETS</b>			
(1) Non-current Assets			
(a) Property, Plant & Equipment	7	21,220,696	22,986,902
(b) Intangible Assets	7	36,778	65,485
(c) Long-term Loans and Advances	8	1,218,728	824,211
(2) Current Assets			
(a) Cash and cash equivalents	9	28,422,377	40,978,881
(c) Other Current Assets	10	49,637,677	30,596,929
<b>Total</b>		<b>100,536,257</b>	<b>95,452,410</b>
Summary of Significant Accounting Policies	1		

The accompanying notes are integral part of the financial statements

As per our Report of even date attached  
For C N K & Associates LLP  
Chartered Accountants  
Firm's Registration Number 101961W / W-100036

*Suresh S. Agaskar*  
Suresh S. Agaskar  
Partner  
Membership No. 110321

*P. C. Gupta*  
For and on behalf of the Board of Directors  
Healis - Sekhsaria Institute For Public Health

*Dr. Prakash C. Gupta*  
Director  
DIN : 01797199

*Dr. Mangesh S. Pednekar*  
Dr. Mangesh S. Pednekar  
Director  
DIN : 03373548

Place : Mumbai  
Date : 15th July, 2019

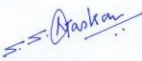
Place : Navi Mumbai  
Date : 12th July, 2019

**Healis - Sekhsaria Institute For Public Health**  
CIN : U91120MH2005NPL152926  
**Statement of Income and Expenditure for the year ended March 31, 2019**

Particulars	Note No.	For the year ended March 31, 2019	For the year ended March 31, 2018
<b>I. INCOME</b>			
Income from operations	11	35,509,855	27,574,871
Other Income	12	4,359,424	5,508,308
<b>Total Income (I)</b>		<b>39,869,278</b>	<b>33,083,179</b>
<b>II. EXPENSES</b>			
Employee Benefits Expense	13	16,037,326	16,198,052
Finance Cost	14	24,018	16,220
Depreciation and Amortisation Expense	7	1,732,724	2,232,378
Other Expenses	15	20,281,236	8,567,273
<b>Total Expenses (II)</b>		<b>38,075,304</b>	<b>27,013,923</b>
<b>III. Surplus / (Deficit) for the year before Exceptional Items (I - II)</b>		<b>1,793,975</b>	<b>6,069,256</b>
<b>III. Surplus / (Deficit) for the year (I-II)</b>		<b>1,793,975</b>	<b>6,069,256</b>
Summary of Significant Accounting Policies	1		

The accompanying notes are integral part of the financial statements


As per our Report of even date attached  
**For C N K & Associates LLP**  
Chartered Accountants  
Firm's Registration Number 101961W / W-100036

  
**Suresh S. Agaskar**  
Partner  
Membership No. 110321



Place : Mumbai  
Date : 18th July, 2019

For and on behalf of the Board of Directors  
**Healis- Sekhsaria Institute For Public Health**

  
**Dr. Prakash C. Gupta**  
Director  
DIN : 01797199

  
**Dr. Mangesh S. Pednekar**  
Director  
DIN : 03373548



Place : Navi Mumbai  
Date : 12th July, 2019

## Healis Team

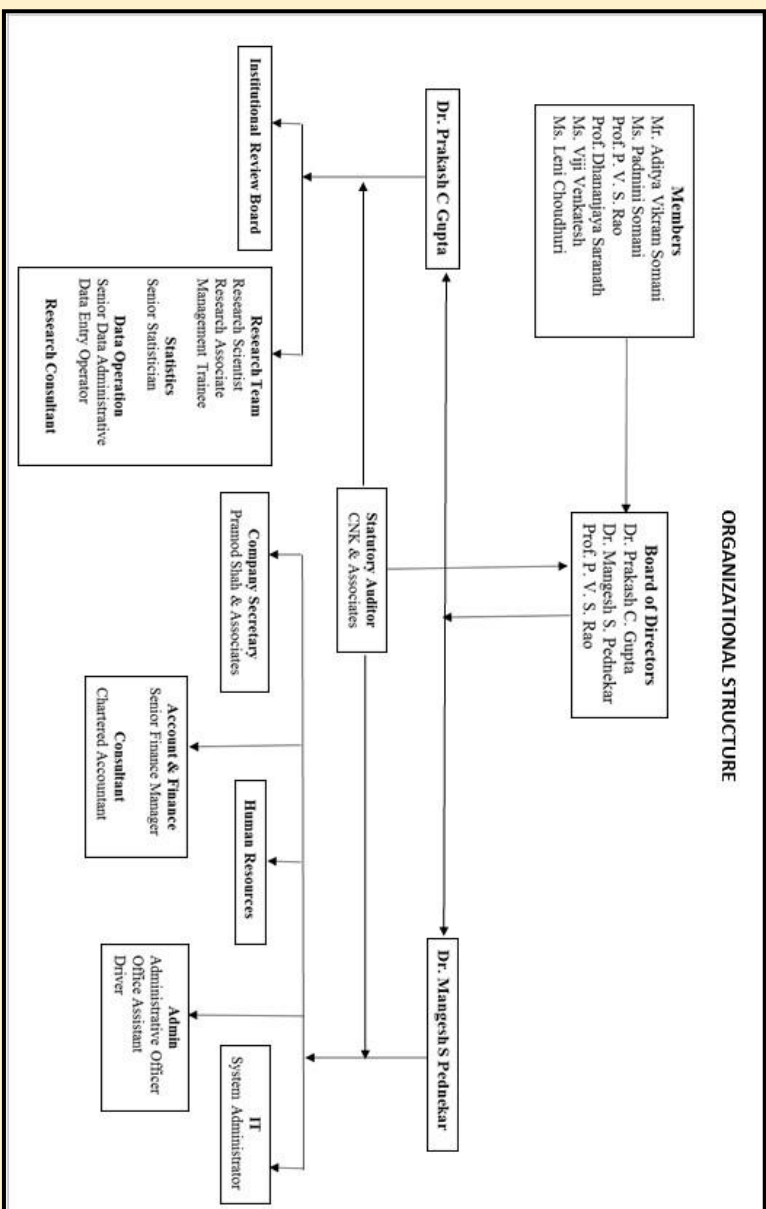
Our Research Team comprises of Masters and Doctoral from diverse background with expertise in areas like

- Epidemiological Research
- Applied Statistics and Statistical tools
- Health Outcomes and Socio-economic sciences
- Public Health Dentistry,
- Nutritionist and to name a few...

Our field staff comprises of trained field investigators with an experience of 15+ years with expertise in conducting House to house, Worksite, Community, School based surveys and many more...

We also have highly trained and qualified support staff for smooth day to day functioning.

## ORGANIZATIONAL STRUCTURE



## STATUTORY COMPLIANCE

A policy on Sexual Harassment Prevention and Redressal Guidelines is in place to ensure that the governance standards are met.

No complaints in the given category were received during the Financial Year 2018-19.

**Thank you**

**HEALIS-SEKHSARIA INSTITUTE FOR  
PUBLIC HEALTH**

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22-27780995, +91-22-40025146, [www.healis.org](http://www.healis.org)**

