The increasing burden of cardiovascular disease (CVD) in low and middle income countries is largely driven by the increasing prevalence of hypertension, diabetes and tobacco use. We hypothesize that the utilization of community health workers (CHWs) to screen for and manage these three determinants of CVD in an integrated manner would be an efficient approach to favourably affecting public health.

Methods: We have designed and set up the infrastructure to implement a 2 year community based cluster randomized controlled trial in an underserved region of West Bengal, India. Participants will include around 1200 adults, aged between 35-70 years, with at least one cardiovascular risk factor. They will be recruited through home based screening into a total of 12 clusters, which will be randomized to either a control or intervention arm before screening. After the screening, CHWs will follow up with participants enrolled in the intervention arm for a period of 2 years through home visits. The control arm will receive usual care in the community.

The CHW arm will follow a behaviour strategy focused on modifying the individual’s lifestyle, increasing knowledge of CVD, promoting smoking cessation, increasing physician seeking behaviour and promoting medication adherence.

The main project office is based in Cleveland, Ohio at University Hospitals/CWRU, and the local site office is located in Dalkhola, West Bengal at a local non-profit set up for the study. IRB approval was obtained both in Cleveland as well as India.

Outcome evaluation: The two year primary outcome of the study will be the absolute reduction in systolic blood pressure amongst hypertensives, absolute reduction in fasting blood glucose amongst diabetics and absolute reduction in average number of cigarettes smoked per day amongst smokers.

Going Forward: We believe this study infrastructure serves as a useful model for international collaboration. It builds on unique local resources, attends to important domestic requirements, and ultimately provide an evidence based approach that will help manage the increasing burden of CVD.

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Need for continuing medical education for liver disease management in Mongolia

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