21th Annual Report

2024-2025

Healis Sekhsaria Institute for Public Health

www.healis.org
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Mahape,
Navi Mumbai, Maharashtra 400701 India.

"To make difference globally in public health through excellence in Research, Learning, Teaching and Capacity building"

Research | Learning | Teaching| Capacity Building

Message from the Directors

Dear Friends,

It is our great honor to share with you the Healis Annual Report 2024-25. This report comes to you with pride, as it is a compilation of our major accomplishments and our experiences from the past financial year Healis has completed sixteen years. The Institute's vision is to advance public health through innovative science and evidence-based research recommendations. To accomplish its vision, this year Healis has 3 projects in the ongoing stage and 10 in the data analysis phase. In addition to research, during this year, Healis has produced about 16 research paper publications in peer reviewed international journals, 1 book review.

Thank you all for your continued support on our journey!

Sincerely,

Dr. Prakash C. Gupta ***Dr. Mangesh S. Pednekar***

Contents

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

"***To make difference globally in public health through excellence in Research, Learning, Teaching and Capacity building***"

Goals and Objectives

- To undertake timely, quality, and population-based epidemiological research that addresses important public health issues.
- To facilitate the translation of research findings into policies and programs at national and international levels.

About Healis

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 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 and Guide Star India.

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

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

Abbreviations

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

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. He is also a panel evaluation member of S. P. Jain Institute of Management and Research, Mumbai and guest lecturer at K J Somaiya Institute of Management, Mumbai.

Healis Board of Directors

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, and 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).

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 2024-2025

1. *Dr. Rajendra Agarkar, Chairman, Medical Scientist*
2. *Dr. Mangesh S Pednekar, Epidemiologist, Healis*
3. *Ms. Farida Poonawala Tata, Advocate*
4. *Ms. Cecily Ray, Epidemiologist, Healis*
5. *Ms. Manorama Agarwal, Housewife*
6. *Ms. Tshering Bhutia, Social Scientist, SBF*
7. *Dr. Sabita M. Ram, Dentist, retired from MGM*
8. *Dr. Sharmila Pimple, Professor, TMH*
9. *Dr. Raju Jotkar, Medical Scientist*
10. *Dr. Nilesh Gawde, Medical Scientist, TISS*
11. *Dr. Anita Gagdil, Medical Scientist The George institute of Global health, India*

Registration

1. Healis registration for renewal of recognition of scientific and industrial research organizations (SIROs) has been done:

- ***May 27, 2013-March 31, 2016***
- ***April 04, 2016- March 3, 2019***
- ***April 01, 2022- March 31, 2025***
- ***April 01, 2025- March 31, 2028***

2. Renewal of GuideStar India Transparency Key has been done for 1 year

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 2024- March 2025**

1. Harvard School of Public Health Boston, DFCI , USA University of Minnesota Cancer Center, USA
2. University of Michigan, USA (UM)
3. University of Waterloo, Canada
4. Durban University of Technology, South Africa
5. Yale University, USA
6. Arnold school of Public Health, University of South Carolina, USA
7. Center for Global Health Research, University of Toronto, Canada
8. Centers For Disease Control and Prevention, CDC Atlanta, USA
9. International Agency for Research on cancer, Lyon, France

National Collaborators

April 2024- March 2025

1. The Advanced Centre for Treatment, Research and Education in Cancer (ACTREC), TMH, Mumbai
2. Ministry of Health and Family Welfare, Government of India(MoHFW)
3. Indian Council of Medical Research(ICMR), New Delhi
4. Tata Memorial Hospital (TMH), Mumbai
5. Municipal Corporation of Greater Mumbai, Mumbai
6. Narotam Sekhsaria Foundation (NSF)
7. Salaam Bombay Foundation (SBF)
8. Voluntary Health Association of India (MP)
9. Hriday, New Delhi
10. National Cancer Registry Programme (ICMR)
11. Mumbai Cancer Registry, Mumbai
12. Birla Institute of Science and Technology
13. Vital Strategies, India
14. K J Somaiya Institute of Management college, Mumbai
15. Strategic Institute for Public Health Education and Research (SIPHER), Chandigarh
16. Resource Centre for Tobacco Control (RCTC), PGIMER Chandigarh

Project Updates

Project in ongoing stage

1. ANANT MUSKAAN: A multi-state implementation research on Primary School-based tooth brushing and oral health education in India

Objective: To Co-develop and implement a contextualized implementation delivery model that combines school-based tooth brushing and oral health education in the Sindhudurg district of Maharashtra.

Type of Study: Implementation research

Project Timeline: March 2024- Feb 2027

Research Design: The primary schools in the study site will be approached for the implementation of the delivery model with developing of collaboration with the education and health administration. Data collection will include mixed method approach to collect qualitative data during the formative phase and further quantitative data for the implementation outcome measures. Further, baseline and end line evaluation of effectiveness measures will be done for an estimated sample size of 300 teachers (oral health behaviours), 100 Health care workers (oral health behaviours), and 960 primary school children (oral hygiene status, dental caries and oral health behaviours.

Expected Outcome: i. Identification of barriers and facilitators and co-develop a context-specific oral health intervention delivery model. ii. Implementation and iterative optimization of the delivery model. iii. Evaluation of the implementation outcomes of the optimized model: acceptability, adoption, fidelity, coverage, and cost. iv. Evaluation of the effectiveness outcomes of the optimized

model: Oral hygiene and behaviours and impact on dental caries.

Current Updates:

1. **Pilot Phase Activities:**

1. Pilot testing Implementation at the school level:

Activity details:

- Out of 20, Pilot schools 19 schools have started Tooth brushing activity for the children in the schools.
- Out of 19 consented Pilot schools, 18 schools have completed training of 56 teachers in their school as part of the Train the Trainer (ToT) cascade.

2. Data collection by school observations (Observation checklist) completed

Activity Details:

- **No of school observations completed = 46**
- **Photographs were taken for the school infrastructure= 46**

Process followed: Detailed project information sheet was provided and written informed consent was taken from the school headmaster/principal for observation and photograph taking.

3. School Consent and project participation activity completed

Activity Details:

- 68 schools have been approached and the school consent procedures are completed.

Process involved:

School participation: Detailed Programme Information sheet was provided to the headmaster/principal for receiving the written informed for school participation to the programme. The master trainer (designated school teacher) and other schools teachers going to be involved in the activities have been provided detailed participant information sheet and written informed consent was obtained from all participants including for photographs and videos.

Children and parent participation: For the involvement of the children and parents for the project activity (school based tooth brushing, oral health education, and oral examination of the children) written informed parent consent have been obtained through the school headmaster/teachers.**4.** Baseline

Oral Examination of children and survey (DMFT/deft Index and Oral Hygiene index (OHI)- Debris)

Activity Details:

Clinical oral examination of children completed= 981

Process: The schools were approached and the HM was detailed about the oral examination. The parent consent forms were given to the HM to avail written informed consent from the parents for the survey and oral examination of the children. The activity was conducted within the school premises under the presence of the school principal and school teachers.

The DMFT/deft index and OHI indices were recorded by calibrated dentists from the research team using standard index recording Performa (attached in Annexures)

5. Baseline survey with (Teacher (N=300), Health care worker (N=60)

Process: Electronic/written informed consent were obtained from the participant to fill an online/offline survey questionnaire assessing the knowledge,

attitude and practice (KAP) related to oral health practices and behaviours.

Activity Details:

KAP Teacher survey- 178

KAP Healthcare survey- 55

5. **Co-Development Workshop for Anant Muskaan**

Objective:

1.To co-develop, iterate, and refine implementation strategies by addressing the challenges and barriers identified during the Pilot-testing of the implementation delivery Model M-0 of the AM project.

2.To facilitate open dialogue, knowledge sharing and group discussions among the stakeholders, to explore innovative context-specific strategies and solutions.

Activity:

- Non-formal Group Discussion with Teachers/Headmaster/Cluster officers- 1 Group
- Non- formal Group Discussion with District Administrations- 1 Group
- Non- formal Group Discussion with Community Health Officers/Dental surgeons- 1 Group

Process:

Implementation Pilot Phase Activities:

1. Stakeholder's permissions (Health and Education Dept) for pilot period activity is completed.

a. Submitted request letter to support implementation phase activities to District Health Office (1 meeting) and Civil Surgeon (Cs) (1 meeting). Key support for the below activities was approved by the health department;

- Dental surgeons/oral hygienist to participate in the AM training
- Dental surgeons/oral hygienist to conduct trainings of the CHOs
- CHOs to conduct further trainings of the Designated teachers (master trainer)
- To support arrangement of the trainings in the systems infrastructure.

b. Submitted request letter to support implementation phase activities to District Education Office (1 meeting). Key support for the below activities was approved by the DEO:

- Designated teachers (master trainer) to attend training sessions and conduct follow-up training for school staff at the district/block level.
- Teachers to supervise and conduct daily tooth brushing sessions for primary school children.
- Teachers to conduct oral health education sessions for both students and their parents.
- Clinical oral examinations of selected children by the research team.
- Monitoring and evaluation of the program's implementation.

2. Stakeholder Engagement for Implementation:

- **Engagement meetings with Block Education Officers (BEO) (2-3 meetings).**
- **Engagement meetings with Cluster officers (1 meeting).**

3. Implementation of the Training (Training of the Trainer-ToT) cascade:

Activity details: The training for the remaining Dentists/oral hygienist, Community Health Officer (CHO) and the Master

trainers of the schools have been initiated and the below numbers are completed.

- **Orientation of Dentists/oral hygienist- complete- N=3/6**
- **Training of CHOs – N=25/45**
- **Training of Master trainers- N=36/390**

Process Involved: District and block level stakeholder interaction and engagement led to the official engagement of the dentist, CHOs, and the master trainers to attend and complete the trainings.

2. Scaling up tobacco control in India: Comparing smartphone to in-person training for implementing an evidence-based intervention to reduce tobacco use among school teachers

Objective:

- To tailor the Tobacco Free Teachers – Tobacco Free Society (TFT-TFS) program to the MP context and develop a smartphone-based training model (including headmaster training, digital content for teachers, and program tracking capabilities) that is feasible for the MP Department of Education.
- To determine the implementation fidelity, effectiveness, and cost of in-person training (using a paper manual and materials) vs. smartphone-based training for training headmasters to deliver the TFT-TFS program in their schools.
- To examine determinants of successful implementation of TFT-TFS via in-person and smartphone-based training models, ways to overcome barriers, and improvements for future implementation.

Type of Study: Behavioural Mixed Methods

Project Timeline: 2021—2025

Research Design: We will randomly select 180 schools from selected district(s) and randomly assign 90 schools (45 rural/45 urban) to each arm that meet eligibility criteria. We opted for stratified sampling because we expect that tobacco use prevalence, program training and implementation may be different in rural versus urban schools.

This project has opted for stratified sampling because we expect that tobacco use prevalence, program training and implementation may be different in rural versus urban schools.

Expected Outcome:

1) Program Implementation – Implementation of four program components will be measured through the evaluation visit, including the Observation Checklist and surveys of headmasters and teachers and Phone-based process tracking data, including headmasters' monthly checklist documenting implementation components completed and teacher participation

2) Tobacco Use Cessation - To assess smoking and smokeless tobacco use cessation, we will conduct a self-administered survey of all teachers present during the Evaluation Visit (Teacher/Headmaster self-report).

3) Cost - Costs related to program implementation in each arm will be collected and analyzed to understand the financial impact of training; research costs associated with the study itself will not be included.

4) Program Reach – Program reach will be measured as the mean proportion of teachers who attended the group discussions based on process tracking, and as self-reported participation on the Survey. We will also measure with whom and where teachers shared program information

5) Factors affecting program implementation – This study expect to have identified contextual factors that explain variations in TFT-TFS implementation for each training model. This will provide DOE stakeholders with a real-world

understanding of their effect on TFT-TFS implementation in schools.

Current Updates:

1. End-line surveys (194/200 Program In-charge interviews, 1946/2621 School Personnel Surveys, and 198/200 School Policy Observation checklists) were completed on 30th August 2024.

2. Post-Implementation Qualitative research (20KIIs and 04 FGDs in District 1, 10KIIs and 04 FGDs in District 2) was completed on 4th September 2024

3. We are also working on the transcriptions/translation of the KIIs and FGDs conducted as part of the post-implementation qualitative research, and the data cleaning of the end-line surveys.

4. We are working on:

Analyzing cost-and-time data for training the Program in-charges, implementing the TFT-TFS program, and collecting reach data through the backend of the TFT-TFS app.Analyzing the implementation data collected in the admin panel of the TFT-TFS app.

The analysis of the end-line survey data collected at three points – Program in-charge interviews, school personnel surveys, and school observation checklists

6. Updates on any manuscripts/book chapters

Published –

- Nagler E, Ghosh P, Warke S, Sigmund C, Mehta P, Jones L, Kalidindi S, Pednekar M. Smartphones: A Catalyst for Tobacco Control Training in India. In Proceedings of The 23rd European Conference on e-Learning 2024. Academic Conferences International.

Under Publication –

- Chapter in NIH BOOK titled "Emerging Technologies for Cancer Detection and Diagnosis". The title of the chapter is "Using a mobile app to train tobacco control program implementers in Schools India"

- Under Journal review –
- Comparing smartphone to in-person training to implement a tobacco control program for teachers in India: Study Protocol for a Hybrid III cluster randomized-controlled trial

Under review by co-authors

- Using the Consolidated Framework for Implementation Research for Guiding a Smartphone-based Training Strategy to Implement a Tobacco-control Program in India: A Formative Research Study

Paper Presentations

- Utilizing Mobile Learning and Gamification to Control Tobacco Use in India. Authors: Eve M. Nagler, Chuck Sigmund, Priyanka Ghosh, Smita P. Warke, Leah C. Jones, Paromita Mehta, Samhita Kalidindi, Mangesh S. Pednekar. Presented by: Dr. Eve M. Nagler. Presented at: 23rd European Conference on e-Learning, held in Portugal, 24-25 October 2024 for e-Learning Excellence Awards

Abstract Presentations

- Scaling up tobacco control in India: Using Gamified smartphone-based training to accelerate the implementation of a tobacco control program for school teachers. Authors – Dr. Eve M. Nagler, Dr. Mangesh S. Pednekar and Ms. Priyanka Ghosh. Presented by: Dr. Eve M. Nagler .Presented at: 17th Annual Conference on the Science of D & I in Health held on 9-11 December 2024, in Washington DC.

3. Name of the study: Biomarker phenotypes of air pollution and cancer risk in India

Background: The International Agency for Research on Cancer (IARC) has classified both the outdoor and the indoor air pollution as carcinogenic to humans. The strongest evidence is for lung cancer (LC), which is the major cause of cancer mortality in most parts of the world. There has been a steady increase in LC incidence among nonsmokers in many parts of the world, with air pollution being the likely culprit. In the proposed study, we will employ a panel of established and novel biomarkers to test our hypothesis that the uptake of air pollution-related chemical carcinogens is associated with the risk for LC and Head and Neck Cancer (HNC) in Indian nonsmokers.

Objective: To examine biomarker phenotypes across healthy nonsmokers with differing levels of exposure to air pollution. Levels of biomarkers in plasma, urine, and oral samples collected from these individuals will be compared across the exposure groups and correlated to pollutant levels collected through personal air sampling devices worn by a subset of participants.

Expected Outcome and measure:

The outcome of this study is the development of capacity for future biomarker research of cancer risk in India. Such research can be further expanded to other population subgroups (e.g., smokers or occupationally exposed individuals) and additional environmental and dietary exposures in India.

Current Updates:

a) The MoU has been signed between ACTREC and Healis.

b) The University of Minnesota team visited India in September (16-20), 2024. Detailed discussions about the project

implementation and protocols were finalized during the meeting.

c) Air sampling training was provided to study staff at Healis.

d) Areas for the recruitment of participants have been finalized.

e) Survey tools have been finalized :
    a. Recruitment questionnaire
    b. Environmental Occupational exposure questionnaire
    c. Tobacco and Alcohol Questionnaire
    d. Secondhand exposure
    e. Anthropometry measure

f) The translation of the survey tools into Marathi and Hindi has been completed and finalized.

g) RedCap Program: Refinement and customization of the data collection tool were completed.

h) Study Manual: Finalized with detailed protocols for field implementation.

i) Staffing: Research Assistant and Field Investigator were successfully recruited.

j) Pilot Study Area: Final study location identified and confirmed.

k) Mapping: Detailed hand-drawn maps of the study area were obtained for planning field activities.

l) Stakeholder Engagement: Pitch presentations for offices were prepared to facilitate recruitment and collaboration.

m) Study Materials: A flyer outlining the study objectives and procedures was developed for participants and stakeholders.

n) Collaborative Visit: The University of Minnesota team visited from March 17–21, 2025, for joint review and field observation.

Pilot Study Timeline and Key Activities:

- **Pilot Recruitment Phase:** February 10 – March 11, 2025
- **Pilot Study Implementation:** March 12 – March 21, 2025

- **Objective:** To identify and understand practical challenges in participant recruitment and field procedures.
- **Target Participants:** Street Vendors, Restaurant Cooks, and Office Workers
- **Recruitment Outcomes:**
    - Recruitment completed for 2 restaurants, 1 street vendor and 1 office
- **Field Observations:**
    - The University of Minnesota team gained hands-on insight into local fieldwork practices
- **Challenges & Resolution:**
    - Key challenges in recruitment and logistics were discussed
    - Strategies to overcome pilot implementation issues were developed collaboratively
- **Ongoing data analysis of projects**

1. **Longitudinal Study of Adolescent Tobacco Use and Tobacco Control Policy in India (IPACTS)**

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:** Data base for wave 4 is finalized.
- Abstract has been submitted in World Conference on Tobacco Or Health titled "Longitudinal Association between Tobacco Retailer Access, Policy Compliance, and Adolescent Tobacco Use Susceptibility in Urban India".
- Paper titled: "Religiosity, school connectedness, and tobacco use susceptibility: A longitudinal study of adolescents in Mumbai and Kolkata, India" is under response to the reviewer stage.
- Full draft circulated to coauthors:
  - Title: Is Loneliness increasing among adolescents in urban India: A findings from Longitudinal study of adolescent tobacco use and tobacco control policies in India: Sameer Narake , Maruti Desai, Namrata Puntambekar, William J. McCarthy, Ritesh Mistry, Prakash C. Gupta, Mangesh S. Pednekar
  - Title: Are resilience, family, and school factors associated with intention to use tobacco during early

adolescence in Mumbai, India?" Maruti B. Desai, Mangesh S.
Pednekar, Namrata Puntambekar, Sameer Narake, Prakash Gupta, William J. McCarthy, Ritesh Mistry

- Title: Community Tobacco Environment and Compliance with Tobacco Point of Sale and Smoke-Free Laws of the Cigarettes and Other Tobacco Products Act In India- A Two-point Observational Study

2. **To study the Effectiveness of National Quitline number (1800 112 356) India.**

Objective:

Our first objective would be to study Tobacco users who receives adherence calls are more likely to complete online quitline program than tobacco users who only receive information of quitline program. Our second objective would be to study tobacco users in intervention group are more likely to successfully quit than control group.

Type of Study: Behavioural Mixed Methods

Project Timeline: July 22—March 2023

Research Design: In this study, tobacco users from the cohort 2018-19 will be divided into two groups: one is intervention and another is control group. Adherence/motivation calls will be provided only to the intervention group.

Expected Outcome: 1) Adherence call for motivation might help users stay in the complete quitline programme 2) We will

get barriers and facilitators to use the quitline program. 3) We are expecting at least 5% or higher quit rate among the intervention group as compared to the control group.

Current updates: Data analysis is in progress

3. **To evaluate the effectiveness of text warnings on areca nut products compared to pictorial warnings on smokeless tobacco products**

Objective: The main objective of the study is to examine the perceived effectiveness of the text warning on areca nut products and compare them with mandated pictorial warning labels on smokeless tobacco products.

Type of Study: Cross-sectional study

Project Timeline: Jan 22—Oct 2023

Research Design: A multi-stage sampling design will be used to obtain a representative sample of households and then of individuals in Mumbai city. We will select urban areas which are geographically dispersed that will reflect Mumbai's urban variation in the prevalence of tobacco use, tobacco control policy implementation, socioeconomic development, infrastructure and cultural factors. Respondents will be shown actual pictures of areca nut and smokeless tobacco products and will be asked for their understanding of the warnings, on these products.

Expected Outcome: The project will collect much needed data warnings on the packs, about the availability, marketing and use of areca nut as flavoured product with or without tobacco and smokeless tobacco products. In addition, the findings about how specific tobacco control laws are associated with tobacco use initiation can also be used to compare the relative value of different tobacco control policies within the Indian context.

Current Update:

1. Comprehensive report has been sent to ICMR.
2. Paper writing is in progress

4. **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 facators that need to be taken into account as evidence-based interventions are taken to scale.

Current update:

1. For BSTS and D&I -

1. ***Title of Abstract -*** Adapting to facilitators and barriers of dissemination and implementation in tobacco control over 20 years in India: using adoption, implementation and reach measures. ***Presented by -*** Dr. Mangesh S. Pednekar

   Authors – Dr. Mangesh S. Pednekar, Dr. Eve M. Nagler, and Mr. Sameer Narake. ***Presented at -*** 17th Annual Conference on the Science of Dissemination & Implementation in Health held on 9-11 December 2024, in Washington DC

2. For D&I -

Title of Abstract - Implementation of an evidence-based tobacco control intervention for school teachers in india: evaluating the effects of a capacity-building strategy ***Presented by -*** Dr. Mangesh S. Pednekar, ***Authors*** – Dr. Mangesh S. Pednekar, Dr. Eve M. Nagler, Mr. Sameer Narake, and Ms. Priyanka Ghosh. ***Presented at -*** 17th Annual Conference on the Science of Dissemination & Implementation in Health, held on 9-11 December 2024, in Washington DC.

5. **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 ≥0.5%; (2) systolic blood pressure ≥5 mm Hg; or plasma triglycerides ≥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:

1. Data cleaning and analysis of the pre and post-intervention data of the MWIS study.

7.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.

Current Updates:

- The web portal has been designed and is currently under preparation, which will display all necessary project information on the Healis website.
- Continued storage of tobacco product samples obtained from recruited patients as well as smokeless products collected as a part of the repository.
- A disclaimer regarding the display of tobacco products has been added to the tobacco product templates on the webpage.

6. Knowledge, attitude, and factors for COVID 19 vaccination hesitancy among adult population in Maharashtra

Objective: To study the knowledge, attitude, beliefs and factors related to COVID-19 vaccination hesitancy across Maharashtra.

Type of Study: Behavioural Mixed Methods

Project Timeline: July 22—March 2023

Research Design: In this study, the quantitative data collection will be carried out using online mode for the 1400 participants. A cross-sectional survey data collection tool will be used to collect the quantitative data. The Healis team will use WhatsApp, Facebook, LinkedIn, Instagram, Healis website, and via email to advertise and circulate the survey link to their network members. To ensure the recruitment of at least 1400 target study participants, each of the 19 Healis employees are estimated to recruit a minimum of 74 participants from their network of friends and family.

Expected Outcome:

1. Understanding of the targeted population's beliefs/hesitancy factors towards the COVID-19 vaccination.
2. Identification of the key challenges and barriers in the current COVID-19 vaccination policy.
3. Understanding the reach of public and private health facilities for COVID-19 vaccination and targeted population's perception towards these facilities.

Current updates:

Paper writing in progress

7. **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 Healis-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:

Paper published

- Sakhuja M, Friedman DB, Macauda MM, Hebert JR, Pednekar MS, Gupta PC, Fong GT, Thrasher JF. Association Between Cigarette and Bidi Purchase Behavior (Loose vs Pack) and Health Warning Label Exposure: Findings From the Tobacco Control Policy India Survey and In-Depth Interviews With People Who Smoke. JMIR Public Health Surveill. 2024 Sep 25;10:e63193. doi: 10.2196/63193. PMID: 39320944; PMCID: PMC11464939.

8. 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 specfic 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.

Current Progress:
Data analysis is going on.

9. 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

Paper Under review:

- Mortality fractions attributable to smoking, smokeless and mixed-use tobacco use among men and women

across India, 1998-2021 – Journal Nicotine & Tobacco Research

Full draft with co-authors

- Mortality fractions attributable to alcohol consumption in India among men.

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

Background:

The objective of the proposed case-control study is to examine various genetic, environmental and lifestyle factors in sporadic and familial breast cancer risk. The Specific Aims of this project are to:

1) genotype 1000 sporadic and 200 familial breast cancer cases and 1200 healthy matched controls (200 with family history of breast cancer) for candidate single nucleotide polymorphisms (SNPs) associated with inflammation, carcinogen metabolism, and circadian rhythm/DNA repair pathways; 2) perform a case-control analysis to test the hypothesis that candidate SNPs are associated with increased breast cancer risk, and that subjects with both poor (pro- inflammatory, high-fat) diets and candidate risk genotypes have even greater breast cancer risks compared to those without a risk allele and with more healthy diets. This study will provide a valuable resource for evaluating diet and genetic susceptibility as they relate to breast cancer risk; and 3) assessing the role of reproductive factors, chronotype, personality and religiosity in influencing breast cancer risk in sporadic and familial breast cancer cases

Current Progress:

- Data set has been finalized

Peer-reviewed Publications

1. Bassi, Shalini; **Mahajan, Rupesh**; **Gupta, Prakash** Chandra; Arora, Monika. Bridging the gap in the implementation of the World Health Organization's Framework Convention on Tobacco Control Article 5.3 in India: Insights from an opinion poll and stakeholder consultation. International Journal of Noncommunicable Diseases 9(1):p 21-26, Jan–Mar 2024. | DOI: 10.4103/jncd.jncd_55_23.
2. GBD 2021 Causes of Death Collaborators. Global burden of 288 causes of death and life expectancy decomposition in 204 countries and territories and 811 subnational locations, 1990-2021: a systematic analysis for the Global Burden of Disease Study 2021. Lancet. 2024 May 18;403(10440):2100-2132. doi: 10.1016/S0140-6736(24)00367-2. Epub 2024 Apr 3. Erratum in: Lancet. 2024 May 18;403(10440):1988. doi: 10.1016/S0140-6736(24)00824-9. PMID: 38582094; PMCID: PMC11126520.
3. Chatterjee S, Gawde NC, **Gupta PC**. Prevalence, Reach of Anti-smokeless Tobacco Messages and Quit Attempts by Product Type: A Secondary Data Analysis from the Global Adult Tobacco Survey (GATS - 2016-17). Asian Pac J Cancer Prev. 2024 Apr 1;25(4):1277-1283. doi: 10.31557/APJCP.2024.25.4.1277. PMID: 38679988; PMCID: PMC11162704.
4. Ho NT, Abe SK, Rahman MS, Islam R, Saito E, **Gupta PC, Pednekar MS**, Sawada N, Tsugane S, Tamakoshi A, Kimura T, Shu XO, Gao YT, Koh WP, Cai H, Wen W, Sakata R, Tsuji I, Malekzadeh R, Pourshams A, Kanemura S, Kim J, Chen Y, Ito H, Oze I, Nagata C, Wada K, Sugawara Y, Park SK, Shin A, Yuan JM, Wang R, Kweon

SS, Shin MH, Poustchi H, Vardanjani HM, Ahsan H, Chia KS, Matsuo K, Qiao YL, Rothman N, Zheng W, Inoue M, Kang D, Boffetta P. Diabetes is associated with increased liver cancer incidence and mortality in adults: A report from Asia Cohort Consortium. Int J Cancer. 2024 Sep 1;155(5):854-870. doi: 10.1002/ijc.34965. Epub 2024 Apr 25. PMID: 38661292.

5. **Puntambekar N, Pednekar MS, Gupta PC, Desai MB**, McCarthy WJ, Mistry R. Association of Body Mass Index between Adolescents and their Parents in Mumbai and Kolkata: A Population-based Study. Br J Transl Glob Health. 2024 Jan-Apr;1(1):3-8. Epub 2024 Apr 30. PMID: 39606096; PMCID: PMC11601996.
6. De la Torre K, Song M, Abe SK, Rahman MS, Islam MR, Saito E, Min S, Huang D, Chen Y, **Gupta PC**, Sawada N, Tamakoshi A, Shu XO, Wen W, Sakata R, Kim J, Nagata C, Ito H, Park SK, Shin MH, **Pednekar MS**, Tsugane S, Kimura T, Gao YT, Cai H, Wada K, Oze I, Shin A, Ahn YO, Ahsan H, Boffetta P, Chia KS, Matsuo K, Qiao YL, Rothman N, Zheng W, Inoue M, Kang D. Diabetes and gastric cancer incidence and mortality in the Asia Cohort Consortium: A pooled analysis of more than a half million participants. J Diabetes. 2024 Jun;16(6):e13561. doi: 10.1111/1753-0407.13561. PMID: 38751364; PMCID: PMC11096812.
7. De la Torre K, Song M, Abe SK, Rahman MS, Islam MR, Saito E, Min S, Huang D, Chen Y, **Gupta PC**, Sawada N, Tamakoshi A, Shu XO, Wen W, Sakata R, Kim J, Nagata C, Ito H, Park SK, Shin MH, **Pednekar MS**, Tsugane S, Kimura T, Gao YT, Cai H, Wada K, Oze I, Shin A, Ahn YO, Ahsan H, Boffetta P, Chia KS, Matsuo K, Qiao YL, Rothman N, Zheng W, Inoue M, Kang D. Diabetes and gastric cancer incidence and mortality in the Asia Cohort

Consortium: A pooled analysis of more than a half million participants. J Diabetes. 2024 Jun;16(6):e13561. doi: 10.1111/1753-0407.13561. PMID: 38751364; PMCID: PMC11096812.

8. Downward GS, Hystad P, Tasmin S, Abe SK, Saito E, Rahman MS, Islam MR, **Gupta PC**, Sawada N, Malekzadeh R, You SL, Ahsan H, Park SK, **Pednekar MS**, Tsugane S, Etemadi A, Chen CJ, Shin A, Chen Y, Boffetta P, Chia KS, Matsuo K, Qiao YL, Rothman N, Zheng W, Inoue M, Kang D, Lan Q, Vermeulen RCH. Long-term exposure to particulate matter and all-cause and cause-specific mortality in an analysis of multiple Asian cohorts. Environ Int. 2024 Jul;189:108803. doi: 10.1016/j.envint.2024.108803. Epub 2024 Jun 8. PMID: 38870578.
9. Nikam SS, Gota V, **Gupta PC, Puntambekar N**, Singh A, Chaturvedi P, Villalta PW, Hatsukami DK, Ahluwalia JS, Basu S, Khariwala SS, Stepanov I. Variability in addictive and carcinogenic potential of smokeless tobacco products marketed in Mumbai, India: a surveillance study. Lancet Reg Health Southeast Asia. 2024 Aug 23;29:100457. doi: 10.1016/j.lansea.2024.100457. PMID: 39258248; PMCID: PMC11384967.
10. Sharma K, Gawde N, **Pednekar MS**. Are Anti-Tobacco Messages Delivered through Different Mass-Media Channels Effective in India? Results from GATS-II Survey. Asian Pac J Cancer Prev. 2024 Aug 1;25(8):2751-2760. doi: 10.31557/APJCP.2024.25.8.2751. PMID: 39205573; PMCID: PMC11495445.
11. Bassi S, Chopra M, Chugh A, Das S, Bhojani U, Nazar GP, Amin A, Dutta J, Lal P, **Gupta PC**, Arora M. Trends in Level of Implementation of the WHO FCTC Article 5.3

in India. Tob Use Insights. 2024 Sep 12;17:1179173X241271543. doi: 10.1177/1179173X241271543. PMID: 39280756; PMCID: PMC11393799.

12. Sakhuja M, Friedman DB, Macauda MM, Hebert JR, **Pednekar MS, Gupta PC**, Fong GT, Thrasher JF. Association Between Cigarette and Bidi Purchase Behavior (Loose vs Pack) and Health Warning Label Exposure: Findings From the Tobacco Control Policy India Survey and In-Depth Interviews With People Who Smoke. JMIR Public Health Surveill. 2024 Sep 25;10:e63193. doi: 10.2196/63193. PMID: 39320944; PMCID: PMC11464939.
13. Rumgay H, Nethan ST, Shah R, Vignat J, Ayo-Yusuf O, Chaturvedi P, Guerra ENS, **Gupta PC**, Gupta R, Liu S, Magnusson C, Parascandola M, Paulino YC, Rezaei N, Siddiqi K, Warnakulasuriya S, Lauby-Secretan B, Soerjomataram I. Global burden of oral cancer in 2022 attributable to smokeless tobacco and areca nut consumption: a population attributable fraction analysis. Lancet Oncol. 2024 Nov;25(11):1413-1423. doi: 10.1016/S1470-2045(24)00458-3. Epub 2024 Oct 8. PMID: 39393386.
14. Nagler E, **Ghosh Priyanka**, Warke S, Sigmund C, Mehta P, Jones L, Kalidindi S, **Pednekar M**. Smartphones: A Catalyst for Tobacco Control Training in India. In Proceedings of The 23rd European Conference on e-Learning 2024 Oct 1. Academic Conferences International.
15. Sakhuja M, Friedman DB, Macauda MM, Hebert JR, **Pednekar MS, Gupta PC**, Thrasher JF. Challenges and opportunities in implementing and enforcing India's loose cigarette sales ban: A qualitative stakeholder analysis.

PLoS One. 2024 Dec 26;19(12):e0316342. doi: 10.1371/journal.pone.0316342. PMID: 39724224; PMCID: PMC11670967.

16. Global Cardiovascular Risk Consortium; Magnussen C, …, **Gupta PC**, He J, …, **Pednekar MS**, …FM, Blankenberg S; et al; The Global Cardiovascular Risk Consortium. Global Effect of Cardiovascular Risk Factors on Lifetime Estimates. N Engl J Med. 2025 Jul 10;393(2):125-138. doi: 10.1056/NEJMoa2415879. Epub 2025 Mar 30. PMID: 40162648.

Book review

Ray, Cecily S.. IARC handbooks on cancer prevention, volume 19, oral cancer prevention. Indian Journal of Cancer 61(1):p 144-145, Jan–Mar 2024. | DOI: 10.4103/IJC.IJC

Healis Activities

- **Guest Visitors**

Guests	Affiliation	Date
Mr. Rahul Sonwane	*Head, Public Health Care Projects, Stemz Health Care, India*	*April 04, 2025*
Dr. Samir Khariwala *Dr. Irina Stepanov*	*University of Minnesota, USA*	*March 19-21, 2025*
Dr. Eve Nagler	*Harvard University, USA*	*August 20, 2024*
1. Ms. Binaifer Jesia, Director *2. Ms. Viny Mishra, Psychiatric social worker* *3. Ms. Dhwani Madan, Psychiatric social worker*	*Manav Foundation*	*Sep 30, 2024*
Dr. Samir Khariwala	*University of Minnesota, USA*	*July 11, 2025*

Events:

1. **Regional Consultation for Key Stakeholders on NTCP and development of a roadmap for effective implementation**

Theme: Regional Consultation

Date and time of Event:- Day-1: March 18th, 2025 from 9:00 am to 5:00 pm;

Day-2: March 19th, 2025 from 9:00am to 2:30 pm.

Location of Event: Tata Memorial Centre, Advanced Centre for Treatment, Research and Education in Cancer, Kharghar, Navi Mumbai

Guest of Honour: Dr. P. C. Gupta, Director, Healis-Sekhsaria Institute For Public Health, Navi Mumbai.

Purpose of Visit: Chair of the Plenary Session on the progress of NTCP at the Subnational Level

Event Details: Dr. PC Gupta chaired the plenary session on the progress of the National Tobacco Control Program in Maharashtra, Telangana, Karnataka, Gujarat, Jharkhand, and Madhya Pradesh. His expertise offered valuable insights into the challenges, strategic planning and effective implementation of NTCP. The workshop covered implementation of COTPA Act 2003 & other policies.

2. **Co-Development Workshop for the project- "ANANT MUSKAAN: A multi-site Implementation research on Primary School-based tooth brushing and oral health education in India: Sindhudurg, Maharashtra.**

Purpose: Co-development workshop for the Anant Muskaan Project to engage key stakeholders for developing an action plan for implementation.

Date: March 07, 2025

Location: Chhatrapati Shivaji Maharaj Sabhagruha, Zilla Parishad, Sindhudurg, Maharashtra, 416602.

Collaborators: Dept of Health & Dept of Education, Maharashtra

Chair: Dr. Umesh Shirodkar, Deputy Director (Oral Health), Maharashtra

Guests: Dr. Dhuri, DHO; Dr. Patil, CS; Dr. Kamble, ADHO; Mr. Angane, ADEO; NOHP & NHM teams; CHOs; School Teachers & Cluster Officers

Organiser: Healis Sekhsaria Institute for Public Health, Navi Mumbai

Details: The co-development workshop for the Anant Muskaan Project aimed to review the project's progress, challenges, and achievements. It focused on discussing findings from the pilot-testing phase of Model M-0, implemented in 20 schools in the Sindhudurg district and analysing the outcomes. The workshop contributed to the development of the revised Model M-1 for the district, through co-development and iteration processes and laid a full implementation plan for the study.

3. SIPHER ECHO WEBINAR ON GOOD REPLICABLE & INNOVATIVE PRACTICES IN TOBACCO CONTROL IN INDIA.

Theme: "Involving School Teachers in Tobacco Control: A Story from Bihar, India"
Presenter: Dr. Prakash Gupta, Director, Healis Sekhsaria Institute for Public Health
Description: This webinar highlights the unique and successful role of schoolteachers in reducing tobacco use among students and the community.
Dr. Prakash Gupta, Director of Healis Sekhsaria Institute for Public Health and Principal Investigator of the study presented this case study.
His expertise and first-hand experiences provide valuable insights into the challenges and strategies of engaging educational institutions in
public health efforts.
Key points:

• Rationale for choosing teachers based on the Global School Personnel Survey.
• Healis surveys on the prevalence of tobacco consumption among Indian teachers: in two different school systems: Central and State.
• Formative research for intervention materials and strategies.
• Planned randomized control trial.
• Detailed insights into the "Tobacco Free Teachers, Tobacco Free Society" intervention program.
• Results of the Bihar school teachers study.
• Challenges faced during the intervention.
• Institutionalization and sustainability of the intervention.
• Further dissemination of the intervention.
• Impact of educational interventions on student behaviour and community health.
• Practical steps for replicating this model in different regions.
Watch the full webinar to explore these innovative practices and gain inspiration for implementing similar initiatives:
.'Link: https://youtu.be/m8ptBKGcQ8k

- Outdoor event on the occasion of Foundation day in the month of August, 2024

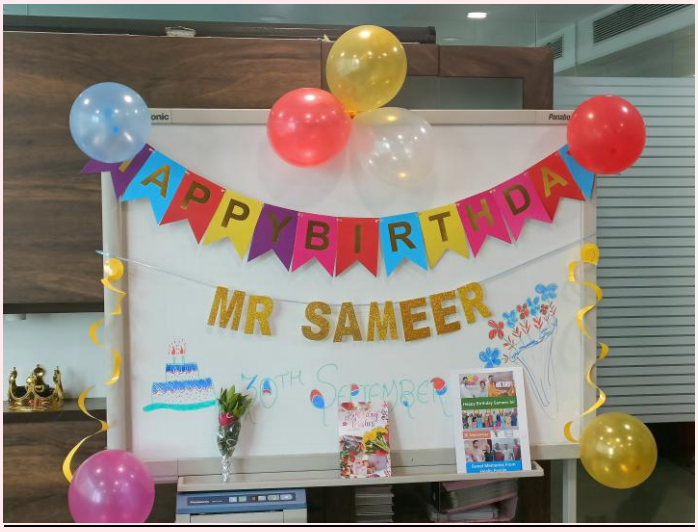
Navratri Celebration

- **Diwali celebration**

- **Birthday' celebration**





➢ Employee of the year

- Ms. Priyanka Ghosh was selected as Employee of the year for 2024

Other Activities (April 2024-March 2025):

1. **Constitution of NTCP Health Worker Guidelines Committee:**
   Dr. Gupta attend-March ed the meeting on April 16, 2024, chaired by Dr. L. Swasticharan, Additional Deputy Director General & Director EMR, to discuss the revision of NTCP health worker guidelines.
2. **Dr. Pednekar's Participation in Second Edition Round Table on Industry 5.0 & Role of Universities:**
   Dr. Pednekar attended the Second Edition Round Table Deliberation on "Industry 5.0 & Role of Universities: Exploring Challenges and Opportunities of Artificial Intelligence" on April 19, 2025, and also graced the University Foundation Day celebrations on April 20, 2025.
3. **National Online Consultation on Tobacco-Free Jurisdictions:**
   On April 22, 2024, Dr. Gupta was invited as a resource person for a consultation focused on advancing tobacco-free jurisdictions at both state and national levels. This consultation was part of a tobacco control initiative by the University, in collaboration with Vital Strategies.
4. **Quarterly Technical Consultation of SSG Members:**
   Dr. Gupta attended the meeting on May 13, 2024, chaired by Dr. Avinash Sunthlia, SMO, NTCP, to review the progress of the Scientific Support Group (SSG).
5. **Virtual Meeting on Revision of NTCP Health Worker Guide:**
   Dr. Gupta attended the second virtual meeting for the revision of the NTCP Health Worker Guide on May 13, 2024, chaired by Dr. L. Swasticharan.
6. **World No Tobacco Day 2024 – National Summit:**
   Dr. Gupta chaired the 4th National Summit on World No Tobacco Day 2024, organized by the Resource

Centre for Tobacco Control (E-RCTC), PGIMER, Chandigarh. The summit's focus was on "Protecting children from tobacco industry interference."

7. **ICMR Committee on NRT Alternatives:**
   Dr. Gupta participated in the first meeting of the ICMR Committee on NRT Alternatives on August 14, 2025, chaired by Dr. Rajiv Bahl, Secretary DHR and DG ICMR.
8. **Stakeholder Briefing on Tobacco-Free Youth Campaign 2.0:**
   On July 29, 2024, Dr. Gupta attended a hybrid meeting chaired by Smt. V. Hekali Zhimomi, Additional Secretary (NTCP), regarding the launch of the Tobacco-Free Youth Campaign 2.0, organized by the National Tobacco Testing Laboratories.
9. **Regional Consultation on Tobacco Control Measures:**
   Dr. Gupta was invited to the regional consultation on developing a roadmap for tobacco control measures in India, held from August 6-8, 2024, in New Delhi.
10. **National Webinar on Enforcing WHO FCTC Articles 9 and 10:**
    Dr. Gupta participated in the National Webinar on September 5, 2024, organized by PGIMER, Chandigarh, to explore the challenges and prospects of enforcing WHO FCTC Articles 9 and 10.
11. **SIPHER ECHO India Webinar on Tobacco Control Practices:**
    Dr. Gupta attended and contributed as an expert in the SIPHER ECHO India Webinar on "Good, Replicable, and Innovative Practices of Tobacco Control in India (SUPPORT Program)" on August 11, 2024. Healis was also acknowledged as an organizer.
12. **Dr. Pednekar's Participation in 17th Annual Conference on the Science of Dissemination and Implementation in Health:**
    Dr. Pednekar attended the 17th Annual Conference on the Science of Dissemination and Implementation in

Health from December 8-11, 2024, in Washington, D.C., where he presented the following papers:

- "Adapting to Facilitators and Barriers of Dissemination and Implementation in Tobacco Control over 20 years in India: Using Adoption, Implementation and Reach Measures" (abstract #68885)
- "Implementation of an evidence-based tobacco control intervention for school teachers in India: Evaluating the effects of a capacity-building strategy" (abstract #68882)

13. **National Consultation on "Endgame for Tobacco" vs. "Endgame for Nicotine":**
    Dr. Gupta was invited as a subject expert/resource person at the online National Consultation on October 4, 2024, to discuss whether India should address "Endgame for Tobacco" as "Endgame for Nicotine."
14. **Reimagining Public Health Education & Skills for the 21st Century – Stakeholders' Engagement Meet:**
    Dr. Pednekar attended the Reimagining Public Health Education & Skills for the 21st Century Stakeholders' Engagement Meet on October 5, 2024. The discussions focused on:
    - Skill gaps in public health professionals
    - The relevance of specializations in public health
    - Future preparedness in public health

    The event was organized by DYPU School of Public Health.
15. **National Webinar on the Role of Civil Society Organizations/NGOs in Tobacco Control in India:**
    Dr. Gupta was invited to be the Guest of Honour at the National Webinar on October 22, 2024, organized by the Department of Community Medicine & School of Public Health, PGIMER Chandigarh.
16. **Meeting with Marathwada Gramin Vikas Sanstha (MGVS), Chh. Sambhajinagar:**
    Dr. Gupta attended a meeting at MGVS, Chh.

Sambhajinagar, where MGVS formed the Alliance for Tobacco-Free Maharashtra (ATFM), a state-level coalition of NGOs/CSOs/Associations/individuals working for tobacco control, on November 28, 2024, at Chh. Sambhajinagar.

17. **Invitation to the Twelfth Meeting of the WHO Study Group on Tobacco Product Regulation (TobReg):**
    Dr. Gupta attended the Twelfth Meeting of the WHO Study Group on Tobacco Product Regulation (TobReg), held in Barcelona, Spain from December 10-13, 2024.
18. **Guest of Honour at National Webinar on Tobacco Cessation:**
    Dr. Gupta was the Guest of Honour at the National Webinar on Tobacco Cessation on December 4, 2024, organized by the RCTC Team.
19. **Brainstorming Meeting on "Basic Course on Tobacco Endgame in India":**
    Dr. Gupta attended the brainstorming meeting on the "Basic Course on Tobacco Endgame in India" based on feedback provided on December 26, 2024, organized by the School of Public Health, PGIMER Chandigarh.
20. **Panelist at Workshop on "Strategizing Early Detection and Prevention of Oral Cancer":**
    Dr. Gupta was invited as a panelist at the workshop on "Strategizing Early Detection and Prevention of Oral Cancer: Reducing India's Cancer Burden," organized by the Division of Oral Pathology and Microbiology, AIIMS, New Delhi, on January 16, 2025.
21. **National Conference on Healthcare through Technological Empowerment & Innovation:**
    Dr. Pednekar attended the National Conference – **HEALTHCONFLUENCE 2025**, focused on "Refocusing on Healthcare through Technological Empowerment and Innovation," organized by the Symbiosis Institute of Health Sciences, on January 31 & February 1, 2025, at the SIU campus, Lavale, Pune.

22. **Invitation to the 4th National Consultation on Health Burden due to Bidi Consumption:**
    Dr. Gupta was invited to attend the 4th National Consultation on Health Burden due to Bidi Consumption in India on January 30, 2025, organized by the All India Institute of Medical Sciences (AIIMS), Jodhpur, at the NAMS Auditorium, New Delhi.
23. **Regional Consultation for Key Stakeholders on NTCP and Roadmap for Effective Implementation:**
    Dr. Gupta received a cordial invitation for the Regional Consultation on the National Tobacco Control Program (NTCP) and the development of a roadmap for its effective implementation, held on March 18-19, 2025, in Mumbai.
24. **National Webinar on Herbal, Nicotine, and Newer Tobacco Products:**
    Dr. Gupta participated in the National Webinar titled "Herbal, Nicotine, and Newer Tobacco Products: Understanding Health Risks and Regulatory Challenges in India," held on February 24, 2025, organized by PGIMER Chandigarh's Resource Centre for Tobacco Control.
25. **WHO-APW Request for Expert Opinion on Smokeless Tobacco Control:**
    Dr. Gupta was invited by the WHO-APW to provide expert advice on developing the South-East Asia Regional Roadmap (2025-2030) on Smokeless Tobacco and Areca Nut Control, organized by PGIMER Chandigarh.

MoUs signed with the following University:

1. ITM University , Raipur

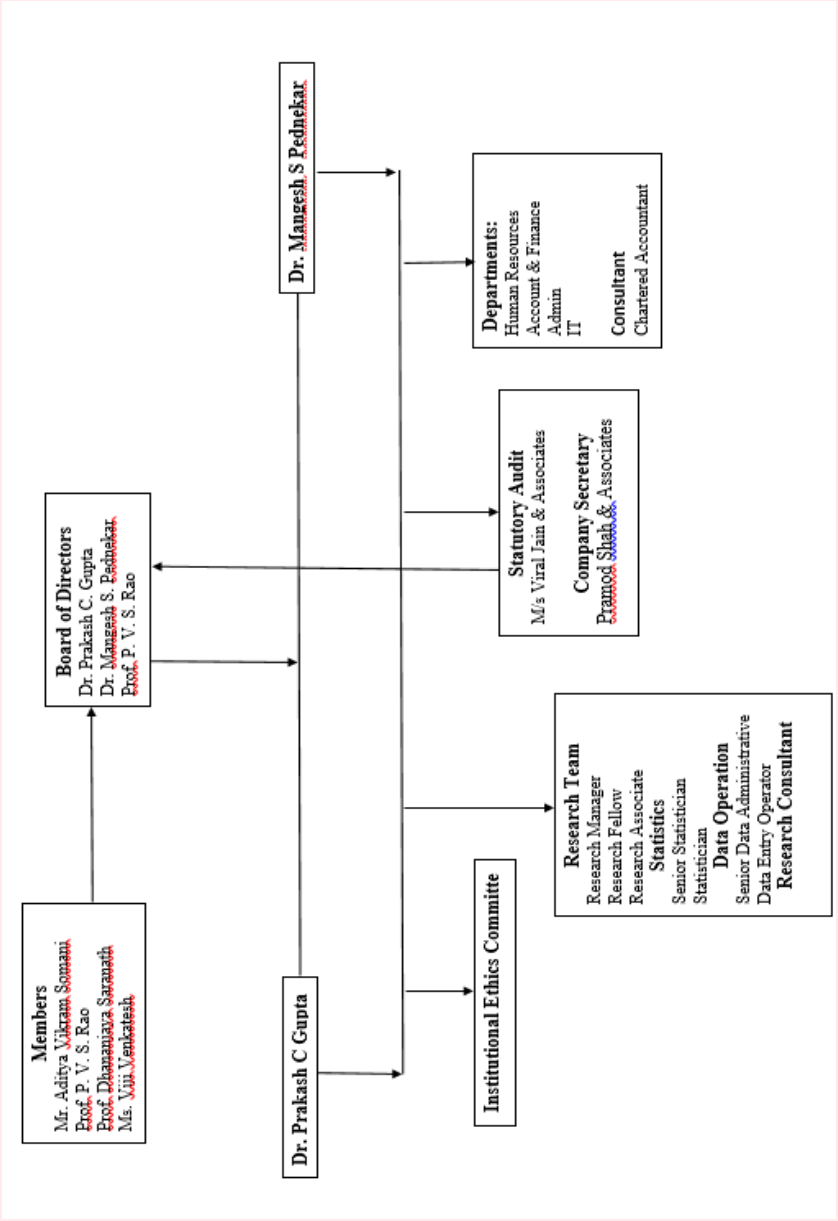
Healis Team

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

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 2024-25.

Thank You!


Physical inactivity
Indoor air pollution
Outdoor Air pollution
Good heath and well-being
Tobacco use (smokeless and smoking)
Unhealthy diet
Alcohol use