

Patient Characteristics and Care Provided as Part of a Community Health Worker Program for Management of Hypertension in Rural Haiti

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Introduction

Chronic diseases, such as diabetes and hypertension, are growing concerns in global health. Ischemic heart disease is the number one leading cause of death in the world; ranked first in high-income countries and ranked second in both middle-income and low income countries. Fortunately, Community Health Worker (CHW) programs have proven effective at managing chronic diseases across countless settings, including rural and impoverished communities. As an example, Partners in Health (an international non-governmental organization) has utilized CHWs to successfully treat HIV and tuberculosis in Haiti.



Dr. Clayton Bell and Dr. Martin with the Community Health Works in Seguin, Haiti.

From 2010-2018, a CHW program operated in a remote area of southeast Haiti with a focus on chronic disease management. As a part of this program, CHWs screened for hypertension provided medications under the supervision of a qualified healthcare provider. This study examines the demographics of the patient population enrolled in the program and the services provided, including medications and education.

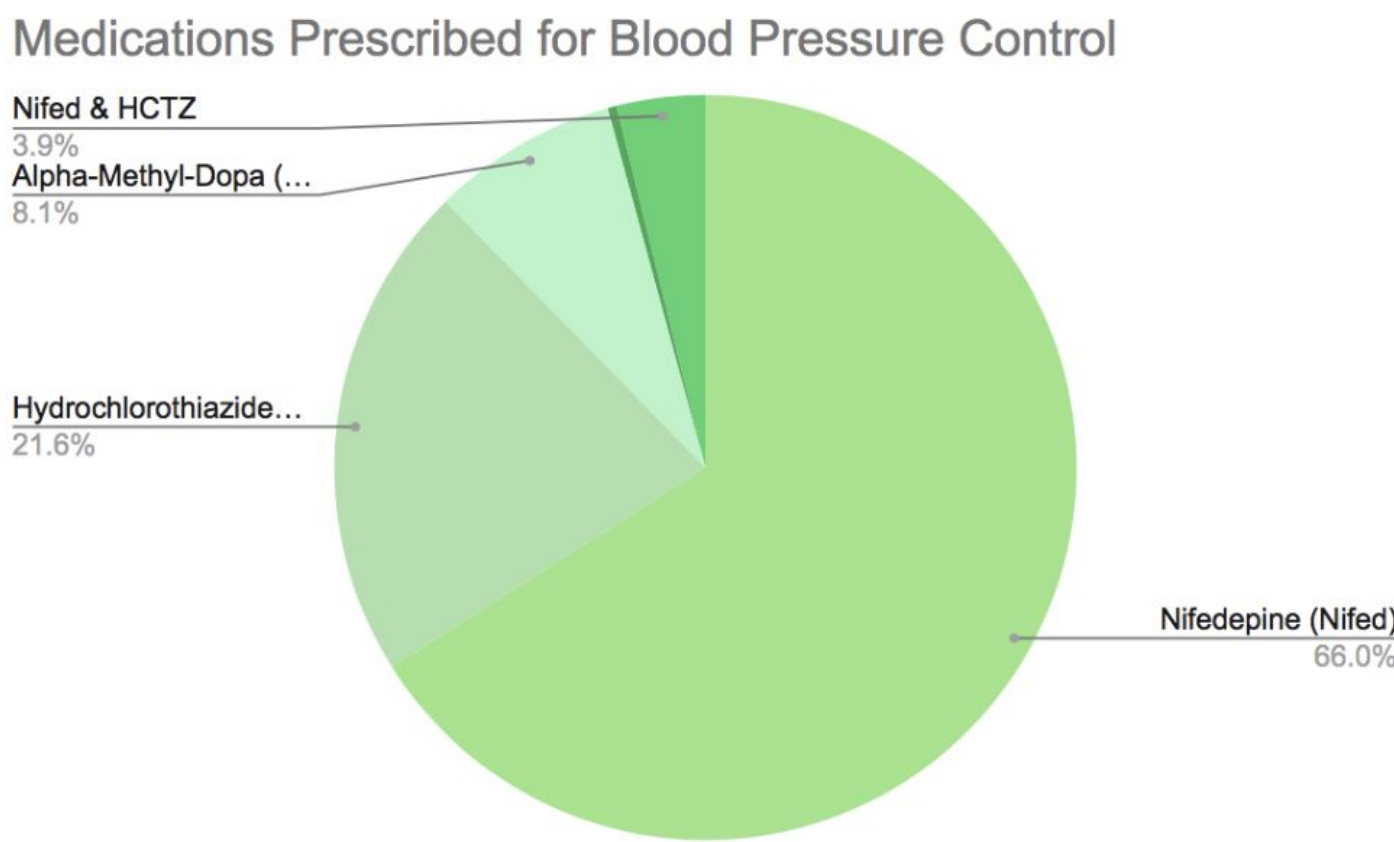
Methodology

This is a retrospective cross-sectional study of medical records from a CHW program in rural Haiti.

1. As a part of the CHW program, staff are required to document each patient encounter. This documentation contains information on patient demographics and services provided including medical care and health education.
2. A randomly selected sample of documentation from patient encounters was chosen.
3. This data was then inputted and analyzed using Microsoft Excel. All identifying medications were removed *prior* to analysis.



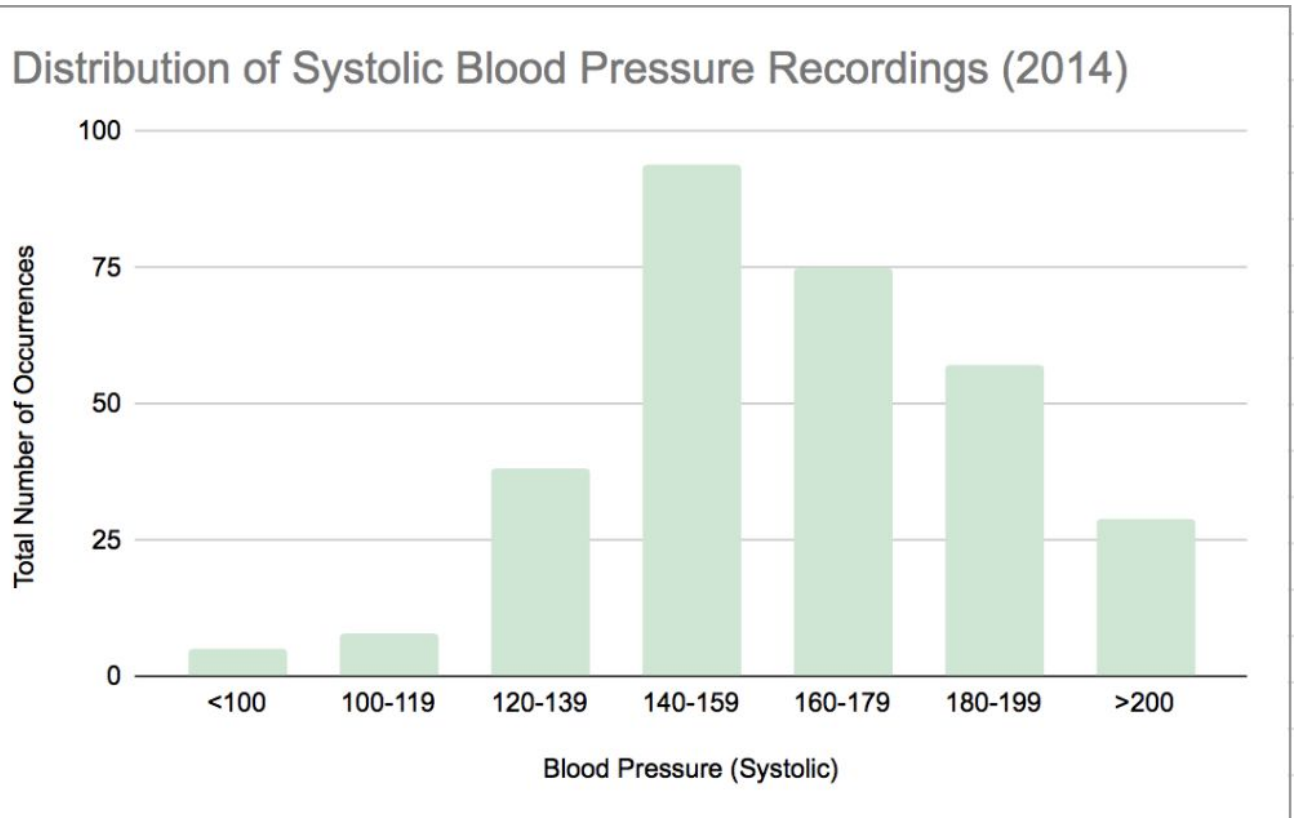
The Community Health Workers practicing blood pressure checks during weekly classes.



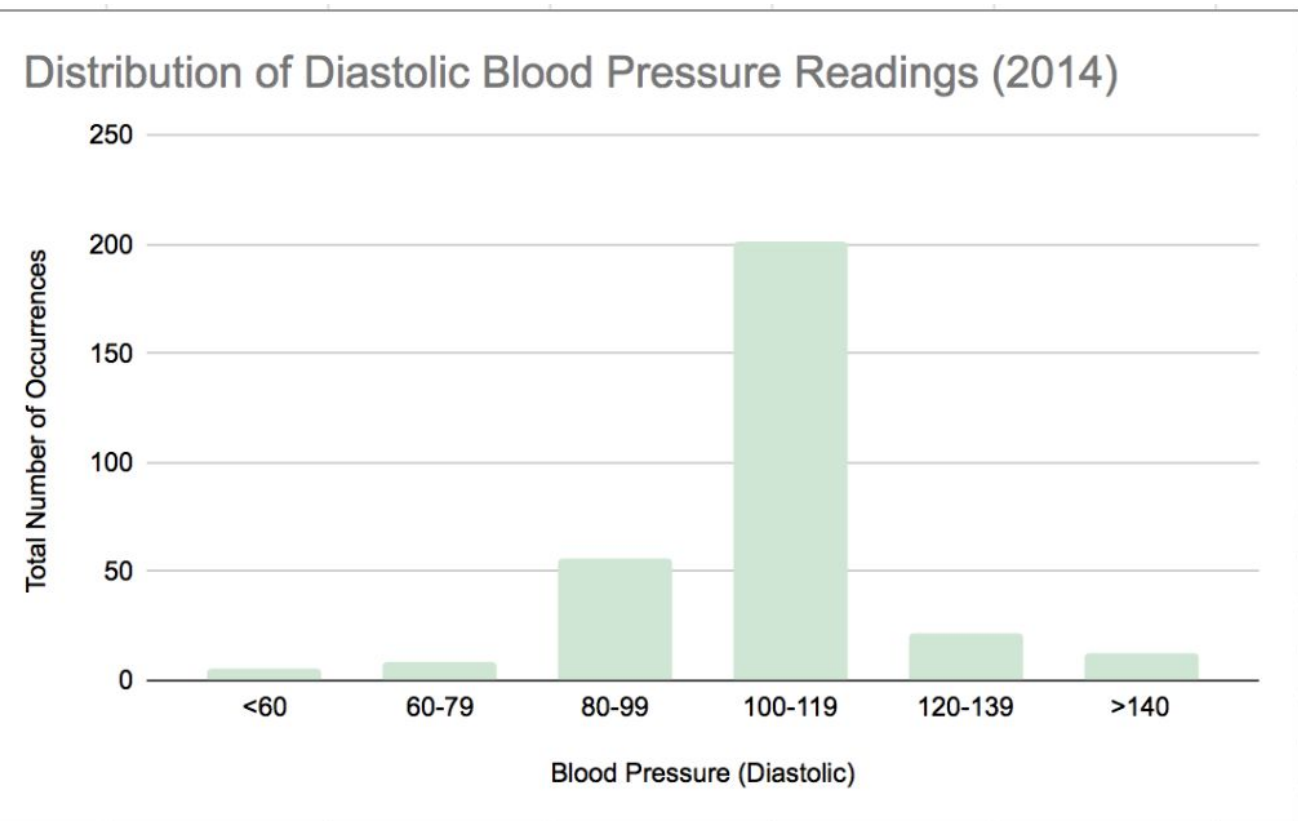
Medications prescribed included: Hydrochlorothiazide, Nifedipine, Alpha-Methyl-Dopa, Captopril. Above are the frequencies at which they were prescribed.

Results

A total of 307 patient encounters were examined. Of these encounters, a majority of the patients were female (75%) with a mean age of 51 years. Approximately 84% of patients met WHO criteria for hypertension (Systolic Blood Pressure ≥ 140 or Diastolic Blood Pressure ≥ 90), with a mean blood pressure of 157/100. Patients receiving treatment for hypertension were most frequently provided Nifedipine (69%) and Hydrochlorothiazide (25%). About 5% of patients were given multiple medications for blood pressure control. All patients knew how to take their medications as directed and were provided with education on lifestyle changes to improve blood pressure. Aside from medications for hypertension, patients were most frequently provided with low-dose aspirin (35% of total patient encounters), albendazole (19%) and paracetamol (18%).



The mean systolic blood pressure fell between 140 and 180.



The mean diastolic blood pressure fell between 80 and 120.

Conclusion

This retrospective study of a CHW program in rural Haiti provides useful information as to the prevalence and severity of hypertension in the region. Future studies aim to longitudinally follow a small subset of patients receiving treatment to determine the effectiveness of care.



A community health worker screening a patient, and providing health education and medications.

Acknowledgements

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