DEVELOPMENT AND EARLY FINDINGS OF A HYPERTENSION MANAGEMENT CLINIC IN HAITI

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HAITI: MAP

HAITI
International boundary
Departmental boundary
National capital
Departmental seat
Town, village
Main road
Secondary road
Airport
© Nations Online Project
CUBA
ATLANTIC OCEAN
CARIBBEAN SEA
DOMINICAN REPUBLIC
Golfe de la Gonâve
NORD - OUEST
NORD
NORD - EST
ARTIBONITE
CENTRE
OUEST
SUD - EST
SUD
NIPPES
GRANDE - ANSE
PORT-AU-PRINCE
Cap-Haïtien
Port-de-Paix
Gonaïves
Hinche
Jérémie
Les Cayes
Jacmel
Miragoâne
Fort-Liberté

HAITI

- POOREST COUNTRY IN WESTERN HEMISPHERE
  - $1220 PER CAPITA INCOME
- LOW LIFE EXPECTANCY
  - 62 (AT BIRTH); 76 (AT BIRTH FOR THE REGION)
- LOW HEALTHY LIFE EXPECTANCY
  - 52 (AT BIRTH); 67 (AT BIRTH FOR THE REGION)
- PREVENTIVE HEALTH CARE UTILIZATION
  - PRENATAL CARE AND CHILDHOOD IMMUNIZATION RATES BELOW REGIONAL AVG

- WHO. (2012). *HAITI: HEALTH PROFILE.* RETRIEVED FROM HTTP://WWW.WHO.INT/GHO/COUNTRIES/HTI.PDF?UA=1

PROJECT BACKGROUND

- EARTHQUAKE - JANUARY 2010
- CHURCH BASED CLINICS YEARLY
- TREATMENT FOR ACUTE CONDITIONS
  - INJURIES
  - INFECTIONS
- NO CHRONIC DISEASE MANAGEMENT
- WEAK INFRASTRUCTURE

HYPERTENSION IN HAITI

- 35.5 % MALES OVER AGE 25
- 28.1 % FEMALES OVER AGE 25
- STROKE LEADING CAUSE OF DEATH IN 2012
- CARDIOVASCULAR DISEASES 2ND RESPONSIBLE FOR BURDEN OF DISEASE IN HAITI
- 24 % OF TOTAL DEATHS DUE TO CVD
  - NCDS ACCOUNT FOR 48% OF TOTAL DEATHS

- WHO. (2014). *NONCOMMUNICABLE DISEASES (NCD) COUNTRY PROFILES, 2014.* RETRIEVED FROM WWW.WHO.INT/NMH/COUNTRIES/HTI_EN.PDF?UA=1

COMMUNITY HEALTH PROMOTER

HYPERTENSIVE MANAGEMENT CLINIC

- PLANNING
  - HAITI
    - LOCAL PARTNERSHIPS (LIAISON)
    - LOCATION
    - COMMUNICATION
  - UNITED STATES
    - TREATMENT ALGORITHM
    - MEDICATIONS
    - HEALTH CARE PROVIDERS

INITIAL ALGORITHM

- DEVELOPED BY NEPHROLOGIST
- TREATMENT STARTS IF SYSTOLIC BP ≥ 140
  - WORKS OUTSIDE OR HAS CRAMPS AT NIGHT: AMLODIPINE 5 MG
  - WORKS INSIDE OR NOT A LABORER: HCTZ 25 MG

MARCH CLINIC

- 1322 PATIENTS SEEN IN CLINIC
- 623 PATIENTS ≥ 25 YEARS OF AGE
  - 47%
- 195 PATIENTS WITH SYSTOLIC BP ≥ 140
  - 31%
- 115 PATIENTS TREATED FOR HYPERTENSION
  - 60%

FOLLOW-UP CLINIC ALGORITHM

- SYSTOLIC BP <140: NO CHANGE
- SYSTOLIC BP ≥140 OR GREATER:
  - IF TAKING AMLODIPINE 5 MG: ADD 5 MG MORE FOR AMLODIPINE 10 MG
  - IF TAKING HCTZ 25 MG AND NOT CRAMPING: AMLODIPINE 5 MG
  - IF TAKING HCTZ AND CRAMPING OR DIZZY: STOP HCTZ AND START AMLODIPINE 5 MG.

MAY FOLLOW-UP CLINIC

- 22 OF 115 RETURNED FOR HTN MANAGEMENT
  - 19%
- 3 PATIENTS SEEN IN MARCH BEGAN ANTIHYPERTENSIVE MEDICATIONS
- 5 NEW PATIENTS BEGAN MEDICATIONS
- 16 BP CHECKS; NO MEDS
- 46 PATIENTS SEEN

JULY FOLLOW-UP CLINIC

- 10 (OF 115) SEEN MARCH, MAY, & JULY
  - (8.7%)
  - 1 PATIENT'S MEDICATION WAS DISCONTINUED
- 8 PATIENTS SEEN MARCH AND JULY
- 3 PATIENTS SEEN MAY AND JULY
- 22 NEW PATIENTS
- 28 BP CHECKS; NO MEDS
- 71 PATIENTS SEEN

SEPTEMBER FOLLOW-UP

- 7 OF 115 SEEN ALL 4 MONTHS (6%)
- 1 PATIENT SEEN MAY, JULY, & SEPTEMBER
- 13 PATIENTS SEEN JULY & SEPTEMBER
- 26 NEW PATIENTS RECEIVED MEDICATIONS
- 2 PATIENTS SEEN MARCH, MAY, & SEPTEMBER
- 6 PATIENTS SEEN MARCH, JULY, & SEPTEMBER
- 3 PATIENTS SEEN MARCH & SEPTEMBER
- 40 BP CHECKS; NO MEDS
- 98 PATIENTS SEEN

OTHER RESULTS

- OF THE 39 PATIENTS SEEN IN MARCH AND AT LEAST ONCE MORE, BLOOD PRESSURES WERE CONTROLLED FOR 13 PATIENTS.
- OF THE 22 PATIENTS SEEN IN JULY AND AT LEAST ONCE MORE, BLOOD PRESSURES WERE CONTROLLED FOR 4 PATIENTS.
- OF THE 14 PATIENTS SEEN IN SEPTEMBER AND AT LEAST ONCE MORE, BLOOD PRESSURES WERE CONTROLLED FOR 4 PATIENTS.

PATIENTS SEEN ONCE AND DISPENSED MEDICATIONS

- 80 PATIENTS: MARCH
- 5 PATIENTS: MAY
- 7 PATIENTS: JULY
- 8 PATIENTS: SEPTEMBER
- 5 PATIENTS: OCTOBER
- 39 NEW PATIENTS SEEN IN JANUARY

STRENGTHS

- LOCAL PARTNERSHIP
- COMMITTED U.S. TEAM
- INITIAL TRAINING FOR COMMUNITY HEALTH PROMOTERS
- MORE PATIENTS SEEN AT EACH CLINIC
- OPPORTUNITY TO SCREEN FOR HYPERTENSION AND PROVIDED HEALTH EDUCATION

BARRIERS

- COMMUNICATION
- LACK OF LOCAL INFRASTRUCTURE
- NO REAL REFERRAL MECHANISM
  - MISSED OPPORTUNITY TO PARTNER WITH LOCAL HEALTHCARE PROVIDERS AND PHARMACIES
- TRANSPORTATION
- LOCATION / TIME FOLLOW UP CLINICS OFFERED

LESSONS LEARNED – FUTURE IMPLICATIONS

- ONLY INPUT FROM THE FAITH BASED ORGANIZATION IN HAITI WAS SOUGHT
- LOCAL STAKEHOLDERS (PHARMACIES AND HEALTH CARE PROVIDERS) NOT INVOLVED
- DEVELOP SPECIFIC PLANS FIRST
- TRAIN LOCAL PARTNERS BEFORE INITIATING PROJECT
- GOAL ORIENTED TEAM BUILDING IMPORTANT

SUGGESTIONS

- FULLY TRAIN COMMUNITY HEALTH PROMOTERS TO PROVIDE SERVICES
- ONLY DISPENSE MEDICATIONS AFTER RECEIVING COMMITMENT FROM THE PATIENTS
- FOLLOW UP CLINICS LOCATED AT THE LOCAL CHURCHES WHERE COMMUNITY HEALTH PROMOTER WORSHIP
- MONITOR BLOOD PRESSURES OF PATIENTS WEEKLY
- CONTACT “PATIENTS” IN ADVANCE TO REMIND OF CLINIC
- COORDINATE CLINIC TIMES FOR THE CONVENIENCE OF MOST PATIENTS

OTHER SUGGESTIONS

- DEFINE PURPOSE OF THE PROJECT
- EDUCATE LOCAL PERSONNEL
- FIND LOCAL PARTNERS (HEALTHCARE PROVIDERS, PHARMACIES, PASTORS)
- TRAIN CONGREGATIONAL HEALTH PROMOTERS FOR THIS PROJECT
- FIND “MISSING” PATIENTS
- LOGISTICS

QUESTIONS

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