

Improving Hypertension Management through Task Sharing with Health Extension workers

WHAT IS HYPERTENTION?

Hypertension is a long-term medical condition in which the blood pressure in the arteries is persistently elevated. It is the leading but modifiable risk factor for cardiovascular diseases. Nearly 1 in 4 adults in Ethiopia are reported to have had hypertension while only 40% of them know their disease status. Early diagnosis is the first step in the management of hypertension that proceeds to timely chronic disease care. Hypertension diagnosis in Ethiopia is mainly done by clinicians, which is a major barrier for early hypertension screening and management at primary health care level.

RESEARCH OBJECTIVES

This research aimed to:

- 1) Determine the feasibility of hypertension diagnosis by health extension workers (HEWs);
- 2) Determine the burden of hypertension in rural communities;
- 3) Explore barriers and enablers that influence HEWs' home-based hypertension screening.

METHODS

Twenty HEWs and 5 nurses and public health officers took a training on blood pressure measurement using a calibrated aneroid sphygmomanometer. A kappa concordance test was used to compare blood pressure measurement results between the two groups of health professionals. To determine the burden of hypertension, 1,177 adults were randomly selected from rural parts of Dabat and Gondar zuria districts of northwest Ethiopia between June and October 2020. Barriers and enablers that influence Health Extension Workers' home-based hypertension screening were explored through a qualitative study (phenomenological design).

KEY FINDINGS

- The magnitude of hypertension was high (18.5%, 218/1177) among adult population of rural districts of northwest Ethiopia.
- Female sex, age (55-64 and >65 years), ever used alcohol, much and too much amount of salt use, inadequate sleep, and family history of hypertension remained positively and significantly associated with hypertension.

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KEY FINDINGS CONT'D

- There was an excellent inter-rater agreement between trained HEWs and trained nurses and public health officers' blood pressure measurement. The level of agreement between the two sets of hypertension screening results was 91.2%.
- Suggested roles of HEWs: Creating awareness, providing health education, measuring blood pressure and linking cases to the nearest health facility.
- Enabling factors for home-based hypertension screening by HEWs: Support from community leaders, presence of functional development army, community trust for HEWs, adequate number of HEWs, presence of routine campaign on vaccination and community based health insurance, and integrated health system.
- Barriers for home-based hypertension screening by HEWs: Lack of training regarding hypertension, lack of blood pressure measuring devices, unavailability of guidelines and manuals to measure blood pressure, low skilled Health Extension Workers, lack of financial incentives, and lack of community awareness of the disease.



PRIORITY RECOMMENDATIONS

This research found that hypertension measurement by HEWs is a feasible task-sharing strategy. Successful implementation of this strategy requires:

- Scaling up of hypertension training programs for HEWs and their supervisors.
- Provision of standardized protocols.
- Provision of adequate blood pressure measuring equipment.
- Regular supportive supervision.