

# Monitoring the continuity of a multicomponent program to improve hypertension control in Guatemala during the COVID-19 pandemic

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## Background

- **Hypertension** is the leading preventable cause of cardiovascular disease and premature death worldwide.
- Multiple strategies have proven to be effective for the management and treatment of hypertension. However, the COVID-19 pandemic affected access and delivery of healthcare globally, increasing the challenges to control chronic diseases in low- and middle-income countries.
- A type 2 hybrid cluster-randomized trial implemented in 5 Guatemalan rural states is evaluating a multilevel and multi-component program to improve hypertension control.
- The aim of this poster is to describe the remote monitoring approach designed to support the continuity of the intervention during this health emergency, and its results.

## Methods

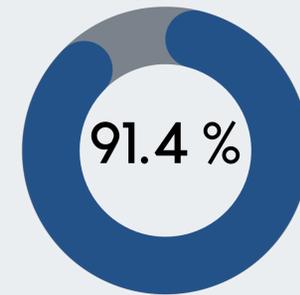
- We conducted cross-sectional data collection from March-June 2020 within the Multicomponent Intervention to Improve Hypertension Control in Guatemala study. The purpose was: a) to describe actions that the Guatemalan government and Ministry of Health (MoH) carried out in response to the COVID-19 pandemic; and b) to understand the implications for implementing our intervention.
- In light of the COVID-pandemic, we sought support from the Ministry of Health (MOH) in March 2020, to ensure: medication availability, multi-month delivery of treatment (at the health service unit or participant's home), and continuity of intervention activities (blood pressure monitoring, health coaching sessions, and team-based collaborative care meetings).

- We called MoH staff and local study staff to gather information regarding local restrictions and planned adaptations to the intervention activities at study sites.
- We performed monitoring phone calls to each enrolled participant using a standardized script which included:
  - Updates on the study's status
  - Data collection on continued participation in the study (medication delivery and adherence)
  - Key reminders about heart healthy behavior (intervention group only).

## Findings

### Study Population

Enrollment Completion



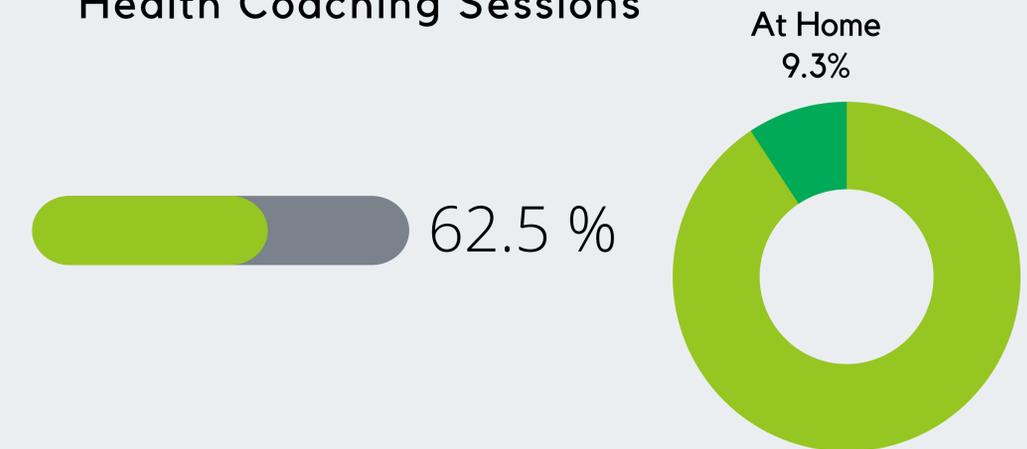
677 intervention group  
605 control group

### Medication

	Intervention n= 677	Control n=605	P-value
<b>Medication Delivery (%)</b>	<b>72.7</b>	<b>51.1</b>	<b>&lt;0.001</b>
<b>Place of delivery:</b>			<b>0.0022</b>
at health post	90.2	89.6	
at home	6.1	3.4	
<b>Medication Adherence (%)</b>	<b>80.2</b>	<b>64.8</b>	<b>&lt;0.001</b>

## Intervention Activities

### Health Coaching Sessions



### Home Blood Pressure Monitoring



## Conclusions

Resilient health systems should adjust to new challenges and guarantee continued health services to improve hypertension control and management of other non-communicable diseases. Promising strategies that support continuity of care include: telecommunication, digital health for patient monitoring, and adopting strategies such as home visits and multi-month supply of medication.

*Acknowledgements: This research was supported by the U.S. National Heart, Lung, and Blood Institute of the National Institutes of Health under award number U01HL138647.*