

Title:

Implementing an Interprofessional Hypertension Clinic in a Rapidly Growing Community Outside of Port-au-Prince, Haiti

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Session Title:

Evidence-Based Practice Posters Session 2

Keywords:

Community Health Center, Haiti and Hypertension

References:

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Abstract Summary:

Onaville Community Health Center is a Haitian-staffed clinic in the fastest growing area of Haiti, due to the displacement of earthquake survivors in Port-au-Prince after the 2010 earthquake. The Center has implemented a community hypertension program to provide education, nursing care, physician supervision, nutritional education and medication to this community.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Describe the prevalence of hypertension in Haiti.	Hypertension rates in Haiti may approach 45%. Some data suggest that hypertension is the most frequent diagnosis in outpatient rural clinics, ranging from 39% in men and 45% in women. Published data from a clinic in Port-au-Prince reported a prevalence of 69% in men and 67% in women older than 40 years.
Discuss the 3S's of contributory factors of hypertension in Haiti.	The 3S's include: Stroke. Stroke is the highest global cause of disability and the second most common cause of death. In Haiti, the predictors of mortality were national per capita income, elevated mean systolic blood pressure, and low BMI. Haiti suffers 176 deaths per 100,000 persons due to stroke. Salt. In persons of African ancestry, there is a high incidence of sodium-sensitive hypertension, with lower

	levels of plasma renin. In Haiti's culture, salt is used as a food preservative, due to the lack of consistent electricity needed for refrigeration. It is also used in Creole cooking recipes, and salt is culturally associated with vitality and strength. Social determinants of disease. 75% of Haitians live on less than \$2 a day, and 56% of this population fulfill the definition of extreme poverty, living on less than \$1 per day. The poverty level in Haiti is 5 times the regional Latin America average.
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Abstract Text:

Hypertension is an enormous problem in Haiti. It is the leading cause of morbidity and mortality among adult Haitians, more than HIV, cholera, tuberculosis and malaria combined. The prevalence of hypertension is around 45%, and there are 176 deaths per 100,000 due to stroke which is 10.3% of total deaths.

It has been pointed out that to understand hypertension in Haiti, one must understand the dominance of the "3 S's": stroke, salt and unfavorable social determinants of disease. Stroke rates are more than double in Haiti than what the rate is in the Dominican Republic (Haiti's island neighbor). The fatality rate from stroke is estimated to be around 30%, and only 20% to 30% of stroke patients are hospitalized in Haiti due to the low availability of hospital beds and access to services.

Measuring the amount of salt in the Haitian diet has not been easy, and there are wide variations in the consumption data that has been reported in the literature. There is one fact that is realized, however, and that is people of African ancestry have a high incidence of sodium-sensitive hypertension and lower levels of plasma renin. There is also lower potassium consumption in the Haitian diet, and potassium plays a critical role in hypertension and cardiovascular complications. Reasons for the high rates of sodium in the Haitian diet include the use of salt as a food preservative due to the lack of consistent electrical power and refrigeration. Salt is prominent in Creole food recipes. The Haitian culture associates salt with vitality and strength, possibly from salt's benefit of protecting against dehydration in a hot climate. Folkloric beliefs that salt can help to purify blood fouled by strong emotion and the voodoo belief that salt can be curative and bring zombies back to life are cultural realities. There is little dietary diversity in the average Haitian diet. The food is mainly starchy and oil-based. There is little protein, fruits and vegetables available.

Social determinants of disease include the terrible reality that disease has a special selection for the poor. 75% of the Haitian population lives on less than \$2 a day and 56% live in extreme poverty, living on less than \$1 a day. This is five times the regional Latin American average.

The Onaville Community Health Center is financed through WeCare Haiti, a faith-based, Christian nonprofit organization based in Texas. It is focused on the care and development of Haitian communities with the goal of long term sustainability. The health center is a Haitian-staffed clinic in the fastest growing community in Haiti, due to the displacement of persons from Port-au-Prince post-earthquake. The clinic is staffed year round by Haitian doctors, nurses, nursing staff and a doctorate prepared physical therapist. Mission teams of health care professionals from the United States are frequent visitors. Under the leadership of the medical coordinator, the Onaville Community Health Center developed a community hypertension program in 2016 to provide the best possible practices to address the hypertension problem in this community. Treatment plans include group classes for the patients and their family members, nursing care, doctor supervision, nutritional information, medication assistance and working with patients

on compliance issues. Thus far, 49 patients with hypertension have been enrolled in the community program. Blood pressure is recorded on each visit and the statistics for these 49 patients are currently being analyzed.