## IV. SITUATIONAL AWARENESS

Situational awareness is simply a realistic assessment of where you are organizationally and whether you have the human, financial, logistical, physical, and other resources that will allow better control of hypertension in the communities we serve. If you do not have adequate resources, the corollary question is can you strive for connectivity that will allow collaboration and networking of others in a similar situation in order to have access to the requisite basic resources?

Please analyze the following questions that help delineate resources, capabilities, and inclination to collaborate in our just cause mission to work together "united in the passion to alleviate individual, family, and community suffering due to the ravages of uncontrolled hypertension in low resource countries".

**1. Who are you?**

Our group would be best described as:

(a) A Faith Based Organization (FBO)
- Name of Group
- Description of religious affiliation

(b) A secular Non-governmental Organization (NGO)
- Single country focus (name of country)
- Self-described size (small to moderate)

(c) A community-based group
- Name of community/affiliation/location/country

(d) Private group or clinic
- Name of group/affiliation/location/country

(e) Government run single clinic
- Location/country/Health Ministry contact

(f) Governmental Organization
- Number of clinics/locations/contact information

(g) Large Multinational NGO
- FBO or secular
- Locations and countries served

(h) Large Multi-national medical organization
- General Health activities including nutrition
- HIV/AIDS
- Maternal/child programs
- Hypertension specific program activities

(i) Other (please describe as accurately as possible)

2. **What do you do, and where do you live in the hypertension care continuum?**

A (presumed accurate) BP measurement during BP screening activities suggests possible hypertension. Which of the choices below best describes your situation and best possible response, (Y/N answers to each query):

(a) As an intermittent medical mission activity, unable to offer longitudinal care and no clear follow-up referral mechanism

(b) Comfortable with BP screening, ability to make accurate diagnosis of hypertension, and institution of vetted public education on hypertension, salt and CV risk factors. This would be considered PRE-PRIMARY CARE supportive care including a referral mechanism in place
- Intermittent mobile location
- Persistent physical location

(c) Able to offer comprehensive PRIMARY CARE level services, defined as individual high-risk counseling and medical therapy
- Local community level mobile clinic
- Local community level permanent structure clinic
- Regional level Clinic within network

(d) Able to offer SECONDARY AND TERTIARY level full spectrum of specialty care including treatment of secondary and resistant hypertension
- Directly
- Via organized referral network

3. **Who do you hang out with?**

When it comes to collaboration and connectivity: (Y/N answers to each query)

(a) Do you collaborate with other similar sized FBO and NGO organizations doing medical mission work in your region of interest and influence?
- If yes, please describe.
- If no, would you like to participate as part of an interactive hypertension matrix with a vision of interconnectivity and mutual support?

(b) Do you collaborate with larger organizations focused on hypertension control in your region of interest and influence?
- If yes, please describe.
  FBO: local, regional, or multi-national
  NGO: local, regional, or multi-national
  Governmental
  Large International Health Organization

- If no, would you like to participate as part of an interactive hypertension matrix with a vision of interconnectivity and mutual support?

(c) Is the UN Ambassador in your country of focus aware of your medical/hypertension activities?
- If yes, please describe level of support, if any: connectivity, communication, co-ordination, and collaboration
- If no, please describe the importance, if any, of gaining greater support

(d) Is the Minister of Health in your country of focus (or equivalent central authority) aware of your medical/hypertension activities?
- If yes, please describe level of support, if any: connectivity, communication, co-ordination, and collaboration
- If no, please describe the importance, if any, of gaining greater support

**4. How big are you?**

What is the size of the population in the primary region you serve?

(a) <10,000
(b) 10-25,000
(c) 25-50,000
(d) >50,000
(e) >100,000
(f) >500,000
(g) >1,000,000

**5. What do you have, what can you do?**

What level and number of resources do we have available to us?

(a) Community health workers. (Y/N, #)
(b) Trained physician assistants (or equivalent). (Y/N,#)
(c) Agent Sante (or equivalent) public health workers. (Y/N,#)
(d) Nurses. (Y/N,#)
(e) Trained nurse practitioner. (Y/N,#)
(f) Physicians. (Y/N,#)
(g) Mobile Clinic
- Annual, bi-annual, quarterly, monthly, weekly

(h) Standard Clinic facility with diagnostic equipment:
- Lab, please specify: (Y/N)
  CBC,

BMP (electrolytes BUN & creatinine)
Urinalysis
Urine Microalbumin
Calcium and phosphorus
Lipid profile
Liver function tests
Thyroid function tests

- X-ray (Y/N)
  Chest X-ray
  Advanced imaging with CT
- Ultrasound (Y/N)
  Renal
  Ob Gyn
- EKG (Y/N)
- Fundoscopic eye exam

(i) Specifically related to medication, and development of a hypertension drug formulary

- Is there a standard hypertension formulary of WHL EML generic drugs defined by hypertension disease management protocol? (Y/N)
- Do you have information concerning accessibility and costs of medication? (Y/N)
- Diuretics?
  HCTZ, loop diuretic (furosemide), spironolactone, please specify.
  Is there an option for chlorthalidone?
- Calcium Channel blockers?
  Dihydropyridine such as amlodipine, nifedipine. Please specify
  Non-dihydropyridine such as verapamil, diltiazem. Please specify
- ACE Inhibitors (ACEI) such as lisinopril, enalapril, captopril? Please specify
- Angiotensin Receptor Antagonists (ARB) such as losartan? Please specify
- Isosorbide Dinitrate or other NTG related compounds. Please specify
- Hydralazine? Please specify
- Selective or non-selective Beta blockers, such as bisoprolol, carvedilol, metoprolol or atenolol. Please specify
- Potassium supplement. Please specify
- Labetalol or alpha-methyl dopa? Please specify

Do you have access to necessary quantities of amlodipine, HCTZ, lisinopril or enalapril, and losartan to use as first line approaches? Please specifically list

Do you have access to single pill combination therapy? Including telmisartan, amlodipine, lisinopril, and HCTZ? Please specifically list

**6. How do you talk and communicate?**

Beyond verbal telecommunication and standard mail, what do you have for Information Communication Technology (ICT) available to use? (Y/N answers to each query)

(a) Lap top or tablet computer
(b) Smart phone
(c) Basic email
(d) Text messaging
(e) YouTube video
(f) Project management software (example SLACK or equivalent)
(g) Spread sheet capability (EXCEL or equivalent)
(h) Word process capability (WORD or equivalent)
(i) Data base acquisition and analysis
(j) Tele-medicine capability

**7. How would you like to communicate concerning hypertension activities?**

If it were to be available via a CIC/WHAG central site, would you be interested to participate specifically in the following activities? (Y/N answers to each query)

A single source repository of vetted hypertension resource information?

(a) A simple package of information on what is necessary to support medical missions in an integrated hypertension approach
(b) If a non-compulsory BP screening data base was made available, would you be interested in participation?
    - As part of WHL and ISH global screening with fixed date targets
    - As part of WHAG efforts to share information collectively with individual sites (data simple collected by age, sex/gender, weight and BP measure by site)
    - As a WHAG supported clinical data base for clinical management (requiring more sophisticated efforts at data security)

**8. First steps: Needs assessment**

Do you have adequate data to base decision making on? (Y/N answers to each query)

(a) Do you know prevalence and disease burden of hypertension in your country?
(b) Do you have adequate BP screening data to calculate the hypertension disease burden for your community?
(c) Do you have data broken down into five buckets to look at distribution of hypertension within your community?
(d) Can you identify women of child bearing age, and who may be actively pregnant? Could you do outreach to screen for pre-eclampsia risk and initiate aspirin Rx?
(e) Can you identify patients with HIV infection and ART therapy?

**9. Where do you go from here?**

As you analyze your position and available resources, would you consider your most appropriate entry level of hypertension services according to CIC/WHAG defined incremental programmatic steps to be: (Y/N answers to each query)

(a) BP Screening activities and data collection in communities served
(b) Public education on hypertension and cardiovascular risk
(c) A free standing or mobile hypertension clinic
    - To include individual high-risk counseling and medical therapy
    - To include outreach to those with HIV
    - To include outreach to pregnant women
(d) Anti-stroke Community Clinic
    - To include prior- and post-vention stroke risk education
    - To include family centered rehabilitation efforts
    - To include anticoagulation management for atrial fibrillation
    - To include antibiotic therapy penicillin injections for those with acute rheumatic fever and rheumatic heart disease
(e) Cardiovascular Primary Care Clinic
    - Able to include diabetes management activities

**10. Where do you stand on tele-medicine?**

CIC/WHAG has opportunities to share a full range of developed telemedicine capabilities with appropriate partners as a powerful tool integrating services across the hypertension control spectrum. (Y/N to all queries)

- Would you be interested in participating?

- Do you have available basic internet support and computer capability?
- Are you presently part of an existing network of appropriately trained medical personnel, where telemedicine could be used to support pre-primary care and outlying clinics with standardized information, if had the communication technology?
- Would you be interested in participating in the development of a telemedicine support collaborative system of virtual support via an integrated system of appropriately trained medical personnel that are able to answer clinical questions that come up beyond standard hypertension management protocols of care?

# I. SITUATIONAL AWARENESS

RESOURCES

WHO data concerning mortality and hypertension disease burden is available for review by country in the Global Health Observatory (GHO) data base, NCD section. (www.who.int/gho/countries/hti/country_profiles/en/)

A quick reference with comparison to other countries and worldwide ranking according to age standardized death rates per 100,000 population standard, available via world life expectancy link:

(www.worldlifeexpectancy.com/world-health-rankings