WEBVTT

1 00:00:00.000 --> 00:00:03.250 (attendees chattering)

2 00:00:14.974 --> 00:00:19.057 (attendees chattering continues)

3 00:00:22.566 --> 00:00:25.483 <v ->Thanks.</v> <v ->Thank you for your help.</v>

4 00:00:28.340 --> 00:00:30.606 <v Donna>Hey, Ericka, how are you?</v>

5 00:00:30.606 --> 00:00:33.206 <v ->Good, how are you?</v> <v ->Good, thank you.</v>

6 00:00:33.206 --> 00:00:34.937 <v ->Hey-</v> <v ->So you must be Vilma?</v>

7 00:00:34.937 --> 00:00:36.840 <v ->Yes, I'm Vilma.</v> <v ->Hello,</v>

8 00:00:36.840 --> 00:00:37.860 my name is Luke Davis.

9 00:00:37.860 --> 00:00:40.788 Nice to meet you. (laughs) <v ->Hello, Spanish... (laughs)</v>

10 00:00:40.788 --> 00:00:42.903 <v ->Yeah, I just came to welcome you.</v>

11 00:00:44.046 --> 00:00:47.560 So I know trying set up with your presentation,

12 00:00:47.560 --> 00:00:49.726 but I would wanna have a chance to join you and Donna

13 00:00:49.726 --> 00:00:51.309 for dinner tonight?

14 00:00:52.173 --> 00:00:53.114 <v ->Oh, but not today.</v>

15 00:00:53.114 --> 00:00:56.339 I'm so late, so we can't have that now.

16 00:00:56.339 --> 00:00:58.033 <v ->I'd love to hear more-</v> <v ->We're working on many,</v>

17 00:00:58.033 --> 00:00:59.749 many things. <v ->I'd love to hear more,</v>

18 00:00:59.749 --> 00:01:01.173 and of course I'll learn a lot now,

19 00:01:01.173 --> 00:01:02.368 and I know you're doing a lot of education-

20 00:01:02.368 --> 00:01:03.376 <v ->Well, you know...</v> <v ->I just wanna...</v>

21 00:01:03.376 --> 00:01:04.818 <v Vilma>Yeah, that's good.</v>

22 00:01:04.818 --> 00:01:06.528 Some other time. <v ->Well, remember,</v>

23 00:01:06.528 --> 00:01:08.557 it's my treat. <v ->Okay, thanks very much.</v>

24 00:01:08.557 --> 00:01:09.390 I really appreciate. <v ->We're ready to turn,</v>

25 00:01:09.390 --> 00:01:11.790 so if you wanna go to the podium and choose-

26 00:01:11.790 --> 00:01:12.660 <v ->Oh, I see.</v> <v ->You have to do it</v>

27 00:01:12.660 --> 00:01:14.604 at the podium, yeah. (laughs) (Vilma laughing)

28 00:01:14.604 --> 00:01:16.754 <v Vilma>All right, I'll go to the podium then. (laughs)</v>

29 00:01:16.754 --> 00:01:21.754 <v ->Oh, okay. (Vilma laughing)</v>

30 00:01:23.834 --> 00:01:26.084 <v ->So are you ready?</v> <v ->Yeah.</v>

31 00:01:27.667 --> 00:01:28.500 <v Donna>It's only 12:01.</v>

32 00:01:28.500 --> 00:01:30.139 We usually give people a little more time

33 00:01:30.139 --> 00:01:33.123 to arrive. <v ->Okay, I mean, that's good.</v>

34 00:01:36.270 --> 00:01:38.770 <v ->Yeah, we usually do.</v> <v ->Okay.</v>

35 00:01:40.528 --> 00:01:41.361 <v Donna>Hmm...</v>

36 00:01:41.361 --> 00:01:44.194 (papers rustling)

37 00:01:46.552 --> 00:01:47.718 Do you want me to put it in the chat

38 00:01:47.718 --> 00:01:50.319 that we'll start in about five minutes?

39 00:01:50.319 --> 00:01:51.777 <v Ericka>I can be do that now.</v>

40 00:01:51.777 --> 00:01:54.126 <v Donna>Can they hear us right now?</v>

41 00:01:54.126 --> 00:01:55.958 <v Ericka>Yeah, we're not muted.</v>

42 00:01:55.958 --> 00:01:57.060 <v ->Okay, yeah, so hi, everyone.</v>

43 00:01:57.060 --> 00:02:00.227 We're just gonna give people a few more minutes to arrive.

44 00:04:51.570 --> 00:04:53.310 Hi, everyone, I'm Donna Spiegelman.

45 00:04:53.310 --> 00:04:55.230 I'm Director of the Center for Methods

46 00:04:55.230 --> 00:04:57.690 in Implementation and Prevention Science,

47 00:04:57.690 --> 00:05:01.290 and I'm very pleased today to introduce our speaker,

48 00:05:01.290 --> 00:05:04.350 Vilma Irazola, who is the Director

49 00:05:04.350 --> 00:05:06.660 of the South American Center of Excellence

50 00:05:06.660 --> 00:05:09.930 for Cardiovascular Health and the Institute

51 00:05:09.930 --> 00:05:12.150 for Clinical Effectiveness and Health Policy,

52 00:05:12.150 --> 00:05:14.940 both in Buenos Aires, Argentina.

53 00:05:14.940 --> 00:05:16.470 She's also deputy director

54 00:05:16.470 --> 00:05:19.770 of the master's degree program in Clinical Effectiveness

55 00:05:19.770 --> 00:05:22.560 at the University of Buenos Aires.

56 00:05:22.560 --> 00:05:25.200 She'll be speaking on, "Implementation Science:

57 00:05:25.200 --> 00:05:28.410 Lessons learned from low- and middle-income countries

58 00:05:28.410 --> 00:05:30.090 and new challenges."

59 00:05:30.090 --> 00:05:31.710 And I'm very pleased that this seminar

60 00:05:31.710 --> 00:05:34.980 is co-sponsored by Yale School of Public Health's

61 00:05:34.980 --> 00:05:37.920 Department of Chronic Disease Epidemiology,

62 00:05:37.920 --> 00:05:40.980 and by the Yale Institute for Global Health

63 00:05:40.980 --> 00:05:42.660 at the Yale School of Medicine,

64 00:05:42.660 --> 00:05:44.640 and by Cardiovascular Medicine

65 00:05:44.640 --> 00:05:46.020 at the Yale School of Medicine

66 00:05:46.020 --> 00:05:50.160 and finally, by our NIH T32 Training Grant

67 00:05:50.160 --> 00:05:53.643 in Implementation Science Research Methods from NHLBI.

68 00:05:56.850 --> 00:05:59.943 Vilma is a cardiologist and epidemiologist.

69 00:06:01.410 --> 00:06:04.070 Her research is focused on implementation science

70 00:06:04.070 --> 00:06:06.930 in the area of public health, health promotion

71 00:06:06.930 --> 00:06:10.020 and prevention and management of chronic diseases.

72 00:06:10.020 --> 00:06:12.780 She has been involved in the design and evaluation

73 00:06:12.780 --> 00:06:15.720 of community-based and primary care programs

74 00:06:15.720 --> 00:06:18.930 and interventions related to cardiovascular disease,

75 00:06:18.930 --> 00:06:20.493 diabetes and aging.

76 00:06:21.360 --> 00:06:23.490 In addition to her work in Argentina,

77 00:06:23.490 --> 00:06:24.540 where she also teaches

78 00:06:24.540 --> 00:06:27.630 Advanced Epidemiologic and Analytic Methods,

79 00:06:27.630 --> 00:06:32.550 she is Associate Professor of the Cross-Continental MPH

80 00:06:32.550 --> 00:06:35.550 at the College of Global Public Health at NYU,

81 00:06:35.550 --> 00:06:36.840 and a scholar and lecturer

82 00:06:36.840 --> 00:06:38.790 at the Harvard School of Public Health.

83 00:06:38.790 --> 00:06:41.307 I've known Vilma, I don't know, for how many years?

84 00:06:41.307 --> 00:06:43.500 15, 20, maybe more.

85 00:06:43.500 --> 00:06:45.780 We originally met at Harvard

86 00:06:45.780 --> 00:06:48.000 in connection with the Lown Scholars Program,

87 00:06:48.000 --> 00:06:51.120 among other things, and I think the last time I saw her

88 00:06:51.120 --> 00:06:53.580 was in Guatemala before COVID,

89 00:06:53.580 --> 00:06:57.900 where we were both working in a consortium of projects

90 00:06:57.900 --> 00:07:02.900 to scale up and implement cardiovascular disease prevention,

91 00:07:03.900 --> 00:07:06.900 screening and treatment programs around the world,

92 00:07:06.900 --> 00:07:11.520 a consortium that was sponsored by NHLBI.

93 00:07:11.520 --> 00:07:13.530 So I'm happy to turn things over to Vilma,

94 00:07:13.530 --> 00:07:16.860 and I'm looking forward to your talk.

95 00:07:16.860 --> 00:07:18.143 <v ->Thank you.</v>

96 00:07:18.143 --> 00:07:20.321 Thank you, thank you very much, Donna.

97 00:07:20.321 --> 00:07:22.362 And thank you for invitation

98 00:07:22.362 --> 00:07:25.930 and for this opportunity to share some topics

99 00:07:27.120 --> 00:07:30.400 that we are working on and to listen to you

100 00:07:30.400 --> 00:07:33.600 and your experiences as well.

101 00:07:33.600 --> 00:07:35.070 So for today,

102 00:07:35.070 --> 00:07:39.570 I will share a brief presentation

103 00:07:39.570 --> 00:07:44.010 about some topics that I'd like to share with you today,

104 00:07:44.010 --> 00:07:47.317 and I will share my screen in a minute.

105 00:07:51.838 --> 00:07:53.171 Oh, there it is.

106 00:08:05.101 --> 00:08:10.101 Okay, so what's the idea today?

107 00:08:11.340 --> 00:08:12.570 What's the topic?

108 00:08:12.570 --> 00:08:14.610 This morning actually, Donna and I

109 00:08:14.610 --> 00:08:17.400 were talking about some aspects

110 00:08:17.400 --> 00:08:21.720 that are so relevant for our work in implementation science,

111 00:08:21.720 --> 00:08:26.720 and about which we don't have, still,

112 00:08:27.630 --> 00:08:29.760 maybe all the methods and tools

113 00:08:29.760 --> 00:08:33.360 that we may need to approach that.

114 00:08:33.360 --> 00:08:35.220 So the idea is, today,

115 00:08:35.220 --> 00:08:37.407 to talk about the role of the control group

116 00:08:37.407 --> 00:08:39.780 and how to evaluate the control group

117 00:08:39.780 --> 00:08:43.590 in our implementation science studies,

118 00:08:43.590 --> 00:08:47.640 the role of context evaluation in this approach

119 00:08:47.640 --> 00:08:50.290 and the concept of usual care and enhanced usual care

120 00:08:52.582 --> 00:08:53.613 in our project.

121 00:08:54.750 --> 00:08:59.750 To do this, I will use two examples from our work

122 00:09:00.900 --> 00:09:05.370 in Argentina connected with hypertension control.

123 00:09:05.370 --> 00:09:08.970 These are two cluster-randomized controlled trials

124 00:09:08.970 --> 00:09:12.930 that we have conducted.

125 00:09:12.930 --> 00:09:17.930 One of them is finished and the other one is ongoing.

126 00:09:21.690 --> 00:09:24.660 Well, in terms of context evaluation,

127 00:09:24.660 --> 00:09:28.020 we all are familiar with the different frameworks

128 00:09:28.020 --> 00:09:31.985 that we usually use to approach this topic,

129 00:09:31.985 --> 00:09:33.843 like CFIR, for example,

130 00:09:34.890 --> 00:09:39.183 which is one of the first ones that approach, in depth,

131 00:09:40.530 --> 00:09:45.093 the evaluation of outer and inner settings.

132 00:09:46.530 --> 00:09:49.050 I am sure you are also familiar

133 00:09:49.050 --> 00:09:51.930 with the RE-AIM-PRISM framework, you know,

134 00:09:51.930 --> 00:09:56.723 that Dr. Glasgow, who is the developer of the framework,

135 00:10:03.570 --> 00:10:08.570 I'd say expanded this framework into RE-AIM-PRISM

136 00:10:14.128 --> 00:10:18.743 to include more aspects related to the context evaluation

137 00:10:20.430 --> 00:10:22.440 for this framework,

138 00:10:22.440 --> 00:10:24.993 which in the past was more focused

139 00:10:24.993 --> 00:10:29.993 only on evaluation and the different aspects of evaluation,

140 00:10:30.510 --> 00:10:32.670 in terms of reach, effectiveness,

141 00:10:32.670 --> 00:10:35.013 adoption, implementation among many.

142 00:10:35.940 --> 00:10:39.583 With RE-AIM-PRISM. we working today several projects

143 00:10:39.583 --> 00:10:42.833 in Argentina and Brazil and Guatemala,

144 00:10:44.790 --> 00:10:47.070 and we find it really useful

145 00:10:47.070 --> 00:10:49.710 for all these other topics that were added

146 00:10:49.710 --> 00:10:51.690 to the original RE-AIM framework.

147 00:10:52.987 --> 00:10:56.427 And also, I'd like to share with you this framework,

148 00:10:57.369 --> 00:10:59.573 which is the CIIP.

149 00:10:59.573 --> 00:11:03.156 This is a framework that, as far as I know,

150 00:11:04.228 --> 00:11:08.330 is not very commonly used in implementation research,

151 00:11:08.330 --> 00:11:11.127 it is more commonly used in training,

152 00:11:11.127 --> 00:11:14.507 in training projects and programs.

153 00:11:14.507 --> 00:11:17.997 And I think that there are several things in this framework

154 00:11:17.997 --> 00:11:21.920 that may be useful for us, as implementation researchers,

155 00:11:21.920 --> 00:11:25.503 to adopt and to incorporate to our methods.

156 00:11:26.613 --> 00:11:31.196 And one thing that I find really interesting about CIIP

157 00:11:32.964 --> 00:11:35.480 is that the context evaluation,

158 00:11:35.480 --> 00:11:39.001 which is the first step in this framework,

159 00:11:39.001 --> 00:11:43.376 is then translated into the different stages

160 00:11:43.376 --> 00:11:44.509 in the framework.

161 00:11:44.509 --> 00:11:47.209 So according to this framework,

162 00:11:47.209 --> 00:11:51.509 we keep evaluating the context throughout the project.

163 00:11:51.509 --> 00:11:55.433 In this case, they are usually education

164 00:11:55.433 --> 00:11:59.016 or training projects, but the proposal here

165 00:12:00.370 --> 00:12:04.090 is to keep evaluating these dynamic contexts

166 00:12:05.100 --> 00:12:08.040 throughout the project and beyond.

167 00:12:08.040 --> 00:12:12.450 So that's something that might be really useful

168 00:12:12.450 --> 00:12:17.450 and interesting for us as implementation researchers.

169 00:12:18.537 --> 00:12:23.070 And this brief introduction about context evaluation

170 00:12:23.070 --> 00:12:26.490 is connected with the role

171 00:12:26.490 --> 00:12:31.490 that this type of evaluation might have

172 00:12:32.250 --> 00:12:37.077 in the description and approach

173 00:12:37.077 --> 00:12:41.277 to the definition of usual care or enhanced usual care

174 00:12:41.277 --> 00:12:43.197 in our project.

175 00:12:43.197 --> 00:12:44.550 And to go into this topic,

176 00:12:44.550 --> 00:12:49.550 I'd like to share with you an example of a trial,

177 00:12:49.746 --> 00:12:51.763 a cluster-randomized controlled trial,

178 00:12:51.763 --> 00:12:56.763 that we conducted in Argentina a few years ago.

179 00:12:56.863 --> 00:13:01.863 It was about testing a comprehensive intervention

180 00:13:02.513 --> 00:13:06.388 for improving hypertension control

181 00:13:06.388 --> 00:13:10.996 in vulnerable population in our country.

182 00:13:10.996 --> 00:13:15.278 You know that hypertension is a leading global risk factor

183 00:13:15.278 --> 00:13:19.180 for cardiovascular disease and death,

184 00:13:19.180 --> 00:13:24.180 and about 75% of people with hypertension

185 00:13:25.680 --> 00:13:29.730 live in low- and middle income countries.

186 00:13:29.730 --> 00:13:32.274 And this, again, is pre-pandemic.

187 00:13:32.274 --> 00:13:36.573 After the pandemic, it's even worse.

188 00:13:37.830 --> 00:13:40.830 The other thing that is very important and critical for us

189 00:13:40.830 --> 00:13:45.830 is that less than 10% hypertensive patients in our countries

190 00:13:46.920 --> 00:13:48.790 are under control,

191 00:13:48.790 --> 00:13:53.110 or have their blood pressure under control.

192 00:13:53.110 --> 00:13:55.676 In the case of Argentina,

193 00:13:55.676 --> 00:13:59.760 the control rate is about 18%,

194 00:13:59.760 --> 00:14:04.760 according to our last estimations, again, pre-pandemic.

195 00:14:05.760 --> 00:14:10.760 We have some data from 2021 and early this year

196 00:14:11.932 --> 00:14:16.932 which indicates that the control rate is even worse.

197 00:14:19.484 --> 00:14:20.901 Well, so briefly,

198 00:14:22.173 --> 00:14:27.173 in this trial we selected 18 primary care clinics

199 00:14:27.330 --> 00:14:30.900 in different provinces in the country,

200 00:14:30.900 --> 00:14:35.900 and included participants who were adults with hypertension,

201 00:14:38.400 --> 00:14:40.360 who were really controlled,

202 00:14:40.360 --> 00:14:44.790 and defined full control of hypertension

203 00:14:44.790 --> 00:14:47.430 as having a systolic blood pressure

204 00:14:47.430 --> 00:14:52.430 of 140 millimeters of mercury, or above that number,

205 00:14:54.373 --> 00:14:56.951 and/or a diastolic blood pressure

206 00:14:56.951 --> 00:14:59.368 of 90 millimeters of mercury.

207 00:15:00.510 --> 00:15:03.595 We included these patients,

208 00:15:03.595 --> 00:15:07.140 their spouses, with or without hypertension,

209 00:15:07.140 --> 00:15:10.170 because part of the intervention

210 00:15:10.170 --> 00:15:13.530 was related to the role of peers,

211 00:15:13.530 --> 00:15:16.500 family members and people living

212 00:15:16.500 --> 00:15:19.269 with these hypertensive patients,

213 00:15:19.269 --> 00:15:24.150 and also, any other adult hypertensive family member

214 00:15:24.150 --> 00:15:26.820 living in the same household.

215 00:15:26.820 --> 00:15:29.793 That was the population of the study.

216 00:15:30.957 --> 00:15:33.963 And this is, again, briefly the flow chart of the trial.

217 00:15:37.680 --> 00:15:42.660 We included 18 public primary care clinics

218 00:15:42.660 --> 00:15:47.455 that were randomized to the intervention or the control.

219 00:15:47.455 --> 00:15:50.490 And here is the topic, the control arm.

220 00:15:50.490 --> 00:15:55.200 We conducted measurements at baseline six, 12 and 18 months,

221 00:15:57.613 --> 00:15:59.730 the outcomes of the study,

222 00:15:59.730 --> 00:16:04.680 for changes in systolic and diastolic blood pressure

223 00:16:04.680 --> 00:16:06.830 and hypertension control rate at 18 months.

224 00:16:11.520 --> 00:16:14.700 And this is a summary of the intervention.

225 00:16:14.700 --> 00:16:17.130 We defined three main components.

226 00:16:17.130 --> 00:16:20.400 The most important one was connected

227 00:16:20.400 --> 00:16:23.549 with the role of community health workers

228 00:16:23.549 --> 00:16:27.743 working as part of the primary care team

229 00:16:27.743 --> 00:16:32.310 and working with the participants, with the patients,

230 00:16:32.310 --> 00:16:34.290 at their homes.

231 00:16:34.290 --> 00:16:35.580 In this intervention,

232 00:16:35.580 --> 00:16:38.693 community health workers visited patients at their homes,

233 00:16:41.700 --> 00:16:44.910 working with their family as well.

234 00:16:44.910 --> 00:16:48.780 Patients were provided with BP monitors

235 00:16:48.780 --> 00:16:52.770 to self-monitor their blood pressure.

236 00:16:52.770 --> 00:16:55.770 Community health workers trained them

237 00:16:55.770 --> 00:16:59.160 on how to use these devices

238 00:16:59.160 --> 00:17:02.640 and to monitor their blood pressure.

239 00:17:02.640 --> 00:17:05.285 They, community health workers,

240 00:17:05.285 --> 00:17:09.390 also provided information and tools,

241 00:17:09.390 --> 00:17:13.701 different tools to improve medication adherence

242 00:17:13.701 --> 00:17:17.340 and lifestyle modifications.

243 00:17:17.340 --> 00:17:21.833 So mainly this part of the intervention was very important

244 00:17:21.833 --> 00:17:25.090 and was led by community health workers

245 00:17:26.550 --> 00:17:28.803 that were trained to do that.

246 00:17:30.691 --> 00:17:34.860 The other component was an mHealth component.

247 00:17:34.860 --> 00:17:38.730 We sent messages, text messages,

248 00:17:38.730 --> 00:17:43.730 to participants about lifestyle modifications,

249 00:17:44.490 --> 00:17:48.443 mainly diet and physical activity, that was the focus,

250 00:17:49.407 --> 00:17:52.830 and again, medication adherence.

251 00:17:52.830 --> 00:17:56.883 And the third component was directed to physicians,

252 00:18:00.211 --> 00:18:02.740 primary care physicians.

253 00:18:02.740 --> 00:18:05.724 Primary care physicians were trained

254 00:18:05.724 --> 00:18:09.290 in the use of clinical practice guidelines

255 00:18:09.290 --> 00:18:13.040 and they also received information, feedback,

256 00:18:14.340 --> 00:18:18.633 about the blood pressure values of their patients.

257 00:18:20.100 --> 00:18:25.100 What they did when they saw the blood pressure values

258 00:18:29.790 --> 00:18:34.770 of their patients was something that they decided

259 00:18:34.770 --> 00:18:35.603 by their own.

260 00:18:38.140 --> 00:18:41.940 Apart from an initial training on the use

261 00:18:41.940 --> 00:18:45.720 and contents of clinical practice guidelines,

262 00:18:45.720 --> 00:18:50.310 we did not do anything else with decisions.

263 00:18:50.310 --> 00:18:55.107 So they decided what to do, how to manage their patients,

264 00:18:55.107 --> 00:18:58.075 but they received this information

265 00:18:58.075 --> 00:19:01.158 that is not part of the initial care.

266 00:19:02.207 --> 00:19:03.120 <v ->Vilma, I have a question.</v> <v ->Yes.</v>

267 00:19:03.120 --> 00:19:03.953 <v Donna>Can you say</v>

268 00:19:03.953 --> 00:19:07.080 what blood pressure audit and feedback is?

269 00:19:07.080 --> 00:19:09.660 <v ->Yes.</v> <v ->That's the second component.</v>

270 00:19:09.660 --> 00:19:11.973 <v ->Yes, that's the second component.</v>

271 00:19:12.930 --> 00:19:16.390 What we did is the community health worker

272 00:19:18.240 --> 00:19:20.730 visited patient's home each month

273 00:19:20.730 --> 00:19:23.913 during the first six months, and then bimonthly.

274 00:19:25.440 --> 00:19:28.830 When they went to a patient's home,

275 00:19:28.830 --> 00:19:31.250 they reviewed, with the patient,

276 00:19:31.250 --> 00:19:35.336 all the values of their blood pressure,

277 00:19:35.336 --> 00:19:37.188 according to a log

278 00:19:37.188 --> 00:19:40.938 that the participants were asked to complete.

279 00:19:41.940 --> 00:19:45.000 And that information was shared

280 00:19:45.000 --> 00:19:48.630 by the community health worker with the physician.

281 00:19:48.630 --> 00:19:50.064 That's the feedback,

282 00:19:50.064 --> 00:19:55.064 that's the component of sharing data with the physician.

283 00:19:57.360 --> 00:20:02.360 And that's all what we did in that component.

284 00:20:03.960 --> 00:20:06.900 Some physicians were very proactive,

285 00:20:06.900 --> 00:20:10.740 and they take action and adjust medication, et cetera,

286 00:20:10.740 --> 00:20:12.630 and others not.

287 00:20:12.630 --> 00:20:16.330 We haven't had nothing to do directly

288 00:20:17.430 --> 00:20:20.460 through the trial with that.

289 00:20:20.460 --> 00:20:22.083 So that was that component.

290 00:20:23.670 --> 00:20:26.370 And it's important to your question, Donna,

291 00:20:26.370 --> 00:20:27.493 because at the time,

292 00:20:27.493 --> 00:20:32.400 there were no electronic medical records in these clinics.

293 00:20:32.400 --> 00:20:36.330 Now, in these provinces, the situation is different,

294 00:20:36.330 --> 00:20:40.563 so we would be able to do this differently now.

295 00:20:42.060 --> 00:20:45.327 And I can tell you what's happening now

296 00:20:45.327 --> 00:20:47.577 in these provinces as well.

297 00:20:49.411 --> 00:20:53.260 Well, so these are briefly the three components

298 00:20:54.180 --> 00:20:56.343 of the intervention.

299 00:20:57.485 --> 00:21:02.290 This is, for example, a picture of the training sessions

300 00:21:03.420 --> 00:21:06.873 for community health workers at the university,

301 00:21:08.667 --> 00:21:12.570 and these are some examples of the tools

302 00:21:12.570 --> 00:21:17.570 that the community health worker share with participants,

303 00:21:18.355 --> 00:21:20.355 for example, pill boxes,

304 00:21:23.071 --> 00:21:26.488 to help improving adherence to medication

305 00:21:28.471 --> 00:21:33.471 and other tools that they share with patients as well.

306 00:21:36.570 --> 00:21:41.029 They, community health workers, trained participants

307 00:21:41.029 --> 00:21:45.946 on how to measure and monitor their blood pressure as well.

308 00:21:48.510 --> 00:21:51.123 And everything happened at home.

309 00:21:53.520 --> 00:21:57.753 Well, some of the results, what happened with this trial?

310 00:21:59.809 --> 00:22:00.642 In this table,

311 00:22:00.642 --> 00:22:05.642 we describe the main characteristics of our participants.

312 00:22:05.790 --> 00:22:10.790 As you can see, the mean age was around 56 years old,

313 00:22:16.170 --> 00:22:17.320 half of them were women

314 00:22:19.473 --> 00:22:24.150 and what else I'd like to highlight here

315 00:22:24.150 --> 00:22:26.220 were patients were poorly controlled,

316 00:22:26.220 --> 00:22:30.030 that was a criteria to enter the study.

317 00:22:30.030 --> 00:22:32.370 You can see also in this table

318 00:22:32.370 --> 00:22:35.850 that the use of antihypertensive medication was very high.

319 00:22:38.033 --> 00:22:41.566 This is the public system in Argentina

320 00:22:41.566 --> 00:22:45.566 and medication is provided for free to patients.

321 00:22:48.172 --> 00:22:51.953 The problem is that there are periods of time

322 00:23:00.664 --> 00:23:04.110 where the centers don't have enough medication

323 00:23:04.110 --> 00:23:04.943 for patients.

324 00:23:04.943 --> 00:23:07.023 That's very frequent, that's very frequent.

325 00:23:07.860 --> 00:23:10.920 So in spite of being a high percentage,

326 00:23:10.920 --> 00:23:14.760 high proportion of patients being treated,

327 00:23:14.760 --> 00:23:17.820 the problem here was more connected

328 00:23:17.820 --> 00:23:21.393 with continuity of treatment,

329 00:23:22.830 --> 00:23:27.817 in part because of lack of medication during some months.

330 00:23:27.817 --> 00:23:29.634 <v Donna>Can I make a comment right here on this?</v>

331 00:23:29.634 --> 00:23:31.020 <v ->Yes, sure.</v> <v ->So I see that you</v>

332 00:23:31.020 --> 00:23:33.960 sort of started off in a bad-luck situation,

333 00:23:33.960 --> 00:23:36.160 where the intervention group

334 00:23:37.170 --> 00:23:40.860 had significantly higher history of CVD

335 00:23:40.860 --> 00:23:43.350 and higher systolic and diastolic blood pressure.

336 00:23:43.350 --> 00:23:45.660 It's not huge differences,

337 00:23:45.660 --> 00:23:47.820 but usually with sample sizes like that,

338 00:23:47.820 --> 00:23:51.370 you don't see significant differences in a randomized trial.

339 00:23:51.370 --> 00:23:52.770 <v ->Yeah.</v> <v ->But maybe it's because</v>

340 00:23:52.770 --> 00:23:56.400 of the cluster randomization and there might have been...

341 00:23:56.400 --> 00:23:59.460 I don't know what the ICC was with the clusters,

342 00:23:59.460 --> 00:24:02.940 but maybe there was a lot of variation in the clusters,

343 00:24:02.940 --> 00:24:07.537 so that it's much easier to have a bad-luck randomization

344 00:24:07.537 --> 00:24:08.819 like this. <v ->Yes.</v>

345 00:24:08.819 --> 00:24:10.652 It was just like that.

346 00:24:12.069 --> 00:24:16.113 And in our calculation, our sample size,

347 00:24:18.561 --> 00:24:22.170 we estimated an ICC of 0.06,

348 00:24:22.170 --> 00:24:24.960 that was our sample size calculation,

349 00:24:24.960 --> 00:24:27.723 but then, after conducting the trial,

350 00:24:29.443 --> 00:24:31.053 the actual ICC was 0.15.

351 00:24:32.994 --> 00:24:36.045 <v ->Wow, yeah that is-</v> <v ->It was very high.</v>

352 00:24:36.045 --> 00:24:37.462 It was very high.

353 00:24:39.450 --> 00:24:43.920 Well, so this is the population

354 00:24:43.920 --> 00:24:47.400 and what happened with our outcomes,

355 00:24:47.400 --> 00:24:52.400 systolic, diastolic blood pressure and hypertension control.

356 00:24:53.370 --> 00:24:54.930 Before going into that,

357 00:24:54.930 --> 00:24:58.950 I'd like to remind you that...

358 00:24:58.950 --> 00:25:02.040 Or not remind, I think I didn't say it.

359 00:25:02.040 --> 00:25:03.800 I think I didn't say it.

360 00:25:03.800 --> 00:25:07.870 If can go back to the previous slide...

361 00:25:14.067 --> 00:25:15.243 But it doesn't matter.

362 00:25:16.530 --> 00:25:20.250 One important thing here, in terms of our topic today,

363 00:25:20.250 --> 00:25:21.747 which is the control group

364 00:25:21.747 --> 00:25:24.720 and how to evaluate the control group,

365 00:25:24.720 --> 00:25:29.040 is that we conducted evaluation visits,

366 00:25:29.040 --> 00:25:34.040 study evaluation visits, at baseline six, 12 and 18 months.

367 00:25:35.776 --> 00:25:39.817 And who conducted those visits?

368 00:25:39.817 --> 00:25:43.110 We trained the study nurses

369 00:25:43.110 --> 00:25:45.900 who were part of the medical staff

370 00:25:45.900 --> 00:25:50.900 of the primary care team in each clinic,

371 00:25:51.840 --> 00:25:56.520 that is, the nurses in charge of conducting

372 00:25:56.520 --> 00:26:01.520 the evaluation visits were part of the primary care team.

373 00:26:02.340 --> 00:26:04.740 And this is important later

374 00:26:04.740 --> 00:26:08.160 for the interpretation of our results.

375 00:26:08.160 --> 00:26:10.350 <v Attendee>Vilma, are you saying that...</v>

376 00:26:10.350 --> 00:26:12.630 Was that by design or in retrospect?

377 00:26:12.630 --> 00:26:14.010 Maybe you wouldn't have preferred that?

378 00:26:14.010 --> 00:26:16.530 I mean, it seems like if they're part of the group,

379 00:26:16.530 --> 00:26:18.090 it might be hard for them to be objective.

380 00:26:18.090 --> 00:26:20.610 Is that the point that you're making?

381 00:26:20.610 --> 00:26:23.070 <v ->Yes, yes.</v>

382 00:26:23.070 --> 00:26:27.420 Yes, but it was so by design really,

383 00:26:27.420 --> 00:26:31.440 because in my view, there is a trade-off here, you know?

384 00:26:31.440 --> 00:26:34.200 This is very warm, our population.

385 00:26:34.200 --> 00:26:37.710 So sometimes it's difficult to enter

386 00:26:37.710 --> 00:26:42.180 in the neighborhood and be accepted by people.

387 00:26:42.180 --> 00:26:45.270 People have to open their door

388 00:26:45.270 --> 00:26:50.270 for you to conduct these evaluations,

389 00:26:50.490 --> 00:26:52.980 and for them, it's very important

390 00:26:52.980 --> 00:26:57.630 that they know these people.

391 00:26:57.630 --> 00:27:00.993 So we thought a lot about that and said,

392 00:27:01.950 --> 00:27:04.620 ”Well, we can hire nurses

393 00:27:04.620 --> 00:27:09.620 and do this absolutely independent of the primary care team,

394 00:27:10.380 --> 00:27:12.540 but in our opinion,

395 00:27:12.540 --> 00:27:14.580 it would have been very difficult

396 00:27:14.580 --> 00:27:17.397 for them to enter many of these houses.”

397 00:27:18.356 --> 00:27:23.356 So we say, ”Well, we trained, in depth and intensively,

398 00:27:25.770 --> 00:27:30.573 these nurses on how to make the evaluations,

399 00:27:31.500 --> 00:27:33.570 how to collect the data.

400 00:27:33.570 --> 00:27:36.670 They were trained not to do anything else

401 00:27:37.530 --> 00:27:40.713 when they conducted these evaluation visits,

402 00:27:41.700 --> 00:27:44.941 but they were part of the primary care team,

403 00:27:44.941 --> 00:27:48.963 and people know that, so that's important, yeah,

404 00:27:51.480 --> 00:27:55.860 Well, what happened then with our outcomes?

405 00:27:55.860 --> 00:27:58.620 We can see here the effect of the intervention

406 00:27:58.620 --> 00:28:01.213 on systolic blood pressure.

407 00:28:01.213 --> 00:28:06.213 There was a significant reduction in the intervention group

408 00:28:10.350 --> 00:28:14.657 early at six months, and this effect was present

409 00:28:16.663 --> 00:28:19.470 until the end of the study as well.

410 00:28:19.470 --> 00:28:21.870 So we have these positive results,

411 00:28:21.870 --> 00:28:25.351 in terms of systolic blood pressure.

412 00:28:25.351 --> 00:28:28.991 But if you look at the control group here,

413 00:28:28.991 --> 00:28:33.487 the control group also presented improvement

414 00:28:38.477 --> 00:28:42.503 in the systolic blood pressure of their patients.

415 00:28:43.350 --> 00:28:48.180 And the same happened with diastolic blood pressure.

416 00:28:48.180 --> 00:28:51.090 The reduction was significantly different

417 00:28:51.090 --> 00:28:52.560 between the two groups,

418 00:28:52.560 --> 00:28:55.323 but again, in the control group,

419 00:28:56.340 --> 00:29:00.270 there was an improvement, a significant improvement,

420 00:29:00.270 --> 00:29:03.240 within this arm.

421 00:29:03.240 --> 00:29:06.690 And same thing when we look

422 00:29:06.690 --> 00:29:08.710 into the proportion of participants

423 00:29:10.290 --> 00:29:13.370 with their blood pressure under control.

424 00:29:15.210 --> 00:29:20.210 Again, the difference was significant between the arms,

425 00:29:21.330 --> 00:29:24.873 but there was improvement in the control group.

426 00:29:30.210 --> 00:29:34.380 Well these are some data about mediators,

427 00:29:34.380 --> 00:29:39.380 like adherence to medication, which was improved over time,

428 00:29:41.460 --> 00:29:46.460 and the same happened with adjustment of medication

429 00:29:47.850 --> 00:29:49.623 by physicians.

430 00:29:53.310 --> 00:29:55.410 And here we come to the topic now

431 00:29:55.410 --> 00:29:57.810 that we want to discuss today.

432 00:29:57.810 --> 00:30:00.423 There was this improvement in the control group,

433 00:30:01.530 --> 00:30:06.440 and trying to interpret, the best way we can, these results.

434 00:30:06.440 --> 00:30:10.290 So we conducted several in-depth interviews

435 00:30:10.290 --> 00:30:13.023 with participants from the control group.

436 00:30:18.690 --> 00:30:21.723 Usually we conduct interviews

437 00:30:23.713 --> 00:30:26.963 with a particular focus on participants

438 00:30:28.017 --> 00:30:30.840 in the intervention group, you know?

439 00:30:30.840 --> 00:30:34.290 Because we want to learn about the perceptions

440 00:30:34.290 --> 00:30:36.090 about the intervention,

441 00:30:36.090 --> 00:30:40.650 whether it was more appealing for patients or not,

442 00:30:40.650 --> 00:30:43.503 and things like acceptance and other topics.

443 00:30:44.550 --> 00:30:49.503 We pay a lot of attention usually to the intervention group,

444 00:30:51.371 --> 00:30:56.371 and we do, wrongly, less work with the control of our study.

445 00:30:59.010 --> 00:31:01.833 In this case, and seeing those results,

446 00:31:02.956 --> 00:31:05.760 we conducted these interviews,

447 00:31:05.760 --> 00:31:08.280 and we found that first,

448 00:31:08.280 --> 00:31:12.930 patients valued, really, being visited by nurses

449 00:31:12.930 --> 00:31:17.403 from their clinics, from their primary care centers.

450 00:31:18.960 --> 00:31:22.590 They felt care, you know?

451 00:31:22.590 --> 00:31:26.763 They valued that and that was something positive for them

452 00:31:26.763 --> 00:31:29.180 and for their own healthcare.

453 00:31:30.975 --> 00:31:33.390 The other thing that happened

454 00:31:33.390 --> 00:31:38.390 was that nurses provided some counseling, you know?

455 00:31:39.120 --> 00:31:42.330 I mean, they were in contact with these patients,

456 00:31:42.330 --> 00:31:47.330 they knew them and they provided counseling about,

457 00:31:47.610 --> 00:31:49.860 for example, how to get medication.

458 00:31:49.860 --> 00:31:54.222 You have travel when you go to the primary care center.

459 00:31:54.222 --> 00:31:55.291 What can you do?

460 00:31:55.291 --> 00:31:57.703 ”I can help you with this,” and comments of this kind.

461 00:31:59.451 --> 00:32:04.451 And the nurses did that and that's a great thing, of course,

462 00:32:04.556 --> 00:32:08.367 that help us understand better the results.

463 00:32:09.530 --> 00:32:14.530 Patients in the control group increased the number of visits

464 00:32:14.701 --> 00:32:19.701 to the clinic, for example, without any other intervention

465 00:32:20.220 --> 00:32:24.783 but these visits, these evaluation visits.

466 00:32:26.640 --> 00:32:29.940 So we know all these aspects

467 00:32:29.940 --> 00:32:31.920 because of this qualitative approach.

468 00:32:31.920 --> 00:32:35.760 It was a very limited qualitative approach

469 00:32:35.760 --> 00:32:38.813 that we were able to do in this case,

470 00:32:40.650 --> 00:32:45.650 but my question for you, and my reflection on that,

471 00:32:45.673 --> 00:32:50.673 is how to better design the qualitative phase,

472 00:32:51.663 --> 00:32:54.930 the qualitative components of our research,

473 00:32:54.930 --> 00:32:56.537 to get information,

474 00:32:56.537 --> 00:32:59.520 not only on the intervention perceptions,

475 00:32:59.520 --> 00:33:01.680 the intervention group, et cetera,

476 00:33:01.680 --> 00:33:06.680 but also what is happening with the usual care group,

477 00:33:06.881 --> 00:33:09.030 or standard care group,

478 00:33:09.030 --> 00:33:14.030 and what people in this arm feel and is exposed to

479 00:33:14.340 --> 00:33:17.670 during the study in general.

480 00:33:17.670 --> 00:33:18.540 And the other thing

481 00:33:18.540 --> 00:33:22.143 that I was talking to Dr. Raphael yesterday

482 00:33:24.330 --> 00:33:27.750 was about the use of existing databases

483 00:33:27.750 --> 00:33:32.700 to get information about not only the control arm,

484 00:33:32.700 --> 00:33:35.010 but all the other centers

485 00:33:35.010 --> 00:33:38.520 that are a part of our target population, and therefore,

486 00:33:38.520 --> 00:33:40.620 not included in the study,

487 00:33:40.620 --> 00:33:43.893 because that would be usual care, really.

488 00:33:45.060 --> 00:33:47.430 And I was talking with Donna this morning,

489 00:33:47.430 --> 00:33:52.340 how to incorporate those things, if those data exist,

490 00:33:53.490 --> 00:33:56.280 how to incorporate them to better understand

491 00:33:56.280 --> 00:33:58.673 what is usual care of centers

492 00:33:59.652 --> 00:34:02.852 that are not part of a clinical trial,

493 00:34:02.852 --> 00:34:05.152 like in this case, for example.

494 00:34:05.152 --> 00:34:10.152 So that's something that we can study and develop, you know,

495 00:34:13.540 --> 00:34:16.197 in that type of approach.

496 00:34:16.197 --> 00:34:18.060 We're trying to do that

497 00:34:18.060 --> 00:34:21.465 in another cluster-randomized controlled trial

498 00:34:21.465 --> 00:34:25.380 that we are conducting now in Guatemala.

499 00:34:25.380 --> 00:34:27.093 Based on these results,

500 00:34:28.740 --> 00:34:33.427 we started a new project with our team in Guatemala.

501 00:34:34.453 --> 00:34:36.570 We adapted this intervention

502 00:34:36.570 --> 00:34:39.040 that I presented a few minutes ago

503 00:34:42.230 --> 00:34:44.907 to the context of Guatemala.

504 00:34:45.938 --> 00:34:47.550 There were a lot of adaptations,

505 00:34:47.550 --> 00:34:51.518 and we don't have time today to go into much detail,

506 00:34:51.518 --> 00:34:52.792 but we designed,

507 00:34:52.792 --> 00:34:56.460 in this cluster-randomized controlled trial in Guatemala,

508 00:34:56.460 --> 00:35:00.280 we included 32 primary care clinics

509 00:35:03.663 --> 00:35:06.897 in different districts in Guatemala,

510 00:35:06.897 --> 00:35:11.280 and they were randomized to the intervention

511 00:35:11.280 --> 00:35:14.397 or the usual care arm of the study.

512 00:35:16.830 --> 00:35:19.560 And the intervention, as I said before,

513 00:35:19.560 --> 00:35:23.280 was based on the experience in Argentina,

514 00:35:23.280 --> 00:35:25.807 but we did a lot of adaptations.

515 00:35:25.807 --> 00:35:27.990 These are the final components

516 00:35:27.990 --> 00:35:31.040 of the intervention in Guatemala.

517 00:35:31.040 --> 00:35:31.873 <v Donna>How was it adapted?</v>

518 00:35:31.873 --> 00:35:34.200 It kinda looks the same to me.

519 00:35:34.200 --> 00:35:36.120 <v ->I'm sorry?</v> <v ->How was it adapted,</v>

520 00:35:36.120 --> 00:35:39.030 because it looks very similar, or even the same,

521 00:35:39.030 --> 00:35:41.790 as the Argentina intervention components?

522 00:35:41.790 --> 00:35:44.040 <v ->Yes, there are a lot of similarities,</v>

523 00:35:44.040 --> 00:35:46.250 there are a lot of similarities.

524 00:35:46.250 --> 00:35:49.410 But for example, the mHealth component,

525 00:35:49.410 --> 00:35:53.820 which was text messages in Argentina, is not here,

526 00:35:53.820 --> 00:35:55.950 is not part of the trial in Guatemala,

527 00:35:55.950 --> 00:36:00.897 because of the very high proportion of illiteracy

528 00:36:02.040 --> 00:36:03.690 in Guatemala.

529 00:36:03.690 --> 00:36:06.960 So there is a high proportion of people

530 00:36:06.960 --> 00:36:11.070 who cannot read and write,

531 00:36:11.070 --> 00:36:16.070 so we did a lot of work trying to adapt, with visual aids,

532 00:36:17.554 --> 00:36:20.721 the messages, but we didn't find a way

533 00:36:23.379 --> 00:36:25.511 to make it feasible here,

534 00:36:25.511 --> 00:36:28.178 so that's not part of the trial.

535 00:36:29.507 --> 00:36:34.507 There, home blood pressure monitoring is quite the same.

536 00:36:34.680 --> 00:36:37.820 What we adapted here is the training,

537 00:36:40.427 --> 00:36:42.300 or the education of patients,

538 00:36:42.300 --> 00:36:44.760 on how to use these devices,

539 00:36:44.760 --> 00:36:46.350 again, for the same reason.

540 00:36:46.350 --> 00:36:51.030 So we used pictures, for example, for patients

541 00:36:51.030 --> 00:36:54.965 and we did a lot of training with the patient,

542 00:36:54.965 --> 00:36:59.965 just to be sure that they were able to use those devices.

543 00:37:02.628 --> 00:37:06.870 And here, about the team collaborative approach,

544 00:37:06.870 --> 00:37:11.870 in Guatemala, the system is organized in a different way,

545 00:37:12.164 --> 00:37:14.940 compared to Argentina,

546 00:37:14.940 --> 00:37:17.913 so we have to work with more levels.

547 00:37:19.650 --> 00:37:24.123 For example, in this clinic, there is no doctor.

548 00:37:25.443 --> 00:37:28.803 In Argentina, each primary care clinic

549 00:37:28.803 --> 00:37:33.210 has a primary care team with at least a doctor,

550 00:37:33.210 --> 00:37:36.390 in general, a general practitioner,

551 00:37:36.390 --> 00:37:39.120 one nurse and one community health worker.

552 00:37:39.120 --> 00:37:41.243 That's more or less a rule,

553 00:37:41.243 --> 00:37:46.243 and in some clinics there are more people and more doctors

554 00:37:47.460 --> 00:37:50.523 or nurses or community health workers.

555 00:37:50.523 --> 00:37:52.930 In Guatemala, in each clinic,

556 00:37:52.930 --> 00:37:57.060 there is one auxiliary nurse at least,

557 00:37:57.060 --> 00:38:01.173 and maybe that's the only personnel at the clinic.

558 00:38:02.190 --> 00:38:06.600 In the higher level of clinics,

559 00:38:06.600 --> 00:38:08.317 they have also a nurse,

560 00:38:09.971 --> 00:38:14.253 and then they have centers where they have doctors.

561 00:38:15.510 --> 00:38:18.810 These are interconnected,

562 00:38:18.810 --> 00:38:22.099 but you have to work with these different pieces.

563 00:38:22.099 --> 00:38:26.652 So this collaborative team approach was different

564 00:38:26.652 --> 00:38:29.527 as the ones in Argentina.

565 00:38:29.527 --> 00:38:33.944 A lot of other things are very similar, very similar.

566 00:38:35.551 --> 00:38:38.943 So this is the intervention in Guatemala.

567 00:38:38.943 --> 00:38:43.943 In Guatemala, and this maybe is a topic for another meeting,

568 00:38:46.260 --> 00:38:48.930 we have other types of challenges

569 00:38:48.930 --> 00:38:53.930 connected with the different ethnic groups.

570 00:38:54.450 --> 00:38:59.450 In Guatemala, there are many different populations,

571 00:39:01.080 --> 00:39:06.080 that, for example, some of them speak Spanish,

572 00:39:06.717 --> 00:39:08.790 some of them are bilingual,

573 00:39:08.790 --> 00:39:13.290 so they speak Spanish and a Mayan language,

574 00:39:13.290 --> 00:39:17.670 and some of them speak only in Mayan languages,

575 00:39:17.670 --> 00:39:22.670 and some Mayan languages have a written form and others not.

576 00:39:24.570 --> 00:39:29.570 So there we have another very, very challenging situation

577 00:39:31.601 --> 00:39:34.270 and we work a lot with the materials

578 00:39:35.280 --> 00:39:38.767 and according to these different populations.

579 00:39:38.767 --> 00:39:43.767 (participants speaking in foreign language)

580 00:39:55.064 --> 00:40:00.064 (participants speaking in foreign language continues)

581 00:40:08.443 --> 00:40:13.350 Okay, so well, this is study in Guatemala

582 00:40:15.059 --> 00:40:18.123 and the field work.

583 00:40:20.220 --> 00:40:22.401 Equity, this is another topic. (laughs)

584 00:40:22.401 --> 00:40:23.763 This is another big topic.

585 00:40:30.150 --> 00:40:35.040 So what's the state of the study in Guatemala?

586 00:40:35.040 --> 00:40:38.553 We finished the field work last week,

587 00:40:39.810 --> 00:40:43.980 so we are just starting cleaning the database

588 00:40:43.980 --> 00:40:46.770 and preparing it for analysis.

589 00:40:46.770 --> 00:40:49.470 We will have the results in a few months,

590 00:40:49.470 --> 00:40:53.599 so we can share those results with you,

591 00:40:53.599 --> 00:40:58.599 but what I'd like to share here,

592 00:41:00.540 --> 00:41:02.217 in terms of the control group

593 00:41:02.217 --> 00:41:04.590 and how to approach the control group,

594 00:41:04.590 --> 00:41:09.450 is based on our learnings from Argentina,

595 00:41:09.450 --> 00:41:12.420 from the design phase of the study

596 00:41:12.420 --> 00:41:16.200 planned for different evaluations,

597 00:41:16.200 --> 00:41:19.857 not only of the control arm of the trial,

598 00:41:19.857 --> 00:41:24.857 but also on other clinical posts and centers

599 00:41:25.380 --> 00:41:27.510 that were not included in the study,

600 00:41:27.510 --> 00:41:32.510 so I hope we have more data to evaluate this usual care

601 00:41:32.976 --> 00:41:35.059 at the end of this study.

602 00:41:36.030 --> 00:41:38.790 And this has also budget implications.

603 00:41:38.790 --> 00:41:40.260 So for us researchers,

604 00:41:40.260 --> 00:41:42.540 it is important to have that in mind

605 00:41:42.540 --> 00:41:43.630 and plan in advance,

606 00:41:44.910 --> 00:41:47.730 because it's different, it's really difficult,

607 00:41:47.730 --> 00:41:49.620 in particular if,

608 00:41:49.620 --> 00:41:54.093 as it happens in Guatemala and in many other countries,

609 00:41:55.410 --> 00:41:58.317 information is not so easily obtained,

610 00:41:58.317 --> 00:42:02.850 and it's not so easy to access this information

611 00:42:02.850 --> 00:42:04.380 from other centers.

612 00:42:04.380 --> 00:42:07.537 So there is a lot of work there as well.

613 00:42:07.537 --> 00:42:12.537 So that's what I'd like to share with you

614 00:42:14.760 --> 00:42:17.730 and to put on the table, you know?

615 00:42:17.730 --> 00:42:22.730 What can we do as researchers to improve our study

616 00:42:23.349 --> 00:42:24.182 and evaluation of the so-called usual care in our studies.

617 00:42:30.424 --> 00:42:31.753 Yes? <v ->That was a wonderful talk.</v>

618 00:42:31.753 --> 00:42:35.130 You talked a little bit with the first study in Argentina

619 00:42:35.130 --> 00:42:36.660 about some of your hypotheses

620 00:42:36.660 --> 00:42:38.730 about the improvement in the control group

621 00:42:38.730 --> 00:42:42.210 with regards to these individuals making house visits.

622 00:42:42.210 --> 00:42:46.050 I was also interested in to what degree, in either study,

623 00:42:46.050 --> 00:42:48.630 there might be cluster-level differences

624 00:42:48.630 --> 00:42:52.020 between the different clinics that you're randomizing,

625 00:42:52.020 --> 00:42:56.100 and whether you account for those when you do randomization,

626 00:42:56.100 --> 00:42:59.403 say by stratified randomization or restricted randomization,

627 00:43:01.470 --> 00:43:02.730 if you think those factors

628 00:43:02.730 --> 00:43:07.730 might lead to systematic differences between the two groups?

629 00:43:07.980 --> 00:43:09.630 That's something that I've struggled a lot with

630 00:43:09.630 --> 00:43:12.053 in my research and I'm curious how you think about it.

631 00:43:13.290 --> 00:43:14.520 <v ->That's a great question.</v>

632 00:43:14.520 --> 00:43:16.723 We struggled (laughs) a lot as well.

633 00:43:16.723 --> 00:43:20.790 We have eligibility criteria for the individuals,

634 00:43:20.790 --> 00:43:23.250 I showed you those criteria,

635 00:43:23.250 --> 00:43:26.276 but also for the clinics, trying to, you know,

636 00:43:26.276 --> 00:43:28.110 have a set of...

637 00:43:28.110 --> 00:43:32.010 I mean, trying to reduce variability between the clinics

638 00:43:32.010 --> 00:43:35.670 that we invited to participate in the study.

639 00:43:35.670 --> 00:43:37.563 So that was one thing,

640 00:43:38.730 --> 00:43:42.243 in terms of resources, size, et cetera.

641 00:43:43.530 --> 00:43:47.536 The other thing is that we live in a federal country,

642 00:43:47.536 --> 00:43:50.253 so each province in our country, in Argentina,

643 00:43:51.750 --> 00:43:56.743 has their own rules, regulations

644 00:43:57.797 --> 00:44:02.137 and let's say, organization of the healthcare system.

645 00:44:03.210 --> 00:44:06.047 So yeah, we were working with several provinces

646 00:44:06.047 --> 00:44:09.830 in the country, so we stratified by province, for example,

647 00:44:09.830 --> 00:44:12.870 to take into account that,

648 00:44:12.870 --> 00:44:15.537 to try to adjust for that variable.

649 00:44:17.716 --> 00:44:22.049 And there was no other stratification in this trial.

650 00:44:23.100 --> 00:44:26.536 We tried to manage variability

651 00:44:26.536 --> 00:44:31.230 through this eligibility criteria, in terms of...

652 00:44:31.230 --> 00:44:33.390 I don't remember exactly,

653 00:44:33.390 --> 00:44:37.350 I think it was three or four variables,

654 00:44:37.350 --> 00:44:39.053 factors we took into account.

655 00:44:39.053 --> 00:44:40.983 One was size of the clinic,

656 00:44:44.688 --> 00:44:45.573 the composition of the primary care team in each clinic,

657 00:44:49.740 --> 00:44:53.280 not to mix, you know, maybe big clinics

658 00:44:53.280 --> 00:44:56.010 with a lot of personnel,

659 00:44:56.010 --> 00:44:59.579 versus other ones that were smaller,

660 00:44:59.579 --> 00:45:02.523 so we took that in account,

661 00:45:03.570 --> 00:45:08.570 provision of medication, because although medication

662 00:45:09.600 --> 00:45:13.470 is provided for free in our country,

663 00:45:13.470 --> 00:45:17.790 for people who has only public insurance,

664 00:45:17.790 --> 00:45:21.783 only public insurance and not other type of coverage,

665 00:45:22.964 --> 00:45:27.946 the quantity and delivery of medication is different

666 00:45:27.946 --> 00:45:32.946 from different clinics or districts within each product.

667 00:45:33.570 --> 00:45:36.420 So we took that in account as well.

668 00:45:36.420 --> 00:45:40.337 That was another way of trying to balance clinics

669 00:45:42.540 --> 00:45:44.610 before randomization.

670 00:45:45.668 --> 00:45:48.985 And after that, it was simple randomization of clinics,

671 00:45:48.985 --> 00:45:52.590 stratified by province and no more than that.

672 00:45:52.590 --> 00:45:55.110 But I agree with you, I agree with you.

673 00:45:55.110 --> 00:46:00.110 It may be for sure something that could have influence

674 00:46:02.611 --> 00:46:05.528 in these differences that we found.

675 00:46:08.504 --> 00:46:09.720 It's always difficult.

676 00:46:09.720 --> 00:46:11.250 In implementation research,

677 00:46:11.250 --> 00:46:12.983 you know that it's always difficult,

678 00:46:12.983 --> 00:46:15.540 this balance and this trade-off,

679 00:46:15.540 --> 00:46:20.540 between what is feasible and what we,

680 00:46:20.933 --> 00:46:25.535 from a design point of view, want for our trial.

681 00:46:25.535 --> 00:46:27.452 It's difficult, really.

682 00:46:28.470 --> 00:46:31.380 <v Donna>One suggestion on a statistical level</v>

683 00:46:31.380 --> 00:46:34.710 for this issue would be secondary analysis,

684 00:46:34.710 --> 00:46:37.680 where you control for baseline patient

685 00:46:37.680 --> 00:46:40.380 and clinical-level characteristics,

686 00:46:40.380 --> 00:46:43.083 and then see how that changes the contrast.

687 00:46:44.520 --> 00:46:46.170 <v ->That's a great subject.</v>

688 00:46:46.170 --> 00:46:48.176 Yes, we explore.

689 00:46:48.176 --> 00:46:50.734 <v ->Yeah, exactly.</v> <v ->We explored that,</v>

690 00:46:50.734 --> 00:46:53.567 and we didn't find any difference.

691 00:47:00.480 --> 00:47:02.970 We didn't have much data, you know,

692 00:47:02.970 --> 00:47:04.420 just in terms of the clinics,

693 00:47:06.180 --> 00:47:09.450 but we did exploration about that.

694 00:47:09.450 --> 00:47:13.653 We didn't find differences in the results.

695 00:47:18.570 --> 00:47:22.570 So that's something that I proposed to work on

696 00:47:22.570 --> 00:47:24.300 in the future.

697 00:47:24.300 --> 00:47:25.773 <v Donna>I'm curious, Vilma,</v>

698 00:47:28.140 --> 00:47:32.430 has the TREIN/HyTREC consortium discussed this issue at all?

699 00:47:32.430 --> 00:47:36.120 Have the other projects also seen the same sort of,

700 00:47:36.120 --> 00:47:39.270 maybe not necessarily in the same magnitude,

701 00:47:39.270 --> 00:47:43.860 but the direction of improvements in control groups?

702 00:47:43.860 --> 00:47:46.230 Like, was it a consortium-wide phenomena?

703 00:47:46.230 --> 00:47:47.063 Do we know?

704 00:47:48.300 --> 00:47:53.300 <v ->No, I don't know, but it hasn't been discussed yet.</v>

705 00:47:53.760 --> 00:47:57.210 We have a meeting in September, I think,

706 00:47:57.210 --> 00:48:01.470 and our idea is to share these results

707 00:48:01.470 --> 00:48:03.330 and see what is happening

708 00:48:03.330 --> 00:48:05.667 in other studies in the consortium,

709 00:48:05.667 --> 00:48:08.013 but it hasn't been discussed yet.

710 00:48:09.750 --> 00:48:12.510 <v Donna>I know we've seen a similar phenomena</v>

711 00:48:12.510 --> 00:48:14.610 in our work site intervention studies,

712 00:48:14.610 --> 00:48:17.130 where we're trying to improve food

713 00:48:17.130 --> 00:48:19.980 and physical activity environment at work sites,

714 00:48:19.980 --> 00:48:23.040 to reduce cardiometabolic risk,

715 00:48:23.040 --> 00:48:26.446 and then we find, just simply by screening

716 00:48:26.446 --> 00:48:28.770 and then waiting six months,

717 00:48:28.770 --> 00:48:31.770 we see big improvements in blood pressure

718 00:48:31.770 --> 00:48:35.370 and smaller ones in blood sugar and so forth,

719 00:48:35.370 --> 00:48:36.750 which I think has been seen.

720 00:48:36.750 --> 00:48:40.170 Like, screening itself is a public health intervention,

721 00:48:40.170 --> 00:48:43.680 but I've also read it's not a durable one,

722 00:48:43.680 --> 00:48:45.990 without additional supports.

723 00:48:45.990 --> 00:48:47.640 So you might see some additional...

724 00:48:47.640 --> 00:48:50.340 People may improve when they find out,

725 00:48:50.340 --> 00:48:52.470 but then, they'll go back, maybe,

726 00:48:52.470 --> 00:48:54.120 if we don't have these other things.

727 00:48:54.120 --> 00:48:55.159 So there's maybe short-term...

728 00:48:55.159 --> 00:48:59.730 Like, would the short-term improvements in the control group

729 00:48:59.730 --> 00:49:03.720 be sustainable, say for two years or five years,

730 00:49:03.720 --> 00:49:05.190 or would they start to go away,

731 00:49:05.190 --> 00:49:07.290 whereas the intervention group

732 00:49:07.290 --> 00:49:09.120 can maintain their improvements

733 00:49:09.120 --> 00:49:12.390 and maybe even continue to improve?

734 00:49:12.390 --> 00:49:13.230 <v ->I agree.</v>

735 00:49:13.230 --> 00:49:16.440 I fully agree and I think that...

736 00:49:16.440 --> 00:49:21.440 Actually, we prepare a proposal to measure sustainability

737 00:49:22.110 --> 00:49:26.241 of the resource in Argentina and we didn't make it,

738 00:49:26.241 --> 00:49:29.130 but I think that that's something

739 00:49:29.130 --> 00:49:32.883 to talk with funders about, you know?

740 00:49:33.840 --> 00:49:36.630 Because there is a lot of effort and resources

741 00:49:36.630 --> 00:49:40.560 put in each of these trials that we conduct,

742 00:49:40.560 --> 00:49:45.560 and we don't know, in general, what happened half the time.

743 00:49:46.770 --> 00:49:49.890 I have some data about this trial in particular,

744 00:49:49.890 --> 00:49:54.890 because this program was adopted by one of the provinces

745 00:49:56.400 --> 00:50:00.694 and it was scaled up through the province,

746 00:50:00.694 --> 00:50:04.083 one of the province that I showed in the first map.

747 00:50:05.370 --> 00:50:08.040 So I have data on that,

748 00:50:08.040 --> 00:50:12.993 and they are very, very successful.

749 00:50:14.070 --> 00:50:15.237 That's good data.

750 00:50:16.110 --> 00:50:19.387 The difference is not so big as in the trial,

751 00:50:19.387 --> 00:50:22.220 as usual, but they keep improving.

752 00:50:23.109 --> 00:50:25.617 I don't know what happens in the other provinces,

753 00:50:25.617 --> 00:50:28.620 but I think that's something that would be really great

754 00:50:28.620 --> 00:50:30.180 if we can do that.

755 00:50:30.180 --> 00:50:31.838 In terms of the time,

756 00:50:31.838 --> 00:50:35.250 I mean, the timeline of our project,

757 00:50:35.250 --> 00:50:38.190 in general, we cannot do that.

758 00:50:38.190 --> 00:50:43.190 So it's time budget, but I think it would be great

759 00:50:44.622 --> 00:50:47.490 if, really, it's possible now,

760 00:50:47.490 --> 00:50:49.473 to see what happened with these.

761 00:50:51.000 --> 00:50:53.640 These programs, these projects,

762 00:50:53.640 --> 00:50:56.910 are adopted by the government.

763 00:50:56.910 --> 00:51:01.320 You have data afterwards, but if not,

764 00:51:01.320 --> 00:51:05.193 in general, it's difficult to know what happened.

765 00:51:08.688 --> 00:51:11.588 <v Donna>How did the randomization work out in Guatemala?</v>

766 00:51:12.720 --> 00:51:15.180 <v ->In terms of the clinic?</v> <v ->Of the balance?</v>

767 00:51:15.180 --> 00:51:18.929 Yeah, like, in table one, like you showed us-

768 00:51:18.929 --> 00:51:19.893 <v ->Yeah.</v> <v ->And did you</v>

769 00:51:19.893 --> 00:51:21.810 have significant differences between-

770 00:51:21.810 --> 00:51:22.643 <v ->No.</v> <v ->Oh, good.</v>

771 00:51:22.643 --> 00:51:24.427 <v ->No, it was better. (laughs)</v>

772 00:51:24.427 --> 00:51:25.893 In that sense, it was better. (Donna laughing)

773 00:51:25.893 --> 00:51:27.930 Yeah, it was more balanced. <v ->Uh-huh.</v>

774 00:51:27.930 --> 00:51:30.134 <v ->Yeah, and I don't have the table now,</v>

775 00:51:30.134 --> 00:51:32.117 but in Guatemala, it was more balanced.

776 00:51:32.117 --> 00:51:33.060 <v Donna>Uh-huh.</v>

777 00:51:33.060 --> 00:51:33.893 <v ->Yeah.</v>

778 00:51:36.150 --> 00:51:37.920 <v Donna>So I'm monitoring the chat,</v>

779 00:51:37.920 --> 00:51:40.933 and it seems that people are being a little shy.

780 00:51:40.933 --> 00:51:42.486 <v ->Oh, I have another question.</v> <v ->Oh, good.</v>

781 00:51:42.486 --> 00:51:43.380 (attendees laughing) I have some too,

782 00:51:43.380 --> 00:51:46.193 but I didn't wanna hog the whole discussion.

783 00:51:46.193 --> 00:51:48.990 <v Attendee>So do you know to what degree</v>

784 00:51:48.990 --> 00:51:51.780 the interventions worked in the intervention arm?

785 00:51:51.780 --> 00:51:56.780 Because I'm just wondering, A, how successful they were,

786 00:51:57.270 --> 00:51:58.680 or B, if there were other factors

787 00:51:58.680 --> 00:52:00.420 that restricted the ability to improve?

788 00:52:00.420 --> 00:52:04.290 For example, you were mentioning about a lack of medications

789 00:52:04.290 --> 00:52:05.490 in the health facilities.

790 00:52:05.490 --> 00:52:07.350 I can imagine that no matter what you do

791 00:52:07.350 --> 00:52:09.060 with all those interventions, if there aren't drugs,

792 00:52:09.060 --> 00:52:11.220 things might not get better.

793 00:52:11.220 --> 00:52:13.470 Do you have any information on the fidelity, basically,

794 00:52:13.470 --> 00:52:14.790 of the intervention,

795 00:52:14.790 --> 00:52:18.000 or factors that might have impeded the fidelity?

796 00:52:18.000 --> 00:52:19.580 <v ->Yes, we have...</v>

797 00:52:22.423 --> 00:52:26.727 We have quite a lot of information from the Argentina trial.

798 00:52:28.170 --> 00:52:30.480 But there is something I would like to comment

799 00:52:30.480 --> 00:52:33.217 connected with your question in Guatemala.

800 00:52:34.072 --> 00:52:39.072 In Guatemala, the Ministry of Health

801 00:52:39.180 --> 00:52:41.940 was part of the trial, of the project,

802 00:52:41.940 --> 00:52:44.070 from the very beginning.

803 00:52:44.070 --> 00:52:47.900 They were involved in the design of the intervention,

804 00:52:47.900 --> 00:52:49.950 in the monitoring of the intervention,

805 00:52:49.950 --> 00:52:52.683 so they were very much involved.

806 00:52:53.910 --> 00:52:58.582 And they committed themself to assure

807 00:52:58.582 --> 00:53:03.582 that there would be medication at the health posts

808 00:53:06.782 --> 00:53:11.087 at least during the trial or duration of the trial.

809 00:53:11.087 --> 00:53:13.078 And they did it.

810 00:53:13.078 --> 00:53:14.729 With some periods, you know,

811 00:53:14.729 --> 00:53:17.600 that they have problems, limitations,

812 00:53:17.600 --> 00:53:21.130 shortage of medication, but they did it,

813 00:53:21.130 --> 00:53:25.110 and they work a lot to provide medication

814 00:53:25.110 --> 00:53:30.110 and to prioritize these centers, part of the study,

815 00:53:30.360 --> 00:53:32.753 in the provision of medication.

816 00:53:34.620 --> 00:53:37.890 So something that we...

817 00:53:37.890 --> 00:53:42.890 Again, I don't have the data to talk about,

818 00:53:44.546 --> 00:53:49.546 but we know that there was improvement

819 00:53:51.780 --> 00:53:53.490 in both arms in Guatemala,

820 00:53:53.490 --> 00:53:56.403 something similar to what happened in Argentina,

821 00:53:57.570 --> 00:54:00.000 and through qualitative interviews,

822 00:54:00.000 --> 00:54:03.080 we understood that people was really very...

823 00:54:06.810 --> 00:54:09.284 I mean, they felt very well,

824 00:54:09.284 --> 00:54:14.040 because they noticed that there were medication

825 00:54:14.040 --> 00:54:16.873 at the centers, where in the past,

826 00:54:17.820 --> 00:54:22.140 maybe they have much more problem to get those medicines.

827 00:54:22.140 --> 00:54:25.180 That's something that all the participants said.

828 00:54:27.284 --> 00:54:31.034 So a very basic thing like having medication,

829 00:54:31.950 --> 00:54:33.930 access to medication, in the centers,

830 00:54:33.930 --> 00:54:38.930 that was something that was more or less assured

831 00:54:39.060 --> 00:54:40.773 in both arms of the study.

832 00:54:42.330 --> 00:54:47.330 But in our approach to the other centers in Guatemala,

833 00:54:47.383 --> 00:54:51.303 same district, same district, but not part of the study,

834 00:54:52.506 --> 00:54:57.360 we are collecting information about medication,

835 00:54:57.360 --> 00:55:01.553 and the lack of medication is very important.

836 00:55:03.900 --> 00:55:06.099 There were serious problems,

837 00:55:06.099 --> 00:55:09.049 serious problems with the provision of medication

838 00:55:09.049 --> 00:55:13.530 in all the other centers in the same district,

839 00:55:13.530 --> 00:55:15.293 different to the centers in the study.

840 00:55:20.520 --> 00:55:24.120 So that's something that if you cannot assure that,

841 00:55:24.120 --> 00:55:26.940 I mean, if you cannot provide medication,

842 00:55:26.940 --> 00:55:30.960 as you said, whatever you do with the other alternatives,

843 00:55:30.960 --> 00:55:34.950 that is just maybe useless.

844 00:55:34.950 --> 00:55:37.440 <v Donna>And was this in Argentina you're talking about?</v>

845 00:55:37.440 --> 00:55:39.488 Or Guatemala? <v ->Guatemala.</v>

846 00:55:39.488 --> 00:55:42.630 <v ->Okay.</v> <v ->In this case, Guatemala.</v>

847 00:55:42.630 --> 00:55:47.000 In this case, Guatemala, because in the preparation phase,

848 00:55:47.000 --> 00:55:49.980 in the pre-implementation phase of the study,

849 00:55:49.980 --> 00:55:54.030 we did a lot of research about what is happening

850 00:55:54.030 --> 00:55:57.537 with the availability of drugs in the centers,

851 00:55:57.537 --> 00:56:00.960 and we found that there were big problems there.

852 00:56:00.960 --> 00:56:04.170 So we talk with the Ministry of Health,

853 00:56:04.170 --> 00:56:09.170 they committed to work on that for these centers,

854 00:56:09.540 --> 00:56:11.613 for these clinics, and they did.

855 00:56:12.870 --> 00:56:17.697 But the rest, again, the usual care in reality in Guatemala

856 00:56:19.898 --> 00:56:20.820 was different.

857 00:56:20.820 --> 00:56:23.750 I don't know how much impact this will have

858 00:56:23.750 --> 00:56:25.323 on this trial yet.

859 00:56:26.474 --> 00:56:28.410 But it happened there.

860 00:56:28.410 --> 00:56:29.610 <v Donna>So Vilma, we've gotten...</v>

861 00:56:29.610 --> 00:56:32.220 It's like three questions now on the chat,

862 00:56:32.220 --> 00:56:35.250 and we only have two or three minutes,

863 00:56:35.250 --> 00:56:36.770 so what I thought I might do

864 00:56:36.770 --> 00:56:39.270 is just ask all of them in four minutes,

865 00:56:39.270 --> 00:56:41.280 I'd ask all of the questions,

866 00:56:41.280 --> 00:56:44.160 and maybe you can just try to address them together?

867 00:56:44.160 --> 00:56:49.057 <v ->Yes.</v> <v ->So John Roman asked,</v>

868 00:56:49.057 --> 00:56:50.760 ”Was there any incentives given

869 00:56:50.760 --> 00:56:52.950 to either participants or care providers?”

870 00:56:52.950 --> 00:56:55.209 I think he means financial incentives-

871 00:56:55.209 --> 00:56:57.545 <v ->No, (laughs) a short question.</v>

872 00:56:57.545 --> 00:56:59.790 <v ->Okay, good-</v> <v ->A short answer. (laughs)</v>

873 00:56:59.790 --> 00:57:01.717 <v Donna>Oh, Raphael Perez Escamilla asked,</v>

874 00:57:01.717 --> 00:57:05.070 ”Was text messaging used in Argentina and Guatemala

875 00:57:05.070 --> 00:57:06.330 as part of the intervention?

876 00:57:06.330 --> 00:57:07.770 If so, was it helpful?”

877 00:57:07.770 --> 00:57:09.960 You've actually addressed that a little bit,

878 00:57:09.960 --> 00:57:12.030 but maybe if there was data on...

879 00:57:12.030 --> 00:57:14.820 So Raphael, it wasn't used in Guatemala,

880 00:57:14.820 --> 00:57:16.920 because of the literacy issues,

881 00:57:16.920 --> 00:57:18.750 but in Argentina it was used,

882 00:57:18.750 --> 00:57:20.070 and I don't know, Vilma,

883 00:57:20.070 --> 00:57:23.760 if there was any way to independently look at that component

884 00:57:23.760 --> 00:57:25.230 to see how helpful it was,

885 00:57:25.230 --> 00:57:29.220 compared to all these other complex components?

886 00:57:29.220 --> 00:57:31.770 <v ->No, it's difficult to separate</v>

887 00:57:31.770 --> 00:57:34.890 and to analyze independently the contribution.

888 00:57:34.890 --> 00:57:37.230 But there was a high correlation

889 00:57:37.230 --> 00:57:40.890 with the dose received of text messages

890 00:57:40.890 --> 00:57:42.320 and the blood pressure control.

891 00:57:42.320 --> 00:57:45.000 <v ->Okay.</v> <v ->Okay, so that's something</v>

892 00:57:45.000 --> 00:57:46.500 that can be interpreted

893 00:57:46.500 --> 00:57:51.097 as these were a useful part of the intervention.

894 00:57:52.546 --> 00:57:53.379 <v Donna>Oh, good.</v>

895 00:57:53.379 --> 00:57:55.207 And then Anna Julio asked,

896 00:57:55.207 --> 00:57:57.840 ”How sustainable is the intervention?

897 00:57:57.840 --> 00:58:00.750 Was it adopted by the Ministry of Health in total?

898 00:58:00.750 --> 00:58:03.990 Besides the medications, the mHealth component?”

899 00:58:03.990 --> 00:58:06.030 So I think you've discussed that a little bit

900 00:58:06.030 --> 00:58:10.590 maybe about Guatemala, but not so much for Argentina.

901 00:58:10.590 --> 00:58:12.900 <v ->In Argentina, the intervention was adopted</v>

902 00:58:12.900 --> 00:58:14.280 by only one province.

903 00:58:14.280 --> 00:58:16.163 <v Donna>Oh, that's right, you did say that.</v>

904 00:58:18.540 --> 00:58:19.800 <v ->And it's working. (laughs)</v>

905 00:58:19.800 --> 00:58:21.510 It's working, you know?

906 00:58:21.510 --> 00:58:23.910 But not in the other provinces.

907 00:58:23.910 --> 00:58:28.910 And shortly, this is the base for the HEARTS initiative.

908 00:58:29.220 --> 00:58:31.397 The HEARTS Initiative in the Americas,

909 00:58:31.397 --> 00:58:34.110 in the case of Argentina,

910 00:58:34.110 --> 00:58:36.420 was built on this intervention.

911 00:58:36.420 --> 00:58:40.230 So we could contribute, you know,

912 00:58:40.230 --> 00:58:42.330 with many implementation indicators

913 00:58:42.330 --> 00:58:45.660 for them to implement the initiative.

914 00:58:45.660 --> 00:58:46.943 That's something, not much, but something.

915 00:58:48.857 --> 00:58:51.180 <v Donna>Vilma, maybe like in your remaining few minutes</v>

916 00:58:51.180 --> 00:58:53.867 you could say a little bit more about the HEARTS Initiative,

917 00:58:53.867 --> 00:58:56.130 'cause a number of us, myself included,

918 00:58:56.130 --> 00:58:58.350 are not that familiar with it?

919 00:58:58.350 --> 00:59:01.667 <v ->The HEARTS Initiative is a platform initiative</v>

920 00:59:01.667 --> 00:59:02.867 for the Americas.

921 00:59:02.867 --> 00:59:04.350 There are 12 countries

922 00:59:04.350 --> 00:59:07.710 that adopted the HEARTS Initiative

923 00:59:07.710 --> 00:59:11.760 directed to better control hypertension,

924 00:59:11.760 --> 00:59:16.410 and HEARTS is based on a team-based approach protocol

925 00:59:16.410 --> 00:59:20.580 for clinical practice guidelines in the country,

926 00:59:20.580 --> 00:59:22.440 measuring cardiovascular risk

927 00:59:22.440 --> 00:59:27.300 as part of the management of patients with hypertension

928 00:59:27.300 --> 00:59:30.810 and providing free access to medication,

929 00:59:30.810 --> 00:59:34.590 in particular, fixed-dose combinations,

930 00:59:34.590 --> 00:59:37.500 which are supposed to improve adherence,

931 00:59:37.500 --> 00:59:41.430 because these people had and have comorbidities

932 00:59:41.430 --> 00:59:44.400 and sometimes have to take many medications,

933 00:59:44.400 --> 00:59:49.400 so these fixed-dose combinations are an alternative.

934 00:59:49.678 --> 00:59:53.541 Those are the components of the HEARTS Initiative

935 00:59:53.541 --> 00:59:56.949 in the Americas, and we have 12 countries at the moment

936 00:59:56.949 --> 00:59:59.160 as part the initiative.

937 00:59:59.160 --> 01:00:02.289 <v Donna>And who's paying for all these medications?</v>

938 01:00:02.289 --> 01:00:03.400 <v ->Each government.</v>

939 01:00:03.400 --> 01:00:04.380 I mean, each government.

940 01:00:04.380 --> 01:00:06.360 They don't receive...

941 01:00:06.360 --> 01:00:10.053 Countries don't receive any financial support.

942 01:00:10.968 --> 01:00:14.468 Technical support, yes, but not financial.

943 01:00:17.050 --> 01:00:19.380 <v Donna>Okay, well, it is 13:00,</v>

944 01:00:19.380 --> 01:00:22.680 so this was an incredibly interesting talk.

945 01:00:22.680 --> 01:00:25.170 I would've loved to have asked more about equity,

946 01:00:25.170 --> 01:00:27.090 which is a very hot topic around here

947 01:00:27.090 --> 01:00:29.910 at the Yale School of Public Health and elsewhere,

948 01:00:29.910 --> 01:00:32.790 but maybe we can save that for another time.

949 01:00:32.790 --> 01:00:34.200 And thank you so much, Vilma,

950 01:00:34.200 --> 01:00:39.200 for coming and providing such amazing information.

951 01:00:40.358 --> 01:00:41.874 <v ->Thank you very much.</v>

952 01:00:41.874 --> 01:00:44.870 Thank you very much for giving me the opportunity.

953 01:00:44.870 --> 01:00:46.786 <v ->Yeah.</v> <v ->You are like a star.</v>

954 01:00:46.786 --> 01:00:48.545 (attendees laughing) <v ->Thank you.</v>

955 01:00:48.545 --> 01:00:51.795 (attendees chattering)

956 01:00:53.920 --> 01:00:55.050 <v Luke>Hey, how's it going, I'm Luke Davis.</v>

957 01:00:55.050 --> 01:00:56.333 <v Attendee 2>Hi, how are you?</v>