

Examining Diabetes and Hypertension in Rural Honduran Communities Naomi Katumalla, Mr. Logan Conard Schulz (MD Candidate), Ms. Brittni Miller (MD Candidate), Dr. David Velásquez, Dr.Anand Narayanan, Dr. Charles Fleischer Methods (Blood Glucose Screening and Follow Up) Background

The Global Health Collaborative Project (GHCP) is an international and interdisciplinary research initiative aimed at improving health outcomes in rural Honduras. This team includes physicians, researchers, medical students, healthcare workers, and undergraduates from FSU College of Medicine, FAMU, and the University of Honduras.

Lack of healthcare access, economic burden, and low physician-to-patient ratio are just some of the many factors that contribute to underdiagnosis and poor management of hypertension and Diabetes mellitus (DM). Furthermore, Hypertension in Honduras is often underdiagnosed due to a lack of healthcare access. DM is shown to disproportionately affect low-middle-income countries (LMICs), such as Honduras. (1) With 48.3% of Hondurans living in poverty, this is a serious issue affecting the community. (2)

These chronic conditions have a significant impact on quality of life, especially when left untreated. importance of educating Hondurans on the progression, treatment, risks, and prevention of these diseases to improve the incidence of hypertension and DM in Honduras. Information from this soon-to-be-implemented survey will hopefully provide some insight into the next steps in addressing diabetes and hypertension in these rural Honduran communities

Abstract

The goal of this project is to gain information about rural Honduran communities in order to create feasible educational materials about diabetes and hypertension that are both relevant and accessible to Hondurans. This project will accomplish this by implementing a survey investigating the prevalence and management of hypertension and diabetes mellitus in rural Honduran communities, with a focus on lowincome communities.

Some questions this survey will have include targeted questions on: -lifestyle

-exposure to health systems

-targeted questions about diet to gain a better understanding of village habits

-the availability of foods and healthcare resource

Methods (Overall process)

This survey was developed and approved by the Institutional **Review Board**.

The actual survey and initial blood pressure/glucose tests themselves will be administered during Spring Break in various rural communities of Honduras.

5. Properly document accurate BP readings and con Through a partnership with local healthcare providers, we will 6.Provide BP readings to the patient take follow-up blood pressure readings.



Methods (Overall P

Steps 1 and 2: When encountering the patient, the patient and consent form including information and information about the survey, and patient rights.

The survey includes the following information:

- Demographic Information
- Dietary information
- Lifestyle information
- Exposure to Healthcare Systems
- Questions about Diabetes/Hypertension histor

	3.Measure Blood Pressure4.Measure Blood glucose5.Follow-up date and closing remarks
	Methods (Blood Pressure
ers'	1. Prepare the patient by having them sit properly a
	2.Use a validated and calibrated device for BP mea
	a. placing the midpoint of the cuff on the patie
	right atrium
	b. Using the correct cuff size
1	c. Using both the diaphragm and bell of the ste
L I	3. Take appropriate measurements and record BP in
	a. waiting 1 to 2 minutes between repeated me
	b. identifying the brachial pulse for auscultato
	$\mathbf{T}_{\mathbf{h}} = 1_{\mathbf{h}} = $

c. The highest BP reading will be noted 4. Take appropriate measurements needed for diagn pressure/hypertension

1.Ensure the meter and test strips are clean and ready to use 2. Have the patient wash their hands and massage their hand to get blood into the finger

dominant hand

4.Place a small amount of blood onto the test strip and insert it into the meter 5.Record the results and add notes about anything that might have affected the reading

6. Properly dispose of the lancet and strip in a trash container

Follow up: Health center staff will keep records of the patients so they can be more easily contacted by the time the follow-up comes up

Process)	
ne screener will introduce the d questions about demographics,	The increased risk of D screening, treatment, and e Honduras. Our study aime glucometers for diagnosing results are pending, we are Honduras to collect and ar the biostatistics team.
ory	The findings from our s awareness, treatment, and information can help us de benefit the overall health o guidelines applicable to th
re Screening)	Overall, our study has the
and avoid certain activities asurement	management of DM in LM education.
ient's upper arm at the level of the	
tethoscope to measure readings. n both arms neasurements ory determinations	 World Health Organization Diseases. Geneva: World Hea Organization (2010). https://apps.who.int/iris/bitstronid=AADE6AB1138D94C4 12F156DEEF8D41FB?sequer Hsu C-C, Lee C-H, Wahlqy Incidence and Inequality of C
onfirm the readings	Despite Universal Health Cov doi:10.2337/dc11-2052





3.Use a lancet to prick the palmar surface of the 3rd or 4th finger of the non-

Conclusion

OM in LMICs highlights the importance of proper education for individuals living in rural regions of ned to assess the feasibility of using handheld ng DM in this population. Although our survey re actively collaborating with communities in analyze the data with the help of local providers and

survey will provide insights into the current level of prevention of DM in rural Honduras. This levelop educational materials on hypertension to of the population and create better screening he Honduran context.

the potential to contribute to the prevention and MICs by improving access to early screening and

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