The implementation of *Acompañantes* (community health workers) to achieve NCD´s control in rural Chiapas

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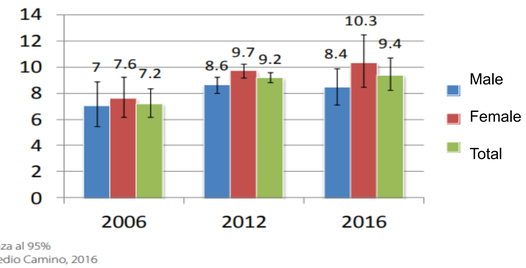
Background

In Mexico, prevalence of NCD's has been increasing. In 2016 the national prevalence was 9,4% for diabetes and 25,5% for hypertension (Table 1), with a clinical control of 25% and 50% each. Compañeros en Salud (CES) works in ten clinics in rural Chiapas, the poorest state of Mexico, in which the prevalence of NCD´s (diabetes and hypertension) is 12%. In 2013 CES started the implementation of *acompañantes* (Community Health Workers) to help achieve patient´s clinical control.

Table 1. Prevalence in Mexico of medical diagnosis of diabetes by sex and age.



Intervalos de confianza al 95%
Fuente: ENSANUT Medio Camino, 2016

An *acompañante* is a dedicated women from the community with natural leadership skills, who walks side by side the patient to improve adherence to treatment and clinical control. They do home visits regularly, creating a strong bow of trust and confidence with the patient, their family and the community, diminishing any barrier to communication. *Acompañantes* are trained in social and medical skills to understand the diseases that they are facing from a biosocial perspective.

Picture 1. Lupita (*acompañante*) visiting one of her patients with diabetes.

The team

The team composed of 94 *acompañantes*, one medical doctor per clinic, and three interns that overview capacity building and quality improvement, are supervised by two program coordinators, to ensure the benefit of more than 500 patients with NCD´s from the ten marginalized communities in the Sierra Madre of Chiapas, where CES works.

Picture 2. The team of *acompañantes* attending the anual celebration of the program,

The Model

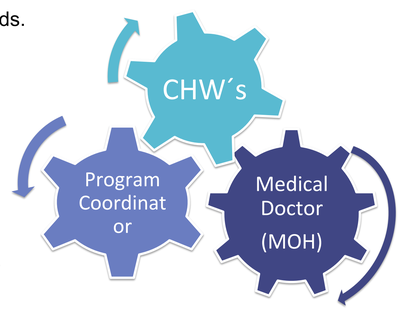
CES seeks to strengthen the preexisting health system in Mexico and our model is based on the joint work of *acompañantes*, healthcare professionals and program coordinators.

Acompañantes are selected by the program coordinators, and then receive an initial one month training consisting of the basis of chronic diseases (diabetes and hypertension), communication skills and emotional support. Whenever a patient is diagnosed with an NCD, the medical doctor appoints to them an *acompañante* to start doing home visits with the patient. The *acompañante* visits the patient every week or every 15 days (depending on the patient´s clinical control) to make sure they are adhering to treatment and to give emotional support. They also accompany the patient to their appointment in the clinic every month. Later they receive feedback from the doctor to understand the evolution of the patient and to lay out specific objectives for each patient if needed.

The doctor of each clinic reports the result of their patients in Microsoft Access so the program coordinators can analyze data afterwards.

Each month, *acompañantes* receive an additional training in different topics such as mental health, and social and communication skills.

As a payment for their job, *acompañantes* receive a monthly food supply



References

1. ENSANUT 2016 (http://ensanut.insp.mx/)
2. *Compañeros en Salud* Data base

Preliminary Results

Each month, the interns of the *acompañantes* program collect data from Access (filled out by the doctor of each clinic) of blood pressure and fasting glucose of the patients in the program. They also collect data of number of home visits and trainings received, from the Commcare data base (filled out by the leader of the group of *acompañantes* in each community). Afterwards, the interns and the program coordinators gather to analyze the information.

Preliminary results (2017)

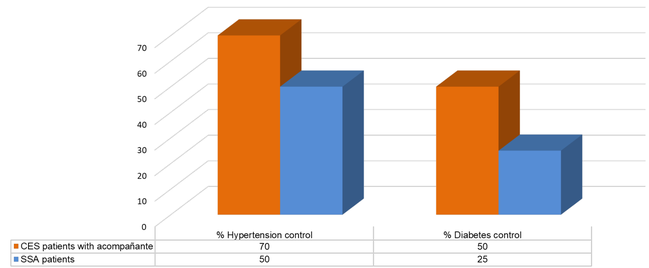
1)Home visits: *Acompañantes* achieved 5,887 home visits.

2) Trainings: Each *Acompañante* received a total of 12 trainings in one year. In 2017 the total number of trainings was….

Picture 3. Rodrigo Bazúa (program coordinator) training *acompañantes* in one of the communities

3) Clinical control: In comparison with the national results of clinical control for NCD´s (25% for diabetes and 50% for hypertension), in our *acompañantes* program we have observed 50% and 70% of clinical control for diabetes and hypertension respectively (Table 2).

Table 2. % clinical control in NCD´s patients with *acompañante* (CES 2017) vs patients of SSA (ENSANUT 2016)



We observe that acompañantes help with the adherence to treatment and clinical control of patients with NCD´s.

Challenges and Next Steps

The biggest challenge has been breaking the paradigm of gender roles, specifically the insertion of women in the labor sphere. Men are usually the ones that provide the economic livelihood and women are the ones in charge of house chores (cooking, cleaning and children).

Acompañantes as an intervention has not only benefited chronic patients, it has also provided women a job opportunity allowing them to provide nourishment to support their family.

Next steps:

We are now expanding the *acompañantes* model to target mental, maternal and child health.

•Mental health: Home visits to patients with depression, anxiety and schizophrenia.

•Maternal health: Pre-natal and post-natal home visits, creation of delivery plans and promotion of family planning.

•Child health: Improve nutrition, hygiene and sanitation and early childhood development.