



## Unite Annual Summit Global Heart Hub



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Social determinants of Health



**GETTING THE BASICS** RIGHT ACROSS CVD

Barcelona 2023 | #GHHUnite

### Social Determinants of Health



**Economic Stability** 



Neighborhood & Built Environment



Education Access & Quality

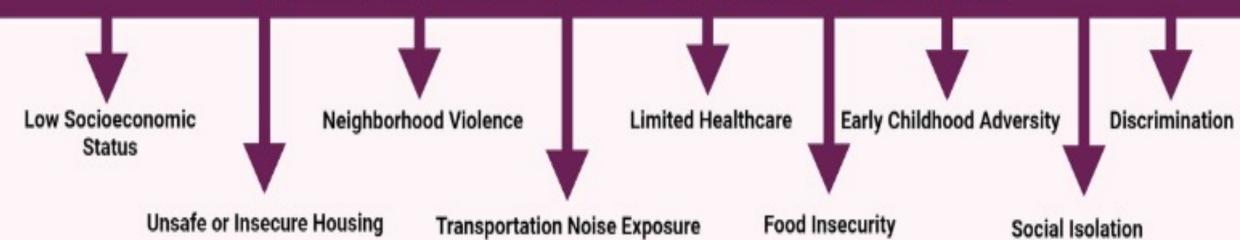


Healthcare Access & Quality



Social & Community Context

## Chronic Psychosocial and Environmental Stressors



## Sociopolitical & Economic Context



**Economic Stability** 



Education Access & Quality



Neighborhood & Built Environment



Healthcare Access & Quality



Structural Discrimination & Racism

## Social & Community Context



Food Environment



Social Environment & Cohesion

#### Social Risks



Transportation Instability



**Financial Strain** 



Food Insecurity



Housing Instability

## Lived Personal Experience



Everyday Discrimination/Stigma



Neighborhood Perception



**Health Literacy** 



Implicit Bias



Social Needs



Perceived Health Status

# PATIENT & Community Participation for Hypertension management Our mission is to empower patients so that they can patients to that they can patient to the sustainability of A participation of the composition of the compos

A patient-centric and equitable

affordability. accomplished approach to

Hypertension Control: Solutions from the Last Mile

SUPPORTED BY







- Almost 100% of respondents are aware of Hypertension, however only 40% could name the risk factors and the complications that arise from them.
- ➤ A large proportion of male respondents use tobacco and alcohol regularly. The number of liquor stores have grown four-fold in the last two years.
- ➤ Most respondents are unaware of age-appropriate blood pressure readings.
- > Almost all respondents have never gone for preventive screening
- ➤ About 30% had various myths and misconceptions including HT being harmless and something that happens to everybody with age.
- > About 50% never went back for a followup
- ➤ All PHCs had IEC material on Hypertension on the walls. There was no interactive material, videos or other means for patients to watch and engage
- ➤ All PHCs had NCD registers maintained by ANMs. However, data is hand collected and uploaded into the portal at the PHC, making it difficult for ANMs and ASHAs to track and trace
- Messages on adherence and follow up were not present.





- > 80% villagers said PHC was within walkable distance and reaching it was easy.
- ➤ However less than 30% said they went to the PHC at the onset of symptoms
- Medicine outages were present and patients were sometimes offered only one week of medicines
- PHCs could not offer the tests prescribed by the doctors, like USG, CT scan and X Ray. Basic lab tests were unavailable in some PHCs
- > Navigating the district public hospitals was timetaking and patients preferred to go to the private sector as services were more prompt.
- Referral systems were not well established and patients who did go to the district hospitals were not referred back to the PHCs for follow up with the patients.



- Medicines need to be taken only when sick.
- > Medicines are "hot" and will cause harm or dependency if taken for long time
- > Stopping smoking or reducing alcohol is enough to manage HT and *medicines* need not be taken
- > Alternate systems of medicines are better as modern medicines will cause harm
- Religious and other beliefs prevail especially in the older populations



