Scaling-up Packages of Interventions for Cardiovascular Disease Prevention in Selected Sites in Europe and Sub-Saharan Africa

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SPICES is an acronym that stands for Scaling-up Packages of Interventions for Cardiovascular Disease Prevention in selected sites in Europe and Sub-Saharan Africa. This project aims to implement and evaluate comprehensive cardiovascular disease prevention programmes in sites in Belgium, France, South Africa, Uganda and the United Kingdom. It is an implementation science project funded by the European Commission through the Horizon2020 research and innovation action.
In Antwerp, two new community-based implementation trajectories are being rolled out in Borgerhout, a location with a high percentage of people living in vulnerable situations. Currently, we are raising support and building a network with partner organizations and the neighbourhood to embed the trajectories in the region. In April 2021, the team started implementation in Christelijke Mutualiteiten’s (CM) regional office, the largest health insurance fund in Belgium. About 2200 CM clients with supplemented refunds in that region have been receiving post cards with an invitation to be profiled. The profiling is being carried out by trained volunteers. COVID-19 physical distancing measures are observed during the profiling and people are profiled on appointment.

The second pathway is a community-based health kiosk, initiated by LOGO Antwerp, a local health promotion organization, and implemented in collaboration with the SPICES project. A physical kiosk ‘without a doorstep’ will be placed on a square where all people are welcome to obtain accessible health information. People can also be profiled within the SPICES project. With this low-threshold context, the key is to reach out to vulnerable people in the community.

Both trajectories adopt a flexible approach in adapting the intervention to the needs and possibilities of community organizations, given the COVID-19 measures. Long-term challenges consist of sustainable integration in and alignment with the existing preventive initiatives in the region.
COVID-19 is unprecedented and continues to challenge community and healthcare delivery programs across all settings. To ensure continuity of the SPICES CVD prevention program in Uganda, the project team quickly and innovatively integrated Covid prevention activities. Community health workers and health workers were sensitized on COVID-19 prevention and subsequently equipped with tools such as masks, sanitizers, temperature monitors, and standard operating procedure guidelines. We set the ground for a duo response given the reciprocal relation between COVID-19 and CVDs.

Subsequently, in September 2020, the project fully resumed activities and started its third cycle of implementation; five new parishes to the intervention arm were added to make a total of 15 parishes currently receiving the SPICES intervention. In the new parishes, community health workers (CHWs) and facility health workers were trained in cardiovascular disease prevention and control. In total, 20 CHWs and 87 health workers received the training in the new parishes. Additionally, five health facilities were provided with equipment to support screening and management of cardiovascular diseases. These facilities include Kasawo HC III, Seeta Namuganga HC III and Kyampisi HC III in Mukono district and Najjembe HC III and Buwagajjo HC III in Buikwe district.

In the communities, CHWs continue to share information about a healthy lifestyle alongside that on COVID-19 and its prevention. Community members have continued to appreciate the work of CHWs in improving their knowledge and practices related to cardiovascular disease prevention and control.
disease especially for diet and physical activity and the improvements at health facilities. At the health facility, all adults continue to be screened for cardiovascular disease and this has helped in the early identification of individuals at high risk for cardiovascular disease who are appropriately counselled and/or managed. The institution of screening for cardiovascular disease risk factors has also attracted more community members to access health services from government health facilities. The health facilities have reported an increase in the number of clients accessing services for chronic conditions and some have created specific days when these clients are further attended to. Health workers have also reported increased capacity to manage chronic conditions including diabetes and hypertension. There is also continued advocacy for drugs for non-communicable diseases and the project continues to engage policy makers to this effect. In total, the project has now enrolled 60 villages and 18 health facilities and trained 60 CHWs and 308 health workers. Box insitu is an excerpt of the summary reports as drawn from the recent support supervision visits. The last and final cycle of the project will begin in May after a survey data collection exercise scheduled for April 2021.

IMPACT OF THE SPICES PROJECT IN MUKONO AND BUIKWE DISTRICTS

- Higher volumes of hypertension and diabetes patients are being received as a result of sensitization by the CHWs.
- Health workers report ability to locally manage hypertension and diabetes patients.
- Some facilities have adopted strategies to acquire hypertension and diabetes drugs.
- Health facilities are in position to identify and manage type I diabetes, unlike in the past
- At some health facilities e.g. Kojja HC IV, hypertension and diabetic patient have formed a patient group to advocate and mobilise resources for managing their conditions
- More patients now demand for hypertension and diabetes screening services
- Improved patient health seeking behaviors for chronic services.
- Changes in lifestyles especially diet and physical activity.
With the lockdown restrictions imposed by the South African government as a result of the COVID-19 pandemic, the implementation of the SPICES research project has been severely restricted. To determine the feasibility of project interventions’ implementation, consultative meetings have been held with Community Health Workers (CHWs), supervisors, and clinic managers in the different research sites. According to these consultations, the major barrier to project implementation are the COVID-19 government protocols which prohibit CHWs from doing field work. This means that interventions will only be rolled out in the clinics as opposed to the original plan of visiting participants in their households. Out of the original eleven clinics that were enrolled in SPICES research project, only eight facilities (six in Ga-Molepo, and two in Seshego) are able to participate in the interventions phase. Prior to rolling out interventions in the eight clinics in mid-March 2021, project intervention manuals were distributed to CHWs and their supervisors. The University of Limpopo SPICES team has also continued to conduct meetings and other scientific engagements remotely.
In the first quarter of 2021, the SPICES Sussex team successful rekindled activities in all four research sites. Across the four sites, the team has had over twenty excellent Community Health Volunteers (CHVs), operating a participant screening and booking system, and several CHV/participant health coaching partnerships. In addition, quantitative survey data has been collected and the first per-implementation focus group/interviews with CHVs have been conducted in the Hastings site.

The SPICES Sussex team has faced challenges with participant recruitment. It has been difficult to convince enough people to take part in the questionnaires in order to have a high enough rates of medium CVD risk participants. Despite these difficulties, the team has learned some lessons as part of the process evaluation, such as, seeking stronger links with primary care practices to improve participant recruitment; using less restrictive eligibility criteria for participant recruitment; outside COVID-19, increase physical presence in the community as online recruitment is a crowded marketplace.

The huge impacts of the intervention on CHV and participants are being reflected through high participant retention and testimonials during key informant interviews and focus group discussions. Whilst it has been difficult to bring eligible participants to their first coaching session, once they are there, they almost always stick with it.

It should also be noted that the team has had great success in the development of the online m-health tool and is exploring ways to evaluate this output through the summer of 2021. It is expected that the rest of 2021 would be dedicated to increasing participant numbers across the four sites prior to the analysis periods as well as building on opportunities to sustain the programme beyond the SPICES funding period.
Since May 2020, the Nottingham site has re-designed its study to explore participants’ experiences of the COVID-19 lockdown and its impact on cardiovascular (CVD) risk through telephone interviews and internet surveys. About 15 semi-structured interviews have been conducted while the INTERHEART survey has been administered at a two monthly interval to monitor any changes in risk. These interviews explore participants’ understanding of the relationship between lifestyle and heart health, how participation in the SPICES Nottingham has influenced this link and how well they have adopted recommended lifestyle changes.

Initial findings from the semi structured interviews reveal that knowledge gained from the SPICES baseline survey before COVID-19 lockdown motivated some participants to adopt healthy behaviours during the lockdown. In the words of one participant, “…I think what smacked me in the face if I’m honest with the survey was scoring. And that was, I think the motivation to do something.” Another participant stated that, “…I think it made more links for myself but then also, it was about my family. My mother, for example, her being at a particular age, it made me consider rethinking, okay, you need to start thinking about this as well.” Although the SPICES team did not provide any support to participants during the lockdown, the lockdown restrictions served as a push for behaviour and lifestyle change. Some participants have been unable to adopt healthier lifestyles during the lockdown due to family and social pressures which have led to a decrease in their wellbeing and an increase in their INTERHEART risk.

It should be noted that the initial coding, the main themes emerging from the data include; age, family experiences, mental health, associations made between lifestyle/behaviour and health risks in general and associations made between lifestyle/behaviour and health benefits, not just heart health.

One of the prominent initial findings from the ongoing qualitative interviews carried out within the framework of the PhD research for the Nottingham site reveals that general health promotion activities are carried out in workplaces and neighbourhoods rather than specific cardiovascular health activities. This corroborates with recommendations for a holistic approach to health promotion. It is worth noting that the PhD research focuses on the meanings of heart health and how the places in which people live and work in Nottingham influence the understanding of heart health.
The French SPICES team had a session with the SPICES City Champions at the Prevasy Manor in Carhaix Plouguer to re-launch the SPICES follow up after the lockdown. The City Champions needed guidance on group moderation, group communication techniques and dietary advice. The Dietician from Carhaix hospital provided dietary support while the SPICES project team gave guidance on group moderation and group communication techniques. This session was facilitated by Dr Delphine Le Goff of the SPICES project while Dr Marine Zambonino and trainee GP, G Perraud moderated the session. The day ended with closing remarks from the SPICES Brest Principal Investigator, Pr. Jean Yves Le Reste. The session was covered by the local press and featured in local newspapers. Local Stakeholders like Jean Pierre Hemon were also present.
Watch videos of the session here: https://spices.bzh/ressources.html.