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Home-Based Hypertension and Physical Activity Screening by Community Health Workers in Under-Resourced South African Communities

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Low- and middle-income countries have struggled with the prevention and control of non-communicable diseases. Community health workers (CHWs) are capable of providing valuable healthcare services and individualized care to patients and relieving the workload of local health clinics. **PURPOSE:** This study sought to explore the feasibility and acceptability of CHW-led home-based visits consisting of screening and brief counseling for blood pressure and physical activity. **METHODS:** In September 2021, CHWs visited community member homes in Soweto, South Africa where they performed blood pressure and physical activity screenings, followed by brief counseling, as appropriate. Community members were asked to complete a satisfaction survey at the end of the visit. A sample of community members were later contacted to participate in a semi-structured interview to better understanding their experience with the home visit, the CHWs, and the screenings. **RESULTS:** CHWs visited 169 households, from which 122 community members consented to participate in the study. Of the 122 participants, 32.0% were hypertensive and 56.6% were deemed physically inactive. Nearly all participants reported that it was 'very easy' or 'easy' to understand information from CHWs (97%), that the CHWs answered their questions 'very well' or 'well' (100%), and that they would be 'very likely' or 'likely' to request home service again (93%). Twenty-eight interviews were later conducted revealing four main themes: 1) receptiveness to the visits and allowing CHWs into their homes, 2) openness to the advice and counseling provided, 3) satisfaction with the blood pressure and physical activity screening and a basic comprehension of the results, and 4) receptiveness to the physical activity advice and an interest in becoming more physically active. **CONCLUSION:** Home visits led by CHWs are an acceptable and feasible method for providing healthcare service to address non-communicable diseases in under-resourced communities. The acceptability of the home visits indicates the potential for using CHWs to provide more accessible and

individualized care and reducing barriers individuals living in under-resourced communities face attempting to achieve a healthier lifestyle.

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