

Theory of Change

What is the problem you are trying to solve?	Who is your key audience?	What is your entry point to reaching your audience?	What steps are needed to bring about change?	Measurable effect of your work?	What are the wider benefits of your work?	What is the long term change you see as your goal?
<p>Cardiovascular diseases as the main cause of death in México. This deaths are mainly driven by an excess of patients and overloaded system. We aim to treat this patients and improve the popular knowledge about cardiovascular health.</p>	<p>Vulnerable population, defined as every other person who is unable to receive an adequate medical treatment, due to lack of monetary resources or increasingly delays in the system.</p>	<p>Mostly through our social networks and electronic media, as well as the references of other institutions.</p>	<p>Develop a national program with understandable information for the general public about cardiovascular diseases, their prevention, diagnosis and treatment in order to improve the general knowledge in this area and foster alliances with key stakeholders.</p>	<p>Through the number of people trained across all the medical education programs and the alliances that we signed with important stakeholders to implement actions about this problem.</p>	<p>Reduce the lack of information on cardiovascular diseases in the population as well as increase the amount of knowledge in medical personnel. Develop implementation programs with relevant stakeholders to decrease cardiovascular morbimortality in Mexico.</p>	<p>Develop a healthcare network across the country that provides free or low cost medical attention to every patient that needed in Mexico and positionate ourselves as the referent in Research and Education in Medical Care.</p>
			<p>Create a complete plan of cardiology, nutrition, psychology and physical therapy in prevention, diagnosis and treatment that will be accesible to the entire population.</p>	<p>Measurable effect? Files of clinical history within the institution to monitor the treatment of each patient.</p>	<p>Wider benefits? Give a complete health program to people who need it and provide them with the appropriate improvement process.</p>	
			<p>Implementation of a cardiovascular education program at the federal level that is inserted within the academic curriculum of basic, medium and high levels with the support of key allies from private industry and government</p>	<p>Measurable effect? As it is an academic class, a record will be kept of the number of people trained in first aid care and performance</p>	<p>Wider benefits? CPR, first aid and the use of AEDs will be instructed in large numbers of people without any distinction, so the mortality rate will be reduced.</p>	
<p>Key assumptions</p>	<p>Key assumptions</p>	<p>Key assumptions</p>	<p>Key assumptions</p>	<p>Key assumptions</p>	<p>Key assumptions</p>	<p>Stakeholders</p>
<p>We have an overloaded healthcare system that's unable to provide medical care to every patient with CV diseases.</p>	<p>Patients with Cardiovascular diseases from 0-99 years old who are not capable to receive medical care for their diseases. General population to educate about this problem</p>	<p>If we "get famous" within cardiologists, governance and general public, will reach a wider audience of patients and we'll improve our funding strategies.</p>	<p>1.- There is a great lack of information on basic health in the population in Mexico. 2.- Normally, attention to one area of medicine is linked to others that complement the treatment of the original disease. People of all ages do not know how to act in an emergency situation.</p>	<p>3.-</p>	<p>Medical Doctors, Government, Patients, Pharmaceutical/ Medical Devices companies, Donators, Suppliers, Decision makers, Medical Societies, NGOs, Digital Companies, Universities, etc.</p>	