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The impact of the health guardian for longevity program in bridging the gap to tailored-center health care for residents of Se village, West Africa

This is the presentation of a case study that explored the impact of bringing tailored health care to a village in West Africa using the Health Guardian for Longevity Program (HGFLP), an individualized tailored-fitted telehealth program that incorporates virtual, automation, and mobile technology (Pemberton, 2017). "The Health Guardian for Longevity Program takes in hand the assessed data, mobilizing the powerful tools of mobile, interactive, remote, video, and virtual technologies, as well as selected learning models, behavioral theories, and humor to treat patients as individuals" (Pemberton, 2017, p.1). In the village, Wi-Fi was not an option, thus the delivery and operation of the program required technological modifications in automation and the reliance on assigned team leaders who lived within city limits, had transportation and access to Wi-Fi. The team leaders led groups of 25-38 people for a total of 100 participants through the case study process. The 100 participants in the study were randomly selected from a pool of 200 residents who were part of the on-site visits and health promotion program of 2014. The population spanned across the life cycle and was separated into groups of school-age, adolescent-age, young adult-age, middle adult-age and older adult-age. The case study began in 2014 with the incorporation of a new practice approach different from prior years by the incorporation of the Health Guardian for Longevity Program. The qualitative case study explored the impact of the participants' online use of the Health Guardian for Longevity Program related to their health status and sustainability following a healthcare crisis. Data was collected from 100 participants of the Se village, West Africa, who utilized the program for a period of 1.5 years, completed in Guardian for Longevity Program Perception Questionnaire, a 10-item Likert-scale Instrument. The questionnaire was administered by team leaders and the data captured was analyzed by the primary investigator, at the completion of the program in 2016. The collection of data was analyzed using the QDA Miner Lite software program. This study was guided by prior research on the benefits of tailored-centered patient care, the meaningful use of technology in healthcare, and telehealth practice. The results of the analyzed data identified both effective and ineffective practices related to the use of the Health Guardian for Longevity Program. In response to three items, it was identified that the following modifications are needed; more intensive training for team leaders, all narratives must be written in the language of the villagers, and all health partners need to learn the native language. The findings from this research study provided specific strategies for sustainability of quality healthcare using telehealth practice, virtual and mobile devices. A future study will be conducted focusing on the clinical data captured in this study inclusive of hypoglycemia, hyperglycemia, oxygen concentration, hypertension, hypotension, and cardiopulmonary symptoms using a quantitative design of research.

Biography

Dr. Freida Pemberton, RN-BC is a Full Professor of Nursing at Molloy College, Rockville Centre, NY and served in the position of Director of the Graduate Nursing Program for four years. Dr. Pemberton has made numerous contributions to the advancement of the Molloy College community and the community at large. She developed its Graduate Nursing Informatics component of the Administration track. Dr. Pemberton is American Nurses Credentialing Center (ANCC) Board Certified as an Informatics Nurse and continues to practice as a consultant in informatics. She has published on Distance Education, Development of a Faculty Learning Center and A Study on Nurses Attitudinal Tendencies.

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