

The impact of the Health Guardian for Longevity Program in bridging the gap to tailored-center health care for residents of the Se village in West Africa

Freida Pemberton

Abstract

This case study 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, a.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 (100 participants) through the case study process. The researcher randomly selected the 100 participants in the study from a pool of 200, who were part of the on-site visit and health promotion program of 2014. The population spanned across the life cycle and was arranged in groups of School-Age, Adolescent-Age, Young Adult-Age, Middle Adult-Age and Older Adult-Age. This case study began in 2014 incorporating a new practice approach that differed from prior years with the implementation 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 the 100 participants who used the program for 1.5 years, completed in 2016. The participants responded to the Health 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 in 2016. Data collected was analyzed using the QDA Miner Lite software program. Prior research on the benefits of tailored-centered patient care, the meaningful use of technology in healthcare, and telehealth practice guided this study. 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

questionnaire items, it was identified that modifications were needed; 1. provide more intensive training for team leaders, 2. all narratives must be written in the language of the villagers, and

3. 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. This case study now serves as a case-based teaching and problem-solving learning module for the educator's students enrolled in nursing informatics, research, and growth and development courses. A quantitative research design study is in progress, focusing on the clinical data captured in this study.

This presentation is designed to generate interest and excitement in the innovative approach to patient-centered, customtailored health promotion offered by the Health Guardian for Longevity program. 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. This multifaceted approach allows caregivers and their patients to focus on the patient's unique needs to restore, maintain, and integrate healthier behavioral practices.

The primary motivation for the development of the program - and the program's key objective - is to get individuals more directly involved in their own recovery and self-care after diagnosis or crisis. This objective can be achieved by cultivating an environment of convenience, personalization and comfort in which the health care consumer is not only a patient but a client. The Health Guardian for Longevity program empowers individuals to become effective advance managers of their health care, speeding the transition from unwell to well and achieving better long-term outcomes. Kreuter [1] defined tailoring as "Any combination of strategies and information intended to reach one specific person, based on characteristics that are unique to that person, related to the

Freida Pemberton
Molloy College, USA

outcome of interest and derived from an individual assessment". In their report on information retention [2], Pennsylvania State University's Task Force on Distance Education noted that individuals retain approximately 20% of information transmitted by verbal means alone, and 40% of what is transmitted only visually. However, when one transmits information through a combination of verbal, visual, and hands-on media, the retention rate surges to approximately 75%.

Using Kreuter [1] definition of tailoring, and the Penn State task force's report as departure points, we expect that the personalized, interactive media used in the development of the Health Guardian for Longevity program will result in markedly improved information retention and utilization on the part of patient-clients using the program. The varied telecommunication technology integrated in the Health Guardian for Longevity Program better addresses the individuality and unique healthcare needs of the patient-client while maintaining their interest and enhancing their motivation to practice healthy lifestyle behaviors. Long before any research for this project began however, the fundamental aim of the Health Guardian for Longevity program was inspired by the deaths of several family members, friends and associates at early ages from a number of the ailments referenced earlier in the New York State Department of Health report. It seemed that the more traditional, generalist practices being applied to these patients consistently failed to address both the holistic and the specific needs of the individual, ignoring-or at least overlooking cultural practices, spirituality, education level, stress levels, and beliefs about health care practices and behaviors integral to the patient-client's unique profile.