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Six collective patient behaviours derailing ART in KZN

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Background: Antiretroviral therapy (ART) roll-out is fraught with challenges, many with serious repercussions. We explored and described patient behavior-related challenges from the perspective of health care providers from non-governmental organizations involved in ART programs in KwaZulu-Natal, South Africa.

Methods: A descriptive case study design using qualitative approach was applied during this study. Data was collected from nine key informants from the three biggest NGOs involved in ART roll-out using in-depth semi-structured interviews. Transcribing and coding for emergent themes was done by two independent reviewers. Ethical approval for the study was granted by the UNISA research ethics committee of The Faculty of Health Sciences. Written consent was obtained from directors of the three NGOs involved and individual audio taped informed consent was obtained from all study participants prior to data collection.

Results: Findings revealed six broad areas of patient behavior challenges. These were patient behaviors related to socio-economic situation of patient (skipping of medication due to lack of food, or due to lack of transport fees), belief systems (traditional and religious), stigma (non-disclosure), sexual practices (non-acceptability of condoms, teenage pregnancies), escapism (drug and alcohol abuse) and opportunism (skipping medication in order to access disability grant, teenage pregnancies to access child grant).

Conclusion: New programs need to address patient behavior as a complex phenomenon requiring a multi-pronged approach that also addresses social norms and institutions. In the face of continued ART scale up, this is further evidence for the need for multi-sectoral collaboration to ensure successful and sustainable ART roll-out.

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Building capacity of physiotherapy graduates to work in primary health care in New Zealand

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The introduction of Primary Health Care (PHC) policy in New Zealand (NZ) demands that health professional education and work practice respond. Initiatives are underway to develop health professionals' capacity in PHC. One initiative in NZ has involved the development of a Self-Check Tool for physiotherapists to evaluate their readiness to work in a PHC framework. The development of the tool was prompted by international evidence that physiotherapists can contribute effectively to the prevention and management of long-term conditions such as cardio-vascular disease, diabetes, chronic respiratory conditions, arthritis, cancer, low back pain and mental health conditions. The design of the Self-check Tool was underpinned by the principles outlined in the New Zealand Primary Health Care Strategy which are based on the Alma Ata Declaration and the Ottawa Charter for Health Promotion. Development of specific items in the tool was further informed by a literature review. Expert members of the Physiotherapy New Zealand Primary Health Care working party were surveyed to establish content validity of the tool. Excellent content validity was demonstrated with an overall score of 0.937, exceeding the acceptable index of 0.8. The main purpose of this presentation is to demonstrate how this Self-check Tool is linked to a University degree curriculum that builds the capacity of physiotherapy students and graduates to work in PHC. The key underlying concepts and principles that are consistent between the tool and the academic programme are population health, health planning, community and professional networking, requisite knowledge and reflective practice.

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