Identifying Health Care Provider Needs for Epilepsy Care in Uganda

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Objectives: The main objective of this study is to identify unfulfilled needs and challenges facing epilepsy care providers in Uganda. Specifically, this study will investigate resource deficiencies, social or practical barriers, gaps in training, procedural inefficiencies, and any other relevant barriers to effective epilepsy care noted by study participants. Outcomes from this study can inform specific targets of future educational interventions for health care providers.

Background

Epilepsy is one of the most common neurological disorders in world, and yet, 3 out of 4 people in low resource countries do not access care even though epilepsy is highly treatable. In Uganda, epilepsy is critically underdiagnosed and underfunded, but the nature and scope of challenges to care from a clinical perspective are unclear. Thus, there is a need to elucidate the perceptions, needs, and knowledge of health care providers in order to inform future interventions aimed at improving the quality of care.

Mixed Methodology

Qualitative: Focus groups conducted with health care providers (n=32) involved in the medical care of epilepsy patients in and around Mbarara, Uganda working at health care center II, III and IV locations, district hospitals, or Mbarara Regional Referral Hospital.

Quantitative: Structured surveys administered to same providers to evaluate relative expertise and competency in recognizing, evaluating, and treating epilepsy.

Preliminary Quantitative Results

Our sample was drawn from health care providers from 5 different health centers near Mbarara, spanning a variety of specialties and skill levels.

Preliminary Qualitative Results

When asked the question, Of all the things we’ve discussed today, what would you say are the most important issues to focus on to facilitate progress in care?, each of the seven focus groups mentioned the following themes as the most important areas of need.

Preliminary Conclusions

Epilepsy care needs and knowledge differed based on the demographics of providers (e.g. nurses, physicians, etc.). However, some common themes were found across all groups. Future education interventions in Uganda should not be generalized. Instead, they need to be tailored to fit the needs and education levels of specific health care provider groups.