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Methodological Evaluation of Urban Primary Care Networks in Nigeria: A Randomized Field Trial for Measuring Clinical Outcomes

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Abstract

Urban primary care networks in Nigeria are underutilized for managing chronic diseases such as hypertension and diabetes. A randomized field trial was conducted among 1200 patients across five urban areas. Participants were randomly assigned to either intervention (enhanced care) or control groups (standard care). Patient adherence and medication compliance were measured using logistic regression models. There was a significant increase in patient adherence from the baseline of 45% to 62% among those receiving enhanced care, with a confidence interval for this effect being [0.17, 0.38]. The randomized field trial demonstrated that enhanced urban primary care networks can improve clinical outcomes through increased patient adherence and compliance. Primary healthcare systems should prioritise the implementation of such interventions to enhance disease management in underserved urban areas. Urban Primary Care, Clinical Outcomes, Randomized Field Trial, Patient Adherence Treatment effect was estimated with $text\{logit\}(\pi) = beta 0 + \beta^{\rightarrow} p X_i$, and uncertainty reported using confidence-interval based inference.

Keywords: *Geographic Terms Related to Africa: Nigerian*

Methodological and Theoretical Terms: Randomization
Clinical outcomes
Primary healthcare

Evaluation *design*
Community-based intervention

ABSTRACT-ONLY PUBLICATION

This is an abstract-only publication. The complete research paper with full methodology, results, discussion, and references is available upon request.

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