

Community Engagement: From Health Care to Community Living

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Presentation Objectives

- Describe a method to reduce barriers to accessing different environments called community engagement or CE
- Describe the CE implementation process and research study
- CE role play
- Describe new CE Project



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- Do not represent the official position of NIDRR



Community Engagement

The process of working collaboratively with groups of people who are by geographic proximity, special interests, or similar situations, on common issues affecting their well-being.



Theoretical Foundation to CE

- Hahn's theory on the institutional creation of disability (social attitudes, environment, public policy)(Hahn, 1985)
- Social Model of Disability



Theoretical Foundation

Individual

Disability

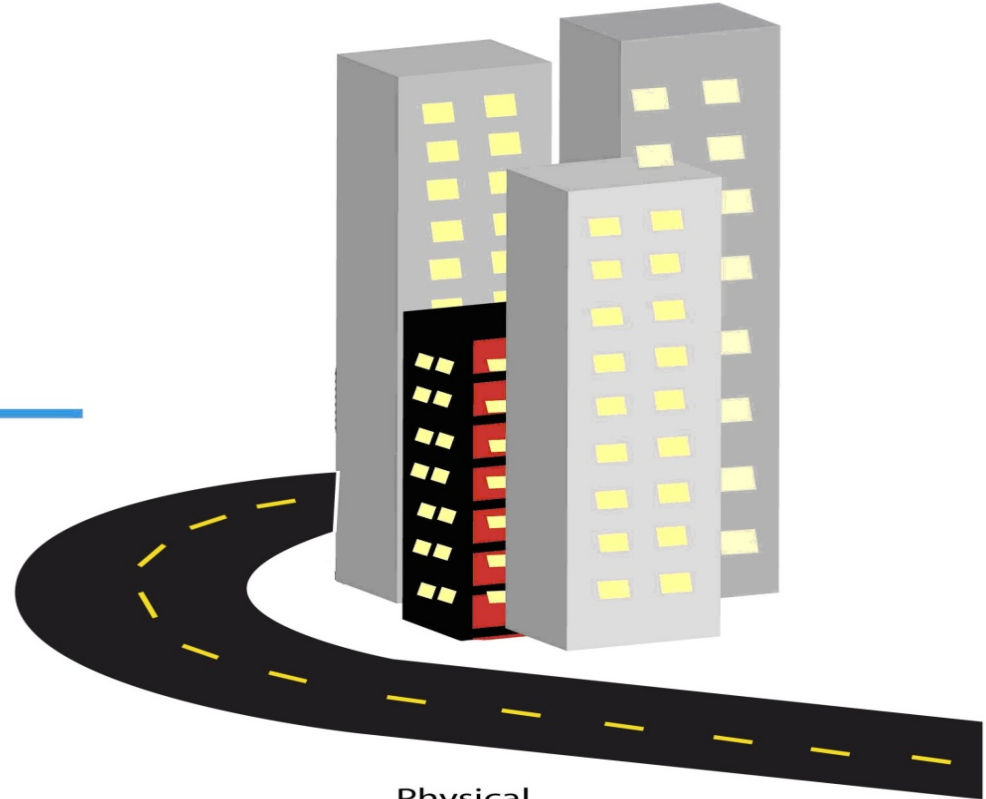
Environment



Person with
Impairment or
Condition



Exclusion
Oppression
Neglect
**Stereotypical
Imaging**
Stereotypes



Physical
Social
Economic
Political

Source: Drum, Krahn, & Bersani, 2009



Research and Training Center on Measurement and Interdependence in Community Living

Purpose of Community Engagement

- Help PWDs and families identify local barriers and facilitators to accessing different environments; and
- Encourage local responses to the identified barriers



Types of Barriers Addressed by CE

Access to:

Education, Employment, Health Care,
Housing, Public Places, Recreation, and
Transportation



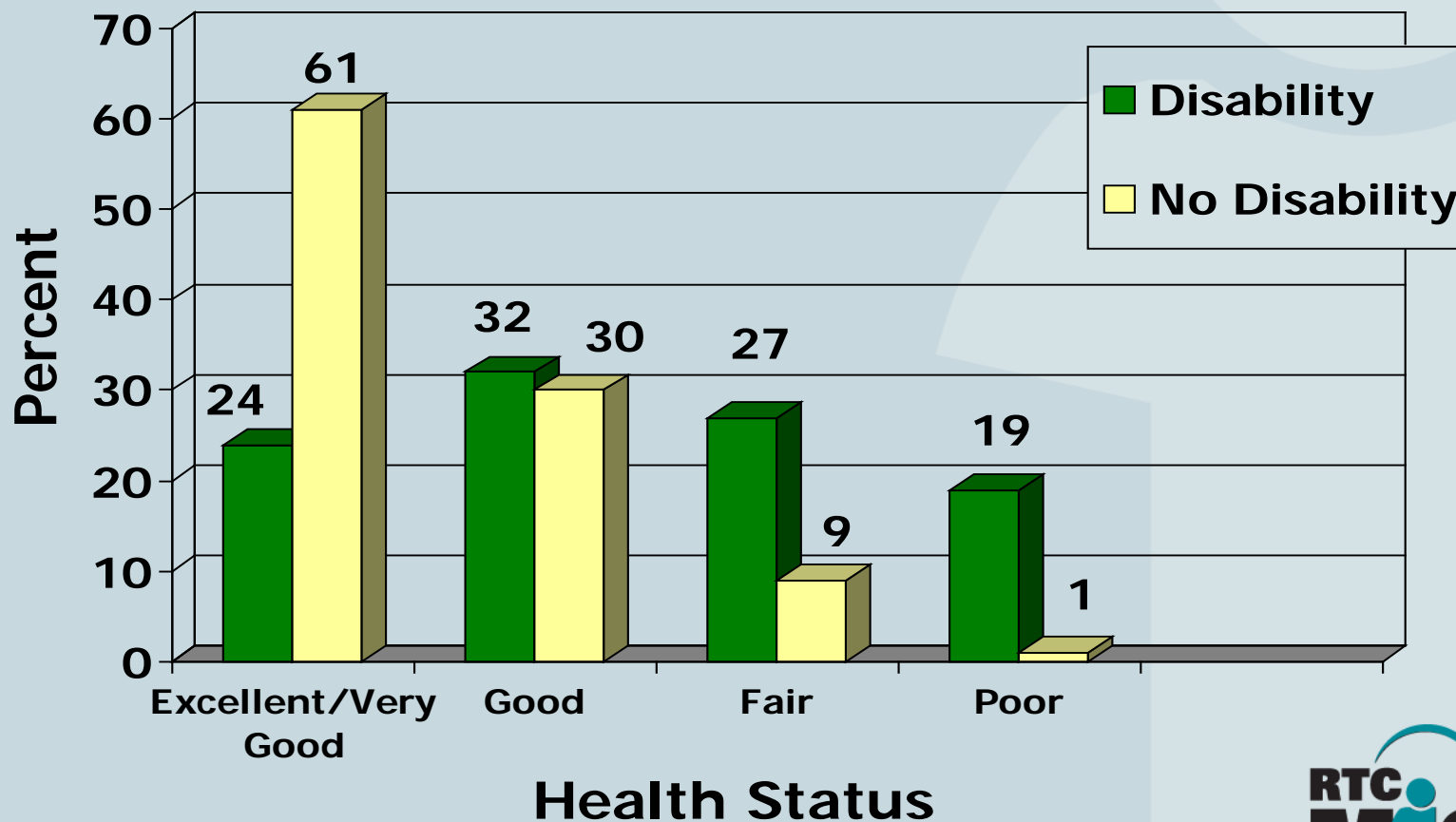
Recent Implementation of Community Engagement

In the last five years, CE has focused on
access to health care...

Why?



Health Status of People With and Without Disabilities*



Providers Gather MORE Information On:



- Pain
- Depression
- Stress
- Work/hobbies

Providers Gather LESS Information On:

- Smoking
- Blood pressure
- Cholesterol
- Mammograms
- Colorectal exams
- Sexual activity



Other Risks

PWDs are more likely to:

- Smoke
- Be overweight or obese
- Have unmet health care needs

PWDs are less likely to:

- Get preventive services
- Engage in physical activity



CE Methodology

- Step 1. Town Hall Meeting
- Step 2. Community Infrastructure Meeting
- Step 3. Resource Mobilization
- Step 4. Follow Up



Step 1: CE Town Hall Meeting

Local Community Partner assists with:

- Recruitment
- Registration
- Co-Facilitation

People with Disabilities & families:

- Identify HC assets



Step 1: CE Town Hall Meeting

People with disabilities and families:

- Identify HC barriers in:
 - Facility Access & Services
 - Communication & Attitudes
- Prioritize the barriers
- Discuss possible solutions
- ID representatives for next phase



Step 2: Infrastructure Meeting

HC providers, local govt. & agencies, & Town Hall reps:

- Overview of disability
- Review assets identified during town hall meeting
- Validate / Modify barriers presented in power point



Step 3: Resource Mobilization

Commitments are obtained from community representatives to address barriers:

- Facilitated discussion of potential solutions, including solutions identified during Town Hall meeting
- Community Infrastructure Workbook



Step 4: Follow-Up

Changes in the community are documented:

- Local liaison designed to record decisions and steps taken to resolve access barriers
- OHSU serves as ongoing resource



CE Evaluation Project

Basic Study Purpose:

- To determine whether the use of community engagement techniques increases access to health care among people with disabilities
- Funded by the RTC MICL and NIDRR



CE Research Design

- A multisite embedded case comparison of matched communities in Oregon, Missouri, and Kansas
- Embedded case studies are studies where different levels or sources of data are collected
- Pre- Post Data at the individual, environmental, and organizational level



Research Measures

Community Participation and Perceived Receptivity Survey (CPPRS)-

Measures participation, accessibility, and perception of treatment

Disability Rights Attitude Scale (DRAS)-
Assesses attitudes toward rights under the ADA



Research Measures

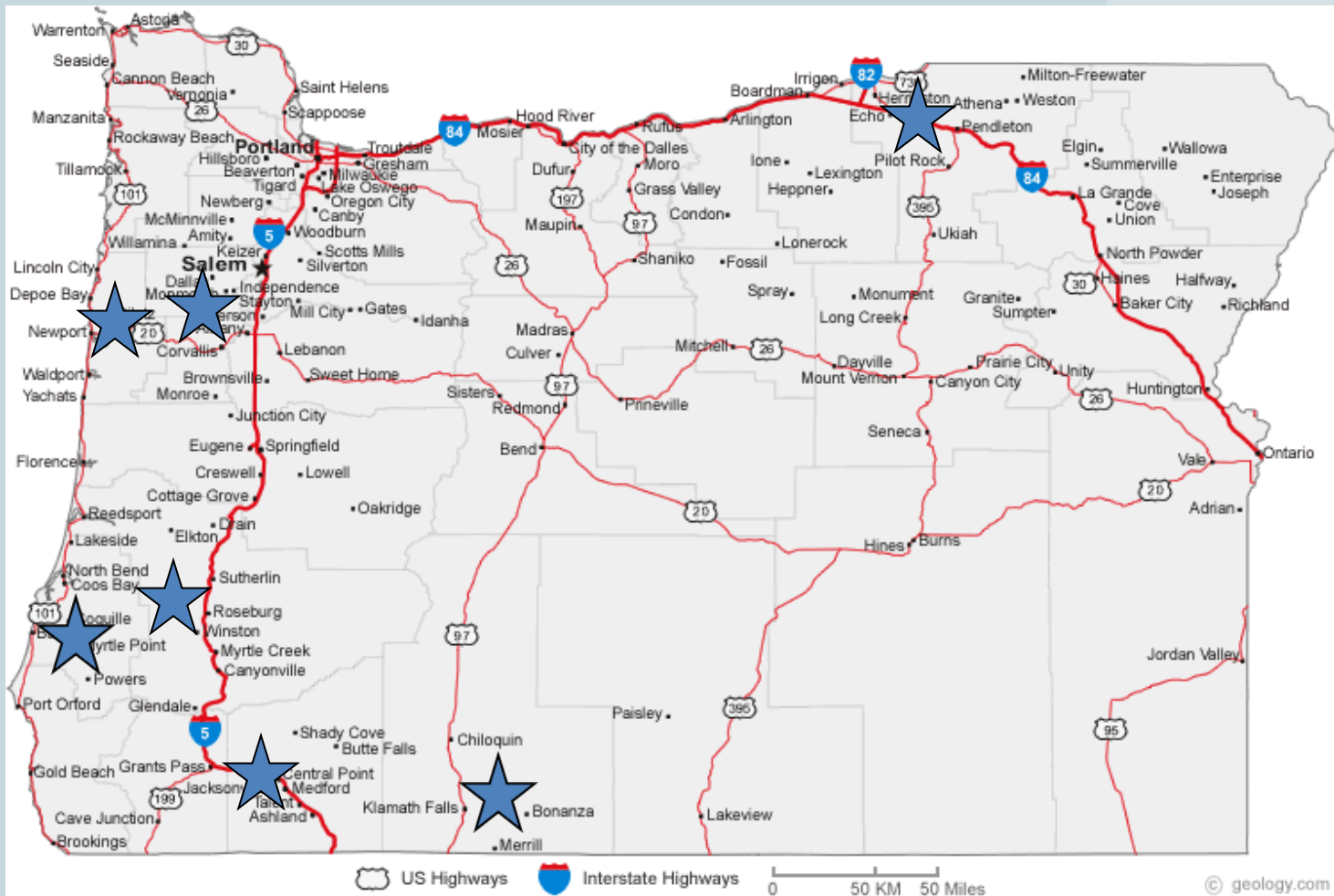
Outpatient Health Care Usability Profile (OHCUP)-

Measure the usability of specific healthcare facilities, based on the ADAAGs

- Action Logs - records of decisions and steps taken to resolve access barriers
- Case Reports



Oregon CE Sites*



*Additional sites in Kansas & Missouri Not Reported



Facility Access and Services Prioritized Barriers

- Built environment: 47%
- Accessible parking: 25%
- Signage: 10%
- Communication aids: 10%
- Access to provider: 7%
- Paperwork: 7%



Transportation Prioritized Barriers

- Bus stops and routes: 52%
- Planning requirements: 16%
- Lack of awareness of options: 7%
- Cost: 11%



Provider Attitudes & Communication Prioritized Barriers

- Quality of physician/provider care and communication: 45%
- Lack of disability awareness: 30%
- Poor customer service: 20%
- Lack of communication aids: 5%



Corvallis- Prioritized Barriers

Transportation:

- Dial-a-bus short staffed
- City bus service limited

Facility Access & Services:

- Accessibility of hospital parking
- Hospital curb ramps
- Parking lot signage



Corvallis - Prioritized Barriers

Provider Attitudes & Communication:

- Lack of education among HC providers re disability issues
- Doctors who do not communicate with care providers or directly w/ PWDs
- Lack of quality MH services



Progress to Date- Corvallis

- Hospital improved parking, more spaces, drop-off point, signage
- The para-transit bus system added 7 volunteers to address call volume
- 3 new bus routes added to increase access to hospital services



Progress to Date- Corvallis

- The Arc of Benton County and OSU held a forum to discuss physical activity and recreation
- The Arc of Benton County has coordinated letter writing efforts to the editor of the local paper



Progress to Date- Prioritized Barriers

- Corvallis: 7/9
- Pendleton: 6/9
- Newburg: 5/10
- Medford: 5/10



CE Role Play- Now, it's your turn!

Town Hall Meeting

- Your role: Town Hall meeting attendee
- HC Assets
- Barriers:
 - Transportation
 - Facility Access & Services
 - Communication & Attitudes



The Future of CE

- CE Knowledge Translation Research Project
- Funded by the new RRTC on Community Living
- How much TA is needed to implement CE?
- 3 matched sites in Montana, Mississippi, and New Hampshire



Questions?

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