Analytic Research Framework

Project Number, Research Questions, and P.I.	Hypothesis	Data Source	Topic Area	Projects in Priority (b) this informs
Core A: Secondary Data Analysis				
R-1. American Housing Survey (AHS) (Dr. Ravesloot).	1. More than 30% of people with disabilities who report a mobility limitation live in homes or apartments that have steps at the entry. 2. More than 30% of people with disabilities do not have access to any transportation including public transportation. 3. Home and transportation access is inversely related to income, age and employment. 4. People with disabilities are disproportionately represented in housing built before 1990 (i.e., housing not covered by the Fair Housing Amendment Act that would mandate minimal accessibility standards). 5. More people with mobility impairments living in non-metropolitan areas will have stairs to their housing entrance than those living in metropolitan areas because the housing stock is older and fewer housing units are covered by the FHAA.	The American Housing Survey	Housing.	R-9.
R-2. American Time Use Survey (ATUS) (Dr. Ravesloot).	1. People with disabilities who are employed report significantly more time engaged in community activities. 2. People with disabilities who are not employed spend significantly more time at home alone than their employed counterparts. 3. Availability of personal transportation is highly related to time spent in community activities. 4. People with disabilities living in non-metro areas will report more time at home alone than their metropolitan counterparts.	The American Time Use Survey	Participation, functional status and environmental factors.	R-9.
R-3. American Community Survey (ACS) (Dr. Houtenville)	Examine the association of community participation and community living with: 1. Socio-demographic factors, including but not limited to race, ethnicity, income, education, household composition), 2. Traits of the housing physical structure, including but not limited to age of the structure, number of stories, structure, 3. Local characteristics, including but not limited to urban/rural and availability of public transportation, state and local policies and programs, topography, climate, and 4. The nature of an individual's disability (i.e., disability type and severity).	The American Community Survey	Effect of individual and location characteristics on community participation and community living.	R-9
R-4. Medical Expenditure Panel Survey (MEPS) (Dr. Reichard)	1. There are dyads and triads of chronic conditions among subgroups of disability that can help inform design and evaluation of more effective healthcare for those experiencing the combinations of chronic disease. 2. Subgroups of disability experience differences in how conditions cluster most commonly. 3. Prevalence rates for chronic condition dyads and triads are higher for all subgroups of disability than those with no disability. 4. Dyads and triads of chronic conditions among subgroups of disability vary across socio-demographic and	Medical Expenditure Panel Survey (MEPS)	Prevalence rates of chronic conditions; access to health care and preventive services.	R-7

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R-4. Medical Expenditure Panel Survey (MEPS) (Dr. Reichard *(continued)*	geographic factors. 5. Dyads and triads of chronic conditions among subgroups of disability report differential access to health care and preventive services. 6. Dyads and triads of chronic conditions among subgroups of disability report differential health status. 7. The multivariate relationships between predisposing characteristics, the health care system, external environment, enabling characteristics, need, and realized access are moderated by disability type and clusters (dyads and triads) of chronic conditions. 8. The multivariate relationships between predisposing characteristics, the health care system, external environment, enabling characteristics, need, realized access and health status are moderated by disability type and clusters (dyads and triads) of chronic conditions.			
R-5 Vocational Rehabilitation (VR) (Dr. Balcazar)	1. Which demographic factors (e.g., race, gender, age, disability type, education, access to reliable transportation, etc.) influence successful employment/rehabilitation outcomes among VR consumers residing in institutions, transferring out or residing in the community? Which demographic factors are related to failure to attain rehabilitation goals? 2. Which case-level characteristics (e.g., referral source, source of income at time of entry, consumer's income level, etc.) influence successful attainment of VR goals among consumers residing in institutions, transferring out or residing in the community? Which case-level characteristics are related to failure to attain rehabilitation goals? 3. Which VR-level variables (e.g., 22 types of VR services, number of services received, service provider, case expenditures, etc.) influence positive attainment of VR goals among consumers residing in institutions, transferring out or residing in the community? Which VR-level variables are related to failure to attain rehabilitation goals?	Virtual Case Management Files	Rehabilitation.	R-9 R-11
R-6. SPARC/Core (Dr. Gray/Dr. Dashner)	Individuals with mobility impairments who use mobility enhancing devices, those who have visual impairments and those who are hard of hearing will differ in the: 1. Frequency of visiting community sites; 2. Evaluation of community site visits; 3. Reception at the community sites they visit; 4. Amount of personal assistance they use to visit community sites; 5. Reasons for not visiting community sites; 6.Demographic factors geographic factors.	Dataset collected using web-based surveys of people with disabilities, SPARC and CORE, in 2007-2010	Factors influencing community living for people with disabilities.	R-8 & R-10

Core B: Interventions

	Hypothesis	Intervention Design	Topic Area	PAR	Fidelity of implementation
R-7. Health Navigator (Dr. Reichard)	1. After receiving health navigator training, case managers will value what they have learned. 2. After receiving health navigator training, case managers will incorporate what they have learned	Modified pre-test post-test control group design.	Health navigation	To ensure that the goals, procedures and outcomes of	To be developed, will include a self-monitoring fidelity

	Hypothesis	Intervention Design	Topic Area	PAR	Fidelity of implementation
R-7. Health Navigator (Dr. Reichard) (*continued)*	into the services they provide to consumers. 3. Consumers receiving health navigation services from their case manager will improve their level of patient activation. 4. Consumers receiving health navigation services from their case manager will improve their community participation.			this project are most relevant to people with isabilities, we will establish a consumer-empowered team (CET).	checklist for CIL staff.
R-8. Personal Assistant Services (PAS) (Dr. Dashner)	1. Informal PAS consumers attending the education sessions will demonstrate improved health status, increased exercise participation, increased social contacts, higher reported exposure to environmental facilitators in the community, improved satisfaction with PA providers and increased frequency of participation, improved quality of participation in the community and increased level of comfort directing informal care providers; 2. Informal PAS providers attending the education sessions will improve their approach to preparing consumers for community activities, report less difficulty with completing tasks, have fewer injuries and report less stress and an increased level of comfort providing assistance than individual providers who do not attend the training intervention.	Repeated measures group design.	PAS training	1. The proposed project will involve CETs to develop educational topics and content of the training to be developed through focus groups and a pilot test of the intervention. 2. Members of the research lab-oratory also have severe disabling conditions and are sensitive to barriers to community participation and the provision of personal assistance services.	The fidelity will be ensured through involvement of the PAR group in identifying critical components and measurable indicators of the training curriculum, resulting in a draft fidelity measure that will be iteratively revised as the model is changed during the development phase.
R-9. Housing-Accessibility Advocacy (Dr. Ravesloot)	1. The usability of housing units occupied by people with disabilities can be reliably and validly measured with a self-report measurement instrument. 2. More than 30% of randomly selected residents with disabilities who dwell in multifamily units covered by federal housing laws will report usability problems with their housing unit and housing complex common areas. 3. Compliance with federal housing accessibility laws can be measured with a brief onsite housing assessment strategy used by center for independent living center staff. 4. More than 30% of housing units occupied by people with disabilities will be noncompliant with federal housing laws that limit either their community access or visitability. 5. An advocacy intervention based on New Governance concepts will result in greater compliance with federal housing laws than standard complaint based strategies.	True randomized control group experimental design.	Rapid housing assessment and advocacy	People with disabilities will be hired to provide guidance and direction to the project, through the development of a Consumer Empowered Team of Advisors.	Research staff will be copied on all New Governance (NG) advocacy and complaint-based correspondence. Fidelity will be assessed using checklists for intervention components. Significant deviations will be addressed with CIL staff.

	Hypothesis	Intervention Design	Topic Area	PAR	Fidelity of implementation
R-10 Community Engagement Initiative (CEI) KT (Dr. Drum)	1. Will a community engagement technique used to identify and resolve barriers to accessing health care be effective in identifying and resolving barriers to accessing community recreation activities, i.e., create more opportunities for recreation participation? 2. Will graduated levels of KT assistance (and attendant costs) result in differential results in identifying and ameliorating barriers to participating in community recreation activities? 3. Will the community recreation barrier removal result in an increase in participation?	Multisite embedded case study design.	Community participation	The CE methodology is a classic example of participatory research. Implementation of CE has been accomplished through partnerships with local disability organizations, including independent living centers.	All community project sites will be asked to document modifications or changes to the CE process.
R-11. Community Tool Box (CTB) (Dr. White)	**1.** CILs that receive the CPTTA will be more successful bringing about community and systems change than CILs that do not receive CPTTA. 2. CILs that receive the CPTTA will create more opportunities for civic engagement and community participation for people with disabilities in their community than those who do not.	Wait-list replication design.	Civic engagement	People with disabilities, CILs and other community-based organizations, and other members of the community will be actively engaged in assessing barriers and assets for participation, in developing strategic action plans, in imple-menting the multi-level plan, and in evaluating the organization's efforts.	The on-line documentation approach along with regular TA will also increase the fidelity of the process of the independent variable

Core C: Knowledge Translation: Systematic Scoping Reviews

Title of Review	Importance of Topic*	PAR Approach	Projects in Priority (b) this informs
SSR-1: A Systematic Scoping Review of the Literature on Risk Factors for Institutionalization	Will examine the range and nature of research on variables that contribute to institutionalization for working age people with disabilities, and identify gaps in the literature to inform RRTC/CL intervention investigators	Per systematic scoping review protocols, a Review Advisory Panel composed of scientists, disability service providers, and policy experts will be actively involved in the review to ensure rigor, transparency and relevance	R-7, R-8, R-9, R-10, R-11
SSR-2: Extending a Systematic Scoping Review of the Literature on Health Care Use and Receipt of Clinical Preventive Services by People with Disabilities	Will extend an existing review for two years on critical health-related factors posing barriers to community living for people with disabilities and identify gaps in the literature to inform RRTC/CL intervention investigators	Per systematic scoping review protocols, a Review Advisory Panel composed of scientists, disability service providers, and policy experts will be actively involved in the review to ensure rigor, transparency and relevance	R-7, R-8, R-9, R-10, R-11