R-10: Community Engagement Initiative Knowledge Transfer Research Project

Charles Drum MPA, JD, PhD
Sara Rainer
Tom Seekins, PhD

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Background

• The Community Engagement Initiative (CEI) is an evidence-based technique to identify and resolve local barriers to health care and recreational opportunities
Four Phases of CEI

Phase 1: Town Hall Meeting
Phase 2: Community Collaboration Meeting
Phase 3: Mobilization Process
Phase 4: Evaluation
Aims

• How much help do communities need to successfully implement CEI?
• How many identified barriers will be resolved in nine months?
• How & why do communities change or modify evidence-based techniques?
Methods

• Pilot project using a cluster randomized controlled trial with equivalent materials design in eight communities (4 in NH & 4 in MT)
Progress to Date

- 2 Minimal KT Assistance completed all 4 phases of CEI
- 1 Moderate KT Assistance completed all 4 phases of CEI
- 1 Minimal KT Assistance withdrawn
Community 1, Phase 4
Minimal KT Assistance

• 5 prioritized barriers
  – 3 transportation (2 HC, 1 R)
  – 1 community design (R)
  – 1 attitudes & communication (R)

• 5 barriers resolved
Community 2, Phase 4
Minimal KT Assistance

• 11 prioritized barriers
  – 3 transportation (2 HC, 1 R)
  – 4 community design (R)
  – 2 attitudes & communication (R)
  – 2 other (R)

• 8 barriers resolved
Community 3, Phase 4
Moderate KT Assistance

• 1 prioritized barrier
  – Community design (R)
• 1 barrier resolved

Community 4, Withdrawn
Moderate KT Assistance
Summary of Preliminary Findings

• **178** participants across all sites
• **14 of 17** prioritized barriers remediated in Phase 4 communities
• **24** barriers prioritized in Phase 3 communities, results TBD

Summary of Barriers (see handouts)
Potential Implications for Practice/Programs

1. **Minimal KT Assistance sites changed the process the most**
   - Minimal KT Assistance sites can be very successful or fail completely
   - Examples of changes to the process:
     - Combining Phase 1 & Phase 2
     - Forming a committee to sustain CEI activities
     - Focusing solely on recreation
Potential Implications for Practice/Programs

2. Differential in # of prioritized & remediated barriers by level of TA
   • Minimal KT Assistance identified and prioritized more barriers than Moderate KT assistance
   • There may be a difference in barrier remediation by level of TA
Potential Implications for Practice/Programs

3. Differences among implementers

- CILs, disability organizations, community based organizations, and local governmental agencies
- Staff turnover may hinder or contribute to delayed implementation
Preliminary Implications for Policy

1. Continues to be a relatively non-adversarial way of addressing access barriers
2. Effective mechanism to increase awareness and endorsement of disability access needs
3. Process may have utility in addressing other access issues
Questions?

Sara Rainer
sara.rainer@unh.edu

Charles Drum
charles.drum@unh.edu