Community Engagement and Accessibility in Rural Healthcare: A Multi-Case Study

Northwest ada Center

OREGON rural

OREGON HEALTH & SCIENCE UNIVERSITY
Background

People with physical disabilities report physical access barriers, such as non-adjustable exam tables, inaccessible scales and imaging equipment.

In a sample of Medicaid-eligible PWD, the top reported barriers to healthcare reported were:

• communication
• physical access
• transportation

(McDoom, Koppelman, and Drainoni, 2014)
Rural Communities

• Health care accessibility challenges appear to be greater.

• Rural communities typically lack the specialists needed to care for the unique needs of PWD.

• Additional factors such as limited accessible transportation, lack of provider experience/training with PWD, limited providers accepting Medicaid, and older, inaccessible facilities, may be more prevalent in rural areas (Iezzoni, Killeen, and O'Day, 2006).
Community Engagement Initiative

• From 2013 – 2015, the Northwest ADA Center coordinated three Community Engagement Initiatives to address barriers to accessible healthcare for people with disabilities in rural communities.

• Collaboration with the Oregon Office of Disability and Health at Oregon Health and Science University (OHSU) in two Oregon communities.
Collective Impact Approach

• Collective Impact is the commitment of a group of actors from different sectors to a common agenda for solving a complex social problem.

• This framework emphasizes that results are emergent rather than predetermined, with learning and adoption happening simultaneously.

(Kania and Kramer, 2011)
Five Conditions of Collective Impact Success

1. Common Agenda  
2. Shared Measurement  
3. Mutually Reinforcing Activities  
4. Continuous Communication  
5. Backbone Organization
Case Study Design

• Using this framework, the NW ADA Center used intrinsic case study design in understanding health care access for individuals with disabilities in Oregon and Washington.

• Case study employed was exploratory, given the goal was to gain new knowledge and fully understand the problems associated with health care access.
Questions defining the basis of study for each case study

1. What are the health care access issues for individuals with disabilities in rural communities?

2. How does the community mobilize resources to address the identified barriers?

3. How does technical assistance and support influence the success of the desired outcomes?
Single Case Study

Multiple data sources were collected over a period of six to nine months in each setting using a formalized process of community engagement.

• Phase 1: Access barriers (structural and programmatic) were identified and prioritized by PWD in town hall meetings in each of three communities.
Town Hall Participants identified unique local barriers

Slope to pharmacy entrance
Town Hall Participants identified unique local barriers

Major hospital info desk
Single Case Study

• Phase 2: Providers, community leaders, and other local community members were involved in community infrastructure meetings to mobilize resources to address the identified barriers.

• Phase 3: Bring both groups together to evaluate the results in a participatory way.

Data sources included participant questionnaires, focus group interviews, participant observations, and contextual data (community’s economy, political structures, cultural influences, demographic trends).
Multi-Case Study

• Using the five conditions of collective impact as guiding principles, a multi-case analysis was initiated.

• The primary research question for the multi-case study was, “What are the similarities and differences between the community initiatives?”
Conclusions

• Individuals with disabilities, community leaders and healthcare representatives who participated in the process were able to agree on emergent solutions.

• Levels of participation of community members and successful outcomes across the three case studies varied.
Conclusions (Cont.)

Overarching themes influencing the level of success:

• Mutually reinforcing activities
• Continuous communication
• “Backbone” support

The analyses can assist in refining the community engagement process and suggests complexities for further investigation.
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References

