A Community Based Approach to Health Promotion

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Objectives

- To understand the concept of a community based approach for health promotion for populations within communities

- To explore the role of each profession and collaborative efforts critical to a community based approach to care

- To envision possibilities for sustainable community based programming for populations within a local community
What is Community Based Rehabilitation (CBR)?

CBR defined

“CBR is a strategy within a general community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of all people with disabilities.”
(WHO, 2004)

Disablement defined

“Disablement is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers.”
(Disabled People's International, 1981)
Medical Model vs. Social Model

The Medical Model

People with disabilities as passive receivers of services aimed at cure or management
Medical Model vs. **Social Model**

**The Social Model**

People with disabilities as active fighters for equality working in partnership with allies
Origins of CBR

- United Nations, 1951
- Emergence of primary health care, 1960’s
- WHO: Alma Alta Declaration, 1978
- CBR Global Review, 2003
- CBR adopted by 90 countries
Core Concepts of CBR

- Facilitate awareness of and positive attitudes about disability
- Focus on prevention and health promotion
- Promote education and sustainable services
- Build social capital to enable communities to help themselves
Role of Health Professionals

- Direct service
- Trainers and educators
- Referral source
- Community liaison
- Advocacy
- Program development
CHP Interprofessional International Education: A CBR Approach

- 2007: Project initiation in partnership with the Jessie F. Richardson Foundation (OT, PT, DHS)
- 2008: Pharmacy joins the team
- 2009: PA joins the team
- 2010: Optometry joins the team
Immediate Aid

- Medicines
- Food
- Funding
- Equipment
Capacity Building

- Service Learning trips
- Caregiver and community education
- Construction projects
Sustainable and Replicable Solutions

- Purposeful Profit model where the elder homes will generate profit so that they can become sustainable
- “Train the Trainer” in order to create a cadre of health care professionals that will continue to train those working with elders throughout the country
Overview of Nicaragua

- Second poorest country in western hemisphere
- Long history of social and political upheaval
- Long history of natural disasters
- Financial assistance focused on child and maternal care
- Remittance is the primary form of income for Nicaraguans
- Long life of hard labor and little or no medical attention
- Many elders left without family support
- Church, NGO’s, and community attempt to fill gap
Everyone at your table has just arrived for a 10-day stay in which you will be working together to begin a Community Based Rehabilitation project.

Your first priority is to perform a needs assessment, which is a systematic exploration of the way things are the way they should be.

Your group’s goal is to improve health conditions for the elders.

Hogar La Providencia
Granada, Nicaragua
You will have 15 minutes to discuss your particular profession’s approach to the needs assessment with a CBR approach.

Afterward, our interprofessional team will present how we approached the needs assessment process.
## Physical Therapy: Preliminary Needs Assessment

<table>
<thead>
<tr>
<th>Needs of the Hogar Residents</th>
<th>Needs of the Caregivers</th>
<th>Needs of the Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents’ access to their environment</td>
<td>Transfer training for facility caregivers</td>
<td>Barriers within the community to providing care to Hogar residents</td>
</tr>
<tr>
<td>Presence and effectiveness of assistive devices</td>
<td>Education on geriatric physical therapy</td>
<td>Barriers within the Hogar to accessing resources within the community</td>
</tr>
<tr>
<td>Presence of residents who would particularly benefit from skilled physical intervention</td>
<td>Education of proper use of assistive devices for volunteers</td>
<td>Physical barriers to bringing resources to the Hogar</td>
</tr>
</tbody>
</table>
Interprofessional Enrichment

- PT and OT integrating activities with assessment and immediate intervention
- Benefits: Material repurposing, time efficient, enjoyable
- Assessment: Balance, vision, coordination, strength, sit/stand, endurance
- Intervention: Changing parameters and repeated motions
Pharmacy

- Assessed medication supply and their ability to acquire and store medications
- Reviewed medication profiles/medical charts
- Organized medications

- Provided caregiver education on “Medication Use in the Elderly”
- Created reference notebook of all donated Rx medication to give to the caregivers
Pharmacy

- Provided medication consults to PA students, Dr. Lopez, and for certain procedures in the dental clinic.
- Reorganized the medication room at the Granada hogar for easier use.
- Learned physical assessment techniques from PA students – collaborated in treatment recommendations.
- Learned occupational therapy assessment techniques through assisting residents in craft activities organized by OT students.
- Translated Latin American drug names into English equivalents.
PA Contribution and Goals:

- Reviewed charting system and use
- Assessed residents overall health status, noting general health concerns and conditions
- Addressed prior health needs identified by previous group
- Collaborated with other professions to facilitate achieving their goals
- Provided caregiver education
- Carefully documented our ideas and experience
What We Learned:

- Working as part of an interprofessional team is INVALUABLE
- Understanding what your colleagues do is important to provide the best patient care
- Do things on the community’s schedule, not your own
- Educate and empower
- Document carefully
“The interrelationship between oral health and general health is particularly pronounced among older people. Poor oral health can increase the risks to general health and, with compromised chewing and eating abilities, affect nutritional intake.”

http://www.who.int/oral_health/action/groups/en/index1.html
<table>
<thead>
<tr>
<th>Resident Need Assessments</th>
<th>Caregiver Need Assessments</th>
<th>Community Need Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modified DMFT (decayed, missing, filled teeth)</td>
<td>Poor oral health education</td>
<td>No community partnerships</td>
</tr>
<tr>
<td>On average each resident is missing 18 out of 32 teeth</td>
<td>Not providing dental cleaning on a daily basis</td>
<td>Dental hygienists don’t exist in Nicaragua</td>
</tr>
<tr>
<td>Pain and abscessed teeth</td>
<td>Education based on literacy levels</td>
<td>No financial resources for oral health care development</td>
</tr>
<tr>
<td>Poor motor skills and limited dexterity</td>
<td>Limited time to provide care</td>
<td>Initiating partnerships with dental students to provide care</td>
</tr>
<tr>
<td>Limited access to oral hygiene aids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of education</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dental Needs Assessment**
Interprofessional Care

- Enrichment of interprofessional education
- Collaboration with occupational therapy for elder dexterity and motor skills
- Physical therapy for wheelchair transfers and patient adjustments
- Pharmacy administered antibiotics and post-pain medication management for dental cleanings and extractions
- Physician assistants completed medical histories, blood pressures, lung capacity, and heart conditions
## Occupational Therapy: Preliminary Needs Assessment

<table>
<thead>
<tr>
<th>Resident needs</th>
<th>Caregivers needs</th>
<th>Facility needs</th>
<th>Community stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident interviews</td>
<td>Caregiver interviews</td>
<td>Photographed and noted specific features of the physical environment</td>
<td>Established relationships with:</td>
</tr>
<tr>
<td>Observed daily routines</td>
<td>Observed interactions with residents</td>
<td></td>
<td>Community entities</td>
</tr>
<tr>
<td>Identified health conditions</td>
<td>Interviews with nuns in the Hogar</td>
<td></td>
<td>Government and administrative officials</td>
</tr>
<tr>
<td>Identified services received</td>
<td>Explored work expectations and routine</td>
<td></td>
<td>Local organizations supporting people with disabilities in the community</td>
</tr>
<tr>
<td></td>
<td>Assessed areas for improvement in training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Interprofessional Enrichment

- Collaborated with other professions especially PT from Pacific to train PT students from Managua
- Met with local professors and health professionals
- Gained insight into other professional programs
- Learned far more about the strength of true interprofessional projects
Bridging the Gap to the U.S.

- CBR historically has been applied to 3rd world countries
- Currently, the United States is facing changing trends that has shifted how healthcare services are being viewed
- Need to re-evaluate the implementation of healthcare services to effectively improve the lives of people with disabilities
CBR in Oregon: Outside In

Outside In is focused on helping homeless youth and other marginalized people move towards improved health and self-sufficiency

http://www.outsidein.org/

**Services include:**
- Education
- Housing
- Employment
- Safety
- Counseling
- Medical care
- Meals
- Recreation and Art

**Stakeholders include:**
- Community volunteers, Portland Community College, Lewis and Clark College, Nike Foundation, Intel, Legacy Health
Cascade AIDS Project (CAP)

CAP is a community based provider of HIV services, housing, education and advocacy.

http://www.cascadeaids.org/

Services include:

- Support groups
- Outreach services
- Prevention & Education
- Emergency housing
- HIV/STD testing
- Social networking
- Newly diagnosed support/services

Stakeholders include:

Dept. of Health and Human Services, Multnomah County HIV services, Housing Authority of Portland, community volunteers, Portland art and local business community
CBR in Oregon: NW Senior and Disability Services (NWSDS)

NWSDS develops and maintains a comprehensive and coordinated service system to meet the needs of seniors and people with disabilities in Clatsop, Marion, Polk, Tillamook and Yamhill counties.

Services provided:
- Case management services
- Assistance with self care, home management
- Meals provided on-site
- Vocational and volunteer support
- Family Caregiver support
- Financial and medical assistance
- Counseling

Stakeholders include:
Senior Advisory Council, Disability Services Council, Alzheimer’s Network of Oregon, Oregon Dept. of Health Services, and community volunteers

http://www.nwsds.org/index.html
Second Brainstorming Discussion and Sharing Session

- Identify one person at your table who will do the writing for the group. Select another person to describe your project to the whole group.

- Follow the brainstorming outline on your table to guide your discussion and ideas. There will be 20 minutes allowed for this activity.

If opportunity doesn’t knock, build a door.