



# Healthcare Survival Skills

An occupational therapist-disability peer led intervention – feasibility, acceptability and preliminary outcomes

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# Basic Assumptions

- ‘Without health nothing else is possible.’
  - Tom Shakespeare
- Health and healthcare are basic human rights.
- A baseline of health is foundational to occupational engagement and participation.
- People with disabilities are an unrecognized health disparities population.
- Negotiating the healthcare system is a hidden occupation and vital IADL.



# Limitation of Focus of Rehab and a Potential Opportunity

- Healthcare management is part of OT's scope of practice.
- Strategies related to the occupation of healthcare management are rarely addressed.
- Limits of professional knowledge.
- People with disabilities have rich experiential knowledge.
- This knowledge is not systematized or routinely shared.

# Healthcare Survival Skills – An OT-Peer Led Intervention



# Provider-Peer Led Approach

- Peer educator
  - Growing body of evidence around use of peer support interventions
- Occupational therapy
  - skills in activity analysis, self-advocacy strategies, pathways for accommodations specific to well-being, health management and health maintenance
- Study innovation – pairing strengths from both to address healthcare access for PWD
- Emphasis on occupation (the doing) of healthcare management



# Intervention Overview



# Intervention Overview



## Delivery format

OT-Disability Peer Led manualized “educational” intervention to build knowledge and skills

## Learning Strategies

Experiential, transformational and social learning

## Dosage

### Plan

Frequency – weekly

Duration – 5 weeks, 90 minutes per session

### Reality

Frequency – weekly

Duration – 2 weeks, 2 ½ hour per session

## Follow Up

1 week, 6 weeks post

# Pilot Feasibility Sample



2 groups

N = 9

Cross disability sample, incl. people with SCI, stroke, complex medical issues → ↓ functional mobility.

Gender – 6 male, 3 female

Race – 8 African American, 1 white





# Results - Feasibility



- Recruitment challenges
- Siting of groups (where to host)
- Structural and scheduling changes
  - Changed from 5 sessions to 2 longer days
  - Transportation barriers
- Fidelity
  - Higher for disability peer than for OT
  - Complexity of disability peer's experience made participation a challenge.
  - Use of multiple peers.

# Results

## Preliminary Outcomes



↑ Knowledge of ADA

↑ Knowledge of rights in healthcare setting

↑ Understanding of *approaches* to self-advocacy

↑ Patient activation (measure of self-efficacy in healthcare setting and self-management)



# Results - Acceptability

## Emphasis on Occupation of Health Management

“I think its a good program...there’s a lot of programs I’ve been involved in that just [talk]...this is something that you’re giving back to us as a handicapped [sic] group...**I mean you’re an occupational therapy group...we didn’t lift anything, we didn’t walk, we studied things to behoove ourselves in our recovery and I thank you for that”**



# Results - Acceptability

## Transformational Learning (reframing experiences)

“Made me think about things in a new way.”

“Knowing rights was helpful. I didn’t know we had rights to all that (like in the hospital), that was new to me...I didn’t know we had rights to say anything to doctors, but now I know.”

# Results - Acceptability



## Emphasis on Empowerment

“Everything made me think of things in a more empowered fashion. That a lot of times individuals, it seems like you’re the handicapped [sic] guy and you just need to sit in the corner. But speak up for yourself, and you show that by doing that...you can feel like you’re a 100% fit individual even though you have a disability.”

# Results - Acceptability



## Opportunities for Improvement

“Goals were hard to follow. Following through on the goals was going to be hard.”

“It’s a lot to remember.”

“When I’m in the class, I’m focusing on the director (teacher). The other guy distracted me ...I did not like when other participant gave advice.”

Provision of more resources and links to direct services.



## Next Steps

Looking for others to test intervention in diverse clinical populations.

## Contact

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# Acknowledgements

Intervention Research Grant from



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Jessica Weiler, OTR/L, UIC





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