#### 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.



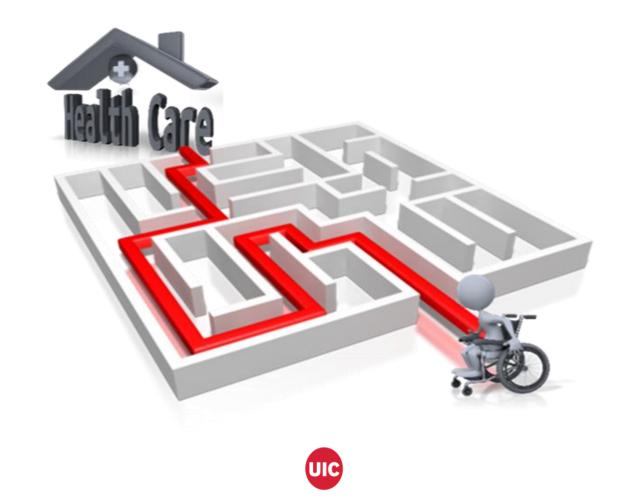
## Limitation of Focus of Rehab and a Potential Opportunity

- 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.

UIC

• This knowledge is not systematized or routinely shared.

#### Healthcare Survival Skills – An OT-Peer Led Intervention

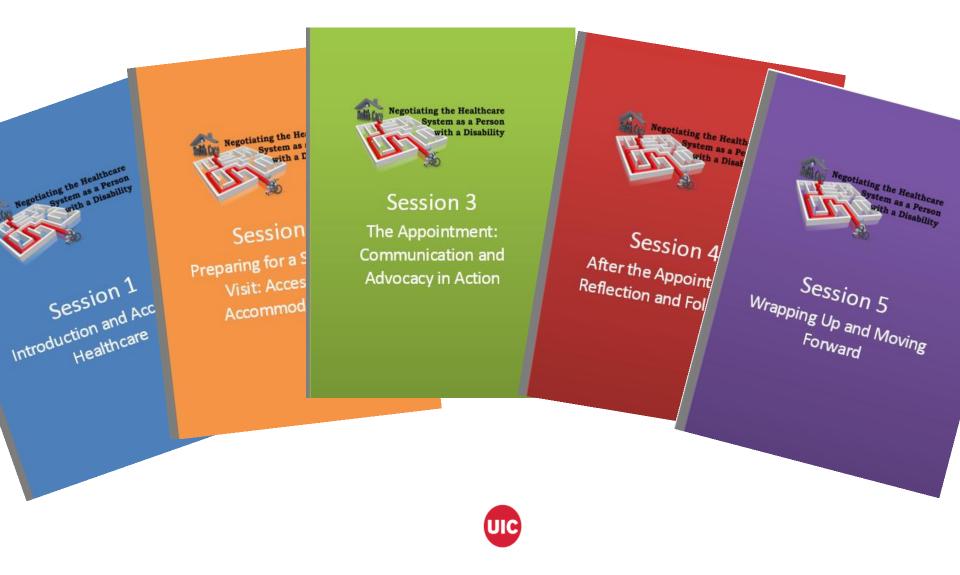


# **Provider-Peer Led Approach**

- 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  $\rightarrow \checkmark$  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.







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)





#### **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"





# 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."





#### **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."





#### **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.

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