

R-10: Community Engagement Initiative Knowledge Transfer Research Project

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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



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- 1 Minimal KT Assistance withdrawn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

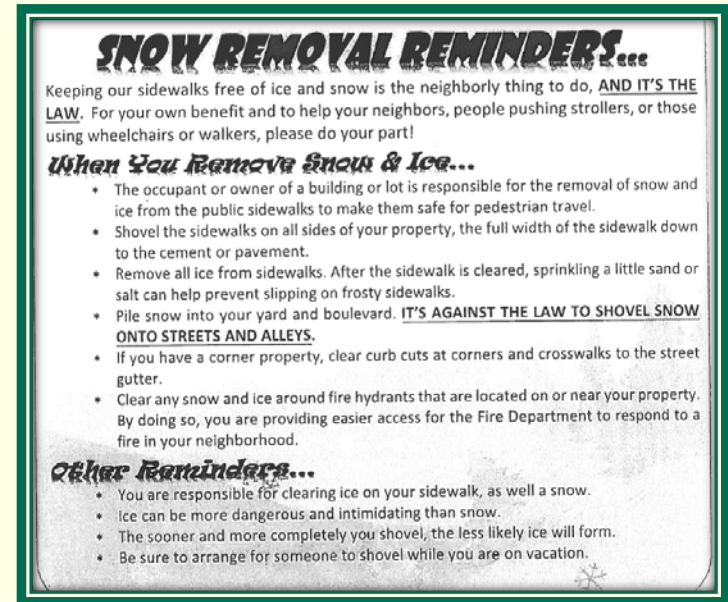
- 5 prioritized barriers
 - 3 transportation (2 HC, 1 R)
 - 1 community design (R)
 - 1 attitudes & communication (R)
- 5 barriers resolved



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Community 4, Withdrawn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?

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