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Ability360 Program Evaluation and Modification

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Ability360 Center for Independent Living Program Evaluation and Modification

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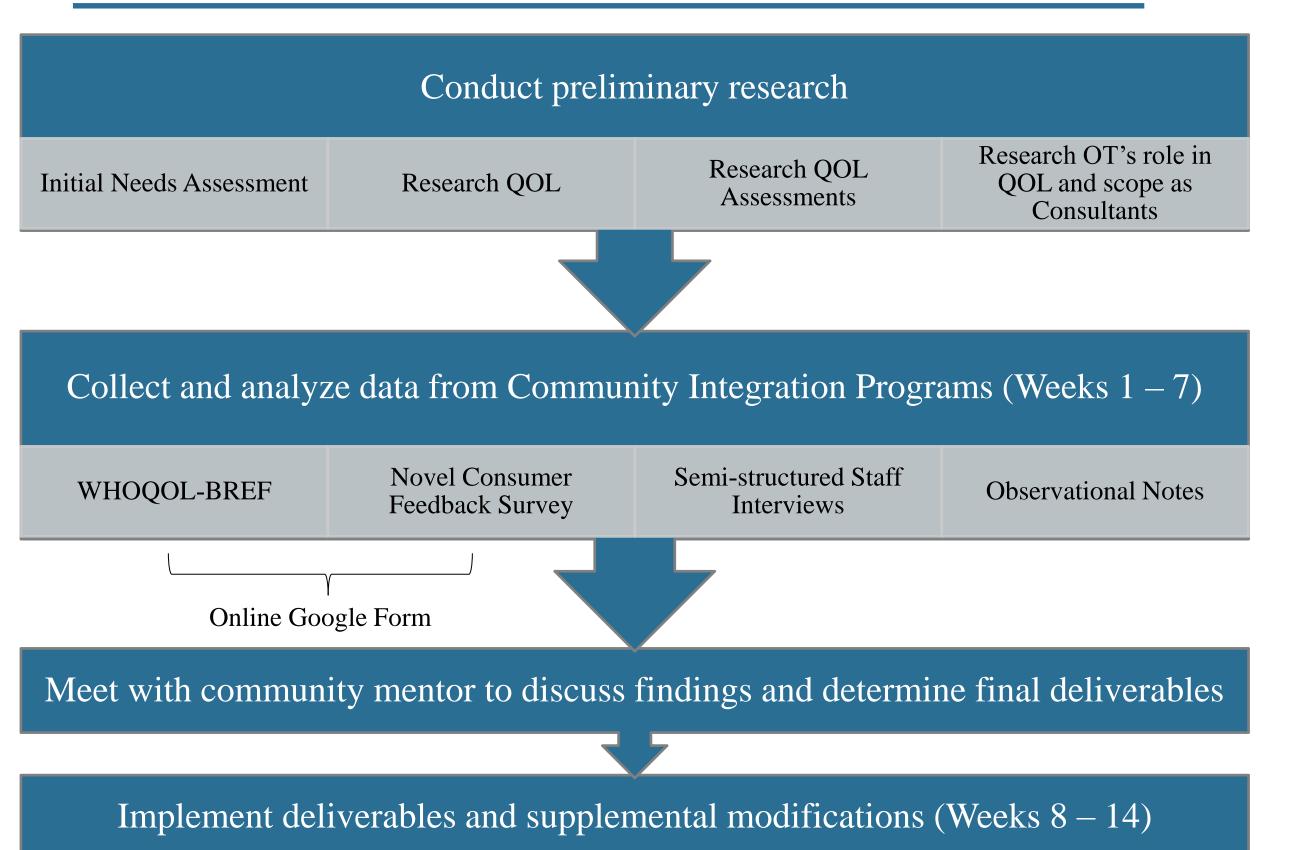
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INTRODUCTION

- Health care providers have increasingly emphasized the importance of addressing well-being and quality of life (QOL) for all populations beyond mere health status. ⁹
- QOL is defined as "an individual's perceptions of their positions in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns" ³⁷
- The **create/promote** approach is designed to provide enriched contextual and activity experiences that enhance performance for all people in the natural contexts of life 1, 3, 26
- OTs can also support QOL by providing **indirect services** to various communitybased stakeholders, such as Centers for Independent Living (CILs), supporting people with disabilities through tools, resources, and supports to fully integrate into their communities with equal opportunity, self-determination, and respect. ¹, 35
- The purpose of this project was to illustrate the collaborative process between an OT student and CIL staff to improve services that promote QOL through increased occupational engagement at home and in the community.

EVALUATION/MODIFICATION DESIGN



RESULTS

Assessment & Survey Demographics (n=36) Marital Status Gender Single: 24 Male: 14 Female: 22 Married: 5 Divorced: 4 Widowed: 3 Education None at all: 1 <u>Age</u> 18 - 40: 16Elementary School: 0 40 - 60: 12Middle/High School: 19 60 - 80:7College: 17 >80: 1

WHOQOL-BREF

Avg. Domain Score (4-20)

Key Item Averages (1-5)

• Satisfaction with access

to health services: 4.11

Feeling of safety in daily

Physical: 13.63

Environ: 14.86

lives: 4.11

place: 4.03

Lowest:

• Satisfaction with

• Satisfaction with

activities: 2.92

life: 2.83

Satisfaction with sex

conditions of living

Having sufficient money

to meet one's needs: 3.17

opportunities for leisure

Psych: 14.83

Social: 13.38

Novel Consumer Feedback Survey Data

Consumer-Reported **Benefits** Self-Efficacy: 75% Independence: 75% Social Support: 61% Positive Self-Image: 58% Self-Advocacy: 64% Resource Awareness: 64% Quality of Life: 61% Stress Management: 44% None of the Above: 6%

Other Key Findings • Consumers with low

ratings on QOL items tended to not participate in programs that would address those items

 Several participants indicated that their responses were affected by factors related to COVID-19

Programs Evaluated & Number of Staff

Independent Living Skills: 4 Home Modifications: 2 Transition from Nursing Homes: 1 Housing Transitions: 1 Community Living Workshop: 1 Socialization through Recreation: 1 Men's Support Group: 1 Information and Referrals: 1 DME/AD Loan Closet: 1

Interviews Data

Primary Themes

resources

Perceived

planning,

improvement:

resources and

presentations,

communication

requested lower

consumer to staff

member ratios to

increase the quality

• Staff members

and depth of

services

Perceived program benefits: social support, networking between consumers. increased knowledge and understanding of

- Services opportunities for efficiency and department organization of
 - to create new online content No formal process for the
 - Budges often limited Home Mods to the bathroom or entry/exit only

<u>Participatory</u> **Observation**

- Presentations lacked opportunities for engagement and were not designed efficiently
- overlapped due to poor intercommunication • Staff struggled
- Loan Closet rentals

Final Deliverables

Developed a plan and a step-by-step guide for implementation of the WHOQOL-BREF at intake, and trained staff on the administration and interpretation

Trained the Home Modification staff on principles of fall prevention and provided tools to initiate conversations with consumers

Educated and trained relevant staff on health literacy and principles of accessible presentations, with a class planning guide and accessibility

checklist

Developed a guide for proper AD fitting, typical use/benefits, and safety considerations (i.e., weight-bearing status, upper body strength, and cognitive demands)

DISCUSSION

- Limitations included: a small sample size due to difficulty with recruitment, a restricted timeline (which prevented the use of a pre/post-test or other experimental design), and the effects of factors related to COVID-19
- Despite the limited utility of the WHOQOL-BREF results, the data was still beneficial as it informed further research and investigation
- Occupational therapists are uniquely qualified to identify and address all areas that affect QOL, including the accessibility of health information, home safety and fall prevention, and appropriate use of mobility aids.
- By partnering with community-based organizations, OTs can improve the knowledge of non-clinical service providers and improve service delivery to community-dwelling adults to sustain/build upon the progress made in therapy, and increase awareness of the scope and benefits of the profession
- Future research should examine WHOQOL-BREF scores over time, the perceived benefit of occupational therapists as consultants for community-based programs, and consumer-reported perceptions of the benefits or opportunities for improvement among CILs nationwide

CONCLUSION

- The program evaluation design implemented at Ability360 allowed for significant freedom regarding data collection and modifications
- Research indicates that **risk factors** such as old age, gender (typically female), lower SES, and more severe injury/illness may be associated with lower QOL
- Occupational therapists may provide indirect services such as consulting with CIL staff and administration to provide knowledge, tools, and resources to relevant client populations that can help maintain the progress made in therapy and develop further opportunities for improved QOL

ADDITIONAL ACKNOWLEDGEMENTS

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*See Citation List