THE SCI COMMUNITY SURVEY:

A SURVEY ON NEEDS, SERVICE UTILIZATIONS AND OUTCOMES OF PEOPLE WITH SPINAL CORD INJURY

Presented by:
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John Cobb
Vanessa Noonan
Darren Nickel
The RHSCIR team

INTERDEPENDENCE MEETING
VANCOUVER, MAY 2012

Supported by Frederic Dumont
Revisiting the needs for community integration: Is it an illusive operation?

• Requirements for best practice implementation favoring community integration is:

• Adequate knowledge on:
  – Unmet needs and living situation (outcomes)
  – Barriers to accessing health and social services
  – Influence of individual (age, time since injury, lesion) and environmental characteristics (living arrangement, location of residence: rural/urban)
  – Their potential interaction or inter-influence
STUDIES ON NEEDS AFTER SCI

• Kennedy et al. Spinal Cord. 2010. (n = 81)
  – Community needs to be generally well addressed
  – Psychosocial needs were rated significantly lower than physical

• Kennedy et al. Spinal Cord. 2006. (n = 350)
  – Most participants were psychologically well adjusted and integrated into their community

• van Loo et al. Spinal Cord 2010. (n = 453)
  – Substantial unmet care needs at home
Rick Hansen Foundation (2004, 2005)
Top-of-Mind Priority Needs

- Accessible infrastructures: 69%
- Active living, recreation, sports: 65%
- Wheelchairs, equipment, medical supplies: 53%
- Research: 47%
- Transportation services: 45%
- Employment: 36%
- Housing: 32%
- Income support: 29%
- Education and training: 29%
- Attendant services: 25%
- Experience returning to/living in community: 18%
- Experience in rehabilitation centre: 13%
- None of the above: 2%
- Don't have any priority needs: 1%

Base: All respondents (n=99)
HISTORICAL PERSPECTIVE (SCI-SN)

• Conduct an environmental scan (E-scan or survey) and mapping of services within the segment of continuum of care (Spring 2008)

• Acute care,
• Rehabilitation,
• Community integration.
TO REVISIT THE NEEDS FOR COMMUNITY INTEGRATION: PROBABLY NOT ILLUSIVE?
FROM A TOPOLOGICAL MAP ...  
...TO AN E-SCAN APPROACH!

Planning of a survey:

• to identify gaps of information within the critical elements (‘scoping’) that require
  – additional research or
  – implementation of strategies

• Ultimate results:
  – to fill gaps between unmet needs and service utilization
THE SCI COMMUNITY SURVEY PARADIGM

Influencing factors (met/unmet needs)

- Housing
- Attendant Service
- Income Support
- Disability Support Technology
- Transportation
- SCI Specialized Care
- Primary Health Care
- Community-Based Affective Management
- Emotional Counselling
- Peer Support
- Education / Training
- Healthy Living and recreational programs

OUTCOMES

- Minimizing disabilities
  - Secondary complications

  - Maximizing Community Participation
    - Mobility
    - Self care
    - Domestic life
    - Interpersonal relationships
    - Community, social and civic life

Work / Employment

QoL

Other factors personal/environmental

- Personal
  - Age, Gender, Severity-Injury, Pre-injury Occupation, Education,

- Environmental
  - Location of Residence, Living arrangement, Family, Regional Job Availability

R E L A T I O N S H I P S
THE SCI COMMUNITY SURVEY

• Objectives:
  – Identify the needs (met/unmet) in critical elements favoring community integration
  – Measure some outcome dimensions: e.g. secondary complications, participation and QOL;
  – Look at relationships between needs, outcomes and personal / environmental characteristics of people with SCI
THE SCI COMMUNITY SURVEY

• Process:
  • Development initially (2008) under the CIPN leadership
  • Design and operationalization under the responsibility of the RHSCIR team
    – Partnership with the CPA’s, RHI and RHSCIR sites and several rehabilitation facilities across Canada for the awareness campaign
  • Testing and data collection/management carried out by the Mustel Group (Marketing Research Organization):
    www.mustelgroup.com/
STUDY CONTENT
Compilation of 11 questionnaires:
1. Demographics
2. Spinal Cord Injury Classification
3. Secondary Complications
4. Health Conditions
5. Needs Measure
6. Community Participation Measure
7. Activities & Employment
8. Quality of Life
9. Health Care Utilisation Measure
10. Overall Health Status
11. Overall Quality of Life Rating
**Update of the Survey**

- **Number of participants** (completed)
  - Canada: 1337  (M: 67%;  F: 33%)
  - Age: 50 ± 13 yrs (18-90),  TSI: 19 ± 14  yrs (1-81)

- **Injury**
  - Canada: paraplegia 57%;  tetraplegia  43%

- **Type of injury** (confirmed)
  - Traumatic: 1002 ;  non traumatic: 312

- **Employed**
  - Canada: Yes (31%);  No: (69%)
MET AND UNMET NEEDS

• Question examples:
  – Since leaving the hospital or rehabilitation centre, have you had such *accessible housing* needs?
  – Are your *accessible housing* needs being met at this time?
  – Have you received help for…?
  – Have you tried to get help for…?
PRESENCE OF NEEDS AFTER DISCHARGE AND THOSE MET WITH A GREAT EXTENT

Needs (N = 902)

- Equipment
- General health care
- Accessible housing
- Short distance transportation
- SCI-specialised care
- Long distance transportation
- Attendant care
- Income support
- Health living, recreational
- Case management
- Job training
- Emotional counselling
- SCI peer support

Have you had such needs? Yes    Are your needs being met at this time? To a great extent or more.
GRAPHICAL REPRESENTATION OF THE RELATIONSHIP BETWEEN EXPRESSED AND MET NEEDS

(Number of expressed needs (N = 902))
ENVIRONMENTAL BARRIERS OR FACILITATORS

• Question (examples):
  – Consider your experience of getting accessible housing and respond to the following statements.
    • I know that accessible housing exists
    • The process of getting accessible housing is easy.
    • There is enough accessible housing available to meet my needs.

  – Answer:
    – Not at all / To some degree / Totally / NA
DIFFICULTIES OR OBSTACLES FOR A SPECIFIC NEED

Attendant care needs (N = 902)

- I know that this need exists: 72% Totally, 26% To some degree, 2% Not at all
- This need is available where I live: 50% Totally, 44% To some degree, 6% Not at all
- The features of the attendant care are acceptable to me: 50% Totally, 44% To some degree, 6% Not at all
- I know how to find the help: 44% Totally, 49% To some degree, 7% Not at all
- I can get it easily (No obstacle): 40% Totally, 41% To some degree, 19% Not at all
- There is enough attendant care available: 26% Totally, 50% To some degree, 24% Not at all
- I can afford to pay for attendant care: 20% Totally, 34% To some degree, 46% Not at all
- The SCI knowledge of service providers is satisfactory: 14% Totally, 61% To some degree, 26% Not at all
- The process of getting this need is easy: 12% Totally, 54% To some degree, 34% Not at all

Legend: Totally, To some degree, Not at all
### A SPECIFIC OBSTACLE FOR ALL NEEDS

The process of getting this need is easy (Total sample N = 902)

<table>
<thead>
<tr>
<th>Need</th>
<th>Totally</th>
<th>To some degree</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCI peer support needs (N=276)</td>
<td>40%</td>
<td>46%</td>
<td>14%</td>
</tr>
<tr>
<td>General health care needs (N=802)</td>
<td>30%</td>
<td>54%</td>
<td>15%</td>
</tr>
<tr>
<td>Short distance transportation needs (N=727)</td>
<td>28%</td>
<td>47%</td>
<td>25%</td>
</tr>
<tr>
<td>Health living, recreational, and leisure programs (N=465)</td>
<td>23%</td>
<td>52%</td>
<td>25%</td>
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<tr>
<td>Case management needs (N=441)</td>
<td>22%</td>
<td>58%</td>
<td>20%</td>
</tr>
<tr>
<td>Emotional counselling needs (N=290)</td>
<td>22%</td>
<td>50%</td>
<td>28%</td>
</tr>
<tr>
<td>Long distance transportation needs (N=622)</td>
<td>20%</td>
<td>52%</td>
<td>28%</td>
</tr>
<tr>
<td>Equipment, medical supply, communication (N=823)</td>
<td>20%</td>
<td>57%</td>
<td>23%</td>
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<tr>
<td>Job training needs (N=281)</td>
<td>19%</td>
<td>55%</td>
<td>26%</td>
</tr>
<tr>
<td>SCI-specialised health care needs (N=757)</td>
<td>15%</td>
<td>55%</td>
<td>30%</td>
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<tr>
<td>Attendant care needs (N=482)</td>
<td>12%</td>
<td>54%</td>
<td>34%</td>
</tr>
<tr>
<td>Income support needs (N=457)</td>
<td>8%</td>
<td>41%</td>
<td>51%</td>
</tr>
<tr>
<td>Accessible housing needs (N=630)</td>
<td>5%</td>
<td>30%</td>
<td>64%</td>
</tr>
</tbody>
</table>

Totally: 100% need; To some degree: 50-99% need; Not at all: 0-49% need
### A SPECIFIC OBSTACLE FOR ALL NEEDS

#### I can afford to pay for this needs (Total sample N = 902)

<table>
<thead>
<tr>
<th>Need</th>
<th>N</th>
<th>Totally</th>
<th>To some degree</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short distance transportation needs (N=718)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessible housing needs (N=638)</td>
<td></td>
<td>45%</td>
<td>41%</td>
<td>14%</td>
</tr>
<tr>
<td>Long distance transportation needs (N=632)</td>
<td></td>
<td>33%</td>
<td>45%</td>
<td>22%</td>
</tr>
<tr>
<td>General health care needs (N=698)</td>
<td></td>
<td>31%</td>
<td>47%</td>
<td>22%</td>
</tr>
<tr>
<td>SCI peer support needs (N=224)</td>
<td></td>
<td>29%</td>
<td>39%</td>
<td>40%</td>
</tr>
<tr>
<td>Health living, recreational, and leisure programs (N=467)</td>
<td></td>
<td>28%</td>
<td>46%</td>
<td>26%</td>
</tr>
<tr>
<td>Emotional counselling needs (N=277)</td>
<td></td>
<td>23%</td>
<td>36%</td>
<td>40%</td>
</tr>
<tr>
<td>Attendant care needs (N=450)</td>
<td></td>
<td>20%</td>
<td>34%</td>
<td>46%</td>
</tr>
<tr>
<td>SCI-specialised health care needs (N=684)</td>
<td></td>
<td>19%</td>
<td>41%</td>
<td>40%</td>
</tr>
<tr>
<td>Equipment, medical supply, communication (N=786)</td>
<td></td>
<td>19%</td>
<td>49%</td>
<td>33%</td>
</tr>
<tr>
<td>Job training needs (N=248)</td>
<td></td>
<td>18%</td>
<td>38%</td>
<td>45%</td>
</tr>
<tr>
<td>Case management needs (N=382)</td>
<td></td>
<td>16%</td>
<td>36%</td>
<td>47%</td>
</tr>
<tr>
<td>Income support needs (Not asked)</td>
<td></td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend: Green = Totally, Orange = To some degree, Red = Not at all
Preliminary findings

• A better picture of the expressed needs (met / unmet) after SCI:
  – Variable % of expressed needs
  – Variable % of met / unmet needs

• A better picture of potential obstacles from the environment:
  – Issues on the process of getting a specific need met
  – Issues on SCI knowledge of the service providers
  – Issues on availability of services
SCI Community Survey: Secondary Complications and Impact on Daily Living

John Cobb, BSc OT
SECONDARY COMPLICATIONS

Goal:
• To determine how secondary complications affect ability to perform typical daily living activities

Method:
• 21 secondary complications identified
• Occurrence, frequency, severity, and impact on daily activities recorded

1) In the past 12 months, have you experienced this problem? (Choose ONE)

<table>
<thead>
<tr>
<th>Never</th>
<th>Don’t Know</th>
<th>Once a year</th>
<th>few times a year</th>
<th>few times a month</th>
<th>few times a week</th>
<th>Everyday</th>
</tr>
</thead>
</table>

Skip to Question 2

2) You mentioned that you experienced ________ in the past 12 months. Did you seek, or are you receiving some form of treatment for this problem?

Yes or No

3) When you had this problem, to what extent did it limit your activities? (Choose ONE)

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Very little</th>
<th>To some extent</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
</table>
**SECONDARY COMPLICATIONS**

**Prevalence and frequency of secondary complications (n = 902)**

* Prevalence* based on the total number of participants

** Based on participants who reported the occurrence of SC
SECONDARY COMPLICATIONS

Prevalence and impact of secondary complications (n = 902)

* Based on the total number of participants
** Based on participants who reported the occurrence of SC
## SECONDARY COMPLICATIONS

### Impact of Neuropathic Pain & Meeting SCI-Specialised Health Care Needs (n = 622)

<table>
<thead>
<tr>
<th>Impact of neuropathic pain</th>
<th>Are your SCI-specialised health care needs being met at this time?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To a great extent - or more</td>
</tr>
<tr>
<td>Very little - or less</td>
<td>64%</td>
</tr>
<tr>
<td>To some extent</td>
<td>59%</td>
</tr>
<tr>
<td>To a great extent - or more</td>
<td>43%</td>
</tr>
</tbody>
</table>

### Impact of Sexual Dysfunction & Meeting SCI-Specialised Health Care Needs (n = 639)

<table>
<thead>
<tr>
<th>Impact of sexual dysfunction</th>
<th>Are your SCI-specialised health care needs being met at this time?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To a great extent - or more</td>
</tr>
<tr>
<td>Very little - or less</td>
<td>57%</td>
</tr>
<tr>
<td>To some extent</td>
<td>58%</td>
</tr>
<tr>
<td>To a great extent - or more</td>
<td>63%</td>
</tr>
</tbody>
</table>
SECONDARY COMPLICATIONS

Results:

- Significant association between the frequency of the secondary complication and its limitation on the individual’s ability to perform typical activities of daily living
- True for 15 out of 17 of the most common secondary complications that occur following SCI,
- Increased frequency = increased limitation

Conclusions:

1. Identify and treat secondary complications
2. Decrease frequency
3. Discuss impact on typical daily living activities to expand treatment plan
**SECONDARY COMPLICATIONS**

**Shoulder pain & Accessing services in your community** *(n = 715)*

<table>
<thead>
<tr>
<th>LIMITATION</th>
<th>PARTICIPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes - as much as I want.</td>
</tr>
<tr>
<td>Very little or less</td>
<td>70%</td>
</tr>
<tr>
<td>To some extent</td>
<td>58%</td>
</tr>
<tr>
<td>To a great extent or more</td>
<td>49%</td>
</tr>
</tbody>
</table>

**Real-Life Application:**

Shoulder pain (secondary to over-use)...

Limiting ability to propel wheelchair outdoors...

Causing decreased ability to access services in the community...

Resulting in decreased: social participation, errands, appointments...

Physician for pharmacological treatment...

Physiotherapist for musculo-skeletal treatment...

Occupational Therapist for wheelchair and seating review...
# Secondary Complications

**Clinical Application:**
- A self-report tool completed before/during health care check-up

<table>
<thead>
<tr>
<th>Secondary complication</th>
<th>Frequency</th>
<th>Impact on daily activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Few times a month</td>
<td>A few / not at all</td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
<td>To some extent</td>
</tr>
<tr>
<td>Trouble sleeping</td>
<td>Few times a week</td>
<td>Completely / To a great extent</td>
</tr>
<tr>
<td>Shoulder problems</td>
<td>Every day</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow/Wrist Problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Fatigue: Slightly
- Trouble sleeping: Somewhat
- Shoulder problems: Frequently
- Constipation: A few times a month
- Elbow/Wrist Problems: Every day
Daily living is what you make it to be!

Who needs complications getting in the way?
SCI COMMUNITY SURVEY: PARTICIPATION AND QUALITY OF LIFE

VANESSA NOONAN, PhD PT
Participation is defined as: *involvement in life situations*
PARTICIPATION

• Person-Perceived Participation in Daily Activities Questionnaire (PDAQ)

• Content based on the ICF domains:
  – Communication
  – Mobility
  – Self-Care
  – Domestic Life
  – Interpersonal Interactions and Relationships
  – Major Life Areas
  – Community, Social and Civic Life
PERSON-PERCEIVED PARTICIPATION IN DAILY ACTIVITIES (PDAQ)

- Moving from one place to another using transportation.
  *(For example, moving as a driver or passenger, using a bus, a taxi or a car.)*

1. Do you participate in this activity?
   *(CHECK ONE)*
   1. 1. Yes - as much as I want.
   2. 2. Yes – but less than I want.
   3. 3. No - but I would like to do it.
   4. 4. No – and I don’t want to do it.

2. To participate in this activity, what kind of assistance do you generally need?
   *(CHECK ALL THAT APPLY)*
   1. No assistance
   2. Equipment or device
   3. Change to the environment: For instance, I need
   4. Some assistance: less than 50% of the activity.
   5. A lot of assistance: more than 50% of the activity.
SAMPLE QUESTIONS

3. When you do the activity in the way that is most usual for you (including any types of assistance previously mentioned), how much difficulty do you have? (CHECK ONE)

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme (I cannot do it.)

Amount of Difficulty

4. Why don’t you do it as much as you want to?

OR

4. What makes it difficult (or not possible) to do this activity? (CHECK ALL THAT APPLY)

1. Disability
2. Assistance
3. Environment
4. Discrimination
5. Thinking
6. Emotional
7. Nothing

Barriers
EXTENT OF PARTICIPATION

Participation

I participate as much as I want (%)

Distribution of the 26 items of participation

Communicating with others by electronic means.
Communicating with others.
Feeding yourself.
Grooming.
Carrying-out financial responsibilities.
Carrying-out activities related to your home.
Carrying-out productive activities that you are paid for.
Participating in holiday and traveling activities.
Participating in activities that prepare you to start working in a paid job.
EXEMPLARY: EXTENT OF PARTICIPATION

11. Maintaining your mental well-being

1. Moving from one place to another using transportation

10. Maintaining your physical health

24. Participating in holiday and traveling activities
Participating in holiday and traveling activities
What kind of assistance do you generally need?

- No assistance: 20% (Yes - as much as I want (N = 268))
- Equipment or device: 72% (Yes - as much as I want (N = 268))
- Change to environment: 58% (Yes - as much as I want (N = 268))
- Personal assistance: 20% (Yes - as much as I want (N = 268))
- A lot of assistance: 16% (Yes - as much as I want (N = 268))

- No assistance: 4% (Yes - but less than I want (N = 364))
- Equipment or device: 88% (Yes - but less than I want (N = 364))
- Change to environment: 81% (Yes - but less than I want (N = 364))
- Personal assistance: 33% (Yes - but less than I want (N = 364))
- A lot of assistance: 29% (Yes - but less than I want (N = 364))
AN EXAMPLE: BARRIERS

Participating in holiday and traveling activities
What makes your participation difficult?

- Disability
- Assistance
- Environment
- Discrimination
- Thinking
- Emotional
- Nothing

- Yes - as much as I want (N = 180)
- Yes - but less than I want (N = 349)
- No - but I would like to do it (N = 193)
Participation: Paradox

- ‘Paradox of barriers’

Facilitating environment → High participation → Low participation → Perceived barriers

Whiteneck and Dijkers, 2009
PARTICIPATION: BARRIERS AND OPPORTUNITIES

- ‘Disability’ most frequently reported barrier
  - (>80% for most questions)
  - ‘optimizing participation’ – response shift

- Opportunities to intervene
  - Levels of participation + Barriers + Amount of assistance

- Areas of participation to improve
  - Interpersonal Interactions and Relationships
  - Major Life Areas
  - Community, Social and Civic Life
**QOL : LIFE SATISFACTION 11**

**LIFE SATISFACTION – 11**

Here are a number of statements concerning how satisfied you are with different aspects of your life. For each of these statements please mark a number from 1-6, where 1 means very dissatisfying and 6 very satisfying.

1 = very dissatisfying  2 = dissatisfying  3 = rather dissatisfying  4 = rather satisfying  5 = satisfying  6 = very satisfying

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) My life as a whole is:</td>
<td></td>
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<tr>
<td>2) My vocational situation is:</td>
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<tr>
<td>3) My financial situation is:</td>
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<td>4) My leisure situation is:</td>
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<td>5) My contact with friends and acquaintances is:</td>
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<td>6) My sexual life is:</td>
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<td>7) My ability to manage my self-care (dressing, hygiene, transfers, etc.) is:</td>
<td></td>
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<tr>
<td>8) My family life is:</td>
<td></td>
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<td>9) My partner relationship is:</td>
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<td>10) My physical health is:</td>
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<tr>
<td>11) My psychological health is:</td>
<td></td>
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</tr>
</tbody>
</table>
QOL: Life Satisfaction 11

(n = 855)
The SCI Community Survey paradigm

Influencing factors (met/unmet needs)
- Housing
- Attendant Service
- Income Support
- Disability Support Technology
- Transportation
- SCI Specialized Care
- Primary Health Care
- Community-Based Affective Management
- Emotional Counselling
- Peer Support
- Education / Training
- Healthy Living and recreational programs

OUTCOMES

Minimizing disabilities
- Secondary complications

Maximizing Community Participation
- Mobility
- Self care
- Domestic life
- Interpersonal relationships
- Community, social and civic life

Work / Employment
QoL

Other factors personal/environmental
- Personal
  Age, Gender, Severity-Injury, Pre-injury Occupation, Education,
- Environmental
  Location of Residence, Living arrangement, Family, Regional Job Availability

RELATIONSHIPS
SCI Community Survey: Health Care Utilization

Vanessa Noonan, PhD PT
HEALTH CARE UTILIZATION

• SCI Health Care Utilization Measure
  – 7 questions

• Content developed from Canadian Community Health Survey – health service utilization section
Have you been a patient overnight in a hospital? 
(n = 226, 25%)
HEALTH SERVICE UTILIZATION (12 mo.)

Have you been a patient overnight in a hospital?  
(n = 226, 25%)
Health Service Utilization (12 mo.)

Number of contacts with health care professionals regarding your health or need for social services (last 12 mo.)
Why did you not receive care?

Health Service Utilization (12 mo.)

Was there a time you felt you needed care but didn’t receive it? (n = 223, 24.8%)
Health Service Utilization (12 mo.)

Was there a time you felt you needed care but didn’t receive it? (n = 223, 24.8%)

What was the type of care needed?

- Physical health problem
- Care of an injury
- Emotional problem
- Regular check-up
- Mental health problem
- Other, please specify:
CONCLUSIONS

- Hospital re-admission (25%) similar to other studies
  - Future analyses will examine relationship with variables such as time since injury, age, rural/urban

- Results from this study should be compared to existing health care services to identify ‘gaps’

- Access to health care services for ‘physical problems’ identified as problematic
  - Solutions could serve to reduce future hospital re-admissions
SASKATCHEWAN SPINAL CORD INJURY STUDY

Darren Nickel, Marla Rogers, Arlene Brandt, Daryl Fourney, Donna Goodridge, Bonnie Jeffery, Laura Klassen, Katherine Knox, Hyun Lim, Luc Noreau, Gary Linassi
**VISION & GOAL**

- **Vision** - to implement a provincial outreach program that will improve quality of life in persons with tSCI by ensuring a continuum-of-care after transition into the community.
- **Goal** - to identify the demands on health services and the needs of persons with tSCI in the community in Saskatchewan.
OBJECTIVES

- **Objective 1**: Identify demands on health care services concerning persons with tSCI in the community (2001-2010)

- **Objective 2**: Identify the personal health needs of those with tSCI in the community
RESEARCH QUESTIONS (Obj.2)

• What are the experiences of met health needs of persons with tSCI in Saskatchewan?
• What are the experiences of unmet health needs of persons with tSCI in Saskatchewan?
• What are the experiences related to health care access?
Q4 - During the past 12 months, was there ever a time when you felt that you needed health care but didn't receive it?

- yes
- no

N=69
Q7 - What was the type of care that was needed? (Saskatchewan)
Q6 - Why didn’t you receive care?

- Not available at the time
- Wait time too long
- Felt it would be inadequate
- Did not get around to it
- Other
INTEGRATION OF SURVEY

Research Question: What are the experiences of unmet needs in SK?

Survey Questions/Results

Qualitative Study Questions

Persons with tSCI

Health care providers

Health care administrators

Northern; Rural; Urban

Conclusions
INTEGRATION OF SURVEY

• What are the experiences of unmet needs?
  – For persons with tSCI…
  – For health care workers…
INTEGRATION OF SURVEY

• What are the barriers to successfully addressing these problems?
  – Accessibility? Availability? Acceptability?
  – How do perceptions correspond/differ across groups and geographic region?
INTEGRATION OF SURVEY

• What type of health care service would best address the problems?
  – What are the possible and feasible solutions?
**INNOVATION**

- Mixed-methods design
  - national survey & health system data
  - Voices of SK people

- Will include individuals, health care providers and administrators living in urban, rural and northern communities
Main Conclusions

• Revisting needs… and outcomes in people living in the community, not so illusive!

• Essentially if:
  – Evidence can be drawn from the collected data
  – KT activities can be carried out with several partners.

• Enormous possibilities for analysis and collaboration
  – Data will be made available and sharing opportunity will be provided
TIMELINE AND NEXT STEPS

- Recruitment process
  - maintained up to August 31st.

- Development of the KT plan

- Continuation of exploratory analyses:
  - Employment, health conditions/comorbidities

- Initial validation of the main hypotheses on the relationships between:
  - 1) needs (met/unmet), 2) the outcome and 3) the influencing factors

- Preparation of reports:
  - Including one for Survey participants


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