

ScholarWorks@GSU

Community-Based Rehabilitation and Nursing Services in the Dominican Republic: A Program Evaluation

Authors	Annie Reed
Citation	Reed, Annie. 2025. Community-Based Rehabilitation and Nursing Services in the Dominican Republic: A Program Evaluation. Georgia State University. https://doi.org/10.57709/c9gy-tg64 .
DOI	https://doi.org/10.57709/c9gy-tg64
Download date	2026-04-13 02:26:44
Link to Item	https://hdl.handle.net/20.500.14694/15550

**Community-Based Rehabilitation and Nursing Services in the Dominican Republic: A
Program Evaluation**

by

Annie Shaw Reed

**A Capstone Project Presented to the
FACULTY OF OCCUPATIONAL THERAPY
GEORGIA STATE UNIVERSITY**

**In Partial Fulfillment of the
Requirements for the Degree
OCCUPATIONAL THERAPY DOCTORATE**

April 2025

Copyright 2025

Annie Reed

Acknowledgements

Words can only begin to express the depth of my gratitude to everyone who supported me along this capstone project, a strong finish to this three-year journey to get my OTD.

To Jon, my site mentor, thank you for your unwavering support and guidance. I am so grateful for all that your work with allied health students does to grow in us empathy and cultural humility, and for your devotion to seeking the improved wellbeing of vulnerable people.

To Eurel, and all of the Comunidad staff who came alongside me in this project, without your time and energy, this wouldn't have been possible. Thank you for giving your efforts in the midst of your busy schedules to contribute to this project. Your work is so valued.

Thank you to all of the participants whose insights and honesty will help contribute to the improvement of community-health services in the DR.

To Dr. McWaters, Dr. Buchman, and Dr. Chen, thank you for answering my countless emails and helping to develop this project into something I can be proud of. More than that, thank you, and all GSU OT faculty, for molding in me a greater passion for this profession. It has been a blessing to work under your leadership, whether in research, classroom, fieldwork, or in the DR.

Thank you to Pamela Gillam, MPA, and Brice Karickhoff, MS, for your continual guidance and expertise in evaluation methodology. Thank you to Karissa Reed and Brandon Reed for your assistance with Spanish translation and your continued support throughout this process.

Lastly, to my husband, Brandon, my family, and my sweet friends thank you for your endless support throughout these three years, especially these last 14 weeks. Thank you for believing in me.

Abstract

Background: One in eight people in the Dominican Republic have a disability, and they face a multitude of barriers to education, employment, and healthcare. Comunidad Connect (CC), a nonprofit, seeks to serve this population through the provision of home-based healthcare in partnership with local organizations and U.S.-based nursing and rehabilitation students.

Objective: To evaluate the effectiveness of Comunidad Connect's Together For Health program, as determined by staff, patient, and caregiver perspectives

ACOTE Area: This capstone falls under the Accreditation Council for Occupational Therapy Education (ACOTE) area of program development and evaluation. Within the scope of this project, Comunidad Connect's Together For Health program, including their follow-up rehabilitation service provision, was evaluated for effectiveness.

Methods: This program evaluation had four stages of data collection to determine staff, patient, and caregiver perceptions of the effectiveness of CC's care provision. Staff perspectives were investigated through key-informant interviews and SWOT analysis. Patient perspectives were investigated through anonymous surveys on Qualtrics. Caregiver perspectives were investigated through a secondary analysis of survey data collected by CC. Data was collected over the course of six weeks and was analyzed through descriptive statistics and thematic analysis.

Results: Staff perspectives yielded three main themes: *Overview of Together For Health*, including general structure and function, patient recruitment and intake, and community partnerships; *Impact of Student Groups*, including benefit to the DR community, benefits to students, and challenges with students; and *Sustainability of Impact*, including follow-up care and challenges to sustainability. Patient perspectives yielded a variety of trends related to how patient satisfaction and patient improvement vary across different variables including age,

condition, level of assistance, service type, and number of visits. Overall, 70% of patients report they are very satisfied with their care, yet 56.7% of patients report no improvement to their condition. Caregiver perspectives yielded multiple findings related to familial role (94% nuclear family member), specific challenges (financial and transportation limitations), social supports (70% lacking social support), and satisfaction with caregiving (90% very satisfied). Due to the small sample size, generalizations could not be made, but trends were identified for Comunidad Connect's reference as they adapt to the needs of their population.

Conclusions and Relevance: The results illuminated various perspectives on the effectiveness of Comunidad Connect's Together For Health program, as well as areas for improvement. The findings suggest that Comunidad Connect's population is highly satisfied with the care they are receiving; however, there remains a stagnancy to their condition and a need for more supports, whether that is provision of adaptive equipment, more continual follow-up visits, access to transportation, or social supports for caregivers. There is a need for more rehabilitation professionals in the local workforce, both in clinics and in partnership with Comunidad Connect to provide home-based care. Specifically, there is a need for a staff occupational therapist with Comunidad Connect in order to support more continual and occupation-based care for their patients.

Introduction

One in eight people in the Dominican Republic have a disability, and it is projected that upwards of 18.8% of the population will have a disability by 2050 (Berlinski et al., 2021; Disability:IN, 2024). With the increasing prevalence of disability in the Dominican Republic, it is imperative that access to healthcare continue to improve, as the current healthcare system and infrastructural realities of the Dominican Republic leave many Dominicans without skilled healthcare and rehabilitation services (DeCamp et al., 2014; Gonzalez et al., 2024; World Bank Group, n.d.).

Non-profit, Comunidad Connect (CC), seeks to fill that gap in the Dominican Republic, providing home-based healthcare and rehabilitation services to vulnerable populations. Through their Together For Health program, CC runs programs in which healthcare students provide skilled nursing and rehabilitation services, then CC works to provide continual care whether through their staff, local healthcare partners, or successive U.S.-based groups. Since beginning work in the Dominican Republic, Comunidad Connect has not performed a program evaluation to determine the effectiveness of their community health programming.

The purpose of this capstone project is to perform a program evaluation of Comunidad Connect's community health programming in the Dominican Republic. This will assess the effectiveness of the program and identify possible areas for improvement, thereby providing Comunidad Connect with a resource to improve services and better attend to the inequitable healthcare access for vulnerable populations in the Dominican Republic.

Table of Contents

Acknowledgements.....	2
Abstract.....	3
Introduction.....	5
List of Figures.....	7
Chapter 1: Literature Review.....	8
Chapter 2: Needs Assessment.....	18
Chapter 3: Theories and Models.....	24
Chapter 4: Methods.....	26
Chapter 5: Results.....	32
Chapter 6: Discussion.....	48
Chapter 7: Implications for Occupational Therapy Practice.....	56
Chapter 8: Sustainability Plan.....	58
Chapter 9: Conclusions.....	59
References.....	61
Appendix A - Learning Objectives.....	69
Appendix B - Supervision Plan.....	70
Appendix C - Summary Pages.....	75
Appendix D - Needs Assessment Semi-Structured Interview Scripts.....	78
Appendix E – Key-Informant Interview Script.....	83
Appendix F – Community Member Survey.....	88
Appendix G – Graphic Visualizations of Community Member Survey Data.....	92
Appendix H - Graphic Visualizations of Caregiver Survey Data.....	96
Appendix I – Continual Evaluation Tool.....	98

List of Figures

Figure 1 Thematic findings from needs assessment key-informant interviews.....	20
Figure 2 Social Determinants of Health Model by the CDC	24
Figure 3 Recoding for ADL/IADL assistance levels required by patient.....	31
Figure 4 Key-informant interview, theme 1: Overview for Together For Health	38
Figure 5 Key-informant interview, theme 2: Impact of Student Groups	39
Figure 6 Key-informant interview, theme 3: Sustainability of Impact.....	40
Figure 7 Community member survey participant characteristics	41
Figure 8 SWOT analysis findings.....	46

Chapter 1: Literature Review

Health, Wellness, and Disability in the Dominican Republic

The Dominican Republic is an island country in the Caribbean Sea with a population of over 11 million (World Health Organization, 2024a). Despite having the largest economy in the Caribbean, as measured by GDP, 30% of Dominicans still live below the poverty line (United States Agency for International Development, n.d.).

The Universal Health Coverage (UHC) Service Coverage Index measures essential health coverage across the general and most disadvantaged populations in each country (World Health Organization, n.d.). The Dominican Republic's UHC Index score has increased in recent years, indicating improved health coverage, currently ranking above global averages, but below the average score in the Americas (World Health Organization, 2024c). Though the life expectancy in the Dominican Republic has increased, the healthy life expectancy, or "the average number of years that a person can expect to live in 'full health' from birth," has decreased since 2000 (World Health Organization, 2024a). The leading causes of death include ischemic heart disease, stroke, and road injury (World Health Organization, 2024a).

One in eight people in the Dominican Republic have a disability, and over half of adults with a disability are unemployed (Disability:IN, 2024). Disabled people in the DR face barriers in access to education, healthcare, and employment. This is due to the lack of education in disability issues, physical accessibility issues, and a lack of legislation to protect disabled people against discrimination (Disability:IN, 2024). In the DR, women have a significantly higher prevalence of disability compared to men (Berlinski et al., 2021). Disability is more prevalent in households in which the head of the household has completed lower levels of education as compared to households in which the head of household has completed higher levels of

education (Berlinski et al., 2021). In a meta-analysis examining life expectancy discrepancies between disabled and non-disabled people in low- and middle-income countries, including the Dominican Republic, it was found that the mean life expectancy gap is roughly 20 years, meaning disabled people are expected to live 20 years less than their non-disabled counterparts (Rotenberg et al., 2023). This discrepancy is likely attributed to a myriad of social determinants of health, including the reduced access to employment, education, and healthcare previously mentioned. It is projected that upwards of 18.8% of the population of the Dominican Republic will have a disability by 2050 (Berlinski et al., 2021). From these statistics, the conclusion can be drawn that the disabled population of the Dominican Republic faces many disparities that place them at a disadvantage to achieve a higher quality of life. Many of these disparities could potentially be preventable with the right infrastructural innovations, availability of home healthcare, introduction of return-to-work or return-to-school rehabilitative programming, and general education to policymakers regarding disability issues.

Access to Healthcare in the Dominican Republic

With the increasing prevalence of disability in the Dominican Republic, it is imperative that access to quality healthcare continue to improve. The healthcare system in the Dominican Republic is a mix of public and private sector (Pan American Health Organization, n.d.). Urban centers have public hospitals, however approximately 16-20% of the population lives in rural areas with little access to these services (Gonzalez & Wiarda, 2024; World Bank Group, n.d.). Public medical services are offered free of charge, however they are lacking in resources, so only those Dominicans with private insurance or greater financial resources have access to more skilled medical care (Gonzalez & Wiarda, 2024). Additional barriers to healthcare access include a lack of transportation to services and a lack of health education (DeCamp et al., 2014). A

systematic review found evidence that in Latin American countries, people with disabilities utilize healthcare services more often than those without disabilities; however, the care they do receive is lower quality and less affordable than that of the non-disabled population (Rodríguez Gatta et al., 2024). This could be due to the aforementioned economic and employment-related disparities faced by disabled people, leading to limited financial resources to be able to access specialized healthcare services that are more accessible to those with private insurance.

The Dominican government has worked to implement universal access to health through the National Multi-Year Public Sector Plan (PNPSP) with objectives that include guaranteeing rehabilitation and reducing healthcare access gaps due to age, disability, and income (Pan American Health Organization, n.d.). Additionally, the country is working to implement the National Development Strategy 2030, addressing health inequalities, and working toward objectives including the “promotion of infrastructure and mobility planning for people with disabilities” (Pan American Health Organization, n.d.). These programs will hopefully improve healthcare access for individuals with disabilities in the Dominican Republic on a systemic level, such that it is not just the most advantaged who have access to quality care.

Access to Healthcare for the d/Deaf and Hard of Hearing Population

As of 2013, there were roughly 97,000 people with hearing impairments in the Dominican Republic (Silverio, 2021). The d/Deaf and Hard of Hearing (HoH) population is vastly overlooked in the research pertaining to health and wellness outcomes in the Dominican Republic. However, research done in other low- and middle-income countries can be extrapolated to provide insights into the possible experience of the d/Deaf and HoH in the Dominican Republic. d/Deaf and HoH people face communication barriers in healthcare settings due to providers not knowing sign language, and medical entities not providing interpretation

services (Baratedi et al., 2022). This leads to concerns with privacy and autonomy as the patient is incorporating a family member or friend into their medical care out of necessity. This is a likely experience of those in the DR with hearing impairment, as sign language was only legally acknowledged in the DR in 2023 and is therefore not yet widely known or utilized (Vicioso, 2023). Legal recognition of sign language was a fundamental step in improving access as it ensures people with hearing impairments have accessible communication in legal settings. Additionally, as compared to the general population, the d/Deaf and HoH population exhibits significantly lower levels of health literacy, or comprehension of health information to aid in making informed health-related decisions, leading to heightened risk of disease and disability (Gur et al., 2020; Smith et al., 2015).

Occupational therapy in the Dominican Republic

Occupational Therapy (OT) is defined by the American Occupational Therapy Association as “the therapeutic use of everyday life occupations with persons, groups, or populations (i.e., the client) for the purpose of enhancing or enabling participation... [OT] services are provided for habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non–disability-related needs” (American Occupational Therapy Association, 2020b). Particularly in areas with fewer resources and lower healthcare availability and accessibility, health promotion at the individual, family, and population level is crucial to the improvement of public health (Kumar & Preetha, 2012). With its wide scope of practice and emphasis on improvement of quality of life through occupational engagement, occupational therapy can and should play an important role in health promotion for individuals, families, and communities through interventions that target rehabilitation, health education, and disease and disability prevention (American Occupational Therapy Association, 2020a).

Research pertaining to the availability, access, and implementation of occupational therapy services in the Dominican Republic is severely limited. The DR has only one occupational therapy education program and 109 practicing occupational therapists (World Federation of Occupational Therapy, n.d.). That equates to one occupational therapist for every 104,000 people. However, the Dominican Rehabilitation Association (ADR) is working to increase the availability and access of quality rehabilitation and therapy services to all Dominicans, regardless of socioeconomic status (Dominican Rehabilitation Association, n.d.).

With a large percentage of the population experiencing disability, and present hindrances to accessing quality healthcare and rehabilitative services, there exists a detrimental gap in occupational engagement, and resultant quality of life for the population of the Dominican Republic.

International Service Learning & Short-Term Medical Care

Many universities acknowledge this gap and seek to meet healthcare needs in developing countries through International Service Learning (ISL). ISL is a model involving faculty-led student groups travelling to another country, often to provide healthcare services, while addressing specific learning objectives (Cipriani, 2017). ISL is growing to be more salient in the pedagogy of rehabilitation education programs (Pechak & Thompson, 2011).

ISL programs are designed and intended to be symbiotically beneficial to both the students and the communities they are serving. Students benefit from these programs by gaining hands-on clinical practice experience while developing improved self-efficacy, cultural competence, and a sense of social responsibility (Curtin et al., 2015; Davis et al., 2021; Pechak & Thompson, 2011; Short et al., 2020). A qualitative study in low- and middle-income countries in Asia revealed that in the communities served by ISL programs, local healthcare providers

benefit from knowledge and skill transfer through training, modeling, and case discussions, and their clinics benefit from bolstered reputation and provision of resources (Crawford et al., 2020). The community members, or care-recipients, benefit from ISL programs in a myriad of ways including improved perception of disability, improved understanding of the purpose of rehabilitation, and a desire to carryover exercises and education learned during treatment sessions (Haines & Lambaria, 2018).

While ISL naturally assumes altruistic goals, critics of ISL predominantly note ethical dilemmas with the model. Due to the temporary nature of ISL, these programs run the risk of leaving the recipients of care feeling neglected upon the departure of the student groups, particularly when working with children. The aid of the students can provide a sense of hope, resulting in feelings of loss when the students ultimately depart (Chapman, 2018). Additionally, there are concerns of sustainability to continue the work of the program if either the workforce does not exist locally to address the same goal or if education and training does not occur to build capacity in the local workforce (Chapman, 2018; Cipriani, 2017). There are also concerns with the credibility and qualifications of the students to be able to provide professional care in this context. ISL programs often do not require the same credentialing which these services would require in the students' home country, leading to an unethical double standard and inadvertently undermining local practitioners (Chapman, 2018; Dholakia et al., 2021).

Many studies note practices that can ensure a more ethical execution of ISL programs. Culturally-appropriate pre-departure training for students can help students to better understand the cultural context in which they will be serving, while also helping to build students' confidence and mitigate culture shock which facilitates provision of quality care (Hall et al., 2018; Hayward & Li, 2017). Consistency with faculty leadership of the ISL trip is important for

continuity, rapport-building, and developing a relationally-based partnership with the hosting local organization. This close relationship with the local organizations allows for better communication and collaboration to develop shared goals and ensure congruence with local priorities, capacity, and long-term work (Davis et al., 2021; Hayward & Li, 2017; Pechak & Thompson, 2009). The building of shared goals through collaboration also aids to minimize any power imbalance as the needs and capabilities of the local work force are considered from the initiation of the program (Davis et al., 2021; Hayward & Li, 2017). Lastly, there is a necessity for continual evaluation of the ISL programs to ensure benefit to the community served and effectiveness of the partnership (Hayward & Li, 2017).

Perceptions of Short-Term Care in the Dominican Republic

Qualitative analysis of local perceptions of short-term medical care in the Dominican Republic revealed several trends. Community members noted increased availability and quality of care from the short-term team of U.S.-based doctors. Because the medical team works in more remote areas, a major trend was improved access to care due to less reliance on public transportation which is typically a major barrier to care. This study did find language and communication barriers that led to misunderstandings about the purpose and nature of the short-term medical care; however, locals seemed unbothered by these barriers and were grateful for the care regardless. When asked about their perceptions of student involvement in this short-term medical care, the locals showed positive opinions citing the benefits of the practice for the students, competent care they received, and an adequate level of supervision provided. Lastly, the community members reported wishing for more volunteers to extend these services to more people in their community in need, and they praised the short term healthcare workers for their show of respect and dignity to the community members served (DeCamp et al., 2014). Overall,

this community outlook toward short-term medical care bodes well for existing entities providing this ISL-based healthcare across the Dominican Republic, mitigating concern for tensions and ethical dilemmas.

Community-Based Rehabilitation Services in Underserved Populations

Due to economic constraints, transportation limitations, and geographical location, many Dominicans continue to face issues with access to healthcare (DeCamp et al., 2014). This population, then, must rely on alternative models of healthcare provision, such as community-based or home-based healthcare to overcome those barriers to receiving needed care. In one pilot study, Dominicans with diabetes received community-based care, led by trained community leaders, over the course of a year. The program was a low-cost, low-resource solution to provide guidance for lifestyle modifications and education for managing diabetes. Participants experienced significant improvements in various health outcomes related to their diabetes, indicating effectiveness of community-based initiatives utilizing trained community leaders (West-Pollak et al., 2014). A qualitative study was completed within a similarly low-income, under-resourced population in South Africa where rehabilitation workforce is scarce. Caregivers of disabled post-stroke patients identified hardships with feeling left to figure things out on their own without being provided training, exercises, or medical supplies to help with the recovery and care of the patient. This study highlighted the importance of utilizing community health workers to provide home-based care to these families to offer continual follow-up education and training to complete at-home rehabilitation. Caregivers in this study even mentioned the benefit of student groups aiding in the needed rehab work, though apprehension was present due to the transient nature of student placements, further emphasizing the benefit of continual follow up from a trusted community health worker (Scheffler & Mash, 2020). In communities where

healthcare access is inequitable, such as rural, low-income, and migrant communities, community-based and home-based healthcare is necessary to meet the health needs of vulnerable populations.

Community-Based Services Provided by Comunidad Connect

Comunidad Connect (CC) is a U.S.-based nonprofit organization founded by Jon Thompson in 2007, with bases in Nicaragua and the Dominican Republic. CC exists to alleviate poverty in Nicaragua and the Dominican Republic through grassroots, community-based development work. CC works with local residents and leaders to identify needs and priorities of the communities. Then, CC partners with local workforce as well as U.S.-based groups to meet the identified needs and implement community-driven solutions. CC furthers the work in collaboration with local staff and partners to ensure sustainability of these development and health initiatives.

The Together For Health (TFH) campaign was developed by Comunidad Connect to promote community health and wellness in Nicaragua and the Dominican Republic. One of the means by which they pursue this goal in the Dominican Republic is through Cultural Connections, an ISL-based program CC executes in partnership with multiple U.S.-based universities and their nursing and allied health students. CC begins by identifying community members in need of healthcare services who face any barrier to accessing that care through the available healthcare systems in place in the country. CC staff form relationships and build trust with these community members. Then, healthcare students from the United States travel to these communities providing home-based care to these individuals, with interpretation services from the CC staff members and partners. The healthcare students are able to provide short-term interventions, assessments, health education, and make recommendations to CC for more long-

term interventions needed to support an improved quality of life for the community members and their families. Upon departure of the student groups, certain community members receive continual follow-up care from a local physical therapist, or they might receive resources, equipment, supplies, or home modifications as recommended by students and coordinated by CC.

Comunidad Connect seeks to continually improve the services they are providing in these communities, ensuring salience to community priorities and effectiveness of services. They assess this through evaluative monitoring. However, CC has not yet performed evaluation of their Together For Health program. The purpose of this capstone is to perform a program evaluation of Comunidad Connect's Together For Health program, specifically evaluating their work with community members receiving nursing, occupational therapy, and physical therapy services. This will assess the effectiveness of the program and identify possible areas for improvement, thereby providing Comunidad Connect with a resource to improve services and better attend to the inequitable healthcare access for vulnerable populations in the Dominican Republic.

Chapter 2: Needs Assessment

Introduction

This capstone was designed as a program evaluation of Comunidad Connect's Together for Health program, which includes community-based rehabilitation and nursing care. Within the structure of this program, Comunidad Connect interacts with communities within the Dominican Republic to identify community members in need of community-based healthcare. Comunidad Connect has partnerships with various healthcare programs in the United States, including Georgia State University (GSU) Occupational Therapy (OT) program. CC hosts international service-learning trips during which students visit the identified community members, performing evaluations, interventions, education, and providing recommendations to Comunidad Connect for further follow up. Comunidad Connect functions in Nicaragua and the Dominican Republic, with the Dominican Republic base being a more recent addition. As such, there are not yet continual monitoring systems in place to ensure the effectiveness of this Together for Health program in the Dominican Republic. This needs assessment was conducted to identify the purpose and scope within which a program evaluation would best benefit the greater mission of Comunidad Connect to improve the quality of life of those whom they serve.

Methods

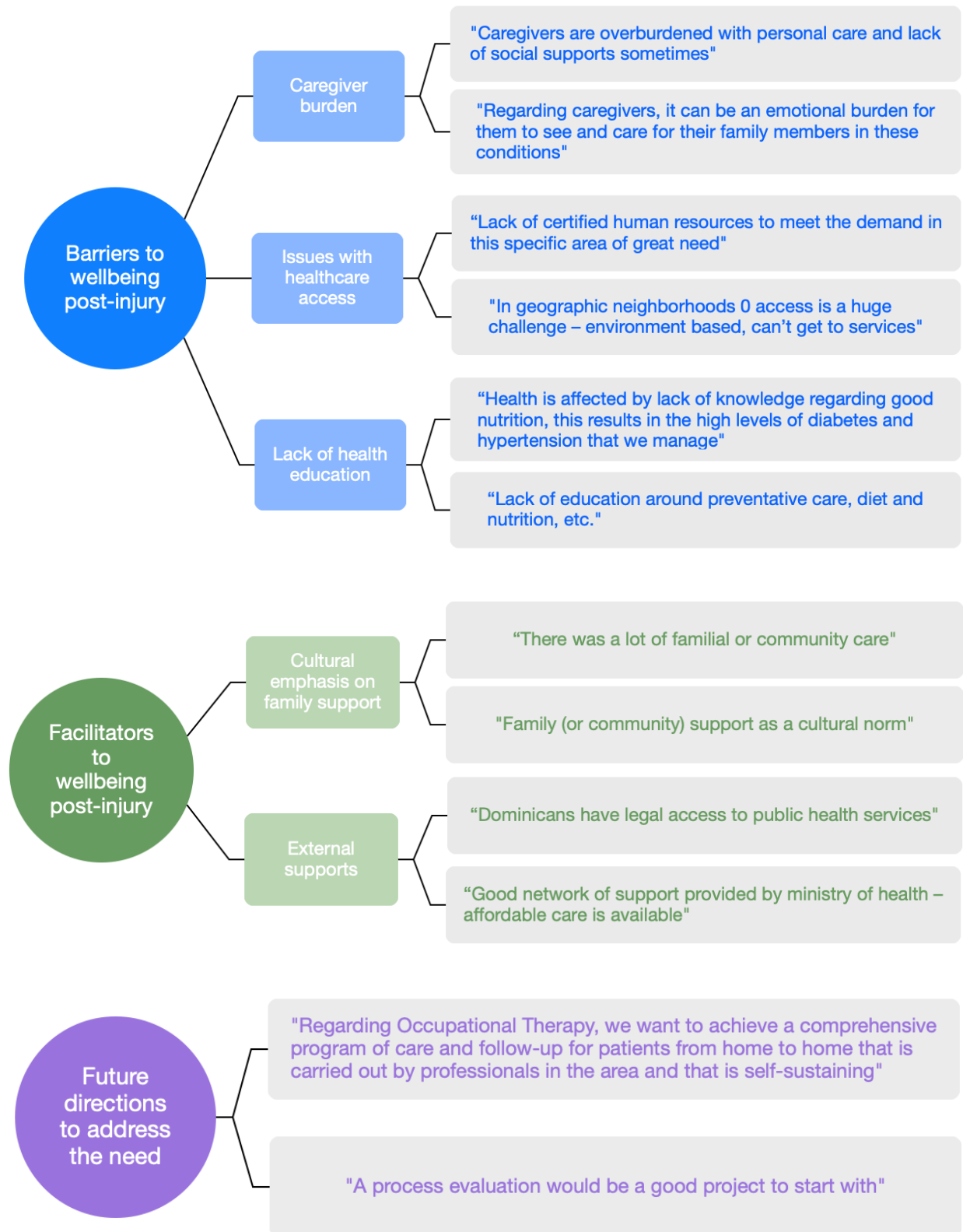
The needs assessment preceding the program evaluation consisted of three key-informant interviews. Interviews were conducted with the CEO and founder of Comunidad Connect, the Dominican Republic Team Lead, and the GSU OT faculty member who leads the ISL study abroad trips to the Dominican Republic. The interviews were all semi-structured in nature, and the scripts for all interviews can be found in Appendix D. Interviews with CC staff were

conducted on a secure virtual meeting platform, and the interview with the GSU faculty member was conducted in-person on GSU campus. The interviewer transcribed the responses synchronously while conducting the interview. Responses for all three interviews were then analyzed for themes in NVivo (Version 14.24.2). Results of the key-informant interviews are synthesized below.

Results

The key-informant interviews revealed three major themes: barriers to wellbeing post-injury (subthemes: caregiver burden, issues with healthcare access, and lack of health education), facilitators to wellbeing (subthemes: cultural emphasis on family support and external supports), and future directions to address the need.

Figure 1 Thematic findings from needs assessment key-informant interviews



Theme 1: Barriers to wellbeing post-injury

This theme was most prolific in the key-informant interviews, and it can be broken down into three subthemes: caregiver burden, issues with healthcare access, and lack of health education. All three of these things contribute to a hindrance of wellbeing for individuals post-injury and their families.

Caregiver burden was mentioned by all three participants, noting that the caregivers of disabled family members are physically and emotionally overburdened with the care of their loved one. Hired personal care attendants are not common in the DR, and there also exists a cultural value, and in some ways a pressure, for family to be the primary and sole caregiver of a disabled person. In addition, caregivers lack any external and social supports to help alleviate the burden. One participant mentioned the need for caregivers to receive education upon onset and throughout recovery of a family member's injury. This education should include pointing them to available supports/resources, as well as teaching safe transfers to protect their own wellbeing.

Issues with accessing healthcare proved to be a salient issue. Participants pointed to poverty, unemployment, infrastructural challenges, inaccessible transportation, scarcity of rehabilitation workforce, immigration status, and geographic distance as contributing factors to community members being unable to access healthcare services.

Lastly, a lack of health education among community members was mentioned by all three participants. Participants mentioned community members needing education in topics such as nutrition, preventative care, and stroke identification and prevention. In relation to the aforementioned caregiver burden, one participant mentioned the necessity of education in safe transfers and body mechanics for caregivers. Reduced health literacy was also briefly mentioned as a concern for this population.

Theme 2: Facilitators to wellbeing

In the Dominican Republic, there is a cultural emphasis on the value of family, making caregiving by family members the norm. Participants note that the family unit is strong, and it is expected that the family will take care of any disabled relatives. This extends beyond the family to the local community as well. While this dependability on family supports the wellbeing of the disabled individual, this norm does contribute to the caregiver burden, as it is not normative to hire any direct support professionals and home health care is sparsely available.

External supports exist to facilitate wellbeing post-injury. Through the Ministry of Health, affordable care is available to all Dominicans. The healthcare system is largely a public institution, making healthcare available to all who can physically access it. This is, however, not a perfect system, and the previously mentioned barriers do hinder utilization of these free or affordable services.

Theme 3: Future directions to address the need

Multiple opportunities to meet the need for quality service provision were mentioned by the participants. Through the community-based work of Comunidad Connect, accessibility issues are largely worked around, as their services take place directly in the homes of community members. CC hopes to partner with more rehabilitation professionals, particularly occupational therapists, to create a system of more comprehensive follow-up care for each patient they treat. They hope for this to utilize local workforce so that it can be self-sustaining. They are seeking to partner with local clinics and institutions to increase the care available to their patients. Participants see telemedicine as a potential opportunity for them to increase healthcare access, though they mention the possible obstacle of low technology proficiency among some community members. Participants are hopeful for increasingly strong partnerships with U.S.-

based OT programs to increase their capacity to treat patients, potentially even working to create a longer-term fieldwork placement. Other future directions mentioned include the creation of a peer support network, health promotion programming, advocacy for homeschool co-ops for disabled children due to lack of wheelchair-accessible schools, return-to-work training, and health literacy and health education programs.

Discussion/Conclusion

Through thematic analysis of the three key-informant interviews, insights regarding the current state of disability, healthcare access in the DR, and Comunidad Connect's current functions were gained to direct the successive program evaluation for Comunidad Connect's Together for Health programming. While Comunidad Connect is actively working to provide quality healthcare services to vulnerable populations in their homes, there are still prevalent gaps in access to care and hindrances to the wellbeing of the individuals and families served. Comunidad Connect does not currently have a system in place for continual evaluative monitoring in their Together for Health program, and thus there is a need for a program evaluation to ensure effectiveness of the rehabilitation and nursing services provided and to identify any recommendations for continual improvement and quality assurance.

Chapter 3: Theories and Models

Figure 2 Social Determinants of Health Model by the CDC



This project is being undertaken through the lens of the Social Determinants of Health Model (SDOH), borrowed from the Centers for Disease Control and Prevention (CDC) Healthy People 2030 campaign (Centers for Disease Control and Prevention, 2022). The World Health Organization (WHO) defines social determinants of health as “the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life” (World Health Organization, 2024b).

The community in the Dominican Republic in which this project will take place faces barriers in access to quality healthcare and health education through a myriad of social

determinants of health, including geographic distance from critical services, language barriers (i.e. deaf and HOH), legal status, financial resources, and inadequate health education. Comunidad Connect exists in these communities in the Dominican Republic, providing community-based healthcare services and health education to vulnerable populations through their program, Together for Health (TFH). This capstone project was designed in partnership with CC as a program evaluation of their TFH program, to determine the effectiveness of current programming and to provide recommendations for continual improvement of provision of quality care and promotion of access to quality healthcare despite barriers posed by SDOH. The ultimate goal is that this project, as a part of a greater initiative, Together for Health, would provide a more robust continuum of care for the vulnerable populations that CC serves.

Chapter 4: Methods

Project Design

This capstone project is a program evaluation for Comunidad Connect's Together For Health program. This involved evaluation of staff, patient, and caregiver perspectives on the effectiveness of the program to meet patient and family needs within the capacity of Comunidad Connect. This was accomplished through multi-modal cross-sectional data collection via key-informant interviews, SWOT analysis, and anonymous surveys. This was followed by subsequent mixed-method analysis of data through frequency-based descriptive statistics and thematic analysis of qualitative data. The findings were integrated to synthesize themes and a narrative of the perceived experience of Dominican community members receiving community-based services from Comunidad Connect. These findings served to guide the results and future recommendations for Comunidad Connect in the final program evaluation report.

Participants

All participants were recruited through convenience sampling. Key-informant interview participants (n=5) were all staff of Comunidad Connect, willing to participate in the interview. They all spoke English, with a majority having Spanish as their first and preferred language; therefore, interview scripts were translated to Spanish. Participants for the community member survey (n=30) were a convenience sample selected by Comunidad Connect staff based upon availability for a home visit, previously scheduled home visits, and willingness to participate. All participants were Spanish-speaking and over the age of 18. In some cases, the patient answered the survey themselves, while in other cases the caregiver answered on behalf of the patient either

due to cognitive ability or age. Efforts were made to sample a variety of ages, conditions, and independence levels.

Site Description

The capstone site for this project was Comunidad Connect, a nonprofit organization with bases in Nicaragua and the Dominican Republic (DR). For the purpose of this capstone, only the DR base was involved. Comunidad Connect's mission is to "alleviate poverty in Nicaragua and the Dominican Republic." Their vision is "bringing together people from all walks of life to inspire innovation and foster impactful, community-driven change." Comunidad Connect does this by identifying community members in need and building relationships with them, then partnering with U.S.-based groups to provide services that meet those needs, then working in partnership with those U.S.-based groups and local partners to provide any needed follow up care to foster sustainable impact.

For the purposes of this project, the Together For Health program was the specific focus. Under this program, disabled individuals are identified by community leaders and Comunidad Connect staff, then U.S.-based healthcare students in the fields of nursing and rehabilitation conduct home visits with these patients and their families. These one-hour visits serve as an evaluation point during which the students can provide any acute immediate care, as well as provide education to the patient and caregivers and recommendations for follow-up by Comunidad Connect and their partners. This follow-up might be continued home-based rehab, acquisition of sterile medical supplies, or home modifications.

This capstone project, being a program evaluation, served to ensure effectiveness of Comunidad Connect's community-based rehabilitation and nursing services. Comunidad

Connect seeks to provide impactful and sustainable care, and through this project, tools were developed that will aid in Comunidad Connect's continual evaluative monitoring to ensure sustainable impact and quality assurance. Additionally, trends from the surveys guided the recommendations made to Comunidad Connect for future improvements to their provision of quality care.

Data Collection

This program evaluation was initiated with multimodal cross-sectional data collection via semi-structured interviews and anonymous surveys. The key-informant interview script and the community member survey were both developed and revised under the consultation of experts in evaluation methodology. The survey underwent further review by third-party volunteers in the Dominican Republic to ensure cultural sensitivity and comprehension. Both the interview script and the survey were translated to Spanish in collaboration with 2 bilingual English/Spanish-speakers. Surveys were then pilot tested by third-party volunteers affiliated with Comunidad Connect, as well as Comunidad Connect leadership to ensure comprehensibility.

Semi-structured interviews were conducted with Comunidad Connect staff regarding the current practices and systems of their service provision, as well as current facilitators and barriers to quality service provision. Due to CC staff time constraints and language barriers, it was determined that interviews would be most efficiently conducted asynchronously. Interview scripts were sent to participants via email along with an informed consent form. Participants signed and returned the informed consent prior to completing the interview questions. Participants were given one week to type responses to be sent back to the researcher. The researcher sent participants any relevant follow-up questions for clarification as needed. The interview scripts, English and Spanish forms, are included below in Appendix E. Upon receipt of

interviews from all respondents, responses were thematically analyzed in NVivo (Version 14.24.2).

Anonymous surveys were conducted via Qualtrics with community members who receive(d) services from Comunidad Connect. Survey questions targeted perceived effectiveness of and satisfaction with Comunidad Connect's community-based services. Survey questions are provided below in Appendix F. Comunidad Connect staff were trained by the primary researcher on how to conduct the surveys prior to initiation of data collection, and they served as survey facilitators, either providing a smart device on which the survey could be completed by the participant or reading aloud and transcribing responses for the participant. Prior to initiation of surveys, participants read and provided verbal informed consent to the survey facilitator. Responses were recorded in Qualtrics for successive data analysis by the researcher. Responses were qualitatively analyzed to identify trends, then the data was graphically visualized for comprehensible reporting.

Throughout this capstone, Comunidad Connect was independently conducting caregiver surveys with the goal of gaining insights into the psychosocial wellbeing of caregivers, as well as gaining their feedback for future services from Comunidad Connect. A secondary analysis of this data was conducted, identifying trends and graphically visualizing that data for comprehensible reporting.

Lastly, a SWOT analysis was performed with individual participation from two leaders in Comunidad Connect. The SWOT analysis was completed asynchronously and independently by each participant due to participants' time constraints. SWOT analysis responses were observed and condensed for comprehensive reporting, however with only two participants, common themes did not arise to warrant a thematic analysis.

Data Analysis

To investigate the effectiveness of Comunidad Connect's community-health services, responses from the key-informant interviews were thematically analyzed through NVivo (Version 14.24.2), to determine staff perceptions of facilitators and barriers to quality service provision. Each response was categorically assigned to a code or subcode.

SWOT analysis responses were observed and condensed for comprehensive reporting, however with only two participants, common themes did not arise to warrant a thematic analysis.

To investigate the effectiveness of Comunidad Connect's community-health services from a patient and caregiver perspective, the researcher explored outcome measures of patient satisfaction, patient improvement, and open-ended feedback from patients or their caregivers regarding what they believe is working well and areas where they could receive additional help.

Upon collection of the community member survey data and caregiver survey data, all data was manually cleaned to ensure clarity of responses. For example, when asked for condition type with answer choices including "neurologic disability", if the respondent answered "other" and typed "brain injury", this was recoded to the answer choice, "neurologic disability". In two cases parents answered surveys on behalf of children under 18. For the sake of identifying trends in relation to the age of patients, the code for age of <18 was added retroactively and applied to these participants' answers. No children were active participants, but parents could elect to participate and answer regarding their child's experience. For questions regarding which activities of daily living (ADLs)/instrumental activities of daily living (IADLs) could be completed independently (item 3) or requiring assistance (item 4), responses were recoded as indicated by Figure 3.

Figure 3 Recoding for ADL/IADL assistance levels required by patient

Number of ADLs/IADLs indicated as able to complete without assistance	Recoded assist level
7	<i>Independent</i>
5-6	<i>Max Assist</i>
3-4	<i>Mod Assist</i>
1-2	<i>Min Assist</i>
0	<i>Total Assist</i>

Following data cleaning, frequencies of each variable were calculated and graphically represented for visualization of the data. Then, frequency data for outcome variables were compared across different demographic and distinguishing features of the sample, including age range, condition, level of assistance, and types of services received. These comparisons were used to illuminate trends across the sample, such as, *which condition subset of the population has the highest satisfaction rate, or how do health improvement outcomes compare between those who have received less than three visits vs. more than three visits.*

Due to the small and non-random sample, statistical analysis was not conducted due to the inability to assume normality or generalizability; however, calculated frequencies and thorough qualitative analysis guided identification of trends and development of a narrative describing the perceived experience of receiving community-based services from Comunidad Connect.

Chapter 5: Results

5.1 Key-Informant Interview Findings

The key-informant interviews were thematically analyzed resulting in three main themes, *Overview of Together For Health*, *Impact of Student Groups*, and *Sustainability of Impact*. Each theme has successive subcodes into which the themes were divided. Figures 4, 5, and 6 provide visualization of the themes below.

Theme 1: Overview of Together For Health

The key-informant interviews provided the researcher with a deeper comprehension of the purpose and programming behind Comunidad Connect's Together For Health program. The respondents provided responses that aligned with three subcodes including *General Structure & Function*, *Patient Recruitment & Intake*, and *Community Partnerships*.

1.1 General Structure & Function

Together For Health is a program run by Comunidad Connect in which they “identify vulnerable communities with specific health needs,” then seek to meet those needs through multiple means. In the DR, Comunidad Connect only has one staff therapist, and she is able to provide direct care to a small census of patients. Outside of the staff physical therapist's service provision, Comunidad Connect connects patients to local organizations or provides home-based care to these patients through partnering student groups.

1.2 Patient Recruitment & Intake

To recruit patients, Comunidad Connect receives referrals from community leaders and local organizations that are aware of individuals or families in need of medical and rehabilitative care in the community. They visit these patients over the course of

multiple weeks to build rapport. Through this process, Comunidad Connect gathers information such as the patient's demographics, condition, limitations, and goals. They use this information to determine eligibility for the Together For Health program and "to determine if there is interest and justification for students to conduct an assessment." Comunidad Connect likes to have enough of a relationship with the patient and their family that the introduction of student groups is welcomed and not a source of discomfort or unease.

1.3 Community Partnerships

Comunidad Connect has partnerships with different entities in the country, like the Dominican Rehabilitation Association (ADR) and the Ministry for Health. These organizations both recruit patients for Comunidad Connect, and they also, in some cases, provide continued care to Comunidad Connect's patients. For example, if Comunidad Connect meets a patient who requires ongoing rehabilitation and can access public transportation, Comunidad Connect can refer them to ADR to receive their follow-up care. These partnerships not only share the workload of caring for vulnerable populations, but they also, as established organizations in the country, serve to bolster the credibility of Comunidad Connect in the community through their partnership.

Theme 2: Impact of Student Groups

Much of the Together For Health program is driven by the work of student groups through Comunidad Connect's partnerships with U.S.-based universities. Students are from a variety of disciplines, including occupational therapy, physical therapy, respiratory therapy, and nursing.

These partnerships have a symbiotic relationship, benefitting both the Dominican community served, as well as the students, themselves.

2.1 Benefit to the DR Community

2.1.1 Provision of direct care - Through provision of direct care, students are benefitting the communities of the Dominican Republic by giving hands-on medical and rehabilitative treatments and education to the individuals and families identified by Comunidad Connect. These visits occur in the patient's home, making these services entirely accessible, and recommendations fully tailored to the patient's unique natural environment. Students perform evaluations during their visits, followed by any acute interventions that can be provided on-the-spot and with the resources immediately available. Education and recommendations are provided to the family as well as to Comunidad Connect for follow-up, adaptive equipment, home exercise programs, etc. Through the work of student groups, Comunidad Connect is able to significantly extend their reach in the community, serving far more patients than they would have been able to with their one staff physical therapist.

2.1.2 Knowledge transfer - The students engage in knowledge transfer with local professionals, benefitting local providers. Due to overloaded patient census and fewer available educational resources, the Dominican-based therapists, both on staff with Comunidad Connect and in the partnering local clinic, lack the dynamic and evolving evidence-based practice guidelines readily available to current students. Through co-treating in homes and in the local clinic, students are able to share new ideas with the providers they are partnering with, allowing for a transfer of knowledge to benefit the local practitioners.

2.1.3 *Data collection* - The students also collect data needed by Comunidad Connect to better understand the experiences and needs of their patient population. By interacting face-to-face with each of the visited patients and their families, the students can gain insights, guided by their specific expertise, to grant Comunidad Connect with information that can facilitate informed follow-up procedures for each patient and their families.

2.2 *Benefits to Students*

The students who engage in the Together For Health program benefit from their experience in a myriad of ways. Students are able to put their clinical practice skills to work in a real-world setting while under the oversight of clinical faculty. This can improve competence and confidence in the student. They also benefit from cultural exchange, meeting people from very different lived experiences than their own, developing in them a greater sense of cultural humility. Very practically, students gain practice with providing care with the use of a language interpreter, a necessary skill that is difficult to hone without rote practice.

2.3 *Challenges with Students*

Working with student groups is not without its challenges. One of the most mentioned challenges involves “[implementing] the recommended patient follow-up” with limited time and resources. In these cases, Comunidad Connect must reach out to external organizations to partner in the follow-up. This might involve provision of medical supplies, accessible transportation, regular rehabilitation visits, or an extensive home modification. Additionally, working with students poses a reasonable and expected challenge when it comes to overcoming language and cultural barriers.

This requires more human resources from Comunidad Connect in providing volunteer and staff interpreters to serve as a cultural bridge between students and patients.

While this is a challenge, the benefits of these university partnerships outweigh the complications associated with running effective student programs.

Theme 3: Sustainability of Impact

The sustainability of Comunidad Connect's impact on patients and their families was a heavily discussed topic. This is a high priority among Comunidad Connect's staff and leadership, as they hope to ensure the work they do has lasting positive impacts on the communities they serve. The main avenue through which Comunidad Connect ensures sustainability of impact is through follow-up care.

3.1 Follow-Up Care

3.1.1 Home-based care – Home-based care is the most direct means through which Comunidad Connect conducts follow-up. The staff physical therapist has a census of seven patients with whom she completes weekly follow-up visits in-home to review exercises and education provided either by her or the students who conducted the initial evaluation.

3.1.2 Home modifications - Comunidad Connect partners with local teams and external organizations that travel to the Dominican Republic to do home modification projects. These are often directly in line with recommendations by occupational therapy students upon an assessment of functional mobility within the patient's home. These modifications impact the patient's ability to independently navigate their own home, thereby also reducing caregiver burden for transfers, and in some cases physically lifting the wheelchair out of the home and onto the street.

3.1.3 *Referrals to partners* - Comunidad Connect also facilitates follow-up care through referrals to other local organizations. As mentioned previously, if a patient would benefit from ongoing rehabilitation, but is also able to access public transportation, they can be referred to ADR for outpatient therapy services. Comunidad Connect partners with an accessible transportation company which can aid in their patients' abilities to reach medical appointments and outpatient rehabilitation.

3.2 *Challenges to Sustainability*

3.2.1 *Reliance on external funding* - Comunidad Connect relies on external funding to carry out their programs and community care. While funding has been consistently present, staff note that they hope for more funding to increase their workforce to meet the ever-present needs of their surrounding communities. Comunidad Connect staff recognize that their services could be expanded and more patients treated with increased funding.

3.2.2 *Limited workforce* - A challenge not only to the work of Comunidad Connect, but also to local healthcare organizations is the scarcity of the workforce. The Dominican Republic has very few rehabilitation professionals, resulting in too great of a demand to be met. The lack of available practitioners "limits [Comunidad Connect's] range of action" to be able to serve everyone they wish to serve, to the extent they wish to serve them. As previously mentioned, Comunidad Connect, itself, only has one staff physical therapist.

Figure 4 Key-informant interview, theme 1: Overview for Together For Health

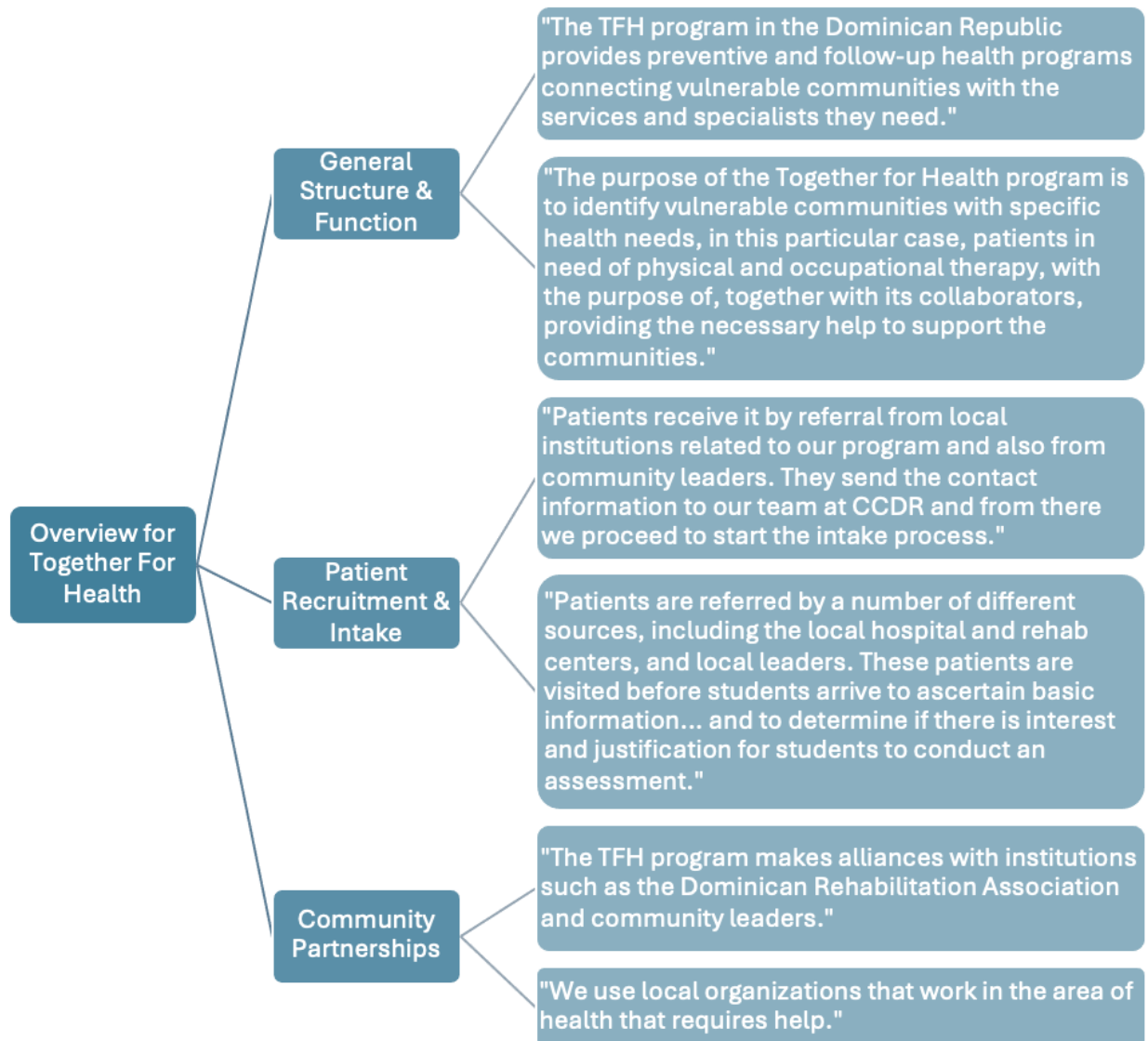


Figure 5 Key-informant interview, theme 2: Impact of Student Groups

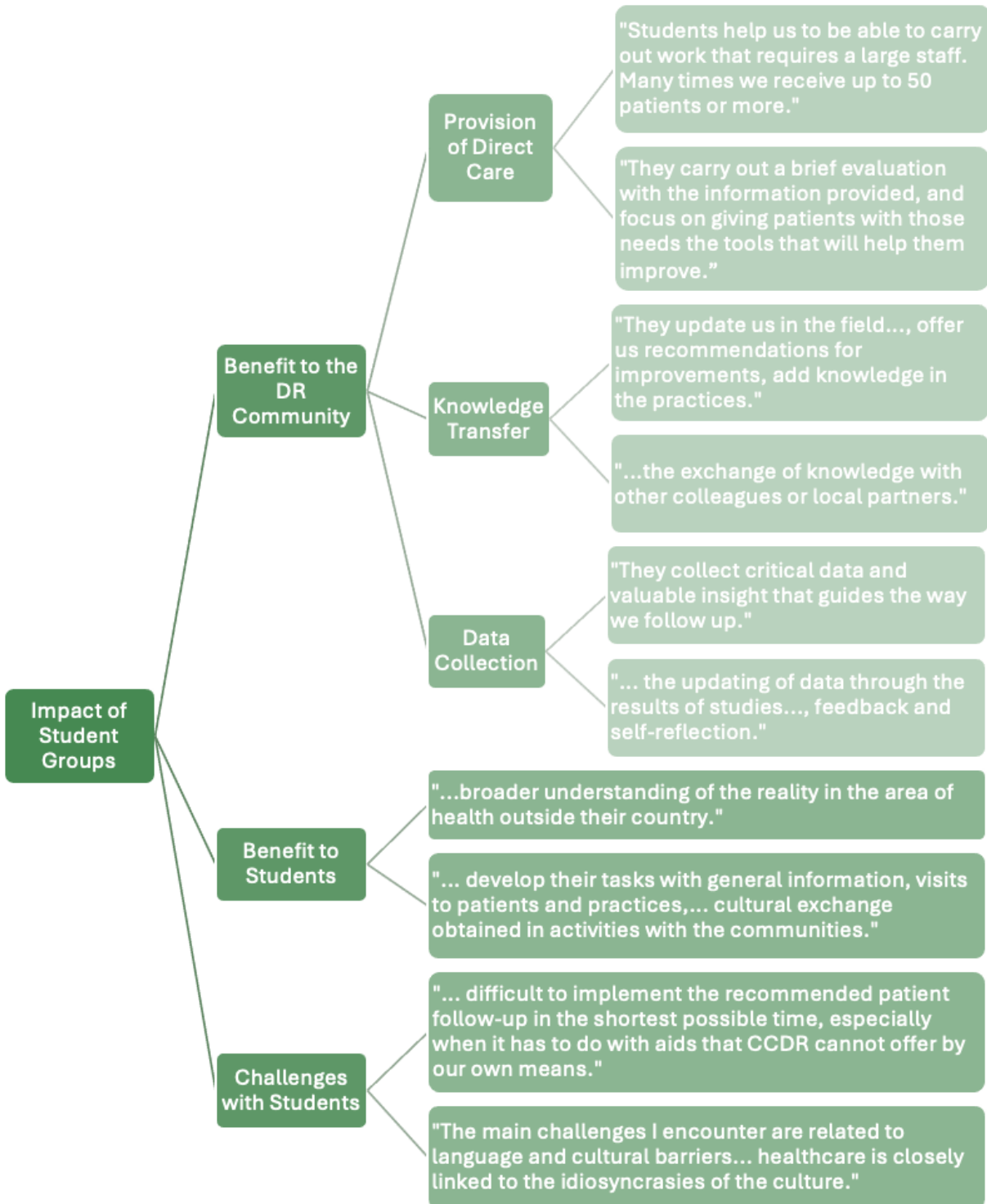
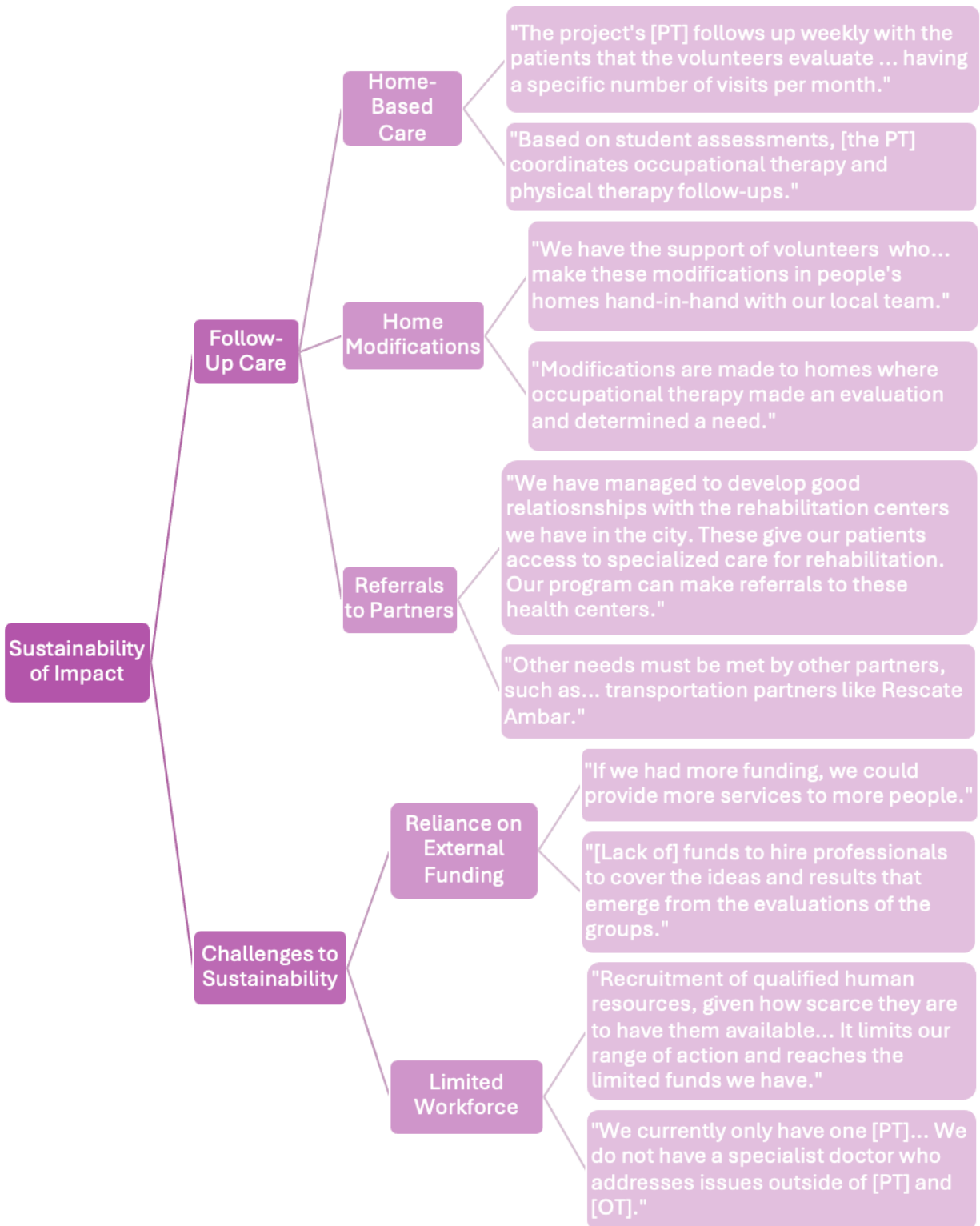


Figure 6 Key-informant interview, theme 3: Sustainability of Impact



5.2 Community Member Survey Findings

The participant characteristics for the community member survey are detailed below in Figure 7. Graphic visualizations of frequency and count data are provided in Appendix G. Multiple variables were compared against the two primary outcome variables, patient satisfaction and patient improvement, to determine trends. With the large number of variables compared, only those trends with a relevant contribution to the narrative are detailed below.

Figure 7 Community member survey participant characteristics

Community Member Survey Participant Characteristics		
	n	%
Age		
<18	2	7%
18-30	5	17%
31-45	1	3%
46-64	7	23%
65+	15	50%
Condition		
Neurologic disability	14	47%
Orthopedic disability	9	30%
Chronic health condition	5	17%
Other	2	7%
Level of Assist for ADLs/IADLs		
Total	7	23%
Max	6	20%
Mod	5	17%
Min	9	30%
Independent	3	10%

Category 1 - Patient Satisfaction

1.1 Patient Satisfaction vs. Age

There are no meaningful trends between satisfaction levels across age groups. All age groups report a majority “very satisfied” with their care.

1.2 Patient Satisfaction vs. Condition

Patients across all conditions report high levels of satisfaction. Patients with neurologic conditions showed the highest satisfaction rates.

1.3 Patient Satisfaction vs. Level of Assistance

Across all levels of assistance, satisfaction remains consistent and high, with no apparent trends across levels of assistance.

1.4 Patient Satisfaction vs. Service Type

Patients receiving physical therapy (PT) services report the highest satisfaction rates.

1.5 Patient Satisfaction vs. Number of Visits

Though patients who have received more visits have a higher frequency of higher satisfaction scores, it is difficult to claim a trend due to the low number of patients in this 4-8 visit category.

Category 2 – Patient Improvement

2.1 Patient Improvement vs. Age

Patients aged between 46-64 years old reported the greatest levels of improvement in their health since working with Comunidad Connect, with a majority reporting some or much improvement. Patients aged over 65 years old reported the least amount of improvement, with the majority reporting no improvement. In the younger demographics, the level of reported improvement was more evenly spread.

2.2 Patient Improvement vs. Condition

Across all conditions, reported levels of improvement were relatively similar. At least half of patients across each condition report no improvement or worsening condition.

2.3 Patient Improvement vs. Level of Assistance

Higher levels of improvement were reported among those with lower levels of assistance required for ADLs/IADLs, as compared to those with higher levels of assistance required for ADLs/IADLs.

2.4 Patient Improvement vs. Service Type

The patients who received any amount of therapy services reported greater levels of improvement as compared to those who only received home modifications, however the 3 patients who received the most multidisciplinary care (OT, PT, and home modifications) all report no improvement.

2.5 Patient Improvement vs. Number of Visits

Patients who received more visits report higher rates of improvement than those with fewer visits from Comunidad Connect.

2.6 Patient Improvement vs. Satisfaction

Overall, the patients' reports of higher levels of satisfaction increase in frequency at higher levels of improvement. In general, even across all levels of improvement, very few patients reported no satisfaction.

Category 3 - Miscellaneous Contributory Trends

3.1 Prevention of Independence vs. Level of Assistance

Upon observation of both counts and frequencies of different causes preventing independence across the different assistance levels, there are no obvious trends. This indicates that there is not necessarily one cause that is proving to be more debilitating than another cause preventing independence.

3.2 Qualitative analysis of two short-form survey items revealed that 67% of respondents have been most benefitted by Comunidad Connect through improvements to their mobility, and 40% of respondents request continued follow-up service.

While this is not an exhaustive list of all trends that could be gathered from the data collected. These above detailed trends serve to create a narrative that describes the experience of Comunidad Connect's patients.

5.3 Caregiver Survey Findings

The secondary analysis of the caregiver data collected by Comunidad Connect consisted of compiling frequencies and counts on multiple variables assessed by the survey tool. The graphic visualizations of the caregiver data can be found in Appendix H. No comparison data was analyzed due to the low sample size and the nature of questions not warranting comparisons across variables. However, the frequency data does provide Comunidad Connect with valuable insights into the experiences, successes, and needs of caregivers.

Key trends noted from the frequency analysis include the following:

- 94% of caregivers are a part of the patient's nuclear family—either sibling, parent, spouse, or child.
- 44% of caregivers are providing care to the patient 16-24 hours per day.
- Issues with accessible transportation and financial limitation were the most frequently noted challenges by caregivers.
- The need for adaptive equipment and medical supplies was the most frequently noted need by caregivers.

- Approximately 70% of caregivers find it very difficult to find social support whether for leisure time or in times of need.
- 55% of caregivers report never having enough time to care for themselves.
- 90% of caregivers are very satisfied with their ability to care for their loved one.

These statistics highlight the challenge of caregiving for a disabled loved one, but also the value and responsibility to do so within the family unit. Despite the challenges highlighted by the results, still satisfaction with caregiving is nearly unanimous.

5.4 SWOT Analysis Findings

Due to only having two participants in the SWOT Analysis, no consistent themes arose. However, both participants contributed unique and notable insights for each category of the SWOT Analysis. A summary of the results is included in Figure 8. These findings clearly highlight the strengths, weaknesses, opportunities, and threats experienced by Comunidad Connect in relation to the Together For Health program. The findings increased the researcher's understanding of Comunidad Connect's strengths to be able to capitalize on those when developing the continual evaluation tool as the deliverable of this capstone. The weaknesses served to inform the researcher of areas in which to focus during the development of recommendations in the program evaluation report. This analysis guided the creation of resources to be disseminated to Comunidad Connect for their continual growth and improvement.

Figure 8 SWOT analysis findings

Strengths	Weaknesses	Opportunities	Threats
<p>Cultural Connections supports TFH efforts in terms of funding and labor</p> <p>Adaptability with community partners through rapport and trust</p> <p>Place- & people-based: working in the natural environment</p> <p>Partnerships with student groups allows for specialized care and reduced burden on local workforce</p> <p>Inter-institutional collaboration</p> <p>Strong OT and home modification impact</p> <p>Access to valuable resources globally and locally</p>	<p>Lack funding</p> <p>Lack office space in DR which limits administrative capacity and public presence</p> <p>Low engagement with students post-trip</p> <p>Lacking in data collection, causing a gap in knowledge of the impact and unmet needs</p> <p>Weak follow-up – not enough time and resources</p> <p>Lacking relationship with local institutions</p> <p>Lack of local volunteer network</p>	<p>Only organization in Puerto Plata involved in this work</p> <p>Cultural Connections (the US-based student groups) provide TFH with funding and labor</p> <p>International partners open opportunity to expand services</p> <p>Potential for partnership with private social work companies to receive resources</p>	<p>Lawlessness in Haiti is deterring US tourists</p> <p>Covid and other pandemics have/can shut down the work</p> <p>Current US administration will potentially cause tensions with DR re: immigration issues/policies</p> <p>Natural disasters</p> <p>Opposition to “inclusive economy”</p> <p>Risk of loss of funding</p>

The results from all of the above survey tools not only serve to provide Comunidad Connect with insights into the effectiveness of their work both from the patient and the caregiver’s perspectives, but these surveys also served as a pilot test of using survey tools in the continual evaluation process. The collection of this data gave the Comunidad Connect Dominican Republic staff valuable information, but also practice in collecting this information

for the sake of continual quality assurance and adaptability to the needs of the community they serve. The findings will be disseminated to the Comunidad Connect staff, as well as revised survey tools adapted from those used here.

Chapter 6: Discussion

This capstone project illuminated perceived effectiveness of Comunidad Connect's Together For Health program from different perspectives. This was observed through staff perceptions of organizational successes and barriers to success, patient perceptions of improvement and satisfaction, and caregiver experiences.

Staff Perceptions

Findings from the key-informant interviews and SWOT analysis highlighted the relevance of Comunidad Connect's current programming in the context of community-based healthcare and ISL-based service provision. Community-based healthcare is effective in the Dominican Republic when executed in partnership with local organizations and community leaders (West-Pollak et al., 2014). With its growing presence in the region, and through similar partnerships with community leaders and organizations like the Dominican Rehabilitation Association, Comunidad Connect is working to contribute to improved health outcomes for the vulnerable populations of the DR.

Comunidad Connect also holds partnerships with university healthcare programs in the U.S. which conduct international service-learning (ISL) trips to the DR. Through their work with Comunidad Connect, rehabilitation and nursing students benefit the communities in which they serve through direct home-based care, reducing the burden on local health systems, and knowledge transfer with local professionals (Crawford et al., 2020; Curtin et al., 2015; Davis et al., 2021; Haines & Lambaria, 2018; Pechak & Thompson, 2011; Short et al., 2020). The home-based care specifically improves healthcare access for those vulnerable patients who are unable to leave their homes or access transportation. This home-based care further benefits the patient

by providing care in their natural context, ensuring relevance, salience, and generalizability for the patient. Comunidad Connect also recognizes the benefits gained by students through engaging in ISL, namely developing greater cultural humility and real-world clinical practice. These are benefits noted across disciplines and countries in other ISL programs as well (Curtin et al., 2015; Davis et al., 2021; Pechak & Thompson, 2011; Short et al., 2020).

Despite the success of Comunidad Connect's ISL-based programming, staff and leadership report challenges with follow-up for the patients visited by students. Students provide a far more extensive workforce than Comunidad Connect has in-country regularly. Therefore, reaching all of the same patients, meeting their needs, and growing their patient census as their capacity grows is a large challenge, and one that is acknowledged by other programs following similar models (Chapman, 2018; Cipriani, 2017). Comunidad Connect is fortunate to have a staff physical therapist who is able to provide direct follow-up care to a limited census, as well as local partnerships that can help to meet other patient needs. However, as noted by Comunidad Connect leadership, and as observed by the researcher, there is no current method by which Comunidad Connect continually evaluates the effectiveness of treatments they provide. While the needs of the community exceed the capacity of Comunidad Connect, the services Comunidad Connect does currently provide within the Together For Health program are not under any quality assurance evaluation. This finding necessitated the need for the development of a continual evaluation tool to be used by Comunidad Connect in the future. The continual evaluation tool can be found in Appendix I.

Patient Perceptions

Findings from the community member surveys highlight trends in patient improvement and patient satisfaction across several factors. It is important to note that satisfaction scores were

high across all domains, with 70% of all participants reporting “very satisfied” and only 3% reporting “not satisfied.” It is predicted that satisfaction scores were consistently high because the patients are satisfied to simply receive care since in the current healthcare system there are issues with physical accessibility as well as low rehabilitation workforce. Another cause might be “saving face,” meaning patients reported high satisfaction rates so as to not cause tension with the survey facilitator as a staff member with Comunidad Connect.

A majority (56.7%) of participants report “no improvement” in their perceived level of health since working with Comunidad Connect. There are two probable causes of the apparent stagnancy in improvement scores for patients. Patient improvement was determined by comparing reported pre-service health rating and post-service health rating on a scale of *poor*, *fair*, or *great*. Due to the cross-sectional nature of data collection, it is possible that patients are inaccurate reporters of their pre-service health due to the lapse in time. Longitudinal data collection would mitigate this risk in the future, as patients will be able to report only their current health rating without having to consider how they might have rated it in the past. Another potential cause of the apparent stagnancy is that by only having three answer choices, many participants chose the neutral choice for both pre- and post-service health ratings, resulting in the determined improvement value to be *no improvement*. By having four answer choices in the future, the risk of neutral response bias is prevented.

Typically, there is a positive correlation between improved health outcomes and patient satisfaction (Baumbach et al., 2023; Fenton et al., 2012). In our sample, there appears a potential trend of higher improvement levels reporting greater satisfaction at a higher frequency; however, satisfaction scores did remain largely positive across improvement levels. Due to the cross-sectional nature of this data collection, it is impossible to assume any directionality in this trend.

It is uncertain if patients are satisfied because they made improvements, or if patients with a natural inclination toward higher morale and optimism are more likely to improve under Comunidad Connect's care. In general, even across all levels of improvement, very few patients reported no satisfaction.

When investigating trends in improvement and satisfaction across condition, patients with neurologic disabilities showed higher rates of satisfaction with care; however, they did not have higher rates of improvement. Their higher satisfaction could be attributed to cognitive limitations inhibiting self-awareness of disability, common in certain neurologic disabilities. Another reason for their high satisfaction score might be the aforementioned satisfaction of receiving any care at all. With limited rehabilitation workforce, it is likely that once these patients reached medical stability, they did not receive much, or any, rehabilitation.

Across assistance levels, again, satisfaction rates remained consistently high with no apparent trends. Patient improvement rates do appear higher among patients who require less assistance in ADLs/IADLs, as compared to those requiring max or total assistance. However, because this data was collected cross-sectionally, and not longitudinally, it is impossible to determine if those with lower assistance levels are experiencing more improvement, indicating Comunidad Connect's care is more effective for those with lower assistance required, or if the improvement they have experienced is what has brought them to a lower assistance level.

Patients received different types of care, whether occupational therapy (OT), physical therapy (PT), home modifications, or some combination of the above. Patients receiving PT services report the highest satisfaction rates. This is likely due to the ongoing nature of the PT care through the work of the staff PT. Because PT care is not a one-time session, as is the case with the other services, the repeated sessions increase the likelihood of patient satisfaction

(Simon Lafrance et al., 2024). The patients who received any amount of therapy services, as opposed to only home modifications, reported greater levels of improvement. The three patients who received the most multidisciplinary care (OT, PT, and home modifications), however, all report no improvement. This is contradictory to ample evidence that suggests multidisciplinary rehabilitation care is correlated to improved outcomes (Leung et al., 2021; Ritter & Bonsaksen, 2019). The small sample size is likely the cause of this discrepancy.

Because so few patients received more than three visits, it is difficult to claim definitive conclusions about trends relating to patient improvement and satisfaction. There does appear to be higher satisfaction rates among patients receiving more visits, which aligns with clinical evidence (S. Lafrance et al., 2024). Patients receiving a higher number of visits also report greater rates of improvement; however, this correlation remains inconclusive on a broader scale (Dubé et al., 2024; S. Lafrance et al., 2024). This discrepancy is, again, likely due to the small sample size, causing the results to not be reflective of a population.

In a comparison of causes that patients report prevent their independence in ADLs and IADLs and their reported level of assistance, there is no clear trend. This was analyzed to determine if there is a specific factor that is especially debilitating to Comunidad Connect's patients, indicating a target outcome for them to pursue. For example, if pain was significantly more prevalent in their max and total assist patients, then it could be suggested that pain management become a priority in their care. Because there is no evident trend, it is concluded that there is not one cause needing more attention than any other among their patients.

Caregiver Perceptions

Analysis of caregiver surveys provides Comunidad Connect with valuable information illuminating the lived experiences and the needs of caregivers. The health of caregivers and patients are deeply interconnected, with both parties showing better outcomes when the other is as well (Leykum et al., 2022). Therefore, for the betterment of all the individuals in the family unit, it is crucial to ensure that caregivers are considered. In the Dominican Republic, there is a strong emphasis on family providing care to their loved ones in the case of illness or injury. This is evident in that 94% of caregivers belong to the nuclear family of the patient. Because of this closeness to the patient, caregivers are often providing around-the-clock care, putting them at risk for extensive caregiver burden and burnout. A vast majority of the caregivers of Comunidad Connect patients report a deep lack of social support and leisure time. This exacerbates the caregiver burden, as social networks are vital to reducing the caregiver burden and improving the wellbeing of both caregiver and patient (Bouchard et al., 2023; Wang et al., 2024). Lastly, the data from the survey brought to light the caregivers' needs, so that Comunidad Connect can accurately respond. For instance, caregivers noted a need for accessible transportation and help with acquiring adaptive equipment and medical supplies. This information can serve to guide Comunidad Connect's priorities going forward to meet the expressed needs of caregivers.

Limitations

The primary limitation to this program evaluation was the sample size. Due to the small sample, results cannot be analyzed for statistical significance, and thus generalizations are unable to be claimed. However, results can be uniquely considered as Comunidad Connect seeks to continually improve their patient-centered service provision. Another limitation of this research was the bias of convenience sampling. Participants were recruited from patients willing to participate and either already scheduled for a visit or easily reached for a visit. Future research

with Comunidad Connect should take the form of random sampling from their population census. The potential of participants “saving face” might have skewed the satisfaction data toward more positive responses as participants were directly reporting answers to Comunidad Connect staff. Lastly, after completion of the surveys and reflection on the experience with Comunidad Connect leadership, it was determined that some questions were worded in such a way that yielded less detailed answers than would be favorable, usually through neutral response bias. Future survey tools should be revised to include an additional answer choice on these items to improve specificity of answers.

Practical Relevance

With the small population and convenience sampling, this data is not generalizable to a greater population. The data gathered can only serve to inform Comunidad Connect of trends in their care for patients and their families within the community they serve. Because of the specific sampling, though, the findings are uniquely relevant to Comunidad Connect’s patient census, and therefore fully applicable to their practice.

As Comunidad Connect continues to provide regular care to their patients through physical therapy, and as they grow to potentially include more occupational therapy, they can ensure the priorities of their practice match the priorities highlighted by patients and caregivers in this study. Comunidad Connect should ensure continuation of multiple visits to each patient within their capacity, but also prioritize expanding that capacity to provide consistent follow-up care. The OT and PT student groups effectively reduce labor burdens, and thus the implementation of more student groups could serve to increase the capacity of that follow-up care without the hinderance of the current local workforce scarcity. The evaluation illuminated the need for more clear follow-up procedures so that transient students and volunteers might help

carry the follow-up workload, as it is currently only managed by the one staff PT. Additionally, Comunidad Connect can implement continuation of similar surveys to ensure a continual collection of data that can drive priorities in their service in a way that is uniquely tailored to the needs of their community.

Future Directions

Evaluative monitoring should continue for Comunidad Connect's Together for Health program. Longitudinal data collection and a larger sample would significantly contribute to the insights able to be drawn from this research. Integration of evaluative monitoring into Comunidad Connect's daily functions is crucial to their continual improvement. The continual evaluation tool should be used on a regular basis with patients upon each visit to maximize data collection and resultant adjustments to meet reported needs of the population. Should Comunidad Connect successfully implement regular follow-up care with a staff OT or nurse, more specific data should be collected with specific outcomes related to each discipline, as well as general patient outcomes, to ensure multidisciplinary effectiveness.

Chapter 7: Implications for Occupational Therapy Practice

The program evaluation specifically relates to community-based practice in low- and middle- income contexts. Further, the project relates to ISL-based service provision through transient U.S.-based healthcare students, followed by continual care from a physical therapist. Occupational therapy students visit this site annually, performing evaluations and short acute interventions as warranted, and provide recommendations for follow-up. The staff physical therapist uses the OT evaluations and recommendations to guide her treatments; however, OT recommendations are not currently being followed-up with a licensed registered occupational therapist.

To promote care for these patients within an occupational therapy context, and care that is effective at improving patient outcomes, this program evaluation culminates in recommendations for Comunidad Connect's future service provision. As capacity permits, it is recommended that Comunidad Connect hire a staff occupational therapist to assist with the follow-up caseload, and to promote multidisciplinary care in collaboration with the staff physical therapist. Together with the PT, a staff OT could promote functional mobility in the patients' natural contexts, as well as uniquely guide treatments for independent performance of ADLs/IADLs, compensatory techniques or adaptations for improved independence, as well as cognitive interventions and home modification recommendations. OTs can also specifically address role-finding and return-to-work, both of which were noted as gaps in treatment for this population by a university faculty member engaged in ISL programs.

Comunidad Connect could also serve as a fieldwork site for occupational therapy students seeking a placement with a cultural exchange component. This would allow for more

consistent OT services for the population, more knowledge transfer from OT students to Comunidad Connect staff, and enhanced clinical practice skills for the OT student.

Lastly, Comunidad Connect should continue to serve as a capstone site for each occupational therapy cohort. In this way, successive OT students can bring their unique expertise to Comunidad Connect's programs as the organization grows, aiding in the process of continually evaluating their services and honing their capacity to provide occupation-based functional care to their patient populations.

Chapter 8: Sustainability Plan

As mentioned previously, a continual evaluation tool was developed as a deliverable from this program evaluation (Appendix I). This survey is designed to be used on regular follow-up visits with patients in order to measure longitudinal trends in perceived health level, satisfaction, successes, unmet needs, and feedback. The data collection phase of this project served as a training and trial for use with the continual evaluation tool, exposing Comunidad Connect staff to facilitating surveys on Qualtrics and Google Forms (used for the caregiver survey) platforms. Feedback from Comunidad Connect leadership confirmed the improved staff comfort to conduct surveys on these platforms. A draft of the continual evaluation tool was provided to Comunidad Connect leadership to be translated and transcribed to their desired platform in the future. To reduce the impact of “saving face”, staff will be instructed to have patients complete surveys independently, or with the help of a caregiver, with minimally identifiable information asked and left optional to include.

The program evaluation report will be provided to Comunidad Connect for their reference, and a presentation will be presented to leadership for their thorough comprehension of the findings and future recommendations.

It is recommended that successive occupational therapy students conduct program evaluations with Comunidad Connect each year for the doctoral capstone requirement. Annual evaluations will provide Comunidad Connect with regular feedback on their effectiveness and novel recommendations for continued improvement. Comunidad Connect leadership will recruit students for capstone projects each year during the ISL experience.

Chapter 9: Conclusions

This program evaluation compiled information regarding the effectiveness of Comunidad Connect's Together for Health program as determined by perceptions from staff, patients, and caregivers. The findings highlighted multiple trends, including the following.

Comunidad Connect seeks to serve the vulnerable populations of the Dominican Republic through home-based healthcare in partnership with local organizations and U.S.-based healthcare students. They successfully implement patient-centered care through OT, PT, and nursing student groups as well as follow-up care with their staff PT and home modifications. They are limited by a low allocation of resources and a reliance on external funding. There is also a significantly larger population in need of their services than they have the capacity to serve. Sustainability of their programming is their main concern as the human resources to provide thorough and continuous follow-up care is limited by a minimal workforce and infrastructural challenges.

Comunidad Connect's patients are highly satisfied with their care despite various noted challenges and stagnancy of condition. By providing individualized, in-home care, Comunidad Connect is providing patients with attention, dignity, and hope that they might not have otherwise with limited accessibility to healthcare services, particularly individualized rehabilitation services considering the scarcity of the workforce. Comunidad Connect seeks to serve the family unit as a whole, considering the wellbeing of the patient and their caregivers. While caregivers are overworked with little to no resources, social supports, or time for themselves, they report satisfaction with their role, caring for their loved one with support from Comunidad Connect.

In an effort to promote sustainability of the impact Comunidad Connect makes for their patients, this program evaluation and future program evaluations will serve to highlight strengths in their service and gaps in their care so that they can be ever adapting to the needs of their population. Future partnerships with occupational therapists or OT students will only serve to strengthen the organization's ability to care for their clients, promoting their functional independence and the wellbeing of the whole family unit.

References

- American Occupational Therapy Association. (2020a). Occupational therapy in the promotion of health and well-being. *The American Journal of Occupational Therapy*, 74(3), 7403420010p7403420011-7403420010p7403420014.
<https://doi.org/10.5014/ajot.2020.743003>
- American Occupational Therapy Association. (2020b). Occupational therapy practice framework: Domain and process—fourth edition. *The American Journal of Occupational Therapy*, 74(Supplement_2). <https://doi.org/https://doi.org/10.5014/ajot.2020.74S2001>
- Baratedi, W. M., Tshiamo, W. B., Mokotedi, M. T., Khutjwe, J. V., Mamalelala, T. T., & Sewane, E. B. P. (2022). Experiences of accessing healthcare services by people with hearing loss/impairment (deaf) in sub-Saharan Africa: An integrative review. *J Nurs Scholarsh*, 54(1), 46-55. <https://doi.org/10.1111/jnu.12707>
- Baumbach, L., Frese, M., Härter, M., König, H. H., & Hajek, A. (2023). Patients satisfied with care report better quality of life and self-rated health—cross-sectional findings based on hospital quality data. *Healthcare (Basel)*, 11(5).
<https://doi.org/10.3390/healthcare11050775>
- Berlinski, S., Duryea, S., & Perez-Vincent, S. M. (2021). Prevalence and correlates of disability in Latin America and the Caribbean: Evidence from 8 national censuses. *PLoS One*, 16(10), e0258825. <https://doi.org/10.1371/journal.pone.0258825>
- Bouchard, E. G., Prince, M. A., McCarty, C., Vincent, P. C., Patel, H., LaValley, S. A., Collins, R. L., Sahler, O. J. Z., Krenz, T., & Kelly, K. M. (2023). Understanding social network support, composition, and structure among cancer caregivers. *Psychooncology*, 32(3), 408-417. <https://doi.org/10.1002/pon.6087>

Centers for Disease Control and Prevention. (2022). *Social determinants of health at CDC*.

Retrieved July 1, 2024 from <https://www.cdc.gov/about/sdoh/index.html>

Chapman, D. D. (2018). The ethics of international service learning as a pedagogical development practice: a Canadian study. *Third World Quarterly*, 39(10), 1899-1922.

<https://doi.org/10.1080/01436597.2016.1175935>

Cipriani, J. (2017). Integration of international service learning in developing countries within occupational therapy education: Process and implications. *Occupational Therapy In Health Care*, 31(1), 61-71.

<https://doi.org/10.1080/07380577.2016.1244734>

Crawford, E., Hill, A. E., Caine, A.-M., Hunter, L., Mandrusiak, A., Dunwoodie, R., Fagan, A., Quinlan, T., Branjerdporn, N., & Anemaat, L. (2020). Local partners' perspectives on health student service-learning placements in low- and middle-income countries: A pilot qualitative study with partners from Vietnam and Timor-Leste. *International Journal of Practice-based Learning in Health & Social Care*, 8(2), 29-40.

<https://doi.org/10.18552/ijpblhsc.v8i2.584>

Curtin, A. J., Martins, D. C., & Schwartz-Barcott, D. (2015). A mixed methods evaluation of an international service learning program in the Dominican Republic. *Public Health Nursing*, 32(1), 58-67.

<https://doi.org/https://doi.org/10.1111/phn.12117>

Davis, C., Chan, B. Y.-L., Zhen Ong, A. S., Koh, Y., Wen Yap, A. F. H., Goh, S. H., & Vidyarthi, A. R. (2021). An evaluation of a medical student international service-learning experience in southeast Asia. *Education for Health*, 34(1), 3-10.

https://doi.org/10.4103/efh.EfH_265_17

- DeCamp, M., Enumah, S., O'Neill, D., & Sugarman, J. (2014). Perceptions of a short-term medical programme in the Dominican Republic: Voices of care recipients. *Glob Public Health, 9*(4), 411-425. <https://doi.org/10.1080/17441692.2014.893368>
- Dholakia, K., Willgens, A., Rubertone, P. P., & Ebaugh, D. (2021). Uncovering ethical dilemmas in international service-learning: A grounded theory. *Journal of Physical Therapy Education, 35*(2), 128-137. <https://doi.org/10.1097/jte.0000000000000179>
- Disability:IN. (2024). *Dominican Republic*. Retrieved April 25, 2024 from <https://disabilityin.org/country/dominican-republic/>
- Dominican Rehabilitation Association. (n.d.). *About Rehabilitation*. Rehabilitación. Retrieved June 28, 2024 from <https://rehabilitacion.org.do/sobre-rehabilitacion/>
- Dubé, M.-O., Dillon, S., Gallagher, K., Ryan, J., & McCreesh, K. (2024). One and done? The effectiveness of a single session of physiotherapy compared with multiple sessions to reduce pain and improve function and quality of life in patients with a musculoskeletal disorder: A systematic review with meta-analyses. *Archives of Physical Medicine and Rehabilitation, 105*(6), 1171-1180. <https://doi.org/https://doi.org/10.1016/j.apmr.2023.09.017>
- Fenton, J. J., Jerant, A. F., Bertakis, K. D., & Franks, P. (2012). The cost of satisfaction: A national study of patient satisfaction, health care utilization, expenditures, and mortality. *Archives of Internal Medicine, 172*(5), 405-411. <https://doi.org/10.1001/archinternmed.2011.1662>
- Gonzalez, N. L., & Wiarda, H. J. (2024). *Dominican Republic*. Encyclopedia Britannica. <https://www.britannica.com/place/Dominican-Republic>

- Gur, K., Dolaner, G., & Rabia Turan, S. (2020). Health literacy of hearing-impaired adolescents, barriers and misunderstandings they encounter, and their expectations. *Disabil Health J*, 13(4), 100929. <https://doi.org/10.1016/j.dhjo.2020.100929>
- Haines, J., & Lambaria, M. (2018). International service-learning: Feedback from a community served. *Journal of Physical Therapy Education*, 32(3), 273-282. <https://doi.org/10.1097/jte.0000000000000038>
- Hall, B., Lorenzo, A., Matte, D., & Mozolic-Staunton, B. (2018). Evaluation of international service learning model of health promotion in a developing country. *International Journal of Work-Integrated Learning*, 19(4), 399-412. <https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,shib&db=edb&AN=141521864&site=eds-live&scope=site&custid=gsul>
- Hayward, L. M., & Li, L. (2017). Sustaining and improving an international service-learning partnership: Evaluation of an evidence-based service delivery model [Article]. *Physiotherapy Theory & Practice*, 33(6), 475-489. <https://doi.org/10.1080/09593985.2017.1318425>
- Kumar, S., & Preetha, G. (2012). Health promotion: An effective tool for global health. *Indian J Community Med*, 37(1), 5-12. <https://doi.org/10.4103/0970-0218.94009>
- Lafrance, S., Santaguida, C., Perreault, K., Bath, B., Hébert, L. J., Feldman, D., Thavorn, K., Fernandes, J., & Desmeules, F. (2024). Is one enough? The effectiveness of a single session of education and exercise compared to multiple sessions of a multimodal physiotherapy intervention for adults with spinal disorders in an advanced practice physiotherapy model of care: A randomized controlled trial. *J Orthop Sports Phys Ther*, 54(10), 634-646. <https://doi.org/10.2519/jospt.2024.12618>

- Lafrance, S., Santaguida, C., Perreault, K., Bath, B., Hébert, L. J., Feldman, D., Thavorn, K., Fernandes, J., & Desmeules, F. (2024). Is one enough? The effectiveness of a single session of education and exercise compared to multiple sessions of a multimodal physiotherapy intervention for adults with spinal disorders in an advanced practice physiotherapy model of care: A randomized controlled trial. *Journal of Orthopaedic & Sports Physical Therapy*, 54(10), 634-646. <https://doi.org/10.2519/jospt.2024.12618>
- Leung, G. C. N., Cheung, P. W. H., Lau, G., Lau, S. T., Luk, K. D. K., Wong, Y. W., Cheung, K. M. C., Koljonen, P. A., & Cheung, J. P. Y. (2021). Multidisciplinary programme for rehabilitation of chronic low back pain - factors predicting successful return to work. *BMC Musculoskeletal Disord*, 22(1), 251. <https://doi.org/10.1186/s12891-021-04122-x>
- Leykum, L. K., Penney, L. S., Dang, S., Trivedi, R. B., Noël, P. H., Pugh, J. A., Shepherd-Banigan, M. E., Pugh, M. J., Rupper, R., Finley, E., Parish-Johnson, J., Delgado, R., Peacock, K., Kalvesmaki, A., & Van Houtven, C. H. (2022). Recommendations to improve health outcomes through recognizing and supporting caregivers. *J Gen Intern Med*, 37(5), 1265-1269. <https://doi.org/10.1007/s11606-021-07247-w>
- Pan American Health Organization. (n.d.). *Dominican Republic [Country profile]*. Retrieved June 24, 2024 from <https://hia.paho.org/en/countries-22/dominican-republic-country-profile>
- Pechak, C., & Thompson, M. (2011). Going global in physical therapist education: International service-learning in US-based programmes [Article]. *Physiotherapy Research International*, 16(4), 225-236. <https://doi.org/10.1002/pri.501>

- Pechak, C. M., & Thompson, M. (2009). A conceptual model of optimal international service-learning and its application to global health initiatives in rehabilitation. *Physical Therapy*, 89(11), 1192-1204. <https://doi.org/10.2522/ptj.20080378>
- Ritter, V. C., & Bonsaksen, T. (2019). Improvement in quality of life following a multidisciplinary rehabilitation program for patients with Parkinson's disease. *J Multidiscip Healthc*, 12, 219-227. <https://doi.org/10.2147/jmdh.S202827>
- Rodríguez Gatta, D., Rotenberg, S., Allel, K., Reichenberger, V., Banks, L. M., & Kuper, H. (2024). Access to general health care among people with disabilities in Latin America and the Caribbean: a systematic review of quantitative research. *Lancet Reg Health Am*, 32, 100701. <https://doi.org/10.1016/j.lana.2024.100701>
- Rotenberg, S., Smythe, T., & Kuper, H. (2023). Left behind: Modelling the life expectancy disparities amongst people with disabilities in low and middle-income countries. *medRxiv*, 2023.2007.2012.23292565. <https://doi.org/10.1101/2023.07.12.23292565>
- Scheffler, E., & Mash, R. (2020). Figuring it out by yourself: Perceptions of home-based care of stroke survivors, family caregivers and community health workers in a low-resourced setting, South Africa. *Afr J Prim Health Care Fam Med*, 12(1), e1-e12. <https://doi.org/10.4102/phcfm.v12i1.2629>
- Short, N., St Peters, H. Y., Almonroeder, T., Bolomope, G., Daller, K., Deaton, K., & Kreill, M. (2020). Long-term impact of international service learning: Cultural competence revisited. *Journal of occupational therapy education*, 4(1), 9.
- Silverio, B. (2021). Breaking barriers in the Dominican Republic. *Medium*. <https://medium.com/usaaid-2030/breaking-barriers-in-the-dominican-republic-9ee2827e5291>

- Smith, S. R., Kushalnagar, P., & Hauser, P. C. (2015). Deaf adolescents' learning of cardiovascular health information: Sources and access challenges. *J Deaf Stud Deaf Educ*, 20(4), 408-418. <https://doi.org/10.1093/deafed/env021>
- United States Agency for International Development. (n.d.). *Dominican Republic*. Retrieved June 20, 2024 from <https://www.usaid.gov/dominican-republic#:~:text=While%20the%20country%20has%20made,and%20age%20reveals%20significant%20disparities>
- Vicioso, D. (2023). Sign language is now mandatory in the DR. *dr1*. <https://dr1.com/news/2023/08/02/sign-language-is-now-mandatory-in-the-dr/>
- Wang, J., Liu, W., Li, X., Ma, Y., Zhao, Q., Lü, Y., & Xiao, M. (2024). Examining the social networks types and their effects on caregiving experience of family caregivers for individuals with Dementia: A mixed-methods study. *Innov Aging*, 8(6), igae040. <https://doi.org/10.1093/geroni/igae040>
- West-Pollak, A., Then, E. P., Podesta, C., Hedelt, A., Perry, M. L., Izarnotegui, W. V., Perez, M., Villegas, A., Baez, N. I., Bassa, R., Mendez, G., Hernandez, K., Lim, D. S., Urena, P., & Taylor, A. M. (2014). Impact of a novel community-based lifestyle intervention program on type 2 diabetes and cardiovascular risk in a resource-poor setting in the Dominican Republic. *International Health*, 6(2), 118-124. <https://doi.org/10.1093/inthealth/iht039>
- World Bank Group. (n.d.). *Rural population (% of total population) – Dominican Republic*. Retrieved June 24, 2024 from <https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=DO>

- World Federation of Occupational Therapy. (n.d.). *Dominican Republic Society of Occupational Therapy (SODTEO)*. Retrieved June 23, 2024 from <https://wfot.org/member-organisations/dominican-republic-dominican-republic-society-of-occupational-therapy-sodteo>
- World Health Organization. (2024a). *Dominican Republic [Country overview]*. Retrieved June 20, 2024 from <https://data.who.int/countries/214>
- World Health Organization. (2024b). *Social Determinants of Health*. Retrieved July 1, 2024 from https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
- World Health Organization. (2024c). *UHC service coverage index*. Retrieved June 21, 2024 from <https://data.who.int/indicators/i/3805B1E/9A706FD#:~:text=Worldwide%2C%20the%20UHC%20service%20coverage,to%2068%20%2F100%20in%202021>
- World Health Organization. (n.d.). *UHC service coverage index (3.8.1)*. Retrieved June 21, 2024 from <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4834#:~:text=The%20indicator%20is%20an%20index,Service%20capacity%20and%20access>

Appendix A - Learning Objectives

Objective 1: Collect & analyze data assessing the effectiveness of Comunidad Connect (CC) programming, as perceived by CC staff and the community served

Objective 2: Develop sustainable continual evaluation tools for Comunidad Connect for their continual use for quality assurance

Objective 3: Disseminate findings of the program evaluation to Comunidad Connect leadership and staff through a Program Evaluation report and presentation

Appendix B - Supervision Plan

Capstone Student: Annie Reed

Site Mentor: Jon Thompson, CEO of Comunidad Connect

Faculty Mentors: Dr. Karen McWaters and Dr. Emily Buchman

Capstone Coordinator: Dr. Yi-An Chen

Scheduled meetings: Jon and I will have a few more meetings before the start of Spring 2025 (Capstone semester) to work out the logistics of the upcoming semester. Prior to the start of Spring semester 2025, I will establish weekly meeting times with Jon via Zoom/Webex. These meetings will be intended for planning, updates, feedback, and any other matters to be discussed on a week-by-week basis, requiring more direct communication than email allows. These meetings will be tracked in Google calendar, Outlook calendar, and my Timelines & Deliverables Tracking sheet (attached in this submission).

Communication: Email will serve as the primary form of communication between Jon and I, in order to best accommodate his flexible travel schedule required of his job. I will make sure to always answer emails within 24 hours to ensure timely and dependable participation in this partnership. The tentative plan is to have weekly face-to-face communication via Webex/Zoom for more in-depth discussion of updates. This is subject to change depending upon Jon's availability during work travel.

Shared Folder: All completed forms, documents, materials will be uploaded to a shared Google Drive to which Jon, myself, and any other pertinent parties will have access. This will allow continual oversight of progress.

Specific requirements & timelines/deliverables: Objectives, deliverables, and related timelines are outlined in the Timelines & Deliverables excel sheet provided with this document. This sheet

will be used on a daily basis to ensure compliance with the planned progression of this project. Due dates are subject to change throughout the semester to allow flexibility with the natural course of work occurring within Comunidad Connect. This project is designed to flex with the needs of the organization, so as to not disrupt their organizational and programming flow. The sheet will be daily updated to ensure that while adapting to Comunidad Connect, the project objectives will still be achieved. The Timelines & Deliverables excel sheet is kept on my (the student) personal computer but is available to the site and faculty mentors at any point upon request.

Possible disputes: Should any disputes or conflict arise, the matter will be handled directly between the persons in conflict. The hope is that any issue would not rise to such a level, as consistent feedback should be shared at weekly meetings, if not more often. Should an issue be escalated to not be resolved between the people involved, mediation will be sought from faculty mentors, capstone coordinator, etc.

Expertise desired from site mentor: From Jon, I am seeking expertise and insight into community work, working cross-culturally, work in specifically Latin American contexts, running sustainable programs and health initiatives, grant writing/fundraising, etc. I also hope to gain insight from his connections within the non-profit, community health, and DR communities.

Roles and responsibility of each person: The student (myself) will be responsible for daily adherence to the timelines, goals, and tasks outlined in the Timelines & Deliverables excel sheet attached. This includes but is not limited to conducting preliminary research, development of questionnaires/surveys, collecting and analyzing data, creating continual evaluation tools and a program evaluation report for the benefit of Comunidad Connect, seeking and responding to feedback from Comunidad Connect leadership and staff, and disseminating findings and created

resources to Comunidad Connect. I will coordinate all necessary meetings between myself and Jon, as well as with other Comunidad staff or community partners with whom Jon requests/suggests I collaborate. I will keep Jon and my faculty mentors aware of project status on a weekly basis and will request help when needed.

Jon will serve as the source of connection and expertise in the field. He will be responsible for advising me in the organizational and programming structures, needs, etc. within Comunidad Connect (CC), and providing me with connections within the organization and community for further insights into the CC programming. Jon will serve as a continual advisor in adapting goals and objectives to best meet the changing needs within CC. He will additionally assist in the distribution of community questionnaires through his connections in the community. Jon will meet with me weekly and coordinate via email to discuss action steps, feedback, and deliverables.

Any other involved parties do not at this time hold responsibilities but are considered to be added value to the goals of the project to whatever the degree of their involvement.

Collegiality: The ultimate purpose of my project is to provide a resource to Comunidad Connect for their continual growth and improvement through a program evaluation of their community health programming. This will involve extensive communication with the CC staff and anonymous data collection from the community they serve. As an outsider to the program and the community, my role will be primarily as a learner, seeking to gain insights, information, and stories from those on the ground serving and being served by the programs of CC. The success of my project is dependent upon its salience and usability by Comunidad Connect in the future. To this end, there will be a flow of continual seeking and response to feedback from Comunidad Connect staff/leadership to ensure the resources I produce are meaningful to their organization.

My project should never hinder the operations of Comunidad Connect, however, the final product of my project is intended to ultimately support the organization; therefore, Jon and I will be in constant partnership to ensure coordinated efforts to the execution of goals both from Comunidad Connect's regular programming and my capstone project.

OTD program curricular design: This project is intended to align with the OTD curricular design, primarily through the execution of program evaluation of a community health program which provides occupational therapy services and home modifications to the underserved community in Puerto Plata, Dominican Republic. This project will involve data collection through engaging with Comunidad Connect staff and the community they serve in order to inquire of the current strengths, weaknesses, needs, etc. of their current community health programming. Through analysis of this information, I will produce a Program Evaluation report intended to support the continual improvements and growth of CC community health programming in order to facilitate health and wellbeing promotion among a marginalized population with decreased access to healthcare. The project will have elements of skills/strategies learned from our research design classes and community-based practice class through literature reviews, needs assessment, quantitative and qualitative data collection and analysis, program evaluation, and writing/publishing. Additionally, by the nature of the program being evaluated, I will be applying values and ethics from our Social Cultural Determinants of Health class, such as cultural humility, as I seek to learn and gain understanding of the experience of the marginalized disabled community and those seeking to serve them through community-based practice. Overall, the project aligns with the essence of OT in promoting equitable access to health and wellness, in partnership with Comunidad Connect's work in the DR.

Due to the nature of partnering with a non-profit, all documents are subject to adaptation as the goals, programs, and timelines of the organization flex and change. This document, as well as my Timeline & Deliverables Tracker will be updated accordingly, ensuring measurability of goals.

Generalized Objectives:

- Familiarize myself with the structures and systems of Comunidad Connect and the community health programming
- Collect and analyze data regarding program effectiveness from the staff and community members' perspectives through questionnaires, interviews, and a potential field visit
- Complete a SWOT analysis through the data collection phase to inform potential directions for program optimization
- Develop a sustainable continual evaluation tool for Comunidad Connect to use after completion of the program evaluation
- Create a Program Evaluation Report to be presented to and shared with Comunidad Connect leadership, summarizing findings, impressions, and future directions for the program

Appendix C - Summary Pages

While the Dominican Republic has experienced an increase in overall healthcare coverage and life expectancy in recent years, healthy life expectancy, or “the average number of years that a person can expect to live in ‘full health’ from birth,” has decreased since 2000 (WHO, 2024). One in eight people in the Dominican Republic have a disability, and it is projected that upwards of 18.8% of the population will have a disability by 2050 (Berlinski et al., 2021; Disability:IN, n.d.). With the increasing prevalence of disability in the Dominican Republic, it is imperative that access to healthcare continue to improve. The structure of their current healthcare system leaves many Dominicans with little access to skilled healthcare services with limitations attributable to financial constraints, distance, geography, as well as lack of health education, transportation, and resources (DeCamp et al., 2014; Gonzalez et al., 2024; World Bank Group, n.d.). Rehabilitation services, specifically, are so sparse that there is severely limited information available regarding its availability, utility, effectiveness, etc.

Comunidad Connect (CC) is a non-profit organization that seeks to alleviate poverty and provide community health services to marginalized communities in Latin America. They do this by connecting communities with a need for services to U.S.-based communities that can provide those services. CC runs programs in which healthcare students provide skilled nursing and rehabilitation services in vulnerable communities in the Dominican Republic, then CC works to provide continual care whether through their staff, local healthcare partners, or successive U.S.-based groups. Since beginning work in the Dominican Republic, Comunidad Connect has not performed a program evaluation to determine the effectiveness of their community health programming. The leadership in Comunidad Connect reports perceived gaps in care for the

communities they serve and are seeking program evaluation to identify the gaps and future directions for continued improvement of the community-based services they provide.

Purpose and Specific Aims. The purpose of this project is to perform a program evaluation of Comunidad Connect's community health programming in the Dominican Republic. This will assess the effectiveness of the program and identify possible areas for improvement, thereby providing Comunidad Connect with a resource to improve services and better attend to the inequitable healthcare access for vulnerable populations in the Dominican Republic.

Specific aims of the project include:

- 1) Collect & analyze data assessing the effectiveness of CC programming, as perceived by CC staff and the community served
- 2) Develop sustainable continual evaluation tools for Comunidad Connect for their continual use for quality assurance
- 3) Disseminate findings of the program evaluation to Comunidad Connect leadership and staff through a Program Evaluation report and presentation

Outputs and Outcomes. This project will produce a Program Evaluation Report for use by Comunidad Connect for their continual program improvement. The report will summarize the findings from eight weeks of interviews, surveys, and observations, as well as include recommendations for potential future directions for quality improvement. The project will also yield continual evaluation tools for Comunidad Connect to use to continually monitor the effectiveness of their community health programming. Over time, this report and the continual evaluation tools will facilitate higher quality community-based nursing and rehabilitative care to the marginalized and disabled communities in the Dominican Republic, thereby reducing the

burden of disability on the individual, family, and community, and reducing the impact of inequitable healthcare access on this population.

Appendix D - Needs Assessment Semi-Structured Interview Scripts

Key Informant Interview: Site Mentor, CEO of Comunidad Connect

The purpose of this interview is to better understand the current facilitators and barriers to health and wellbeing in the Dominican Republic, as well as to understand the work of Comunidad Connect in partnership with the profession of occupational therapy. Gaining an understanding of these things will guide the development of my capstone project, ensuring that the purpose and protocol of my 14-week capstone experience matches the needs of your community and your organization. I am grateful for your willingness to participate in this interview, and I am confident that the insights you share will foster a stronger and more impactful partnership.

1) Facilitators/barriers to health & wellbeing

- a) What are the greatest barriers to wellbeing and quality of life in the communities you are working in the Dominican Republic?
- b) What resources/facilitators exist in the communities that do/could aid wellbeing/QoL?
 - i) Access to technology/internet? Attitudes around technology/internet use?
- c) What are some of the most prevalent causes of disability that you see in these communities?
 - i) What are the most common functional limitations that these communities have? Some examples include: mobility, daily self-care, getting around the community, mental health struggles secondary to their disability, caregiver burden, etc.?
- d) What is the availability of rehabilitation in these communities, and what are the attitudes of community members toward medical and rehab professionals?

2) Comunidad Connect

- a) Can you explain the vision and mission of Comunidad Connect to me?

- i) How do the operations of the organization serve that mission?
 - ii) What work is Comunidad Connect currently doing to address health and wellbeing in the Dominican Republic?
 - b) What work does Comunidad Connect hope to be doing, but does not currently have the time and/or means to do?
 - i) What are the barriers to this work?
- 3) Stroke Stride Program
- a) Has the Stroke Stride program been implemented yet?
 - i) How has that gone? What is working?
 - ii) What needs to be done to adjust it to meet the needs of the population?
- 4) Capstone projections
- a) What do you see as the biggest need within the communities you serve in the Dominican Republic in the context of the partnership between Comunidad Connect and occupational therapists?
 - i) What sort of project would be most beneficial - building up Stroke Stride, data collection, digital rehab for a different diagnosis, etc.?
 - ii) What do you foresee as potential obstacles to this work?
 - iii) What would need to happen for this work to be sustainable for OTs in-country and/or for Comunidad?
 - b) Do you have any other thoughts/comments/questions you would like to share?

Key Informant Interview: Comunidad Connect Staff

The purpose of this interview is to better understand the current facilitators and barriers to health and wellbeing in the Dominican Republic, as well as to understand the work of Comunidad Connect in partnership with the profession of occupational therapy. Gaining an understanding of these things will guide the development of my capstone project, ensuring that the purpose and protocol of my 14-week capstone experience matches the needs of your community and your organization. I am grateful for your willingness to participate in this interview, and I am confident that the insights you share will foster a stronger and more impactful partnership.

1) Facilitators/barriers to health & wellbeing

- a) What are the greatest barriers to wellbeing and quality of life in the communities you are working in the Dominican Republic?
- b) What resources/facilitators exist in the communities that do/could aid wellbeing/quality of life?
 - i) Access to technology/internet? Attitudes around technology/internet use?
- c) What are some of the most prevalent causes of disability that you see in these communities?
 - i) What are the most common functional limitations that these communities have? Some examples include: mobility, daily self-care, getting around the community, mental health struggles secondary to their disability, caregiver burden, etc.?
- d) What is the availability of rehabilitation in these communities, and what are the attitudes of community members toward medical and rehab professionals?

2) Comunidad Connect

- a) Can you explain the vision and mission of Comunidad Connect to me?
 - i) How do the operations of the organization serve that mission?
 - ii) What work is Comunidad Connect currently doing to address health and wellbeing in the Dominican Republic?
- b) What work does Comunidad Connect hope to be doing, but does not currently have the time and/or means to do?
 - i) What are the barriers to this work?

3) Capstone projections

- a) What do you see as the biggest need within the communities you serve in the Dominican Republic in the context of the partnership between Comunidad Connect and occupational therapists?
 - i) What sort of project would be most beneficial - building up Stroke Stride, data collection, digital rehab for a different diagnosis, etc.?
 - ii) What do you foresee as potential obstacles to this work?
 - iii) What would need to happen for this work to be sustainable for OTs in-country and/or for Comunidad?
- b) Do you have any other thoughts/comments/questions you would like to share?

Key Informant Interview: OT Faculty Member with Experience in the DR

- 1) Can you briefly describe your experiences as an occupational therapist in the Dominican Republic up to this point?
- 2) What have you perceived as the greatest barriers to health and wellbeing in the Dominican communities in which you have served?
 - a) What have you noticed to be the most prevalent cause of disability or loss of function in the DR?
- 3) What have you noticed to be strengths and/or resources of the community that can/do aid in health and wellbeing?
- 4) From your time working in partnership with Comunidad Connect, and your understanding of the prior capstone project, what do you foresee as the most needed/viable contribution from occupational therapy in this community?

Appendix E – Key-Informant Interview Script

English form

The purpose of this interview is to better understand the processes of Comunidad Connect's community health and rehabilitation programming in the Dominican Republic, as well as to identify facilitators and barriers to provision of highest quality service. These findings will be used to guide a program evaluation that will ultimately serve as a resource for Comunidad Connect's continual quality improvement.

1) Together For Health

- a) Describe Comunidad Connect's work in the Together for Health program. Describe the process from intake, to working with student groups, to follow-ups and continued care afterward.
- b) Describe your daily work with Together For Health.

2) Patient recruitment & intake process

- a) How do you find patients/families for the Together For Health program?
- b) Describe the intake process. What information is collected? How is this information stored? How do you determine the next step(s) for the patient/family?
- c) What work does CC do with patients/families before student groups come?

3) Student Groups

- a) Describe the typical role of student group programs (OT, PT, Nursing) with TFH. What is their itinerary in relation to TFH?
- b) How do student groups help the overall mission of TFH? What are the benefits of having a student group? What indicates a particularly impactful/successful student group?
- c) What are the challenges during and after having a student group?

4) Continued direct care

- a) Describe how patient/family care transitions from student interventions to CC-coordinated care.
 - i) Regarding these follow-up procedures, what functions well? What does not function well?
- b) What are the major obstacles to CC's ability to provide services at the level of quality you strive for?

5) Community members & outcomes

- a) What types of interventions are provided to patients/families, and how frequently? (E.g. A single visit to provide a glucose monitor; a couple visits with a nurse to provide wound care; a single visit to build a ramp; weekly visits to provide therapeutic exercises)
- b) Describe the population you primarily serve.
 - i) From your perspective, what "occupations" matter most to them, and how are you addressing those? (Occupations are activities of daily living, including: self-care, movement, socializing, parenting, school, work, religious activities, sleep, etc.)
 - ii) What are your patients' greatest needs? How do you work to meet those needs?
 - iii) In what ways do you see your patients improving/thriving?
 - iv) In what ways do you see your patients still having needs after being served by CC?

6) Future directions & community support

- a) What access does CC have to continual rehabilitation services, adaptive technology, home environment modifications, return-to-work training, health education (stroke prevention, safe transfers, ergonomics, Diabetes management, etc.), etc. that your clients might need?

b) How would you like to see CC grow and change in the coming years? What do you think prevents progress toward that goal?

7) Do you have any final remarks or thoughts?

[Questions for Jon]

8) What are some changes CC has implemented over the past few years that have made a positive impact or have addressed a gap?

9) What is working particularly well in the Nicaragua base, and how is that different from the DR base?

Spanish Form

El propósito de esta entrevista es comprender mejor los procesos de la programación de salud y rehabilitación comunitaria de Comunidad Connect en la República Dominicana, así como identificar facilitadores y barreras para la prestación de un servicio de la más alta calidad. Estos hallazgos se utilizarán para guiar una evaluación del programa que, en última instancia, servirá como recurso para la mejora continua de la calidad de Comunidad Connect.

1) Juntos por la salud

a) Describa el trabajo de Comunidad Connect en el programa Juntos por la Salud. Describa el proceso desde la admisión hasta el trabajo con grupos de estudiantes, los seguimientos y la atención continua posterior.

b) Describe tu trabajo diario con Juntos Por la Salud.

2) Proceso de reclutamiento y admisión de pacientes

- a) ¿Cómo encontrar pacientes/familias para el programa Juntos Por la Salud?
 - b) Describe el proceso de admisión. ¿Qué información se recopila? ¿Cómo se almacena esta información? ¿Cómo se determina el siguiente paso para el paciente/familia?
 - c) ¿Qué trabajo hace CC con los pacientes/familias antes de que lleguen los grupos de estudiantes?
- 3) Grupos de estudiantes
- a) Describir el papel típico de los programas de grupos de estudiantes (OT, PT, Enfermería) con TFH. ¿Cuál es su itinerario en relación con TFH?
 - b) ¿Cómo ayudan los grupos de estudiantes a la misión general de TFH? ¿Cuáles son los beneficios de tener un grupo de estudiantes? ¿Qué indica un grupo de estudiantes particularmente impactante/exitoso?
 - c) ¿Cuáles son los desafíos durante y después de tener un grupo de estudiantes?
- 4) Atención directa continua
- a) Describir cómo la atención al paciente/familia pasa de las intervenciones estudiantiles a la atención coordinada por CC.
 - i) Respecto a estos procedimientos de seguimiento, ¿qué funciona bien? ¿Qué no funciona bien?
 - b) ¿Cuáles son los principales obstáculos para la capacidad de CC de brindar servicios con el nivel de calidad que usted busca?
- 5) Miembros de la comunidad y resultados
- a) ¿Qué tipos de intervenciones se brindan a los pacientes/familias y con qué frecuencia?
(Por ejemplo, una visita única para proporcionar un monitor de glucosa; una visita de

pareja a una enfermera para brindar atención a las heridas; una visita única para construir una rampa; visitas semanales para brindar ejercicios terapéuticos)

- b) Describa la población a la que atiende principalmente.
- i) Desde tu perspectiva, ¿qué “ocupaciones” les importan más y cómo las abordan? (Las ocupaciones son actividades de la vida diaria, incluyendo: cuidado personal, movimiento, socialización, paternidad, escuela, trabajo, actividades religiosas, sueño, etc.)
 - ii) ¿Cuáles son las mayores necesidades de sus pacientes? ¿Cómo trabaja para satisfacer esas necesidades?
 - iii) ¿De qué manera ve que sus pacientes mejoran/prosperan?
 - iv) ¿De qué manera ve que sus pacientes todavía tienen necesidades después de haber sido atendidos por CC?

6) Direcciones futuras y apoyo comunitario

- a) ¿Qué acceso tiene CC a servicios de rehabilitación continua, tecnología adaptativa, modificaciones del entorno hogareño, capacitación para el regreso al trabajo, educación de salud (prevención de accidentes cerebrovasculares, traslados seguros, ergonomía, control de la diabetes, etc.), etc. que sus clientes puedan necesitar?
- b) ¿Cómo le gustaría ver crecer y cambiar a CC en los próximos años? ¿Qué crees que impide avanzar hacia ese objetivo?

7) ¿Tiene algún comentario o pensamiento final?

Appendix F – Community Member Survey

El propósito de esta encuesta es comprender mejor la experiencia de los miembros de la comunidad en la República Dominicana que reciben servicios de Comunidad Connect. Esta información servirá como recurso para la mejora continua de la calidad de Comunidad Connect. Se le pide que participe en un estudio de investigación. Este estudio consistirá en una encuesta anónima. Se le harán preguntas sobre su experiencia con la discapacidad y cualquier servicio de rehabilitación que haya recibido. Esta encuesta debería llevarle menos de 20 minutos. No se le pedirá que comparta ninguna información de identificación personal.

Participación voluntaria

Usted no tiene que estar en este estudio. Puede omitir preguntas o dejar de participar en cualquier momento.

Información de contacto

Si tiene preguntas o inquietudes sobre el estudio, comuníquese con:

Annie Reed, investigadora principal estudiantil, en areed52@student.gsu.edu

Dra. Karen McWaters, investigadora principal, en kwortham3@gsu.edu

Consentimiento

Si está dispuesto a ofrecerse como voluntario para esta investigación, proceda con la encuesta.

1) Edad

- a) 18-30
- b) 31-45
- c) 46-64
- d) 65+

2) ¿Cuál de estas condiciones padece usted? (o a la persona a quien cuida)

- a) Discapacidad neurológica (lesión cerebral, lesión de la médula espinal, accidente cerebrovascular, etc.)
 - b) Incapacidad ortopédica (amputación, fractura, etc.)
 - c) Discapacidad del desarrollo (autismo, parálisis cerebral, etc.)
 - d) Condición de salud crónica (Diabetes, Hipertensión, etc.)
 - e) Sordo / con problemas de audición
 - f) Otro
- 3) ¿Cuál de las siguientes actividades puede hacer sin ayuda?
- a) Cuidado personal (bañarse, vestirse, ir al baño, etc.)
 - b) Mover su cuerpo (subir y bajar de la cama, caminar con o sin equipo, o impulsar su silla de ruedas de forma independiente)
 - c) Gestión del hogar (cocinar, limpiar, etc.)
 - d) Administrar sus propios medicamentos
 - e) Moverse por la comunidad (tomar transporte público, conducir, caminar hasta 2 km)
 - f) Atender sus responsabilidades (Familiares, de trabajo, estudios)
 - g) Ocio/juego (lo que se gusta hacer para divertirse– arte, actividades religiosas, socialización, ejercicio, etc.
 - h) Otro
- 4) ¿Cuál de las siguientes opciones no puede realizar de forma independiente pero desea realizar de forma independiente?
- a) Cuidado personal (bañarse, vestirse, ir al baño, etc.)
 - b) Mover su cuerpo (subir y bajar de la cama, caminar con o sin equipo, o impulsar su silla de ruedas de forma independiente)

- c) Gestión del hogar (cocinar, limpiar, etc.)
 - d) Administrar sus propios medicamentos
 - e) Moverse por la comunidad (tomar transporte público, conducir, caminar hasta 2 km)
 - f) Atender sus responsabilidades (Familiares, de trabajo, estudios)
 - g) Ocio/juego (lo que se gusta hacer para divertirse– arte, actividades religiosas, socialización, ejercicio, etc.)
 - h) Otro
- 5) ¿Qué se impide poder hacer estas cosas? (por ejemplo, dolor, debilidad, transporte, etc.)
- 6) ¿Qué tipo de servicios ha recibido de Comunidad Connect? (Seleccione todo lo que corresponda a usted)
- a) Cuidados de enfermería
 - b) Terapia ocupacional
 - c) Fisioterapia
 - d) Modificaciones en el hogar
 - e) Consulta en domicilio
 - f) Otro
- 7) ¿Cuántas visitas ha recibido de Comunidad Connect?
- a) 1-3 visitas
 - b) 4-8 visitas
 - c) 9-15 visitas
 - d) 16+ visitas
- 8) ¿De qué manera le han ayudado estos servicios?
- 9) ¿Cómo describiría su salud antes de las visitas de Comunidad Connect?

- a) Excelente
- b) Justo
- c) Pobre

10) ¿Cómo describiría su salud luego de que iniciaran las visitas de Comunidad Connect?

- a) Excelente
- b) Justo
- c) Pobre

11) ¿Qué tan satisfecho está con la atención que recibió de Comunidad Connect?

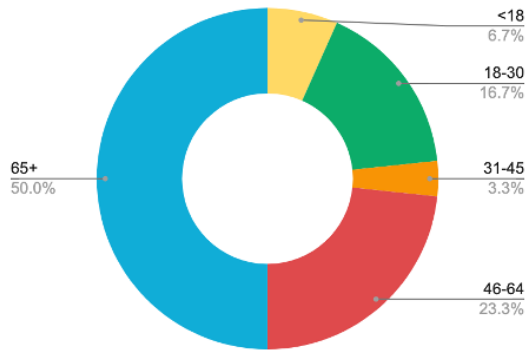
- a) Muy satisfecho
- b) Algo satisfecho
- c) No satisfecho

12) ¿Cómo puede Comunidad Connect mejorar la forma en que colabora con usted y/o su familia?

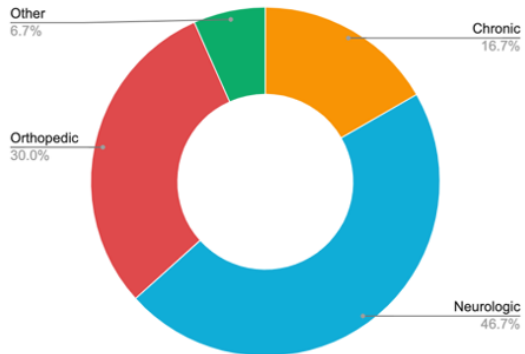
13) ¿Hay algo más que le gustaría que supiéramos sobre la atención que ha recibido?

Appendix G – Graphic Visualizations of Community Member Survey Data

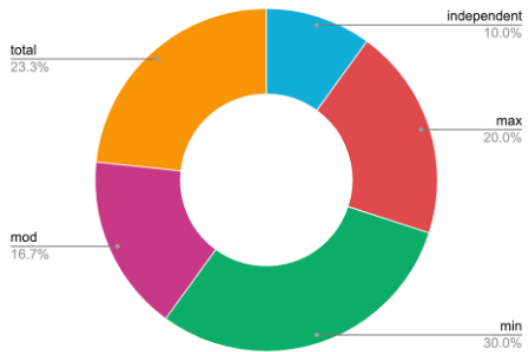
Age



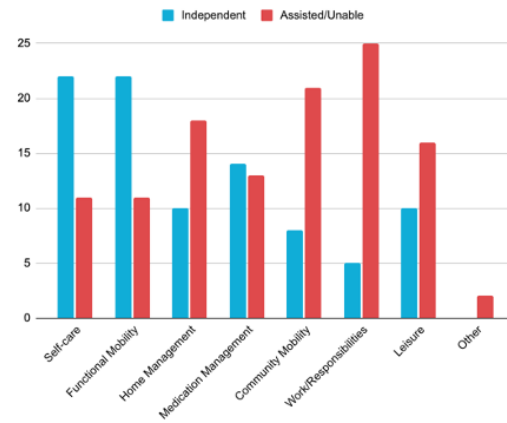
Condition



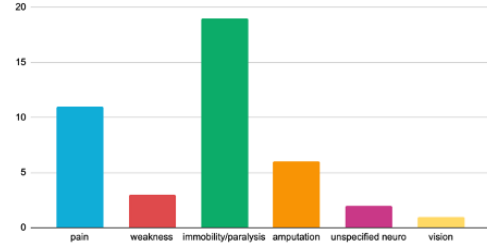
Assist Level



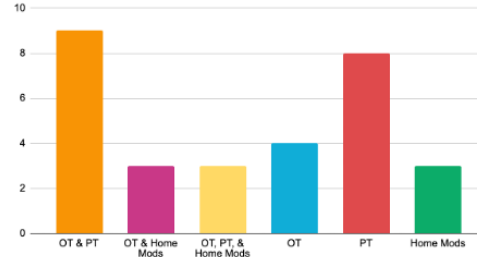
ADLs/IADLs



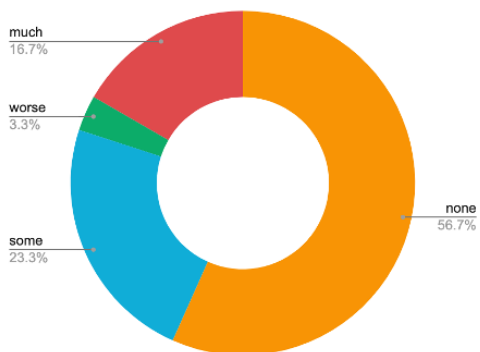
Cause Preventing Independence



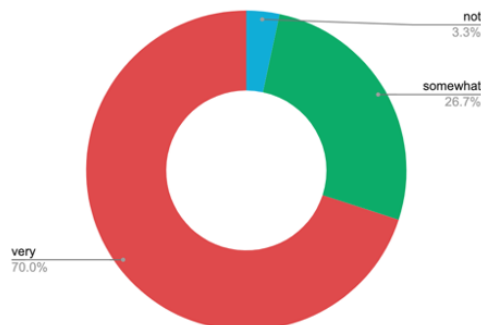
Service Type



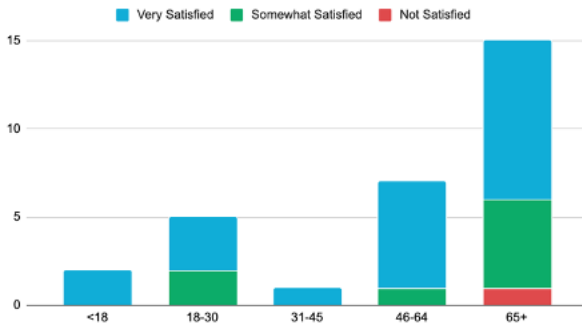
Improved Perceived Health



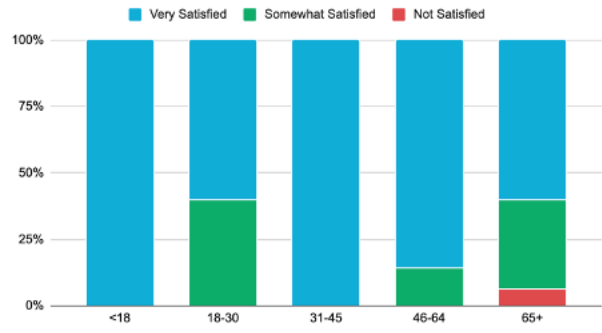
Patient Satisfaction



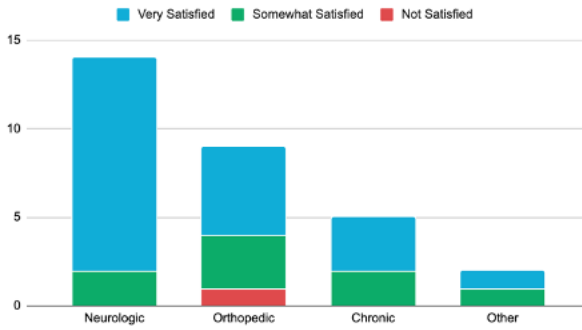
Age vs. Satisfaction



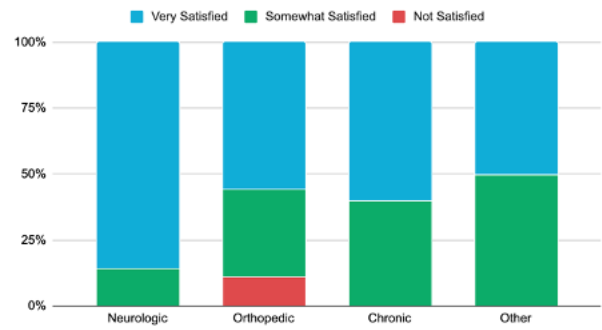
Age vs. Satisfaction



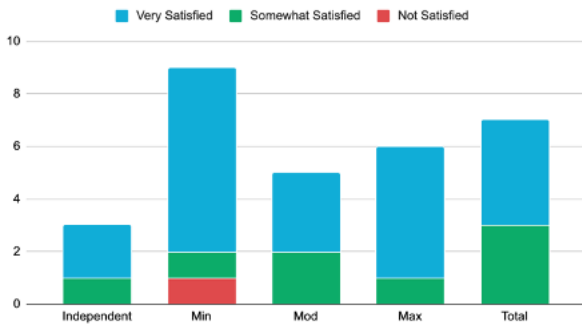
Condition vs. Satisfaction



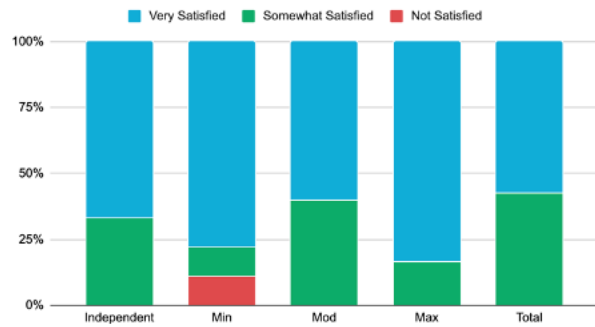
Condition vs. Satisfaction



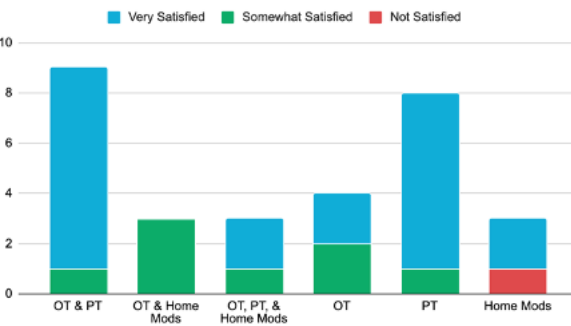
Level of Assistance vs. Satisfaction



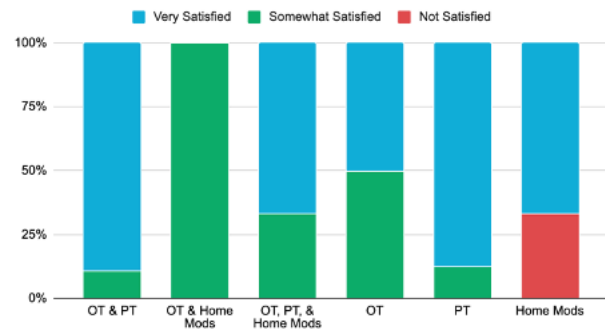
Level of Assistance vs. Satisfaction



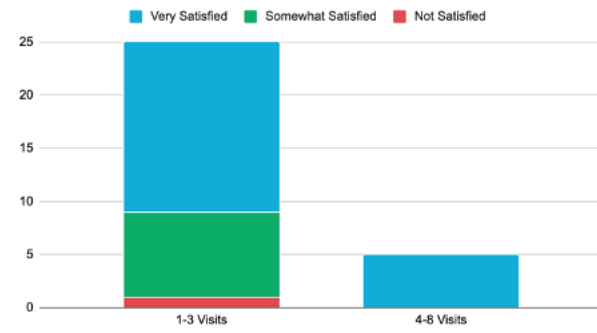
Service Type vs. Satisfaction



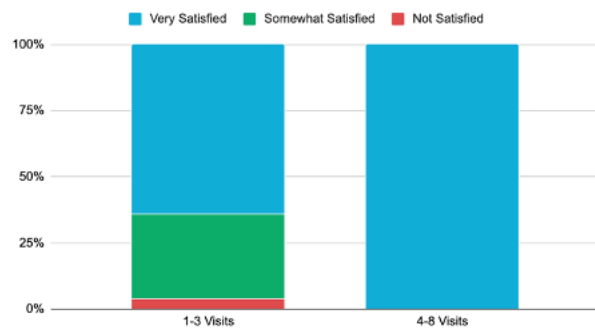
Service Type vs. Satisfaction



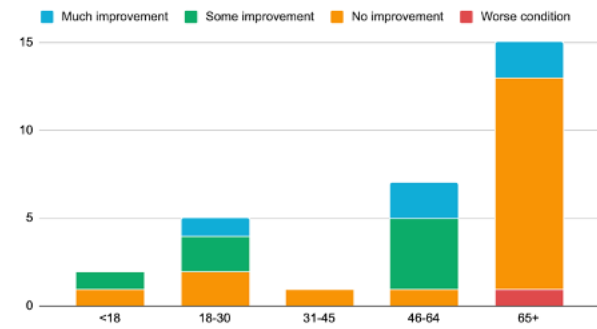
of Visits vs. Satisfaction



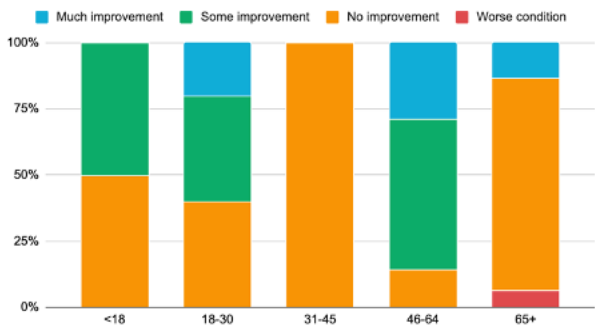
of Visits vs. Satisfaction



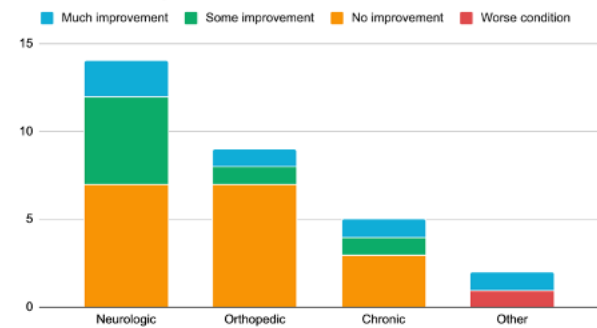
Age vs. Improvement



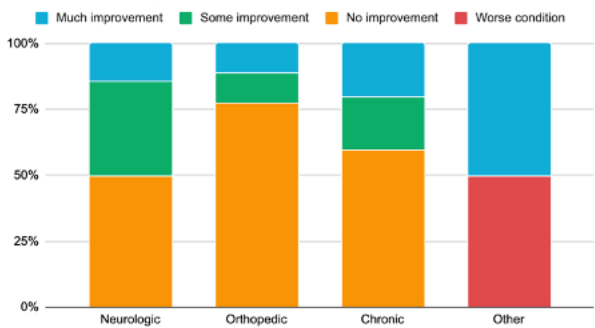
Age vs. Improvement



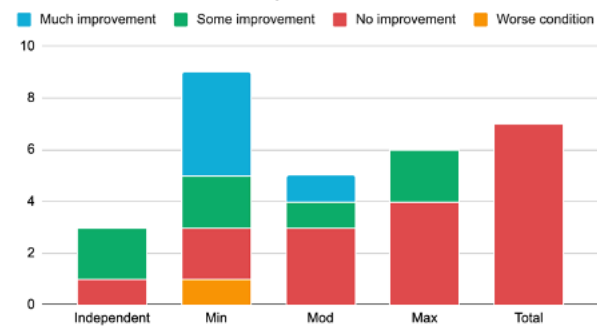
Condition vs. Improvement



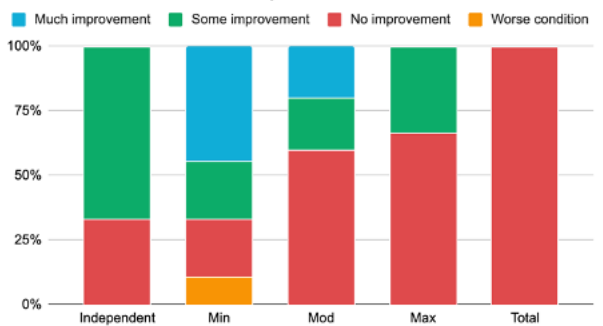
Condition vs. Improvement



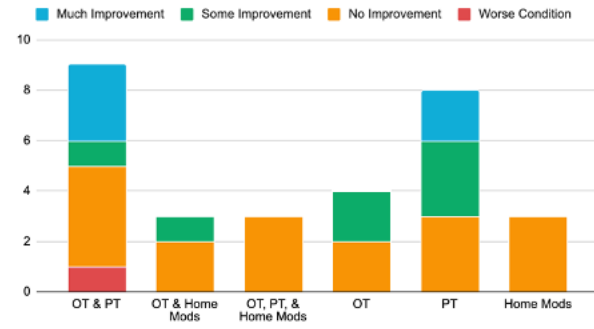
Level of Assistance vs. Improvement



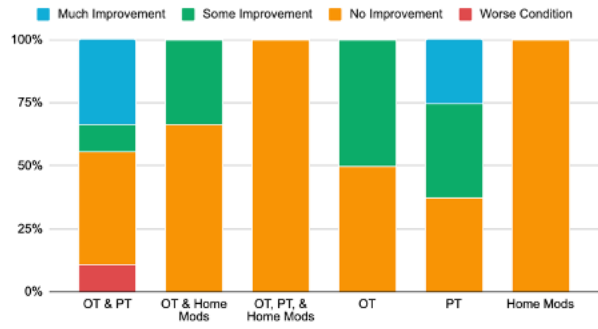
Level of Assistance vs. Improvement



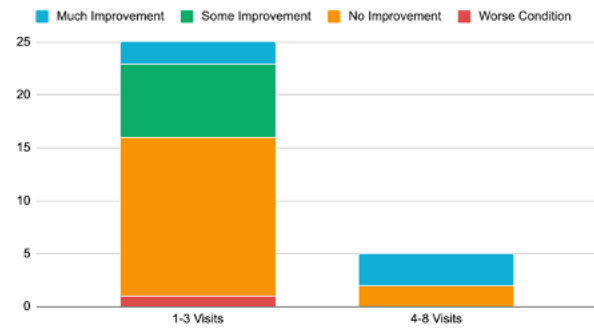
Service Type vs. Improvement



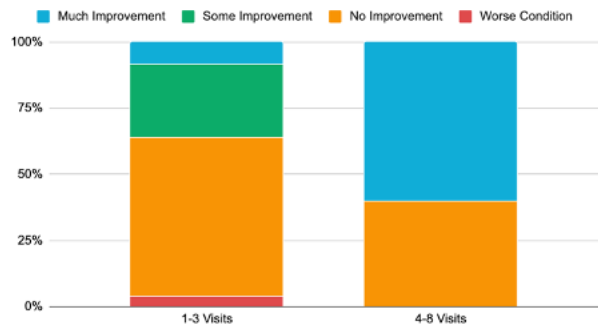
Service Type vs. Improvement



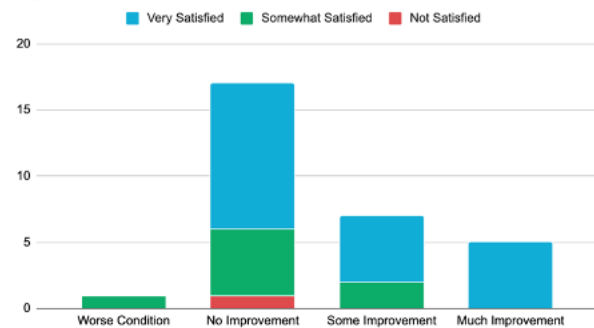
of Visits vs. Improvement



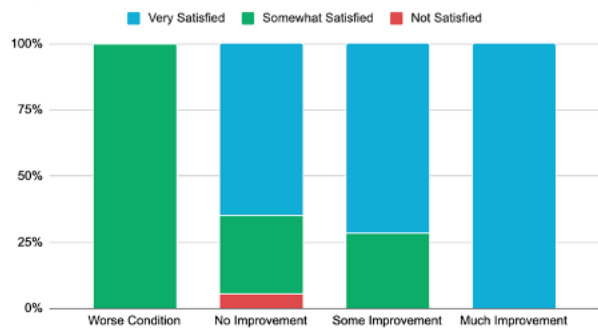
of Visits vs. Improvement



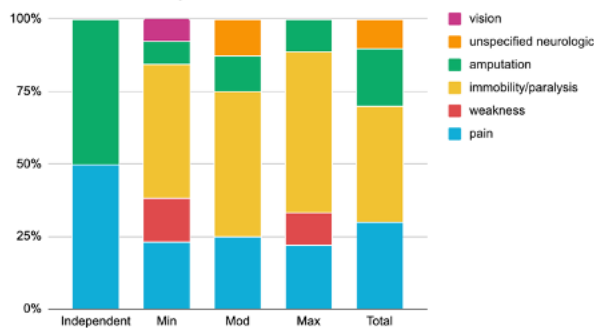
Improvement vs. Satisfaction



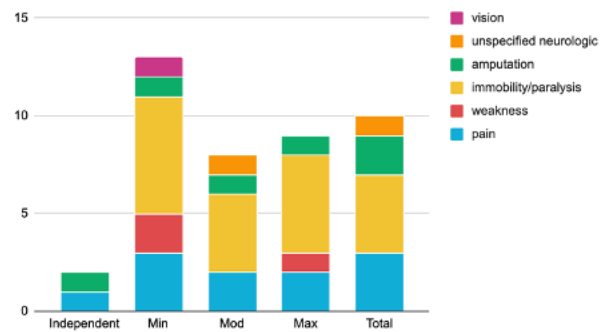
Improvement vs. Satisfaction



Prevention of independence vs Level of assist

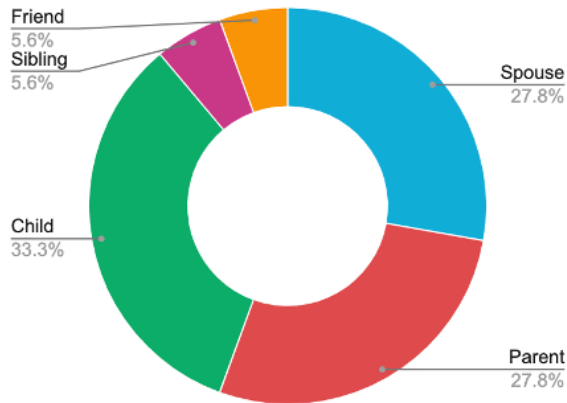


Prevention of independence vs Level of assist

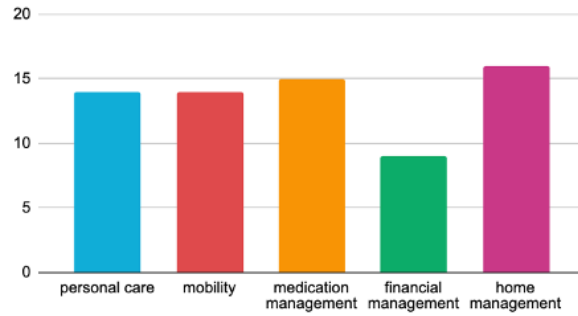


Appendix H - Graphic Visualizations of Caregiver Survey Data

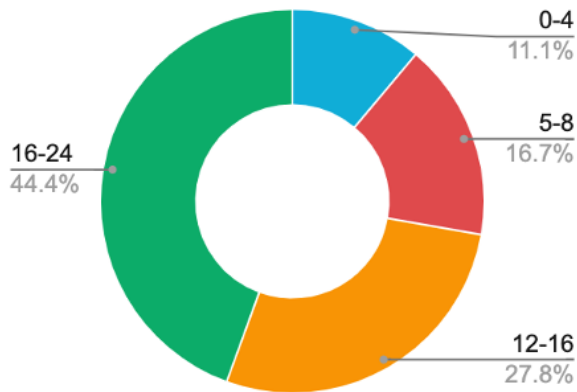
Familial Role of Caregiver



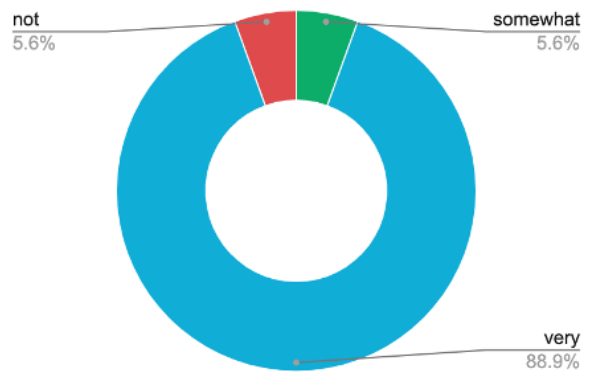
Caregiving Responsibilities



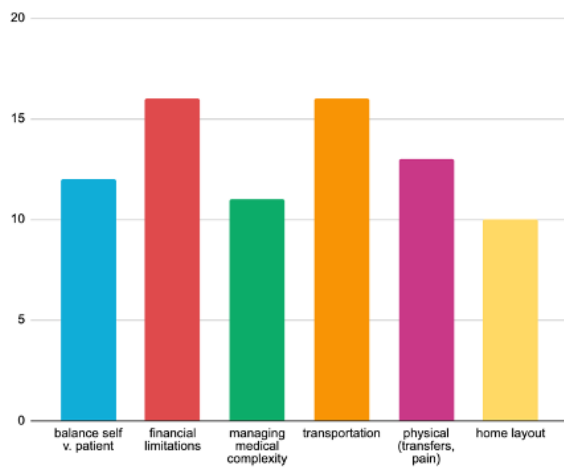
Hours of care per day



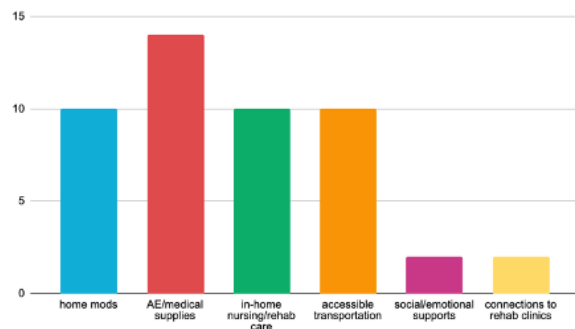
Satisfaction with ability to care



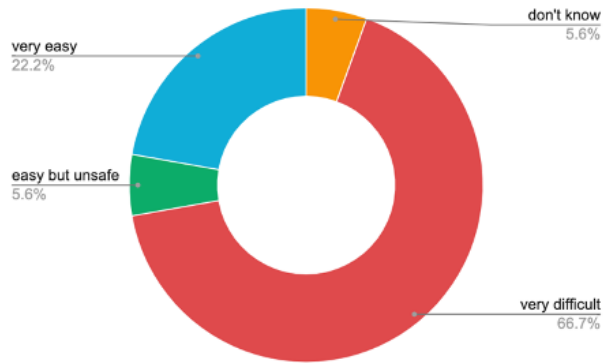
Challenges Faced by Caregivers



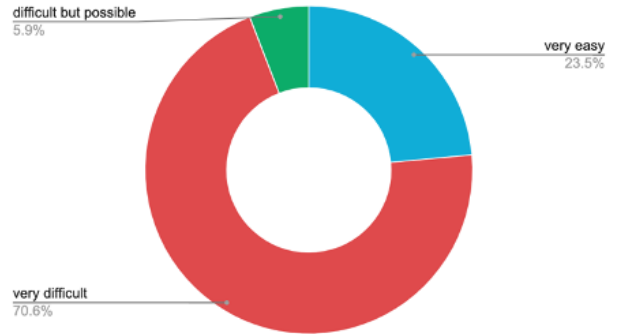
Supports Needed



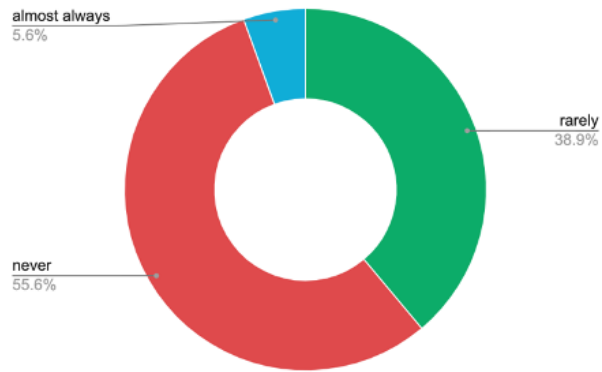
Ability to find social support for leisure time



Ability to find social support when in need



Enough time for yourself



Appendix I – Continual Evaluation Tool

Continual Follow-Up Survey – Patient & Caregiver

This survey is intended to be completed with your patient and their caregiver (if applicable) upon each visit. This will provide Comunidad Connect with information regarding our patients' status over time, and allow for us to adapt our treatments accordingly. This survey should be completed by the patient or their caregiver ONLY to allow anonymity if they wish. This will ensure patients feel comfortable to answer honestly.

Patient Survey

1) Age

- a) <18
- b) 18-30
- c) 31-45
- d) 46-64
- e) 65+

2) Which of the following apply to you (or the person you care for)?

- a) Neurologic disability (brain injury, spinal cord injury, stroke, etc.)
- b) Orthopedic disability (amputation, fracture, etc.)
- c) Developmental disability (Autism, Cerebral Palsy, etc.)
- d) Chronic health condition (Diabetes, etc.)
- e) Deaf / Hard of Hearing
- f) Other _____

3) Which of the following are you able to do without any assistance?

- a) Self-care (bathing, dressing, toileting, etc.)
- b) Moving my body (get in/out of bed, stand up, walk with or without equipment, or propel your wheelchair independently)
- c) Household management (cook, clean, etc.)
- d) Manage my own medications
- e) Get around the community (take public transportation, drive, walk up to 2km)
- f) Work (whether this is a job, student, parent, etc.)
- g) Leisure/play (whatever you like to do for fun)
- h) Other _____

- 4) Which of the following are you unable to do independently but you wish to do independently?
- a) Self-care (bathing, dressing, toileting, etc.)
 - b) Moving my body (get in/out of bed, stand up, walk with or without equipment, or propel your wheelchair independently)
 - c) Household management (cook, clean, etc.)
 - d) Manage my own medications
 - e) Get around the community (take public transportation, drive, walk up to 2km)
 - f) Work (whether this is a job, student, parent, etc.)
 - g) Leisure/play (whatever you like to do for fun– art, religious activities, socializing, exercise, etc.)
 - h) Other _____

- 5) What prevents you from being able to do these things? (i.e. pain, weakness, transportation, etc.)
- _____

- 6) What kinds of services have you received from Comunidad Connect? (Select all that apply to you)
- a) Nursing care
 - b) Occupational therapy
 - c) Physical therapy
 - d) Home modifications
 - e) Other: _____

- 7) How many visits have you received from Comunidad Connect?
- a) 1-2 visits
 - b) 3-5 visits
 - c) 6-8 visits
 - d) More than 8 visits

8) In what ways have these services helped you?

9) How would you rate your health currently?

- a) Excellent
- b) Good
- c) Fair
- d) Poor

10) How satisfied are you with the care you have received from Comunidad Connect?

- a) Very satisfied
- b) Somewhat satisfied
- c) Not satisfied

11) How can Comunidad Connect improve the way it works with you and/or your family?

12) Is there anything else you would like us to know about the care you have received?

Caregiver Survey

- 13) What is your relationship to the person for whom you care?
- a) Spouse
 - b) Parent
 - c) Child
 - d) Sibling
 - e) Other: _____
- 14) What are your caregiving responsibilities? (Select all that apply)
- a) Assistance with personal care (dressing, bathing, feeding, etc.)
 - b) Medication management
 - c) Assistance with mobility (transfers, walking, pushing the wheelchair, etc.)
 - d) Home management (cooking, cleaning)
 - e) Financial management
 - f) Other: _____
- 15) How many hours per day are you providing care on average?
- a) 0-4 hours
 - b) 5-8 hours
 - c) 9-12 hours
 - d) 12-16 hours
 - e) 16-24 hours
 - f) Other: _____
- 16) How satisfied are you with your ability to provide care to your family member at this time?
- a) Very satisfied
 - b) Somewhat satisfied
 - c) Not satisfied

- 17) What challenges are you facing as a caregiver? (Select all that apply)
- a) Medical complexity of your loved one (difficult to manage their medication, equipment, etc.)
 - b) Balancing time between caregiving and your own work/hobbies
 - c) Financial constraints
 - d) Physical challenges (heavy transfers, pain, etc.)
 - e) Home setup not conducive to adaptive equipment or safe transfers
 - f) Transportation
 - g) Other: _____
- 18) Additional comments on the previous question:
- _____
- 19) What types of supports would be most helpful to you and your family in being able to care for your loved one?
- a) Home modifications
 - b) Acquisition of adaptive equipment / medical supplies
 - c) In-home nursing or rehabilitation services
 - d) Connections to rehabilitation clinics
 - e) Help with accessible transportation
 - f) Social/emotional supports (friends, family, neighbors, church, etc.)
 - g) Other: _____
- 20) I could find someone to accompany me for a fun day trip.
- a) Strongly disagree
 - b) Somewhat disagree
 - c) Somewhat agree
 - d) Strongly agree
- 21) If in need, I could find someone to help me with my daily tasks, including caregiving.
- a) Strongly disagree
 - b) Somewhat disagree
 - c) Somewhat agree
 - d) Strongly agree

- 22) How often do you feel as if you are able to find time to care for yourself, aside from caring for the patient?
- a) Never
 - b) Rarely
 - c) Sometimes
 - d) Often
 - e) Always