The UPenn Collaborative on Community Integration
Knowledge Translation Impacts

Interim Report: Responses to Presentations and Website Resources
May 26, 2009

Introduction

The UPenn Collaborative on Community Integration is funded by the National Institute on Disability and Rehabilitation Research both to undertake an integrated set of research initiatives into the practices, programs and policies that promote community participation and to insure that its research reaches varied constituencies (consumers and families, providers and policy makers) that can translate emerging research into practice. Because community participation emphasizes approaches that insure that individuals with psychiatric disabilities have ‘the opportunity to live in the community, and to be valued for their uniqueness and ability, like everyone else,’ the usefulness of the Center’s work – on the delivery of services, the framing of new interventions, and the development of new public policies – is of particular importance.

The Center’s knowledge translation activities have been quite varied, but are reviewed here within two broad clusters. First, personal presentations – in information sharing lectures at conference plenary and workshop settings, longer training programs with agency consumers, direct care staff, supervisors, and administrators, and in technical assistance initiatives involving longer term working relationships – have played a key role in the Center’s efforts to promote community participation ideas and approaches.

Second, utilizing the Center’s website to encourage varied constituencies to download materials – articles and research summaries, toolkits and guidebooks, a Center Newsletter and regular special announcements, as well as repositories of innovative community participation programs – has provided information, ideas, and assistance across a broad range of individuals and organizations nationally. The Center’s website (www.upennrrtc.org) was identified as among the “Web Sites You Can Use” by the NIDRR-funded Southwest Educational Development Laboratory and is ranked #1 out of 18,600,000 websites, including psychiatric and other disability-related websites, in a Google search using the term ‘Community Integration’ (search conducted on 7/28/08). More than 32,000 unique visitors have accessed the website in the last 24 months alone, with at least 1 visitor from 125 countries around the world (of 7/28/08).

To help assess the impact of its work, the Center has consistently requested that participants at presentations and individuals who download materials complete an assessment of the relevance, usefulness, and impact of their contact. This report provides an overview of their responses, from contacts made between April 3, 2006 and October 1, 2008. Over that time, we estimate that presentations were made to approximately 1448 individuals, and another 998 individuals downloaded materials from the UPenn Collaborative website. The responses summarized here come from each of the 273 individuals who attended presentations and filled out online evaluation reports 3 – 6
months later, and 265 individuals who download materials and filled out online evaluation reports 3 – 6 months later.

Presentations

Over the two years reported on here, faculty and staff of the UPenn Collaborative made presentations across the nation designed both to improve information about the emerging community participation approach – its definitions, principles, and practices – and to encourage their utilization. Although Center presentations on community participation often directly or indirectly challenge current services, in general these presentations were well received.

Audience. The Center purposely sought out and responded to the opportunity to make presentations to varied audiences. Respondents to our surveys, who identified themselves often in several respondent categories, indicate the range:

- 24% were persons living with a psychiatric disability;
- 17% were family members of a person living with a disability;
- 36% were direct providers of mental health and/or rehabilitation services;
- 35% were supervisors or program administrators in service agencies; and
- 12% were policy-makers or representatives of government agencies;

with only 7% identifying themselves as researchers or academics with an interest in community participation issues for people with psychiatric disabilities; although nearly 39% of respondents also listed themselves as ‘advocates’ for people with psychiatric disabilities.’ The ethnic distribution of respondents – 77% Caucasian; 15% African American, 2% each for Hispanic-Americans, Asian-Americans, and Native Americans; and 2% who identified themselves as multi-racial – reasonably reflected national distributions.

Relevance / Quality. We asked respondents to report to us, fully six-months afterward, about both the relevance and quality of the presentation they had heard. Responses were strongly positive, with 91% reporting that the material was ‘relevant’ or ‘very relevant,’ and 90% reporting that the quality was either ‘good’ or ‘very good.’

Impact. We also asked respondents whether the presentation they had heard influenced them to give a stronger priority to community participation issues and/or had been useful in their work in the six months since the presentation: 73% of respondents felt they had been positively influenced by the presentations, and 69% reported that the information they received as been ‘useful’ or ‘very useful’ in their work.

Behavior. However, respondents had somewhat more difficulty responding to the presentations with changes in their own professional behaviors: only 52% reported that the presentations had in fact altered their work behavior. While a 52% ‘change’ rate is impressive on its own, it highlights the persistent gap between learning new and valuable information and developing the capacity to implement demanding, complex changes.
Materials

The UPenn Collaborative has maintained a website (upennrrtc.org) since its inception in 2004, and this has served the field well in insuring that emerging research results, grant opportunities, innovative programs, and various ‘tools’ – guidebooks and manuals, repositories of resources and bibliographies, etc. – are accessible nationally. We asked each person who downloaded materials for permission to contact them at a later date for an assessment of the impact of the materials, and – again – responses were consistently positive, across a wide range of constituencies.

Audience. As intended, the materials available on the website were accessed by the same broad array of individuals as reached by the presentations reported above. It should be noted, however, that the percentage of persons living with a psychiatric disability who downloaded materials was significantly higher than those who participated in Center presentations (38% vs. 24%), which was true as well for those who identified themselves as family members (29% vs. 17%), suggesting the role the website plays in reaching individuals – consumers and family members - not directly employed by mental health service delivery systems. By contrast, the percentage of direct service providers and supervisors or administrators of mental health programs downloading materials was similar to those who had the opportunity to listen to presentations (76% vs. 71%). It should also be noted that the percentage of Caucasians downloading materials increased from the percentage who hear presentations (90% vs. 77%), suggesting the greater availability of internet resources in white vs. minority communities.

Relevance / Quality. We asked respondents to report to us, fully six-months afterward, about both the relevance and quality of the materials they had accessed. Responses were again strongly positive, with 94% finding the materials ‘relevant’ or ‘very relevant’ and 96% reporting the quality as ‘high’ or ‘very high.’

Impact. We also asked respondents whether the materials they had downloaded had influenced them to give a stronger priority to community participation issues and/or had been useful in their work in the six months since the presentation: 60% reported that the materials they received had had a ‘somewhat’ or ‘very’ strong influence in their prioritizing community participation issues, and 83% felt the downloaded information had been ‘useful’ or ‘very useful’ to them in their work.

Behavior. Professional respondents again reported that they had somewhat more difficulty responding to the presentations with changes in their own professional behaviors: slightly more than half of the respondents reported that the presentations had in fact altered their work behavior. However, 74% of those who identified themselves as persons in recovery reported that the materials they downloaded had been ‘useful’ or ‘very useful’ to them in their life.

Requested Additional Materials. We asked those who had downloaded materials whether they would find additional materials on the website useful, and in what domains of the community participation challenge. Responses here are clustered as ‘high’ (more
than 50% of respondents indicated an interest in additional materials in this area), ‘medium’ (between 30% an 49% of respondents indicated interest in new material in this arena), or ‘low’ (where less than 30% were interested in additional resources).

High
- Social Roles (64%)
- Health and Wellness (59%)
- Peer Support (56%)
- Stigma and Discrimination (55%)
- Self–Determination (52%)
- Employment (51%)

Medium
- Housing (48%)
- Cultural Competency (45%)
- Education (43%)
- Spirituality and Religion (40%)
- Criminal Justice (37%)
- Leisure and Recreation (35%)

Low
- Technology (22%)
- Olmstead Developments (22%)
- Citizenship (14%)

Discussion

Overall, the results of this preliminary assessment of respondents’ reactions to both presentation and materials provided by the UPenn Collaborative on Community Integration are very positive. The relevance and quality of the Collaborative’s work are very highly rated, and its impact on the interest in community participation and its practices and principles are similarly strong. While respondents’ reports on the Collaborative’s impact on their behaviors is not quite so uniformly positive, helping consumers and families, practitioners and policy makers to make some changes in their work and lives in over 50% of cases is still a considerable achievement.

There seems sufficient evidence here, as well, to continue the Collaborative’s balancing of presentations – in conference settings, training programs, and technical assistance initiatives – with the development and posting of new resources (guidebooks and manuals, repositories and guidance to exemplary programs – on its increasingly popular website. A greater focus on those topics respondents listed as of ‘high’ interest’ would be appropriate as well. More attention might be directed toward insuring that members of minority groups have access to presentations and the website’s materials, however, and more needs to be done to increase the degree to which presentations and materials impact behaviors on the job and in the recovery process.