

# Measuring and Reporting Outcomes in a Community Based Program:

## Qualitative Results and Participatory Action

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### INTRODUCTION

Buzzards Bay Speech Therapy is a private practice offering community based programs to adults dealing with chronic cognitive/communication challenges due to neurologic injury, illness or aging. This service delivery model launched in 2015 due to a lack of on-going support for persons with chronic communication challenges in our community.

Our program utilizes a Life Participation Approach (Elman, 2016) which is person centered and participant directed. Activities and education engage attendees, supporting their goals for communication growth and social connectedness. Our program is unique in that all adults are welcome, and attendees are not grouped by age, diagnosis or severity level.

### BACKGROUND

Some of the challenges we encountered early on in our programming were how to track outcomes/success when attendees' profiles are diverse, there are no entrance/exit criteria and participants' goals vary widely/change over time.

Due to these challenges, our team created a **3-part research project** designed to:

- **Quantitatively** assess program outcomes
- **Qualitatively** assess program impact on participants, and
- Engage participants and community stakeholders in **Participatory Action** (Bergold and Thomas, 2012) to more broadly impact service delivery in the community.



**Quantitative** results have been reported previously (Yauch-Cadden and Star, 2017 and 2018). Those results suggested that our classes were most helpful in promoting **optimism, socialization and confidence** in communication skills.

### QUALITATIVE ASSESSMENT

Beginning in 2017, we wanted to better understand the impact our classes were having on participants, specifically what it was about the classes that fostered the quantitative changes (optimism, self-confidence, etc.) seen in Part I of our study. Programmatically, we wanted to be sure we were addressing the needs of our customers. Fiscally, we wanted to maintain a customer base by providing services which maintained their value over time.

### METHODS

Using **semi-structured interviewing** (Edwards and Holland, 2013) with **open-ended questions** and **multi-modal communication techniques** to address the needs of participants with communication challenges, we determined the benefit of our program through content analysis of video/audio recorded material and written responses. Response content was analyzed via open and axial coding (Saldana, 2016) and grouped according to themes which emerged.

**N=11 past/present participants + 6 caregivers/family members; 5/11 participants also part of quantitative cohort; Age: 23-85 years; Avg # of classes attended = 29 (range 2-75).**

### RESULTS

Over-Arching Themes Participation resulted in:	Categories within Over-Arching Themes Due to:	Supporting Quotes
Empowerment	Self-confidence	"I feel like I'm beginning to bloom." "I always left better, stronger and more equipped to deal with the challenges."
	Self-acceptance	"He's more comfortable with the person he is."
	Positive feelings	"It makes me feel good."
Motivation	Perseverance	"I heard my wife say, <i>never give up, never give up</i> , and it was such a powerful message."
	Resolve	"I am going to try harder to do what I can to improve my communication skills."
	Hope	"Most of all I left with hope and confidence."

### QUALITATIVE RESULTS (continued)

Over-Arching Themes Participation resulted in:	Categories within Over-Arching Themes Due to:	Supporting Quotes
Camaraderie	Inclusivity	"It was also multi-disability and multi-age and that was a very healthy aspect of the program."
	Establishment of friendships	"The first time I went, I felt like I belonged." "She made friends in the program."
	Support	"The mutual support and friendship is the biggest blessing of all and perhaps the best healer, too."
Perceived Improvement in Communication Skills	Structure of the class	"Two hours is very important"
	Information provided/ types of activities	"She could learn and practice techniques." "It is challenging...in a good way."
	Leaders' skills	"Expertise...complete caring and understanding, the patience, the compassion." "Lisa and Kari is the best. I mean it."
	Fun	"It's fun. It doesn't feel like work." "Two hours of constructive fun."

### DISCUSSION

These results suggest that community based programs may work best when participant profiles are diverse, content is challenging but not overwhelming, and the goal of programming is to improve confidence in, and use of, existing skills. This is an innovative approach to service delivery as most community based programs may look to improve skills while aligning services with diagnosis (e.g., aphasia, Parkinson's, dementia, etc.) and grouping participants according to severity/skill level and/or age. We believe that casting a wider net may fill a critical niche in the provision of community based healthcare services.

### PARTICIPATORY ACTION

In September 2018, we solicited consumers and community partners to join us in Participatory Action to more fully identify the **needs** of those in the community with chronic cognitive-communication deficits, the **barriers to access** and the **resources that may be available/created** for them in order to effect social change. Results of our research and open discussion revealed the following:

Needs	Barriers to Access	Resources Available	Action Currently Being Undertaken
Participants want/need regular access to socialization opportunities to decrease social isolation and risk for depression.  <i>See Massachusetts Healthy Aging Data Report 2018</i>	Lack of awareness of Classes  Transportation to Classes  Cost to attend Classes regularly  Language barriers  Lack of support/encouragement to attend Classes	Digital/social media; community postings in print media; networking with community partners; cable access  Ride on demand; remote access  Limited grant funding  Staff available for Spanish, Portuguese; Translation apps for other languages  ? Volunteers/class ambassadors; bring a friend program	Creating a PSA through local cable access channel  Developing a participant driven model where participants carryover strategies/activities learned in classes while leading their own groups within their own communities with input from BBST on an interval basis

### NEXT STEPS

After understanding the value our program brings to participants through our quantitative and qualitative data collection, we are excited to explore the opportunity to expand our community programming to settings which will empower adults with limited resources to take charge of their own cognitive-communication wellness.



### SELECT REFERENCES

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#### DISCLOSURE

Lisa Yauch-Cadden, MS CCC-SLP is the owner of Buzzards Bay Speech Therapy (est. 2014), the private practice that is responsible for the research presented. Buzzards Bay Speech Therapy receives grant funding from Coastline Elderly Services, Inc. to support in part, the programming on which the present research is based. Kari Star, MS CCC-SLP is a paid consultant to Buzzards Bay Speech Therapy.