

# Rural-proofing disability policy: Engaging policy makers and service providers in bridging the research - policy gap

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N H M R C



Family &  
Community Services  
Ageing, Disability & Home Care

# Wobbly Hub and Double Spokes project

## PROJECT AIM:

- › To develop, implement and evaluate evidence-based policies to promote timely and effective therapy service delivery to individuals with disability living in rural and remote communities.



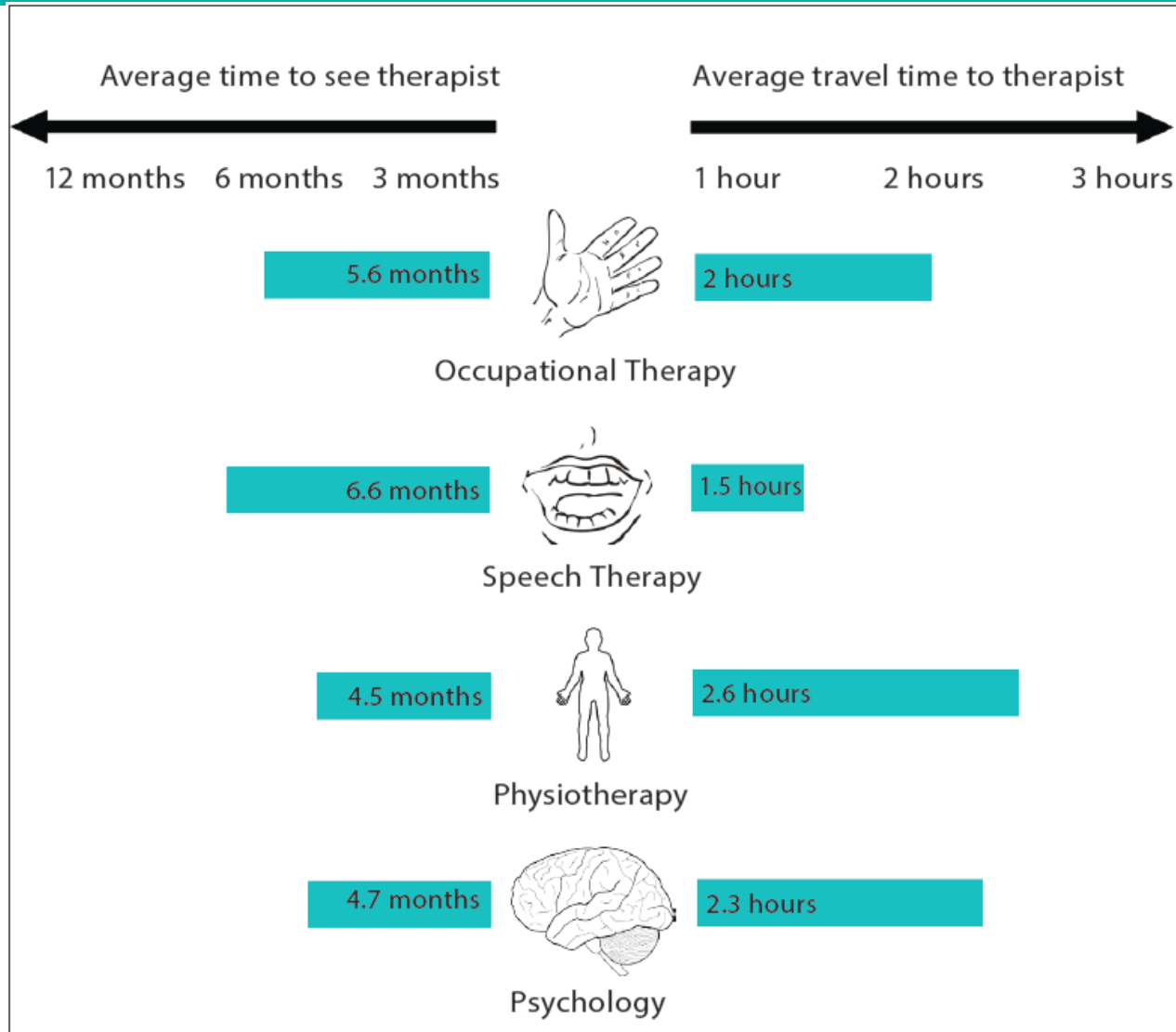


# Western New South Wales



Western NSW

# Context – waiting and travel time





# Mixed Methods Study

**Analysing Policy Documents  
Reviewing Literature**

**Therapists' Survey ( $n = 199$ )  
Carers' Survey ( $n = 165$ )**

**Talking to Bureaucrats and  
Service Providers ( $n = 147$ )**

**Talking to Carers and Adults with  
a Disability  
in Western NSW ( $n = 88$ )**

# The first 3 years.....



**Analysing Policy Documents  
Reviewing Literature**

**Therapists' Survey ( $n = 199$ )  
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**Talking to Bureaucrats and  
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**Talking to Carers and Adults with  
a Disability  
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# Bridging the Research – Policy Gap

## Aims:

- › Better understand place of research in disability policy-making process;
- › Raise awareness of rural issues - ‘rural proofing’ policy;
- › Jointly develop strategies for increasing access and application of research in policy making.

Policies are driven  
by a number of  
things, not just  
evidence.  
(Forum participant)



Swindlehurst, H. (2005); Atterton, J (2008)

Impact on rural  
communities

Raising rural  
awareness

Rural-  
proofing

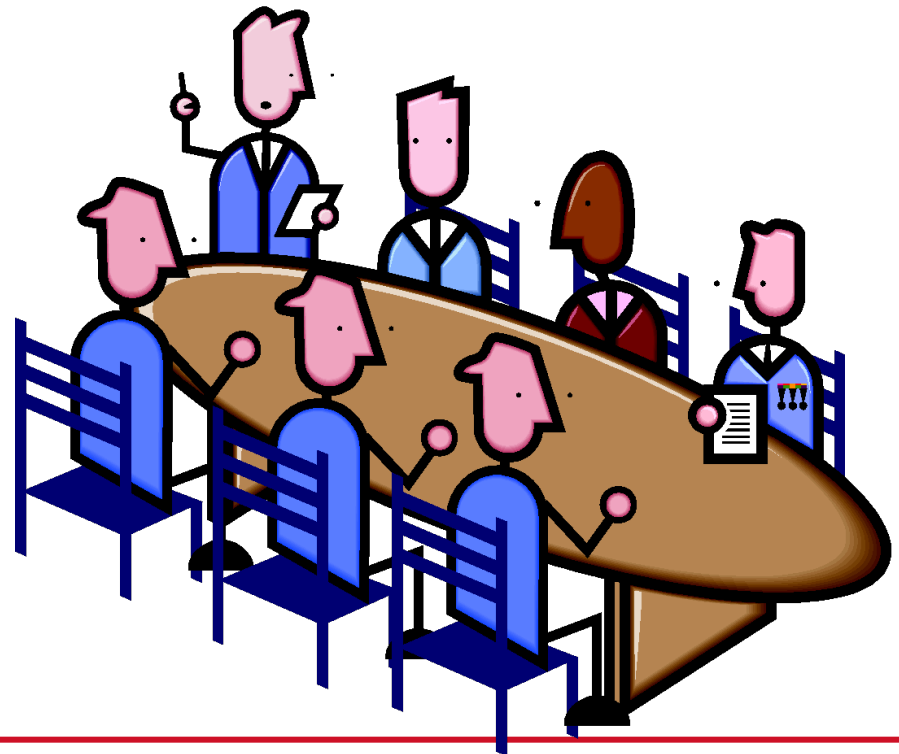
Effective and efficient  
policy implementation

Improving equity of  
rural access



## **Deliberative Dialogue** (Lavis, Boyko, Oxman et al. 2009)

- › Forums x 2
  - Government = 6 participants; Non-government = 9 participants
- › External, independent facilitator
- › Pre and Post Forum Surveys
- › Observational notes
- › Analysis via constant comparison





# What did we learn?

**Time** is a major barrier to policy makers using research

Time is ALWAYS  
an issue

But there's no  
drawing of that  
knowledge base  
together...no  
linking of any  
key findings  
back to the  
literature



You're  
competing with  
multiple time  
agendas

There's lots of  
work pressures,  
productivity  
gains to be  
made...I just  
don't see that  
changing



# What did we learn?

**Access** to journals is a barrier for policy makers/teachers

It costs my organisation \$7,500 a year to have access to journals

My organisation has an affiliation with a university and that makes a huge difference in terms of access.

Google becoming the main thing for information and that isn't always evidence-based

I am still enrolled as a PhD student [so] this is how I access journals for work





# Strategies to maximise time & access

Summaries of key  
research findings

Visual & Creative KT  
strategies

Lack of  
Time &  
Access

Meetings with  
researchers

Review articles



# Quarterly Newsletter

FACULTY OF HEALTH SCIENCES

## Wobbly Hub News



Family & Community Services  
Ageing, Disability & Home Care

ISSUE 12  
APRIL 2014

### IN THIS ISSUE

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### PARTICIPATE IN RESEARCH: DISABILITY AND STUTTERING

Does your child have an intellectual disability and has been diagnosed with a stutter, and is aged between 12 - 18?

Edward Johnson, a masters student at the Faculty of Health Sciences is researching the characteristics of stuttering in children with intellectual disability and their attitudes toward stuttering and is looking for participants. At present, there is little research about treatment options for this group.

To participate, you and your child will need to be available to complete short questionnaires and be filmed to record samples of your child's speech. If you're interested, please email Edward at [ejoh6117@uni.sydney.edu.au](mailto:ejoh6117@uni.sydney.edu.au) or call 0424 530 256.

### FOCUS ON TELETHERAPY

Throughout the Wobbly Hub project we have heard about the issues people with a disability and their carers face accessing allied health therapy services in rural areas. Similarly, therapists often grapple with the costs, both financial and personal, to meeting the needs of the communities they work in.

In this issue, we showcase the potential that teletherapy – therapy provided via computers, tablets and other devices – has for people with a disability, their carers and therapists in rural and remote communities.



### TELETHERAPY MYTHBUSTERS

What have we learned from our teletherapy research? We present three common concerns about teletherapy, and how our research is helping to bust teletherapy myths!

**MYTH:** It's hard to develop rapport with clients via teletherapy

**FACT:** Clinicians have told us that they are able to develop strong relationships with children online by adapting clinical skills that work in face-to-face settings.

*It feels like it is just like normal therapy.*

*The children were extremely engaged in technology and they were very interested.*

Parents and school teachers told us that technology might in fact promote children's engagement in therapy.

*Children are so used to screens, maybe the teachers aren't so much, but these children have grown up in the world of screens.*

**MYTH:** Parents don't want teletherapy

**FACT:** Clinicians may underestimate families' readiness to use teletherapy. Wobbly Hub honours student, Kate Gardner found that carers were willing to use teletherapy to increase access to occupational therapy (see page 2 for more information).

Messages do need to be short and sharp with links to the details

## THE WOBBLY HUB & DOUBLE SPOKES PROJECT:

PEOPLE WITH A DISABILITY IN RURAL AREAS



"Based on our research work in western NSW and the experience of the team, we have developed four streams of enquiry related to people with a disability in rural areas: Insights into Rural Contexts; Access to supports; Alternative Service Models and Workforce Development."

- Dr Angela Dew, Project Manager

The team: (back row L-R) Craig Veitch, Rachel Mayes, Bec Barton, Angela Dew, Gisselle Gallego, Rebecca Chedid. (Front row L-R) Michelle Lincoln, Anita Bundy, Jennie Brentnall, Jo Ragen, Kim Bulkeley & Alexandra Iljadica (not pictured)

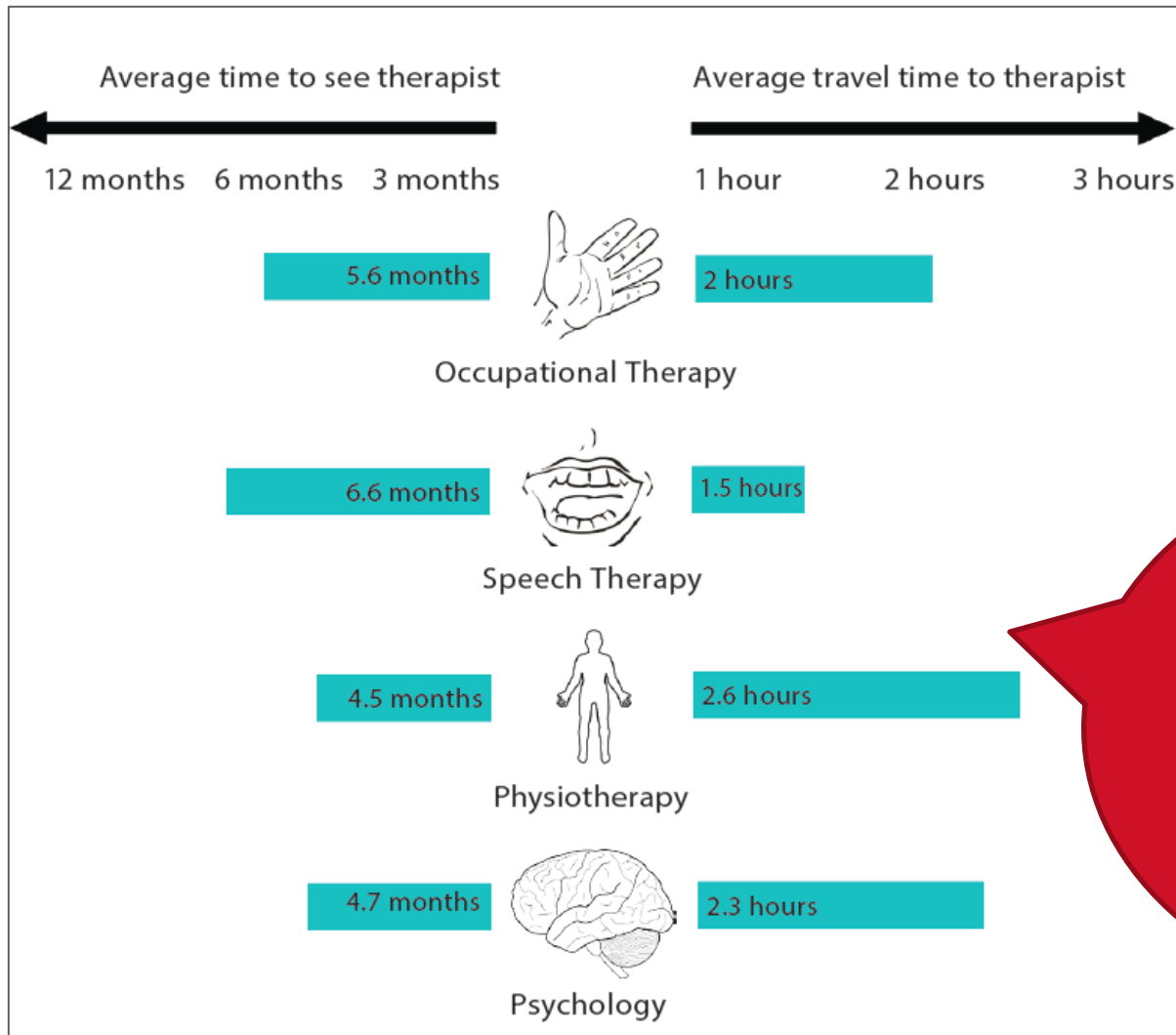
These two pagers they look nice and you can actually just glance at the headings and go 'oh yeah, I get that'. So I found them fantastic







# Visual & Creative - Infographics



Infographics synthesise the information in clear visuals

We're looking at using infographics a lot more in publications, again trying to synthesise the information...rather than people trying to interpret statistical masses

# Lessons from the Forums.....

- › Need to understand policy maker imperatives
- › Use multiple and various KT strategies
- › Engage personally with policy makers
- › Have a catchy research title!

*KT Strategies can Bridge the  
Research – Policy Gap*

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# Applying KT strategies in your context

## THE WOBBLY HUB & DOUBLE SPOKES PROJECT: PEOPLE WITH A DISABILITY IN RURAL AREAS

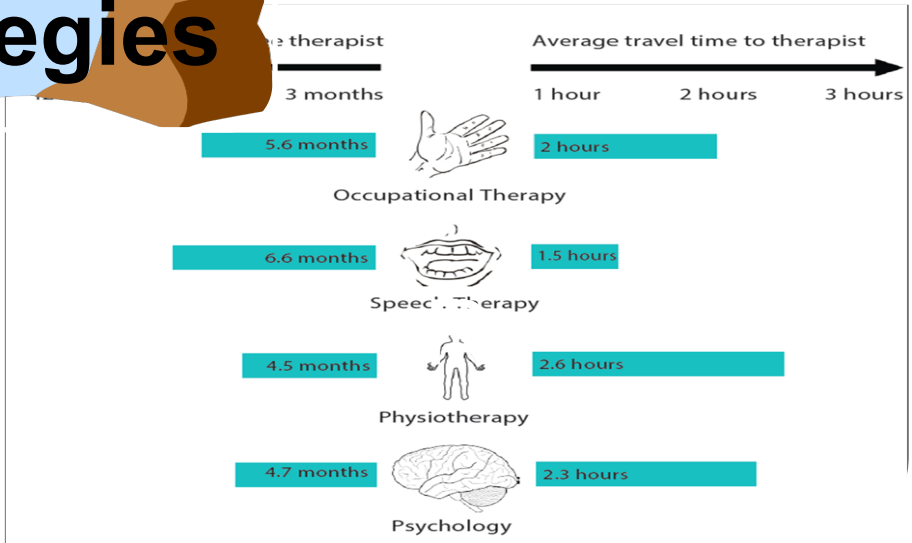
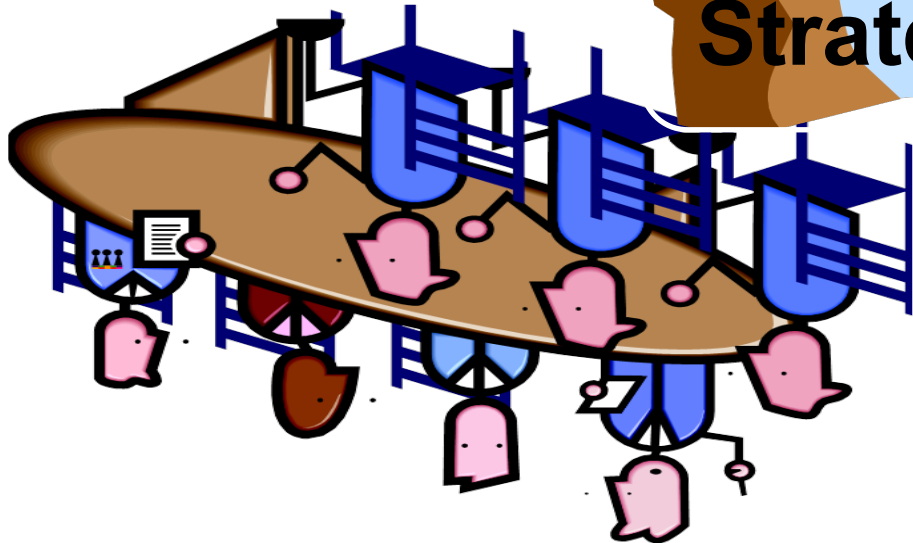


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- › Atterton, J. (2008). Rural Proofing in England: A formal commitment in need of review. Newcastle Upon Tyne: Centre for Rural Economy, University of Newcastle Upon Tyne <http://www.ncl.ac.uk/cre/publish/discussionpapers/pdfs/dp20.pdf>.
  - › Lavis, J.N., Boyko, J.A., Oxman, A.D., Lewin, S and Fretheim, A. (2009). SUPPORT Tools for evidence-informed health Policymaking (STP) 14: Organising and using policy dialogues to support evidence-informed policymaking. *Health Research Policy and Systems*. 7 (Suppl I):S14.
  - › Swindlehurst, H. (2005). *Rural proofing for health: A toolkit for primary care organisations*. UK: Institute of Rural Health.
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This project is funded in partnership with the NSW Department of Family & Community Services, Ageing, Disability & Home Care (ADHC) Western Region (WR) through a National Health and Medical Research Council (NHMRC) 'Partnership for Better Health' grant.

Our collaboration with Professor Katherine Boydell, University of Toronto, Canada was supported by University of Sydney International Program Development Fund and International Research Collaboration grants.

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