

Community Resource Activity Handout

Jeremy French-Lawyer, MPH, CHES, Katherine Goss, MPH & Michael Ioerger, PhD, MPH, CSCS, ACE-FNS

Background

Many communities provide resources that enable people with disability to maximize their independence and participate as active members of their community. As a physician, connecting patients with appropriate community resources can have a profound impact on their health and quality of life.

Patients with disability and their families benefit from community programming and resources for a variety of reasons, including the ability of existing community resources to:

- Provide support for patients and families when adjusting to a new or longstanding diagnosis.
- Provide assistance and advice to people with temporary or permanent disability who are working towards increased levels of independence
- Provide assistance and advice to people with chronic disorders who are looking to promote positive familial interactions and relationships.
- Provide assistance to patients who are navigating the healthcare system
- Provide avenues for educational or job attainment

Assignment

Identify resources available in your geographic area for the patient case you have been assigned. Once you have identified available resources that meet the needs of your patient, you will discuss your findings and troubleshoot problems you encountered as a group. Be prepared to explain the resources and their possible benefits, as if you were recommending them to your patient.

Patient Cases

1. Connor

Connor is a 55-year-old man who has been diagnosed with Multiple Sclerosis (MS). He has a new below knee amputation of his left leg. Prior to this admission, he had been using a cane for mobility. Now he uses a walker and a wheelchair; once his incision heals more, he will be fit for a prosthesis, but he will need a walker or cane and will still require a wheelchair for long distances. He lives independently at home, but his home needs to be modified for accessibility to accommodate use of a walker and wheelchair, such as a ramp for the entry and a shower bench. Connor lives alone, and reports feeling increasingly isolated. Based on this information about Connor, what community resources might be helpful for him?

2. Alice

Alice is a 35-year-old woman who has been diagnosed with HIV and Hepatitis C. Alice has a history of drug abuse and is insured through Medicaid. She lost custody of her two children as a result of her struggle with addiction, but has expressed interest in getting back full custody of her children. She has permanent housing, and has been drug-free for 9 months. What resources might help her as she works to regain custody of her children?

3. Michelle

Michelle is a 40-year-old woman who has sustained a concussion and has had continued symptoms. Due to her concussion and ongoing symptoms, she has been advised not to operate a motor vehicle. However, Michelle lives approximately 50 miles away from her health care provider's office and outpatient rehabilitation services. She has expressed frustration at her lack of independence and is concerned about getting to her medical appointments without relying on friends or family. Michelle is unclear about her present insurance or Medicaid eligibility. How might you be able to address Michelle's transportation concerns?

4. Nicole

Nicole is a 35-year-old woman who was recently in a motor vehicle accident. She sustained multiple injuries from the accident. She has a temporary colostomy because of intra-abdominal injuries and the left mid shaft femur fracture was repaired with internal fixation. She requires IV antibiotics for a total of 6 weeks (now in her 2nd week). Nicole is now in an inpatient rehabilitation facility (IRF). She is progressing with walking (precaution is weight bearing as tolerated) and temporarily uses a wheelchair for mobility (her preference because

of abdominal pain with walking activities). She can walk short in-home distances with a walker safely. She is learning to care for her ostomy but needs periodic supervision. She will require support for her home IV program. She is independent in toileting, in dressing (assuming clothing is easily donned/doffed) but needs assistance for showering. Nicole cannot leave the IRF without home care to support her ostomy/IV needs through a home care agency, assist with some activities of daily living (ADLs) and to continue therapies in her home. She is new to the area and does not have any family living nearby to assist. What solutions might there be to help Nicole transition to living at home?

5. Randy

Randy is a 75-year-old man who has been diagnosed with a cerebellar disorder. He is a military veteran, living in a neighboring county. His cerebellar disorder is unrelated to his previous military service. He has tremors, uncoordinated movements of his arms and legs, and slight slurring of speech, which makes him uncomfortable interacting with others. He says he feels self-conscious interacting with people with whom he doesn't have something in common, such as people who don't understand his disability or his military service. Randy requires some assistance with activities of daily living and he currently has minimal access to home care services (4 hours every two weeks). This may not be enough time to assist him to the extent needed. Randy has indicated that he is having a difficult time coping with his new diagnosis. Are there any community services that might help Randy?

6. Sara

Sara is a 30-year-old woman who was recently diagnosed with Guillain-Barré syndrome (GBS). She was hospitalized for 2 weeks and has just been transferred to an inpatient rehabilitation facility (IRF). She will likely remain in the IRF for about three weeks. Once she is home, she will be able to manage self-care but may need assistance for other activities of daily living, including some meal prep, cleaning, shopping, and transportation. Sara has a three-year-old daughter whose father was recently released from prison on parole. Sara does not get along with her daughter's father and does not want her daughter to interact with the father in any way. She especially does not want her daughter in his custody. Sara's aunt was able to care for her daughter while she was in the hospital, but now needs to return to work. Sara does not have any other family in the area who could care for her daughter during Sara's time in the IRF or help out once she is home. Is there any way that Sara can find full-time care for her daughter without losing custody while she recovers? Other issues to consider in discharge planning are insurance coverage and home care for Sara.