



ISWP Evidence-based Practice Working Group October 4, 2018 Meeting Recap

The ISWP Evidence-based Practice Working Group met by conference call on Thursday, October 4, 2018 from 10:00 a.m. to 11:00 a.m. U. S. Eastern Time. This provides a recap.

Next Meeting: Will be held the week of January 7th, 2019 based on doodle poll results.

Link to Meeting Recording: <https://iswp.adobeconnect.com/pik9axn6g1vl/>.

Discussion: (action items in bold/underline)

- 1. Working Group Membership Changes:** **The group welcomed two new members.** Jennifer Wong is the Field Analysis Manager at the Free Wheelchair Mission. She is developing a monitoring and evaluation framework for the organization to increase ways to help collect data on the impact of their programs. Her background is in sociology and development.

Louisa Cotton is an OT who recently graduated with a Master's degree in public health. She recently did a qualitative analysis on wheelchair embodiment in low/middle countries. She has been teaching the WHO packages in various countries.

Kristi Haycock from LDS Charities accepted a new assignment and will no longer be able to participate in this group.

- 2. Presentation of Accelovate study data from ISWP data center:** Lee Kirby presented a secondary analysis of the Accelovate study data on the relationship between wheelchair services received and positive wheelchair-user outcome in less-resourced settings: a cross-sectional survey in Kenya and the Philippines. This presentation was also made at the 2018 European Seating Symposium. Initial funding for the project was from USAID, under the terms of the Technologies for Health award. Publication costs for Lee's analysis were funded by ISWP. A copy of the presentation was sent to Working Group members before the call and is attached.

The analysis combined data from Kenya and the Philippines (n=852) to test the hypothesis that the number and type of wheelchair services received during wheelchair service provision are associated with positive wheelchair user outcomes. The analysis focused on 5 of the WHO 8 steps: Assessment, Prescription, Fitting, User Training and Follow-up, maintenance and repairs. Outcomes covered: Daily wheelchair use, outdoor unassisted wheelchair use, high performance of activities of daily living and absence of serious falls.

Relationship with composite outcome score of three or more positive wheelchair user outcomes:

- 'Provider did training' (1.96 [1.32, 2.91], p = 0.0009)
- 'Peer group training received' (1.67 [1.04, 2.67], p = 0.033)

- ‘Provider assessed wheelchair fit while user propelled the wheelchair’ (1.67 [1.21, 2.31], p = 0.002)
- Composite service score (1.08 [1.02, 1.14] per additional service, p = 0.005).
- Youth, male sex and longer duration of use all positive

In conclusion, receiving some wheelchair services is positively associated with some wheelchair user outcomes. Clinicians and NGOs should follow the WHO 8-step approach, and WHO should review its service-delivery model in light of emerging evidence. Study limitations: It was a cross-sectional study, so associations did not equal causality; there was recall bias due to self-reporting; no children were studied; and the quality of wheelchair was not assessed, nor were the caregivers. Future studies should include more countries – both less- and more-resourced settings; refined survey instruments and updated WHO Guidelines and materials.

Karen Rispin commented that one of the challenges she and her team face in their studies in Kenya is to find a way to conduct a wheelchair specific assessment and the quality of the user. One of the outcomes of their wheelchair interface questionnaire is the difficulties in inadequate fitting. Louisa asked if there were any insights on the wheelchair’s use after a resilient fall. Lee answered that it was not because of more falls, it was because services did not help to reduce these falls.

As a reference for WG members, he also recommended WG members visit: <http://jane.biosemantics.org/> for help to determine which journal to publish and whether the article should be published open or closed access.

- ADDEP Update:** ISWP has moved studies from the Pitt Health Sciences Research Data Center to the Center for Large Data Research & Data Sharing in Rehabilitation (CLDR), Archive of Data on Disability to Enable Policy and Research (ADDEP). Two studies are now available; ADDEP is reviewing two more, and two studies are pending.

Studies Now Available through ADDEP	Studies in Curation Process with ADDEP	Studies Pending
Mexico (Teleton)	Kenya and Philippines (Jhpiego)*	Indonesia (Google WC User’s Voice Project)
Indonesia (UCP)	7 countries (World Vision ACCESS Project)	Kenya (Minimum Data Set, LeTourneau)

*Data is available through Pitt for analysis in the interim

Instructions for depositing data to ADDEP are included with the meeting recap. Here is the link to access ADDEP: <https://www.icpsr.umich.edu/icpsrweb/content/addep/index.html>. In the search bar at the top of the page, type ‘ISWP’, which will bring up the studies that are available. When you click on a study, you can see features including project summary, data

documentation, and related publications. Currently, some of these features are private access only, but we are working to have them made public soon.

Megan mentioned that a training video on how to deposit and access the data will be shared with the group soon. She also invited the members to let her know if they are interested to submit their studies. It is very easy to deposit data, but Megan is available to help.

ADDEP is creating an ISWP landing page which which list all ISWP studies. Once that is ready, we will promote through *The Hub* newsletter and social media.

4. **Implementing an organized study using the Minimum Uniform Dataset (MUD):** Previously, the Working Group discussed the possibility of conducting an organized study using the MUD in key centers in three countries. Louisa mentioned that Bhutan recently started a new robust wheelchair service which is part of the Bhutan's Ministry of Health and suggested it would be good to consider as a location. She has contacts there and could possibly design a study through them; they even have an ethics board.

Mark mentioned a Google mapping project in Southern Africa is nearing completion, the map will show organizations providing mobility of AT. It might be interesting to see which organizations are interested in using the MUD. There also is a plan to implement an AT expo, probably in Namibia, and it might be a place to connect and do promotions.

Nancy suggested forming an ad-hoc subcommittee to develop the plan. **Nancy** to consult with Padmaja and Jon then issue a call for subcommittee members.

5. **WHO Update:** As reported in an August 30, 2018 e-mail following the August 2, 2018 EBP WG call, WHO is consolidating the 8 steps of wheelchair service provision (will be 4 instead of 8) and developing a new community-level AT training package. Wheelchairs will not be part of phase 1, which includes 25 products from the Priority Assistive Products List, but might be considered for a subsequent phase.

Participants:

- ✓ Johan Borg, Lund University
- Nathan Bray, Centre for Health Economics and Medicines Evaluation
- Molly Broderson, Free Wheelchair Mission
- ✓ Louisa Cotton, Independent Consultant
- ✓ Mark Harniss, University of Washington
- ✓ Maria Toro Hernandez, Universidad CES
- Astrid Jenkinson, Motivation UK
- ✓ Padmaja Kankipati, SMOI, *Chair*
- Karen Reyes, WHO
- ✓ Karen Rispin, Assistive Technology Catalyst Project
- Chandra Whestine, World Vision
- ✓ Jennifer Wong, Free Wheelchair Mission
- ✓ Eric Wunderlich, LDS Charities
- ✓ Megan D’Innocenzo, University of Pittsburgh
- Deepan Kamaraj, University of Pittsburgh
- ✓ Tricia Karg, University of Pittsburgh
- Jon Pearlman, University of Pittsburgh
- Rich Schein, University of Pittsburgh
- ✓ Nancy Augustine, University of Pittsburgh
- ✓ Krithika Kandavel, University of Pittsburgh

Guest:

- ✓ Lee Kirby, Dalhousie University

Prepared by Nancy Augustine and Krithika Kandavel

Reviewed by Padmaja Kankipati