

Community Based Models

- Brems, C., Johnson, M. E., Warner, T. D., & Roberts, L. W. (2006). Barriers to healthcare as reported by rural and urban interprofessional providers. *Journal of Interprofessional Care, 20*(2), 105-105-118. This article reviews a study conducted in Alaska and New Mexico on barriers to care in rural areas. Findings confirm that rural areas struggle with more barriers than urban or small urban areas, particularly related to resource limitations, confidentiality, overlapping roles, travel distance, access to services and training.
- Charles, G., Bainbridge, L., Copeman-Stewart, K., Art, S. T., & Kassam, R. (2006). The interprofessional rural program for british columbia (IRPbc). *Journal of Interprofessional Care, 20*(1), 40-40-50. The Interprofessional Rural Program of British Columbia IRPbc was established in 2003 as an important first step for the Province of British Columbia, Canada, in creating a collaborative interprofessional education initiative that engages numerous communities, health authorities and post-secondary institutions in working toward a common goal. Designed to foster interprofessional education and promote rural recruitment of health professionals, the program places teams of students from a number of health professional programs into rural and remote British Columbia communities. In addition to meeting their discipline specific learning objectives, the student teams are provided with the opportunity to experience the challenges of rural life and practice and advance their interprofessional competence. To date, 62 students have participated in the program from nursing, social work, medicine, physical therapy, occupational therapy, pharmaceutical sciences, speech language pathology, audiology, laboratory technology, and counseling psychology. While not without numerous struggles and challenges, IRPbc has been successful in meeting the program mandate. It has also had a number of positive outcomes not anticipated at the time the program was established.
- Dobson, R. T., Henry, C. J., Taylor, J. G., Zello, G. A., Lachaine, J., Forbes, D. A., et al. (2006). Interprofessional health care teams: Attitudes and environmental factors associated with participation by community pharmacists. *Journal of Interprofessional Care, 20*(2), 119-119-132. This study was conducted to determine if community pharmacists were prepared to assume more active roles in healthcare teams. Secondly, it was used to collect information to develop multi-item scales for future studies involving pharmacists and other health professions. The study found that pharmacists on teams were more likely to agree that their skills and abilities prepared them for working on a team and that there was more opportunity to get to know other health disciplines. They also reported good relationships with physicians and were less likely to view other disciplines as being protective of their "turf."
- Leveille, S. G., Wagner, E. H., Davis, C., Grothaus, L., Wallace, J., LoGerfo, M., et al. (1998). Preventing disability and managing chronic illness in frail older adults: A randomized trial of a community-based partnership with primary care. *Journal of the American Geriatrics Society, 46*(10), 1191-1198. This study was conducted to evaluate the impact of a 1-year, senior center-based chronic illness self-management and disability prevention program on health, functioning, and healthcare utilization in frail older adults. The trial was conducted at a large senior center in a Seattle suburb in collaboration with primary care providers of two large managed care organizations. A total of 201 chronically ill older adults, aged 70+, were recruited through medical practices. The intervention group received a targeted, multi-component disability prevention and disease self-management program led by a geriatric nurse practitioner (GNP). Results show that intervention participants showed less decline in function and lower scores on the Health Assessment Questionnaire. Other measures of function, such as the SF-36 and other physical performance tests, did not change with the intervention. In the intervention group, the number of hospitalizations decreased by 38%, while it rose by 69% among the controls. The intervention also led to significantly higher levels of physical activity and senior center participation and significant reductions in the use of psychoactive medications. The study concludes that "a community-based collaboration with primary care providers can improve function and reduce inpatient utilization in chronically ill older adults. Linking

organized medical care with complementary community-based interventions may be a promising direction for research and practice."

Shoultz, J., Oneha, M. F., Magnussen, L., Hla, M. M., Brees-Saunders, Z., Cruz, M. D., et al. (2006). Finding solutions to challenges faced in community-based participatory research between academic and community organizations. *Journal of Interprofessional Care*, 20(2), 133-133-144.

The purpose of this paper is to discuss approaches and solutions used by this research team in response to the challenges they have faced in using CBPR. The team uses CBPR to understand and support the process of disclosure of intimate partner violence (IPV) within the context of the community health centers that provide services for multicultural and multi-lingual populations. While CBPR provides a route to develop trust and build on the strengths of partners from various settings, there are multiple challenges that arise when partnering organizations present with different infrastructures, missions, resources and populations served.

Stone, N. (2006). The rural interprofessional education project (RIPE). *Journal of Interprofessional Care*, 20(1), 79-79-81.

This article reports on the evaluation of the Rural Interprofessional Education Project, an optional two week undergraduate rural placement program for health discipline students in Victoria, Australia. The study found that students had an increased understanding of their roles, and felt "'understood', 'confident', 'effective', and 'respected'" while working with other health professionals and felt that IPE should be a part of every health professional student's training.