

## Results of Community Based Rehabilitation (CBR) of Kalasin Hospital Network

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### ABSTRACT

**Introduction:** Community based rehabilitation (CBR) has been proposed that effected to the quality of life (QoL) for persons with disabilities (PWDs). In this study, we would like to study the effect of CBR on persons with visual impairment. **Methods:** Participants were young and elderly people with visual impairment from Kalasin hospital (n=47). The data were collected from January 2015 to December 2016 and analyzed by descriptive statistic. **Results:** We found that participants received 1) rehabilitation related to health by activities of daily living (ADL) and orientation & mobility (O&M) training for health evaluation 2) rehabilitation related to education as continuing education 3) rehabilitation for livelihood e.g. Thai massage, business training and gardening 4) rehabilitation for social engagement by encouraging to join social activities e.g. temple, market, travel or exercise and 5) empowerment by joining activities at Home Suk center, which is set up by the local government to gain confidence and make friends. **Conclusion:** The key factors to success of CBR were composed of service staff who know and understand the PWDs, health problems, policy, the cooperation of the community, especially Home Suk center.

**Keywords:** Visual impairment, CBR, Quality of life, QoL

## 1. INTRODUCTION

National Health Security is concerned to the rehabilitation for PWDs that need more attention for support (2546-2552). They also got budget for PWDs for health rehabilitation and the assistive devices for PWDs from 2010. These situations were expanded cover the rehabilitation service for PWDs, patient post-acute injury, and elderly. The new policy related to the distribution of power and function related to their responsible to the provincial or Provincial Administrative Organization: PAO for developing the service system and health rehabilitation activity to PWDs, patient post-acute injury, and elderly. These people need the corroboration with disability organization and others in the area. They aimed into 3 groups related to National Health Security:

- PWDs who registered with National Health Security (T.74)
- Patients that need rehabilitation
- Elderly that need rehabilitation

Rehabilitation for visual impairment means the promotion of performance or ability of visual impairment people to get better in condition or be able to maintain their performance. The process included the medical aspect to help them to cope, cure their psychological aspect, emotion, social, cognition. The service is composed of

1. Medical rehabilitation e.g. physical assessment, follow up for prevention or prevent complication
2. Vision stimulation in child visual impairment for develop the visual function and compensate the visual system for their life, which including to the development of physical and cognition
3. Low vision care for PWDs
4. Counseling for PWDs to cope and adapt their physical, psychological and social aspects

In conclusion National Health Security office (NHS) granted for PWDs (visual impairment) to have the visual evaluation for get into the rehabilitation, trained O&M, and also provided the assistive technology for them.

Ophthalmology group from Kalasin hospital concern the health problems of PWDs. In this last 6 years, we provided the service, O&M training. We found that O&M encourage PWDs to have better daily activity especially transportation. However, these people need other services

especially health promotion for middle age to elderly who have complication. Health team from Kalasin hospital was set up together with Local government, municipal Tum Bon Na Jan by set up Home Suk center to drive the community work by evaluating visual field, physical, health, nutrition, Ti Chi exercise to promote the better health and better job in community, encourage each other to ensure them to have independent. The purpose of this study was to evaluate the results and key success factor of community based rehabilitation (CBR) for visual impairment.

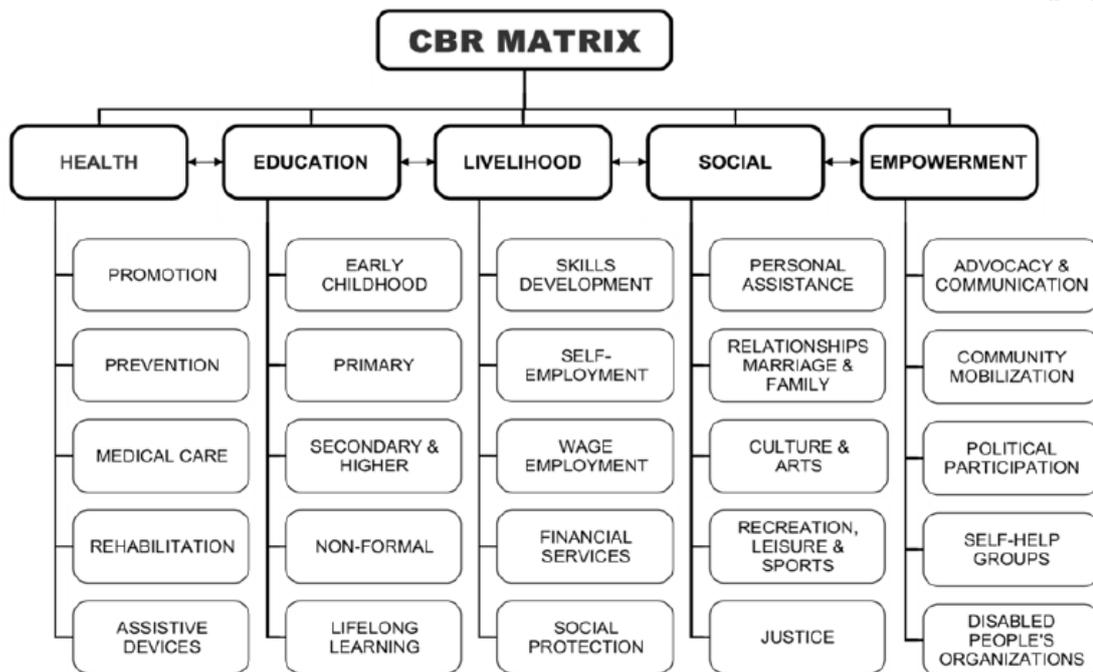


Figure 1 CBR matrix (WHO:2004)

## 2. METHODOLOGY

We developed the tools following the CBR's concept by 3 experts: public health officer, Nurse and Ophthalmologist. The comment from experts was brought to collect the tools. The data came from all participant were collected for 12 months. The tools were composed of

1. General information, Severity, Past history
2. Questionnaire related to the CBR, which divided into 5 parts (Health, Education, Livelihood, Social, Empowerment)

### 3. RESULTS AND DISCUSSIONS

The results came from total 47 participants who visual impairment and elderly with visual impairment. All of them came to Kalasin hospital for service. The data were collected from January 2015 to December 2016. Descriptive analysis was used in this study.

**Table 1** General information of visual impairment and elderly with visual impairment

| Information        |                   | Number | Percent (%) |
|--------------------|-------------------|--------|-------------|
| Type of disability | Blind             | 11     | 23.40       |
|                    | Visual impairment | 36     | 76.60       |
| Sex                | Male              | 21     | 44.68       |
|                    | Female            | 26     | 55.32       |
| Age                | < 20 years old    | 2      | 4.26        |
|                    | 20-39 years old   | 7      | 14.89       |
|                    | 40-59 years old   | 10     | 21.28       |
|                    | > 60 years old    | 25     | 53.19       |
| Past history       | yes               | 19     | 40.43       |
|                    | no                | 28     | 59.57       |

**From table 1** most the participants were visual impairment and female, elderly and no past history.

**Table 2** Community based rehabilitation (CBR)

| Community based rehabilitation (CBR) (can answer more than 1)          | Number |
|------------------------------------------------------------------------|--------|
| 1)Health                                                               |        |
| - ADL training                                                         | 47     |
| - O&M training                                                         | 11     |
| - Health evaluation                                                    | 40     |
| 2) Education                                                           |        |
| - Inclusive education                                                  | 2      |
| - Non-formal education                                                 | 7      |
| - Informal education e.g. reading book, listen radio, reading for kids | 42     |
| 3) Livelihood                                                          |        |
| - Thai massage training                                                | 5      |
| - Gardening Farming                                                    | 13     |
| - Business e.g. lotto                                                  | 4      |
| 4) Social                                                              |        |
| -Join the community party                                              | 40     |
| - Go to temple, market, hospital                                       | 47     |
| - self-travel or with family                                           | 30     |
| 5) Empowerment                                                         |        |
| - community activity e.g. Sat Ja group, Home Suk group                 | 47     |
| - talk to PWDs or patient                                              | 10     |
| - equal right in the community                                         | 7      |

**From table 2** PWDs need the CBR following 1) Health: ADL training, O&M training, Health evaluation 2) Education: Inclusive education, Non-formal education, Informal education e.g. reading book, listen radio, reading for kids 3) Livelihood: Thai massage training, Gardening Farming, Business e.g. lotto 4) Social: Join the community party, Go to temple, market, hospital, self-travel or with family 5) Empowerment: community activity e.g. Sat Ja group, Home Suk group, talk to PWDs or patient, equal right in the community

## Discussion

In 2008 WHO was set up CBR matrix to be the whole picture of rehabilitation for PWDs in the community by mention to the 5 crucial point (Health, Education, Livelihood, Social, Empowerment) to encourage the rehabilitation for equal right in any aspect, decreased poor situation and allow the PWDs to be a part of WHO (2004).

Kalasin hospital together with local government, municipal Tum Bon Na Jan, set up Home Suk (Rum Suk) to drive the teamwork in the community, activity planning to support the rehabilitation for PWDs in CBR aspects

1) Health: ADL training, O&M training, Health evaluation

From our study, most participants were elderly with visual impairment (cause of degenerative and past history such as diabetes). Accident and congenital disorder were found in young participants. Visual impairment performed good level of O&M, enthusiastic to learn ADL and O&M training. They also got the assistive device related to their need.

The un-equal right was commonly found in society. This lead to the inequality in the health system, since, the 3 sources of fund presented different right for PWDs. National Health Security fund covers assistive device better than social security fund. Moreover, the criteria of social security fund will reduce the benefit of PWDs when they got the job. Workmen's compensation fund for hospitality, rehabilitation and assistive device was unappropriated management. The policy maker or changing must be concern related to the evidence base study to develop the benefit for PWDs. The health need and reorganize the system must be concern. (The Health Intervention and Technology Assessment Program: HITAP, 2015)

2) Education: Inclusive education, Non-formal education, Informal education e.g. reading book, listen radio, reading for kids

Thailand has convention on right for PWDs, however, their family can cause of PWDs miss the classroom. For the child with disability who study mostly graduated at elementary school level. Their parents said child with disability is sick and the disability is cause of miss the class. Moreover, school don't have the facilities and teaching system that fit for the child with disabilities (Pongpisut Jongudomsuk: Editor, 2013)

### 3) Livelihood: Thai massage training, Gardening Farming, Business e.g. lotto

The livelihood aspect for visual impairment has limitation since they have low performance when compare to the normal vision. It has been shown that the average income of PWDs was lower than general people around 3 times (Pongpisut Jongudomsuk: Editor, 2013). In the aspect of employment, the act 33-35 was presented in Thailand, however, there are still lack of the opportunity for PWDs (especially from the company). Kalasin is urban society, therefore, PWDs in mostly are farmer, gardener, massager, lotto's business, which are the freelance in the community. They prefer to work in these careers better than go to work in the company, which far from home. However, this is different to the visual impairment in city, which graduated from Bachelor and would like to find job in the city both government and private sectors. This comes to the concept of "job coach", which is help the PWDs to have job and go to work by themselves (Wiriya Namsiripongpun and Jurai Tubwong, 2011)

Therefore, every group of disabilities must have the support from government by increase the income. The distribution justice must be concern for this situation. The increase the chance to study for PWDs by increase number and change the education system must be another way to solve the problem. The distribution of school to urban to encourage the basic performance of PWDs to get more information and skill of work might be concerned to improve the performance of PWDs (Pongpisut Jongudomsuk: Editor, 2013)

### 4) Social: Join the community party, Go to temple, market, hospital, self-travel or with family

Family might be another cause of barrier for visual impairment persons from over protection or over concern. They may lack of information to understand the PWDs and their performance, which causing PWDs stay at home alone. This can cause the social avoidance of PWDs. Moreover, the movement impairment in some case might be another cause of social avoidance, such as, poor balance and gait problem. More interesting enough, the public health profession might not know about the visual impairment, or O&M. The study showed that after O&M training the people around PWDs knew and understand more related to visual impairment, and allow them to have activities better than pre-training (Chalam Yam-iem, 2011)

### 5) Empowerment: community activity e.g. Sat Ja group, Home Suk group, talk to PWDs or patient, equal right in the community

From basic of Coopersmith (1981), the person will see value in themselves and know and trust their own performance. This can explain the improving of empowerment in visual impairment persons especially after ADL or O&M training. It might be possible that the key success for CBR came from service staff who understand disability, health problem, and other aspect as whole picture. Moreover, the policy of management set up to ensure the rehabilitation advantage, and community corroboration. Together all of these can cause of sustainability of process and drive CBR in the community to be success (Wachara Riewpaiboon: Editor, 2016).

#### 4. CONCLUSIONS

CBR must come from every aspect or every parts of community. The encouraging and building process in both practitioner and PWDs are also crucial to drive the success of CBR. Therefore, the corroboration in community and learning in community are important. The hospital must take care of every case of disabilities. Moreover, they must understand their role and bring the CBR's concept to the community, to join with other stakeholders in community and to ensure that no PWDs left behind. Finally, Social funds for CBR, such as, volunteer, family, school, disability organization, local government and health promoting hospital, are crucial and must be encourage them to join the team.

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