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Personal Community Resource Mapping Road Maps to Better Health

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Rural Practice Guidelines

Personal Community Resource Mapping
Road Maps to Better Health

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RTC RURAL
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Brief Summary
Personal Community Resource Mapping (PCRM) was used in a research project that led to positive health outcomes for people with disabilities living in rural America. Lack of health resources and long distances between them creates a barrier for consumers to manage complex health needs. Personal Community Resource Mapping (PCRM) is a way to identify resources in a community that can support health needs and a variety of independent living goals.

For years, organizations and communities have used community resource mapping to set development strategies and accomplish goals (ncset.org) by creating organic, collaborative maps that have used local knowledge to identify resources (Parker, 2006). Recent health research has also used this method to assess the health of a community by identifying the accessibility and availability of healthy lifestyle options (Wong et al., 2011, Lee et al., 2011).

RTC:Rural researchers adapted the method for an ecologically-oriented rural health self-management program. It combined educational materials on goal setting and self-advocacy with hands-on projects that directed people into their community to form supportive relationships to improve their health. In turn, these connections built a strong health foundation and promoted sustainable health behavior, rooted in the individual's environment. Consumers completed the program with trained facilitators, who were staff members of Centers for Independent Living (CILs) that served rural areas. This report describes how PCRM was utilized within the self-management program, with program outcomes and recommendations. (For more information on the program, see our Research Report on Rural Self-Management Support.)

Mapping

Program facilitators completed a web-based training program and then worked one-on-one with consumers through a series of sessions. During the mapping sessions, facilitators assisted consumers in creating personal community resource maps. Consumers identified specific resources that would help them meet their health goals. They identified already known and utilized resources, as well as new

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resources in the community. The maps were stored, shared, and edited online to encourage collaboration and continued map development. Finally, to further encourage movement toward health goals, hard copies were printed for the consumers to use when going into the community.

Map Outcomes

Most consumers completed personal maps during the sessions. Of the 28 consumers who participated in the project, 17 (60%) were willing to share their maps. Data were collected from these shared maps, which provided insight on the procedure and on the rural communities represented. (See Figure 1 for an example resource map.)

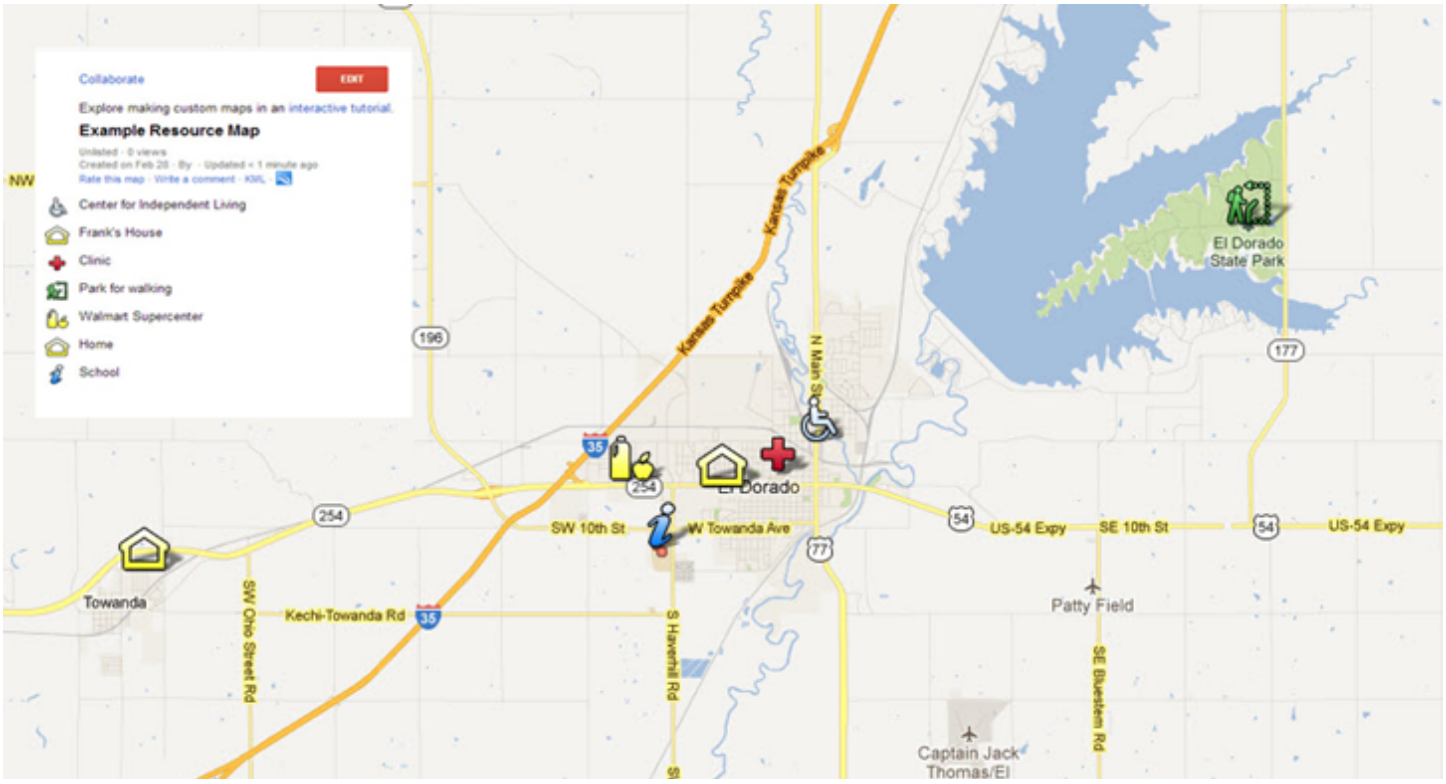
According to the feedback collected by facilitators during exit interviews, consumers had difficulty identifying new resources and relied heavily on the resources they already knew and used. Most maps contained an average of four to five community resources such as CILs, personal residences, vocational rehabilitation offices, hospitals and doctor's offices, pharmacies, homes of family and friends, grocery stores, exercise facilities, religious centers, and hiking and swimming areas.

As indicated by the maps, the distances consumers in rural communities traveled to resources were dependent on geography. On average, people who lived in large towns and rural communities traveled less than two miles to access their identified resources. Those who lived outside the community or in small peripheral rural communities traveled 20 to 40 miles. This has highlighted the important role transportation has played in the lives of rural residents.

Consumer Feedback

Consumers initially accessed Google Maps satellite and street views to "visit" places where they had lived or traveled. From this, they linked their level of participation and overall quality of

Figure 1. An example resource map showing the types of resources consumers identified. This map of a small town in Kansas shows icons for home, a center for independent living, a local adult education school, a local health clinic, a grocery store, a nearby state park for walking and hiking, and a friend's house in a neighboring town.



life while living or traveling there to community resources that may have offered health support.

Later in the program, consumers used Google Maps to create personal resource maps. The final maps contained all the resources the consumer currently used as well as newly identified community resources to accomplish their health goals. Consumers enjoyed the hands-on aspects of using Google Maps and searching for resources.

Community Awareness

Consumers used the personal resource maps to work toward a variety of health related goals such as weight loss, smoking cessation, and increased mobility. One consumer with a goal to lose weight created a map of walking trails in her neighborhood and walked frequently with her facilitator. In this process, she learned more about her community, enjoyed exploring her neighborhood, and learned the names of the surrounding streets.

Though not all consumers used the maps to identify new resources, those who did were often surprised and encouraged to learn how many potential resources existed in their communities. This was even the case for some CIL facilitators. For example, one center was surprised to learn that the building next door housed a natural health center, a potential resource for consumers.

Technology Barriers

Throughout the program, technology proved to be a barrier to consumers and facilitators in rural areas. Many consumers who did not have personal computers, let alone the internet access required to create the maps, completed their maps during sessions at a CIL that had internet service. However, some consumers were opposed to using a computer entirely; in such cases, facilitators either created or printed a map for the consumer based upon their discussions of community resources. (See our Rural Practice Guidelines SARAH Overview for information on the barriers encountered during this project as well as an in-depth description of the program.)

Discussion & Recommendations

As the data from this project revealed, directing consumers toward resources in their community environment was an effective strategy for health promotion. Consumers participating in the mapping project showed more sustainable health outcomes in comparison with those who went through a more traditional education-only program.

Resource mapping, with the potential to go beyond health promotion, could help consumers move toward a variety of independent living goals and could be beneficial in the areas of transition planning, housing advocacy, community organizing, and more.

References

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Resources

***A Guide for Creating a Community Resource Map* provides some suggestions and steps toward creating personal resource maps. See the resources listed below to learn about other ways community resource mapping has been used in the disability community and in rural areas.**

- Community Resource Mapping: a strategy for promoting successful transition for youth with disabilities http://www.ncset.org/publications/viewdesc.asp?id=939
- Rural communities' toolkit: helps communities identify key community assets in order to address community needs. Collaborative process, used in rural program development http://www.arts.ufl.edu/cam/programDev_mapping.aspx
- Center for community mapping, safe routes to schools and other mapping projects http://www.centerforcommunitymapping.org/

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