



# Validation of the Harmonised Assessment Tool for assessment of eligibility for disability grants and free health care in South Africa

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Tender no: RFQ 01/2014  
Ethical clearance number M141046

# Background



- Management of DG responsibility of Dept of Social Development
- People with disabilities and an unfair advantage to enter labour market is eligible for a DG
- How to determine this eligibility?





# HAT

- Harmonised Assessment Tool
- What is harmonised?
- DG and free health care
- First developments of the HAT in 2006
- Never validated



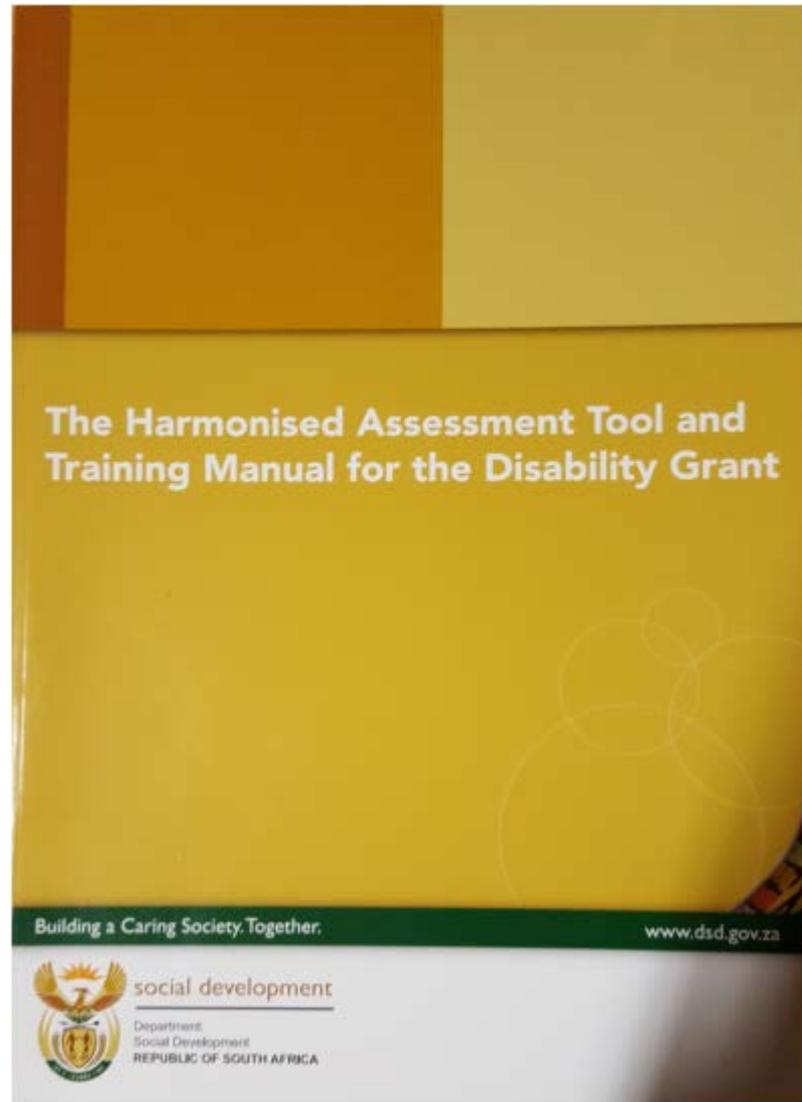


# Tender

- DSD put out a tender to validate the tool
- Is the HAT a useful tool to assess what it intends to assess
- Content validity and clinical utility



# The HAT



## THE HARMONISED ASSESSMENT TOOL: Appendix 4

### Activity Limitations Assessment Form

#### Part I: Interview with the applicant

I. ROLES AND RESPONSIBILITIES OF THE APPLICANT	
Question to ask:	Applicant's response
1.1 Why are you applying for a Grant?	
1.2 How do you provide for your needs at the present time?	
1.3 Do you use the local Health services? (if yes, write the name of the facility)	
1.4 Are there any costs that you have that are associated with your health Condition/Impairment? If yes, please describe these.	
1.5 How do you manage or do activities outside of the home or living environment (e.g. carrying messages for people; borrowing from neighbours)?	
1.6 What family or household roles do you fulfil (e.g. wash clothes, collect wood; do shopping; supervise children at play; carry heavy objects; manage money)	
1.7 Do you make use of or participate in community activities and resources (e.g. sport; religious and/or traditional ceremonies; library)? Please explain your answer.	
1.8 Does the applicant make any contribution to household income or assets?	
1.9 Can you ask for and access help if needed? Please explain your answer	

I am going to ask you how you do activities that you need to or want to do on a daily or regular basis. For each question I will ask you how you manage to do something.

- Choose which Activity Domains need to be included for each Applicant; not all will necessarily apply.
- Ask the question in **bold and italics**
- Score Activity Limitations by entering a rating for each sub-section of the Activity Domains according to severity – 1 - 3
- NB: All questions ask the applicant about how they do the activity **WITHOUT** use of an assistive device or personal assistance.
- A revised rating may be recorded in the space provided at the end of each domain, should you consider that either an Assistive Device or Personal Assistance would modify your earlier rating the Domain

**\*\*AD = Assistive device; PA = personal assistance**

<b>I. SELF CARE</b>					
<i>Can you manage self care activities on your own, such as washing, dressing, eating, etc.?</i>					
<b>ACTIVITY DOMAIN</b>	<b>NONE/ MILD LIMITATION</b>	<b>MODERATE LIMITATION</b>	<b>SEVERE LIMITATION</b>	<b>RATING WITHOUT AD OR PA**</b>	<b>RATING WITH AD OR PA</b>
	<b>RATING = 1</b>	<b>RATING = 2</b>	<b>RATING = 3</b>		
<b>Fine motor skills</b> (e.g. handling of buttons, zips, fasteners, knife, cup, glass, handling tools). <b>Can you use your hands to do all the things that you need to do in</b> <ul style="list-style-type: none"> <li>• <i>caring for yourself ? or</i></li> <li>• <i>handling tools and kitchen utensils?</i></li> </ul>	Manages without difficulty or has only a single problem	Can do most of these activities, but slow and does not do them well	Great difficulty, or unable to do these activities		
<b>Eating</b> e.g. uses hands or utensils as appropriate to own custom; drinks from a cup and glass <b>Do you manage to eat and drink without help?</b>	Eats and drinks without help	Can eat and drink but needs help with cutting food and uses a special cup	Can only eat with hands or drink from a straw; or unable to manage		
<b>Washing body</b> e.g. wash face, upper body, lower body including feet; hair; turn taps; dry body <b>Can you wash your body and your hair without help?</b>	Manages in reasonable time; or occasional help	Manages partly but not hair or feet	Assist with washing face and upper body; or cannot do this alone		



# Methodology



- Mixed methods: exploratory design
- Phase 1:
  - Explored the opinions of professionals on content of the HAT
  - Quantitative data on relevance, inclusiveness and clarity of the sections of the HAT
- Phase 2:
  - Clinical utility by implementing the HAT
  - Ask clinicians opinion when they use the tool to determine eligibility for DG





# The sample – Phase 1

- Phase 1 – content validity
- Professionals working with PwD were invited to workshops to complete content validity questionnaires.
- OTs, PTs, Speech/Audiologists, nurses and social workers
- Gauteng and Western Cape

	OT	PT	Social work	Nurse	Speech/Audio	Medical doctor	Total
Gauteng	29	10	29	11	5	1	84
Western Cape	17	0	0	0	0	1	18
Total	46	10	29	11	5	2	103





## The sample – Phase 2

- Changes made and adapted tool ready for Phase 2
- Phase 2 – clinical utility
- Professionals involved in phase 1
- Gauteng- 6 (OTs, PT, Nurse)
- Western Cape – 5 (OTs)



# Content validity questionnaire

	Domain	Item	Relevance	Inclusive-ness	Clarity/ Ambiguity	Comments
<b>PART 1: Interview with the applicant</b>	1. Roles and responsibilities of the applicant					
	2. Education and work and related abilities and experiences					
	3. Conclusions form the interview questions					
<b>PART 2: Assessment of activity limitations</b>	1. Self care	Fine motor skills				
		Eating				
		Washing body				
		Grooming				
		Dressing upper body				
		Dressing lower body				
	2. Elimination	Toileting				
		Sphincter control				
		Menstruation				
	3. Mobility	Changes body position				
		Transfers				
		Walking				
		Moving around in a wheelchair				
		Surfaces				
		Maintaining balance				
	Using transport					

4. Seeing	Item	Relevance	Inclusive-ness	Clarity/ Ambiguity	Comments
4. Seeing	Visual acuity				
	Other visual skills				
5. Hearing	Sound recognition				
	Following conversation in noise				
6. Communication	Understanding				
	Producing language				
	Initiating and maintaining a conversation				
7. Cognition	General knowledge				
	Comprehension:				
	Why does everyone need to have a name?				
	Why do people like to have cell phones?				
	Why do people need to eat food and drink ater?				
	Memory				
	Arithmetic reasoning				
	Problem solving				
8. GAF					
Appendix 4a	Visual acuity				
Appendix 4b	Hearing				
Appendix 4c	Communication				
Appendix 4d	Cognitive functioning				
Appendix 4e	GAF				
Appendix 5	Decision making form				

### Relevance:

In your mind, does the item - as it is stated - represent an integral part in the structure of disability assessment?

- 1: **No, I do not think this item is relevant. See my reasons**
- 2: **Yes, there is some relevance, but the item needs major revision to achieve relevance. See my comments**
- 3: **Yes, there is relevance, but the item still needs minor revision to fully achieve relevance. See my suggestions**
- 4: **Yes, the item is very relevant as is. I have no further comments**

### Inclusiveness:

In your mind, is the item - as it is stated - inclusive enough to address the integral part of the assessment that it intends to measure?

- 1: **No, I do not think this item is addressing all aspects of the specific item. See my reasons.**
- 2: **Yes, there is some potential to address the core variables, but the item would need major revision to achieve inclusiveness. See my suggestions.**
- 3: **Yes, there is inclusivity, but item still needs minor revision to fully achieve inclusivity. See my suggestions.**
- 4: **Yes, the item is very inclusive as is. I have no further comments.**

### Clarity/Ambiguity:

In your mind, is the item - as it is stated - precise and to the point in what is required to assess?

- 1: **No, I am not clear what is intended with this item. See my reasons**
- 2: **Yes, there is some potential for clarity, but the item would need major revision to achieve clarity. See my suggestions**
- 3: **Yes, there is clarity, but the item still needs minor revision to fully achieve clarity. See my suggestions**
- 4: **Yes, the item is very clear as is. I have no further comments**





# Phase 2: Clinical utility questionnaire

Date:		Place of Assessment:	E.g. Name of health facility									
Name of assessor:		Assessor's profession:										
Time taken to administer HAT:	Time in minutes											
		Strongly Disagree	Disagree	Agree	Strongly agree	Comment						
The tool was easy to administer												
Language & terminology in the tool were easily understood by the <i>person being assessed</i>												
All sections of the tool were easy to understand & instructions were clear <i>to the assessor</i>												
Understanding & applying the scale was easy												
The layout of the assessment allowed for easy recording of findings												
The tool identified functional limitations and participation restrictions easily												
It was easy to reach a decision & make a recommendation												
The assessment supported my clinical impression of the level of disability in the individual person												
How many people are needed to successfully administer the HAT?												
Who should administer the HAT? Choose ✓ all that apply		Physio Ther.	Occ. Ther.	OTT/ OTA	PTT/ PTA	Admin Clerk	Social Worker	Nurse	Speech Ther.	Audio- logist	Medical doctor	Other: please state
Please briefly describe any <i>difficulties</i> you experienced in administering the tool & how you dealt with these:												
Further comments / feedback / suggestions (you may continue on reverse):												

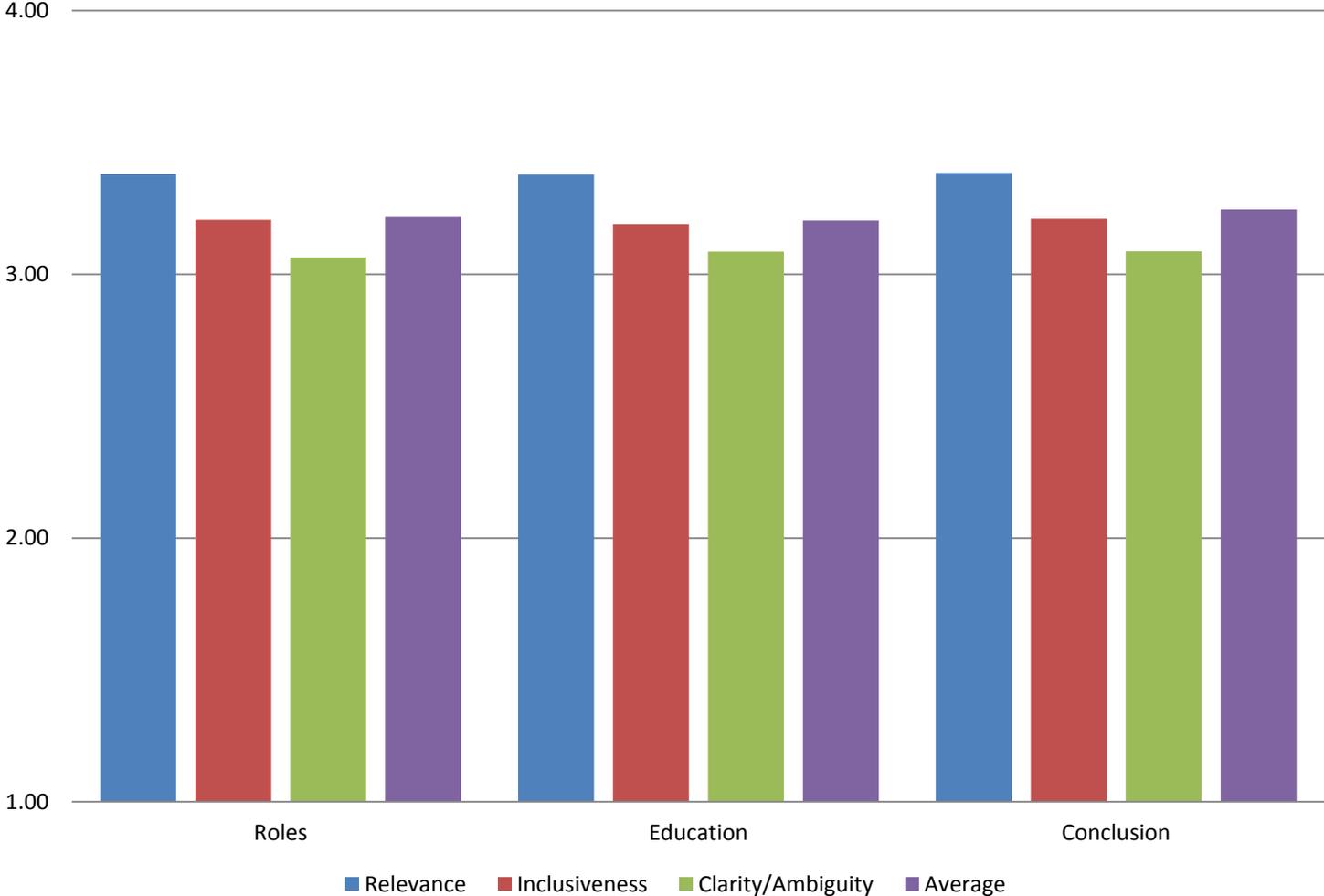
# Results



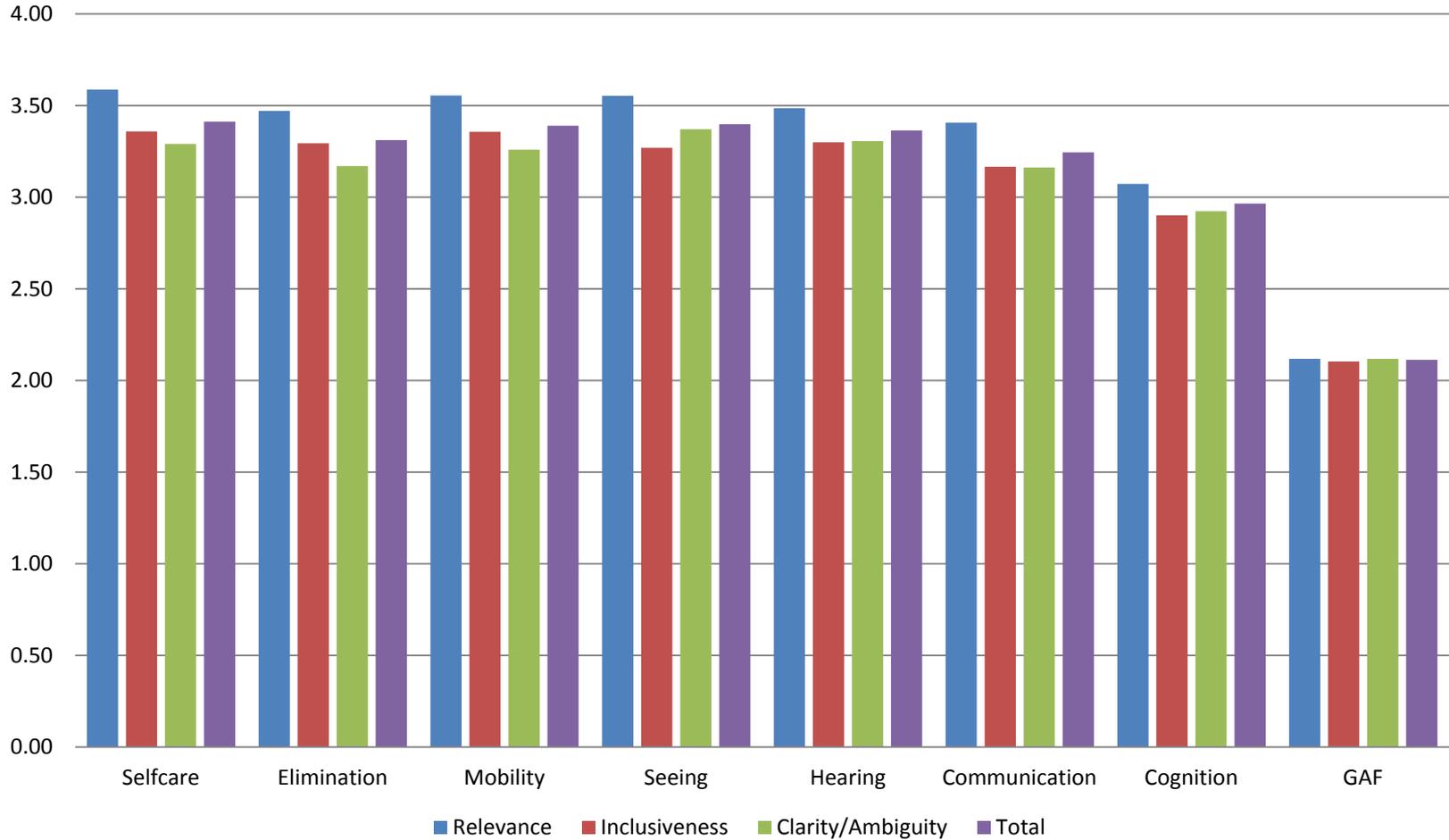
- Phase 1:
  - 103 questionnaires received, 70 used in analysis
  - 25 pages of comments



Average scores of Part 1 of the HAT: Background information (n=70)



### Average scores for Part 2 of the HAT: Activity limitation domains (n = 70)





# Comments on the HAT

- Comments from the participants highlighted different interpretations of the use of the HAT.
- Clarity and appropriateness of questions the problem
- Comments and scores not consistent



# Example

<b>I. SELF CARE</b>			
<i>Can you manage self care activities on your own, such as washing, dressing, eating, etc.?</i>			
<b>ACTIVITY DOMAIN</b>	<b>NONE/ MILD LIMITATION</b>	<b>MODERATE LIMITATION</b>	<b>SEVERE LIMITATION</b>
	<b>RATING = 1</b>	<b>RATING = 2</b>	<b>RATING = 3</b>
<p><b>Fine motor skills</b> (e.g. handling of buttons, zips, fasteners, knife, cup, glass, handling tools).</p> <p><b>Can you use your hands to do all the things that you need to do in</b></p> <ul style="list-style-type: none"> <li>• <b>caring for yourself ? or</b></li> <li>• <b>handling tools and kitchen utensils?</b></li> </ul>	Manages without difficulty or has only a single problem	Can do most of these activities, but slow and does not do them well	Great difficulty, or unable to do these activities
<p><b>Eating</b> e.g. uses hands or utensils as appropriate to own custom; drinks from a cup and glass</p> <p><b>Do you manage to eat and drink without help?</b></p>	Eats and drinks without help	Can eat and drink but needs help with cutting food and uses a special cup	Can only eat with hands or drink from a straw; or unable to manage





# Changes to the HAT

- Results of Phase 1 necessitated changes.
- Changes in clarity of items, combining items and adding items
- Presented to DSD
- QoL and referral for improvement of condition or circumstances to be added
- Changes were approved



# Changes to the scale

<b>MILD</b> <b>(score = 1)</b>	<b>MODERATE</b> <b>(score = 2)</b>	<b>SEVERE</b> <b>(score = 3)</b>
<p>The person is able to manage the activity without a “helper” and without “assistance”.</p> <p>This s/he may do with or without an assistive device. E.g. person walks without a helper but uses a prosthesis that s/he puts on himself, or a person can hear with hearing aid that he fits himself.</p>	<p>The person needs a “helper” to “assist” with some of the activity <b>(&lt; 50%).</b></p> <p>NB: This includes those cases where the person is performing activities much slower or with poor quality without the helper.</p>	<p>The person is unable to perform most of the activity. He needs a “helper” to “assist” with <b>&gt; 50%</b> of the activity.</p>





# Results

- Phase 2 – clinical utility
- Implemented on PwD
  - Western Cape = 74
  - Gauteng = 117
- 11 clinicians completed the Clinical utility questionnaire



# Clinical utility results

	Strongly Disagree	Disagree	Agree	Strongly agree
The tool was easy to administer			5	6
Language & terminology in the tool were easily understood by the person being assessed	1	2	3	5
All sections of the tool were easy to understand & instructions were clear to the assessor		3	3	4
Understanding & applying the scale was easy	1	2	6	2
The layout of the assessment allowed for easy recording of findings		3	3	5
The tool identified functional limitations and participation restrictions easily	1	3	5	2
It was easy to reach a decision & make a recommendation	1	2	5	3
The assessment supported my clinical impression of the level of disability in the individual person	2	5	2	2



# Comments clinical utility

- Need clinical judgement
- Difficult to use scale with psychiatric conditions
- PwD sceptical and fear of losing DG
- Cognition difficult to assess
- Training needed to interpret scale
- Addition of QoL and referral positive





# Discussion

- Seems that adaptations to HAT is positive
- However, still some problems to be addressed: interpretation of scale, use with psychiatric conditions, cognitive evaluation
- Training of assessors in the use of the HAT
- Accreditation of HAT assessors
- PwD QoL an NB issue for DSD
- Political and policy constraints





# Conclusion

- Validation an on-going process
- Some progress to have a valid tool for DG eligibility
- DSD concern for PwD is positive for the future of their welfare
- After final report to DSD, outcome of the study to be communicated

