

# Special Interest Section Quarterly

# Home & Community Health

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## Implementing the Centennial Vision in Home and Community Health

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We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs. (American Occupational Therapy Association [AOTA], 2006)

As we approach the 100th anniversary of the founding of AOTA, we are taking the opportunity to reflect on the past and prepare for the future. All 11 Special Interest Sections (SISs) have been asked to provide information on how the Centennial Vision relates to practice in the specialty areas and how individual occupational therapy practitioners can implement strategies that will turn the Vision into reality.

Initially, the task sounds impossible. What can one person do to change the world (or increase the knowledge and appreciation of occupational therapy)? However, if we each do a small portion of the work, we can fulfill the Centennial Vision. We can contribute in many ways, and the Home & Community Health SIS (HCHSIS) Standing Committee invites you to think of what you can do. We hope to follow this article with a lively discussion on the HCHSIS Listserv, so if you are not an active participant, please consider joining us on this exciting journey!

HCHSIS members work in a variety of settings: home health agencies, Area Agencies on Aging, health promotion and injury prevention programs, home modification services, caregiver support programs, faith-based health outreach services, and many other areas. We work in large agencies and in small private practices. We provide direct treatment and consultation, conduct research, and advocate for the needs of individuals and society. Wherever we work, whatever we do, we first apply our skills in analyzing occupational performance and then devise interventions to meet the needs of clients of all ages, abilities, and backgrounds in their homes and the communities where they live, work, play, and participate in a variety of occupations.

The AOTA (2006) Centennial Vision focuses on six practice areas: (a) children and youth; (b) productive aging; (c) mental health; (d) health and wellness; (e) work and industry; and (f) rehabilitation, disability, and participation. This article highlights some of the opportunities for home and community health practitioners in these practice areas and suggests ways that we can become more widely recognized and powerful as a profession by meeting the needs of society.

### Children and Youth

Occupational therapy practitioners provide services in various arenas, including early intervention programs; schools; pediatric hospitals, rehabilitation centers, and clinics; and the home. Community-based settings represent another emerging arena where innovative practitioners provide services and programs for children. Interventions include universally designed play spaces that all children can use; after-school programs that promote physical activity and healthy behaviors to decrease obesity; initiatives to decrease injuries during play and leisure activities; cultural awareness initiatives; and alternatives to drug and alcohol abuse, gang participation, and teen pregnancy. Strategic alliances are being formed to address the occupational needs of children through existing organizations such as the YMCA and Jewish Community Centers, the Girl Scouts and Boy Scouts, the Boys and Girls Club, faith-based youth organizations, Safe Kids, and sports leagues. The AOTA's Lighten Up campaign is an ongoing effort to promote health through information about safe backpack use (AOTA, 2007b).

Additional opportunities for community-based interventions for children and youth could include education for parents and guardians about bicycle safety, toy selection, depression, or healthy computing. Tip sheets on several of these topics (and many others) are in the Consumer section of the AOTA Web site ([www.aota.org](http://www.aota.org)). To begin building strategic alliances in the community, information can be distributed at community health fairs or to the directors of agencies that serve children and families. Simple actions can help to make the occupational therapy profession more well-known to the community and to fulfill the Centennial Vision.

### Productive Aging

The notion of productive aging implies that as we age—despite illness or disability—we can still participate in society and maintain our health to the highest degree possible. Many occupational therapy practitioners working for home health agencies provide care to older adults returning home after an acute hospitalization. However, the opportunity exists for us to work with persons who have any condition that increases their risk for a decline in occupational performance if they do not have the skills to successfully manage the condition. The increasing prevalence of persons unable to manage their condition and remain at home has created the need for programs to promote self-management at whatever place on the wellness continuum individuals currently find themselves. The information available in the Evidence-Based Practice & Research section of the AOTA Web site ([www.aota.org/Educate/Research.aspx](http://www.aota.org/Educate/Research.aspx)), the Medicare Quality Improvement Community ([www.medqic.org](http://www.medqic.org)),

and the Best Practices Intervention Packages offered through the Home Health Quality Improvement National Campaign ([www.homehealthquality.org](http://www.homehealthquality.org)) supports the Centennial Vision and provides us with the evidence-based interventions that are an important step toward improving occupational therapy's role in the home health practice area and creating a more powerful profession.

Other occupational therapy services that support productive aging include home modifications to enhance safety and independence for aging in place and promoting community living as opposed to institutionalization. The growing body of evidence to support the effectiveness of home modifications can be found in journal articles; in best-practice guidelines (e.g., *Occupational Therapy Practice Guidelines for Home Modifications* [Siebert, 2005]); and on Web sites, such as the Home Modification Information Clearinghouse ([www.homemods.info](http://www.homemods.info)) or the National Center on Supportive Housing and Home Modifications ([www.homemods.org](http://www.homemods.org)).

An additional opportunity to support the Centennial Vision comes from creating strategic partnerships with organizations with similar interests or purposes to provide better access to services. In the area of productive aging, the developing relationship among AARP, the National Association of Home Builders, and AOTA is one such alliance that can promote greater awareness of the role of occupational therapy in home modifications. Another alliance exists between AOTA and Rebuilding Together, a nonprofit organization that provides home repair and modifications to low-income homeowners, particularly older adults and persons with disabilities (AOTA, 2007a). Partnerships among AOTA, the National Association for Home Care, and the home health sections of other related disciplines also have formed to advocate for increased appropriate use of occupational therapy for improving the lives of the Medicare home health population. Increasing your knowledge and participation in these relationships is a wonderful way to share your occupational therapy skills with the community, thus making occupational therapy more widely known.

## Mental Health

One of the unique features of occupational therapy is our holistic view of individuals and the impact of both physical and psychosocial impairments on their functional abilities. Many clients referred for home health services have co-occurring depression, anxiety, or both, which sometimes are related to a primary health condition, medications for the condition, or psychosocial issues that arise as a result of the additional stress that the medical condition causes (e.g., financial stress, relationship stress). Providing interventions that address not only the impact of the physical condition, but also the psychosocial impact increases the effectiveness of occupational therapy services (Costa, 2006).

Other innovative community-based occupational therapy services and programs address the needs of persons who are homeless, are recovering from addictions, or have been the subjects of domestic violence. These programs can take place in shelters, transitional housing,

community centers, or other sites and focus on education, empowerment, and the use of therapeutic occupations to reestablish roles and resume participation in life.

## Health and Wellness

Occupational therapy practitioners interested in community health are encouraged to explore and expand their role in the area of health promotion. Health promotion is “the process of enabling people to increase control over and to improve their health” (World Health Organization, 1998, pp. 1–2). Many people understand the benefit of healthy behaviors (e.g., healthy eating, the need for aerobic exercise and strengthening) but have difficulty creating healthy habits (i.e., changing behavior) (Satcher, 2006). Understanding theoretical models of health promotion and applying our unique skills to assist clients in implementing strategies to change behaviors through engagement in meaningful activities can guide the creation of an effective health promotion program.

Occupational therapy practitioners can be leaders in developing effective health promotion programs. Fidler (1999) envisioned the profession as having unlimited opportunities in wellness and prevention as well as in community health planning and design. Neufeld (2004) also urged practitioners to consider providing services through a population-based approach. To begin the process, explore your community's specific needs and wants in the areas of occupational performance and participation, taking unique situations and culture into account. Next, develop partnerships in the community to produce innovative health promotion projects. Hildenbrand and Froehlich (2002) suggested that occupational therapy practitioners become familiar with local health department initiatives and contribute their time and expertise in community health promotion programs. Explore opportunities locally or nationally and become involved as much or as little as time permits. Often, volunteer efforts can lead to part-time or consultative positions once your value has been demonstrated.

*Healthy People 2010*, soon to be updated as *Healthy People 2020*, is a comprehensive national health promotion and disease prevention agenda highlighting measurable goals, with 467 objectives in 28 focus areas (U.S. Department of Health and Human Services, 2000). It is a valuable resource for all professionals, including occupational therapy practitioners working in community health. Often, funding for program development and research is directed toward the goals and objectives of the plan. One effective implementation strategy to reach the goals of *Healthy People 2010* is to network with various community organizations to build a rapport and support and to enhance current health promotion programs.

Occupational therapy practitioners can and should develop, implement, and evaluate occupation-based health promotion programs and become leaders in this emerging field. The *Occupational Therapy Practice Framework* (AOTA, 2002) supports our participation in health promotion and illness and injury prevention activities. The *Guide to Occupational Therapy Practice* (Moyers & Dale, 2007) also reinforces our capabilities to work with groups in the community. It is time for us to share our expertise in this emerging practice area and strengthen our future in the area of health and wellness. All practitioners working in health promotion are encouraged to share your experiences on the HCHSIS Listserv to further demonstrate occupational therapy's valuable role in this area.

## Rehabilitation, Disability, and Participation

Occupational therapy practitioners deliver services to persons with physical, cognitive, and psychosocial impairments. Despite these conditions, many individuals engage in community living, work/productive leisure, civic, social, and other meaningful activities at the location of their choice. Legislative mandates, including the Americans with Disabilities Act of 1990 (Public Law 101-336) and the New Freedom Initiative (Executive Order 13217) have created more accessible communities in terms of both physical access and information access. Although the world is not yet fully accessible, significant progress has been made. Practitioners in inpatient and outpatient rehabilitation centers often address community reintegration, but the potential role of occupational therapy in this area of practice is vast.

## Home & Community Health

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Occupational therapy practitioners are consultants to businesses and architecture firms that develop or renovate buildings and communities for increased participation by all individuals. Others work in community recreation programs to promote access to leisure and social participation opportunities. Travel, gardening, sporting events, dining out, religious participation, and cultural events are activities with broad appeal to most of the population. Ensuring opportunities for all members of society to engage in their occupations of choice is meeting society's occupational needs and thus promoting the Centennial Vision.

Providing education, training, and support to caregivers of persons with disabilities also fills a crucial need in society. The emphasis on supporting the rights of individuals to live and participate in their communities has placed a great demand on community service providers. Whether paid professional or volunteer family caregiver, the stresses can be overwhelming. Understanding the need for caregiver support and education and creating options for respite care are paramount to supporting the health and well-being of persons with disabilities who require the services of caregivers to live in the community.

### Ensuring That Occupational Therapy Is Science Driven and Evidence Based

No matter where occupational therapy practitioners provide services, we must use the most effective and efficient interventions to ensure that clients are receiving the highest quality services available so that they can achieve the best possible outcomes. The basic steps in the evidence-based practice process are to (a) determine the clinical question for which you are seeking an answer, (b) identify the evidence, (c) appraise the applicability of the evidence to your practice, (d) implement the intervention, and (e) evaluate the effectiveness of the intervention. The Evidence-Based Practice & Research section of the AOTA Web site includes resources for learning about the process as well as Evidence Briefs that summarize articles from scientific sources and Critically Appraised Topics (CATs) that synthesize findings from a group of articles. Many of the Evidence Briefs and CATs present information that would be useful for occupational therapy practitioners in home and community settings.

### Ensuring That Occupational Therapy Is Powerful and Widely Recognized

At every level of occupational therapy service delivery (i.e., direct treatment, consultation, education), advocacy is crucial to the continued success of our efforts in promoting the wellness and occupational performance of all individuals in home and community settings. Political advocacy is necessary to ensure funding for occupational therapy services in public health promotion programs as well as in publicly funded health insurance programs (e.g., Medicare, Medicaid, Veterans Administration programs, military hospitals). All members of the profession should share in visiting, calling, writing, or e-mailing their elected congressional representatives. Resources to assist you in these efforts are available in the Issues & Advocacy section of the AOTA Web site.

Educating others to understand what occupational therapy is and why society needs occupational therapy practitioners is an ongoing activity that we all can and should undertake. Every day we are presented with opportunities to explain who we are and what we do. Hopefully your closest family members and friends (as well as your coworkers) can explain the role of occupational therapy. However, the bank teller, the hairdresser, the veterinarian, the person sitting next to you at the movies, and everyone else you meet in a given day are all potential candidates for a brief explanation about occupational therapy. Have a one- or two-sentence explanation of what occupational therapy is and be prepared to provide a few examples. Try it today!

Another important strategy to promote the profession is to educate children and youth about the opportunities for careers in occupational therapy. Speaking at elementary or middle school career exploration programs and encouraging adolescents to consider becoming an occupational therapy practitioner are methods to ensure that occupational therapy becomes more widely recognized.

## HCHSIS Events at the 2008 AOTA Conference

This year we will return to Long Beach, California, for another great Annual Conference & Expo of the American Occupational Therapy Association (AOTA)! The Home & Community Health Special Interest Section (HCHSIS) Committee is looking forward to the events. (Please see the 2008 AOTA Conference brochure or HCHSIS Listserv for further information, and specific times and places.)

#### *SIS Networking Reception* (Wednesday 7:00 p.m.–9:00 p.m.)

Come meet old colleagues and new friends! Discuss hot topics with the HCHSIS Committee members, or suggest topics for the *Quarterly* newsletter.

#### *HCHSIS Roundtable* (Friday 12:00 p.m.–1:15 p.m.)

Terry Olivas De La O will discuss opportunities for culturally relevant services in community health. Limited to 9 participants. To ensure your place, remember to sign up at the Members Section of the Expo Hall.

#### *HCHSIS Annual Workshop and Business Meeting* (Friday 1:30–4:30 p.m.)

Karen Vance and Carol Siebert will provide information and resources to assist with the coming changes to the Medicare Home Health Prospective Payment System (PPS).

#### *HCHSIS Poster Walks* (Thursday 1:00 p.m. and Saturday 1:30 p.m.)

Meet in the Poster exhibit hall for a guided walk/discussion about posters relevant to Home & Community Health.

#### *SIS Conversation Room* (Saturday—specific times TBA)

#### *SIS Fun Run/Walk* (Saturday morning, 6:45 a.m.) ■

### Future Steps

Providing opportunities for occupational therapy students in home and community practice (i.e., for service learning projects or fieldwork) is imperative to creating a new generation of dynamic practitioners in this practice area. Also important is linking education, research, and practice to advance our knowledge in the area of health promotion. Efforts to increase research in emerging areas as well as creating best practice guidelines and evidence-based practices will help to solidify the value of occupational therapy in the community.

### Conclusion

We hope that this article has provided some practical suggestions for implementing the Centennial Vision as well as some larger ideas that merit further discussion. We look forward to continuing this discussion through the HCHSIS Listserv and at the 2008 AOTA Conference & Expo in Long Beach, California. (Please see the accompanying information about sessions and networking opportunities.) ■

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