

AREA AGENCY ON AGING AND OCCUPATIONAL THERAPY

Area Agency on Aging and Occupational Therapy

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**Abstract**

Area Agencies on Aging (AAAs) and the profession of occupational therapy have similar values as they pertain to the promotion of aging in place amongst community-dwelling older adults. AAAs provide a wide range of services that allow older adults to safely and productively age in their own homes rather than in institutionalized settings (National Association of Area Agencies on Aging [n4a], n.d.). Occupational therapy practitioners have an essential role in promoting quality of life, health, and participation in meaningful occupations amongst community-dwelling older adults (American Occupational Therapy Association [AOTA], 2016). Despite these similar values, there are few partnerships between the two entities as fewer than 3.2% of occupational therapists even work in community settings with older adults (AOTA, 2020b). The goal of this capstone project was to evaluate an Area Agency on Aging (AAA) and provide the organization with an evidence-based, client-centered proposal on how a staffed occupational therapy practitioner could fit within their organization. Outcomes of this capstone project consisted of five tailored recommendations for the organization as well as an increase in knowledge and perception of the scope of occupational therapy amongst the organization's staff. Future research should be conducted on the outcomes associated with partnerships between AAAs and occupational therapy practitioners.

*Keywords:* Area Agency on Aging, AAA, occupational therapy, OT, aging in place, community

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### **Chapter I: Introduction**

The American Association of Retired Persons (AARP) conducted a survey and found that 76% of Americans aged 50 and older prefer to remain in their current homes as they age (AARP, 2018). However, only 46% of those respondents anticipated that they would be able to stay in their current home (AARP, 2018). The ability to live in one's home safely, independently, and comfortably is known as aging in place (Centers for Disease Control and Prevention [CDC], 2013). Although older adults prefer to age in place, it appears that they may lack the necessary resources to do so.

Area Agencies on Aging (AAAs) are organizations that were created under the Federal Older Americans Act of 1974 with the mission of providing home and community-based services to maximize independence and dignity of older adults looking to age in place (Area Agency on Aging of Western Michigan, n.d.). These agencies receive governmental funding to plan, develop, and arrange for supportive community-based services for older adults and adults with disabilities (Area Agency on Aging of Western Michigan, n.d.).

Occupational therapy practitioners can also have a positive impact on individuals who wish to age in place. According to The American Occupational Therapy Association (AOTA, 2016), occupational therapy practitioners have an essential role in promoting quality of life, health, and participation in meaningful occupations amongst community-dwelling older adults. AOTA's Vision 2025 states, "Occupational therapy maximizes health, wellbeing, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living" (AOTA, 2018, p. 18). The Occupational Therapy Framework: Domain and Process (AOTA, 2020a) considers clients to not only be classified as individual

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persons, but also as groups and populations. These two documents emphasize the value of occupational therapy services for communities and populations.

The purpose of this capstone project was to examine an Area Agency on Aging (AAA) and provide a client-centered written report on how a staffed occupational therapist could benefit their organization. The primary focus area of this study was advocacy as the capstone student advocated for the profession of occupational therapy in a community-based model. The second focus area was education as the capstone student educated staff on the scope of occupational therapy and best practice recommendations supported by the literature.

### **Chapter II: Needs Assessment**

Due to the evolving nature of the organization, an additional needs assessment was performed to ensure the project be client-centered as the organization's needs had changed since the initial assessment occurred.

#### **Site Description**

CICOA Aging & In-Home Solutions is an AAA that serves nine counties throughout Central Indiana. CICOA works to connect individuals with community-based resources and services to help them remain safely and comfortably in their homes and out of institutional care. There are 7 branches within CICOA's company: CareAware, Way2Go, Meals & More, Safe at Home, Aging & Disability Resource Center, Options Counseling, and Flourish Care Management. Although CICOA employs over 365 employees, they do not currently have an occupational therapist on staff (CICOA, January 29, 2021).

#### **Interview Process**

The initial portion of the capstone experience was spent meeting with the various department leaders within CICOA to allow for the capstone student to assess the needs and to

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choose a capstone project. It was originally thought that the capstone project would be carried out within one of the departments based off the current needs and the student's interest. The following employees were participants in the informal interview process:

- Vice President, Community Programs
- Population Health Specialist
- Director, Safe at Home
- Director, Flourish Care Management
- Director, Options Counseling
- Director, Meals & More
- Caregiver Options Counselors
- Director, Way2Go

There were three major themes that arose from the interviews with the various department leaders of CICOA.

### ***Theme 1: Evolving and Growing Company***

After conversations with various department leaders, it was evident that the organization is continuously growing and evolving. The Vice President of Community Programs mentioned that CICOA was looking to advance their identity and become more associated with clinical practices (personal communication, 2021). To help achieve this goal, CICOA was in the process of creating partnerships with various healthcare facilities. CICOA was also wanting to focus more on outcomes as their partners were utilizing a value-based healthcare system to further meet client needs (Vice President of Community Programs, Personal communication, 2021).

### ***Theme 2: Openness to an Occupational Therapy Perspective***

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During the informal interview, the capstone student often needed to explain the role of occupational therapy within a community-based model, such as CICOA. It became evident that many of the employees were unfamiliar with the overall scope of occupational therapy, especially that in a community-based model. After explanation and description of the holistic, client-centered approach taken by occupational therapists, the employees expressed a willingness to allow an occupational therapy student to observe and work with their departments during the capstone project.

### ***Theme 3: Abundance of Identified Needs***

After the employees had a better idea of the scope of occupational therapy, they verbalized many different needs that could potentially be met by utilizing an occupational therapy student's perspective. The Director of Safe At Home mentioned that an occupational therapist's perspective could be valuable for the home assessments and home modifications (personal communication, January 15, 2021). The Caregiver Options Counselors acknowledged that their department could benefit from increased outcome measures, evidence-based caregiver educational handouts, and short informative videos for caregivers (personal communication, January 20, 2021). The Director of Options Counseling mentioned that it would be beneficial for an occupational therapy practitioner to attend the initial meetings with clients to help determine the need for durable medical equipment and other needs that may be getting overlooked by the options counselors (personal communication, January 25, 2021). The Population Health Specialist expressed the need for someone to create an exchange program for donated durable medical equipment and assistive devices to make sure that the equipment is in adequate condition and is being properly dispersed (personal communication, January 14, 2021). The director of the care management department expressed the need for addressing addiction and



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mental health with CICOA's seniors as she felt that her care managers were only equipped to refer to a physician (personal communication, January 15, 2021). The Director of Meals & More expressed a need for an occupational therapist to observe clients at the congregate meal sites to identify self-feeding difficulties (personal communication, January 27, 2021).

The project ideas listed above were all idealized promptly after the employees were briefly educated on the scope of occupational therapy. In a matter of short time, the employees were able to demonstrate a need that could potentially be addressed by an occupational therapy student.

### **Gap Analysis**

Based off the examination of recent literature and other AAAs, staffed occupational therapists can have a profound impact on community-based organizations in a variety of ways. Despite the research on community-based occupational therapy practitioners and other AAAs employing occupational therapists, CICOA did not have an occupational therapy practitioner on staff. It is crucial that both the profession of occupational therapy and community-based organizations continue to grow and expand their services to better meet the needs of their clients. It may only be a matter of time until employing occupational therapy practitioners within AAAs becomes the norm. Future research needs to be conducted on the outcomes associated with the employment of occupational therapy practitioners amongst AAAs. Agencies such as Orange County Department on Aging, Minnesota Rive Area Agency on Aging, Pitt County Area Agency on Aging, and Missoula Aging Services have pioneered the way by utilizing occupational therapy practitioners.

### **Problem Statement and Purpose of Capstone Project**

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The purpose of the capstone project was developed after the completion of the needs assessment. It was originally planned that the student would choose one department to complete the capstone project with. However, after meeting with the various departments about their needs, it became evident that each department could benefit from an occupational therapy perspective. The student felt that it was unfair, both to the profession and to CICOA, to choose just one department to work with. Instead, the student chose to assess the organization's needs and provide a client-centered report on how an occupational therapy practitioner could impact their organization. The hope was that by the end of the capstone experience, CICOA would be more familiar with how an occupational therapy practitioner could be utilized within their organization and would want to further explore the option of employing an occupational therapist.

### **Chapter III: Literature Review**

Despite the similar values and goals that AAAs and occupational therapists may share, there is limited published evidence of partnerships between the two entities. As of 2020, fewer than 3.2% of occupational therapy practitioners even worked in the community setting with older adults (AOTA, 2020b). The reasoning for the lack of occupational therapists in the community setting could be twofold: either practitioners are not choosing to work in the community or community agencies are not familiar with the role that an occupational therapist could play in their organization (Wallisch & Dean, 2016).

Sharon J. Elliott, an occupational therapist and Healthy Aging Specialist at the Pitt County Council on Aging, composed an article that highlighted the role that occupational therapy practitioners can play in AAAs (Elliott, 2019). Elliott started working with the agency to collaborate on a falls prevention grant that eventually funded a program that allowed her to

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conduct home safety assessments, provide falls prevention and home safety education, and coordinate services amongst the organization's clients. Fewer falls and reduced fear of falling were two outcomes that were noted with the participants after one-year follow up calls. Her position was later broadened to include overseeing the agency's Healthy Aging and Injury Prevention Program where she provided a wide array of services to the community-dwelling older adults that were funded through private pay, local grants, block grants, and donations. Elliott concluded her article by stating that occupational therapy practitioners should take the time to learn about aging agencies and identify strategies for collaboration to progress these potential collaborations (Elliott, 2019).

Regardless of the limited published literature on occupational therapists working with aging agencies, there are still promising outcomes associated with occupational therapy interventions and community-dwelling older adults. Aging agencies may want to explore the option of utilizing occupational therapy practitioners for their expertise in falls prevention programs, home modifications, and health promotion and disease prevention strategies (Elliott, 2019).

### **Fall Prevention Exercise Programs**

Falls are a major health concern for older adults aged 65 and older, as more than one in four older adults experiences a fall each year (Stevens et al., 2012). Each year, nearly 3 million older adults require emergency room care because of a fall (Centers for Disease Control and Prevention [CDC], 2017). Falls are thought to be multifactorial, meaning they are caused by various intrinsic and extrinsic risk factors (Stark et al., 2017). Common risk factors for falls may include impaired mobility skills, muscle weakness, medication side effects, impaired vision,

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improper footwear, environmental hazards, and Vitamin D deficiency (Bloch et al., 2010; Deandrea et al., 2010; Elliott & Leland, 2018).

Sherrington et al. (2019) conducted a meta-analysis and suggested there to be high-certainty evidence that programs with an exercise component reduce the rate of falls in community-dwelling older adults. The following evidence-based fall prevention programs all involve exercise to an extent but differ in that they may be single component or multiple component fall prevention interventions. The single component interventions solely target exercise while the multiple component and multifactorial interventions involve combinations of two or more types of interventions (Fusco, 2019).

### ***Single Component Fall Prevention Exercise Interventions***

Single component fall prevention interventions are aimed to address a single fall risk factor (Panel on Prevention of Falls in Older Persons, 2011). Elliot and Leland (2018) conducted a systematic review of fall prevention interventions and found mixed evidence regarding the use of single component fall prevention interventions. Exercise presented as the most common single component fall prevention intervention as Elliot and Leland (2018) found that 11 of the 14 fall prevention interventions were focused solely on exercise. The Lifestyle Integrated Functional Exercise Program, The Otago Exercise Program, and Tai Chi are all evidence-based single component fall prevention programs tailored around exercise.

**Lifestyle Integrated Functional Exercise.** The Lifestyle Integrated Functional Exercise (LiFE) program aims to reduce the risk of falls by integrating strength and balance exercises into regular daily tasks for community-dwelling adults (Clemson et al., 2012). This program may be implemented by occupational therapists, physical therapists, or exercise physiologists that are experienced with the LiFE approach (Clemson et al., 2012). Clemson and colleagues (2012)

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compared the LiFE approach to a traditional exercise routine and found that participants in the LiFE program experienced 31 percent fewer falls compared to the control group. Other program outcomes consisted of improved function during activities, increased energy, and enhanced participation in daily life (Clemson et al., 2012). This study demonstrates the effectiveness of incorporating exercises into daily activities for community-dwelling older adults.

**Otago Exercise Program.** The Otago Exercise Program (OEP) is an evidence-based fall prevention program that includes strengthening, balance retraining, and walking components that are completed in the participants' home setting (Stevens & Burns, 2015). The traditional OEP model spans 12 months, but there are modified versions of the program with less treatment time (Stevens & Burns, 2015). The bulk of this program is carried out on the participant's own time as the practitioner typically averages 8-10 eight hours of contact per patient for the entirety of the program due to the self-management phase that occurs after the initial visits (Stevens & Burns, 2015). The program was designed to be delivered by physical therapists in the participants' homes, however, various models have been developed and tested to allow for more cost-effective methods of disseminating this program (Shubert et al., 2017).

An AAA based out of Oregon recently implemented the OEP by utilizing a Certified Occupational Therapy Assistant (COTA) and exercise trainer with a physical therapist available to consult on cases (Shubert et al., 2017). This agency found that the participants who completed the modified OEP demonstrated significant improvements in all physical function assessments and self-perceived functional improvements (Shubert et al., 2017).

Martins et al. (2018) conducted a systematic review aimed at identifying modified formats of the OEP and their effects on balance and fall prevention. The authors found that modified OEP can improve balance and other physical outcomes even when delivered by video format or as

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exercise groups (Martins et al., 2018). Further research should be conducted on innovative models of the OEP that allow other practitioners to disseminate the program as well as group and video formats to improve the cost effectiveness and outreach of the program (Shubert et al., 2017; Martins et al., 2018).

**Tai Chi.** Tai Chi exercise encourages balancing of the body, mind, breathing, and emotions while also improving muscle flexibility (Son et al., 2016). Wu et al. (2016) suggested that Tai Chi movements improve balance by shifting the center of gravity, weight shifting between heel to toe, and encouraging multidirectional stepping. Hosseini et al. (2018) conducted a randomized control trial and found that community-dwelling older adults who participated in the eight-week Tai Chi sessions demonstrated improved balance and fear of falling. Yang et al. (2015) found older adults with Parkinson disease demonstrated improved balance, gait, and quality of life after an eight-week Tai Chi Program. Tai Chi is a simple and economical intervention that can be utilized as a preventive intervention with older adults at risk of falling (Hosseini et al., 2018).

### ***Multiple Component Fall Prevention Interventions***

Multiple component fall prevention interventions are designed to address a set of fall risk factors (Panel on Prevention of Falls in Older Persons, 2011). Elliot and Leland (2018) conducted a systematic review and found strong evidence that indicated multicomponent interventions significantly improved outcomes associated with falls. Elliot and Leland (2018) noted that all the identified multicomponent studies utilized both exercise and education components. Exercise approaches included strength training, balance training, functional tasks training, training in fall techniques, walking, dual-task activities, and obstacle course training (Elliot & Leland, 2018). Education topics included energy conservation strategies, home

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modification recommendations, footwear risk, medication management, fall recovery, nutrition and hydration, safe assistive device use, and stress management (Elliot & Leland, 2018). The following programs are evidence-based multicomponent falls prevention programs.

**Matter of Balance.** A Matter of Balance (MOB) is an evidence-based program that includes eight, two-hour group sessions aimed to decrease the fear of falling and increase activity in community-dwelling older adults (Tennstedt et al., 1998). The MOB program was originally designed to be implemented by a healthcare professional but has since been proven to be as effective when administered by a lay leader that has been trained with The Matter of Balance-Volunteer Lay Leader program (Centers for Medicare & Medicaid Services [CMS], 2013). The class curriculum entails lectures, group discussions, role-playing activities, mutual problem-solving, exercise training, and home assignments. The MOB program has been delivered in various community settings such as community centers, independent-living communities, AAAs, and home care agencies (Elliot & Leland, 2017). A West Central Florida Area Agency on Aging implemented the standardized MOB program and found that the participants in the MOB program were less likely to have had a fall compared with adults in the comparison group during the outcome period (Chen et al., 2015). Cho et al. (2014) examined the results of MOB classes offered across eighteen different AAA regions throughout Texas and concluded that participants demonstrated improved physical activity and fall self-efficacy.

In 2013, The Centers for Medicare and Medicaid Service (CMS) provided a report to congress that evaluated various community-based wellness and prevention programs. CMS found that MOB participation was associated with a \$938 decrease in total medical costs per participant per year (CMS, 2013). This decrease in overall spending was driven by savings in the areas of unplanned hospitalization costs, skilled nursing facility costs, and home health costs

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(CMS, 2013). MOB participation was also associated with a reduction in unplanned hospital admissions where one unplanned hospitalization was prevented for every 20 MOB participants (CMS, 2013).

**Stepping On.** Stepping On is a program that utilizes a small-group learning environment to improve falls self-efficacy, encourage behavioral change, and reduce the number of falls amongst community-dwelling older adults over the course of seven sessions (Eagen et al., 2019). This program empowers participants to make better decisions and learn about fall prevention techniques while making behavioral changes (Clemson et al., 2004). Examples of session topics include: Balance and strength exercises, safe footwear and clothing, benefit of Vitamin D, medication management, hazards in the home, etc. (Stevens & Burns, 2015). Clemson et al. (2004) found Stepping On to be an effective intervention in preventing falls amongst community-dwelling older adults as participants experienced a 31% reduction in falls compared with those in the control group.

### **Home Assessments and Modifications**

The previous section focused on fall prevention exercise programs that mainly addressed intrinsic factors such as poor balance and strength. However, both of the aforementioned multicomponent exercise programs also included home modification components to address the environmental fall risk factors that many community-dwelling adults face (Tennstedt et al., 1998; Stevens & Burns, 2015).

Home modifications often present as a necessity for older adults as most homes were not built to support the mobility and cognitive changes that often accompany aging (Eldercare Locator, 2021). Home modifications are adjustments made to the home environment designed to prevent injury and promote independence in community-dwelling adults (Maggi et al., 2018).



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Occupational therapy practitioners often utilize home modifications to reduce environmental barriers to allow for older adults to safely age in their homes (Stark et al., 2017).

Stark et al. (2009) found that community-dwelling older adults demonstrated significant improvements in performance and satisfaction in daily tasks after occupational therapists performed individualized home modifications and trainings with them. Brunnstrom et al. (2004) provided home modifications for participants with low vision and found significant improvements in quality of life amongst the intervention group. Stark et al. (2017) conducted a systematic review and determined the use of home modifications resulted in improved function, decreased falls, and an increased ability to provide care. Stark and colleagues (2017) suggested that comprehensive home modification interventions should include the following: Assessment of client's abilities, assessment of home environment and occupational goals, an intervention plan to remediate barriers, support for the implementation of the plan, and training on environmental supports.

### *Area Agencies on Aging and Home Modifications*

At this time, there are limited published studies and outcomes of AAAs utilizing occupational therapists for home assessments and modifications because it is a novel partnership. Aging agencies in Howard County and Orange County have already utilized an occupational therapist for home modifications while The Minnesota River Area Agency on Aging is in the process of implementing a home modification program with an occupational therapist (Sheffield et al., 2013; Orange County North Carolina, n.d.; Wolle, 2020).

Sheffield et al. (2013) conducted a randomized control trial to evaluate a restorative occupational therapy intervention among community-dwelling older adults within Howard County Area Agency on Aging. The intervention was based off a study conducted by Gitlin et al.

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(2006) where occupational therapists provided home modifications and various trainings to community-dwelling older adults that resulted in quality-of-life improvements. The intervention utilized by Sheffield and colleagues consisted of an in-home assessment of the client's daily routine, client-centered goal writing, design and implementation of home modifications, provision and training in the use of assistive equipment, removal of environmental hazards, and education in strategies to improve safety and independence. Participants who received the restorative occupational therapy interventions demonstrated improvements in home safety and fear of falling measures. The intervention also resulted in a 39% reduction in recommended hours of required care assistance, which could result in significant future cost savings (Sheffield et al., 2013).

Marie Dagger is an occupational therapy practitioner who is employed by Orange County Department of Aging (Orange County North Carolina, n.d.). Dagger provides in-home safety assessments that are client-driven and commonly address topics such as aging-in-place, falls risks, grab bar placement, ramp installation, and overall safety/usability of the home. These in-home assessments often result in follow-up recommendations and referrals for various services (Orange County North Carolina, n.d.). Marie Dagger (personal communication, January, 26, 2021) expressed that she sees the value in what she does for the aging agency and hopes to produce evidence-based outcomes in the future.

The Minnesota River Area Agency on Aging is in the process of implementing an evidence-based program, The Community Aging in Place – Advancing Better Living for Elders (CAPABLE) (Wolle, 2010). This program utilizes an interprofessional team composed of an occupational therapy practitioner, registered nurse, and a handyperson for home assessments and modifications (Wolle, 2020). CAPABLE is a five-month program intended to increase mobility,

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functionality, and the ability to age in place for older adults by combining the skills and knowledge of an occupational therapist, registered nurse, and a handyperson (Szanton et al., 2017). In this program, the occupational therapist typically focuses on promoting mobility, identifying needs for items to assist in daily tasks, and building the participant's self-confidence. The occupational therapist and the participant collaborate to develop goals and a work order for the handyworker to complete. The nurse addresses pain management, medications, depressive symptoms, and strengthening exercises (Szanton et al., 2017). CAPABLE has been found to be associated with lower overall Medicare and Medicaid costs (Szanton et al., 2017; Ruize et al., 2017).

### **Promotion of Health and Well-Being**

Health and well-being are top priorities in today's society as Healthy People 2030's vision reads: "a society in which all people can achieve their full potential for health and well-being across the lifespan" (U.S. Department of Health and Human Services, 2018). Well-being is a concept that includes "the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment, and positive functioning" (CDC, 2018). In occupational therapy, well-being also includes "satisfaction with participation in occupations and daily activities that enhance quality of life" (AOTA, 2020c, p. 1). The health and well-being of community-dwelling older adults should be addressed as older adults may face challenges in occupational performance because of chronic health conditions (Arbesman & Mosley, 2012). The management of health and being through health-promoting activities can have a positive impact on health, mortality, and quality of life (Arbesman & Mosley, 2012). Well-being is considered the goal of health promotion and disease prevention, both of which are in the scope of occupational therapy (AOTA, 2020c).

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Occupational therapists have the capacity and knowledge to positively influence the health and well-being of community members as they recognize that physical and mental health are supported through the engagement of meaningful occupations (AOTA, 2020c). Topics associated with health and well-being are presented in various places throughout the most recent occupational therapy framework. Health management is now one of the nine identified areas of occupations (AOTA, 2020a). Activities included under the occupation of health management include: Social and emotional health promotion and maintenance, symptom and condition management, communication with the health care system, medication management, physical activity, nutrition management, and personal care device management (AOTA, 2020a). Occupational therapists are properly equipped to address health promotion and disease prevention as both terms are identified as intervention approaches and outcomes of occupational therapy services (AOTA, 2020a).

### ***Health Promotion***

Health promotion is defined as “the process of enabling people to increase control over, and to improve, their health” (World Health Organization, 1986). The Occupational Therapy Practice Framework describes the health promotion intervention approach as an approach that does not assume a disability is present but instead provides experiences that will enhance performance for all people (AOTA, 2020a). A population-based example of a health promotion intervention approach could be the development of a falls prevention curriculum to be utilized for trainings at senior centers (AOTA, 2020a).

Clark and colleagues (2012) implemented the Lifestyle Redesign project to promote and enhance the health of community-dwelling older adults through interventions tailored around health-promoting, meaningful and balanced daily routines. Topics of the sessions included, but

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were not limited to: safety, home and community, joint protection, energy conservation, exercise, nutrition, and transportation utilization. The results of this study suggested not only the effectiveness of health promotion services in community-dwelling older adults, but also the cost effectiveness that such interventions could have on society (Clark et al., 2012).

### ***Disease Prevention***

Health promotion, management, and maintenance for people living with or without disabilities necessitates the implementation of disease preventative strategies (AOTA, 2020c). Prevention is generally categorized into primary, secondary, and tertiary levels. Interventions may be targeted to address any of the three levels of preventions for individuals and communities (AOTA, 2020c).

**Primary Prevention.** Primary prevention is defined as education efforts designed to prevent the onset and reduce the incidence of diseases, injuries, or unhealthy conditions (AOTA, 2020c). Increasing physical activities through leisure participation, improving nutrition through occupation-based education on meal preparation, and screening are all examples of potential primary prevention strategies for the community. The implementation of a depression screening program for an organization's elderly clients is a potential primary prevention intervention (AOTA, 2020c).

**Secondary Prevention.** Secondary prevention includes screening, early detection, and intervention after the injury or disease onset has occurred (AOTA, 2020c). An example of a potential community-based secondary prevention intervention could be the creation of an osteoporosis management and fall prevention classes for older adults recently diagnosed with this condition. A community-based occupational therapist could work with individuals with obesity or mobility limitations and emphasize education and training for healthy eating habits,

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activity levels, and prevention of secondary conditions after the initial onset of the disease (AOTA, 2020c).

**Tertiary Prevention.** Tertiary prevention involves services and policies designed to prevent the progression of a disease or condition (AOTA, 2020c). An example of a community-based tertiary preventive strategy could include implementing leisure participation groups for adults with dementia to prevent depression, improve socialization, and improve quality of life. The implementation of a stroke support group with a focus on occupational engagement to increase occupational performance could also be another example of a tertiary intervention (AOTA, 2020c).

OPTIMAL, an evidence-based self-management program, is another potential tertiary level prevention intervention. OPTIMAL is an occupational therapy led self-management program that is designed to address the challenges of living with multiple chronic conditions through a 6-week group course (Garvey et al., 2015). OPTIMAL is based off the Stanford Chronic Disease Self-Management Program (CDSMP) but differs from it as it is professionally led by an occupational therapist (Garvey et al., 2015). Garvey et al. (2015) found that participants in an OPTIMAL program showed significant improvements in frequency of activity participation, self-efficacy, and quality of life.

Occupational therapy practitioners have an opportunity to implement various health promotion and disease prevention interventions with community-dwelling older adults. Health promotion and disease prevention strategies are especially important to older adults as they often face challenges in occupational performance as a result chronic and recent onset health conditions (Arbesman & Mosley, 2012).

## **Conclusion**

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Occupational therapists have an important role in the delivery of services for community-dwelling older adults and could serve as an asset to AAAs (Elliott, 2019). Occupational therapists are equipped with expertise in falls prevention, home modifications, and health promotion strategies, all of which present as needs amongst community-dwelling older adults. The collaborations and partnerships between occupational therapists and aging agencies are relatively new, resulting in limited evidence for the effectiveness of the collaborations. This suggests a gap in the literature and an opportunity for further research to be conducted.

### **Chapter IV: Conceptual Model**

The guiding theoretical model for this capstone was The Person-Environment-Occupation-Performance (PEOP) model. The PEOP model utilizes a biopsychosocial approach as it considers the physical, emotional, and social factors that impact an individual's occupational performance (Baum et al., 2015). The PEOP model emphasizes that participation is affected by the interaction between the person, environment, and occupation. A healthy interaction between the person and the environment results in the person experiencing success and improved well-being in occupational performance. The PEOP model also utilizes a top-down approach as it calls for all the factors that cause an effect on occupational performance to be examined rather than solely one single factor or symptom (Baum et al., 2015). This model was utilized as it aligned well with CICOA and would allow the organization to be analyzed through an occupational therapy lens.

This model aligned well with CICOA as they strived to help individuals remain comfortably and safely in their own homes and out of institutional care. To encompass this goal, CICOA utilized a top-down approach in order to address the numerous components that impact a client's ability to successfully age in place. For instance, rather than solely addressing home

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modifications with a client, CICOA also addresses transportation, meals, caregiver support, and many other factors.

The examination of this organization through an occupational therapy lens benefited CICOA as they were interested in increasing their knowledge of occupational therapy's role within their organization. This model also highlighted the similarities in values between CICOA and occupational therapy, which further demonstrated the need for a partnership between the two entities.

### **Chapter V: Capstone Project Plan and Process**

#### **Goals and Objectives**

Informed by the needs assessment and relevant literature, several goals and objectives were identified for capstone implementation. The following goals and objectives were created in collaboration with site representatives as well as key stakeholders.

- Project Goal 1: Work with the various departments within CICOA to assess the needs that could be addressed by having an employed occupational therapy practitioner within the organization.
  - Objective 1: Meet with each department to gain a better understanding of what it is that they do
  - Objective 2: Create a needs assessment that contains the needs from the various departments that could be addressed by an occupational therapy practitioner
  - Objective 3: Spend time with the departments and work on smaller projects/needs that could be immediately met by OT student project



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- Project Goal 2: Educate CICOA staff on the scope of a community-based occupational therapy practitioner to increase their knowledge and awareness of the profession outside of a traditional role.
  - Objective 1: Create a short pre-post survey to assess knowledge of OT profession in a community-based model
  - Objective 2: Create handouts or PowerPoint presentation to educate staff on OT profession project
- Project Goal 3: Provide CICOA with a written report of the benefits, backed by literature, that staffing an occupational therapy practitioner could have on their organization.
  - Objective 1: Examine and communicate with other AAAs that currently employ an occupational therapy practitioner
  - Objective 2: Conduct a literature review to find the current evidence-based literature on community-based occupational therapy practitioners
  - Objective 3: Create and present a client-centered report to CICOA leadership staff demonstrating the need and benefits that an occupational therapy practitioner could have within their organization.

### **Evaluation Plan**

The main outcome measures used included pre and post qualitative surveys that assessed the staff's understanding of the scope of occupational therapy and how it could fit within their organization. A list of the questions utilized in the survey can be found in Appendix A. The secondary outcome measure was the creation of a written report with client-centered recommendations as it showed that there were potential areas where an occupational therapist could work within the organization.

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### **Timeline**

To meet the goals and objectives, a proposed timeline was created for the capstone project. The following timeline highlights the major time frames for the capstone project. Outside of the main project, the capstone student spent time attending various meetings, observing staff work with clients, and working on smaller projects for various departments.

#### ***Weeks 1-4***

The doctoral capstone student was oriented to CICOA, including the several different departments which offered various services. Meetings were scheduled with the various department leaders to not only learn more about their departments, but to also assess their current needs. The major goal of this phase was to come up with a project idea after completing a needs assessment with the organization. The previous project idea was no longer adequate to the organization's needs, thus the need for the four-week duration of this phase.

#### ***Weeks 5-7***

The doctoral capstone student conducted an extensive literature review on how an occupational therapy practitioner could benefit an aging agency. The capstone student researched and interviewed other aging agencies that utilized occupational therapists. The capstone student also worked on smaller projects and needs for the departments.

#### ***Weeks 8-11***

The capstone student put together the client-centered report on how a staffed occupational therapist could benefit CICOA.

#### ***Weeks 12-14***

The capstone student prepared and presented a presentation to CICOA. A presentation was given to the strategic planning team at the end of week 13. A 15-minute question and answer

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session followed the presentation. A separate presentation was recorded and uploaded to the organization's intranet to act as a resource for other staff members.

### ***Other Projects***

As stated above, the student spent time working on other projects for the various departments based off their needs. A handout was created to highlight adaptive eating utensils and feeding techniques for the caregivers. The student collaborated with one staff member to examine and assess all the outcome measures and assessments on one of CICOA's platforms. The student then provided recommendations on which assessments would be most applicable to them based off the reliability, validity, and practicality of each. Evidence-based falls prevention resources were provided to the staff as well. To further educate the staff about the scope of occupational therapy, an educational handout was created and distributed. The handout defined the scope of occupational therapy as well as described how occupational therapy looked in various settings such as acute care, inpatient rehabilitation, sub-acute rehabilitation, outpatient, home health, pediatrics, and in the community. Both the caregiver handout and the staff handout can be found in Appendix B.

## **Chapter VI: Project Implementation**

During the capstone experience, the student interacted with CICOA staff to educate and advocate for the profession of occupational therapy. The student provided the organization with two tangible pieces, an educational handout and a report, to further educate and advocate for the profession of occupational therapy. The educational handout can be found in Appendix B while the report can be found in Appendix C.

### **CICOA Report**

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The main capstone project was the creation of a client-centered, written report on how a staffed occupational therapist could benefit CICOA. A summary of the report is listed below while the full report can be found in Appendix C.

### ***Section I: Community-Based Occupational Therapy Practice***

This section introduced the profession of occupational therapy to the readers. After a brief introduction to occupational therapy, the readers were introduced to community-based practice. Direct quotes from The Occupational Therapy Practice Framework (OTPF) and AOTA's Vision 2025 were utilized to emphasize the profession's emphasis on community-based practices.

### ***Section II: Current Collaborations between AAAs and Occupational Therapists***

The goal of this section was to show the readers that there were other aging agencies who were utilizing occupational therapists. Even though these collaborations were new and did not have published outcomes, the capstone student was still able to find AAAs who employed occupational therapists. The capstone student found several AAAs that utilized occupational therapists and had the opportunity to interview two of the occupational therapists listed in the report. The identified AAAs utilized occupational therapists in a variety of ways with the two most common ways being for home assessments and falls prevention interventions. Contact information, websites, and examples of flyers for the occupational therapy services were all included in the report appendices.

### ***Section III: Occupational Therapy Recommendations***

This section introduced the five areas that an occupational therapist could have an impact on within the organization. Each recommendation was followed by information that described how it was in the scope of practice and then how exactly it could look within the organization.

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**Recommendation I.** Occupational therapist could implement a falls prevention program. This section included national fall statistics as well as statistics directly from the organization's client assessments. The capstone student was able to access an assessment that CICOA staff utilized with the clients and found that 18% of the interviewed clients reported at least one fall in the last six months. This statistic allowed the readers to truly see that falls were not just a national problem but also an internal problem. The capstone student then introduced and described a few evidence-based falls prevention programs that could be impactful within the organization: A Matter of Balance, Stepping On, Healthy Steps for Older Adults, Tai Chi for Arthritis, and CAPABLE.

**Recommendation II.** Occupational therapist could assist with SafeAtHome and home assessments. The capstone student participated in a home assessment with the director of the SafeAtHome Program. During the assessment, the student noticed that the staff member made the home recommendations based off solely the client and caregiver report. The student emphasized that an occupational therapist could observe the client performing tasks in the natural environment. The student then mentioned how occupational therapists examine multiple performance abilities by looking at clients' balance, endurance, coordination, strength, safety awareness, attention, problem solving, vision, and many other functions while the client performs daily tasks in the home environment. The capstone student also described The CAPABLE program in detail in this section.

**Recommendation III.** Occupational therapist could periodically visit congregate meal sites to assess and provide recommendations. The capstone student utilized various resources from AOTA to describe how occupational therapists can help with self-feeding. For this

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recommendation, the occupational therapist would attend the congregate meal sites to assist the clients with self-feeding by providing adaptive utensils, compensatory techniques, or education.

**Recommendation IV.** Occupational therapist could utilize evidence-based practice to provide seminars and handouts to clients. The capstone student started this section off by explaining that occupational therapists incorporate evidence-based interventions to provide effective, high-quality, and cost-effective services to clients of all ages with varying conditions and diagnoses. The capstone student listed three of the projects that she completed for the organization that involved the utilization of evidence-based practice.

**Recommendation V.** Occupational therapist could provide durable medical equipment expertise and recommendations. The student described how occupational therapists assist clients with DME in a variety of ways as they can help with acquiring the device, properly fitting the device, and providing training to properly use the device. The addition of an occupational therapist on staff could generate increased funding towards DME in the SafeAtHome department.

### ***Section IV: Funding***

The student acknowledged that she understood the organization may not be ready to fully fund an occupational therapist at this point. The student provided other funding options such as specific grants and the idea of utilizing a part-time occupational therapist. The student had difficulties finding grants that directly funded an occupational therapist but was able to instead find grants that could fund projects led by occupational therapists. There were two grants that were described in detail while five other grant options were briefly described.

### ***Section V: Next Steps for CICOA***

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The student recommended that the organization continue its partnership with occupational therapy capstone students and included project ideas for the future capstone student that is set to begin in January of 2022. At the time of completion, the organization had just accepted another occupational therapy capstone student. The student also recommended that the organization utilize an occupational therapy program to carry out fall prevention programs and seminars, similar to what the two aging agencies listed in the report did.

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### **Chapter VII: Project Evaluation and Results**

The capstone student achieved all three goals and the corresponding objectives throughout this capstone experience. To evaluate the effectiveness of this capstone project, the student utilized two main outcome measures. The first outcome measure consisted of a pre and post survey used to assess the staff's understanding of the scope of occupational therapy. The second outcome measure was the creation of the client-centered report that resulted in five recommendations for the organization.

#### **Outcome Measure 1: Survey Results**

The main outcome measure used was a pre and post qualitative survey that assessed the staffs' understanding of the scope of occupational therapy and how it could fit in their organization. The questions were identical between the pre and post survey to limit any potential biases. The survey asked participants to rate their knowledge on what occupational therapists do in various settings such as acute care, inpatient rehabilitation, sub-acute rehabilitation, home health, outpatient, school-based, and community-based settings. The survey questions can be found in Appendix A.

#### ***Pre-Survey Results***

Figure 1 illustrates the results for the pre-survey question that pertained to how much of an understanding the staff had on the scope of occupational therapy in various settings. The results from the pre-survey indicated that there was a need for education on the scope of occupational therapy in all settings, but especially in schools and AAAs.

Figure 2 shows the results for the pre-survey question that directly asked if the participants were aware of how an occupational therapist could work in a community-based

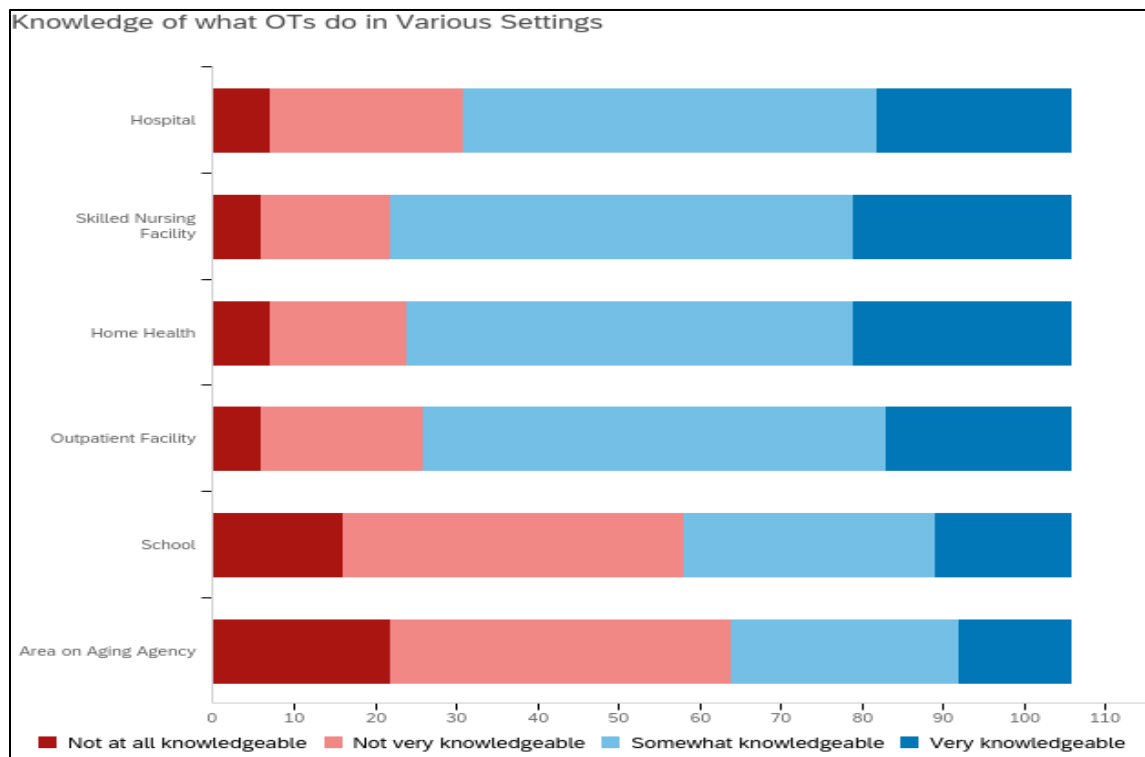


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organization such as CICOA. These results indicated that 58% of the respondents were unaware on how an occupational therapist could fit within their own organization.

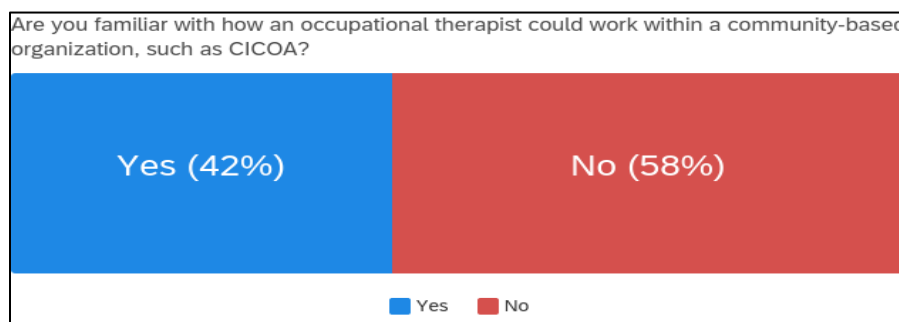
**Figure 1**

*Pre-Survey, Question 1: Please rate your knowledge of what occupational therapists do in the following settings.*



**Figure 2**

*Pre-Survey Results, Question 2: Are you familiar with how an occupational therapist could work within a community-based organization, such as CICOA?*



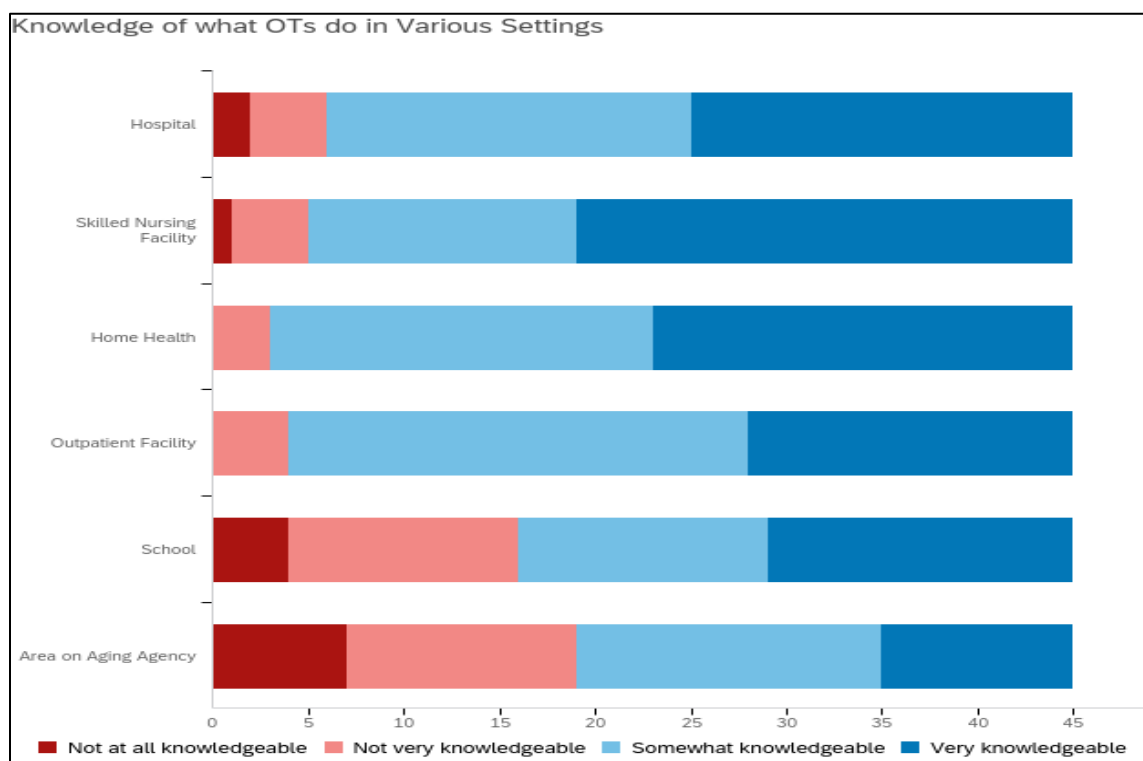
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### *Post-Survey Results*

The results from the post-survey (see Figure 3) indicate an increase in understanding of the scope of occupational therapy in various settings amongst the staff. The results presented in figure 4 indicate that the staff now had a better understanding of how an occupational therapist could work within CICOA after the project implementation.

### **Figure 3**

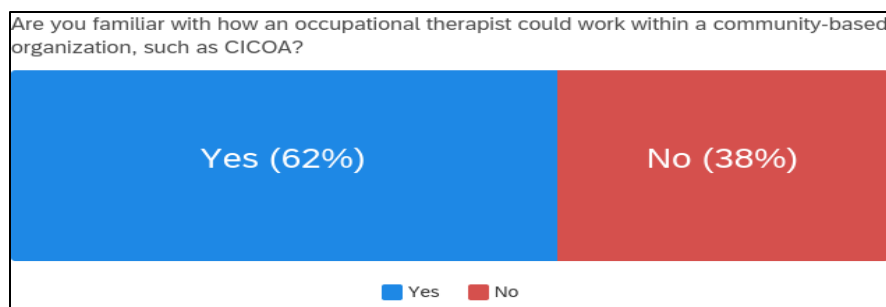
*Post-Survey Results, Question 1: Please rate your knowledge of what occupational therapists do in the following settings.*



### **Figure 4**

*Post-Survey Results, Question 2: Are you familiar with how an occupational therapist could work within a community-based organization, such as CICOA?*

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**Outcome Measure 2: Report**

An additional utilized outcome was the written report that included five client-centered recommendations for the organization. At the start of the capstone process, it was unclear if there would be applicable recommendations for the organization. However, after working with the organization for the duration of the project, there were five identified main areas where an occupational therapist could have an immediate impact in. The five recommendations were as follows:

- Recommendation I: Occupational therapist could implement a falls prevention program.
- Recommendation II: Occupational therapist could assist with SafeAtHome and home assessments.
- Recommendation III: Occupational therapist could periodically visit congregate meal sites to assess and provide recommendations.
- Recommendation IV: Occupational therapist could utilize evidence-based practice to provide seminars and handouts to clients.
- Recommendation V: Occupational therapist could provide durable medical equipment expertise and recommendations.

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**Chapter VIII: Discussion and Impact****Discussion**

The results of the pre and post surveys indicated that staff members were more familiar with occupational therapy in traditional settings such as hospitals, skilled nursing facilities, outpatient clinics, and home health compared to non-traditional settings such as schools and AAAs. This finding was not surprising as fewer occupational therapists work in schools and community settings, especially in AAAs. However, it was alarming that 58% of the respondents, all of whom worked at an AAA, initially were unaware of how an occupational therapist could fit in at their organization. The results of the pre-survey supported the overall purpose of the capstone project to educate and advocate for the profession of occupational therapy both as a whole and especially in community-based settings. The post-survey results indicated an overall increase in knowledge of occupational therapy in all the settings. However, a need still exists for future advocacy and education within the organization as some respondents were still not knowledgeable on what occupational therapy looks like in various settings.

***Limitations***

Due to the pandemic, the capstone experience was modified to be conducted remotely to comply with the organization's protocols. This modification made it difficult for the capstone student to work with individual staff members within the organization as everyone worked remotely at this time. Most of the employees that the capstone student interacted with were the leaders of the departments. These interactions were beneficial as the leaders of the departments had vast knowledge and were able to help the capstone student with many different aspects of the project. Though the student was able to directly educate the department leaders on the scope of occupational therapy, she was unable to directly reach the individual staff members who also

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completed the pre and post surveys. To combat this limitation, the capstone student created a handout that described the scope of occupational therapy in various settings. This handout was disseminated with the post-survey link to allow for other staff members to learn more about occupational therapy.

A non-response bias was noted during the post-survey as there were 106 respondents for the pre-survey but only 45 respondents for the post-survey. The exact reasoning for this was unknown as the surveys were identical and brief in nature. Survey burnout could have been one potential reasoning. The method of survey dissemination could have been another cause for non-responses as different leaders of the organization sent each survey out to the staff.

### **Impact**

This capstone project was mutually beneficial to the capstone student and the organization. The capstone student gained valuable knowledge and skills and the site received a sustainable project. Prior to this capstone experience, the student's clinical experiences were in traditional medical settings such as hospitals, skilled nursing facilities, and outpatient clinics. This meant the only knowledge of community-based occupational therapy practice was that from class lectures and textbooks. Completing the capstone in a community setting allowed the student to truly see the wide scope of practice that occupational therapy has outside of the traditional medical setting walls. The student also learned about the vast array of services that aging agencies offer to clients. This will be beneficial once the student is a practitioner, as she will have the knowledge of these resources and can recommend them to patients prior to their discharges home. The student also became much more confident with describing the scope of occupational therapy to individuals not in the healthcare system. This is beneficial as it will allow the student to continue to advocate for the profession to others.

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The leadership staff that made up the audience for the student's presentation had positive feedback regarding the project. The overall theme observed amongst the audience was excitement for the future. The President and CEO of the organization stated that he saw the need for occupational therapy services for the organization as a whole, but especially when it came to falls prevention and home assessments. The Vice President of Community Programs stated how the presentation made him realize that falls were not just prevalent on the national level but also on the local level, within the organization.

### *Sustainability Plan*

The capstone student provided CICOA with a client-centered report on how a staffed occupational therapist could benefit their organization. The last section of the report was titled "Next Steps" and states what the organization could do next if they are not yet ready to fully staff an occupational therapist. The three main recommendations were that the organization continue their partnership with Indiana University capstone students, utilize an occupational therapy program, and utilize a part-time occupational therapist. The organization was also left with handouts that discussed adaptive utensils, feeding techniques, and the scope of occupational therapy. These handouts were disseminated to the proper departments and were also uploaded to the company's common drive to allow for continuous access amongst the organization.

CICOA will host another Indiana University Occupational Therapy capstone student in January of 2022. The written proposal included potential ideas that the current student felt could be appropriate project ideas for the next capstone student. The current occupational therapy student also met with the capstone student assigned at CICOA in 2022 to discuss the site and ideas. Equipped with the written report and ideas for the next student, CICOA is equipped to further pursue utilizing an occupational therapist in the future.

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**Chapter IX: Conclusion**

The profession of occupational therapy is adapting and expanding its' practice to further reach communities and populations as evident in recent edition of the OTPF and AOTA's Vision 2025. AAAs are community organizations that share similar values with occupational therapy practitioners as it pertains to promoting aging in place amongst older adults. Occupational therapists have an important role in the delivery of community-based services for older adults (Elliott, 2019). AAAs and occupational therapists should look to collaborate to allow for older adults to safely age in place.

This capstone project entailed the examination of a potential collaboration between an AAA and a staffed occupational therapy practitioner. After a thorough pursuit through the literature and examination of other aging agencies, a client-centered report was produced for the organization. This report entailed five recommended areas where an occupational therapist could have the greatest impact within the organization as well as potential funding options. Not only did this capstone project result in a written proposal, but it also resulted in increased knowledge and understanding of the practice of occupational therapy amongst the organization's staff. With this report and project, CICOA has been equipped to further pursue the partnership with an occupational therapist in the future. It may only be a matter of time before this type of collaboration becomes the norm amongst AAAs, and CICOA could be one of the pioneering aging agencies to do such.

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Appendix A: Survey Questions

Please rate your confidence in your knowledge of what **occupational therapists** do in the following settings:

	Not at all confident	Not very confident	Somewhat confident	Very confident
Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skilled Nursing Facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Area on Aging Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you familiar with how an occupational therapist could work within a community-based organization, such as CICOA?

- Yes
- No

Could you list one service that an occupational therapist could potentially provide to a community-based organization, such as CICOA? If yes, please list service.

- Yes
- No



**Appendix B: Additional Handouts***Figure B1: Adaptive Utensils and Feeding Technique Handout*

Adaptive feeding devices are valuable tools that can assist individuals with their feeding independence. These devices are often sold at stores like Walmart, CVS, and Amazon.

**Non-Slip Placemat:**

Place a non-skid placemat under dishes to prevent slips and spills.

**Built-Up Utensils:**

Utensils with thicker handles help with poor grip strength and poor finger control. You can buy utensils with built-up handles. You can also purchase foam tubing to put around normal utensils to make them easier to use.

**Cups with Handles & Lids:**

Cups with handles allow individuals to hold cups with less difficulty. Lids can prevent spills.

**Plate Guards:**

Plate guards can be clipped on to plates to allow for easier scooping and to prevent spills. Plates with built-up edges are also a good idea.

**Weighted Utensils:**

Utensils with added weight help stabilize the hand during self-feeding. The additional weight is useful for adults with tremors or shaky hands.

**Universal Cuffs:**

Universal cuffs strap around the hand and hold the utensils in them. These allow individuals with poor grip strength or hand control to hold a variety of utensils.

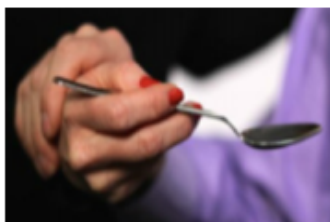
**Contrast:**

Try to provide high-contrast placemats and dishes to help with decreased attention and vision. For example, use a black placemat with white plates/bowls or a white placemat with dark colored plates/bowls.

## PHYSICAL ASSISTANCE

A decline in one's ability to self-feed does not always require total assistance from a caregiver. Try helping your loved one with feeding as it is important that they continue participating with feeding when possible. Remember to be patient as your loved one may require more time to eat than they used to. Below are a few techniques for assisting a loved one with feeding:

In the example below, the caregiver has painted nails.



### Hand-Under-Hand Assist:

Hold the utensil in your own hand. Place your loved one's hand over your hand. Bring the food to/from your loved one's mouth while they are holding on to your hand.



### Hand-Over-Hand Assist:

Allow your loved one to hold the utensil. Place your hand on top of their hand. Gently guide the utensil to/from your loved one's mouth.



### Direct Hand Feeding:

Hold the utensil in your hand and bring the food to/from your loved one's mouth. Remember to take your time and make sure your loved one is ready for each bite. This technique should be the last resort as it limits independence.

For a video of the above techniques, please visit: <https://melissabphd.com/nosh>



Picture: Direct/over/under feeding techniques, Melissa Batchelor: [https://sigma.nursingrepository.org/bitstream/handle/10755/616136/1\\_Batchelor-Murphy\\_M\\_p79229\\_1.pdf?sequence=1&isAllowed=y](https://sigma.nursingrepository.org/bitstream/handle/10755/616136/1_Batchelor-Murphy_M_p79229_1.pdf?sequence=1&isAllowed=y)

*Figure B2: Educational Handout Disseminated to CICOA Staff*

# OCCUPATIONAL THERAPY

"Occupational therapy is the only profession that helps people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations). Occupational therapy practitioners enable people of all ages to live life to its fullest by helping them promote health, and prevent—or live better with—injury, illness, or disability" -OTA

Occupational therapists (OTs) can work in a variety of settings. Below are a few examples of various settings and vague descriptions on what occupational therapy looks like in each.

<h2 style="text-align: center;">ACUTE CARE</h2> <p>OTs work with patients admitted to the hospital who are experiencing a decline in function. OTs provide quick, functional interventions that typically involve ADLs (i.e. dressing, toiling, bathing, walking, etc.). OTs also assist the medical team with discharge planning and DME recommendations.</p>	<h2 style="text-align: center;">INPATIENT REHAB</h2> <p>This is the most "intense" form of rehab as patients receive 3 hours of rehab (PT,OT,SLP) each day. OTs focus on ADL/IADL training, transfer/mobility training, education, and whatever else the patients need to do in order to get back home.</p> <p>*ADL: Activities of Daily Living *IADL: Instrumental Activities of Daily Living</p>
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<h2 style="text-align: center;">SUB-ACUTE REHAB</h2> <p>This level of rehab typically takes place in skilled nursing facilities (SNF). Patients receive ~1-1.5 hours of rehab a day and tend to stay in the facility for a few weeks. OTs still work with patients on ADLs, IADLs, functional transfers/mobility, but at a less intense pace than inpatient rehab. The goal is to still discharge patients home from this setting.</p>	<h2 style="text-align: center;">OUTPATIENT</h2> <p>OTs work in clinics where medically-stable clients come to them for appointments. OTs can address a wide variety of conditions such as stroke, arthritis, multiple sclerosis, carpal tunnel syndrome, brain injury, and any other condition that contributes to a decline in function. Some OTs have advanced upper extremity expertise and are known as Certified Hand Therapists (CHT).</p>
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## HOME HEALTH

OTs work with clients in their own homes to allow them to function safely and productively at home. Interventions typically focus on ADL retraining, functional mobility, education, home modification suggestions, home exercise programs, and DME recommendations.

## PEDIATRICS

OTs work with children of all ages to enhance their participation with age-appropriate occupations such as ADLs, IADLs, play, education, etc. Commonly seen diagnoses include autism, Down syndrome, cerebral palsy, ADHD, and many others. Pediatric OTs typically work in schools, hospitals, outpatient clinics, and in the homes.

## COMMUNITY

- Did you know OTs can work in community settings?
- OTs can work in a variety of community organizations such as adult day care programs, senior centers, group homes, independent living centers, **Area Agencies on Aging (AAAs)**, and many others!
- Community-based practice entails more than simply providing rehab interventions in the community setting. Community-based OTs can provide a broad range of services with a focus on improving overall health, wellness, independence, and quality of life.
- Common roles that OTs can have in community settings include consultants, advocates, program managers, supervisors, case managers, and many others.
- **Some AAAs utilize OTs to do the following:**
  - **Implement fall prevention programs, assessments, and workshops**
  - **Participate in home assessments and provide modification recommendations**
  - **Order assistive equipment and durable medical equipment**
  - **Educate clients and caregivers on evidence-based practices**
  - **AND much much more!**

**Appendix C: Proposal**

Occupational Therapy within CICOA

Occupational Therapy Doctoral Capstone Project – Indiana University Purdue University,

Indianapolis

Tori Minnich, OTS

## AREA AGENCY ON AGING AND OCCUPATIONAL THERAPY

### **Introduction**

I am an occupational therapy student completing my doctoral capstone experience with CICOA. I came into this capstone experience with no idea on what my project would entail. My first few weeks were spent meeting with various departments to try and find a need that I could address with my project. After meeting with each department, it was difficult to choose just one project as I felt that each department could truly benefit from having an occupational therapy perspective within. This led to my project being focused on showing CICOA the benefits that a staffed occupational therapist could have on the organization. I knew this would be a difficult task as the profession of occupational therapy has just recently become more centered around community-based practice. I utilized the literature and the expertise from other occupational therapists working in Area Agencies on Aging (AAAs) to put together a report with potential areas that an occupational therapist could address within CICOA.

### **Acknowledgements**

I would like to sincerely thank all the staff at CICOA for being so welcoming and helpful to me throughout my capstone. Many of you took valuable time out of your day to meet with me, discuss your programs, and answer any questions that I may have had. I enjoyed spending my capstone at CICOA as it was a very neat experience to see things from a different perspective. I was truly impressed with every department that I met with as I could tell that the staff go above and beyond to fulfill their clients' needs.

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### **Section I: Community-Based Occupational Therapy Practice**

The profession of occupational therapy helps people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (American Occupational Therapy Association [AOTA], n.d.). These daily activities are referred to as occupations. Occupations are central to a person's health, identity, and sense of competence as they are the tasks that people need to, want to, and are expected to do. (AOTA, 2020a; World Federation of Occupational Therapists, 2012). The Occupational Therapy Framework: Domain and Process-4 (OTPF-4) identifies nine broad categories of occupations: activities of daily living, instrumental activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation (AOTA, 2020a).

Most occupational therapy services are typically implemented in traditional medical model settings such as hospitals, nursing homes, and rehabilitative settings. However, the profession of occupational therapy is becoming more community based as it is expanding outside the traditional rehabilitative approach of treating solely those who are ill or injured (Meyer, 2009). This indicates that some occupational therapists are transitioning from working in traditional medical model settings to working in community-based settings. The roles that occupational therapists have in community settings are much different than the roles in the traditional settings, which results in the interventions looking much different as well. Common roles that community-based occupational therapy practitioners can have include consultant, community health advocate, program manager, supervisor, case manager, entrepreneur, and many others (Scaffa & Retiz, 2020).

Evidence of the profession transitioning to becoming more community-based can be found in the recent edition of *The Occupational Therapy Framework: Domain and Process* and

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The American Occupational Therapy Association's Vision 2025. Both seminal occupational therapy pieces emphasize the value of occupational therapy services for communities and populations. AOTA's Vision 2025 states, "Occupational therapy maximizes health, wellbeing, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living" (AOTA, 2017a). The OTPF-4 considers clients to not only be classified as individual persons, but also as groups and populations (AOTA, 2020a). The shift in the profession entails facilitating healthy living, aging in place, and quality of life for all members of the community (Meyer, 2009). Occupational therapy practitioners have an essential role in promoting quality of life, health, and participation in meaningful occupations amongst community-dwelling older adults (AOTA, 2016a).



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### **Section II: Current Collaborations between AAAs and Occupational Therapists**

Area Agencies on Aging (AAAs) and the profession of occupational therapy have similar values when it comes to promoting aging in place amongst older adults. Despite the limited published literature on occupational therapists working with AAAs, there are still promising outcomes associated with occupational therapy interventions and community-dwelling older adults (Elliott, 2019). Aging agencies may want to explore the option of utilizing occupational therapy practitioners for their expertise in falls prevention programs, home modifications, and health promotion and disease prevention strategies (Elliott, 2019).

Sharon J. Elliott (2019) recently composed an article that emphasized the role that occupational therapy practitioners can play in an Area Agency on Aging (AAA). Elliott acknowledged that though the collaborations between the two entities are new, research and evidence suggests the positive impact that occupational therapists can have on community-dwelling older adults. Elliott concluded her article by stating that occupational therapy practitioners should take the time to learn about AAAs and identify strategies for potential collaborations (Elliott, 2019).

Partnerships and collaborations between AAAs and occupational therapists appear to be becoming more and more common. Due to these partnerships being relatively new, there are limited published outcomes on the efficacy of these collaborations. However, I was able to discover a few AAAs who have recently utilized staffed occupational therapists. The websites and contact information are available in Appendix A.

#### **Pitt County Council on Aging: Sharon Elliott**

Sharon Elliott, an occupational therapist, is the Healthy Aging Specialist at Pitt County Council on Aging (Elliott, 2019). Elliott started working with the agency to collaborate on a falls

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prevention grant that eventually funded a program that allowed her to conduct home safety assessments, provide falls prevention and home safety education, and coordinate services amongst the organization's clients. Her program resulted in fewer falls and reduced fear of falling amongst the participants after one-year follow up calls. Her position was later broadened to include overseeing the agency's Healthy Aging and Injury Prevention Program where she provides a wide array of services to the community-dwelling older adults that are funded through private pay, local grants, block grants, and donations (Elliott, 2019).

### **Orange County Department on Aging: Marie Dagger**

Marie Dagger is a community-based occupational therapist with the Aging Transitions Team at the Orange County Department on Aging (OCDoA). Dagger is now a full-time staff member and is involved with a wide variety of tasks throughout the agency such as home assessments and recommendations, interactive home safety chats, educational seminars, equipment donations and tune-ups, memory screening, and many other tasks. After speaking with Dagger, she mentioned her goal was to start tracking outcomes because she truly feels that she is making a major difference within the agency (M. Dagger, personal communication, January 26, 2021). Examples of some of her flyers for her services can be found in Appendix B.

### **Missoula Aging Services: Connie Bauer**

Connie Bauer is in the process of beginning a partnership with Missoula Aging Services to work with clients living with dementia as part of a community living grant (C. Bauer, personal communication, January 28, 2021). Bauer stated that she is also utilizing her private practice to help the agency with billing and funding necessary for her services (C. Bauer, personal communication, January 28, 2021).

### **Minnesota River Area Agency on Aging: CAPABLE**

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The Minnesota River Area Agency on Aging is set to initiate an evidence-based program that utilizes an occupational therapist (Wolle, 2020). CAPABLE, a Johns Hopkins developed program, is a client-directed, home-based program designed to increase mobility, functionality, and capacity to age in place for older adults (Szanton et al., 2017). This program generally utilizes an occupational therapist, a registered nurse, and a handyperson, but has been tailored and modified to fit the needs of various organizations.

### **Ohio Area Agency on Aging District 7: Shawnee State University Occupational Therapy Program**

This AAA works with an occupational therapy program to provide falls prevention education to the community (Area Agency on Aging District 7, 2020). In the past, they had utilized an evidence-based program, A Matter of Balance, to help reduce falls within the community. However, due to COVID-19, they recently began providing falls prevention education through a virtual format. The occupational therapy students now implement a live, weekly interview, known as “Fall-Free Fridays”, to provide information about falls, risk factors, and fall prevention tips (Area Agency on Aging District 7, 2020).

### **Clearfield County Area Agency on Aging: Penn State University Occupational Therapy Program**

The Clearfield County Area Agency on Aging recently partnered with an occupational therapy program to provide a fall prevention and wellness program for the area seniors (Gant News, 2020). The virtual informational sessions consisted of topics regarding risk factors for falls, such as how medications, low vision, and foot care can cause falls. The program also touched on the importance of environmental safety, stress management, and exercises to prevent falls (Gant News, 2020).

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**Section III: Occupational Therapy Recommendations**

For the last several weeks, my time has been spent working with CICOA and examining the literature on community-based occupational therapy. From these experiences, I have identified a few areas where an occupational therapist could potentially have a major impact within CICOA. The following section consists of the five main recommendations on what an occupational therapist could do for the organization. Each recommendation includes a section on how it is in the scope of occupational therapy and how the partnership could look within CICOA.

**Recommendation 1: Occupational therapist could implement a falls prevention program.*****Occupational Therapy Scope of Practice***

Falls are a major health concern for older adults aged 65 and older, as more than one in four older adults experiences a fall each year (Stevens et al., 2012). Each year, nearly 3 million older adults require emergency room care because of a fall, which can result in consequences, such as traumatic brain injury, hip fractures, and reduced ability to perform daily living tasks (Centers for Disease Control and Prevention [CDC], 2017). Fall prevention is a national priority as it is included in the goals of Healthy People 2030 (Office of Disease Prevention and Health Promotion [ODPHP], n.d.).

Falls are believed to be multifactorial, meaning they are caused by various intrinsic and extrinsic risk factors (Stark et al., 2017). Common risk factors for falls include impaired mobility skills, muscle weakness, medication side effects, impaired vision, improper footwear, environmental hazards, and Vitamin D deficiency (Bloch et al., 2010; Deandrea et al., 2010; Elliott & Leland, 2018). Occupational therapists are equipped to address many of these risk factors through tailored interventions and programs. Occupational therapists are unique in that

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they take a holistic approach and understand that a person's success is often influenced by multiple intrinsic and extrinsic factors.

### *Recommendation for CICOA*

Not only are falls prevalent on a national scale, but the data also suggests that falls are common amongst CICOA clients. CICOA options counselors and care managers utilize the InterRAI Home Care Assessment Scale to assess their clients. This comprehensive clinical assessment is used in community settings to assess clients' needs, strengths, and preferences, and to facilitate referrals when appropriate. Section J-1,2 of the assessment focuses on the occurrences of recent falls. Of the near 10,000 CICOA clients interviewed from July to December 2020, approximately 1,800 of them reported one or more falls in the last 30 days. This means that nearly 18% of the clients interviewed during a six-month period experienced a fall.

CICOA is currently piloting one evidence-based falls prevention program, Bingocize. This program focuses on nutrition education and strengthening exercises to reduce fall risk and improve quality of life. I feel that there could be room for additional fall prevention programs within CICOA. An occupational therapist could work with CICOA to directly lead programs or could instead oversee the programs and make sure that CICOA is up-to-date on new evidence and literature. Below are a few evidence-based fall prevention programs supported by the National Council on Aging (NCOA, 2021):

**A Matter of Balance.** This program is an 8-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels.

**Stepping On.** This multi-faceted program offers strategies and exercises to reduce falls and improve self-confidence in making decisions in situations where older adults are at risk of falling. This program typically runs for 7 weeks with clients attending weekly sessions for 2

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hours. This program is correlated with a 31% reduction of falls amongst community-dwelling older adults (Clemson & Swann, 2007).

**Healthy Steps for Older Adults.** This program is carried out over 2 different workshops and it is designed to raise participants' knowledge and awareness, introduce steps that they can take to improve health and reduce falls, and provide referrals and resources. This program is designed for community-dwelling older adults ages 50 and up and is tailored for participants with low health literacy.

**Tai Chi for Arthritis.** This program is appropriate for adults who have a high risk of falling as it aims to improve mobility, balance, strength, flexibility, and psychological health while decreasing pain and falls. This program can be implemented in 16 weeks with weekly 1-hour sessions or 8 weeks with 2-hour sessions. There are two other Tai Chi programs that the NCOA recommends as well.

**CAPABLE.** This program consists of an interdisciplinary team made up of an occupational therapist, nurse, and a handyman. Additional information on this program can be found in the next recommendation.

**Recommendation 2: Occupational therapist could assist with SafeAtHome and home assessments.**

### *Occupational Therapy Scope of Practice*

Home modifications play a major role in enabling individuals to age in place. Occupational therapists are equipped to recommend home modifications as they are skilled at recognizing how the environment affects the ability to perform various daily tasks (AOTA, 2016b). An occupational therapist evaluates a client's performance abilities by looking at their balance, endurance, coordination, strength, safety awareness, attention, problem solving, vision,

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and many other functions while the individual performs their daily tasks in their home environment. An occupational therapist can observe a client performing all the essential activities in their home, from activities of daily living (bathing, dressing, toileting, other self-care tasks) to instrumental activities of daily living (doing laundry, preparing meals, cleaning) to leisure activities (exercising, playing cards, entertaining friends, enjoying hobbies) and many others. From these observations, the occupational therapist can then recommend home modifications, durable medical equipment, adaptive equipment, and behavioral changes to improve a client's safety and independence in the home (AOTA, 2016b).

### ***Recommendation for CICOA***

I believe that an occupational therapist could play a vital role within the SafeAtHome department. The Director of SafeAtHome was generous enough to allow me to observe him on a home assessment with a client. He did a great job with his recommendations based off talking with the client and the caregivers.

One thing that an occupational therapist would be able to do is to observe the client performing tasks and base recommendations off that. These observations may spur some new ideas for recommendations such as assistive equipment, durable medical equipment, other home modifications, and even compensatory strategies to maximize safety and independence. I was lucky enough to complete multiple home evaluations during my last clinical rotation at a skilled nursing facility. During those home evaluations I learned that compensatory strategies and behavioral modifications were often just as important as the home modification recommendations. Having an occupational therapist who can recommend durable medical equipment may also encourage increased funding for SafeAtHome and reimbursements from insurance companies.

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**Community Aging in Place – Advancing Better Living for Elders (CAPABLE).**

CAPABLE is an evidence-based home modification program, based out of Johns Hopkins, that is being implemented by various organizations, including aging agencies. CAPABLE is delivered to community-dwelling adults to decrease fall risk, improve safe mobility, and improve daily functional tasks (Szanton et al., 2017). CAPABLE consists of an interdisciplinary team made up of an occupational therapist (six visits), a nurse (four visits), and a handyman (one visit). CAPABLE is unique in that it entails working with the client and the home environment, to decrease the gap between what the person can do and what the home environment allows them to do. CAPABLE is a multi-faceted approach as it address numerous evidence-based fall prevention recommendations such as implementing exercises, minimizing hazards, screening for low vision, reviewing medications for fall risk, modifying the ways activities of daily living are being completed, installing bannisters and lighting on stairs, and many other recommendations (Szanton, 2017).

CAPABLE has been shown to improve health outcomes at lower costs. Participants of CAPABLE have reported greater success with ADLs, reduced symptoms of depression, and improved motivation (Szanton et al., 2016). Per client, CAPABLE costs \$2,825 for all the visits and home repairs (Szanton et al., 2017). However, CAPABLE has been associated with lower likelihood of inpatient and long-term service use as well as lower overall Medicaid Spending as studies suggest that each CAPABLE participant resulted in approximately \$10,000 of Medicaid savings per year (Szanton et al., 2017).

CAPABLE looks to be gaining traction and popularity as studies and reports continue to be published. President Joe Biden even mentioned the program during a campaign speech back in July of 2020 (Holly, 2020). Michigan is in the process of implementing a modified CAPABLE



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program, MI-CAPABLE, within their home and community-based services (HCBS) Medicaid waiver program. Michigan Medicaid has pledged to incorporate this program in the package of waiver services for all eligible Medicaid participants if the pilot tests show improvement in quality of life and delays in nursing home admissions (Szanton et al., 2017). In June 2019, the Physician-Focused Payment Model Technical Advisory Committee (PTAC) voted to recommend that CMS test the program on a larger scale to allow for a payment model to be developed (Holly, 2020). In a November interview, Szanton said that she believed CMS was viewing CAPABLE as a program that could be included in value-based mechanisms like Medicare Advantage plans or Primary Care First plans (Holly, 2020). Szanton also expressed that they are working with their partners and representatives to make sure that Congress and CMS are educated about the program and their districts (Holly, 2020).

**Recommendation 3: Occupational therapist could periodically visit congregate meal sites to assess and provide recommendations.**

### *Occupational Therapy Scope of Practice*

Self-feeding is an activity of daily living that can be impacted due to a variety of medical conditions. The Occupational Therapy Practice Framework defines feeding as “setting up, arranging, and bringing food from the vessel to the mouth” (AOTA 2020a, p. 30). Conditions that can impact self-feeding independence typically include dementia, arthritis, cerebral vascular accident, Parkinson’s disease, multiple sclerosis, decreased vision, decreased fine motor control in hands, and limitations in range of motion (AOTA, 2020b). Occupational therapists can utilize their unique skill sets to adapt eating utensils, modify the environment, and educate the individual on compensatory techniques to allow for increased independence and safety with self-feeding. (AOTA, 2020b).

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***Recommendation for CICOA***

Lisa Schneekloth mentioned that many of the staff at the congregate meal sites are consistently working there and are the ones interacting with the clients on a continuous basis. Therefore, it is likely that these staff will be the ones that notice self-feeding difficulties. The key here is that the staff are trained on what to look for. The occupational therapist could train these staff on what difficulties to look for and what to report. The occupational therapist could make periodic visits, perhaps monthly, to the sites to work with the clients experiencing self-feeding issues. The occupational therapist could provide adaptive utensils, compensatory techniques, or education to improve the client's independence with self-feeding.

**Recommendation 4: Occupational therapist could utilize evidence-based practice to provide seminars and handouts to clients.**

***Occupational Therapy Scope of Practice***

Occupational therapists incorporate evidence-based interventions to provide effective, high-quality, and cost-effective services to clients of all ages with varying conditions and diagnoses (Arbesman et al., 2014). Occupational therapists are equipped to present evidence-based education to caregivers and clients in an understandable manner.

Marie Dagger, the occupational therapist employed by Orange County Area Agency on Aging, utilizes her expertise to provide various educational seminars and experiences to the community. Last year, she implemented a five-session, virtual home safety chat with clients that focused on grab bars, medical alert systems, ramps, lighting, and fall recovery techniques. She also hosted a session designed to educate caregivers on techniques for assisting a person who uses a walker or wheelchair. Examples of her flyers can be found in Appendix B.

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The Pennsylvania and Ohio AAAs mentioned earlier, both utilize occupational therapy students to implement falls prevention seminars with their clients.

### ***Recommendation for CICOA***

This recommendation could impact numerous departments within CICOA. The occupational therapist could create useful handouts, seminars, and video series on various topics to meet the current needs of the organization. During my brief time with CICOA, I collaborated with Nutrition and CareAware to create an educational handout on the various adaptive utensils available to improve independence and safety with self-feeding (Available in Appendix C). I also collaborated with an employee to assess the effectiveness of various outcome measures on a new Electronic Health Record Platform. An occupational therapist could also assess CICOA's current handouts to make sure that they are up to date with the constantly evolving literature and evidence. This would help ensure that CICOA is continuing to provide best practice recommendations to the clients.

**Recommendation 5: Occupational therapist could provide durable medical equipment expertise and recommendations.**

### ***Occupational Therapy Scope of Practice***

Occupational therapists are equipped to provide training in self-care activities with the use of durable medical equipment (DME), adaptive equipment, and compensatory techniques (Buffalo Occupational Therapy, n.d.). Occupational therapists can assist clients with DME in a variety of ways as they can help with acquiring the device, properly fitting the device, and providing training to properly use the device. Occupational therapists can assess clients and provide physicians and insurance companies with a clinical rationale on the need for DME

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devices to maximize safety and independence with functional mobility (Buffalo Occupational Therapy, n.d.).

Marie Dagger, the occupational therapist employed by Orange County's AAA, utilizes her DME expertise by providing equipment "tune-ups" to the agency's clients. She is able to assess the devices to determine if they are at the proper heights and if they are properly working (i.e. walker brakes, cane tips, etc.) to assure maximum safety with functional mobility in the home. An example of this flyer can be found in Appendix B.

### ***Recommendation for CICOA***

I believe that an occupational therapist's expertise with DME could benefit CICOA in multiple ways. For instance, an options counselor or care manager could consult the occupational therapist if they notice any functional mobility difficulties with their client. The occupational therapist could then assess the client, potentially even virtually, and provide a written DME recommendation or referral for the client's physician to help streamline the process. An occupational therapist could also mirror what Marie Dagger does and assess clients' current DME to make sure they are in adequate shape for maximal function and safety. The Director of SafeAtHome mentioned that his funding does not cover DME, even though he sees that many of his clients would benefit from such (i.e. tub benches, shower chairs, commodes, etc.). Perhaps SafeAtHome could receive additional funds through grants or organizations to cover certain DME if the organizations knew an occupational therapist was assessing clients and recommending DME.

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### **Section IV: Funding**

It is difficult to provide a one-size-fits-all recipe as it pertains to funding a community-based occupational therapist because every community organization varies from one another. It is also difficult to provide detailed funding recommendations because there are currently few AAAs employing occupational therapists. According to The AOTA 2019 Workforce and Salary Survey, the national median salary of a full-time community-based occupational therapy practitioner was \$75,000. Organizations not yet ready to employ a full-time occupational therapist may wish to explore other funding options such as grants and part-time occupational therapy staff.

#### **Grants**

Organizations looking to fund an occupational therapist could do so through grant funding. I had difficulty finding grants that directly funded a full-time salary for an occupational therapist. Instead, I was able to find grants that funded programs that were run by occupational therapists. This allows the organization to be introduced to and to build a relationship with the occupational therapy practitioner prior to budgeting for a full-time salary. Marie Dagger, an occupational therapist, started working with Orange County Department on Aging through a grant-funded initiative that allowed her to serve families living with dementia (personal communications, January 26, 2021). Sharon Elliott, an occupational therapist, started working for Pitt County Council on Aging through a falls prevention grant. The agency later budgeted for a Falls Prevention and Home Safety Coordinator position and hired the occupational therapist to fulfill that full-time role (Elliott, 2019). The rest of this section contains various grant opportunities that CICOA could pursue to fund an occupational therapist. Appendix D contains websites for each of the grant sources.

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***Administration for Community Living: Empowering Communities to Reduce Falls and Falls Risk***

The Administration for Community Living (ACL) understands that falls are the leading cause of fatal and nonfatal injuries for people over 65 years of age. To address this epidemic, the ACL has awarded approximately 60 discretionary grants to states and community-based organizations over the past five years to implement evidence-based falls prevention programs. The purpose of the ACL Empowering Communities to Reduce Falls and Falls Risk Grant is to create and sustain evidence-based falls prevention programs to reduce falls, fear of falling, and fall related injuries in the elderly population (ACL, 2020).

This particular funding opportunity has two goals:

Goal 1: Through robust partnerships, develop a result-based, comprehensive strategy for reducing falls and falls risk among older adults and adults with disabilities living in your community.

Goal 2: Significantly increase the number of older adults and adults with disabilities who participate in evidence-based falls prevention programs, while concurrently pursuing the sustainability of these programs beyond the end of the grant period.

The chosen program(s) must be on the pre-approved list and be considered evidence-based by the NCOA. The available programs for the most recent grant were: A Matter of Balance, Bingocize, CAPABLE, EnhanceFitness, FallsTalk, Fit & Strong!, Healthy Steps for Older Adults, Healthy Steps in Motion, Moving for Better Balance, The Otago Exercise Program, Stay Active and Independent for Life, Stepping On, Tai Chi for Arthritis, Tai Chi Prime, and Tai Ji Quan: Moving for Better Balance (ACL Appendix A, 2021). The bolded

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programs are programs that I recommended for CICOA in the beginning of this report. However, all the listed programs are evidence-based and could surely benefit CICOA in some capacity.

CICOA would be eligible for this grant as a non-profit 501c3 organization. This grant funds an evidence-based falls prevention program for 3 years. Last year's recipients each received between \$200,000 and \$300,000 to fund their programs. Other AAAs have been awarded this grant funding in the past. Examples of previous AAA award recipients and the proposed programs can be found in Appendix E.

### ***Department of Housing and Urban Development: Older Adults Home Modification Grant Program***

This Department of Housing and Urban Development (HUD) grant funds The Older Adults Home Modification Program (OAHMP). The OAHMP is designed to provide significant funding to nonprofit organizations, governments, and public housing authorities to make repairs and functional home modifications that allow low-income older adults to remain in their homes. The goal of this program is to provide a safe environment that increases accessibility, reduce the occurrence of falls, and improve the safety and functionality of the living environment for participants (AOTA, 2021). The OAHMP model utilizes a licensed occupational therapist to ensure that the home modifications address the client's specific goals and needs to promote full participation in daily tasks. The occupational therapist employs a person-centered approach to motivate and support the participants as they identify their goals and learn to function safely in their own homes (AOTA, 2021).

### ***Other Grants***

There are other grants that are not as specific as the two grants listed above, meaning that there is more room to decide how an occupational therapist could be used. Renee Stout was

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generous enough to share some grant links for me to investigate. These grants would likely not fund a full-time salary but could instead potentially fund an OT-led program within CICOA.

**The Retirement Research Foundation: Direct Service Grants.** The RRF awards direct service grants for projects that “provide new and expanded opportunities for older persons to remain meaningfully engaged in community life, including intergenerational programs” (RRF, n.d.). This is very applicable as occupational therapists work with clients to encourage participation in meaningful occupations.

**The Milbank Foundation.** This foundation prioritizes their grants around “helping seniors to age in the place of their choice through non-institutional, community-based health and social services” (Milbank Foundation, n.d.).

**The Harry and Jeanette Weinberg Foundation.** This foundation offers housing grants to fund renovations of existing housing for older adults. The grant requires that supportive services be provided as well. This could be applicable to CICOA as an occupational therapist could work with the clients before, during, and after the renovations to really provide a multitude of interventions to prevent falls.

**The Central Indiana Senior Fund.** CICOA already has a relationship with this organization that strives to assure that the elderly in the community have the basics of life and live their lives with a sense of dignity and worth (CICF, n.d.). The organization identified four main impact areas for their grants: basic needs, health & wellness, living environment of choice, and life-affirming opportunities. A program run by an occupational therapist could really impact any of these areas.

**Care Source Foundation.** This organization provides community grants that align with their focus areas and will have a direct impact on the local needs of the communities. (Care



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Source Foundation, n.d.). One of their areas priorities is to support health education and promote healthy habits that will meaningfully improve physical and mental health for targeted populations. A Chronic Disease Self-Management Education Program (CDSME) could fit in well here. Occupational therapists are equipped to develop and deliver programs and services that promote health, social participation, and well-being of all community members (AOTA, 2020).

**Daisy Foundation: Health Equity Grant Program.** This program funds nursing research and evidence-based practice projects that address social determinants of health while improving health outcomes (Daisy Foundation, n.d.). This organization requires that nursing be involved with their grants. This could be an appropriate grant to carry out The CAPABLE program which is run by a nurse, occupational therapists, and a handyperson.

### **Utilize a Part-Time Occupational Therapist**

There are many community-based occupational therapists who work part-time in the community. Organizations could utilize part-time occupational therapists as consultants for their organizations as a whole or even for individual programs (i.e. falls prevention programs, home modifications, caregiver education, etc.). An organization could also look to explore the option of hiring an occupational therapy program faculty member to work part-time as a consultant. A few of my current professors are full-time faculty members but also work with community-based organizations outside of the classroom.

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### **Section V: Next Steps for CICOA**

I understand that CICOA may be hesitant to jump right in and fund a full-time occupational therapist based off a single report. There are other available options that would allow CICOA to continue learning more about occupational therapy and what the profession could bring to the organization.

#### **Continue partnership with IU OTD Capstone Students**

CICOA could continue their partnership with Indiana University's Occupational Therapy Program and potentially expand to other universities. Now that the employees of CICOA have a better understanding of the scope of community-based occupational therapy, there may be more opportunities for future capstone students. Individual departments could utilize students to meet their needs. I can see numerous opportunities for student involvement in CareAware and SafeAtHome as caregiver support and home modifications are major areas of focus in occupational therapy. CICOA is an excellent community capstone site that I am sure would gauge plenty of interest from programs and prospective students.

#### ***Future Student Project Ideas***

CICOA is set to host another occupational therapy capstone student next year. I feel this is a great opportunity for both the student and CICOA. After working with CICOA over the past several weeks, there are a few potential capstone project ideas that stand out to me.

- Implement an evidence-based falls prevention program: This is a great opportunity for CICOA to analyze how a falls prevention program could impact the organization.
  - The student could choose from a wide variety of evidence-based falls prevention programs.

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- The student could demonstrate the importance of occupational therapists within The CAPABLE program. The student could work with the clients that receive home modifications through CICOA. Though this is not the entire program, it is a cost-effective, and feasible way to show the impact that occupational therapists can have.
- Grant proposal: The ACL grant and HUD grant (mentioned above) are grants that I could see CICOA utilizing to implement an evidence-based falls prevention program. The occupational therapy student could work with the organization to create a grant proposal.
- Create a falls prevention workshop for CareAware: CareAware has an exercise-based falls prevention workshop, but they have not implemented it recently. The site could benefit from a multicomponent falls prevention workshop. This would differ from a full-fledged falls prevention program as it would entail clients coming to just one session rather than coming back for weekly sessions.

### **Utilize an OT Program**

Two of the AAAs that were mentioned in Section II, utilized occupational therapy programs for their expertise. This partnership could benefit both parties. Occupational therapy programs are often looking for ways to provide their students with real-world, practical experience outside of the classroom. Organizations could benefit from the expertise of the students and faculty at a much lower price, often free, compared to a staffed occupational therapist. This partnership also allows each entity to expand their knowledge and awareness of one another's programs.

The two programs listed above utilized occupational therapy programs to provide fall prevention education to their clients. This presents as an easy path to take as both parties are

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interested in falls prevention education. There are numerous other opportunities for partnerships depending on the needs of both parties. I could see occupational therapy programs working with any of the recommendations provided in this report.

### **Final Thoughts**

I truly believe that a time will come where occupational therapists will be employed by many AAAs. CICOA has a great opportunity to be at the forefront of this movement as more and more agencies are beginning to employ occupational therapists. The utilization of an occupational therapist will provide CICOA with assets that benefit both the clients and the organization. If CICOA is not ready to fund an occupational therapist at this moment, I do recommend that they continue to learn more about the profession and what it could bring to the organization.