The American Occupational Therapy Association
Report to the Executive Board

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FROM: **AOTA Board Task Force on Health and Wellness**

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Executive Summary

Prevention Specialists make an important contribution to fulfilling CDC's mission to provide leadership in training the public health workforce. They will undoubtedly be among our future leaders in public health.

Virginia Bales Harris
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Occupational therapy's early beginnings were in preventive medicine, public health, and civic reform. Our founders provided an important framework for community health and identified a unique role for the new profession of occupational therapy. As occupational therapy became aligned with medicine and other health professions, the focus of the professions shifted to acute care and rehabilitation. As a result, the professions provided important contributions including the development of assessments and interventions for individuals with various medical conditions. During this same period, the profession developed the role of occupational therapy in specific areas of need such as special education.

In 1946, the World Health Organization (WHO) defined health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1946). This conception of health influenced the development of the WHO's International Classification of Functioning, Disability, and Health (WHO, 2001) which classifies health domains by body functions and structures, activities and participation and includes environmental factors as important determinants of health and everyday function.

Our national health care agenda has shifted toward public health and now recognizes health promotion and disease prevention as central to any national health plan. There are two goals in Healthy People 2010 and the first goal is related to health and wellness.

> The first goal of *Healthy People 2010* is to increase the quality as well as the years of healthy life. Here the emphasis is on the health status and nature of life, not just longevity…People have become increasingly interested in other health goals such as preventing disability, improving functioning, and relieving pain and the distress caused by physical and emotional symptoms.… From an individual perspective, healthy life means a full range of functional capacity at each life stage, from infancy through old age, allowing one the ability to enter into satisfying relationships with others, to work and to play. From a national perspective, healthy life means a vital, creative, and productive citizenry contributing to thriving communities and a thriving nation (USDHHS, 1998, Goal 3).

Federal and state governmental agencies are devoting significant resources to health and wellness in the areas of research, health policy, education, and practice. Health systems, employers, and health insurers are recognizing that health promotion and disease prevention

programs are the best means of controlling the exponential growth of health care costs. Lifestyles factors are identified as contributing to many of the major health conditions prevalent today.

Many health professions and consumer groups are vying for position to capture the market on health promotion and disease prevention. Various products and programs are offered with promises to improve overall health and wellbeing. It has been estimated that health and wellness is a multi-billion dollar industry and will grow dramatically over the next decade (Kickbusch & Payne, 2003).

Occupational therapy has the opportunity to take a leadership role in health promotion and disease prevention. Given the philosophical foundation and client-centered, occupation-based approaches that have been developed in the field, OT is now poised to be an important participant in health and wellness programs. Occupational therapy's emphasis on persons, environments, and occupations provide a distinct contribution to public health goals and strategies.

To achieve a position in health and wellness, occupational therapy practice, education, and research activities must expand to include health promotion and disease prevention initiatives. Health and wellness must be a strong part of the identity and image if OT is to be a leading profession in public health circles. The language, curricula, practice models, and public relation strategies must shift from a position predominantly based in a medical model orientation to one that is steeped in health and wellness along with new collaborations made with individuals, organizations, and communities on health promotion programs.

We recommend that The American Occupational Therapy Association help its members realize their potential as leaders in the health and wellness movement. Occupational therapy will make major contributions in health promotion and disease prevention through practice, education, and research programs. Our professional association can assist these efforts by providing clear goals, resources, and professional development opportunities.

Action Items

The following action items are a summary of the recommendations from the full report of the AOTA Board Task Force on Health and Wellness. Progress in each of these areas is necessary if occupational therapy is to achieve its full potential in health and wellness

1. Develop and promote an image and identity for occupational therapy that spotlights the importance of occupational engagement for health and wellness.

2. Use the language of consumer and health promotion audiences to communicate occupational therapy's unique role in health and wellness.

3. Provide education to student and practitioner audiences based on the *Clinical Prevention and Population Health Curriculum Framework.*

4. Develop partnerships with individuals, organizations, and communities to lead and influence in health care policy, public health programs, funding, education, research, and practice.

5. Identify occupational therapy practitioners with expertise in health and wellness practice, research and education.

6. Monitor, support, and disseminate research, practice, and education initiatives in health and wellness.

Relationship to Strategic Plan

The five goals in the 2006-2009 AOTA Strategic Plan support the action items related to health and wellness recommendations outlined in this report. Occupational therapy has the capacity to make significant contributions to public health. The recommendations in this report specifically address priorities related to building the profession's capacity to fulfill its potential and mission, demonstrating and articulating our value to individuals, organizations, and communities, and linking education, research and practice. Health promotion has been identified as a critical component of health care for the 21st century. Developing a presence in this area will require occupational therapy to develop new practice models and partnerships with organizations and communities. Initiatives in education, research, and practice will be important to prepare occupational therapy to lead and influence in the national health and wellness agenda.

Full Report:

1.0 Educational Issues

Summary

There is national interest regarding infusing health promotion and public health content into all health care professional education programs. The Association of Teachers of Preventive Medicine has taken a lead in this effort. The Association of Teachers of Preventive Medicine (ATPM) recently changed their name to the Association for Prevention Teaching and Research (APTR). This is part of an effort to expand participation to all health care professions with less of an emphasis on medicine.

APTR and the Association of Academic Health Centers (AHC) established the Healthy People Curriculum Task Force (Task Force) in 2002, funded by the Health Resources and Services Administration and the US Department of Health and Human Services. The Healthy People 2010 Curriculum Task Force was charged with developing content areas, competencies and guidelines for prevention and health promotion education for health professional education to address Healthy People 2010 Objective 1.7. HP 2010 Objective 1.7 aims to "Increase the proportion of schools of medicine, schools of nursing and health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention."

In response to the charge, the Task Force developed the *Clinical Prevention and Population Health Curriculum Framework* which has four primary components: (1) evidence-base for practice, (2) clinical preventive services - health promotion, (3) health systems and health policy, and (4) community aspects of practice. Each of these components has specific content and competencies associated with them. These guidelines can be used by occupational therapy educational programs. Many other disciplines have already adopted these guidelines, including medicine, nursing, physician assistant, pharmacy and dentistry. Some of these content areas and competencies are already included in current occupational therapy curricula, but other areas are clearly not addressed. More information regarding the *Clinical Prevention and Population Health Curriculum Framework* can be found at www.atpm.org and in Appendix B of this report.

There are a number of professional organizations in addition to the APTR that should be considered potential partners for our educational purposes. These organizations are identified in the section, 8.0 External Partners and Organizations.

If occupational therapy practitioners, at all levels, are appropriately educated, they can provide unique and effective health promotion interventions at the individual, group, organization, community and governmental/policy levels (AOTA, 2001). Occupational therapy participation in health promotion and wellness is entirely consistent with the *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2002). It is important for the future of the profession to integrate health promotion content and competencies into existing occupational therapy curricula, and to provide continuing education on this topic for current practitioners. The

development of model educational modules would enhance the consistency of the education provided, while also facilitating its implementation in professional education and continuing education arenas. Ultimately, it would be beneficial for these content areas and competencies to be included or strengthened in accreditation standards for OT and OTA educational programs.

The early history of occupational therapy is rooted in ideas about the importance of occupation to health and well being within a public health context. However, this history is not commonly known by occupational therapy students and practitioners. Between 1915 and 1920, Eleanor Clarke Slagle (a social worker) created the pioneer course in occupational therapy education at the Chicago School of Civics and Philanthropy, which was held within a settlement house setting. The school was named after Henry Favill, a physician in Chicago who had taken a keen interest in preventive medicine, public health and civic reform. The philosophical context of the settlement houses during the era was to assist poor immigrants with the tasks of social adaptation to their new environments. Later, the settlement house movement advocated for legislation to improve community conditions to address public health issues such as sanitation and housing. The course in occupations included instruction in administration of charitable institutions and industrial and public hygiene (Loomis, 1992).

Slagle was a close colleague of the prominent psychiatrist Adolf Meyer, and had worked for him at the Phipps Clinic at Johns Hopkins University. Meyer's theory of psychobiology has been described as one of the earliest models for understanding mental illness as a disorder stemming from inadequate coping resources to the stressful demands of everyday life. Dryer (1976), writing in the American Journal of Public Health, described Meyer's approach as an ideal for public health. She noted that Meyer's mental hygiene movement recognized that public health also needed to include approaches to help people contend with the demands imposed by changes in work and technology during the early nineteenth century. Christiansen (in press) has documented the similarities between Meyer's theory and modern stress research linking lifestyle and resilience.

Meyer (1922) articulated aspects of his theory and their appropriateness for occupational therapy in a paper on the philosophy of occupational therapy, published in *The Archives of Occupational Therapy* and *The Nation's Health*, in 1922. These connections between occupational therapy and public health are both early and compelling, and their waning influence in the intervening years might be attributable to the demands of World War II for rehabilitation of physical injuries and the subsequent association between occupational therapy and organized medicine (Kielhofner & Burke, 1977).

Recommendations

Education should be targeted to students and faculty in professional / technical programs as well as to practitioners through continuing education offerings.

1.1. Review *Clinical Prevention and Population Health Curriculum Framework* and consider for adoption.
   - 1.1.a Create educational materials to support these competencies (e.g., modules on health and wellness for educational programs)

1.1.b. Provide continuing education on these content areas for practitioners.

1.2. Develop databases of
- 1.2.a OT educational programs having curricular content related to health and wellness
- 1.2.b OT faculty who have graduate degrees in public health-related fields, and
- 1.2.c OT programs that are located on campuses with extant public health programs.

1.3. Coordinate AOTA website information on health and wellness resources including continuing education, and links to relevant web sites.

1.4. Encourage SIS / Networks to educate members on health and wellness in a coordinated way (e.g., recent EBP initiative)

1.5. Conduct a needs assessment for an AOTA specialty certification program in this area (basic vs advanced?)

1.6. Create educational materials on the early history of occupational therapy in public health initiatives.

2.0 OT Issues in Acute Care, Rehabilitation, Institutional, and Community

Summary

At this time, occupational therapy has limited practice models for health and wellness in acute care, rehabilitation, institutional and community settings and a small workforce that is practicing in this area. Most practice models are based on medical traditions of evaluating the primary problem/condition/disability and providing interventions that are specifically targeted to this focus. Practice guidelines, reimbursement and documentation are based on this same medical model of assessment and intervention. We are not as strong in mental health practice arenas as we were in the past and our community health models are still developing. We simply do not have the language and models to guide our work in this area of practice and are unaware of research outside of occupational therapy that supports occupational engagement as a means to health.

In acute care, rehabilitation, institution, and community settings, there is a quiet health and wellness revolution occurring. Health systems, insurers, and employers are offering health and wellness programs in different shapes and sizes to their clients. Wellness and Lifestyle Centers are being built and staffed to meet the increasing demand for programs that help individuals reach health goals through a variety of strategies. Health and wellness initiatives are identified as a critical strategy in eliminating health disparities for specific groups of the U.S. population. The funding mechanisms for these programs are not clear but are likely supported by the cost savings of having healthier patients/insurees/employees. Occupational therapy practitioners are not linking to these programs in significant numbers and the administrators of these programs generally are unaware of the potential contributions of occupational therapy to health and

wellness. At this time, we have few partners or advocates that support our work in health promotion.

Each profession and health arena has its own language. The terminology associated with health and wellness must be examined carefully to select words that best convey the image we want to convey. We need to clarify our unique role in health and wellness as it relates to occupation and adopt language that conveys this role to various audiences and stakeholders. For example, the term, wellness, is linked with alternative and complimentary health by some organizations and agencies. There are also regional differences on preferences for words and words and phrases have nuances of meanings. We need language that is consistent with language in public health and health promotion arenas. Language is powerful and contextual. Words and phrases have nuances of meanings that may accurately or inaccurately convey our role in health promotion.

Recommendations

2.1 Establish partnerships with professional organizations that are already leaders in health and wellness and health promotion and increase member awareness of these organizations through the AOTA website. (e.g., American Public Health Association, American School Health, American Academy of Health Behavior, Campus-Community Partnerships)

2.2 Develop an annotated bibliography on the effect of occupational engagement on health and wellness and disseminate to practitioners in different settings and areas of practice.

2.3 Ask SIS Committees / Networks to make a commitment to this area by including health and wellness articles in publications (e.g., SIS Quarterlies, OT Practice) and offering sessions at AOTA's Annual Conference.

3.0 OT Outcomes

Summary

For purposes of accountability with the public, agencies, and payers, outcomes must demonstrate the unique benefits of occupational therapy (OT). Health and wellness outcome measures should emphasize occupations and participation. OT documentation must show therapy practitioners' understanding of how health conditions affect occupational performance, how occupational involvement and social participation influence well being, and the importance of client-centeredness to obtain meaningful outcome.

Reports on health and wellness outcomes should be application-oriented for recipients and use language that helps define OT roles in this area. On the *individual consumer and family level*, outcomes must be relevant and important for the client(s) in relation to social engagement, civic engagement, quality of life, healthy lifestyles, and healthy aging. Consumers with chronic diseases need to obtain self-management knowledge, confidence, and skills that go beyond managing medical conditions and emotional responses to include accessing community resources

and managing one's roles and activities in everyday life. On the *agency or institution level*, OT outcomes should address effective partnerships for sustained community initiatives in health and wellness. Key concerns are enhancing awareness and collaboration among agencies and business partners to promote productive and healthy work and volunteer environments. On the *payer level*, health and wellness OT outcomes need to demonstrate reductions in health care costs through enhancing consumers' self-management and healthy lifestyles.

Recommendations

Recommendations to AOTA regarding outcome issues involve research and education strategies.

3.1 Establish a research agenda for occupational therapy outcomes related to health and wellness.
- 3.1.a Emphasize client-centered approaches, occupational science, qualitative methods, various settings, and clients as individuals, communities, or populations.
- 3.1.b Obtain data from consumer perspectives and program evidence to educate agencies and payers of the potential benefits from health promotion, wellness, and self-management programs in OT.
- 3.1.c Emphasize studies that provide evidence of the relationships of increased health costs related to inactivity, poor lifestyle practice, secondary health conditions, and hospitalizations.

3.2 Create a plan to educate insurance partners and increase their awareness of the benefits of OT programs in this area. Emphasize that costs related to inactivity, poor lifestyle practice, secondary health conditions, and hospitalizations could be countered with OT health and wellness programs.

3.3 Provide multiple educational initiatives for practice innovations in health and wellness and dissemination of best practices outcomes in this arena.
- 3.3.a Educate practitioners to identify outcome criteria and measures that are occupation-focused, holistic, and relevant to their practice.
- 3.3.b Develop exemplar outcomes from various settings and clients at individual and community or population levels.
- 3.3.c Promote novel educational methods such as a virtual poster session of evidence-based OT health and wellness programs that focus on participation.

3.4 Revise website and publications to clarify language related to health and wellness OT and the potential outcomes.

4.0 Research Issues

Summary

Two primary research issues are evident with regard to health and wellness: the paucity of occupational therapy contributions and perspectives in health and wellness research and the lack of clear identity in health and wellness research.

First, little research exists in occupational therapy that directly addresses health and wellness. A preliminary search of existing research in the CINAHL database using the terms wellness, prevention, and occupational therapy yielded limited results. The findings suggest that health and wellness research is scattered over the practice areas with some areas producing more research than others. Perhaps most significant is the paucity of health and wellness research in occupational therapy in general. An EBP literature review on health and wellness would be helpful.

In contrast, a plethora of research exists outside the field of occupational therapy. For the most part this research addresses aspects of health and wellness that may be useful for occupational therapy practitioners (i.e. stress, nutrition, physical exercise) but does not address the unique perspectives of occupational therapy. Few practice guidelines or models that explicate occupational therapy approaches to health and wellness have been disseminated. Research is needed to develop and test models of practice that promote health and wellness. Research based practice models can emphasize areas of prior research (e.g. well elderly, falls prevention, ergonomics, aging in place, driving and car fit) and also focus on areas of potential strength (e.g., programs for at risk students in schools, fitness for individuals with developmental disabilities, stress reduction at work).

Second, occupational therapy practitioners do not perceive themselves as having a niche in the evolving health and wellness movement although isolated studies exist under practice areas such as geriatrics, work, and mental health. Furthermore, other professional groups who are ensconced in health and wellness practices and research do not understand occupational therapy's potential contribution to this emerging field.

Recommendations

4.1 Increase the visibility of and support for occupational therapy research on health and wellness.

- 4.1.a Develop health and wellness as a priority research area within most or all of our profession's specializations and AOTA's priority areas. Because health and wellness topics are an important area of virtually all dentistry and medicine practice and research and AOTA priority areas, empirical studies of health and wellness practices should become part of the research initiatives for all AOTA priority areas.
- 4.1.b Designate scholars in each of the priority practice areas to complete comprehensive literature reviews that synthesize the health and wellness research in occupational therapy and related professions. Given the lack of OT research in health and wellness, all levels of evidence should be included to provide a comprehensive picture of the work in this area.
- 4.1.c Develop research-based practice models in health and wellness from the comprehensive literature reviews.

4.1.d Revisit and clarify the unique perspective that occupational therapy brings to health and wellness for diverse populations (i.e., diversity with respect to disability, ethnicity, socioeconomic levels, sexual orientation, religious affiliations etc.)

4.1.e Devise a plan to facilitate support of ongoing research in health and wellness by occupational therapy practitioners.

4.1.f Examine the national public health concerns and identify occupational therapy practitioners' roles in relevant areas.

4.1.g Identify agencies and foundations that are providing funding in health and wellness and devise a plan to effectively communicate this information to AOTA members.

4.1.h Develop and implement a dissemination plan for health and wellness or prevention research for occupational therapy practitioners. Include health and wellness in the 2006 RA Charge on EBP Occupation and Activity-Based Intervention.

4.2 Develop occupational therapy's place in health and wellness research.

4.2.a Work with AOTF to facilitate or support research to build evidence-based models for existing practice.

4.2.b Work with AOTF to facilitate or support research of new entrepreneurial practices that address health and wellness

4.2.c Promote the presentation of research papers on health and wellness at AOTA conferences and other professional conferences

5. 0 Barriers

Summary

Both internal and external barriers prevent occupational therapy from achieving its full potential for contributions in health and wellness. Each of these barriers must be addressed by AOTA and its members.

There are multiple barriers internal to our profession. Our current workforce does not have a clear professional identity as it relates to health and wellness. Internal barriers to practicing in health and wellness arenas include our practice framework, language, education, and current reimbursement mechanisms.

- The practice framework does not adequately address occupational therapy's role in health promotion and disease prevention. It is currently not a clearly identified practice area for OT. For example, our work in schools and early intervention programs is primarily based on special education children rather than healthy or at risk children.
- Many of our occupational therapy schools are unable to adequately address health and wellness in the curriculum given other constraints. Although many of our educational programs emphasize client-centered, occupation-based practice, the unfortunate reality is that many practice settings do not have this same philosophy.

- Many occupational therapy practitioners currently lack the education and confidence to provide health and wellness interventions *on a community/population level*, especially in indirect roles as consultant, programmer, and trainer.
- Although great strides in communication have been made by AOTA during the last decade, our website and resources are still predominantly 'disease' and 'disability' focused. Health and wellness or health promotion is often integrated into practice areas rather than visible as a separate entity.

There are also barriers that relate to our relationships with other health promotion professionals and consumer groups.

- Our current professional language does not foster clear communication and collaboration internally or with other professional and consumer audiences. We need consultation from specialists in public relations to find the language that resonates with consumer and professional audiences. Health and wellness terminology varies greatly by agency, organization, and region (See Appendix A). We also need to determine if there is a 'name' or identity' issue that is a barrier for developing a stronger role in this area. The word, "therapy", has different meanings for consumers. However, the problem may not only be the name but rather the image that occupational therapy projects as a disability focused and federally reimbursed provider group.
- Our prospective partners and related organizations are unaware of the potential benefits of occupational therapy in promoting health and wellness. These groups tend to view occupational therapy's role as being with persons who are ill and hospitalized. Occupational science and occupational therapy are mostly invisible in health promotion programs. The importance of occupation and occupational therapy to health and wellness is not emphasized in consumer literature, medical publications, or public health research. There are likely AOTA members that are actively involved in health and wellness initiatives, but we do not have good information concerning those members who are doing work in this area.
- Occupational therapy practice currently emphasizes Medicare, Medicaid, and insurance as the primary payment options for our services. We have not expanded greatly into private pay nor pushed for payment for health and wellness services in traditional payment options.

Recommendations

5.1 Educate practitioners about how to apply occupation-focused interventions on community and population levels through curriculum development and continuing education. Objectives would include those pertaining to the demonstration of accountability in health and wellness, marketing programs for health promotion and payment, changing behavior of groups of people, incorporating ICF concepts into practice, and understanding theory, research, and application in self-management intervention.

5.2 Develop an image of occupational therapy in health and wellness. Create a marketing plan that translates benefits of occupational therapy for various community arenas and different partners. Identify sound bites for public relations efforts to various audiences.

5.3 Incorporate health and wellness perspectives as appropriate into any documents under revision and new initiatives (e.g., practice framework, model curriculum)

5.4 Clarify and promote our roles in promoting health lifestyles, alternative and complimentary health, and services for individual and populations.

5.5 Review and revise fact sheets and tip sheets to elevate our visibility and roles in health and wellness.

6. 0 Unique Contributions in Rehabilitation, Habilitation, and Prevention

Summary

The World Health Organization ICF terms – activity and participation – speak to the unique contribution of OT in the health and wellness areas of rehabilitation, habilitation, and prevention. The health benefits of occupation-based practice can enable meaningful participation and overall health for members of communities, including persons with disabilities or persons at risk for occupational disruption and occupational deprivation.

Occupational therapy analyzes complex problems related to everyday performance and creates interventions with an occupation-focused perspective that integrates medical/health issues, occupations and lifestyles, and environmental support and obstacles. Occupational therapy practitioners provide this holistic perspective on interdisciplinary teams. Occupational therapy's client-centered focus addresses the client as the individual or community or agency, and considers past, current, and desired occupations and goals when collaborating with the consumer/agency.

Other professions (credentialed and non-credentialed) are proclaiming their role in health and wellness programs for clients receiving rehabilitation, habilitation, and prevention services. It is good timing for us to become visible and active in public and professional arenas. Chronic disease 'management' is a growing area of health promotion and new reimbursement streams from traditional payers are being proposed. However, few practitioners have the philosophical foundations that are inherent in occupational science and occupational therapy, which can expand the focus from disease symptoms to one emphasizing participation and wellness of individuals and families who live with ongoing diseases.

Recommendations

6.1 Develop curriculum content and continuing education programs for practitioners *to develop and market* health and wellness interventions across disabling conditions and across contextual differences. Teach practitioners how to create and evaluate train-the-trainer programs; thus encouraging lay leadership of programs when possible.

6.2 Provide occupational therapy practitioners with annotated research literature in evidence-based practice for OT in health and wellness.

6.3 Support researchers (at all stages of researcher development) to examine evidence for outcomes in OT health and wellness intervention, that is, with occupation-focused interventions.

6.4 Develop a public relations campaign for the popular press and provide it to practitioners who need health and wellness communication tools for their area of practice.

6.5 Disseminate evidence on occupational risk factors related to health.

7. 0 Policy Issues

Summary

The Public Affairs Division of AOTA keeps members abreast of critical issues that impact occupational therapy services and advocates for the occupational therapy profession in federal and state legislative and regulatory arenas. Their work has included important issues like the $ 1500 cap on Medicare Part B Outpatient Occupational Therapy and the Individuals with Disabilities Education Act (IDEA). The 2006 priority issues for AOTA's Federal Affairs Group have been identified as the $1,500 Cap, IDEA, Assistive Technology Act, Access to Inpatient Rehabilitation, Home Health Qualifying Service, Mental Health Parity, Direct Access Legislation, and Training and Research (http://www.aota.org/members/area1/links/link08.asp?)

Although each of these federal issues is important for occupational therapy, it is clear that health and wellness issues are not a current priority in AOTA's Issues and Advocacy work. If occupational therapy is to evolve as a national leader in health promotion, AOTA must become involved in public policy issues that relate to the nation's health. We must track public policy on major health issues and health promotion and prevention programs. The federal priorities for funding health and wellness initiatives (e.g., obesity, health disparities) and the advocacy work of health promotion groups (e.g., AARP) may highlight opportunities and possible roles for occupational therapy that have not been fully explored. Employers, health systems, and insurers are making significant investments in wellness programs to improve the health of individuals and reduce the economic impact of chronic conditions through prevention programs. The APTR *Prevention and Population Health Curriculum Framework* recommends involvement in system, financing, workforce, and health policy process.

AOTA has increased members' understanding of policy issues and advocacy related to health and wellness (e.g., falls prevention, older drivers), but there are still few members who routinely promote occupational therapy in public arenas. It is likely that there are some members who are involved in public policy work related to health promotion. However, we have limited awareness of occupational therapy practitioners who are engaged in political action groups, advocacy, lobbying, or legislative work related to public health and health promotion. Our

membership data related to health and wellness are limited to identification of primary and secondary work setting as community based or other (See Appendix C)

Recommendations

7.1 Monitor priorities and initiatives of regional, national, and international health promotions groups.

7.2 Participate in development of public policy for health and wellness systems, financing, and workforce issues

7.3 Provide students and practitioners educational opportunities (e.g., model curriculum, SIS groups) to develop awareness and learn the steps for getting involved in health promotion activities at a grass roots level.

7.4 Track public policy activities of members through routine data collection (e.g., membership applications) and narrative accounts of success stories.

7.5 Examine new and developing funding sources for Wellness Centers and Lifestyle Programs and communicate these funding sources to members.

8.0 External Partners and Organizations and 9.0 Web Links

Summary

Please see references for additional resources.

Federal Government

Centers for Disease Control and Prevention	www.cdc.gov
Department of Health and Human Services	www.os.dhhs.gov
Healthy People 2010	www.healthypeople.gov
National Center for Chronic Disease Prevention and Health Promotion	www.cdc.gov/nccdphp/index.htm
National Institute for Occupational Safety and Health	www.cdc.gov/niosh/homepage.html
Office of Disease Prevention and Health Promotion	http://odphp.osophs.dhhs.gov/
President's Council on Physical Fitness and Sports	www.fitness.gov/home_about.htm
NIH Worksite Health Promotion Program	www.odp.od.nih.gov/whpp/default.html

Health-Related Professional Groups

American Academy of Health Behavior	www.aahb.org
American Association for Health Education	www.aahperd.org/aahe/
American Public Health Association	www.apha.org
American School Health Association	www.ashaweb.org
Association for Prevention Teaching and Research	www.atpm.org
Association of Schools of Public Health	www.asph.org
Association for Worksite Health Promotion	www.awhp.com
National Wellness Institute	www.nationalwellness.org
Society for Public Health Education	www.sophe.org

Other Information Sites

Campus-Community Partnerships for Health	http://depts.washington.edu/ccph/index.html
Children's Safety Network	www.childrenssafetynetwork.org
National Youth Violence Prevention Resource Center	www.safeyouth.org
American Association of Retired Persons	http://www.aarp.org/

Recommendations

8.0 Monitor the activities of key players in health and wellness. Track strategic plans, public relations efforts, health promotion initiatives, payment sources, and professional development for:

- Large employers
- Related professions – chiropractors, physical therapy, personal trainers, alternative and complimentary health professions, teachers, mental health professionals
- Internet-based health and wellness resources
- Health systems - health maintenance organizations, health and wellness clinics for aging, women, and general / special populations, American Medical Associations, insurers
- Consumer groups – e.g., AARP
- Governmental agencies and professional associations
- Foundations and Associations for specific health conditions (e.g., Arthritis Foundation)
- International occupational therapy health and wellness programs

References and Additional Resources

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Appendix A

Glossary

Health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (World Health Organization, 1946)

Wellness: a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being (Corbin & Pangrazi, 2001)

Health Promotion: process of enabling people to increase control over, and to improve their health (Ottawa Charter for Health Promotion, 1986). Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the *determinants of health* and thereby improve their *health.* Participation is essential to sustain health promotion action. The *Ottawa Charter* identifies three basic strategies for health promotion. These strategies are *advocacy, enabling, and mediating* and are supported by five priority action areas *healthy public policy, supportive environments for health, community action for health, personal skills for health, and re-orient health services.*

Disease Prevention: measures not only to prevent the occurrence of disease, as *risk factor* reduction, but also to arrest its progress and reduce its consequences established. Action which emanates from the *health sector*, dealing with individuals and populations identified exhibiting identifiable *risk factors,* often associated with different *risk behaviours*. Includes primary and tertiary prevention. (Glossary of Terms used in Health for All series. WHO, 1984)

Appendix B

Association for Prevention Teaching and Research (APTR)* and Association of Academic Health Centers (AHC)

Healthy People Curriculum Task Force (2002)
Clinical Prevention and Population Health Curriculum Framework

Evidence Base for Practice

1. epidemiology and biostatistics
2. methods for evaluating health research literature
3. outcome measurement including quality and costs
4. health surveillance
5. determinants of health

Clinical Preventive Services- Health Promotion

1. screening
2. counseling
3. immunization
4. preventive medication

Health Systems and Health Policy

1. organization of clinical and public health systems
2. health services financing
3. health workforce
4. health policy process

Community Aspects of Practice

1. communicating and sharing health information with the public
2. environmental health
3. occupational health
4. global health issues
5. cultural dimensions of practice
6. community services

* Formerly The Association of Teachers of Preventive Medicine (ATPM)

Appendix C

Table 1

AOTA Workforce Data (from member data 11/06): Occupational Therapists and Occupational Therapy Assistants Members Who Identify Primary or Secondary Work Setting as Community Based or Other

	Occupational Therapist *n*	**Occupational Therapy Assistant** *n*
Primary Work Setting Community Based	**418**	**55**
Secondary Work Setting Community Based	**318**	**21**
Primary Work Setting Other	**437**	**45**
Secondary Work Setting Other	**356**	**36**