

The American Occupational Therapy Association
Report to the Executive Board

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TO: AOTA Board

SUBJECT: Request for Board Action

TOPIC: Historically Black Universities and Colleges

Executive Summary:

In August 2005, President Carolyn Baum invited the Program Directors of the 6 Historically Black Colleges and Universities (HBCU's) that have academic occupational therapy programs to work as a Task Group to address the challenges facing occupational therapy education in historically black colleges. In addition to the 6 HBCU programs, one additional program director from a predominantly black institution accepted the invitation to participate.

The Task Group met by conference call on six occasions. Initially, the goals of the group were reviewed and clarified as per the expectations of President Baum and the AOTA Board. The group then engaged in considerable discussion of common issues in many occupational therapy educational programs as well as those that are unique to HBCU settings. A modified SWOT Analysis further allowed the Task Group to elaborate on issues specific to occupational therapy education in HBCU's. A review of the SWOT Analysis provided the basis for the final recommendations of the group.

Task Group members are acutely aware of the recent situation in which the Howard University program might not have been approved by its administration to move to the postbaccalaureate level of education. Significant aspects of the group discussions focused on the potential of similar threats occurring at other HBCU programs. There was also considerable focus on the trend of increased diversity in the American population combined with the slow increase of minority therapists, particularly African American therapists, in the profession. More data are needed to document the number of African American students, practitioners and faculty but based on the subjective opinion of task group members, the number has not increased notably in the past decade. A current strength, that a significant number of African American occupational therapists are in fact graduates of HBCU's, makes the threat of any one of them closing even more serious.

Other noted strengths include the ability of HBCU occupational therapy programs to:

a) develop culturally sensitive practitioners, faculty and students; b) provide an open and nurturing environment for the education and development of culturally proud African American students; c) develop confident African American graduates; d) provide practitioners who are willing and interested in working in less desirable communities; e) provide education, through the graduates, to majority practitioners on approaches to more culturally sensitive practice; and, f) contribute to the development of research agendas the respective institutions through the development of culturally-sensitive occupation-based research protocols.

Weaknesses of the HBCU occupational therapy programs include: a) limited funding affecting all aspects of program operations; b) the challenges associated with attempts to create a research culture; and, c) difficulty identifying qualified faculty willing to work at an HBCU. In spite of weaknesses in HBCU's as well as in other arenas of higher education, it must also be noted that unique opportunities exist for occupational therapy HBCU programs. There are opportunities to: a) increase knowledge of occupational therapy through focused recruitment efforts within the HBCU's; b) contribute to research related to health disparities; c) include the perspectives of African Americans and other minority groups in AOTA agendas; d) increase the scholarly endeavors of African American faculty and students to provide a stronger knowledge base about provision of services by and to underrepresented groups; e) improve the educational potential and academic readiness of disadvantaged minority student groups; and f) groom minority faculty for each HBCU through mentoring of their own graduates.

Discussion of threats to the HBCU programs include: a) loss of notable African American presence in the profession if HBCU programs close; b) concern about the readiness of HBCU students to move to the graduate level; c) inability of the faculty to meet the research demands of the university due to high teaching loads coupled with the lack of research mentors from within the profession; d) lack of resources within HBCU's that force faculty to do "everything" and prevents them from having access to the typical perks of higher education institutions such as autonomy and release time for scholarly pursuits.

Recommendations developed by the Task Group address the domains mentioned above and may require continued discussion by the Task Group in concert with the AOTA Board or other designated entities.

Action Items:

1. Expand student recruitment efforts for minority students.
2. Develop a mechanism to collect, report, and maintain current statistics related to diversity in the profession, including students and the composition of the occupational therapy clinical and academic workforce.
3. Establish or reestablish a multicultural affairs office at AOTA Headquarters to centralize and support the efforts of the occupational therapy profession in addressing multicultural issues in education and practice. Responsibilities of this office can include:
 - a. Development and dissemination of resources to address the needs of minority faculty and students
 - b. Gathering and dissemination of information about faculty activities, salaries in the profession, successful minority faculty and student recruitment and retention efforts, and sources of minority student financial support.
 - c. Development and dissemination of information and resources to address the needs of minority students which can include: student recruitment, retention, graduation rates, fieldwork issues, and certification exam passing as first time takers.
 - d. Fostering avenues and opportunities for faculty to produce publications pertinent to minority groups.
 - e. Facilitating opportunities for HBCU faculty to interact on a regular basis to contribute to initiatives and strategic goals of the AOTA.
 - f. Monitoring and assisting with the implementation of recommendations set forth by the HBCU task group and other groups within the profession that address diversity issues.
 - g. Assist majority schools with resources to address the needs of minority students.
4. Establish mechanisms to address needs that are specific to minority faculty including: faculty recruitment and retention, faculty preparation, research, mentoring and curriculum development.
5. Include as a part of AOTA's research agenda a focus on minority health and minority affairs with the goal of including occupational therapy in initiatives aimed at the eventual elimination of health disparities.
6. Determine if the current distribution of occupational therapy academic programs meets the needs related to accessibility of those programs to diverse populations and if needs exist, support the development of new programs in predominantly minority institutions.
7. Insure that the unique perspectives of occupational therapy HBCU faculty are consistently included in the development and implementation of AOTA's national initiatives.

8. Develop a plan or methodology to expeditiously respond to issues that have the potential to have an adverse impact on diversity in the profession, such as the threatened closure of an OT program in an HBCU.

Relation to Strategic Plan:

GOAL I: TO BUILD AND MAINTAIN SYSTEMS AND PROGRAMS THAT ENSURE A MEMBER-CENTERED FOCUS AND A FINANCIALLY SOUND ORGANIZATION

- B. Develop broad-based membership recruitment and retention strategies.
- C. Recruit individuals to the field.

GOAL II: TO REPRESENT AND ADVOCATE FOR THE ORGANIZATION'S MEMBERS, THE PROFESSION, AND THE NEEDS OF THOSE THE PROFESSION SERVES

- A. Promote greater public understanding of occupational therapy and its unique contributions in meeting the health and social needs of those served by its practitioners.
- C. Monitor and be proactive on emerging public policy, professional issues, economic and demographic trends affecting the profession, and inform and promote members to action on issues that require their attention.
- D. Engage in strategic alliances with stakeholders, and partner with agencies and associations that are working to achieve participation of all members of society.
- E. Broaden relationships within occupational therapy domestically and globally.
- H. Encourage member involvement in community and national advocacy activities to remove barriers to the participation of the populations served by occupational therapy.

GOAL III: TO FOSTER THE DISCOVERY, INTEGRATION, APPLICATION AND DISSEMINATION OF OCCUPATIONAL THERAPY KNOWLEDGE TO ADVANCE PRACTICE, EDUCATION AND RESEARCH

- A. Advocate for federal and foundation training and research funds and/or opportunities to support the development of scientists and scientific knowledge to advance the profession.
- B. Disseminate occupational therapy research findings for use by practitioners and promote the application of evidence-based knowledge in practice.
- D. Foster collaborative relationship among research, education, practice and key stakeholders and partner organizations.
- F. Support educators in addressing challenges in the changing education environment and in making the transition to post baccalaureate entry into the profession.

Fiscal Implications (Indicate who prepared the projections):

N/A

Full Report:

Statement of the Problem

Many African-American occupational therapists are educated at one of the existing historically black colleges or universities (HBCU's). Since each of these programs is accredited, it is probable that they are providing sound academic experiences that meet ACOTE Standards resulting in a continuous number of African-American graduates entering the work force each year.

The complexities of higher education are apparent to all of those involved in its processes. As such, it is incumbent upon the occupational therapy community to assess the status of its academic programs to ascertain their needs, review their accomplishments and to determine arenas of concern that could be effectively addressed by the national association. This type of assessment is applicable to all occupational therapy academic programs whether in predominantly white or historically black institutions but since the past year included the threat that the Howard University administration would not approve the transition to the master's level, it is therefore appropriate to determine if the circumstances that challenged Howard University represented a threat that: 1) was unique to that institution; 2) could be repeated in other occupational therapy programs housed in HBCU's; or 3) could be directed towards other occupational therapy academic programs, no matter the type of institution.

The threat that the Howard University occupational therapy program faced occurred as many academic programs completed their move or were positioning themselves to move to the postbaccalaureate level of education. It is worth assessing if the proposal to move to the postbaccalaureate level might have contributed to the eventual closing of the Howard program, or if it strengthened the final decision for the program to remain open at the higher level. Similarly, if there is no relationship between the change in educational level and the threat of programs closing, then are there other factors, common to occupational therapy in HBCU's, that triggered the threat to the Howard University program and could possibly lead to similar circumstances for other programs, in black and/or possibly white institutions.

Background Information

There are currently 149 accredited professional level programs in the United States. Of these, six are housed in an historically black college or university. Of the 18,500 occupational therapy practitioners who have ethnicity information indicated in AOTA's membership database, approximately .022% are African Americans. Exact numbers of minority practitioners are not known since a formal workforce study has not been conducted in several years.

HBCU's were established to meet the higher education needs of African-Americans during the historical period of segregation in American's schools when they were not allowed to enter traditional white institutions of higher education. Prior to 1954, the majority of college-level African Americans attended a black institution. After the Brown v. Board of Education decision of 1954, black college enrollment experienced major decreases, followed by a period of stability. In recent years, overall enrollment at historically black colleges and institutions has experienced significant increases.

The first occupational therapy program at an HBCU was at Howard University which received initial accreditation in 1976. In addition to the six programs at historically black schools there

are also newer institutions, not considered HBCU's, but serving predominantly black populations. One of these schools has an accredited occupational therapy program. Of this total of 7 universities with occupational therapy programs, all have accredited baccalaureate degree programs that will be phased out prior to January 1, 2007. Florida Agricultural and Mechanical University, Howard University, Tennessee State University, Tuskegee University, and Winston-Salem State University have been accredited by ACOTE to offer professional master's degree programs. Alabama State University is in the process of seeking ACOTE accreditation for a professional master's degree program. Information regarding university and program status, enrollment, faculty, research, community initiatives and Carnegie Classification is contained in Appendix A.

At the request of AOTA President Carolyn Baum, a Task Group was formed to: "Assess the challenges faced by OT educational programs at HBCU's and develop recommendations to the Board for action." The Task Group consisted of the following representatives from the existing predominantly black institutions:

Felecia Moore Banks, PhD, OTR/L
Dorothy Bethea, EdD, OTR/L
Angela Davis, MPA, OTR/L
Gwendolyn Gray, M.A., OTR/L
Cindy Hughes Harris, PhD, OTR, FAOTA (Chairperson)
Leslie Roundtree, MBA, OTR/L
Larry R. Snyder, PhD, OTR/L

The Task Group met by conference call on six occasions. During the initial meetings, the goals of the group were reviewed and clarified as per the expectations of President Baum and the AOTA Board. The group engaged in considerable discussion of common issues in most occupational therapy educational programs as well as those that are more specific to HBCU settings. A modified SWOT Analysis further allowed the Task Group to elaborate on issues specific to occupational therapy education in HBCU's. A review of the SWOT Analysis provided the basis for the final recommendations of the group.

Implications for the Profession

The profession of occupational therapy is grounded in principles aimed at helping individuals achieve maximum levels of independence in the course of participating in daily activities. At the time the profession was founded, the population of the United States was predominantly white of Western European origin. Over the course of the 20th century, marked changes occurred and the country moved from a homogeneous and segregated nation to one that is most easily characterized as pluralistic and diverse. The needs of diverse populations vary according to long-standing customs and practices. Health professionals, particularly occupational therapists, must have knowledge, awareness and sensitivity to ethnic, racial and cultural differences if their interventions are to be effective. This type of sensitivity can result from services being delivered to diverse populations by members of the same diverse groups. Cultural sensitivity can also be achieved by minority health professionals working with majority colleagues to increase the skills of majority therapists working with minority groups. There are certainly other paths to increase the ability of therapists to meet the needs of the ever-growing minority populations in the United States but one thing is certain, it cannot be accomplished successfully without an adequate number of minority practitioners to meet the needs of our increasingly diverse society. Specifically, African Americans now comprise 12% of the American population yet, only .022%

of occupational therapists are African American. If occupational therapy is to build on its success of meeting the needs of those whose lives have been compromised and if significant numbers of those individuals are African American, then occupational therapy must have a notable complement of African American therapists if it is going to: 1) thrive as a profession; 2) meet the daily living needs of our populations, and 3) address issues of disparities in health care in the 21st century.

As reported in the Sullivan Commission on Diversity in the Healthcare Workforce (2004), a paramount concern is the link between racial and ethnic disparities in care delivery and significant disparities in health outcomes, including higher levels of sickness, disability, and premature death (Institute of Medicine, 2003). Accompanying this causal link between unequal treatment and unequal health status is the shortage of underrepresented minority providers.

Even though the profession of occupational therapy has expanded in many directions over the last several decades, the number of African American practitioners has not experienced commensurate growth. Although the exact number is not known, it can be speculated that a significant number, if not the greatest number of African American occupational therapists are graduates of one of the six existing occupational therapy programs in one of the nations historically black colleges and universities (HBCU's). That is to say that without the HBCU occupational therapy programs, the incongruously low number of black therapists would be even lower!

Historically, HBCU's have experienced significant challenges within the higher education arena of the United States. These challenges have frequently led to closure or threats of closure of the HBCU's themselves or of programs within those institutions. This threat entered the realm of occupational therapy during the past year when the occupational therapy program at Howard University, a world-renowned research university, was threatened with not being approved to move to the mandated higher level of education. This may have resulted in the loss of the Howard University program which would have been devastating to the profession. Approximately 1,000 therapists, the majority of them African American, have graduated from Howard University. In fact, the first occupational therapy program housed in an historically black institution was at Howard University. It stands to reason that, even though the Howard program remained open, if the threat of closure would have occurred, other HBCU occupational therapy programs could easily experience the same threat. If any HBCU program closes, the entire profession of occupational therapy suffers. This is because occupational therapy academic programs in our Historically Black Colleges and Universities make a unique contribution to the profession and these contributions, outlined below, should not be lost or forgotten.

Occupational therapy educational programs housed in predominantly and historically black colleges and universities:

1. Contribute significantly to the diversity of the occupational therapy profession in their role as the largest supplier of African American therapists.
2. Provide culturally sensitive and supportive environments for disadvantaged and African American students.
3. Have a rapidly-increasing potential to contribute to research initiatives of importance to the profession as HBCU's move towards research-intensive status.
4. Produce faculty who are able to competently provide culturally sensitive development of occupational therapy students.

5. Allow students the freedom to express pride in their heritage without being stifled which fosters a sense of belonging leading to higher levels of confidence, competence and success.
6. Focus on diversity and the needs of diverse populations.
7. Produce graduates who are willing to take jobs that others may not be attracted to in inner city, urban environments.
8. Produce graduates who are familiar with the challenges of metropolitan environments and able to fill gaps and meet needs more easily and more readily than counterparts from majority institutions.
9. Produce graduates who are in key positions to address health disparities by: a) “looking like” the consumers they are serving which facilitates the delivery of service and b) educating their majority counterparts on diversity issues and the provision of care to African Americans and other diverse groups.

Recommendations

It is recommended that the Board of Directors of the AOTA:

1. Expand recruitment efforts for minority students.

RATIONALE:

- Diversity of the profession and student population remains low, under 15%.
- The current population is increasingly more diverse and occupational therapy has little resemblance to the populations served which has shown to influence use of service among minority populations. (Sullivan Commission: admissions.duke.edu/sullivancommission/index.cfm)
- Minority graduates are more willing to take jobs in underserved areas such as inner city, urban environments where health disparities and unmet needs are prevalent.
- There is a continued low number of minority students pursuing post baccalaureate education especially in health fields.
- More minority practitioners increases potential for more minority faculty.

2. Develop a mechanism to collect, report, and maintain current statistics related to diversity in the profession, including students and the composition of the occupational therapy clinical and academic workforce.

RATIONALE:

- A demographic data base will contribute to broadening the arenas of diversity within the occupational therapy workforce.
- Demographic information can be used to identify shortages and develop the appropriate programs and mechanisms to fill the shortages within the profession.
- If data are available, then appropriate tools can be developed and used to focus on student, practitioner and faculty issues.
- Will allow the profession to measure the success of efforts to increase diversity.

3. Establish or reestablish a multicultural affairs office at AOTA Headquarters to centralize and support the efforts of the occupational therapy profession in

addressing multicultural issues in education and practice. Responsibilities of this office can include:

- a. Development and dissemination of resources to address the needs of minority faculty and students.**

RATIONALE:

- This would provide AOTA with an opportunity to create a platform that would inform educators and practitioners of major issues germane to diversity.
- AOTA would have the opportunity to strengthen partnerships and linkages with constituents located in highly populated diverse communities through the dissemination of information and resources, improved visibility and marketing for minority recruitment at majority institutions.

- b. Gathering and dissemination of information about faculty activities, salaries in the profession, successful minority faculty and student recruitment and retention efforts, sources of minority student financial support, graduation rates, fieldwork issues, and certification exam passing as first time takers.**

RATIONALE:

- Success stories related to frequently encountered diversity issues can be disseminated for the benefit of use by others.

- c. Development and dissemination of information and resources to address the needs of minority students which can include but not be limited to: student recruitment, retention, graduation rates, fieldwork issues, and certification exam passing as first time takers.**

RATIONALE:

- Same as a. and b. above

- d. Fostering avenues and opportunities for faculty to produce publications pertinent to minority groups.**

RATIONALE:

- Educators, especially faculty at HBCU's, need to have more opportunities to conduct research related to minority issues and to contribute to the body of knowledge through the publication of scholarly works.

- e. Facilitating opportunities for HBCU faculty to interact on a regular basis to contribute to initiatives and strategic goals of the AOTA.**

RATIONALE:

- This on-going process will keep faculty and AOTA abreast of critical issues affecting HBCU's and will assist in providing feedback to AOTA for long-range planning.

- f. Monitoring and assisting with the implementation of recommendations set forth by the HBCU task group and other groups within the profession that address diversity issues.**

RATIONALE:

- Monitoring such as this is necessary to achieve full and timely implementation of stated recommendations.

- g. Assist majority schools with resources to address the needs of minority students**

RATIONALE:

- Samples of culturally sensitive resources are sparse and new marketing approaches targeted at recruiting minority students are needed.

- 4. Establish mechanisms to address needs that are specific to minority faculty including: faculty recruitment and retention, faculty preparation, research, mentoring and curriculum development.**

RATIONALE:

- Assistance is needed because demands on faculty and financial restraints especially in HBCU's, limit opportunities for exploring and accessing available resources (released time, hiring of curriculum consultants, hiring of grant writers).
- Although faculty are willing to pursue research initiatives, the challenges that exist in HBCU's make it difficult to create research cultures in the HBCU environment. Scholarship including creating publications, establishing research agendas, engaging in evidence based research, and integrating research in curricula requires support at the collegiate and professional level.
- Recruitment is further compromised because HBCU academic environments have difficulty competing with available practice opportunities.
- With the movement of occupational therapy education to the post baccalaureate entry-level, the number of faculty qualified to teach at this level has diminished. This issue is even more pronounced in terms of the availability of qualified minority faculty in the profession.
- Establishing formal methods to nurture and assist therapists who are interested in becoming faculty via mentoring, collaborations or partnerships can serve to as a means of faculty development and recruitment of qualified individuals to become educators.

- 5. Include as a part of AOTA's research agenda a focus on minority health and minority affairs with the goal of contributing to efforts aimed at the eventual elimination of health disparities.**

RATIONALE:

- With the profession's emphasis on diversity, it is only logical that AOTA adopt a strong commitment to reducing disparities in health outcomes for the poor, minority and the underserved populations. Research to improve diagnosis, treatment, and prevention has led to improvements in health care for most Americans, and significant declines in morbidity and mortality from numerous diseases. However,

these gains have not affected all segments of the population equally. Minority populations in the United States continue to experience substantial disparities in the burden of disease, disability and death when compared to the majority population. HBCU's are in a unique position to assist with this agenda since many of these institutions may provide a viable source for working with underserved populations in terms of geography, sensitivity to the issues of minority groups, community access and the provision of services. Formulating a strategic plan that is inclusive of reducing health disparities will demonstrate leadership and show that AOTA is strategically aligned with both national health goals and the national research agenda.

6. Determine if the current distribution of occupational therapy academic programs meets the needs related to accessibility of those programs to diverse populations and if needs exist, support the development of programs in predominantly minority institutions.

RATIONALE:

- It is known that in the near future, the majority of Americans will be persons of color, women or immigrants and that these groups have unique health needs that can frequently be best met by practitioners from the same demographic groups.
- Occupational therapy practitioners should be knowledgeable about and familiar with the needs of the diverse groups with whom they are working. Those who are from diverse groups and from the community have minimally, some working knowledge of related needs.
- While there are many criteria that contribute to the decision to start new academic programs, it is felt that meeting the needs of diverse populations should be considered a priority criterion. As such, as demographic data are analyzed, careful attention should be paid to the presence and distribution of diversity in the occupational therapy workforce relative to the location of educational programs that graduate diverse practitioners and the diverse needs of the communities in which the programs are housed. More occupational therapy academic programs should be located in communities where there are high concentrations of diversity.
- Diverse communities will be more accepting of the presence of occupational therapy practitioners if the educational programs and the graduates are part of the community.

7. Insure that the unique perspectives of occupational therapy HBCU faculty are consistently included in the development and implementation of AOTA's national initiatives.

RATIONALE:

- The value of experience, insights, and numbers of minority practitioners and faculty can provide significant perspectives on national issues that the Association addresses.
- There is value to the information HBCU faculty can provide regarding what "works" and what "doesn't" work relative to both minority student and minority faculty issues.
- Include HBCU faculty in national efforts to support specific HBCU OT programs in danger of closure.
- Include the input of HBCU faculty to AOTA on national initiatives addressing reducing health disparities.

- There is value to the input HBCU faculty can provide relative to AOTA support for non-HBCU OT programs on minority student recruitment efforts.
- There is value to HBCU faculty input on national efforts for scholarship initiatives for minority students.

8. Develop a plan or methodology to expeditiously respond to issues that have the potential to have an adverse impact on diversity in the profession, such as the threatened closure of an OT program in an HBCU.

RATIONALE:

- The closing of HBCU occupational therapy programs will have a significant negative impact on the profession in that it would lead to a reduction in the number of African American practitioners, educators, researchers, students, and local and national leaders.
- Strategically planning proactively would facilitate the availability of an immediate response from the Association if threats of an HBCU closure were to develop.
- A plan of immediate response from the profession would demonstrate the profession's support of increased diversity within the profession.

**The American Occupational Therapy Association
OT Programs within Historically Black Colleges and Universities (HBCU's)**

1. Overview

As requested by the Board of Directors, the following information is being provided that specifically relates to occupational therapy programs housed within historically black colleges and universities. The following 6 programs are included in this category and the history of each is available by clicking on the hyperlink below each program:

- **Alabama State University**, Montgomery, Alabama
<http://www.alasu.edu/about/history.htm>
- **Florida Agricultural and Mechanical University**, Tallahassee, Florida
<http://www.famu.edu/a&M.php?page=history>
- **Howard University**, Washington, DC
<http://www.howard.edu/longwalk/!longwal0.htm>
- **Tennessee State University**, Nashville, Tennessee
<http://www.tnstate.edu/interior.asp?ptid=1&mid=399>
- **Tuskegee University**, Tuskegee, Alabama
<http://www.tuskegee.edu/Global/story.asp?S=1070392&nav=PBo8PBpC>
- **Winston-Salem State University**, Winston-Salem, North Carolina
<http://www.wssu.edu/general/history.asp>

2. Institutional Status

All HBCU universities housing OT programs are fully accredited by their respective regional accrediting bodies. All are accredited by the Southern Association of Colleges and Schools with the exception of Howard University, which is accredited by the Middle States Commission on Higher Education.

The Carnegie classification of each institution is indicated below:

HBCU's	
Carnegie Designation	School Name
Doctoral/Research Universities--Intensive	Alabama State University
Doctoral/Research Universities--Intensive	Howard University
Doctoral/Research Universities--Intensive	Tennessee State University
Master's Colleges and Universities I	Tuskegee University
Master's Colleges and Universities II	Florida Agricultural and Mechanical University
Baccalaureate Colleges--Liberal Arts	Winston-Salem State University

3. Program Status

All occupational therapy programs at HBCU's are fully accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). All have currently accredited baccalaureate degree programs, but will be phasing them out prior to January 1, 2007. Florida Agricultural and Mechanical University, Howard University, Tennessee State University, Tuskegee University, and Winston-Salem State University have been accredited by ACOTE to offer professional master's degree programs. Alabama State University is in the process of seeking ACOTE accreditation for a professional master's degree program.

4. Program Faculty

The numbers of full-time faculty, part-time faculty, faculty degree levels, and tenured full-time faculty are listed below. (Note that these data do not include adjunct faculty).

Program	Full-Time Faculty	Part-Time Faculty	PhD	EdD	JD	MA/MS	MBA	MOT	MPA	Other Mast.	Bacc	Tenured FT Faculty
Alabama State Univ.	4	0	1			1			2			0
Florida A & M University	4	2	3		1	1					1	2
Howard University	6	1	2			2	1			2		3
Tennessee State Univ.	4	0	1			2					1	2
Tuskegee University	3	0				3						2
Winston-Salem State University	5	0	1	2		1		1				2

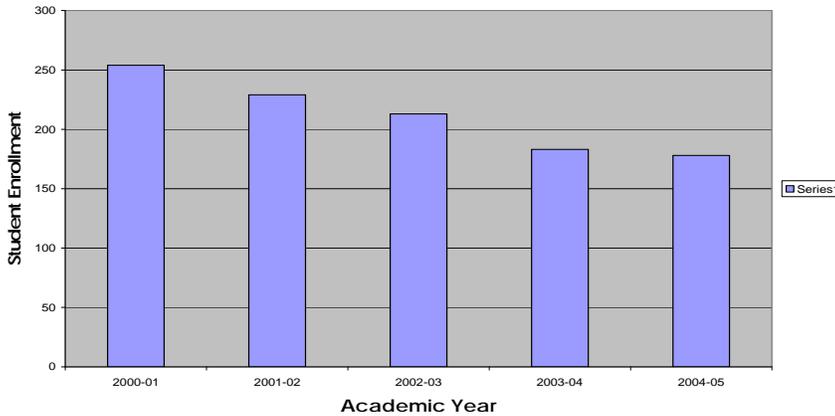
5. Student Enrollment

The most recent 5 years of student enrollment is reflected in the chart below. Enrollment numbers reflect the total number of baccalaureate students in the program. (Master's level students will begin enrollment in most HBCU programs in fall 2005).

Program	2000-01	2001-02	2002-03	2003-04	2004-05	TOTAL
Alabama State University	18	18	18	18	25	97
Florida A & M University	53	45	37	31	31	197
Howard University	51	54	44	32	30	211
Tennessee State University	48	32	21	20	19	140
Tuskegee University	45	39	28	33	19	164
Winston-Salem State University	39	41	65	49	54	248
TOTAL	254	229	213	183	178	1057

Total enrollment is displayed graphically in the following chart. Enrollment declines are consistent with national OT program trend data, which have declined due to the phase out of baccalaureate level programs and build up of entry-level master’s degree programs.

HBCU Student Enrollment



6. Program Graduates

The total number of students who graduated from each program in academic year 2003/2004 (August 1, 2003-July 31, 2004) is listed below:

PROGRAM	2003-04 PROGRAM GRADUATES
Alabama State University	6
Florida A & M University	31
Howard University	4
Tennessee State University	6
Tuskegee University	7
Winston-Salem State University	17
TOTAL	71

7. **Funded Research Proposals**

PROGRAM	CURRENTLY FUNDED RESEARCH PROPOSALS?	PROPOSAL TITLES
Alabama State University	No	
Florida A & M University	No	
Howard University	Yes	2 internal research grants (Dysphagia and low technology). 4 Federally funded grants submitted this year - None funded as of yet this year.
Tennessee State University	Yes	Multidisciplinary grant on increasing health professionals' knowledge of geriatrics.
Tuskegee University	No	
Winston-Salem State University	Yes	1) ECHO Grant on Wellness and Health Disparity for the elderly

8. **Community Initiatives**

PROGRAM	INVOLVEMENT OF OT PROGRAM IN COMMUNITY INITIATIVES (as reported by the program director)
Alabama State University	Partnership with the Montgomery Mental Health Authority and the Zelia Stephens Early Childhood Center
Florida A & M University	Several Fieldwork I experiences are community based and address community health initiatives. Additionally, through an allied health NIH grant, there are opportunities emerging this coming year, for OT faculty and students to be involved in rural communities of North Florida on research and programs related to the elimination of health disparities in underserved communities.
Howard University	Rebuilding Together; Backpack Awareness; interdisciplinary community-based project with the homeless; Jr. Olympics
Tennessee State University	Several faculty provide OT services at a local Hispanic community clinic.
Tuskegee University	Wellness classes for Tuskegee University's Cancer Project. Faculty consultant and student assessments in Community Mental Health facilities in the tricounty area. OT students participate with Annual Campus health fair and do home and community assessments for architectural barriers. Student activity labs are held at local geriatric housing projects. Students do pediatric assessments at local Head Start centers. Plans are to submit a proposal for a rehab center in a new 24 hour Urgent Care Center.
Winston-Salem State University	1) Our program involves students and faculty with the Winston-Salem State University Wellness and Family Practice

PROGRAM	INVOLVEMENT OF OT PROGRAM IN COMMUNITY INITIATIVES (as reported by the program director)
	<p>Center. Several projects are carried out with residents of low-income housing in all age ranges and some have varied disabilities.</p> <p>2) The Community Safety & Awareness Center is geared toward the promotion of safety and violence prevention. This program and an OT Faculty have submitted a grant proposal for a joint project.</p> <p>3) Faculty is involved in HIV-AIDS community project and grandparenting project.</p>

8. Program Directors

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