
**Community Connections with Dr. Katie Jordan – A Town Hall Event
Q&A Written Questions | Our Responses to *Your* Questions
December 18, 2024**

Again, we appreciate your interest in the *Community Connections with Dr. Katie Jordan* Town Hall on December 11, 2024. As attendance and interest were both high, unfortunately, Dr. Jordan did not have time to answer all attendee questions.

Since the Town Hall was convened in the spirit of transparency and open dialogue, we believe it is important to respond to all outstanding questions.

Please note we have captured all questions not addressed during the Town Hall below and have included a response for each one. Questions are grouped by area of expertise, with similar and/or duplicate questions grouped together for your convenience. Also, you will note there are embedded links to our vast online resources to provide you with as much detail as possible. For more information, please visit us any time at aota.org.

**Thank you for your interest.
We look forward to convening our community at similar events again soon!**

[KNOWLEDGE \(PRACTICE, EDUCATION & PROFESSIONAL DEVELOPMENT, PUBLICATIONS\)](#)

Q: “Can AOTA move school-based OT practice national guidelines for children 3-22 yrs old into a top priority for our profession?”

A: In response to a [request for action](#) during the Fall 2023 meeting, the Representative Assembly (RA) of the American Occupational Therapy Association created a workgroup to investigate the following and develop an action plan to address identified issues:

- Identifying discrepancies in terms of parity (e.g., hiring practices, compensation, benefits, professional development) between school occupational therapy practitioners and professionals certified by their state education agency;*
- Ensuring consistency and continued competence in providing school occupational therapy services that align with our full scope of practice as defined by the OTPF-4 and comply with federal and state education laws and regulations (e.g., IDEA, ESSA); and*
- Identifying opportunities and challenges related to advancing careers of school occupational therapy practitioners and enabling pathways to leadership.*

The workgroup will submit their report for review and potential action by the RA during its spring 2025 meeting. Learn more about the Request for Action (RFA) process, timeline, and previous actions [here](#).

Q: “Could AOTA create a centralized team that supports entrepreneurial OT/OTAs? (i.e., creating websites, marketing, etc.)”

Q: “How do you plan to promote entrepreneurship & private practice in the evolving fee-for-service vs. concierge services environment?”

Q: “What is AOTA doing to support practitioners that left the traditional OT model in favor of launching non-clinical careers?”

A: AOTA supports practitioners in many practice settings and work environments, including in entrepreneurship. This involves allocating the limited resources of the Association across many projects and practice areas. Unfortunately, not all practice areas can have dedicated resources/teams allocated. However, the needs of our members are assessed on an ongoing basis as the needs of the profession change. AOTA is currently involved in a strategic planning process, which will set the objectives of the association for the next several years.

AOTA continues to provide resources for occupational therapy practitioners involved in entrepreneurship and working in unique roles and settings. These resources include:

- A dedicated curated web page: [Entrepreneurship in OT](#)
- [OT Practitioner to Business Owner: Entrepreneurship Insights Q & A Series: Six \(6\) Free On-demand Webinars](#)
- [AOTA Specialty Conference LiveStream – Entrepreneurship: Coming June 23-24, 2025](#)
- Momentum activities, showcasing unique opportunities to move the profession forward: [Building Momentum in the Occupational Therapy Workforce](#)
- [AOTA Member Spotlights – Quality](#): highlights individuals who have unique and innovative roles in healthcare quality
- [AOTA Private Practice Essentials for Reimbursement](#): a curated webpage for those working in private practice

Q: “Should supervision OT/OTA look the same in a clinical setting vs. an educational (K-12) setting?”

A: OT/OTA supervision depends on many factors, including state requirements, the expertise of the OTA and OT, and the supervision needs in the particular environment. More resources are available on the AOTA website, including:

- AOTA Webpage: [OT and OTA Interprofessional Collaboration](#)
- AOTA Official Document: [Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services](#)
- AOTA Ethics Advisory Opinion: [Supervision and Collaboration Between Occupational Therapists and Occupational Therapy Assistants](#)
- [OTA Supervision Requirements by State](#)

Q: “How do you envision AOTA supporting members in maintaining scope for feeding, eating and swallowing?”

A: The AOTA Commission on Practice is currently in the process of updating the AOTA Official Document: [The Practice of Occupational Therapy in Feeding, Eating, and Swallowing](#). AOTA is also in the process of building a curated webpage related to feeding and swallowing resources.

Currently AOTA has a [dysphagia fellowship program](#) at the Mayo Clinic.

We are also looking at a variety of pathways for advanced credentialing in a variety of practice areas that OTs/OTAs need for employment & career advancement. In addition, AOTA continues to work with state occupational therapy associations to modernize the scope of practice definitions in state practice acts. [AOTA model language](#) asserts that OT practice includes “the management of feeding, eating, and swallowing to enable eating and feeding performance.”

Q: “How do you envision the role of occupational therapy in health promotion given the paradigm shift in healthcare towards wellness?”

A: AOTA supports and promotes the involvement of occupational therapy practitioners in the development and delivery of programs and services that promote health, well-being, and social participation of all people. See AOTA’s official document, [Occupational Therapy in the Promotion of Health and Well-Being](#).

AOTA has worked to support legislation in Congress that would support the role of occupational therapy in health promotion, including the “Stopping Addiction and Falls for the Elderly Act”. This Act would add OT services for falls prevention to the Medicare Annual Wellness Visit, and the Wellness and Education for Longer Lives for Seniors Act which adds social determinants of health and falls prevention to the Medicare Annual Wellness Visit and allows occupational therapy practitioners to provide these services.

Q: “How much information would be appropriate to offer to patients after being discharged from hospitals?”

A: Since occupational therapy is a client-centered profession that works to meet the needs of clients and care partners in engaging in activities that are meaningful to them, the information shared with clients at discharge will vary greatly. AOTA recommends working with your clients and organizations to determine what resources may be the most helpful to clients in different communities.

Q: “What is your vision for practice for people living with dementia and care partners?”

A: AOTA has a series of dementia care resources and shares education about evidence-based practice. A recent OT Practice (OTP) article on this subject matter can be found [here](#).

AOTA has been working with national organizations to provide input on the needs of people living with dementia and their care partners. AOTA engaged with member experts in dementia care to advocate with CMS as they developed the Guiding an Improved Dementia Experience (GUIDE) Model demonstration program that is currently being rolled out in 400 practice settings nationally. Many of the core requirements of this model are set in place to increase the coordinated care that persons living with dementia and their caregivers need. Caregiver support and training, access to care navigation, in-home evaluation, and the ability to trigger referrals as appropriate all have implications for best practice for occupational therapy practitioners and other team members to improve the care and outcomes for this population.

Through AOTA advocacy, there are new billing codes for caregiver training without the patient present. These codes are meant to facilitate the effective carryover of patient-focused skills, enable safe transitions from skilled OT services to caregiver-assisted home programs, and can be used to train caregivers in how to support the daily occupations of a person with dementia. These billing codes are now reimbursable under Medicare.

Q: “How can we break down barriers for OTA students and increase the number of OTs and OTAs [in the profession]?”

A: AOTA continues to strive to ensure equitable access to OTA and OT educational programs focusing on removing barriers and promoting fairness for all student populations. This involves the work of several AOTA volunteer-led groups including the Commission on Education and the DEI/JAB Committee working in collaboration with external community partners.

Q: “Is there a future of reinvesting in leadership development? (future leaders, mid-management)”

A: One leadership development program is the RISE Pathways to Diversity Program, a national initiative designed to increase diversity in the OT profession by developing diverse leader-scholars across the United States. This program will strategically identify, recruit, and support individuals from underrepresented communities, equipping them with the knowledge, skills, and leadership necessary to excel in the field of occupational therapy and drive future growth and innovation. You can read more about AOTA’s Diverse Leaders Program [here](#).

We are always open to exploring leadership training and resources and leveraging what is available inside and outside of the larger occupational therapy community. AOTA has developed leadership programs in the past and we still hold the intellectual property to many of them. We will continue to promote leadership development, however, the form of products and services is in discussion.

Q: “What efforts is the OT profession making to unionize? Secure health benefits for private, independent, contract, full time work.”

A: Associations and unions differ in their specific purposes and structures. Associations are typically formed to promote a particular profession, industry, or cause, while unions are formed to protect and advocate for the rights and interests of workers. While associations may provide resources and support for their members, unions have the power to collectively bargain and enforce agreements with employers. For more details regarding unions, you can read about the National Labor Relations Act and National Labor Relations Board [here](#).

Q: “Is there a Climate Change/Environmental Health Community of Practice?”

Q: “Is there a Population Health Community of Practice?”

A: The current [AOTA Communities of Practice](#) are listed on the AOTA website (aota.org). Communities of Practice are social learning groups that meet to discuss topics and learn from each other. If there is not a Community of Practice in your desired content area, you may consider recommending one. Details on this process are available by emailing cp@aota.org.

Q: “I am a Population Health Occupational Therapist. How may I network with other OTs practicing Population Health?”

A: If you are an AOTA member, you may want to consider searching for this topic in the AOTA discussion board, [CommunOT](#). You can also ask additional questions here, as well. Members often find other like-minded practitioners to collaborate with on this discussion board.

You may also want to consider looking at the [AOTA Communities of Practice](#). While there is not currently a Population Health Community of Practice, you may find other communities related to this topic.

Q: “I have been trying to add OT to Street Medicine; any resources?”

A: AOTA has supported legislation that would provide cities and counties with grant funding to support street medicine programs that include occupational therapists. The DIRECT Care for the Homeless Act (H.R. 5387) did not pass in this Congress, but we expect it to be reintroduced next year.

- AOTA has a [Working with Adults Experiencing Homelessness](#) decision guide that was developed in collaboration with the [National Health Care for the Homeless Council](#)
- AOTA also has a Homelessness [Community of Practice](#). To join, please send an email to cp@aota.org.
- If you are an AOTA member, you may want to consider searching for this topic in the AOTA discussion board [CommunOT](#). You can also ask additional questions here, as well. Members often find other like-minded practitioners to collaborate with on this discussion board.

Q: “What do you see as the future role of OT in mental health and how can we work as a profession to reconnect with our roots?”

A: AOTA continues to support and advocate for the role of occupational therapy in mental health. All advocacy efforts emphasize that occupational therapy practitioners are skilled in addressing both physical and mental health challenges that interfere with participation. This includes addressing mental health throughout all practice settings and care continuums.

AOTA has many resources to help practitioners integrate mental health into their work, including:

- [Mental Health Promotion, Prevention, and Intervention in Occupational Therapy Practice](#)
- [Mental Health and Well-being](#) (AOTA curated webpage)
- [AOTA Specialty Conference on Mental Health](#) (October 2024)
- [AOTA Mental Health Fellowship programs](#)
- [AOTA Mental Health Special Interest Section](#)
- [AOTA School Mental Health Toolkit](#)
- [AOTA Mental Health Coding Guide](#)
- [Children’s Mental Health, Anxiety, Depression, Disordered Eating](#) (Ask for OT)
- [Communities of Practice](#) (mental health)

AOTA is also working with state occupational therapy associations to advance the role of OT in mental health at the state level. Read about examples of successful advocacy efforts in [Indiana](#) and [California](#).

AOTA has also worked at the federal level to advance the role of OT in mental health. For example, a newly created Medicare benefit called Intensive Outpatient Services – which can be provided in multiple community-based settings – explicitly includes occupational therapy services.

Q: “What work is AOTA leading to document that OT is a value-based intervention?”

A: The AOTA Practice Improvement Team works to ensure that the value of occupational therapy is considered and shared at the national level. This includes supporting evidence-based practice and working to highlight occupational therapy outcomes. There are several resources that may be helpful related to these topics including:

- [AOTA Evidence-based Practice & Knowledge Translation Webpage](#)
- [AOTA Volume to Value Webpage](#)
- [AOTA Quality](#)
- [AOTA Quality Resources](#)
- AOTA HOT Evidence Infographic: [Occupational Therapy and Hospital Readmissions](#)

Q: “What work is AOTA leading to document that OT is a value-based intervention?” (cont’d)

A: AOTA utilizes these resources and the expertise of staff and volunteers to represent occupational therapy in committees, forums, and meetings at the national level. See a recent OT Practice article, [National Representation in Quality and Value Initiatives](#).

Q: “What are some ideas or plans [programs] you want to implement to ensure Occupational Therapy continues to thrive?”

A: This is a timely question as we are in the midst of crafting Vision 2030. While the Association’s mission will remain intact, our vision for the profession will reflect our new “North Star” - where we all need to go as an occupational therapy community. This vision is being built through the collective wisdom of our community including our members, future members, AOTA staff, volunteer leadership, partners, and thought leaders. We will be launching Vision 2030 at AOTA INSPIRE 2025 in Philadelphia, and we look forward to celebrating the future with you all there.

AOTA is continuing to collaborate with its national OT partners, state associations, and other strategic partners working within healthcare, education, home care & home modifications, and other relevant areas, to ensure occupational therapy is a recognized and valued service.

AOTA will continue to advocate for clients and practitioners at the national level to advance the profession.

Q: “What are the plans for AOTA Press?”

A: We’ve spent the past six (6) months evaluating the data and available resources and moving forward, our plan is to focus on essential, clinically focused topics. This will result in publishing fewer books each year, exploring new ways to provide information (e.g., digital books only, books being published in sections by topic area), and reviewing our backlist titles. Our overall goal is to meet student and practitioner needs while also being good stewards of AOTA’s and users’ resources.

FEDERAL & STATE AFFAIRS

Q: “Does AOTA support the Corporate Crimes Against Healthcare Act?”

A: AOTA has not taken a position on the Corporate Crimes Against Healthcare Act.

Q: “How about an update on Federal Affairs? Anyone else getting denials on the new caregiver codes?”

A: When the Town Hall took place (December 11, 2024), AOTA was still waiting to see if Congress would take action to reduce cuts to Medicare Part B payments, extend Medicare telehealth waivers, and extend opioids and mental health programs ahead of a December 20th deadline. You can find more information on our latest policy news [here](#).

AOTA has not received many reports for denial of new caregiver training codes where payers billed allow the codes. Acceptance of the codes available for OT practitioners on a payer’s fee schedule is payer specific. For this reason, best practice is to confirm code availability with the payer prior to billing for a service that is new to the practice. For caregiver training services, Medicare has accepted and valued these codes, as have a few State Medicaid fee schedules, and a small number of private insurances.

AOTA is actively advocating with other payers for inclusion of these newer codes on the OT fee schedules for those payers, but advocacy is ongoing. We hope to grow the number of insurance plans/payers accepting use of these codes in 2025. In the meantime, if you are receiving denials for these codes for a plan that has indicated allows these codes to be billed by OT practitioners, please reach out to regulatory@aota.org to let us know so that we can further explore the issue.

Q: “Given the growing need for fall prevention among community-dwelling older adults, how do you plan to advocate for occupational therapists to be recognized as the leading experts in this area? What strategies will you pursue at the federal and state levels to advocate for preventative services for seniors and ensure our profession is more prominently included in policies and initiatives aimed at tackling this critical public health concern?”

A: AOTA has a long commitment to participating in Falls Prevention Initiatives at the national level. We collaborate with key partners in the Administration for Community Living; the CDC, HUD, and NCOA to advance the role of occupational therapy practitioners and best practices. We participated in the development of the first National Falls Prevention Plan (2015) and more recently participated in the National Falls Prevention Summit (Sept 2024) which will result in an updated National Plan due to be completed before the new year.

AOTA is represented on an ongoing basis in the National Falls Prevention Work Group where advocacy for occupational therapy is routinely addressed. AOTA staff has chaired the Service Delivery Sub-committee of the Work Group resulting in a proposed model for service delivery that features the many impacts occupational therapy can make in preventing falls.

Q: “Given the growing need for fall prevention among community-dwelling older adults, how do you plan to advocate for occupational therapists to be recognized as the leading experts in this area? What strategies will you pursue at the federal and state levels to advocate for preventative services for seniors and ensure our profession is more prominently included in policies and initiatives aimed at tackling this critical public health concern?” (cont’d)

A: AOTA has worked to support legislation in Congress that would support the role of occupational therapy in health promotion, including the “Stopping Addiction and Falls for the Elderly Act”. This Act would add OT services for falls prevention to the Medicare Annual Wellness Visit, and the Wellness and Education for Longer Lives for Seniors Act which adds social determinants of health and falls prevention to the Medicare Annual Wellness Visit and allows occupational therapy practitioners to provide these services.

Q: “What lobby action is taken to help/advocate OT sustain reimbursement with Medicare with the new incoming administration?”

A: AOTA has built strong bipartisan relationships, in order to ensure we are able to successfully advocate for occupational therapy under any administration and regardless of who controls Congress. There is a strong possibility that the new Congress will look to fix current challenges with the Medicare Part B reimbursement system. AOTA has taken multiple steps to highlight the unique challenges faced by therapy providers in this system, and to advocate for broad changes, including:

- *Working with a large coalition of healthcare providers to fight yearly cuts to Part B payments and to pass legislation that would put payments on a sustainable course;*
- *Leading a coalition of therapy provider groups to develop [therapy-specific policies](#) for Congress to consider when reforming Medicare Part B. The first set of policy principles for reform were developed in 2023 and shared with key policy makers. Following years of meetings, advocacy, and submission of official comments, two of these policy principles were adopted by CMS this year and will go into effect on January 1, 2025. In early-2025 we will be revisiting and adding to these principles.*

A key component of advocacy related to reimbursement is to share how occupational and other therapy services have been particularly hard hit by cuts to Medicare reimbursement over the last five years. This message was shared with 167 Congressional offices in September during AOTA’s annual Hill Day.

AOTA has also commissioned a study to look at payment trends for OT services over the last 15 years. This report will be finished in early-2025, and will be used to help advocate for policies that will specifically benefit reimbursement for therapy services.

Q: “Will OTAs continue to dwindle when treating patients because of all the new CMS guidelines?”

A: There have been two (2) recent changes to Medicare regulations related to occupational therapy assistants. The first was the implementation of a “payment differential” for Medicare Part B services provided by an occupational therapy assistant. This 15% reduction in payment for OTA services was designed to mirror a similar payment differential for services provided by Nurse Practitioners and Physician Assistants. AOTA has been worried about the impact of this reduction in payment for OTA services, particularly in rural and underserved areas, and has continued to advocate that Congress needs to better understand the impact of this payment policy.

As part of our advocacy efforts, AOTA has worked to remove barriers for occupational therapy assistants providing Medicare services in private practice. Through the introduction of legislation, and advocacy with CMS, AOTA was successfully able to change the supervision requirement for OTAs in private practice from “direct” supervision (requiring the supervising therapist to be on site) to “general” supervision. This change goes into effect on January 1, 2025. We hope that it will increase opportunities for occupational therapy assistants in private practice.

Q: “Just interested to know what our future looks like politically.”

A: With a new Congress and Administration starting in January, we are watching closely as both begin to organize for the new year. We are working to identify what potential opportunities and challenges for occupational therapy (and the clients we serve) may be presented. You can stay up to date with the latest AOTA advocacy news [here](#).

Q: “Can you add info on Medicaid billing for OTs in private practice?”

A: You can find resources for Medicaid and billing [here](#), and coding and billing resources for OTs and OTAs [here](#).

AOTA continues to work to try to expand opportunities to provide occupational therapy services through Medicaid. There is currently a cross-functional team working to coordinate what advocacy will have the greatest impact on the profession and access to services, including expanding eligible billing codes under Medicaid and including OT in Home and Community Based Services.

Because Medicaid is administered by the states, we work closely with State OT Associations on initiatives. Since state Medicaid billing policies and procedures vary by state, members can reach out to AOTA policy team members with specific questions online through the aota.org [Customer Support page](#). Please be sure to indicate the state in which you are billing Medicaid.

Q: “How do you see state associations mutually aligning and benefiting from collaboration with AOTA in the next few years?”

Q: “Please share your vision to continue to strengthen collaboration between AOTA and State Associations that Alyson has endorsed?”

Q: “How will you continue to foster AOTA's relationship with State Associations?”

A: AOTA’s State Affairs group works with state association leaders daily to support their state legislative and regulatory advocacy efforts. On a broader level, AOTA provides resources to state associations to help them grow. The State Affiliate Collaborative Pilot Project provided grants to four (4) states (MO, NV, OH, NV) to secure professional association management services, which will enable state association leaders to help advance the profession. Simultaneously, AOTA is working with states to revise and update the affiliation agreement between AOTA and state associations.

DIVERSITY, EQUITY, INCLUSION, JUSTICE, ACCESSIBILITY & BELONGING (DEIJAB)

Q: “What is your vision for protecting initiatives regarding DEI with an increasingly hostile political climate?”

A: At AOTA, we recognize that the landscape surrounding diversity, equity, inclusion, justice, accessibility, and belonging (DEIJAB) is complex and ever-evolving, especially in the face of an increasingly hostile political climate. However, our commitment to fostering a profession that is representative, inclusive, and accessible remains steadfast. We have an opportunity to emphasize belonging! The introduction of our RISE grant-funded program and our work within the DEIJAB department is central to advancing this vision, ensuring that all individuals—regardless of race, ethnicity, gender, socioeconomic background, ability, or other identity markers—can access, thrive, and contribute within the occupational therapy profession.

We will continue to advocate for the rights and needs of underrepresented and marginalized groups in the profession and society at large. Despite external challenges, we are committed to providing safe and supportive spaces where individuals from all backgrounds feel valued and heard.

We will remain agile and adaptable in the face of shifting political and social climates. This includes continuously assessing our initiatives, policies, and strategies to ensure they remain relevant and effective. Through innovation, we will identify new pathways for advancing DEIJAB principles, even in difficult times.

Q: “What will be your primary initiative? How will that initiative impact women, men, persons of color, persons with disabilities?”

A: AOTA is focused on several key initiatives. We are excited to partner with the Sandra Hoskins Legacy Foundation on one of these initiatives. Through [The Fund to Promote Awareness of Occupational Therapy](#), we received a grant for the RISE program, which aims to:

- *Advance Equity and Representation: The RISE Pathways to diversity program empowers underrepresented groups—including women, men, persons of color, and persons with disabilities—by addressing systemic barriers, increasing access to leadership opportunities, and fostering diverse representation in the occupational therapy profession.*
- *Support Professional Growth: The Diverse Leaders program empowers scholars to deploy the principles of DEI/JAB throughout the country. Through mentorship, scholarships, and tailored development programs, RISE helps individuals achieve their full potential, advancing into leadership roles.*
- *Promote Inclusion and Accessibility: RISE advocates for inclusive environments and accessible pathways, ensuring that practitioners from all backgrounds and abilities can participate and contribute their unique perspectives to the OT community (i.e., group mentoring sessions resource development, train-the-trainer opportunities).*

MEMBERSHIP

Q: “What strategies are you considering for boosting membership to AOTA?”

A: With the onboarding of new leadership in several key positions (CEO, COO, Vice Presidents of Membership & Data Science, and Marketing & Communications) in recent months, AOTA is currently refining its membership strategies moving forward.

Boosting membership is a critical priority. Currently, we are employing a multi-pronged strategy to achieve this by:

- *Leveraging our unique and differentiated value in the marketplace. Our subject matter experts – spanning our staff, volunteers, and members – are renowned practitioners and thought leaders across multiple core disciplines including Practice, Professional Development and Advocacy. This said, we are uniquely positioned to offer occupational therapy practitioners and students the best-in-class content and resources;*
- *Focusing on driving member value through meaningful engagement opportunities and member benefits that matter most; and*
- *Actively capturing voice of the customer research to gain invaluable data and insights to help develop impactful membership strategies that not only attract prospective members, but also help optimize the member experience.*

Your AOTA Membership team welcomes any feedback or questions. You can email our team directly at members@aota.org, or submit any inquiries through the [aota.org Customer Support page](#).

FINANCE

Q: “AOTA has run a budget deficit in recent years. What do the coming years look like?”

AOTA has run deficits the past few years and at the end of FY24, offered a voluntary separation program to help reduce significant salary/benefits expenses. AOTA also subleased office space in Rockville, MD in December 2023 and moved to a smaller office in Bethesda, MD in 2024 to reduce overhead expenses. We reduced a budget deficit of \$2.4 million (FY24) down to a \$374,000 deficit (FY25). Even though we have a \$374,000 deficit in FY25, AOTA staff are actively seeking ways to continue to reduce expenses where possible, and are exploring other sources of non-dues revenue. We are investing significantly in technology updates, which should result in additional efficiencies in providing services to our current/future members. Also in FY25, we are developing Vision 2030, which will help clarify resources in the areas most important to our members. Our goal is always to try to achieve break-even financial results.

Q: “What is the plan for AOTA to move out of the deficit created by AOTA leadership over the past few years?”

Leadership is always looking for ways to increase membership, and is exploring other non-dues income sources. We are also examining our current business processes to find efficiencies and reduce expenses. We will expand our marketing and communications efforts to help drive membership, in addition to awareness of, and engagement with the profession. Leadership is currently working on Vision 2030 which will guide the Association in the future to ensure our resources are focused in the areas most important to our members.

Q: “In actualizing our mission, you emphasize reaching every corner of society, so how can AOTA be financially sound & achieve it?”

Our goal is to meet all the needs of our members, and we are fully aware of the current financial situation. That is why we are looking at ways of doing things differently, like our certification programs. Further, we have increased our investment in technologies to automate some of our processes. We will start exploring the world of artificial intelligence and what benefits it might provide us. We might have to charge for services that meet the needs of a small population or prioritize our efforts on the services that meet most of our members' needs first. As membership rebounds and we are in strong financial health, we will increase our services areas, which affects a small area of our membership.

MARKETING & COMMUNICATIONS | OPERATIONS

Q: “What is AOTA doing to address declining applications? I am familiar with NBCOT's campaign, but how about AOTA?”

Q: “What is AOTA planning to support recognition/ awareness of our profession to boost academic enrollment & protect OT jobs?”

Q: “What strategies is AOTA considering for increasing visibility of the profession overall?”

Q: “What will you do to improve AOTA’s transparency and accountability?”

Q: “How will we continue to increase OT awareness as a profession as the number of applicants continue to drop?”

With the onboarding of new leadership in several key positions (CEO, COO, Vice President, Marketing & Communications) in recent months, AOTA is currently revolutionizing its approach to the crucial strategies and tactics essential to driving awareness of, and recruitment to the occupational therapy profession.

We embrace our role as the leading champion of our profession. We represent - and advocate for - all occupational therapy practitioners and students, irrespective of membership status. Though we are confident the depth and breadth of our resources will continue to help propel all occupational therapy practitioners, students and the profession, we must do more to drive awareness and recruitment.

As such, we are currently developing new strategies to help increase overall engagement including amplified marketing and communications initiatives (spanning direct response/email, web, social media) and industry partnerships. This important work will have increased visibility and prioritization in the coming months.

Q: “What is the relationship between AOTA and AOTF?”

A: While AOTA and AOTF are separate organizations, we are inextricably linked through our respective missions and ongoing collaboration. AOTA’s mission is to advance occupational therapy practice, education, and research through standard setting and advocacy on behalf of its members, the profession, and the public. AOTF’s mission is to advance the science of occupational therapy to support people's full participation in meaningful life activities.

Given our closely aligned missions, AOTA and AOTF are actively identifying opportunities to forge a closer working relationship. In 2025 constituents of both organizations will begin to see this collaboration in action through amplified and joint marketing & communications activities to help advance the profession.

Q: “Also is there a way to format the webpage to be more user friendly? The current site is cumbersome.”

A: Yes! Website usability testing was executed in Q2/2024. The data/insights from that study have been translated into specific deliverables that will support an enhanced user interface. Though these updates will not constitute a full-blown web redesign, they are expected to improve the user experience in many key areas including search, content architecture, and general page navigation. Please stay tuned for more updates in 2025.

Q: “Is there a way to get department emails at AOTA so we can contact needed sources?”

A: The best way to get in contact with any AOTA department is to submit an online request through the [aota.org Customer Support page](https://aota.org/customer-support). There is a dropdown option in this form that enables users to select the appropriate AOTA department.