

The American Occupational Therapy Association  
Report to the Executive Board

DATE: January 30, 2007

FROM: Members of the Ad Hoc Group on Aging  
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TO: AOTA Board of Directors

SUBJECT: Report and Recommendations  
(presented by telephone to AOTA Board Saturday January 27, 2007;  
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**Executive Summary:**

The State of Aging and Health in America<sup>1</sup> reports that we are on the brink of a longevity revolution. By 2030, the number of older Americans will have more than doubled to 70 million, or one in every five Americans. There is no question that the growing number and proportion of older adults will increase demands on medical and social services. A critical component of these services will be rehabilitation, including occupational therapy. In addition, healthy aging will be a major focus, underscoring the need for services to promote healthy aging and livable communities. For these reasons, an emphasis on caregiver education and a consumer perspective will become more important than ever. This will occur within the context of a much wider array of occupational therapy services to older adults to meet the diverse needs of people with serious disabilities and those who are fortunate to enjoy good health well into late adulthood.

Occupational therapy is poised to respond. The profession is uniquely trained to promote functional independence, quality of life and social participation in the face of chronic disease and disability. Yet, poor health is not the inevitable consequence of aging, and medical rehabilitation is not the only means by which to realize “a good life” in old age. Occupational therapists facilitate optimal occupational performance and community participation across the full spectrum of ability, from healthy adults actively engaged in their communities to those who are coping with serious physical and mental health conditions in more supported environments like assisted living facilities and nursing homes.

The Report on Aging (attached) summarizes our Committee’s discussions on the future of aging and the challenges that confront the profession as a result of this longevity revolution. The Report identifies those most significant challenges and offers preliminary recommendations to guide to their redress. We hope this Report will inform and guide AOTA’s initiatives in response

to the Centennial Vision as it pertains to the practice of occupational therapy in the area of aging. Committee members look forward to the profession's efforts in pursuit of the ultimate goal -- improving the health and quality of life for all older Americans and their families.

### Highlighted Issues / Recommendations for AGING / GERONTOLOGY:

- Need for a broader professional focus to include a focus on health aging and disability prevention and health promotion, not only rehabilitation.
- Need to increase interdisciplinary initiatives and partnerships.
  - o E.g., Low vision, with eye-care professionals
- Need to shift focus of OT interventions on caregiver and consumer education, as treatment context shifts from hospital to community-based care.
- Need to address the neglect of mental health and stress-related conditions in older adults.
- Need to identify rare but successful innovative models of community-based OT practice, and replicate and disseminate.
- Need to strengthen the AOTA-CMS relationship on the reimbursement issue in rehabilitation, and expand it to health promoting occupation-based interventions.
- Need to inspire and support OT practitioners in aging to be lifelong learners, and demonstrate a commitment to ongoing professional development and competency.
- Need to tighten the link between “best practices in aging” and the current practice reality, using research to bridge “the practice gap.”
- Need to build the OT research capacity on aging, including AOTA support for career research chairs awards at NIH, NSF, etc.
- Need for OT practitioners to embrace the use of new technologies, devices, and medical procedures that support older adults to age in place.

And finally, in recognition that no professional organization can do it all, or do it all at once, we urge the AOTA Board to endorse an effort to set priorities in their response to the Centennial Vision as it pertains to Aging/Gerontology, and in this way, enable meaningful and measurable progress. In setting those priorities, the Ad Hoc Committee on Aging prioritize:

- o Aging in Place and Livable Communities
- o Caregiving and the Occupational Health of Caregivers
- o Promoting Healthy Occupations in Institutions

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<sup>1</sup> publication of the National Academy on the Status of Older Report National Academy on an Aging Society and the Gerontology Society of America  
<http://www.agingsociety.org/agingsociety/publications/state/index.html>

## **AD HOC GROUP: AGING / GERONTOLOGY**

### **Q.1) Who are our external partners and what organizations are central to building strong networks to achieve our objectives in the field of aging?**

#### **1.1 PARTNERS IN RESEARCH AND POLICY**

1.11 *Partners are needed to aid in the design and implementation of a **cutting edge research agenda in healthy aging**. The profession of occupational therapy must expand its focus on the ‘well elderly’ and embrace related notions of ‘active aging’ that include professionals and organizations beyond the healthcare arena. For example, the International Council on Active Aging (ICAA) and Robert Wood Johnson (RWJ) are valuable resources in efforts to promote healthy and active engagement in life for older adults, regardless of socioeconomic status or health conditions. The American Public Health Association (APHA) is a key organization in the policy realm that can also guide and refine AOTA directions with respect to priority areas for healthy aging research.*

1.12 *Partners are needed to **foster interdisciplinary aging research** to benefit the widest array of older adults – community dwelling healthy older adults to those residing in more institutionalized settings. We recommend closer research ties to like-minded professional organizations, **including coincident or joint annual meetings, for example: AOTA-GSA (gerontology research); AOTA-ACRM (rehabilitation research); AOTA-APHA (disability research).***

1.13 *Partners are needed to assist in securing new avenues of funding to advance occupation-based research across aging settings.*

*We urge greater research and evaluation of **more public health oriented ‘healthy community’ initiatives** like the RWJ funded “Active Living by Design” and programs supported by “ReBuilding Together”. These organizations promote universal design in homes and neighborhoods, and also encourage us to look beyond the individual as a resource for health and expand our view to include the role that public transportation, green spaces, community development, and inter-generational social cohesion, etc. play in quality of life.*

*Similarly, we urge much greater attention to the institutional environment (assisted living centers, nursing homes, long-term care facilities, etc) where more dependent older adults live. **The Eden Alternative and Green House movement** are two examples of approaches that ‘see the environment as a habitat for human beings rather than facilities for the frail and elderly’. These approaches take a holistic approach to life and that embraces the natural and social world. These approaches hold the potential to greatly expand quality of life and are entirely consonant with occupational therapy’s occupation-centered philosophy.*

1.14 *Partners are also needed to advance evidence-based clinical outcomes research in aging.*

**KEY / POTENTIAL PARTNERS IN RESEARCH AND POLICY**

Alzheimer's Association <http://www.alz.org/>

Active Living by Design (RWJ funded) <http://www.activelivingbydesign.org/>

AFB - American Foundation for the Blind <http://www.afb.org/Section.asp?SectionID=35>

APHA - American Public Health Association <http://www.apha.org/>

AARP - American Association of Retired Persons <http://www.aarp.org/>

CMS - Centers for Medicare and Medicaid Services <http://www.cms.hhs.gov/>

Eden Alternative <http://www.edenalt.com/>

Families USA <http://www.familiesusa.org/>

Green House <http://www.ncbcapitalimpact.org/default.aspx?id=148>

GSA - Gerontological Society of America <http://www.geron.org/>

ICAA - International Council on Active Aging <http://www.icaa.cc>

NAFC - National Alliance of Family Caregivers

NCOA – National Coalition on Aging

RESNA - Rehabilitation Engineering and Assistive Technology Society of North America  
<http://www.resna.org/index.php>

Rebuilding Together <http://www.rebuildingtogether.org/>

RWJ - Robert Wood Johnson <http://www.rwjf.org/>

NIDRR - National Institute on Disability and Rehabilitation Research  
<http://www.ed.gov/about/offices/list/osers/nidrr/about.html>

NIH – National Institutes of Health  
<http://www.nih.gov/>

## **1.2 PARTNERS IN EDUCATION AND PRACTICE**

- 1.21 *Partners are needed to aid in the design of **ideal models of OT and OTA education curricula and best-practices** in aging.*
- 1.22 *Partners are needed to **inspire and support practitioners to be lifelong learners** and develop the competencies necessary to identify and expertly apply evidence-based knowledge to practice.*
- 1.23 *Partners are needed to **expand and refine our practice in new areas** (e.g., low vision, wellness and fitness, driving and community mobility, assistive technology, etc.)*
- 1.24 *Partners are needed to **transform long term care settings** to support practice that provides meaningful engagement for residents and enhances their quality of life.*

## **KEY / POTENTIAL PARTNERS IN EDUCATION AND PRACTICE**

Alzheimer's Association – <http://www.alz.org/> e.g., best practices in dementia care

AAHSA – American Association of Homes & Services for the Aging <http://www.aahsa.org/> e.g., the professional association representing the non-profit nursing home / assisted living / adult day services industry. Transforming long-term care facilities into more occupation-rich settings.

AGHE – Association for Gerontology in Higher Education

AoA/N4A – Administration on Aging / National Association of Area Agencies on Aging <http://www.aoa.gov/> e.g., Use of OT in community-based settings (falls prevention programs, community mobility programs, caregiver support programs...)

AMA – American Medical Association <http://www.ama-assn.org/> e.g., older driver safety, health promotion

AMDA - American Medical Directors Association <http://www.amda.com/>

APTA - American Physical Therapy Association <http://www.apta.org/>

ASA – American Society on Aging <http://www.asaging.org/index.cfm> e.g., community-based practice

AFB - American Foundation for the Blind <http://www.afb.org/Section.asp?SectionID=35>

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ASHA – American Speech and Hearing Association

AAO - American Academy of Ophthalmology

AOA - American Optometry Association

Association for Education and Rehabilitation of Blind and Visually Impaired

Centers for Medicare and Medicaid Services <http://www.cms.hhs.gov/>

Center for Faith-Based and Community Initiatives (DHHS)

<http://www.hhs.gov/fbc/funding.html>

ICAA – International Council on Active Aging

NAFC – National Alliance of Family Caregivers

NAHC – National Association for Home Care & Hospice

National Association of Home Care

The Pioneer Network <http://www.pioneernetwork.net>

A grassroots movement where new ways of de-institutionalizing services and individualizing care are promoted. Strong proponent of occupation-rich settings.

PPECC - Professionals with Personal Experience with Chronic Care <http://www.ppecc.org/>

RESNA - Rehabilitation Engineering and Assistive Technology Society of North America

*Partnerships between AOTA and other organizations must be prioritized. Neither AOTA nor the profession 'can do it all'. The Ad Hoc Committee on Aging recommends that the top 5 issues in Aging today are:*

- 1) Aging in Place and Livable Communities
- 2) Healthy (Successful) Aging
- 3) Caregiving and the Occupational Health of Caregivers
- 4) Promoting Healthy Occupations in Institutions
- 5) End of Life Issues, including Quality of Life

**Q.2) What are the critical education issues in aging? Include foundational knowledge, OT specific knowledge, and practice skills.**

- Challenge 2.1: Too few OT/OTA programs have a strong gerontology focus. Particularly important is the community-based and home-health focused sectors. ACOTE and educational programs must play a larger role.
  - Recommendation for ACOTE:
    - Accountable for gerontology curriculum content at graduate level.
  - Recommendation for graduate education/training programs:
    - To implement a stronger curriculum, to include the following:
      - Aging with a disability and aging into disability
      - Vision and other sensory impairments
      - Driving and community mobility
      - Environmental modifications
        - Home modifications (following decline in function)
        - Aging in place (promoting safety and function)
        - Assistive technology / 'Smart' environments
        - Workplace accommodations
      - Workplace accommodations
      - Wellness & Health Promotion
      - Understanding current models of service delivery
        - Medicare and Medicaid systems
        - Acute, post-acute and home health care systems
      - Innovative Trends in Service Delivery
        - Technology & e-health
        - Community-based service provision
      - Wheeled mobility
      - Private practice / entrepreneurship
      - Application of aging research findings to practice (EBP).

## LOW VISION EXAMPLE

### *Foundational Knowledge*

- How aging affects the visual system: Predominant age-related diseases and neuro conditions causing vision loss, their clinical characteristics and effect on occupational performance (emphasizing safety and independence) including psychological adjustment issues
- Structure of low vision services in the United States: a. blindness system; b. healthcare system; c. the primary service providers

### *OT Specific Knowledge*

- OT scope of practice in low vision rehabilitation (legal and reimbursement)
- Components of basic visual screening for adults with optical and neurological

### *OT Practice Skills*

- Ability to complete basic visual screening
- Ability to communicate with eye care specialists and physicians about vision loss
- Ability to modify tasks in the environment to maximize independence

Challenge 2.2: Need to respond to pressing problems in aging from increasingly interdisciplinary perspectives.

- Recommendation is to strengthen relationships with “close professions”:
  - Public Health, particularly in promoting healthy aging / engagement in meaningful occupations as a health-promotion approach
  - Nursing, across the spectrum of OT practice in aging, e.g., LTC, Home Health, Health Promotion, etc.
  - Rehab Engineering, particularly human factors research at the human-machine interface
  - Neuroscience, in the realm of cognition and memory
  - Vision rehabilitation professionals and eye-care professionals
  - PT, Speech, etc.
  - Urban planners, designers and policy makers, to create more senior-friendly communities.
  - Health Educators/ Health Promotion Specialists
  
- Challenge 2.3: Need to enhance ability to use the concepts, theories, methods and language of other disciplines when required, while still retaining our occupational focus and occupation centered language.
  - Recommendations:
    - Expand efforts to demonstrate the impact of OT at a population level, not just an individual level.
    - Support publication of more OT research in “close professions” health journals.
    - OTs must increase their knowledge of current aging paradigms and theoretical frameworks for understanding aging in these “close fields” of practice as well as in the basic and social sciences that underlie them.
  
- Challenge 2.4: Continuing professional development – the need to keep practitioners current, inquisitive, and focused on the most critical issues in aging.
  - Recommended role for AOTA
    - Promotion of Board and Specialty certifications
    - Dissemination of recommendations from influential national reports that address quality health care delivery
      - E.g., “Remaking Health Care in America” (Shortell et al, 2000)
      - E.g., “Crossing the Quality Chasm” (IOM, 2001)
    - Share “best practices” in occupational therapy service provision with key power-brokers/employers of OTs, alongside targeted continuing education, to help OTs achieve expected professional standards.
    - Explore the possibility of re-structuring AOTA’s SIS structure (i.e., “interests”) to Divisions of Best Practice, to reinforce the necessity of “quality practice.”

- Consider tagging appropriate AOTA conference sessions that reflect “best practices” thereby supporting the idea of evidence-based practice.

**Q.3) What are the critical practice issues across settings (acute care, rehabilitation, institutions, and in the community)?**

- Challenge 3.1: The need to keep up with major scientific discoveries impacting medicine and human health, particularly in acute care and rehabilitation.
  - E.g., regenerative medicine, i.e., utilizing the body's own cells, tissues and DNA to heal and cure.
- Challenge 3.2: Staying abreast of increasing pace of technological changes and clinical innovations in rehabilitation required by these scientific discoveries, and potential resultant changes in OT service delivery.
  - E.g., minimally invasive hip surgery creates a need for pre-operative education/intervention rather than post-operative rehabilitation services.

Recommendation re: 3.1 and 3.2 above:

- Establish a new standing committee of OT researchers to review and disseminate scientific research briefs on key discoveries with current impact on practice. This committee will articulate with education and practice committees within the AOTA structure, to ensure timely dissemination of findings to university training programs and practitioners.
- Challenge 3.3: Shortening LOS and sicker patients in acute in-patient rehabilitation, with diminished time for anything more than assessment and short-term interventions focused on immediate self-care needs  
Recommendations:
    - Increase our focus on caregivers, family education and transitional care
    - Increase focus on return to occupational lifestyles and lifestyle redesign (not just how to get in and out of the bath)
    - Recognize that contemporary consumers and their families are well-educated with access to many sources of health information. OT/OTAs must be better prepared to synthesize health data and make recommendations that respond to the unique needs of their clients.
  - Challenge 3.4: Keeping rehabilitation practitioners’ practice knowledge current and in step with emerging findings from clinical outcomes research.
    - Need for new methods of continuing professional development
    - Need for easier access to useful education materials
    - Need to establish benchmarks for advanced practice competency
  - Challenge 3.5: Growing opportunities for innovative practice in community settings

## Ad Hoc Group on Aging/Gerontology

- Need to identify ways for OTs to obtain non-traditional referrals from physicians and other health professionals.
- Urgent need to strengthen relationships with agencies that support older adults in the community, e.g., Arthritis Society, MS Society, Alzheimers's Association, etc.
- Need to identify and disseminate innovative community roles and models: What are OT/OTAs working with community-based agencies actually doing? What works? What's innovative? What can be replicated?
- Challenge 3.6: Growing concern about quality of OT/OTA service in Home Health.
  - Urgent need to identify and disseminate successful OT/OTA home health roles, models and practices
  - Urgent need for OT to conduct research and to identify best practices in home health settings and to communicate this to fiscal intermediaries
- Challenge 3.7: There are serious gaps in our training that negatively impact our effectiveness in aging across all practice settings. For example: sensory issues. Filling these gaps is critical if we wish to succeed in meeting the needs of an increasingly older population.  
Recommend: Strengthen education focuses, specifically in low vision.
  - OTs are poorly trained in sensory issues: the need is tremendous -- low vision rehabilitation alone could potentially become one of the largest practice areas for OT, reflecting the shear numbers of persons who will need low vision services in coming decades as the baby boomers age.

### **Q.4) What are the key outcomes in aging and how do these relate to participation? How do these relate to the outcomes valued by consumers or payers?**

- The OT Practice Framework provides the primary orienting frame:
  - OT interventions will focus on prevention (of secondary disabilities) and health promotion.
  - While OT will always have an important role in self-care and ADL/IADLs, other roles like work/volunteering, leisure, and community participation will take on greater importance.

Also specifically,

- Increasing independence/safety for those who have had a decline in function
- Maintaining independence/safety for those who are at risk of a decline in function
- Improving physical and/or mental health in the aging population through engagement in meaningful occupations
- Promoting continued participation in their communities and occupations of choice (volunteering / civic engagement, social participation, faith-based activities) to facilitate wellness and quality of life.

**Q.5) What key research should inform practice in aging?**

- AOTA must support the expansion of number of OTs receiving career research awards from NIH, NIDRR, NSF and other research funders so OT's research capacity can be enhanced.
- More OT-focused research to demonstrate the effectiveness of OT interventions to reduce future healthcare expenditures and enhance occupational well-being. Selected examples:
  - California: Clark et al's "Well-Elderly Study" and research and healthy aging
  - Illinois: Peterson's research on falls and fear of falling
  - Florida: Mann's work on assistive devices, smart technology, driving, etc
  - Pennsylvania: Gitlin's research on environmental modifications
  - Etc.
- More research that focuses on the clinical reasoning of OTs (the 'what and how' of OT), not just the outcomes. Urgent need to identify and describe the "what and how" in more detail in order to: a) justify our unique contribution to science, to those who pay for healthcare services, and to the public at large.
- Much greater emphasis on longer term social consequences of OT interventions... as defined by consumers themselves.

**Q.6) What key policy issues should we be tracking and leading?**

**Tracking:**

- Coverage limitations for OT services under Medicare Part B, and under some Medicare HMOs.
- Funding for post-acute care / chronic disease management / health promotion (particularly Medicare), which currently has a very acute care focus.
- Coverage of Supplies / Equipment / Medication: How can OTs and OTAs obtain coverage for wheelchairs, splints, adaptive equipment, assistive technology, etc?
- Universal health care coverage debate

**Leading:**

- OT's role in public health. Many public health professionals do not realize our potential to work in public health (population health). We could create a lot more value for our services, and more opportunities for OTs if we could explain//demonstrate/establish our role and value in this area.
- Expansion of career awards for rehabilitation professionals so OT's research capacity can be increased.

**Q.7) What internal and external barriers are limiting our practice in aging?**

**Internal Barriers:**

- Challenge of clinical competency
  - Sense that OTs/OTAs need to recognize their responsibility for life long learning and ongoing professional competency.
- Challenge of inadequate research to change reimbursement climate
  - E.g., allowed ourselves to be limited by Medicare reimbursement; scope of practice in SNFs is dictated by Medicare coverage in some settings.
- Lack of training may prevent job seeking in non-traditional OT jobs in aging field
- Challenge of limited role models in community practice, and therefore few examples of truly innovative community practice.
- Challenge of very limited research on practice outcomes; insufficient evidence to demonstrate OT interventions produce beneficial client outcomes.
- Challenge of being a small profession that continues to want to “do it all” rather than playing much more strongly to our professional strengths.

**External Barriers:**

- Challenge of devaluation of aging and gerontology in society overall.
- Challenge of overlapping professional scopes of practice, e.g., PT and “function”.
- Challenge of being perceived by the larger health care community, as well as the public, as providing services in inpatient and outpatient medical rehabilitation settings only. We are not seen to have a role in addressing wellness issues in aging.

**Q.8) What is our unique contribution to the needs of people who need rehabilitation, habilitation, or prevention services in aging?**

- A holistic approach to working with the client to develop creative solutions to challenges in completing daily occupations through our use of task analysis and adaptation within a framework attentive to the individual’s personal, physical and social context.
- A focus on creating a meaningful lifestyle
- A focus on client values / client-centered care
- A focus on performance of real life activity
- A focus on the value of habit and routine (normalcy) in everyday life
- A focus on meaningful occupation as both the intervention and the outcome.