The Turnaround Is Here!

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SUMMARY

Evidence is growing for an improving OT job market, rebounding enrollments, and increasing salaries.

"I think we're at the best place we've ever been in history," says AOTA President M. Carolyn Baum of the market for occupational therapy practitioners today. Given the job decline brought on by the Balanced Budget Act (BBA) of 1997,[1] the dramatic decrease in student enrollments seen by many occupational therapy and occupational therapy assistant programs in the years following the BBA, and the changing nature of the health care industry, some might wonder why she believes that. But Baum has reason to be optimistic. In fact, there are many signs that, for occupational therapy, the turnaround is here.

ADJUSTING TO BBA AND PPS

Until 1997, demand for occupational therapists and occupational therapy assistants had eclipsed supply for decades.[2] Practitioners generally had the pick of multiple job offers upon graduation, enjoyed increasing salaries and strong benefits, and had the security of knowing another job could be found if the existing one did not work out. Although other regulatory policies have affected the profession throughout its history, they registered as minor blips compared with the BBA. "In our studies, we have never seen anything that's had such a dramatic impact on any health care workforce," says Gail Fisher, MPA, OTR/L. Fisher is a clinical associate professor in the Department of Occupational Therapy, College of Applied Health Sciences, at the University of Illinois at Chicago. She also is the allied health coinvestigator for the Midwest Regional Health Workforce Center (MRHWC) housed at the university and is among the few people in the country doing comprehensive research on occupational therapy workforce trends. The MRHWC, led by Fisher's university colleague and research collaborator Judith Cooksey, MD, MPH, is one of six regional centers funded by the Health Resources and Services Administration within the U.S. Department of Health and Human Services to examine supply and demand trends affecting the nation's health care workforce.

"When PPS [prospective payment system] went into effect for hospitals, around 1983, there were predictions that we would see a huge downturn in occupational therapy jobs. But that did not appear to occur," Fisher explains. "Even though the length of hospital stays got shorter, people were moving on to places where OTs and OTAs played a primary role—for instance, inpatient rehabilitation, skilled nursing facilities [SNFs], home health. So we weren't seeing them as long in acute care, but we were getting them earlier when they left it because of the shorter stays. Those predictions didn't shake out, and I think part of the reason was because we did a good job of justifying why OT needs to be in acute care and showing that we could help people get out of the hospital more quickly, be safe, and prevent readmission." In contrast, the third-party cost-containment efforts of the late 1990s such as the BBA, which introduced the Medicare PPS to SNFs and home health agencies, led to a rapid decline in demand for occupational therapy practitioners.[2] SNFs and home health agencies began laying off employees immediately.

In studying the effects of the BBA, one of the therapists Fisher interviewed, who was a supervisor for a company that provided contract therapists to SNFs, had laid off hundreds of occupational therapy practitioners in one day. "I think that was multiplied many times over so that in a period of, say, a month, there were thousands of people laid off. That was in early 1998. They flooded the job market. Many of them at that point were looking for a change because they were so disgruntled by what had happened, and also there were so few jobs then working in long-term care that many switched to school systems or early intervention programs. Some developed their own practices or did more community-level work," says Fisher. Supervisors she interviewed at that time reported having all their positions filled for the first time ever—even temporary positions to

support practitioners on maternity leave. "What students began to hear from high school and college advisors was, 'There aren't any jobs there anymore.' My students have told me that some of them were counseled not to go into OT for that reason. At the same time, I think therapists in the field who had jobs were feeling the productivity push because of managed care. So we also saw a number of rather burned out therapists who were counseling prospective students not to enter the field," she says. "The other thing with BBA was that salaries stalled for a few years because of the shift in demand. As demand went down and the ready supply was available, I had clinical directors telling me, 'I have a drawer full of résumés. I don't have jobs but people are sending them anyway.' That had never happened before. In the case of OTAs, the average salary actually went down during that period. Benefits were lost. Many people went from full-time to hourly or per diem employment. So that, again, was something that was certainly a discouragement to potential students."

Long-term care has recuperated from the initial shock of the BBA and managers have learned to operate effectively within PPS. "Demand has rebounded," says Sherry Angle-Hudock, senior vice president of Recruitment at RehabWorks, one of the nation's largest contract therapy providers in the long-term-care industry. She believes the industry has stabilized and, with America's baby boom generation aging and an increased focus on rehabilitation in long-term care, RehabWorks staff anticipate continued growth in that market and are working to meet demand. Currently the company averages about 100 occupational therapist and 100 occupational therapy assistant openings at any given time in the 41 states that it serves. "OTRs and COTAs have a variety of career opportunities within long-term care. Two of our senior vice presidents are OTRs. We promote and hire OTRs and COTAs into various management positions," Angle-Hudock says. RehabWorks also is targeting OT and OTA academic programs to alert their students to opportunities in long-term care. Meanwhile, program directors from across the country have reported that their graduates are seeing more job openings in SNFs and other long-term-care facilities and calls from those recruiters have increased.

THE ENROLLMENT ROLLER COASTER

With demand for occupational therapists and occupational therapy assistants high and supply relatively low, the number of accredited programs surged during the 1990s. Between 1990 and 2000, the number of occupational therapy professional and technical programs more than doubled.[3] However, the Medicare reimbursement changes that occurred in 1998 when the BBA went into effect depressed demand for occupational therapy practitioners and contributed to dramatic dips in enrollment. Both OT and OTA enrollments peaked in 1999, with OT program enrollment reaching 17,665 and OTA enrollment at 7,903.[4] By 2004, OT enrollment was just 10,123, and OTA enrollment was 3,601.[4] Since January 1999, 54 OTA programs have closed, and 9 OTA programs and 7 OT programs have gone on Inactive Status and are likely to close because of low enrollment (OTA programs) or the inability to transition to the postbaccalaureate entry-level degree (OT programs).[5]

Although the figures seem daunting, these changes are actually contributing to the uptick in demand for occupational therapy practitioners, and schools are starting to see enrollments rebound. Many academic program directors have reported increases in the number of applicants and in enrollment for their programs. Information gleaned from correspondence and interviews with OTA program directors throughout the United States indicates that most are seeing enrollments increase and some programs are once again meeting enrollment targets. And there are other promising signs for OTA programs. "What's encouraging is that for the first time since BBA, there's a developing program at the OTA level and an inactive OTA program that's applying to reactivate. To me, those things are very symbolic of the turnaround that we'll probably see with OTA enrollment," says Fisher. Enrollment for OT programs is complicated by the move to the postbaccalaureate entry-level degree, mandated to take effect in 2007. In general, classes are smaller at the graduate level, and enrollment targets for OT programs will adjust accordingly. "There will definitely be a shortage of new graduates," says Fisher. "Within the next 2 or 3 years, most programs will have their class sizes maxed out again. Overall, I think supply of new graduates will drop. For one thing, there are a number of OT programs that are not going to convert to graduate level. Once programs do convert, class sizes often get smaller. Even though classes will be full, the number of graduates at the OT level will be smaller than it was 5 years ago."

EXPANDING DEMAND FOR OT

The smaller number of program graduates are already seeing the benefits of increased demand for occupational therapy practitioners. Program directors report that they are getting more inquiries, including more phone calls at home, from recruiters looking for new graduates to fill their positions. "We get contacted all the time," says Phyllis Clements, OTR, director of the OTA Program at Macomb Community College near Detroit. "From the mailings and calls I've received, the job market appears wide open again. One hundred percent of last year's class is employed, except for one student who chose not to be. Many of our Level II students are getting jobs right out of fieldwork." Graduates of the OT program at Xavier University in Cincinnati are also seeing more openings. "Before 2000, our students would have three or four job opportunities from which to choose. For about the last 3 years, however, it has been harder for students to find jobs. But, starting last spring, employers all over town began crying for OTs, and multiple offers began returning," says the program's director Carol Scheerer, EdD, OTR/L. Many directors indicated that their graduates also are being offered multiple positions and sign-on bonuses and that the time it takes students to get jobs has decreased, ranging from being hired before graduation to within 6 weeks of it. SNFs and school systems are the top recruiters of new graduates, although some are finding positions in community settings through their fieldwork experiences.

It is not only program directors who are seeing the demand for occupational therapists and occupational therapy assistants rise. Those outside the profession are seeing it, too. The American Hospital Association has reported workforce shortages in occupational therapy.[6] Similarly, the National Association for Health Care Recruit-ment lists the national vacancy rate for occupational therapists at 11.33% (a rate of 8% is considered to be a crisis level),[7] and a report by the Bernard Hodes Research Group, a health care analysis firm, puts the vacancy rate for occupational therapists in the United States at 15.7%.[8] In addition, the U.S. Bureau of Labor Statistics (BLS) includes *occupational therapist assistant* among its list of fastest growing occupations and predicts much faster than average growth (36% or more) for assistants and faster than average growth (21% to 36%) for occupational therapists.[9]

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OTHER SIGNS OF IMPROVEMENT

Salaries for occupational therapy practitioners have increased over the past several years. Between 2000 and 2001 BLS data showed annual wage growth of 3.9% and 4.4% for occupational therapists and occupational therapy assistants, respectively, suggesting a recovery in the market for occupational therapy services following the BBA.[3] According to more recent BLS data, the median annual income of occupational therapists was $51,990 in 2002[9] and grew to $53,810 in 2003.[10] The median income for occupational therapy assistants was $36,660 in 20029 and $37,530 in 2003.[11] Another indicator of the health of the profession is that the number of licensed occupational therapists and occupational therapy assistants increased from 120,562 in 2001 to 128,015 in 2003.[12] In addition, recruitment advertising in *OT Practice* grew steadily over the past 2 years, after a dip in 2002, and increased significantly for AOTA's OTJobLink (www.OTJobLink.org) between 2001 and 2004.[13]

TRENDS FOR THE FUTURE

The improving job market, rebounding enrollments, and increasing salaries are certainly good news. A look at some trends that will shape the health of individuals and society in the coming decades also bodes well for the profession—provided practitioners can capitalize on the opportunities.

Aging Americans

You may be tired of hearing that by the year 2030 one of every five Americans will be 65 years of age or older. But don't tune out, because these changing demographics will have a tremendous impact on health care and social systems and, potentially, on your practice. According to the Centers for Disease Control and Prevention (CDC), health care costs for persons in developed countries who are more than 65 years of age is three to five times greater than the cost of those who are younger.[14] Americans are living longer and retiring later. To address the challenges posed by an aging population, the CDC has urged public health agencies and community organizations to include health promotion among older adults, prevention of disability, maintenance of capacity in those with frailties and disabilities, and enhancement of quality of life in their scope.[14] The demand for occupational therapy practitioners in facility-based settings such as acute care and SNFs will almost certainly grow. However, the push for prevention and emphasis on quality of life by public agencies fits with occupational therapy's holistic approach to intervention and validates what many practitioners have already been doing in areas such as home modifications, consulting to assisted living facilities, and driver rehabilitation. Plus, there's another factor to consider: Baby boomers have a different mindset about aging. "[They] have a particular mentality about what they're entitled to and will be assertive about getting that," Fisher points out. "I think that aging in place is what older people want. Really, we all want that. So whatever occupational therapy practitioners can do to position ourselves as being great resources to help people stay at home will be very important to our future."

Productivity Across the Lifespan

In addition to helping older adults maintain independence and quality of life, occupational therapy practitioners can help others age in place and be productive in their many life roles. "As children grow into adulthood, they will need help making transitions to meaningful and productive lives, and our profession has the knowledge and expertise to do that. I would like to see us expand our role with children beyond what happens in the classroom, to foster the child's role in families and communities and to integrate more of what we do with existing resources to get children involved in activities and sports. I'd also like to see us working more with families," says Baum. In the business world, employers are beginning to see the link between their bottom lines and the work–life balance of employees. Some are taking steps to provide more support by adopting family-friendly leave policies and benefits and developing programs in areas such as ergonomics and stress management that target employees' health and well-being. As Baum points out, "In the workplace, occupational therapy practitioners can play a part in sustaining the productive roles of workers who are trying to manage their aging parents, as well as help people find ways to balance family, work, and leisure time. In addition, we can also use our expertise to help foster accessible and universally designed communities that facilitate participation by all community

members. We must tap into opportunities to deal with individuals who have impairments that could cause disabilities, but we also must focus on building interventions for organizations and populations."

A Culture of Health and Wellness

Government and businesses have increasingly recognized the importance of preventing illness and disease and of promoting health and wellness to cut health care costs and improve quality of life. For example, through *Healthy People 2010*, the U.S. Department of Health and Human Services has established disease prevention and health promotion objectives for the nation, with the overarching goals of increasing individuals' life expectancy and improving their quality of life as well as eliminating health disparities among different segments of the population.[15] In addition, the Centers for Medicare & Medicaid Services now covers preventative care such as initial physicals for Medicare beneficiaries. For the past several years, managed care organizations have touted prevention and management of chronic conditions such as asthma and diabetes to their beneficiaries. Many health problems can be prevented or managed with the proper strategies and interventions, resulting in significant savings to individuals, organizations, and society. Consider this: With nearly 64% of America's population overweight or obese,[15] the costs for treating obesity-related illnesses are estimated at $93 billion annually.[16] Obesity programs are needed across the lifespan to combat America's weight problem and the associated comorbidities (e.g., diabetes, hypertension). Occupational therapy practitioners may find opportunities in the private and nonprofit sectors developing programs in injury prevention, disease management, and more.

Evidence-Based Practice

The demand for evidence that supports the effectiveness of interventions has continued to grow, and payers are giving preference to interventions that are demonstrated to work. Whether it is federally funded occupational therapy research or simply taking time to track outcomes in the clinic or the school system, evidence-based practice presents a way to prove that occupational therapy interventions get results. And what better way to market a product or service than to point to a record of effectiveness? If occupational therapy builds the evidence base, payers (third-parties and individuals) will come.

CONCLUSION

Positive changes are taking place in the profession and in society that translate into opportunities for occupational therapists and occupational therapy assistants. "Medicine is being put in a position to address the needs of people across the continuum of care. We're not just dealing with impairments," says Baum. "We need to be looking at what is limiting people's activity and participation." She also wants potential occupational therapy practitioners to know that the field—and society—need them to succeed. "We need so many new practitioners, and we need existing practitioners to help foster new clinical, scientific, and educational leadership. Attracting people to this field is a real gift not only to the profession but to society. It's a wonderful field for people to combine their altruism with professional knowledge and skills to make a real difference in others' lives," she says. ■

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Andrea Brachtesende is the associate editor of *OT Practice.*

Reference Information:
Brachtesende, A. (2005). The Turnaround Is Here! *OT Practice. 23*(1), 13–19.

New Markets Emerge From Society's Needs

What do people need and want to do in their everyday lives? How can you help them achieve their goals and participate in the activities and roles that they find meaningful? As society's demographics and values change, so do the nature of health care and the market for occupational therapy. However scary change may be, it can be a positive thing for the profession. "The skills of occupational therapy practitioners and the needs of society are intersecting to create opportunities for the future," says AOTA Executive Director Frederick P. Somers. Although most occupational therapists and occupational therapy assistants still practice in facility-based settings, many are exploring emerging practice areas. As Christina Metzler, chief operating officer of AOTA's Public Affairs Department, points out, these emerging practice areas are often rooted in more traditional roles. "Home modification really derives from occupational therapy's involvement and unique expertise in home health. I see emerging areas as retail, and traditional areas as wholesale. The retail areas present lots of opportunities for individuals to branch off and start their own operations that draw from these existing wholesale areas. In retail, of course, you have to be more assertive about selling your product or service."

This is especially true of emerging practice areas, where typical sources (e.g., Medicare, private insurance) may not cover the services you provide. Often, entering an emerging area requires learning at least basic business skills, the ability to identify unmet needs in your community and assess the market for your services, and the ability to promote yourself and demonstrate to potential clients why they should pay for your services. Practitioners interested in pursuing these areas should begin by ensuring that their endeavors comply with their state's statutes and regulations governing occupational therapy practice. For more information and resources, see "Capital Briefing" in the December 20 issue of *OT Practice* (p. 7) and the Licensure section of the AOTA Web site at www.aota.org. AOTA's 11 Special Interest Sections (SISs) also are a good source of information and networking for those interested in emerging practice areas. For information on the SISs, go to the AOTA Web site and click on Special Interest Sections.

The list below is based on information gathered from many practitioners and health care providers. Watch for more information on emerging practice areas in future *OT Practice* issues.

1. **Ergonomics consulting.** Evidence about the benefits of ergonomics programs has been accumulating over the past few years, and in 2002 the U.S. Department of Labor established ergonomics guidelines for employers. Although compliance is voluntary, many employers have recognized the connection between worker safety and injury prevention and their bottom lines. Some occupational therapy practitioners have established consulting businesses that design prevention programs and workplace modifications for industry and state governments, and those with experience in work hardening and rehabilitation programs are beginning to take on consulting duties related to injury prevention.

2. **Design and accessibility consulting and home modification.** The concept of aging in place is gaining cachet in the American marketplace, and many entrepreneurs are capitalizing on the desire of older adults to live independently in their homes for as long as possible. Occupational therapy practitioners can bring something unique to this growing market: a holistic perspective and an emphasis on the activities that people find meaningful. They also know that aging in place bridges the lifespan.

   Older adults, families, and persons with disabilities can all benefit from environmental modifications that allow for fuller participation in life.

   Universal design, or designing homes and businesses to accommodate everyone, is gaining popularity and increasing demand for consultants with knowledge of special populations. Occupational therapy practitioners in this area work with engineers, architects, city planners, developers, and others to create accessible homes and communities.

   As persons with and without disabilities live longer and society looks for more effective and less costly alternatives to nursing homes, home modification consultants may find increasing demand for their services. Because they are trained to evaluate clients' mobility, sensory, and cognitive limitations and potential obstacles in the home environment, occupational therapy practitioners are well-suited to be home modification consultants.

3. **Older driver assessment and training.** As the population ages, the issue of mobility and driving among older adults is becoming a public safety concern. Not only can age-related illness or disability alter people's ability to drive, but so can processes associated with normal aging (e.g., slower reaction times, decreased peripheral vision). Officials at local, state, and federal levels have recognized the crisis that could result if the mobility needs of older adults are not addressed. In fact, the National Highway Traffic Safety Administration (NHTSA) and the Centers for Disease Control and Prevention have provided funding for projects aimed at addressing older driver safety and building the capacity of health professionals to meet older driver needs. These projects include AOTA's own Older Driver Initiative. "NHTSA has recognized that a key to maintaining independence for older adults is maintaining mobility within their communities. While changes in community planning and infrastructure are needed, they are not likely to happen quickly. To promote the safety of older adults and public safety in general, NHTSA has recommended unfettered access by consumers to valid and reliable evaluation and training services. Occupational therapy practitioners can provide leadership and services to meet this pressing need," says Somers.

4. **Consulting to assisted living facilities.** Assisted living facilities vary widely in complexity, clientele, and format. Generally, these facilities provide residents with housing and services such as meals, housekeeping, and transportation within the community. Occupational therapy practitioners can use their expertise to help residents maintain health and enhance function, prevent illness, facilitate engagement in leisure activities, and promote overall well-being. For example, practitioners may provide workshops in falls prevention or recommend environmental modifications that foster participation in meaningful activities; train housekeeping, personal care, and other staff to understand and promote activities of daily living; and design fitness programs for residents, as well as programs to address depression. Under Medicare Part B, they also can provide rehabilitation services.

5. Technology and assistive-device development and consulting. Technology grows exponentially, providing the potential to find new and better ways to foster people's participation in daily life. Many occupational therapy practitioners are using technology and assistive devices to help clients with cognitive, functional, or mobility limitations. Practitioners may find opportunities in helping schools develop testing systems that promote access and inclusion of all students, recommending and training individuals in the use or installation of customized technology and assistive devices, or inventing new equipment to help people maintain their quality of life and mobility.

6. Health and wellness consulting. Although some overlap exists with other emerging areas, health and wellness consulting generally involves working with businesses and individuals who are exploring lifestyle changes. Many employers are recognizing the economic benefits of keeping employees healthy in body and spirit. Occupational therapy practitioners may conduct corporate wellness seminars that focus on job performance issues and well-being or develop support programs for adults who are caring for elders or a family member with a disability. Some practitioners have even started life coaching businesses that help clients meet professional and personal goals while addressing the physical, social, emotional, cognitive, and spiritual facets of their lives. Others are tapping into the concept of lifestyle redesign. The landmark "well-elderly" study by researchers at the University of Southern California demonstrated that occupational therapy interventions are effective in maintaining the health and well-being of older adults who are living independently. As the population ages and society looks for ways to counter disease and disability, occupational therapy practitioners are sure to find creative ways to apply interventions that prevent functional decline and maintain well-being.

7. Low-vision rehabilitation. Many older adults are experiencing vision loss, secondary to age-related disease such as macular degeneration, diabetic retinopathy, and glaucoma. Occupational therapists have the knowledge and skills to address vision deficits and related functional issues. The Balanced Budget Refinement Act of 1999[1] facilitates access to these services by allowing optometrists to directly refer Medicare Part B clients to occupational therapists.

8. Addressing Alzheimer's disease and caregiver training. In 2011, the first baby boomers will begin turning 65. With older adults making up a larger percentage of the population, Alzheimer's disease will become an even greater challenge for America's health system. The Centers for Medicare & Medicaid Services has clarified Medicare policy to enable beneficiaries with Alzheimer's disease or dementia to receive occupational therapy services when medically necessary. Nursing homes, assisted living facilities, and communities will be looking for effective interventions and programs to address the needs of persons with Alzheimer's disease. And of course, elders and their families will need assistance and support to help loved ones with the disease remain independent for as long as possible. The expertise of occupational therapy practitioners also lends itself to developing quality respite, training, and other support programs for caregivers.

9. Addressing the needs of children and youth. As services for students with disabilities expand, the number of children diagnosed with autism spectrum disorders grows, and parents become savvier about their children's rights, the need for occupational therapy in school systems is likely to increase. However, occupational therapy practitioners also have the knowledge and expertise to help children and youth without disabilities. Government-sponsored youth antiviolence and antibullying campaigns have identified the need for programs that address such areas as social skills, anger management, and coping with fears and frustrations. Nationwide, many students are becoming disconnected from schools—they feel as if they don't belong, which leads them to withdraw socially and drop out.[2] In addition, America is struggling with an obesity epidemic that affects children as well as adults. Occupational therapy practitioners could design programs that help students feel connected or that focus on preventing disease and maintaining health. They might assist students who cannot or do not want to attend college to identify vocational options and provide early job training. Practitioners could also consult with businesses on how to hire students with disabilities or with colleges on how to meet the needs of students with disabilities.

10. Community services. Health care systems have recognized that prevention and health maintenance programs can help them cut costs. Many have started community health initiatives, using occupational therapy practitioners, that educate community members about managing and preventing diseases such as stroke and diabetes, preventing falls among elderly persons, and coping with chronic conditions such as arthritis or low back pain. Some practitioners also have made inroads with state or local government agencies by convincing these entities of the value of occupational therapy in addressing the needs of the populations they serve. Examples include consulting with Area Agencies on Aging and designing programs that teach life skills to jail inmates or homeless persons. ■

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