Wellness & Prevention
Occupational Therapy’s Opportunity in the Era of Health Care Reform

HEALTH CARE REFORM
The Affordable Care Act of 2010 (ACA) places an increased emphasis on preventing disease and injury as key to enhancing the health of Americans. Health care will shift away from the current reactive approach toward a system that makes wellness and prevention a priority. The ACA requires health plans (including Medicare and Medicaid) to cover certain preventive services and eliminates cost sharing to increase the accessibility and affordability for such services. The National Prevention, Health Promotion and Public Health Council was established under the ACA in an effort to guide the nation in its shift from a focus on sickness and disease to one of wellness and prevention.

WELLNESS & PREVENTION GOALS OF ACA
The ACA places high value on wellness, prevention and chronic care management in America’s health care system. Recognizing that wellness starts at birth and continues through all stages of life, the ACA ensures that health plans (including Medicare) cover certain preventive services without cost sharing. Also supported is the implementation of community-based preventive services and enhanced linkages with clinical care. The inclusion of such principles in the ACA provides Americans with the ability to improve health and reduce costs in the health care system.

OCCUPATIONAL THERAPY’S FIT
Occupational therapy is a health, wellness, and rehabilitation profession dedicated to the maximization of performance and function across the lifespan so that individuals can live their life to its fullest. The holistic approach taken by occupational therapy practitioners is particularly useful in the areas of wellness, health promotion, and prevention. The practice of occupational therapy occurs in health care and education settings, and in community-based agencies and organizations. The timing is optimal for occupational therapy in the area of wellness and prevention.

OPPORTUNITIES IN PRACTICE
There are many opportunities for occupational therapy to participate in wellness with individuals, populations, and organizations. Our role in the practice of wellness and prevention is supported by evidence and practice outcomes. Strategies to promote wellness and prevention in occupational therapy practice include but are not limited to the following:

Traditional health care (hospitals, outpatient clinics, skilled nursing facilities):
- Evaluation of risk for hospital acquired conditions (falls, decubitus ulcers, infection, delirium)
- Home assessments and modifications
• Lymphedema management
• Self-management for clients with chronic disease
• Fall prevention
• Implementation of depression screening programs

**Education:**
• Backpack awareness
• Healthy use of technology such as computers and tablets (iPads)
• Bullying education
• Obesity prevention
• Handwriting curriculum education
• Afterschool empowerment groups—stress management, coping skills, healthy living
• Mock job interviews with student
• Supported education programs in higher education

**Communities:**
• Fall prevention partnerships
• CarFit programs
• Child growth and development education for parents and day care staff
• Consulting with universal design planners
• Caregiver training and support
• Aging-in-place programs for seniors
• Elder care management
• Environmental assessment to promote safety and prevent injury
• Peer support and supported socialization programs for those with disabilities
• Skills training and environmental modification to prevent housing instability for vulnerable populations
• Educate community health workers and agencies about wellness and prevention techniques for improving client care
• Conduct research with mental health agencies and stakeholders to reduce health-related disparities and early mortality
• Build collaborative partnerships with agencies focused on improving health equity of at-risk populations
• Implementing coordination models to integrate care

**Employers:**
• Injury prevention training
• Promote emotional well-being through training on balance in work, leisure, and family life
• Ergonomic assessment and intervention
• Body mechanics training for personnel
• Supported employment programs
REFERENCES

