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Developing an Occupational Therapy Community/Client Wellness Program

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Developing an Occupational Therapy
Community/client Wellness Program

by

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A Scholarly Project

Submitted to the Occupational Therapy Department

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Master's of Occupational Therapy

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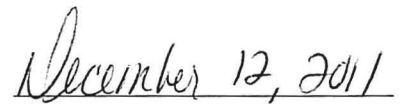


Approval Page

This Scholarly Project Paper, submitted by Lindsey Wolsky, MOTS and Lindsey Sauer, MOTS in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

A handwritten signature in cursive script, appearing to read "Dr. L. Sauer", is written over a horizontal line.

Faculty Advisor

A handwritten date in cursive script, "December 12, 2011", is written over a horizontal line.

Date

PERMISSION

Title: Developing an Occupational Therapy Community/client Wellness Program

Department: Occupational Therapy

Degree: Master's of Occupational Therapy

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Date 12/12/11

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ABSTRACT

Health promotion is gaining more recognition with the increase of chronic diseases worldwide and the growing elderly population in the United States. The World Health Organization (2011) places a particular emphasis on health promotion as well as preventative care. The role of occupational therapy fits directly with this emphasis. The American Occupational Therapy Association (2008) identified occupational therapy's roles to include promotion of healthy lifestyle, use of occupation as a means to improve health and provide services to both individuals and populations.

Problem: Although health promotion and prevention is well within the realm of occupational therapy, Flannery and Barry (2003) found that only 54 percent of occupational therapists reported involvement with health promotion. The most common barriers to health promotion included limited resources, lack of knowledge and structure, and the presence of role confusion (Flannery & Barry, 2003; Casey, 2000). Of the 54 percent of occupational therapists who reported involvement with health promotion, none indicated community affiliation (Flannery & Barry, 2003). However, it was found that the community setting was the most appropriate for occupational therapists to implement health promotion.

Methodology: A comprehensive literature review was conducted to identify if there was a need for training occupational therapists regarding community health promotion and prevention programs. Emphasis was placed on implementation and locating funding sources. Additional

literature was researched to identify an appropriate theoretical basis regarding adult learning principles and strategies to ensure the appropriate delivery of information to the audience.

Results: *Developing an Occupational Therapy Community/client Wellness Program* workshop was designed to educate occupational therapists on the process of designing and implementing a community-based health promotion program. The workshop will also provide education on locating and accessing funding for such a program. The workshop is designed from a facilitator's perspective so anyone could take the information and provide the workshop. Additional resources, information and learning activities are included and are based on Knowles's (1980) adult learning theory.

CHAPTER I

Introduction

Health promotion is gaining more recognition with the increase of chronic diseases worldwide and the growing elderly population in the United States. The World Health Organization (2011) places a particular emphasis on health promotion as well as preventative care. The role of occupational therapy fits directly with this emphasis. The American Occupational Therapy Association (2008) identified occupational therapy's roles to include promotion of healthy lifestyle, use of occupation as a means to improve health and provide services to both individuals and populations.

The most common barriers to health promotion included limited resources, lack of knowledge and structure, and the presence of role confusion. These barriers explain why only 54% of occupational therapists reported involvement with health promotion (Flannery and Barry (2003) even though health promotion and prevention is well within the realm of occupational therapy,

An extensive literature review was conducted to identify what occupational therapists need to increase their role and visibility in community health promotion and prevention programs. As stated previously, of the 54 percent of occupational therapists involved in health promotion and prevention, none indicated community affiliation. The question is why? The literature review focused on identifying the factors contributing to decreased involvement. Emphasis has been placed on implementation and locating funding sources. Additional literature

was found regarding Knowles' adult learning principles and strategies to ensure the appropriate delivery of information to the audience to fit their educational needs.

Based on the audience of the literature review, a program including a workshop was developed to address the factors that decrease involvement in implementing a community-based wellness program. This workshop addresses each of these factors to increase occupational therapists' comfort in community involvement with health promotion and prevention.

Key Terms/Concepts

The following is a list of definitions that will be utilized throughout the scholarly project.

Health Promotion- a process of facilitating people to increase control of and improve their health, beyond an emphasis on individual behavior to a larger scope of social and environmental interventions (WHO, 1986).

Preventive Care- The process of taking small regular decisions and taking positive action on health, diet, relationships, exercise, and lifestyle (Preventive Health Guide, 2011).

Community-based Programs- Programs based in and available to community members. They are engaged in meeting human, education, environmental and/or community safety and health needs (National Network of Libraries of Medicine, 2007).

Holistic Approach- Treatment approach in which a therapist attempts to treat both the mind and the body while viewing humans and their environment as a single system (Merriam-Webster, 2011).

Evaluation- a continuous process of asking questions such as, ‘are we doing the right thing?’ and ‘are we doing things right?’ and ‘what do we need to measure to know what and how we are doing?’ (Scaffa, 2001, p. 98).

Needs Assessment- provides a better understanding of the intended population and identifies the specific needs of the community/population being served through the proposed programs (Carter et al., 2009; Doll, 2010; Durhan & Nichols, 2009; Ingram et al., 2005; Scaffa, 2001).

Cost Effectiveness- Economical in terms of tangible benefits produced by money spent (Merriam-Webster, 2011).

Community-Based Participatory Research- scientific inquiry conducted in communities in which community members, persons affected by condition or issue under study and other key

stakeholders in the community's health have the opportunity to be full participants in each phase of the work (U.S. Department of Health & Human Services, 2011).

Direct Grants- Applied for directly through the federal government (Browning, 2009).

Pass-through Grants- Applied for by the state, then the state passes the federal monies on to the applicant (Browning, 2009).

Formula- based on the state's population (Browning, 2009).

Entitlement- Received because it is entitled to the state to receive each fiscal year (Browning, 2009).

Competitive- given to the state with the best grant applications (Browning, 2009).

Private Grants- Receive money from a single source such as an individual, a family or a corporation (Browning, 2009).

Educational Grant- the grant writer usually proposes an educational program on a specific topic for a specific group (Doll, 2010).

Planning Grant- used to fund program planning (Doll, 2010).

Demonstration Grant- funds the implementation of a program that is successful and/or implements evidence-based practice (Doll, 2010).

Training Grant- focuses on developing and implementing a specific type of training for a specific population, commonly seen for inter-professional training (Doll, 2010).

Collaborative/Corporative Grants- Uses a team approach with a number of investigators who each have a specific role in the program implementation (Doll, 2010).

Chapter II presents the results of a comprehensive literature review in addition to an overview of the product. Chapter III will present the methodology and the activities used to

develop the product. The product in its entirety is available in Chapter IV. Finally, Chapter V is a summary of the project and includes recommendations and limitations of the product.

CHAPTER II

Literature Review

Introduction

Health promotion is gaining more recognition with the increase of chronic diseases worldwide and the growing elderly population in the United States. The World Health Organization [WHO] (2011) places a particular emphasis on health promotion as well as preventative care. The role of occupational therapy fits directly with this emphasis. The American Occupational Therapy Association [AOTA] (2008) identified occupational therapy's roles to include promotion of healthy lifestyle, use of occupation as a means to improve health and provide services to both individuals and populations.

Although health promotion and prevention is well within the realm of occupational therapy, Flannery and Barry (2003) found that only 54% of occupational therapists reported involvement with health promotion. The most common barriers to health promotion included limited resources, lack of knowledge and structure, and the presence of role confusion (Casey, 2000; Flannery & Barry, 2003). Of the 54% of occupational therapists who reported involvement with health promotion, none indicated community affiliation (Flannery & Barry, 2003). However, it was found that the community setting was the most appropriate for occupational therapists to implement health promotion (Flannery & Barry, 2003).

An extensive literature review was conducted to explore the current and required areas of training for occupational therapists regarding community health promotion and prevention programs. An emphasis was placed on planning and implementing programs and locating

funding sources. To design and effective workshop, the literature was explored to identify effective adult learning principles and strategies to ensure the appropriate delivery of information to the audience.

The proposed product, resulting from the literature review, is a workshop designed to educate occupational therapists on the process to design and implement a community-based health promotion program. The workshop will also provide education on locating and accessing funding to support their proposed program.

Community-based Wellness Programming

Health Promotion

The most recent paradigm shift in public health and medicine (1975 through the present) is now a “health promotion phase” (Scaffa, 2001, p. 28). Health promotion is perceived to have different definitions varying among different healthcare professionals (Johansson, Weinehall, & Emmelin, 2009). The most widely accepted definition of health promotion comes from the WHO. WHO Ottawa Charter (1986) identified it as a process of facilitating people to increase control of and improve their health, beyond an emphasis on individual behavior to a larger scope of social and environmental interventions. The Ottawa Charter (WHO, 1986) emphasized six core concepts to health promotion:

1. Policy makers incorporating health onto their agenda for public policy.
2. The creation and conservation of supportive communities and environments.
3. Stronger community action.
4. Supporting the growth and development of personal skills by means of various resources.
5. The reorientation of health services to address their responsibility to provide services beyond curative measures to health promotion measures.
6. Movement into the future with value placed on holism, caring and ecology.

Scriven and Atwal (2004) relate the concept of health promotion to McKinlay's (1979) analogy of upstream thinking. A fundamental belief of this philosophy is to address the problem at the source of its beginning rather than addressing it after the problem progresses. Occupational therapy's current paradigm of returning to a holistic approach (Scaffa, 2001) is consistent with and parallels the concept and definition of health promotion.

Need

According to Coberley, Rula and Pope (2011), only 8.6% of the \$2.6 trillion spent on health care services will be used towards prevention and wellness. The largest contributor to rising health care costs is the population with risk factors that lead to future health compromise (Coberley et al., 2011).

Two pertinent examples of populations with such risk factors include the growing aging population as well as the large obese population in the U.S. (Center for Disease Control [CDC], 2011; U.S. Census Bureau, 2010). According to the CDC (2011), by 2030 the number of U.S. adults ages 65 and older will more than double to 71 million. This proves to be significant when considering the health risks associated with aging. At least 80% of older adults have one chronic condition, and 50% have at least two chronic conditions. The most common conditions in the aging population include heart disease, cancer and stroke (CDC, 2011).

Similarly, several health factors are also associated with obesity. These health factors include heart disease, type-two diabetes, several types of cancer, high blood pressure, high cholesterol, stroke, sleep apnea, respiratory problems, and arthritis. This has a serious impact on the U.S. health system with obesity affecting approximately one-third of adults (33.8%) and 17% of children and adolescents (ages two through 19) in the country. (CDC, 2011)

All of the above mentioned health risks have the potential to negatively impact individuals' participation in occupations. This lends support for occupational therapists to intervene at a preventative/health promotional level. One goal of the Healthy People Initiative 2020 (HealthyPeople.gov, 2011) is to "increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life" (p. 1).

The impact of the current and future health trends in the U.S. on individuals' participation in meaningful occupations points to the need for occupational therapists to become more involved in community-based wellness. Healthy People 2020 (HealthyPeople.gov, 2011) identified a need to increase the amount and skills of community health workers and other public health professionals to support the achievement of healthier communities. In order to receive necessary resources and support to implement a wellness program, the first step is to ensure and prove that programs such as this are effective.

Effectiveness of Wellness Programs

One way to determine the effectiveness of a wellness program is to look at the health care costs and cost effectiveness. Programs that are successful will have a decrease in health care expenditures due to permanent lifestyle changes and health improvements (Coberley et al., 2011). Coberley et al. (2011) found that participants had a decrease in the number of times admitted to the hospital after two years of being in a wellness program. This supports that preventative measures, such as participating in a wellness program, will create effects that start early and have lasting effects that become more substantial over time.

Matuska, Giles-Heinz, Flinn, Neighbor and Bass-Haugen (2003) evaluated an occupational therapy wellness program regarding effectiveness for the participants. The purpose

of the program was to educate its members on meaningful occupations, focusing on social and community involvement. The interventions of the program were aimed at removing barriers such as environmental or personal difficulties that prevent engagement in meaningful activities. The results indicated that those who limit their participation in meaningful activities are at an increased risk for isolation, depression, and dependence. Therefore, prevention programs aimed at increasing opportunities to take part in meaningful social and community interactions will be effective at improving quality of life and wellness (Matuska et al., 2003).

Wellness programs that target a variety of areas are shown to be the most effective (Clark et al., 1997; Matuska et al., 2003). These areas can include physical health, emotional well-being, mental health, socialization, activities of daily living, and quality of life. Programs should work towards the client's overall health using a broad approach. Matuska et al. (2003) had weekly topics that included transportation, aging, safety and falls prevention, stress, lifestyle balance, and communication. The program had an overall satisfaction level of 97% and the highest rated topics were related to managing stress, aging and health, effective communication, and social relationships (Matuska et al., 2003).

In their Well Elderly study, Clark et al. (1997) indicated that preventative occupational therapy has shown to be effective at enhancing successful aging. Occupational therapy has been proven to be cost effective in preventative wellness programs (Clark et al., 1997; Hay et al., 2002). This is due to the fact that preventative programs focus on members participating in activities that are personally meaningful and occupation-based. It is not just activity that increases health and well-being, but activities that have value and importance. Participation in meaningful occupations is associated with better physical and mental health (Everard, Lach, Fischer & Baum, 2000). If the goal of a wellness program is to implement permanent lifestyle

changes that will improve quality of life, healthcare costs will decrease and savings will multiply (Hay et al., 2002). Also essential to an effective program is determining the appropriate steps and process needed for successful implementation.

Process of Program Development and Implementation

Scaffa (2001) and Doll (2010) outline four basic steps to program development:

1. A needs assessment
2. Program planning
3. Program implementation
4. Program evaluation

Several community-based wellness or prevention programs have utilized the same guidelines to develop and implement their services (Carter et al., 2009; Durhan & Nichols, 2009; Feinberg, Greenberg & Osgood, 2004; Ingram, Gallegos & Elenes, 2005). A fifth step for program development and success, identified in the literature, is collaboration.

Collaboration

Numerous authors emphasize the importance of collaboration between providers and/or disciplines that are involved in the programming process (Carter et al., 2009; Ingram et al., 2005; McKay, Bell, & Blake, 2011; Scaffa, 2001). Collaboration is necessary throughout the entire programming process, and is particularly crucial in the planning phase (McKay et al., 2011; Ingram et al., 2005; Scaffa, 2001). Scaffa (2001) identified several benefits of collaboration for program development such as a more comprehensive range of services, better problem solving for the various barriers and challenges that arise, and more sharing of workload as well as resources. Kaplan, Calman, Golub, Ruddock and Billings (2006) found barriers of collaboration to include competing priorities and the inability to problem solve differences to make

collaborative and productive decisions. Doll (2010) suggested other challenges to community partnerships/collaborations are lack of trust, power struggles, lack of respect for differences and poor management. However, when accounted for, the differences among disciplines may be of benefit for a more accurate representation of the different services that can be provided (Doll, 2010). Once these challenges are accounted for, the first step of the program development can begin starting with a needs assessment.

Needs Assessment

The first step of a needs assessment is to conduct a literature review to guide the development of the needs assessment as well as for further stages of the planning and implementation process (Arthur, Hawkins, Brown, Briney & Oesterle, 2010; Durhan & Nichols, 2009; Scaffa, 2001).

The needs assessment provides a better understanding of the intended population and identifies the specific needs of the community/population being served through the proposed programs (Carter et al., 2009; Doll, 2010; Durhan & Nichols, 2009; Ingram et al., 2005; Scaffa, 2001). Needs assessments can be administered in quantitative and/or qualitative forms. Some examples of needs assessment formats include surveys, questionnaires, interviews, focus groups, etc. (Scaffa, 2001). Based upon the results, the needs assessment is then used in the program plan development and implementation phases. Specific services are developed to best meet the identified needs of the population being served.

Program Planning

Planning should take place in a group setting including those directly involved in the programming and service delivery to facilitate and ensure communication and collaboration (Doll, 2010). It is the planning phase where the details of the developing program and its

implementation occur. The mission statement, goals and objectives are more clearly defined and the planned interventions are more closely linked to a specific outcome. All of the curriculum needs, materials and services that are going to be provided will be developed and tailored to meet the specific needs that were prioritized as important for the population (Doll, 2010; Durhan & Nichols, 2009; Ingram et al., 2005; Scaffa, 2001;). The space, supplies, staff and responsibilities are developed in more detail (Carter et al., 2009; Doll, 2010; Ingram et al., 2005; Scaffa, 2001; Durhan & Nichols, 2009).

Program Implementation

Once all of the necessary details for program development and implementation are established in the planning phase, the implementation process begins. Implementers should use the details established in the planning phase to guide the implementation process (Doll, 2010).

There are several key characteristics to successfully implement community-based programs identified within the literature:

1. Using the information gathered in the needs assessment is the first key characteristic. This seems obvious but it may be overlooked. The needs of the consumers cannot be met when their culture and context is not being taken into consideration, which is why it is important to tailor the intervention to the specific needs of the population as identified throughout the needs assessment process. (Durhan & Nichols, 2009; Ingram et al., 2005)
2. A second key characteristic is the location and ease of accessibility of services which has been found to contribute to the success of community-based programs (Carter et al., 2009; Durhan & Nichols, 2009; Ingram et al., 2005; Maton, 2008). One successful program provided outreach services as well as assistance for the consumers to gain greater access to meet their health needs (Ingram et al., 2005). A community-based group for mothers met at a facility in the community which was a common meeting place for all of the participants (Durhan & Nichols,

2009). The programs involved in the Carter et al. (2009) study were held at local community pharmacies.

3. A final significant characteristic is that the interventions are developed using evidence-based research (Arthur et al., 2010; Feinberg, Bontempo, & Greenberg, 2008). Arthur et al. (2010) found that programs utilizing interventions of which were supported by evidence-based research were more effective in preventing youth delinquent behaviors than programs that did not utilize interventions that were supported with evidence-based research.

Once a program is implemented it may feel to the developers that the process is complete but there is an essential step that provides feedback that the design and implementation team need to indicate successes or areas of concern. This process, that actually started when the needs assessment was completed, is program evaluation. The implementers should be evaluating if the initial needs are being met via the program evaluation.

Program Evaluation

“Evaluation is a continuous process of asking questions such as, ‘are we doing the right thing?’ and ‘are we doing things right?’ and ‘what do we need to measure to know what and how we are doing?’” (Scaffa, 2001, p. 98). The answer to these questions occurs through a systematic collection and analysis of data which includes the program and client information.

Doll (2010) discusses three different phases of program evaluation:

1. Process evaluation assesses whether the program was implemented as it was planned, met goals and addressed the needs that were identified. The evaluation process, like the needs assessment, can take the form of quantitative and/or qualitative measures (Doll, 2010; Scaffa, 2001).
2. Impact evaluations assess the short-term changes the program made.
3. Outcome evaluation assesses the long-term effects of the program.

After the program evaluation data has been analyzed, Scaffa (2001) emphasizes the importance of sharing the results and information with the program providers regardless of the results for optimal improvement of the program.

It is essential for the occupational therapist to understand these basic steps/processes of program development, implementation and evaluation. Secondly, understanding how to locate and secure funding for a program is also essential for the success of a program. If an occupational therapy practitioner understands these basic steps/processes, they are optimal candidates to provide a community-based wellness program due to their education and experience related to this topic.

Grant Funding

Program funding is critical and not often fully understood nor explored when considering program development and implementation. It is crucial to obtain the resources needed in order for the program to be successful. This section will explore the various types of funding and how to access necessary funding. When looking to start a community-based wellness program (or any type of program for that matter), one of the best ways to gain the financial start-up needed to jumpstart a program is through obtaining grants (Doll, 2010).

Grants come in all different types and amounts (Doll, 2010). One can apply for grants from several different funding sources/agencies. Some of the most common grant funding sources includes grants from the local/community level, state level and federal level as well as private sector sources such as corporations, associations and foundations (Browning, 2009; Doll, 2010). Examples of a local/community level grant may be such that comes from the mayor's office. Examples of state agencies that may give grants include agriculture, commerce,

education, health, housing development, natural resources, transportation, etc. (Browning, 2009; Doll, 2010).

To successfully obtain funding, Doll (2010) emphasized:

1. One must have the basic understanding of the different types of grants, which will be presented in more detail in the following information.
2. The ability to search and find grant requests for proposals that match the proposed programs goals. When applying for any type of grant, it is important to research and understand the requirements and expectation of the grantor as well as a grant the matches the goals of the program.
3. The ability to write a grant proposal that meets the guidelines of the grant.

The next section will present various types of federal, state, community and private grants and their funding focus.

Federal Grants

There are two forms of federal grants, direct and pass-through grants (Browning, 2009). Direct grants are applied for directly through the federal government. The benefit of a direct grant is that the applicant applies directly to the federal government without the extra paperwork or middlemen, and communicates directly with the program officer enabling more one to one attention (which is beneficial when competing for a grant). The downfall of a direct grant is that there is very high competition and it is difficult to win the awards. It is also important to keep in mind that one may even be competing with state agencies, making it even more difficult to win the grant (Browning, 2009).

A pass-through grant is applied for by the state, then the state passes the federal monies on to the applicant (Browning, 2009). The benefits of a pass-through grant are that the applicant applies at the state level which results in less competition, and it is easier to make personal appearances before a state agency versus a federal agency (Browning, 2009). A con of pass-

through grants is that less money may be awarded than if one applied and received direct grant funding (Browning, 2009).

The final concept Browning (2009) highlighted regarding federal grants is that they may be competitive or formula grants regardless if they are direct or pass-through. With a competitive grant, a team of peer reviewers will look at the applications and assign points for each narrative section of the grant proposal. The applications with the highest scores are then recommended to receive the funding. With a formula grant, a state agency disburses monies to grant applicants based on a preset standard or formula. The state agency is given a certain amount of federal money and *may* choose to disburse the money and chooses how the money is disbursed (Browning, 2009).

Research Grants: Research shows that community-based participatory research (CBPR) grants are being recognized by funders to address health disparities and build healthier communities (Minkler, Blackwell, Thompson, & Tamir, 2003). CBPR is mainly government funded rather than foundationally funded, which has made an impact in the awareness of CBPR. CBPR is more easily funded because the stakeholders are interested in increasing community capacity while engaging those involved in the program to assess and improve the outcomes and effectiveness (Minkler et al., 2003).

The CDC has funded 25 community-based prevention research programs through grants totaling \$13 million to address health promotion in communities. Although CBPR is mainly funded by federal grants, at times foundational grants have been used as well, equaling to \$45 million spent on this cause in the last decade. (Minkler et al., 2003)

For low-income communities, Minkler et al. (2003) says funders should invest in the beginning stages of the process (also known as front-end) to help support intermediary

organizations that will facilitate community building. This will in turn help CBPR by promoting participation in decision making, collaboration, build community strengths, stresses data collection, and build capacity within the low income community. To support the longer front-end time and build community-research relationships, adequate and flexible funding needs to be in place. It is also important to have until the community participation process unfolds.

When funders are considering the benefits of supporting participatory research, these questions are asked (Minkler et al., 2003):

1. Does the momentum come from the community?
2. Are barriers to participation, with consideration of those of have been underrepresented, taken into account?
3. Can research facilitate collaboration between the participants and the resources?
4. Do the participants benefit from the outcomes?
5. Is attention given to the agreement between participants and ownership regarding dissemination of the research findings?

Finally, the best place to search for federal grant funding is through www.grants.gov (Browning, 2009; Doll, 2010). There are 26 federal grant making agencies (Browning, 2009). A list of grant and contract funding programs can be found in the Catalog of Federal Domestic Assistance at www.cfda.gov.

State Grants

States receive money from Congress in three forms: formula, entitlement and competitive or cooperative agreement. Formula money is based on the state's population. Entitlement monies are received because it is entitled to the state to receive each fiscal year. Competitive grants or cooperative agreement awards are given to the state with the best grant applications. State grants are usually awarded less money while requiring the same amount of paperwork. However, there

are greater odds at receiving a state grant due to less competition at the state level as compared to the federal level. (Browning, 2009)

A Georgia employer set an example of receiving grants to start a statewide wellness program. The employer co-founded a community-based wellness initiative and received \$150,000 in state funding to help start the program. Subsequent funding for the program was collected from the state legislature on an annual basis. The founder stressed the importance of using community leaders to help receive funding from the state legislature. The program used the money to collect data on diseases and health conditions of the participants and tailored the programs to the specific needs of the population. The data collected provided incentive for the stakeholders and legislators interested in the success and accomplishments of the program which secured funding for future years. (Wojcik, 2008)

The State Planning Grant Program (SPG) which is administered by the federal Health and Services Administration is discovering how to control health care costs and decrease premiums on the rise. The SPG has grants to 32 states offering coverage for health spending, demographics, and health care. The states realize that in order to have success in health prevention and promotion, they need involvement from the government. The health care reform's central goal is improving the health of the general population. Therefore, the California Health Service Plan (CHSP) serves as an example of how to use the reform by utilizing public acquisition and ownership to increase primary care providers, education for health care workers, and having financial incentives for performance. (Shaffer, 2003)

The CHSP learned lessons from failing hospitals in rural and urban populations, as well as from financing and reimbursement from Canada and Europe. It is estimated that when using

the CHSP, households save \$813 a year. Programs like this will help with health prevention, promotion, as well as lower health care costs. (Shaffer, 2003)

Private Grants

In addition to governmental funding agencies, grants may be accessed through a number of private sectors including corporations, foundations, associations, etc. (Browning, 2009; Doll, 2010). Foundations may be private or public, in which the difference lies in where the foundation receives its moneys from. Private foundations get money from a single source such as individuals, a family or a corporation. Public foundations primarily get money from general public donations (Browning, 2010). Foundations fund a large variety of programs/projects, which is why it is important to understand the requirements of a grant, research the foundation and find a foundation that fits with the goals of the proposed program (Browning, 2009; Doll 2010).

Corporations are another source of available grant funding. When corporations make a commitment to corporate responsibility, their web page usually will have a link such as community or community relations, where one may search for specifics regarding available grant opportunities (Browning, 2009). A list of private sector funders including foundations and corporations can be found at the Foundation Center's web address at www.foundationcenter.org (Browning, 2009). It also never hurts to search for grants within certain institutions (Doll, 2010). For example, a local hospital may provide funding for an affiliated community-based wellness program.

Various Grant Types

The following types of grants can be under federal, state, community or private.

1. Educational Grant: focus is on providing education for a group of people. In order to obtain this type of grant, the grant writer usually proposes an educational program on a

specific topic for a specific group (Doll 2010). This type of grant may be an option for a community-based wellness program if the developers were able to specify the topic and group in enough detail to receive funding.

2. Planning Grant: used to fund program planning. If the planning is successful, grantors usually offer further funding for implementation (Doll, 2010). This is a viable grant option for a community-based wellness program; however it is rare to receive because most granting agencies look for the plan prior to awarding funding for a program (Doll, 2010).
3. Demonstration Grant: used to fund the implementation of a program that is successful and/or implements evidence-based practice (Doll, 2010). However, in order to obtain this type of grant funding, the program developers must be able to strongly support their interventions with research and/or prove the program successful.
4. Training Grant: focus is on developing and implementing a specific type of training for a specific population, commonly seen for interprofessional training (Doll, 2010). These types of grants are less applicable directly to a community-based wellness program.
5. Collaborative/Cooperative Grants: Doll (2010) also outlined several grant models, with the cooperative grant model and the collaborative grant model being the most relevant for a community-based wellness program. The cooperative grant model is submitted by more than one institution. For example, a community coalition and a hospital or a private practice and a local university may join forces to create and develop a community-based wellness program. Perhaps the most appropriate model, the collaborative grant model uses a team approach with a number of investigators who each have a specific role in the program implementation (Doll, 2010).

To summarize key concepts to consider for successful grant writing, Doll (2010) provided nine principles of grant funding:

1. Grants follow trends.
2. Grants come in different types and amounts.
3. Program implementers are not simply receiving “free money” if they receive grant funding (p. 97). With the grant funding comes the obligation to meet the timelines and requirements established by the grantor or else the grantee may face specific

consequences such as not receiving additional funding or having to pay some money back to the funder.

4. Grants are diverse and can fund a large variety of programs/projects.
5. Program implementers must plan for sustainability because grant funding does not last forever. Since grants are not meant to fund the long-term duration of a program, they should not be relied on as the only source of financing.
6. No program is guaranteed grant funding, thus programs should not solely rely on one grant alone.
7. Requirements vary greatly among grants, therefore it is important to define and understand the requirements.
8. Collaboration among the implementers, community and other stakeholders is essential when writing for a grant.

If one source of funding is denied it is important to attempt for other resources or further develop the program, rather than simply giving up on the program idea. Occupational Therapists do have the knowledge to design and implement effective community-based health promotion programs.

Occupational Therapy and Community/client Wellness Programs

As presented prior, WHO Ottawa Charter (1986) identified health promotion as a process of facilitating people to increase control of and improve their health, beyond an emphasis on individual behavior to a larger scope of social and environmental interventions. The WHO's (1986) version of the definition of health promotion fits well within the practice domains and practice values of occupational therapy practitioners (Scaffa, Van Slyke & Brownson, 2008). The profession's overarching statement describes the domain of occupational therapy as "supporting health and participation in life through engagement in occupation," (AOTA, 2008, p. 626). In order to provide a clear connection between the two it is important to have an understanding of the scope of practice, practice values and roles of occupational therapists.

Scope of Practice

Within occupational therapy's scope of practice, health management and maintenance fall under the area of occupation of instrumental activities of daily living (AOTA, 2008). Health promotion and prevention are two of occupational therapy's five intervention approaches (AOTA, 2008). Several occupational therapy outcomes that relate to health promotion and prevention of disease and disability include quality of life, prevention, health and wellness, and self-advocacy (AOTA, 2008).

Although many health professionals view health promotion to be within their scope of practice, of the health professionals studied, Johansson, Stenlund, Lundstrom and Weinehall (2010) found that all professions except for physicians felt that their competency in health promotion was not asked for or used in the best possible way. From this finding, specifically 70% of occupational therapists who were studied reported the same claim. Other barriers for health promotion in practice include too large of a workload/limited time, lack of guidelines and unclear objectives (Johansson et al., 2010), and limited resources (Flannery & Barry, 2003). Specifically to occupational therapy, Flannery and Barry (2003) found that occupational therapy practitioners perceived the ongoing challenge to promote the profession, the diverse nature of occupational therapy, lack of support from managers and limited connections to social politics to also be barriers to providing health promotion services. Understanding the values of the profession of occupational therapy is a starting point to address these barriers.

Practice Values

The profession values the belief that participating in occupations provides structure to everyday life and supports health and well-being. Occupational therapists are educated to apply theories, research, knowledge and skills to service interventions to positively influence a client's

health, well-being, and life satisfaction (AOTA, 2008; AOTA, 2011). Throughout their education, occupational therapy practitioners are taught to view people from holistic perspectives taking into account the multiple contexts affecting their daily lives (AOTA, 2011). One of the profession's founders, Adolph Meyer, stated that serving the normal individuals as well as sick individuals was unique to occupational therapy (Meyer, 1977). Jones-Phipps and Craik (2008) studied the perspectives of occupational therapy students regarding health promotion. More than 90% of the students agreed that occupational therapy interventions contribute to health promotion. Jones-Phipps and Craik (2008) found that 97% of the students studied believed that health promotion is consistent to occupational therapy's foundational philosophy. Of the students studied, 94% agreed that it is essential that health promotion become influential in the occupational therapy profession, and 80% felt that the profession's future role will become more consistent with the concept of health promotion (Jones-Phipps & Craik, 2008).

Role

In a survey of occupational therapists, Flannery and Barry (2003) found that 81% felt there is a role for occupational therapists in health promotion. Occupational therapists saw a fit between their profession and health promotion through the profession's focus on preventative strategies, promotion of healthy lifestyles and environment, advocating and its liaison role with other organizations. Occupational therapists felt the most appropriate setting to deliver health promotion services and interventions was the community (Flannery & Barry, 2003).

Scaffa et al. (2008) suggest three important roles for occupational therapists in promoting health and preventing disease and disability:

1. Promoting healthy lifestyles.
2. Emphasizing occupation as a key component in health promotion strategies.
3. To provide interventions for populations as well as individuals.

Occupational therapists are trained to provide assessment and intervention for individuals, organizations and populations through the focus and use of occupation (AOTA, 2008; Zenzano et al., 2011).

Based on the foundations, values and roles of the occupational therapy profession, it is evident that health promotion and prevention of disease and disabilities is embedded into the profession as a whole. Because many occupational therapists find health promotion to be within their professional roles, there is a variety of implications to be acted upon from the research and resources available. In order to become more involved in community health promotion occupational therapists need to become more active politically (Goddard, 2005; Scriven & Atwal, 2004). While this is beneficial and necessary to inform occupational therapy practice, it will also be necessary to obtain appropriate funding.

Summary

Based upon the literature review, the following recommendations have been compiled and are suggested for future effective wellness programs:

1. Define the goal of the program and what the main focus will be (Potempa & Ritter, 2007).
2. Enact formal governance procedures. The more formalized the partnership is, the more it is likely to be maintained (Warburton, Everingham, Cuthill and Bartlett, 2008).
3. Encouraging strong leadership, active participation from members, cultivating diverse memberships, and group cohesion will develop an effective program (Zakocs & Edwards, 2006).
 - a. The program should foster social ties and create a community or social network among the members. Collaboration with community stakeholders is vital to the success of wellness programs. These coalitions are defined as inter-organizational, mutually cooperative, and synergistic working alliances; these relations provide a large potential for producing effective community programs as

they achieve more by working together than they would by working individually (Zatocs & Edwards, 2006; Warburton et al., 2008) .

4. Choose stakeholders who hold a variety and diverse set of skills to allow for interdependence and foster growth of the program. This will encourage participation and improve the participant outcomes; it will also sustain engagement in the program over time (Coberley et al., 2011). Develop policies that should include the program's intent, level of involvement and rewards system, while acknowledging legal considerations as well. The legal considerations include informed consent from the participants, clear statement stating the risks involved, and informing employees of their duties (Matuska et al., 2003; Potempa & Ritter, 2007).
5. Developing a formalized plan is a critical foundation for a program; however, it is important to remain adaptable during the implementation of the plan (Potempa & Ritter, 2007).
6. A budget should then be decided in order to determine the parameters of the program and what it can include (Potempa & Ritter, 2007).
7. Effective communication and cooperation are imperative for the decision making process (Matuska et al., 2003).
8. Involve intergenerational activities because they are shown to be successful (Matuska et al., 2003). Active learning opportunities and time for socialization are key elements to having a successful program (Matuska et al., 2003).
9. Program Evaluation: In order to assess the outcome of wellness programs and determine the effectiveness, an outcome measure must be used. Coberley et al., (2011) discuss using the 36 item short form health survey, SF-36. This survey helps programs measure its effectiveness in regards to their participants. The survey consists of eight sub-scales including physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional, and mental health (Coberley et al., 2011). It is beneficial to administer this survey pre-program and post-program to receive the best results (Potempa & Ritter, 2007).
10. Community context plays a role throughout the assessment, planning and implementation phases (Kegler, Rigler & Honeycutt, 2011). Kegler et al. (2011) found that the history of collaboration among key organizations and professionals, community politics and

history, community demographics and economic conditions, and community values and norms all had an influence during the stages of assessment, planning and implementation. Kegler et al. (2011) suggest that the program developers and service providers take the time to consider the contextual factors that may influence the process and be prepared to problem-solve challenges and barriers.

Having knowledge of and understanding what makes a program effective and successful is essential if occupational therapists are going to be the cornerstone of a community-based wellness program.

Johansson et al. (2010) suggests occupational therapists take on a stronger leadership role providing direction to implement health promotion services because they are not widely associated with health promotion even though they have the knowledge, training and skills. Scriven and Atwal (2004) suggest that occupational therapists need to make others aware of their skills, roles and the impact they can have on health promotion. Scaffa et al. (2008) also emphasize the necessity of occupational therapists to recognize, accept and respect the contributions and roles of other healthcare professionals in health promotion. Occupational therapists should stay true to their profession while partnering with other healthcare disciplines with expertise in relevant health promotional areas to provide optimal service for clients/communities.

As stated prior, although health promotion and prevention is well within the realm of occupational therapy, Flannery and Barry (2003) found that only 54% of occupational therapists reported involvement with health promotion. The most common barriers to health promotion included limited resources, lack of knowledge and structure, and the presence of role confusion (Casey, 2000; Flannery & Barry, 2003). Based upon the review of literature, an occupational therapy workshop has been developed to minimize and/or eliminate some of the identified

barriers, and enable the mobilization of occupational therapy in community-based wellness programming.

Proposed Program

The workshop, *Developing an Occupational Therapy Community/client Wellness Program*, is designed to provide the participating occupational therapists with the necessary knowledge and resources to develop and implement a community-based wellness program. Community-based practice is an emerging trend within the profession, as is health promotion and prevention practice. These types of services address the increasing health needs of the nation. The workshop is beneficial for not only occupational therapists, but also clients at an individual level, stakeholders at an institutional level, and entire communities at a societal level.

The workshop is designed in such a manner that any facilitator can use it as a guide to deliver the information. As long as the facilitator is knowledgeable and experienced with community-based programs as well as occupational therapy, it should be useful and helpful in presenting the workshop. The information provided in the workshop is meant to serve as foundational knowledge for an occupational therapist interested in developing a community-based wellness program. The developers utilized an adult learning theory to design the workshop to meet the needs of the adult learners, which is described in further detail later in this document.

Utilizing the adult learning theory, the workshop provides participants with information fitting their knowledge and experience level. As mentioned previously, the workshop is designed to serve as a foundation to providing the basic information necessary to develop and implement a community-based wellness program. Numerous resources are provided for the participants to access and make use of if they should choose to implement such a program. The aim of the workshop is to serve to enable occupational therapists to have enough knowledge and

competence to begin the initial processes of a community-based wellness program. The resources provided should direct occupational therapists to more in-depth information and processes necessary for programming.

Theory

The workshop is based on Knowles' Adult Education Principles (1980). These principles were chosen to tailor the workshop to the educational needs of the attendees. The attendees will be adult occupational therapists, so the workshop will be tailored to their learning style and needs. Specifically, the following components of the theory were considered when developing the workshop (Auerbach, 1992; Imel, 1998; Knowles, 1980; Lieb, 1991):

1. Adults benefit from encouragement to examine what they would like to learn and why they need to learn the pertinent information. Auerbach (1992) stated "adult education is most effective when it is experience-centered, related to learner's real needs, and directed by learners themselves" (p. 14). It is helpful to ask for participants' understanding and related experiences to the topic so they understand and recognize its importance and meaning (Lieb, 1991).
2. Adults learn best when they are motivated and self-directed.
3. Adults need necessary resources to solidify their learning.
4. The educational process should allow room for options, and should be matched with the learners' level of education.
5. Adults learn best when they have self-identified objectives and goals.
6. Education for adults is effective when it incorporates experiences.
7. Learning activities should be challenging enough to promote learning, however not so difficult that they inhibit learning.
8. Adult learners benefit from peer teaching and working in small groups. They can use teamwork and encourage each other to be a part of the learning process. In turn they will gain respect from peers as well as the educators by being allowed to voice opinions freely (Lieb, 1991).

Adults are goal-oriented, so at the beginning of the workshop the learners will be encouraged to think about and identify what they want to get out of the workshop. The course will also identify a list of objectives and classification of goals. This will help the learners understand the knowledge they will be obtaining as well as goals they'll be achieving (Lieb, 1991). Following the emphasis of the building upon adult learners' experiences, workshop attendees are required to have at least one year minimum of clinical occupational therapy experience. The teaching strategies, information presented and learning activities are all developed based on the aforementioned principles.

Organization

The proposed workshop will take place over a day and a half time period. The presenters' main goal is to provide learners with a general overview that will give them the basic skills required to implement such a program in their community. The presenters will use the adult learning principles to guide and deliver the educational material. The educational material will follow the proceeding outline:

1. Introduction to the workshop and topic
2. Emerging practice trends
3. Why occupational therapy
 - a. Addressing the barriers
4. Client populations
5. Process of community programming
 - a. Steps of development
 - i. Needs assessment
 - ii. Planning
 - iii. Collaboration
 - b. Program implementation
 - i. Occupation-based activities

- c. Program evaluation
- 6. Grants/ funding sources
 - a. Types of grants
 - i. Federal
 - ii. State
 - iii. Private
 - iv. Other
 - b. Tips
 - c. Politics
 - d. Resources
- 7. Summary and wrap up

The product in its entirety is available in Chapter IV. Chapter III will present the methodology and the activities used to develop the product.

CHAPTER III

Methodology

The process used to develop this scholarly project began with a preliminary review of the literature to determine the needs for a workshop for occupational therapists to develop and implement a community/client wellness program. Once the needs were determined, a topic proposal was designed, which outlined the specific needs supporting the scholarly project. Following the preliminary literature review, an extensive literature review was conducted to find supporting literature to guide the development of the workshop. Both literature reviews provided the foundation for which the scholarly project was developed upon.

The literature review began through using PubMed, Google Scholar, EBSCOhost, and CINAHL databases from the University of North Dakota School of Medicine's Harley French Library webpage. Other internet databases used included OT Search and the *American Journal of Occupational Therapy* website search engine. Governmental websites also contributed to the literature review. When searching these resources, the keywords used included: wellness, community-based wellness, program development, occupational therapy, health promotion, prevention, program implementation, grants, program funding, and community-based wellness programs. In addition to electronic resources, several textbooks as well as the Occupational Therapy Practice Framework added to the information used in the literature review.

The governmental websites were used to find statistics that indicated the general need for health promotion and prevention services in the community, hence leading to the need for a workshop to enable practitioners to develop such a program. They provided information directly

related to the health needs and health goals of the nation. Websites used included those from the World Health Organization, Center for Disease Control and the U.S. Census Bureau. Once the general needs for community-based wellness programs and the need for occupational therapists to be involved were identified, the fit for occupational therapy was highlighted. Documents from the American Occupational Therapy Association were used to delineate and emphasize the role of occupational therapy in community-based wellness programs.

While developing the written literature review, a theory was chosen to guide the process of developing the scholarly project. Knowles' Adult Learning Theory was used for the development of the workshop because of the chosen audience for the workshop. The chosen target audience for the workshop consists of adult occupational therapists, so the workshop was tailored to the needs of the adult learner as outlined in Knowles' (1980) adult education principles. The main concepts that were used from these principles include teaching that is motivating, flexible, challenging enough to promote learning, and centered around the learners' experiences (Knowles, 1980). According to Knowles' adult learning principles, adults benefit from self-directed learning as well as from peer teaching and working in small groups. All of these concepts were taken into consideration and embedded into the workshop presentation to create a product that meets the specific needs of adult learners.

Using the information from the literature review and Knowles' adult learning principles, the workshop was created. The workshop was developed to address the various barriers to occupational therapists' involvement in community-based wellness programming as identified in the literature review. A general outline of necessary topics to be discussed was developed based upon the literature review. Slides and information corresponding to the outline were then developed using Knowles' learning principles to cover the necessary information.

The workshop does require textbook that the participants will have during the workshop presentation. This textbook provides solid foundational knowledge to community-based program development and implementation that is tailored to the profession of occupational therapy. Meeting the adult learners' needs as identified by Knowles' (1980), the book serves as a useful resource that the participants will be able to use outside of the workshop.

Throughout the workshop, the role of occupational therapy in community-based wellness programs is emphasized. Resources and activities are provided that encourage the participants to clarify their role in their area of practice. The activities are designed for participants to build off of their experiences and self-direct their learning to gain a better understanding of the material.

The product developed is written for potential workshop facilitators. The organization of the product is outlined with instructions on how to prepare to present the workshop as well as how to use the provided materials. For each topic or slide, several sections were developed for ease of delivery for the potential facilitators. For each slide there is a designated amount of time, a preparation section, an objectives section, and a process section. Some of the slides have activity sections with a designated amount of time allotted for the activities as well. The product was developed in such a manner and detail that any facilitator knowledgeable and experienced in occupational therapy, community-based programming and wellness could use it to deliver the workshop. Resources were compiled in several areas to serve as not only a reference for the facilitators to utilize, but also for the facilitators to provide to the workshop participants. These resources include the preparation sections of the slides detailing what specific materials to review, the useful resource handout providing a number and variety of useful resources for various aspects of programming, the reference page at the end of the product, and the literature review provided for a general background of the topic.

A generic workshop evaluation was developed to provide to the participants to evaluate the usefulness and delivery of the workshop. The purpose of this evaluation is intended to further improve the workshop for continued use in the future to best meet the needs of the target population. The facilitators can tailor the evaluation to meet their specific needs and distribute it at the conclusion of the workshop to gather input from the workshop participants. It can be used to make improvements to the workshop for future presentations.

In summary, the methodology for developing this workshop included preliminary and extensive literature reviews, exploration and implementation of Knowles' adult learning principles, and delineation of occupational therapy's role in community-based wellness programming. This information was combined to guide and develop the workshop to best meet the needs of adult occupational therapists.

CHAPTER IV

Product Introduction

The workshop, *Developing an Occupational Therapy Community/client Wellness Program*, was developed to address the emerging trends of community-based services and prevention/health promotion. It is designed specifically for occupational therapists, and to provide them with knowledge and resources to develop and implement a community-based wellness program. Flannery and Barry (2003) found that 54% of occupational therapists reported involvement with health promotion. They also found that of these occupational therapists, none reported community affiliation with their health promotion services (Flannery & Barry, 2003). This workshop addresses the need for occupational therapists to be active in developing and implementing community-based wellness programs through providing information and resources to overcome barriers. The information provided in the workshop emphasizes occupational therapy's role in community wellness.

The developers used Knowles' (1980) Adult Learning Principles during the creation of this product in order to meet the learning needs of the adult occupational therapy participants. According to these principles, adults learn best when they can build off their experiences, and they are motivated and self-directed. These principles also emphasize the benefit of adequate challenges and peer teaching. These principles are used throughout the workshop with motivating activities that promote self-direction. Many of the activities are completed in small groups, allowing for peer teaching opportunities. The activities and discussion questions are challenging enough to promote learning, but not so challenging as to interfere with learning.

Also congruent with Knowles' (1980) Adult Learning Principles, the workshop is a day and a half in length, and has breaks every two hours. Many resources are provided not only for the participants, but also for the potential facilitators. The workshop includes a required textbook (Doll, 2010) which serves as a useful resource and workshop guide. Any facilitator with experience in occupational therapy, community programs and wellness can use this product as a guide to deliver their own workshop. There are expectations for facilitators outlined in the product, as well as preparation guides to review prior to the delivery of the workshop.

Again, this workshop is designed to mobilize occupational therapists to be proactive with their involvement in community-based wellness. It is a useful tool for occupational therapists to address the health needs of the nation. The workshop can serve as a resource to help occupational therapists delineate their role in the emerging trend of community-based wellness services.

The product, *Developing an Occupational Therapy Community/client Wellness Program*, is presented in its entirety in the following. Chapter V includes a summary of the project as well as recommendations and limitations of the product. References follow Chapter V.

*Developing an Occupational
Therapy Community/client
Wellness Program*

Developed by: Lindsey Sauer, MOTS & Lindsey Wolsky,

MOTS

Advisor: LaVonne Fox, PhD

May 2012

INTRODUCTION

The workshop, *Developing an Occupational Therapy Community/client Wellness Program*, is designed to provide the participating occupational therapists with the necessary knowledge and resources to develop and implement a community-based wellness program. Community-based practice, health promotion and prevention are emerging trends both within the profession and nationally. The workshop can be beneficial for occupational therapists and clients at an individual level, stakeholders at an institutional level, and entire communities at a societal level.

Although health promotion and prevention is well within the realm of occupational therapy, Flannery and Barry (2003) found that only 54% of occupational therapists reported involvement with health promotion. The most common barriers to health promotion included limited resources, too large of a workload/limited time, lack of guidelines and unclear objectives, lack of knowledge and structure, and the presence of role confusion (Casey, 2000; Flannery & Barry, 2003; Johansson et al., 2010). Of the 54% of occupational therapists who reported involvement with health promotion, none indicated community affiliation (Flannery & Barry, 2003). However, it was found that the community setting was the most appropriate for occupational therapists to implement health promotion (Flannery & Barry, 2003).

This workshop addresses the need for occupational therapists to be active in developing and implementing community-based wellness programs through providing information and resources to overcome these barriers.

Organization of the workshop

- The proposed workshop requires one and a half days to present.
- The book, Program Development and Grant Writing for Occupational Therapy: Making the Connection by Joy Doll (2010) is required for the participants. The cost for the text will be included in workshop registration fee, and the presenters will order and provide the books at the beginning of the workshop. Should any problems or questions arise, the facilitators are encouraged to contact the workshop developers.
- In order to effectively deliver the workshop, it is suggested that the user follow the guidelines provided. The developers recommend that the information presented in lecture be reinforced with the correlating activities provided. The workshop handbook is organized in such a way that allows the presenter to deliver the workshop in a systematic manner.
- An overview of the sections consisting of 28 slides is provided, with the correlating slides and note pages following behind them.
 - The preparation section will inform the facilitators of the necessary resources and information to review for each slide.
 - Information presented in each slide corresponds with the data from the provided resources in the preparation section.
- Facilitators are encouraged to utilize the literature review and the reference page at the end of the workshop information to access the full citations of the necessary resources. They can utilize their local facilities and libraries to locate the recommended preparation materials.

- All references listed on each slide have the complete reference information and are located in the reference section of this guide.
- The objectives provided with the corresponding slides serve as a guideline for the facilitators to tailor the information presented to meet the overall needs of the participants. The process sections provide detailed and step-by-step formatting for the delivery of information. Information is provided to the facilitators in greater detail in the process section to assist in the presentation of the workshop.
 - The activities that go with each section can be found within the notes pages.
 - Any relevant resources or handouts will be found at the end of the related section.
- The slides presented in this project do not have any designs incorporated in order for optimal readability. The facilitators are encouraged to incorporate designs into their slides as they wish, while ensuring the slides are clear and easy to read.

Expectations

1. It is expected you will have a good knowledge of the Doll (2010) text.
2. It is expected you understand and are current with the health care reform act.
3. It is expected you adequately prepare for facilitating the workshop through utilizing the information designated for preparation of the specific correlating slides.
4. It is expected that you will review the workshop in great detail prior to presenting, ensuring you add any additional information you feel pertinent. It is also expected that you are aware of and provide any additional resources that correspond with your additional information.

5. It is expected that you will utilize your expertise and experiences to enhance the presentation of the information being delivered.

Theory

The workshop was developed using Knowles' (1980) Adult Education Principles. These principles are evident throughout the lecture and activity information to meet the learning needs of the adult participants. These principles were chosen to tailor the workshop to the educational needs of the adult attendees. Provided is a detailed description of where and how the learning principles are incorporated into the workshop. Specifically, the following components of the theory were considered when developing the workshop (Auerbach, 1992; Imel, 1998; Knowles, 1980; Lieb, 1991):

1. **Adults benefit from encouragement to examine what they would like to learn and why they need to learn the pertinent information.** This concept is addressed in slides two and six. For these slides, the participants are asked to discuss motivating factors and identify their goals for the workshop. They are challenged to think of why occupational therapy fits the need for community based wellness programs, directly relating to why the participants would need to learn the information presented. The information presented also has an emphasis on why occupational therapists are qualified to implement such a program, again reinforcing the need to learn the presented information.
2. **Adults learn best when they are motivated and self-directed.** This concept is addressed in slides two, six, eight, nine, 12, 13, 14, and 16. The information presented emphasizes occupational therapists role in community-based wellness promotion, thus serving as a motivator to become involved in this process. The activities allow the participants to be self-directed when completing them through open-ended questions and

relying on past experiences and learned knowledge. There are a variety of ways to complete the activities and thus there is no wrong way to complete them. This provides the participants with an opportunity to be self-directed.

- 3. Adults need necessary resources to solidify their learning.** This concept is addressed in slides six, eight, nine, 12, 13, 14, 16, 24, 25, 27 and through the required text. The participants will complete worksheets provided to them or from the required text which they will then have as a resource to refer to in the future. The book serves as a solid learning resource because it provides the necessary information in order to implement a community program. The facilitators also provide lists of additional resources for the participants to access if desired.
- 4. The educational process should allow room for options, and should be matched with the learners' level of education.** This concept is addressed throughout all slides of the presentation. Throughout the workshop the facilitators draw upon the participants' experiences. The participants are expected to have at least one year of clinical experience in order to ensure they have a baseline of practical knowledge and experience to build upon. Building upon the experiences of the participants, the facilitators provide "just the right challenge" of critical thinking to promote the optimal learning experience.
- 5. Adults learn best when they have self-identified objectives and goals.** This concept is addressed in slides two and six. At the beginning of the workshop the learners are encouraged to identify goals and objectives they have in regards to community-based wellness programming as well as the workshop. This helps them to guide their own thinking and learning process throughout the workshop. They are also given the

opportunity to identify why their profession should be involved in such a program, thus encouraging them to make professional goals for themselves.

6. **Education for adults is effective when it incorporates experiences.** This concept is addressed in slides four, seven, eight, 11, 14, and 17. Throughout these slides the facilitator's ask the participants to think about and share any experiences they have had regarding the topic at hand. The participants will also be building upon their experiences when completing the various workshop activities. In general, the workshop is based upon the participants having at least one year of practicing experience to refer to when learning the information.
7. **Learning activities should be challenging enough to promote learning, however not so difficult that they inhibit learning.** This concept is addressed throughout the workshop. The information provided is presented at a basic level for the learners to comprehend. It is provided at this level to develop a solid foundational knowledge of community-based programming and wellness concepts as they relate to occupational therapy. If the information were more advanced, it would risk inhibiting the participants learning due to gaps in knowledge and not enough experience to build upon.
8. **Adult learners benefit from peer teaching and working in small groups.** This concept is addressed in slides two, four, eight, 11 and 24. The participants will have the option to complete any of the presented activities in small groups if they choose to incorporate peer teaching as well as to expose them to other participants' experiences and points of view. The participants are encouraged to share their thoughts, opinions, and experiences throughout the workshop which facilitates the aspect of peer teaching to the other participants.

The teaching strategies, information presented and learning activities are all developed based on the aforementioned principles. The main mission for the workshop is congruent with Knowles' (1980) mission for adult educators. Through the workshop, the developers seek to satisfy needs and goals of individuals, institutions and society.

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Slide 1

**Developing Occupational
Therapy Community/client
Wellness Programs**

Lindsey Sauer, MOTS
Lindsey Wolsky , MOTS

Slide 2

Overview

- Introduction
- Emerging practice trends
- Why occupational therapy
- Client populations
- Development process of community programs
- Collaboration with other professional disciplines
- Grants and funding sources
- Summary and wrap up

Time: 20-30 minutes

Preparation

- To prepare for the entire workshop, the facilitator should look over the expectations, course work, and required text (Doll, 2010). Any additional information the facilitator would like to contribute should be prepared and inserted to the facilitator's notes prior to beginning the workshop.

Objective

- Participants will articulate the need and importance for developing a community based wellness program.

Process

- Welcome participants to the workshop.
- Provide an overview of information to be presented.
- Set the tone of the learning environment as one that is discussion-based and where participants are encouraged to share and ask questions at any time.
- Emphasize that the workshop is being presented because occupational therapists have the experience, knowledge and expertise to implement community based wellness programs, they may just need to be reminded of their knowledge, and refreshed on the process.

Activity: *Allow 10-15 minutes for activity*

- Participants are divided into small groups to identify and discuss their reasons, motivating factors and/or goals for attending the workshop.
- The participants will also discuss the need and importance for developing a community based wellness program.
- Once the participants reconvene from breaking into small groups, they will be encouraged to share what they discussed.

Introducing the topic

- Community-based wellness program
 - Meet an existing and predicted need
 - Follow the trends
 - Occupational therapy's place

Time: 5-10 minutes

Preparation

- Review Coberley et al., (2011), familiarize yourself with the U.S. health trends as found on the CDC website (www.cdc.gov) and U.S. Census Bureau (www.census.gov).
- Review the Occupational Therapy Practice Framework (AOTA, 2008) as well in order to identify occupational therapy's role in community-based wellness.

Process

- The facilitators will introduce the topic that occupational therapists can be a driving force and developers of a community-based wellness program.
- Provide a brief outline of the existing and predicted needs (as this will be covered in more detail later).
 - Compromised health, aging population, obesity (Coberley et al., 2011; CDC, 2011; U.S. Census Bureau, 2010).
- Explain the relevance of occupational therapy staying current with the health care and service delivery trends in order to broaden scope of practice and reinforce occupational therapy's role in prevention and health promotion.
- Indicate that coverage of emerging trends will be discussed in greater detail in the next slide.
- Emphasize the need for occupational therapists to become actively involved in taking charge of such a program. Reinforce that to get our professional name and identity out there and to be continually involved in the health care trends, we need to be a cornerstone in developing and providing innovative services addressing the emerging trends.
- Inform participants that occupational therapy's fit with this topic will be discussed in greater detail later in the workshop.

Transition

- To get an idea of **where to start** when thinking of developing a new program or business, one needs to identify the emerging trend areas. This will be discussed next.

Emerging Trends

- Ergonomics
- Driving
- Design and accessibility consulting/home modification
- Low vision
- Private practice community health services
- Assistive technology
- Health and wellness consulting
- Welfare to work services
- Ticket to work services
- Psychosocial aspects of youth

Time: 20-30 minutes (for this slide and next slide)

Preparation

- Read Healthy People Initiative 2020 website (www.HealthyPeople.gov).
- Have a strong knowledge of the health care reform in relation to occupational therapy.
 - Refer to the AOTA, 2011 conference document.
- Review AOTA's identified emerging trends on (www.AOTA.org).

Objectives

- The participants will be able to identify the emerging practice trends and relate them to a community-based wellness program.

Process

- Discuss the various trends that are emerging in service delivery as presented in the slide.

Activity: *Allow 10-15 minutes for activity*

- In small groups the participants will discuss and determine if there are any other emerging practice trends that were not previously addressed.
- They will identify practice examples related to the various practice trends that they have experienced or seen experienced by other colleagues.
- Once the group reconvenes, the participants will be asked to share what they came up with. The facilitator will create a list based on the participant's feedback of other emerging practice areas for the participants to see on the whiteboard.
- The facilitators will lead a discussion regarding how different trends can relate and be used in a community based wellness program.

Emerging trends

- Economic, political, social
 - Reimbursement, health care reform, etc.
- A goal of Healthy People Initiative 2020
 - To increase educational and community-based programs' quality, availability and effectiveness in preventing disease and injury, and improving health and quality of life

(Continued)...

Process

- As a large group, discuss how economic, political and social factors including reimbursement may guide and impact the development of a community-based wellness program.
- Present information and discuss how the health care reform provides opportunities and/or barriers for a community-based wellness program.
 - Within the Patient Protection and Affordable Care Act, an appropriation is authorized for employees of small businesses to have access to comprehensive work place wellness programs. There are \$15 billion provided or funding of community health centers across the 50 states totaling in more than 1200 facilities nationwide. Also, all insurance plans are required to cover preventative health services. Occupational therapy has several prominent roles in the health care solution in regards to education, perspective and knowledge to provide preventative health care services. (AOTA, 2011)
- Healthy People Initiative 2020 (www.HealthyPeople.gov, 2011) also identified a need to increase the amount and skills of community health workers and other public health professionals to support the achievement of healthier communities.

Transition

- Considering all of the trends we have discussed and identified, where and how do you see occupational therapy fitting and what could be our role in these emerging practice areas?

Why Occupational Therapy?

- Scope of practice
- Practice values
- Occupational therapy's role in prevention and health promotion

Time: 60 minutes

Preparation

- Review the Occupational Therapy Practice Framework (AOTA, 2008), Occupational Therapy Code of Ethics & Value statement which can be found at AOTA's website, (www.AOTA.org).
- Read Flannery & Barry (2003) article as well as Jones-Phipps & Craik (2008).
- The AOTA Fact Sheet should be read regarding occupational therapists role in health promotion which can be located on AOTA's website (www.AOTA.org).
- Review Chapter one of required textbook, Doll (2010).

Objectives

- The facilitators will bring to the attention of the participants that as occupational therapists they have the educational background, experience and expertise to be involved and provide community-based prevention and health promotion services.
- The participants will be able to articulate the role of occupational therapy in prevention/health promotion.
- They will be able to provide reasoning as to why occupational therapists should pursue this practice area and emerging trend.

Process

- The facilitators will present the following information relating the role of occupational therapists in prevention and the promotion of health and wellness in the community setting.
- Throughout the presentation of the information below, the facilitator will emphasize that occupational therapists DO have the skills to implement prevention and health promotion

services in the community. The aim is to instill a sense of competency and confidence in the participants' role and abilities within this area.

- **Scope of practice-** refer participants to the occupational therapy practice framework (AOTA, 2008).
 - Health management and maintenance = instrumental activities of daily living.
 - Health promotion and prevention make up two of the five intervention approaches in the framework.
 - Occupational therapy outcomes related to health promotion and prevention = quality of life, prevention, health and wellness, and self-advocacy.
- **Practice values**
 - Occupational therapy values the belief that participating in occupations provides structure to everyday life and supports health and well-being.
 - One of the founding fathers of occupational therapy, Adolph Meyer, stated that serving the normal as well as the sick was unique to occupational therapy.
 - Provide an emphasis that the interventions the participants provide in their practice now, or in the past, contribute to health promotion (Jones-Phipps & Craik, 2008), as well as the fact that health promotion is consistent with occupational therapists foundational philosophy.
- **Role**
 - Flannery & Barry (2003)
 - found that 81% of occupational therapists felt there is a role for occupational therapy in health promotion.
 - There is a fit with health promotion in the profession's focus on preventative strategies, promotion of healthy lifestyles and environments, advocating and its liaison role with other organizations.
 - The most appropriate setting to deliver health promotion services is community-based.
 - Occupational therapy roles promote healthy lifestyles, emphasize occupation as a key component in health promotional strategies, and provide interventions as well as populations.
 - Occupational therapists are educated and trained to apply theories, research, knowledge and skills to service interventions to positively influence a client's health, well-being and life satisfaction. They are taught to view people holistically and take the multiple contexts affecting their daily lives into account. Occupational therapists are trained to provide assessment and intervention for individuals, organizations and populations through the use of occupation.

Activity: Allow 20 minutes for activity

- The facilitators will have the participants independently develop a list of why occupational therapy will be a valuable profession to implement a community-based wellness program.
- The participants will develop the list on the worksheet that is provided to the participants (can be found on the following page).

- Upon completion of the worksheet, the participants will reconvene as a large group and discuss the activity findings.

Why OTs should implement a community-based wellness program

Break- 20 Minutes

Slide 7

Barriers

- Johansson et al. (2010)
 - In a study of health care professionals' views of health promotion in regards to their scope of practice, the authors found that health promotion competency was not asked for or used in the best possible way in all professions except physicians.
 - 70% of occupational therapy respondents reported the same
- Flannery & Barry (2003)
 - The ongoing challenge to promote the profession
 - Diverse nature of occupational therapy
 - Lack of support from managers
 - Limited connections to social politics
- Other barriers
 - Large workload/limited time
 - Lack of guidelines and unclear objectives
 - Limited resources

Time: 10-15 minutes

Preparation

- Read the Flannery and Barry (2003), and Johansson et al. (2010) articles.

Objective

- The participants will be able to identify various barriers to implementing prevention and health promotion services.

Process

- The facilitators will present research regarding occupational therapists' and other health professionals perceived and identified barriers to implementing prevention/health promotion services.
- The participants will be encouraged to share their own perceptions of barriers.

Transition

- On the next slide, the facilitators will explore potential strategies and resources to address the barriers.

Barriers	Solutions/resources
Competency not asked for or used optimally	
Promoting the profession	
Broad scope of practice	
Lack of support from managers	
Limited social politics connections	
Large workload/limited time	
Lack of guidelines/unclear objectives	
Limited resources	
Other	

Time: 30-45 minutes

Preparation

- Read the Flannery and Barry (2003) and Johansson et al. (2010) articles.
- Review the resources available on AOTA's website (www.AOTA.org)

Objective

- The participants will be able to identify strategies and potential resources to address and overcome barriers to implementing prevention and health promotion services.

Process

- The facilitators will present information regarding basic concepts to addressing various barriers. They will also provide details regarding available resources to utilize when addressing and overcoming barriers.

Activity: *Allow 20 minutes for activity*

- The participants will break into small groups to discuss the barriers they have encountered with their experiences, as well as strategies they have used to overcome those barriers.
- They will be encouraged to share their discussion points, as well as the resources they (or their colleagues) have used to overcome the barriers.
- Encourage participants to identify solutions to the identified barriers. Draw upon their clinical experience and knowledge.

- The participants will complete the chart that is provided to them (located on the following page).
- The **activity will be implemented**, and then the facilitators will discuss strategies to overcome the barriers.
 - Competency not asked for or used optimally: Educate others on occupational therapy's scope of practice. Volunteer your competence and expertise; don't wait for it to be asked for.
 - Promoting the profession: Utilize your resources available to you to promote the profession. Resources may include state, national and international organizations, as well as other interest groups and stakeholders.
 - Broad scope of practice: In relation to implementing a community-based wellness program, tailor your information and education to the specifics of a community-based wellness program. Occupational therapy can work in a variety of areas- Focus in on the skills and expertise occupational therapists have pertinent to this area.
 - Lack of support from managers: This may require assertiveness, education, support from other colleagues, and evidence that you have "done your research." It may also require that you begin the task with less than optimal support and "earn" the support through your efforts.
 - Large workload/limited time: This endeavor is not a small commitment. It may require a complete shift in your service focus (i.e. refocus efforts solely on the development and implementation of a community-based wellness program). Departmental and collegial support will help in regards to this barrier. Having assistance during the process may also help to cut down the time requirements.
 - Lack of guidelines/unclear objectives: Hopefully throughout the course of this workshop, the participants will be able to identify clearer objectives and guidelines to the implementation of community-based wellness services.
 - Limited resources: Exploring the options. This workshop will address grant application and writing processes, as well as providing basic resources and ideas for gaining appropriate funds.
 - Other: address any other identified barriers and possible solutions and resources here.

Transition

- Briefly review how occupational therapy can contribute to this area and the significant role occupational therapists can play. Reinforce occupational therapists role through outlining the emerging trends, and presenting that they have ways to overcome various barriers. Now that the participants have this knowledge, they are ready to identify the first component of developing a community-based wellness program by identifying WHO will be served and WHY (or what the problem is).

Overcoming the barriers

Barriers	Solutions/resources
Competency not asked for or used optimally	
Promoting the profession	
Broad scope of practice	
Lack of support from managers	
Limited social politics connections	
Large workload/limited time	
Lack of guidelines/unclear objectives	
Limited resources	
Other	

Client Populations

- U.S. health trends
 - Paradigm shift in public health and medicine to a “health promotion phase”
- Occupational Therapy Clients (AOTA, 2008)
 - Persons
 - Organizations
 - Populations

Time: 30-40 minutes

Preparation

- Review Occupational Therapy Practice Framework (AOTA, 2008).
- Read Scaffa (2001) book, Chapter 1, and the Coberley et al., article (2011).
- Review U.S. Health trends on the CDC website (www.cdc.gov) and U.S. Census Bureau website (www.census.gov).

Objectives

- The participants will be able to identify viable clients suitable to serve through a community-based wellness program.

Process

- The facilitators will discuss health trends in the U.S.
 - Paradigm shift to “health promotion phase” 1975-present.
 - Largest contributor to rising health care costs is the population with risk factors that lead to future health compromise.
 - Growing aging population.
 - Large obese population in U.S.
 - Chronic conditions and other health factors.
- After reviewing the trends affecting health care, the facilitators will remind the participants that occupational therapists consider clients to be not only persons, but also organizations and populations. This is a key concept when considering a community-based wellness program, as whole communities and various populations will be the target.
- Relate clients and the various health trends to occupational therapy and the impact on the people to successfully participate in meaningful occupations when any one or multiple aspects of wellness are compromised.

Activity: *Allow 10-15 minutes for activity*

- Have the participants identify pertinent clients from their communities that they see fitting the need for a community-based wellness program.
- The participants will create a list on the sheet provided (following this page) to serve as a resource to guide their planning and development in the future.
- Remember to emphasize that the target populations do not need to have disabilities or chronic conditions; they may be well populations. A community-based wellness program can target a variety of clients through promoting health and wellness and prevention strategies for many different types of people.
- Upon completion of the activity, the participants will reconvene and discuss pertinent client options.

Potential client populations

Process

- Development/Planning
- Implementation Process
- Evaluation
- Marketing

Time: 5 minutes

Objectives

- Provide an overview of upcoming topics to be discussed.

Process

- The facilitators will outline the programming process informing the participants that each piece will be discussed in further detail.

Lunch Break- 1 Hour

Steps of Development

- Needs assessment
- Program planning
- Program implementation
- Program evaluation

Time: 15-30 minutes

Preparation

- Review Chapter 2 of the required text, Doll (2010).

Objectives

- The participants will have an understanding of the requirements and process needed in order to develop, implement and evaluate a community-based wellness program.

Process

- The facilitators will outline and overview the steps in the development, implementation and evaluation of community-based program while providing details specific to a program focused on wellness.

Activity: *Allow 10 minutes for activity*

- In a large group setting, the participants will be asked to volunteer to share any experience they have encountered with developing programs, working in the community, or both combined.
- They will be encouraged to share ideas and concepts that they saw during their education, fieldworks, practice as well as general life experiences.

Needs Assessment

- Why is a needs assessment necessary?
- Information required
- How to obtain the information needed

Time: 45 minutes

Preparation

- Read pages 38-41 of required text, Doll (2010) regarding needs assessment.

Objectives

- The participants will be able to articulate the purpose of the needs assessment in the development process of planning a community-based wellness program.
- The participants will also be able to express various components of data that are essential when conducting a needs assessment.

Process

- The needs assessment provides a deeper understanding of the population and gives specific needs of the community being served through this program.
- The first step of a needs assessment is to conduct a literature review.
- The information gathered provides specific areas that need to be addressed through the wellness program.
- Needs assessments can be gathered through surveys, questionnaires, interviews, focus groups, etc.
- The results of the needs assessment are used to provide a foundation for the development and implementation phase.

Activity: *Allow 20 minutes for activity*

- The participants will complete Process Worksheet 2.1 in the required text on page 52 (Doll, 2010) related to the questions that need to be addressed when conducting a needs assessment.

- The worksheet is designed to challenge the participants to identify potential resources, as well as the processes to utilize when answering the various questions pertaining to the needs assessment.
- Upon completion of the worksheet, the participants will reconvene as a large group and discuss what they came up with.

Transition

- The needs assessment provides the foundational information to begin putting together the program planning phase of the community-based wellness program.

Marketing

- Contact reimbursement providers
- Understand marketing strategies
 - The 5 P's
- Analyze your market

Time: 30 minutes

Preparation

- Review the Richmond & Powers, (2009) text specifically chapter 4.

Objectives

- The participants will verbalize the importance of marketing, have knowledge of accessing a variety of relevant populations, and will be able to identify a variety of marketing strategies.

Process

- The facilitators will provide the participants with the following information regarding marketing strategies using pages 45-56 of the required text, Doll (2010) and Richmond & Powers, (2009) chapter 4.
 - **The Five P's**
 - Product (or service)
 - Price
 - Place
 - Promotion
 - Position
 - **Analyzing your market**
 - Reviewing the industry and emerging trends
 - Determining your target markets
 - Identify your competitors
 - Perform a service assessment

- **Marketing can be divided into four categories**

Advertising

Sales promotion

Public relations

Personal selling

Activity: *Allow 15 minutes for activity*

- The facilitators will direct the participants to Process Worksheet 2.5 of the required textbook on page 56 (Doll, 2010) which takes them through the steps of a generic marketing plan.
- The participants will have this information as a referral source to utilize during the process of their development plan.
- The participants will reconvene upon completion of the worksheet to discuss their thoughts and concerns regarding marketing.

Program Planning

- Occupational therapy evaluation and treatment process
- How to tailor the program to information found in needs assessment
- Basic components and considerations

Time: 45 minutes

Preparation

- Review chapter 2 of the required text, Doll (2010).

Objectives

- The participants will be able to identify the main objectives and components to address in the planning phase.
- The participants will reflect on their community and anticipate any aspects that may arouse further attention during the planning phase.

Process

- **Basic Components & Considerations:**
 - Planning should take place in a group setting including those directly involved and associated with the process so collaboration and communication are effective.
 - The mission statement, goals, and objectives are clearly defined to provide a foundation for the planning process. Tips for these can be found in the required text, Doll (2010) on page 43.
 - The interventions and planning process should be put together with a specific outcome in mind.
 - The curriculum needs, materials, and services should be tailored to meet the needs of the specific population.
 - Required space, supplies required, and staffing responsibilities are clearly outlined and defined.
- Relate the program planning process in a way that is similar to the occupational therapy evaluation and treatment process for generalization.

Activity: *Allow 20 minutes for activity*

- The participants will complete Process Worksheet 2.2 on page 53 of the required textbook (Doll, 2010) which will help them identify resources related to staffing, funding, time, space, expert/consultants, and stakeholders.
- The participants will reconvene as a large group and discuss potential staffing, funding, time, space, consultation and stakeholder needs.

Break- 20 Minutes

Collaboration

- With providers and other disciplines
- Importance and barriers

Time: 10-15 minutes

Preparation

- Review chapter 2 and 4 from the required text, Doll (2010).
- Review Carter et al. (2009), Ingram et al. (2005), Kaplan et al. (2006), McKay et al. (2011) & Scaffa (2001) chapter 6.

Objectives

- The participants will be able to identify various professionals that may aid throughout the program planning process.
- They will also be able to understand other professional's roles in health promotion and prevention.

Process

- Collaboration with other disciplines and providers should be involved in the entire program process. Collaboration is crucial in the planning phase.
- Benefits of collaboration include:
 - More comprehensive range of service
 - Better problem solving for obstacles and challenges
 - Sharing of workload and resources
- Barriers:
 - Competing priorities
 - Inability to problem solve differences to make productive decisions
 - Lack of trust
 - Power struggles
 - Lack of respect for differences
 - Poor management

Program Implementation

- Evidence-based practice
- Application of research
- Choosing an occupational behavior model
- Occupation based activities

Time: 30-45 minutes

Preparation

- Review chapter 2 of the required text, Doll (2010).
- Read these suggested articles: Arthur et al. (2010), Carter et al (2009), Durhan & Nichols (2009), Feinberg et al. (2008), Ingram et al. (2005), and Maton (2008). These articles provide examples of successfully implemented programs.
- The information from these resources is used to prevent the following information.

Objectives

- The participants will be able to verbalize a plan to ensure evidence-based practice in their program as well as general practice.
- They will also be able to identify viable models of practice and theories to guide their programming process.
- An emphasis will be placed on incorporating occupation-based activities into their wellness programs.

Process

- Discuss who is responsible for implementation and why they are qualified to do so.
 - Occupational therapists are qualified to do so because the implementation process of a program is similar to that of an occupational therapy treatment process.
- Information gathered in the needs assessment will guide the implementation process .
- Context and culture of the population needs to be included in the process.
- Be specific on who will be served, how they will be recruited, who qualifies for the program, and how they enter the program.
- Discuss policies and procedures and be sure to enforce them throughout the implementation process.
- Ensure that services are accessible and in a convenient location that meet the needs of consumers.
- Account for changes and challenges that may arise and how they will be addressed.

- Evidence-based practice should be used to guide interventions to guarantee successful outcomes.
- An occupational behavior model should be identified. Many grant agencies require the program to identify a theoretical approach that is evidence-based.
- The participants will defend the purpose of using occupation based activities to promote health and wellness.

Activities: *Allow 15 minutes for activity*

- The participants will be provided with an example (provided on the next page) of an occupation based activity and how it relates to a community based wellness program.
- Discussion will follow to draw on their professional learning experiences that they have obtained throughout their practice.
- The content discussed will be a resource for them in their future implementation.
- The participants will use the worksheet provided (following this page).

Occupation-based activities in community-based wellness programs

If occupational therapists are going to be the cornerstone of a community-based wellness program, it is essential that occupation-based activities are used throughout the interventions. This helps to solidify occupational therapists' role and identity in the program.

List at least 5 occupation-based activities/interventions that could be implemented in a community-based wellness program.

Example: Providing a cooking class/group, where the participants are taught how to plan and prepare healthy, easy and delicious meals. Some additional pieces may include how to incorporate nutrition on a limited budget, how to make healthy, well-balanced meals that are satisfying, etc.

1.

2.

3.

4.

5.

Program Evaluation

- Occurs through systematic collection and analysis of client data
- Formal evaluation plan

Time: 30-45 minutes

Preparation

- Read chapter 10 of the required text (Doll, 2010) as well as Scaffa (2001) page 98.

Objectives

- The participants will be able to identify the differences between evaluation approaches and verbalize approaches that may fit best with their program ideas. They will identify multiple evaluation process that may be able to be used together to gain a comprehensive program evaluation.

Process

- A program evaluation helps to assess challenges, focus on the outcomes and is constructed through the implementation process to identify if the goals and objectives are being met.
- The evaluation plan outlines how a program will evaluate its effectiveness.
- It also describes the basics involved in a program including what works, what doesn't, what to improve and how to improve it.
- It describes what goals were met and the outcomes that emerged from the program.
- It's a way of assessing the progress and outcomes of the program.
- Must be reported to funding agencies.
- The client data and systematic collection occurs through the needs assessment.
- Once the evaluation data has been analyzed, it is important to share the results and information with the program providers regardless of the results.
- This is to ensure improvement of the program.

- The facilitators may provide the example of the evaluation of intervention effectiveness and how it corresponds to a program evaluation.
- The evaluation processes that are used in their respective departments now may also correlate to the evaluation of a community-based wellness program.

Activity: *Allow 15 minutes for activity*

- A discussion regarding the participants' experience with various evaluation methods in their clinical practice will take place.
- The discussion will focus on relating these evaluation experiences to their proposed programs.
- The participants will be encouraged to discuss additional ideas to incorporate into an evaluation of a community-based wellness program.

Program Evaluation Cont'd.

- Three phases
 - Process evaluation
 - Impact evaluation
 - Outcome evaluation
- Internal vs. external evaluation

(Continued...)

Process

- Present and discuss the three phases of Program Evaluation.
- The facilitators can relate this section to how occupational therapists evaluate their clients as well as making measurable and attainable goals for their program evaluation process similar to that of developing client's goals.
- **Process Evaluation**
 - Determines if the program was implemented as planned, if the goals were met and addressed, and if the needs identified were incorporated.
 - Can be done in quantitative or qualitative measures.
 - Example is comparing the services provided to the initial goals, then determining if the goals were met.
- **Impact Evaluation**
 - Assesses the short term changes the program has made.
 - Example is using a post survey to be administered immediately after the services have been provided or after treatment has ended.
- **Outcome Evaluation**
 - Assesses the long term effects of the program.
 - Example is using a follow up survey to determine if there were any lasting effects or benefits from participating in treatment.
- **Internal Evaluation**
 - When the evaluation is conducted by members on the project team.
 - Example would be when the therapists measure their success of the services they implemented and provided.

- **External Evaluation**

- Completed by an external evaluator. Usually an expert consultant.
 - Example would be when an outside source evaluates the outcomes of treatment (hospital administrator or researcher).

End of day one

As homework, the participants will utilize and explore the various web resources to investigate various funding options. They are encouraged to identify grants that may be potentially feasible for their program as well as explore the various resources to assist in the grant writing process. They will be discussing their findings on the second day of the workshop.

Grants and Funding Sources

- To successfully obtain funding one must:
 - Have a basic understanding of the different types of grants
 - The ability to search and find grant requests for proposals the match the proposed program's goals
 - Write a grant proposal that meets the guidelines of the grant
- Overview
 - Types of grants and funding
 - Tips and resources

Time: 20-30 minutes

Preparation

- Read chapters 3, 4 & 5 of the required text (Doll, 2010) and chapter 4 of Grant Writing for Dummies (Browning, 2009).

Objectives

(Throughout the grant and funding source section):

- The participants will understand and be able to articulate the different types of grants and funding options.
- They will be able to identify resources to find a grant that fits with their program, identify components for a successful grant proposal and identify the steps to ensure ongoing funding.
- In general, the participants will have competence to obtain necessary and relevant funding.

Process

- Throughout the upcoming grant section, the facilitators will educate the participants on the components that Doll (2010) emphasized for successful grant obtainment as an introduction into the topic. Then they will proceed to provide an overview of what will be covered in the grant and funding section.
- They will educate the participants that there are many different types of grants from many different places. The different types of grants will be discussed in greater detail next in the workshop. Inform the participants that this workshop will provide basic beginner information regarding grants and grant applications in order to serve as a good base to begin the process from. (This information will be provided on the subsequent slides)

- The facilitators will inform the participants that they will be provided with basic tips for grant writing as well as provided with a number of resources to access for further guidance.

Activity: *Allow 15 minutes for activity*

- The participants will individually complete the Process Worksheet 4.2 Grant Search Worksheet on page 119 located in the required text (Doll, 2010).
- This will serve as a warm-up for the grant and funding section.
- This activity will facilitate the participants' brainstorming of how to relate program goals and characteristics to specific funding.
- Once the participants reconvene, the facilitators will move to the next slide.

Types of Grants

- Federal
- State
- Private
- Research
- Educational
- Planning
- Demonstration
- Training
- Collaborative/Cooperative

Time: 5-10 minutes

Preparation

- As this slide is an overview, the preparation will be provided in greater detail in the following slides.

Process

- The facilitators will explain that there are different types in which grants can be received. A grant can be federal, state or private and within those levels it can be any of the following types: research, educational, planning, demonstration, training, collaborative/cooperative. For example, someone may apply for a federal educational grant, or a private research grant, etc.
- Inform the participants that each type will now be looked at in further detail.

Federal Grants

- Direct vs. Pass-through
- Competitive vs. Formula

Time: 15-20 minutes

Preparation

- Read Grant Writing for Dummies chapter 4 (Browning, 2009).

Objectives

- The participants will have an understanding of the benefits and drawbacks of direct and pass-through federal grants.
- The participants will understand the basic concepts of competitive and formula federal grants.

Process

- The facilitators will explain direct and pass-through grants as well as highlight the benefits and drawbacks.
 - Direct grants are applied for directly through the federal government. The benefits of a direct grant are that the applicant applies directly to the federal government without the extra paperwork or middlemen, and communicates directly with the program officer enabling more one to one attention (which is beneficial when competing for a grant). The drawback is that there is very high competition for direct grants and it is difficult to win the awards. Also, one may be competing against state agencies for a direct grant, making it even more difficult to win the grant.
 - Pass-through grants are applied for by the state, and then the state passes the federal monies to the applicant. The benefits of a pass-through grant is that the applicant applies at the state level which results in less competition, and it is easier to make personal appearances before a state agency versus a federal agency. A drawback is that less money may be awarded than if one applied and received a direct grant.

- The facilitators will explain competitive and formula grants. Federal grants may be competitive or formula regardless if they are direct or pass-through.
 - Competitive grant- a team of peer reviewers will look at the applications and assign points for each narrative section on the grant proposal. The applications with the highest scores are recommended to receive funding.
 - Formula grant- state agencies disburse monies to grant applicants based on a preset standard or formula. The state agency is given a certain amount of federal money and MAY choose to disburse the money and chooses how the money is disbursed.

State Grants

- Formula
- Entitlement
- Competitive or Cooperative

Time: 15 minutes

Preparation

- Read chapter 4 of *Grant Writing for Dummies* (Browning, 2009).

Objectives

- The participants will understand the difference between formula, entitlement and competitive/cooperative state grants.

Process

- The facilitators will outline what formula, entitlement and competitive/cooperative state grants entail.
 - **Formula:** this type of grant money is based on the state's population. This means that states with larger populations will be provided with more formula money than states with smaller populations.
 - **Entitlement:** this type of grant money is received because it is entitled to the state to receive each fiscal year. This means that your state will receive a fixed amount of grant money based on its entitlement.
 - **Competitive or cooperative:** These grant monies are given to the state with the best grant applications. This may mean that you will have to advocate for or even participate in the process to improve your state's grant applications.
- State grants are usually awarded less money while requiring the same amount of paperwork; however there are greater odds at receiving a state grant due to less competition at the state level compared to the federal level.

Private Grants

- Corporations
- Foundations
- Institutions
- Etc.

Time: 15 minutes

Preparation

- If the facilitators choose, they may pull up examples of various private grant agencies on the web for the participants to see.
- Read chapter 4 of *Grant Writing for Dummies* (Browning, 2009) and chapter 4 from the required text (Doll, 2010).

Objectives

- The participants will have a basic understanding of the different entities that may provide private grants.

Process

- The facilitators will educate the participants on the various entities that may provide private grants.
 - Corporations: when a corporation makes a commitment to corporate responsibility (a commitment to the community where its head quarters are) their web page will usually have a link such as community or community relations. Here one may search for specifics regarding available grant opportunities.
 - Foundations: may be private or public. If a foundation is private, it receives money from single sources such as individuals, families or corporations. Public foundations primarily get money from general public donations. Foundations fund a large variety of programs/projects, so it is important to understand the requirements of the grants they offer, research the foundation and find a foundation that fits with the goals of the proposed program.
 - Institutions: it never hurts to search for grants within certain institutions. A local hospital may provide funding for an affiliated community-based wellness program.

Other Types of Grants

- Research
- Educational
- Planning
- Demonstration
- Training
- Collaborative/Cooperative

Time: 45 minutes

Preparation

- Read chapter 4 from the required text (Doll, 2010) as well as the article from Minkler (2003).

Objectives

- The participants will understand the basics of and differences between the various types of grants.
- The participants will be able to articulate which types of grants may be most applicable for their community-based wellness program, as well as why those grants may be applicable.

Process

- The facilitators will discuss each type of research grant including information regarding when the grants may be appropriate/applicable.
 - Research grants: federal grants most commonly support research grants. For the circumstances of a community-based wellness program, community-based participatory research would be the most appropriate.
 - Community-based participatory research grants are being recognized by funders to address health disparities and build healthier communities.
 - Community-based participatory research consists of research actively involving members a population/community and other stakeholders and its primary purpose is to benefit these members.
 - It is aimed at increasing community capacity while engaging those involved in the program to assess and improve the outcomes and effectiveness.
 - Educational grants: focus is on providing education for a group of people. The grant writer usually proposes an educational program on a specific topic for a specific group. This grant

type may be an option for a community-based wellness program if the developers were able to specify the topic and group in enough detail.

- Planning grants: used to fund program planning. If the planning is successful, grantors will usually offer more funding for the implementation. This type is viable for a community-based wellness program; however it is rare to receive because most granting agencies look for the plan prior to awarding funding for a program.
- Demonstration grant: fund the implementation of a program that is successful and/or implements evidence-based practice. To obtain this funding, the program developers must be able to strongly support their interventions with research and/or prove the program successful.
- Training grant: focuses on the developing and implementing of a specific type of training for a specific population, commonly seen for inter-professional training. This may be less applicable, but be aware that it is out there.
- Collaborative/Cooperative grant: perhaps most relevant. The cooperative grant model is submitted by more than one institution. For example a community coalition and a hospital or a private practice and a local university may join forces to create and develop a community-based wellness program. It uses a team approach with a number of investigators who each have specific roles. However, remember to keep occupational therapy at the cornerstone of the process if this funding method is chosen.

Activity: *Allow 20 minutes for the activity*

- The participants will break into small groups to discuss the types of grants listed above and to identify which ones are feasible.
- They will come up with arguing points as to why they feel they are feasible.
- The participants will complete this activity with the relating worksheet (found on the next page) provided to them to serve as a future resource.

Grant feasibility

Type

Why feasible

or

Why not?

Break- 20 Minutes

Tips

- Grants follow trends
- Grants are diverse
- The money is not free
- Plan for sustainability
- No program is guaranteed grant funding
- Define and understand the grant requirements for the grant being applied for
- Collaboration is essential
- If a grant is denied, do not give up

Time: 10 minutes

Participation

- Read chapters 4 & 5 of the required text (Doll, 2010).

Objectives

- The participants will be able to identify components for a successful grant proposal.

Process

- The facilitators will refer the participants to the required text (Doll, 2010) page 96 to review the tips for successful grant writing.
- The facilitators will ask the participants to share any other experiences or tips that they may have experience with writing grant proposals.

Understanding and being involved in politics

- Staying current
- Contacting legislators
- AOTPAC
 - 1 minute updates
- Healthcare reform

Time: 20-30 minutes

Preparation

- Review the state's government webpage and/or their department of health webpage. Example: North Dakota's Department of Health (www.ndhealth.gov) and their government website (www.nd.gov) Minnesota's Department of Health (www.health.state.mn.us/) and their government website(www.state.mn.us).
- Review the U.S. Health Care Reform (www.healthreform.gov).
- Access information regarding AOTPAC through AOTA's website (www.aota.org).

Objectives

- The participants will be able to verbalize the importance of being politically active and be able to identify ways to become more politically involved.

Process

- The facilitators will stress the importance of being politically up to date with the current issues and legislation having an impact on health care.
- The facilitators will address: if you are current with political issues that affect health care, you will have opinions to contribute to legislators regarding legislation. Nothing can be done if you don't provide your input. Local legislator information for various states can be found on the AOTA website.
 - AOTPAC- special interest group for occupational therapy.
 - One minute updates can be subscribed to in order to receive the latest political information that affects occupational therapy.
- Emphasize that being more politically involved can benefit therapists to better advocate for their clients and the need for a community based-wellness program.

- For example, with the new health care reform there is an emphasis placed on prevention and health promotion providing therapists with an opportunity to advocate for their profession as well as community-based wellness.

Resources to utilize

- Refer to handout

Time: 30-45 minutes

Preparation

- Review the resources provided on the handout.

Objectives

- The participants will be able to identify resources to find a grant that fits with their program.

Process

- The facilitators will refer the participants to the handout of various resources to utilize for the grant proposal process, as well as other useful resources for program development.

Activity: *Allow 10 minutes for discussion*

- The participants will explore the various web resources as homework the night before to investigate various funding options. Encourage the participants to identify grants that may potentially be feasible for their program. Also have the participants explore the various resources to assist in the grant writing process. (See next page for handout).
- Today the participants will discuss the information and their thoughts regarding searching for grants.

Useful Resources

Supporting the role of OT

American Occupational Therapy Association website: <http://www.aota.org>

American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy*, 62, 625-683.

American Occupational Therapy Association. (2011). Federal affairs federal legislative issues update: Information you need to successfully advocate for your patients and your profession. AOTA Annual Conference & Expo, April 16, 2011.

Doll, J. (2010). *Program development and grant writing in occupational therapy: Making the connection*. Sudbury, MA: Jones and Bartlett Publishers.

Flannery, G., & Barry, M. (2003). An exploration of occupational therapists' perceptions of health promotion. *Irish Journal of Occupational Therapy*, 4, 1-10.

Johansson, H., Stenlund, H., Lundstron, L., & Weinehall, L. (2010). Reorientation to more health promotion in health services: A study of barriers and possibilities from the perspective of health professionals. *Journal of Multidisciplinary Healthcare*, 3, 213-224.

Scaffa, M., Van Slyke, N., & Brownson, C. (2008). Occupational therapy services in the promotion of health and the prevention of disease and disability. *American Journal of Occupational Therapy*, 62(6), 694-703.

Scriven, A., & Atwal, A. (2004). Occupational therapists as primary health promoters: Opportunities and barriers. *British Journal of Occupational Therapy*, 67(10), 424, 429.

Grant writing

Browning, B. A. (2009). *Grant writing for dummies* (3rd ed.). Indianapolis, IN: Wiley Publishing, Inc.

Catalog of Federal Domestic Assistance: <http://www.cfda.gov>

Doll, J. (2010). *Program development and grant writing in occupational therapy: Making the connection*. Sudbury, MA: Jones and Bartlett Publishers.

Federal grants website: <http://www.grants.gov>

Foundation Center: <http://www.foundationcenter.org>

Minnesota grants: <http://www.grants.state.mn.us/public>

North Dakota grants: <http://www.dpi.state.nd.us/grants/index.shtm>

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

Other

U.S. Small Business Administration: <http://www.sba.gov>

Summary and Wrap Up

- Closing thoughts
- Questions?
- **Thank You!**

Time: 20 minutes

Preparation

- Remember to utilize the reference hand out as well as your local library to access necessary information.

Objectives

- The facilitators will review and highlight the main points of the work shop.

Process

- Reiterate the importance of tailoring the programs to meet the occupational needs of the consumers.
- Articulate once more why occupational therapists have a role in community-based wellness programs.
- Discuss why community-based wellness programs need to be addressed and implemented
- Ask learners for last questions.
- Remind participants to utilize the resource page provided.
- Refer the participants to the reference page for full citations as well as the literature review for additional information.
- Have the participants complete the workshop and facilitator evaluation forms before leaving.

Workshop & Facilitator Evaluation

Name of Presenter(s): _____ Date: _____

Title of Workshop: _____

How useful was the content of this workshop?

1 2 3 4 5
Not at all Somewhat Extremely

How helpful were the activities?

1 2 3 4 5
Not helpful Somewhat Very helpful

How would you rate the presenter's knowledge?

1 2 3 4 5
Not knowledgeable Somewhat Very Knowledgeable

Was the workshop above or below your current skill level/knowledge?

(Above Below Just Right)

What did you find most useful?

What would you suggest for improvements?

Any other comments?

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Appendix A

Literature Review

Introduction

Health promotion is gaining more recognition with the increase of chronic diseases worldwide and the growing elderly population in the United States. The World Health Organization [WHO] (2011) places a particular emphasis on health promotion as well as preventative care. The role of occupational therapy fits directly with this emphasis. The American Occupational Therapy Association [AOTA] (2008) identified occupational therapy's roles to include promotion of healthy lifestyle, use of occupation as a means to improve health and provide services to both individuals and populations.

Although health promotion and prevention is well within the realm of occupational therapy, Flannery and Barry (2003) found that only 54% of occupational therapists reported involvement with health promotion. The most common barriers to health promotion included limited resources, lack of knowledge and structure, and the presence of role confusion (Casey, 2000; Flannery & Barry, 2003). Of the 54% of occupational therapists who reported involvement with health promotion, none indicated community affiliation (Flannery & Barry, 2003). However, it was found that the community setting was the most appropriate for occupational therapists to implement health promotion (Flannery & Barry, 2003).

An extensive literature review was conducted to explore the current and required areas of training for occupational therapists regarding community health promotion and prevention programs. An emphasis was placed on planning and implementing programs and locating funding sources. To design an effective workshop, the literature was explored to identify effective adult learning principles and strategies to ensure the appropriate delivery of information to the audience.

The proposed product, resulting from the literature review, is a workshop designed to educate occupational therapists on the process to design and implement a community-based health promotion program. The workshop will also provide education on locating and accessing funding to support their proposed program.

Community-based Wellness Programming

Health Promotion

The most recent paradigm shift in public health and medicine (1975 through the present) is now a "health promotion phase" (Scaffa, 2001, p. 28). Health promotion is perceived to have different definitions varying among different healthcare professionals (Johansson, Weinehall, & Emmelin, 2009). The most widely accepted definition of health promotion comes from the WHO. WHO Ottawa Charter (1986) identified it as a process of facilitating

people to increase control of and improve their health, beyond an emphasis on individual behavior to a larger scope of social and environmental interventions. The Ottawa Charter (WHO, 1986) emphasized six core concepts to health promotion:

1. Policy makers incorporating health onto their agenda for public policy.
2. The creation and conservation of supportive communities and environments.
3. Stronger community action.
4. Supporting the growth and development of personal skills by means of various resources.
5. The reorientation of health services to address their responsibility to provide services beyond curative measures to health promotion measures.
6. Movement into the future with value placed on holism, caring and ecology.

Scriven and Atwal (2004) relate the concept of health promotion to McKinlay's (1979) analogy of upstream thinking. A fundamental belief of this philosophy is to address the problem at the source of its beginning rather than addressing it after the problem progresses. Occupational therapy's current paradigm of returning to a holistic approach (Scaffa, 2001) is consistent with and parallels the concept and definition of health promotion.

Need

According to Coberley, Rula and Pope (2011), only 8.6% of the \$2.6 trillion spent on health care services will be used towards prevention and wellness. The largest contributor to rising health care costs is the population with risk factors that lead to future health compromise (Coberley et al., 2011).

Two pertinent examples of populations with such risk factors include the growing aging population as well as the large obese population in the U.S. (Center for Disease Control [CDC], 2011; U.S. Census Bureau, 2010). According to the CDC (2011), by 2030 the number of U.S. adults ages 65 and older will more than double to 71 million. This proves to be significant when considering the health risks associated with aging. At least 80% of older adults have one chronic condition, and 50% have at least two chronic conditions. The most common conditions in the aging population include heart disease, cancer and stroke (CDC, 2011).

Similarly, several health factors are also associated with obesity. These health factors include heart disease, type-two diabetes, several types of cancer, high blood pressure, high cholesterol, stroke, sleep apnea, respiratory problems, and arthritis. This has a serious impact on the U.S. health system with obesity affecting approximately one-third of adults (33.8%) and 17% of children and adolescents (ages two through 19) in the country. (CDC, 2011)

All of the above mentioned health risks have the potential to negatively impact individuals' participation in occupations. This lends support for occupational therapists to intervene at a preventative/health promotional level. One goal of the Healthy People Initiative 2020 (HealthyPeople.gov, 2011) is to "increase the quality, availability,

and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life” (p. 1).

The impact of the current and future health trends in the U.S. on individuals’ participation in meaningful occupations points to the need for occupational therapists to become more involved in community-based wellness. Healthy People 2020 (HealthyPeople.gov, 2011) identified a need to increase the amount and skills of community health workers and other public health professionals to support the achievement of healthier communities. In order to receive necessary resources and support to implement a wellness program, the first step is to ensure and prove that programs such as this are effective.

Effectiveness of Wellness Programs

One way to determine the effectiveness of a wellness program is to look at the health care costs and cost effectiveness. Programs that are successful will have a decrease in health care expenditures due to permanent lifestyle changes and health improvements (Coberley et al., 2011). Coberley et al. (2011) found that participants had a decrease in the number of times admitted to the hospital after two years of being in a wellness program. This supports that preventative measures, such as participating in a wellness program, will create effects that start early and have lasting effects that become more substantial over time.

Matuska, Giles-Heinz, Flinn, Neighbor and Bass-Haugen (2003) evaluated an occupational therapy wellness program regarding effectiveness for the participants. The purpose of the program was to educate its members on meaningful occupations, focusing on social and community involvement. The interventions of the program were aimed at removing barriers such as environmental or personal difficulties that prevent engagement in meaningful activities. The results indicated that those who limit their participation in meaningful activities are at an increased risk for isolation, depression, and dependence. Therefore, prevention programs aimed at increasing opportunities to take part in meaningful social and community interactions will be effective at improving quality of life and wellness (Matuska et al., 2003).

Wellness programs that target a variety of areas are shown to be the most effective (Clark et al., 1997; Matuska et al., 2003). These areas can include physical health, emotional well-being, mental health, socialization, activities of daily living, and quality of life. Programs should work towards the client’s overall health using a broad approach. Matuska et al. (2003) had weekly topics that included transportation, aging, safety and falls prevention, stress, lifestyle balance, and communication. The program had an overall satisfaction level of 97% and the highest

rated topics were related to managing stress, aging and health, effective communication, and social relationships (Matuska et al., 2003).

In their Well Elderly study, Clark et al. (1997) indicated that preventative occupational therapy has shown to be effective at enhancing successful aging. Occupational therapy has been proven to be cost effective in preventative wellness programs (Clark et al., 1997; Hay et al., 2002). This is due to the fact that preventative programs focus on members participating in activities that are personally meaningful and occupation-based. It is not just activity that increases health and well-being, but activities that have value and importance. Participation in meaningful occupations is associated with better physical and mental health (Everard, Lach, Fischer & Baum, 2000). If the goal of a wellness program is to implement permanent lifestyle changes that will improve quality of life, healthcare costs will decrease and savings will multiply (Hay et al., 2002). Also essential to an effective program is determining the appropriate steps and process needed for successful implementation.

Process of Program Development and Implementation

Scaffa (2001) and Doll (2010) outline four basic steps to program development:

1. A needs assessment
2. Program planning
3. Program implementation
4. Program evaluation

Several community-based wellness or prevention programs have utilized the same guidelines to develop and implement their services (Carter et al., 2009; Durhan & Nichols, 2009; Feinberg, Greenberg & Osgood, 2004; Ingram, Gallegos & Elenes, 2005). A fifth step for program development and success, identified in the literature, is collaboration.

Collaboration

Numerous authors emphasize the importance of collaboration between providers and/or disciplines that are involved in the programming process (Carter et al., 2009; Ingram et al., 2005; McKay, Bell, & Blake, 2011; Scaffa, 2001). Collaboration is necessary throughout the entire programming process, and is particularly crucial in the planning phase (McKay et al., 2011; Ingram et al., 2005; Scaffa, 2001). Scaffa (2001) identified several benefits of collaboration for program development such as a more comprehensive range of services, better problem solving for the various barriers and challenges that arise, and more sharing of workload as well as resources. Kaplan, Calman, Golub, Ruddock and Billings (2006) found barriers of collaboration to include competing priorities and the inability to problem solve differences to make collaborative and productive decisions. Doll (2010) suggested other challenges

to community partnerships/collaborations are lack of trust, power struggles, lack of respect for differences and poor management. However, when accounted for, the differences among disciplines may be of benefit for a more accurate representation of the different services that can be provided (Doll, 2010). Once these challenges are accounted for, the first step of the program development can begin starting with a needs assessment.

Needs Assessment

The first step of a needs assessment is to conduct a literature review to guide the development of the needs assessment as well as for further stages of the planning and implementation process (Arthur, Hawkins, Brown, Briney & Oesterle, 2010; Durhan & Nichols, 2009; Scaffa, 2001).

The needs assessment provides a better understanding of the intended population and identifies the specific needs of the community/population being served through the proposed programs (Carter et al., 2009; Doll, 2010; Durhan & Nichols, 2009; Ingram et al., 2005; Scaffa, 2001). Needs assessments can be administered in quantitative and/or qualitative forms. Some examples of needs assessment formats include surveys, questionnaires, interviews, focus groups, etc. (Scaffa, 2001). Based upon the results, the needs assessment is then used in the program plan development and implementation phases. Specific services are developed to best meet the identified needs of the population being served.

Program Planning

Planning should take place in a group setting including those directly involved in the programming and service delivery to facilitate and ensure communication and collaboration (Doll, 2010). It is the planning phase where the details of the developing program and its implementation occur. The mission statement, goals and objectives are more clearly defined and the planned interventions are more closely linked to a specific outcome. All of the curriculum needs, materials and services that are going to be provided will be developed and tailored to meet the specific needs that were prioritized as important for the population (Doll, 2010; Durhan & Nichols, 2009; Ingram et al., 2005; Scaffa, 2001;). The space, supplies, staff and responsibilities are developed in more detail (Carter et al., 2009; Doll, 2010; Ingram et al., 2005; Scaffa, 2001; Durhan & Nichols, 2009).

Program Implementation

Once all of the necessary details for program development and implementation are established in the planning phase, the implementation process begins. Implementers should use the details established in the planning phase to guide the implementation process (Doll, 2010).

There are several key characteristics to successfully implement community-based programs identified within the literature:

1. Using the information gathered in the needs assessment is the first key characteristic. This seems obvious but it may be overlooked. The needs of the consumers cannot be met when their culture and context is not being taken into consideration, which is why it is important to tailor the intervention to the specific needs of the population as identified throughout the needs assessment process. (Durhan & Nichols, 2009; Ingram et al., 2005)
2. A second key characteristic is the location and ease of accessibility of services which has been found to contribute to the success of community-based programs (Carter et al., 2009; Durhan & Nichols, 2009; Ingram et al., 2005; Maton, 2008). One successful program provided outreach services as well as assistance for the consumers to gain greater access to meet their health needs (Ingram et al., 2005). A community-based group for mothers met at a facility in the community which was a common meeting place for all of the participants (Durhan & Nichols, 2009). The programs involved in the Carter et al. (2009) study were held at local community pharmacies.
3. A final significant characteristic is that the interventions are developed using evidence-based research (Arthur et al., 2010; Feinberg, Bontempo, & Greenberg, 2008). Arthur et al. (2010) found that programs utilizing interventions of which were supported by evidence-based research were more effective in preventing youth delinquent behaviors than programs that did not utilize interventions that were supported with evidence-based research.

Once a program is implemented it may feel to the developers that the process is complete but there is an essential step that provides feedback that the design and implementation team need to indicate successes or areas of concern. This process, that actually started when the needs assessment was completed, is program evaluation. The implementers should be evaluating if the initial needs are being met via the program evaluation.

Program Evaluation

“Evaluation is a continuous process of asking questions such as, ‘are we doing the right thing?’ and ‘are we doing things right?’ and ‘what do we need to measure to know what and how we are doing?’” (Scaffa, 2001, p. 98).

The answer to these questions occurs through a systematic collection and analysis of data which includes the program and client information.

Doll (2010) discusses three different phases of program evaluation:

1. Process evaluation assesses whether the program was implemented as it was planned, met goals and addressed the needs that were identified. The evaluation process, like the needs assessment, can take the form of quantitative and/or qualitative measures (Doll, 2010; Scaffa, 2001).
2. Impact evaluations assess the short-term changes the program made.
3. Outcome evaluation assesses the long-term effects of the program.

After the program evaluation data has been analyzed, Scaffa (2001) emphasizes the importance of sharing the results and information with the program providers regardless of the results for optimal improvement of the program.

It is essential for the occupational therapist to understand these basic steps/processes of program development, implementation and evaluation. Secondly, understanding how to locate and secure funding for a program is also essential for the success of a program. If an occupational therapy practitioner understands these basic steps/processes, they are optimal candidates to provide a community-based wellness program due to their education and experience related to this topic.

Grant Funding

Program funding is critical and not often fully understood nor explored when considering program development and implementation. It is crucial to obtain the resources needed in order for the program to be successful. This section will explore the various types of funding and how to access necessary funding. When looking to start a community-based wellness program (or any type of program for that matter), one of the best ways to gain the financial start-up needed to jumpstart a program is through obtaining grants (Doll, 2010).

Grants come in all different types and amounts (Doll, 2010). One can apply for grants from several different funding sources/agencies. Some of the most common grant funding sources includes grants from the local/community level, state level and federal level as well as private sector sources such as corporations, associations and foundations (Browning, 2009; Doll, 2010). Examples of a local/community level grant may be such that comes from the mayor's office. Examples of state agencies that may give grants include agriculture, commerce, education, health, housing development, natural resources, transportation, etc. (Browning, 2009; Doll, 2010).

To successfully obtain funding, Doll (2010) emphasized:

1. One must have the basic understanding of the different types of grants, which will be presented in more detail in the following information.
2. The ability to search and find grant requests for proposals that match the proposed programs goals. When applying for any type of grant, it is important to research and understand the requirements and expectation of the grantor as well as a grant the matches the goals of the program.
3. The ability to write a grant proposal that meets the guidelines of the grant.

The next section will present various types of federal, state, community and private grants and their funding focus.

Federal Grants

There are two forms of federal grants, direct and pass-through grants (Browning, 2009). Direct grants are applied for directly through the federal government. The benefit of a direct grant is that the applicant applies directly to the federal government without the extra paperwork or middlemen, and communicates directly with the program officer enabling more one to one attention (which is beneficial when competing for a grant). The downfall of a direct grant is that there is very high competition and it is difficult to win the awards. It is also important to keep in mind that one may even be competing with state agencies, making it even more difficult to win the grant (Browning, 2009).

A pass-through grant is applied for by the state, then the state passes the federal monies on to the applicant (Browning, 2009). The benefits of a pass-through grant are that the applicant applies at the state level which results in less competition, and it is easier to make personal appearances before a state agency versus a federal agency (Browning, 2009). A con of pass-through grants is that less money may be awarded than if one applied and received direct grant funding (Browning, 2009).

The final concept Browning (2009) highlighted regarding federal grants is that they may be competitive or formula grants regardless if they are direct or pass-through. With a competitive grant, a team of peer reviewers will look at the applications and assign points for each narrative section of the grant proposal. The applications with the highest scores are then recommended to receive the funding. With a formula grant, a state agency disburses monies to grant applicants based on a preset standard or formula. The state agency is given a certain amount of federal money and *may* choose to disburse the money and chooses how the money is disbursed (Browning, 2009).

Research Grants: Research shows that community-based participatory research (CBPR) grants are being recognized by funders to address health disparities and build healthier communities (Minkler, Blackwell, Thompson, & Tamir, 2003). CBPR is mainly government funded rather than foundationally funded, which has made an impact in the awareness of CBPR. CBPR is more easily funded because the stakeholders are interested in increasing community capacity while engaging those involved in the program to assess and improve the outcomes and effectiveness (Minkler et al., 2003).

The CDC has funded 25 community-based prevention research programs through grants totaling \$13 million to address health promotion in communities. Although CBPR is mainly funded by federal grants, at times foundational grants have been used as well, equaling to \$45 million spent on this cause in the last decade. (Minkler et al., 2003)

For low-income communities, Minkler et al. (2003) says funders should invest in the beginning stages of the process (also known as front-end) to help support intermediary organizations that will facilitate community building. This will in turn help CBPR by promoting participation in decision making, collaboration, build community strengths, stresses data collection, and build capacity within the low income community. To support the longer front-end time and build community-research relationships, adequate and flexible funding needs to be in place. It is also important to have until the community participation process unfolds.

When funders are considering the benefits of supporting participatory research, these questions are asked (Minkler et al., 2003):

1. Does the momentum come from the community?
2. Are barriers to participation, with consideration of those of have been underrepresented, taken into account?
3. Can research facilitate collaboration between the participants and the resources?
4. Do the participants benefit from the outcomes?
5. Is attention given to the agreement between participants and ownership regarding dissemination of the research findings?

Finally, the best place to search for federal grant funding is through www.grants.gov (Browning, 2009; Doll, 2010). There are 26 federal grant making agencies (Browning, 2009). A list of grant and contract funding programs can be found in the Catalog of Federal Domestic Assistance at www.cfda.gov.

State Grants

States receive money from Congress in three forms: formula, entitlement and competitive or cooperative agreement. Formula money is based on the state's population. Entitlement monies are received because it is entitled to the state to receive each fiscal year. Competitive grants or cooperative agreement awards are given to the state with the best grant applications. State grants are usually awarded less money while requiring the same amount of paperwork. However, there are greater odds at receiving a state grant due to less competition at the state level as compared to the federal level. (Browning, 2009)

A Georgia employer set an example of receiving grants to start a statewide wellness program. The employer co-founded a community-based wellness initiative and received \$150,000 in state funding to help start the program. Subsequent funding for the program was collected from the state legislature on an annual basis. The founder stressed the importance of using community leaders to help receive funding from the state legislature. The program used the money to collect data on diseases and health conditions of the participants and tailored the programs to the specific needs of the population. The data collected provided incentive for the stakeholders and

legislators interested in the success and accomplishments of the program which secured funding for future years. (Wojcik, 2008)

The State Planning Grant Program (SPG) which is administered by the federal Health and Services Administration is discovering how to control health care costs and decrease premiums on the rise. The SPG has grants to 32 states offering coverage for health spending, demographics, and health care. The states realize that in order to have success in health prevention and promotion, they need involvement from the government. The health care reform's central goal is improving the health of the general population. Therefore, the California Health Service Plan (CHSP) serves as an example of how to use the reform by utilizing public acquisition and ownership to increase primary care providers, education for health care workers, and having financial incentives for performance. (Shaffer, 2003)

The CHSP learned lessons from failing hospitals in rural and urban populations, as well as from financing and reimbursement from Canada and Europe. It is estimated that when using the CHSP, households save \$813 a year. Programs like this will help with health prevention, promotion, as well as lower health care costs. (Shaffer, 2003)

Private Grants

In addition to governmental funding agencies, grants may be accessed through a number of private sectors including corporations, foundations, associations, etc. (Browning, 2009; Doll, 2010). Foundations may be private or public, in which the difference lies in where the foundation receives its moneys from. Private foundations get money from a single source such as individuals, a family or a corporation. Public foundations primarily get money from general public donations (Browning, 2010). Foundations fund a large variety of programs/projects, which is why it is important to understand the requirements of a grant, research the foundation and find a foundation that fits with the goals of the proposed program (Browning, 2009; Doll 2010).

Corporations are another source of available grant funding. When corporations make a commitment to corporate responsibility, their web page usually will have a link such as community or community relations, where one may search for specifics regarding available grant opportunities (Browning, 2009). A list of private sector funders including foundations and corporations can be found at the Foundation Center's web address at www.foundationcenter.org (Browning, 2009). It also never hurts to search for grants within certain institutions (Doll, 2010). For example, a local hospital may provide funding for an affiliated community-based wellness program.

Various Grant Types

The following types of grants can be under federal, state, community or private.

1. Educational Grant: focus is on providing education for a group of people. In order to obtain this type of grant, the grant writer usually proposes an educational program on a specific topic for a specific group (Doll 2010). This type of grant may be an option for a community-based wellness program if the developers were able to specify the topic and group in enough detail to receive funding.
2. Planning Grant: used to fund program planning. If the planning is successful, grantors usually offer further funding for implementation (Doll, 2010). This is a viable grant option for a community-based wellness program; however it is rare to receive because most granting agencies look for the plan prior to awarding funding for a program (Doll, 2010).
3. Demonstration Grant: used to fund the implementation of a program that is successful and/or implements evidence-based practice (Doll, 2010). However, in order to obtain this type of grant funding, the program developers must be able to strongly support their interventions with research and/or prove the program successful.
4. Training Grant: focus is on developing and implementing a specific type of training for a specific population, commonly seen for interprofessional training (Doll, 2010). These types of grants are less applicable directly to a community-based wellness program.
5. Collaborative/Cooperative Grants: Doll (2010) also outlined several grant models, with the cooperative grant model and the collaborative grant model being the most relevant for a community-based wellness program. The cooperative grant model is submitted by more than one institution. For example, a community coalition and a hospital or a private practice and a local university may join forces to create and develop a community-based wellness program. Perhaps the most appropriate model, the collaborative grant model uses a team approach with a number of investigators who each have a specific role in the program implementation (Doll, 2010).

To summarize key concepts to consider for successful grant writing, Doll (2010) provided nine principles of grant funding:

1. Grants follow trends.
2. Grants come in different types and amounts.
3. Program implementers are not simply receiving “free money” if they receive grant funding (p. 97). With the grant funding comes the obligation to meet the timelines and requirements established by the grantor or else the grantee may face specific consequences such as not receiving additional funding or having to pay some money back to the funder.
4. Grants are diverse and can fund a large variety of programs/projects.
5. Program implementers must plan for sustainability because grant funding does not last forever. Since grants are not meant to fund the long-term duration of a program, they should not be relied on as the only source of financing.
6. No program is guaranteed grant funding, thus programs should not solely rely on one grant alone.

7. Requirements vary greatly among grants, therefore it is important to define and understand the requirements.
8. Collaboration among the implementers, community and other stakeholders is essential when writing for a grant.

If one source of funding is denied it is important to attempt for other resources or further develop the program, rather than simply giving up on the program idea. Occupational Therapists do have the knowledge to design and implement effective community-based health promotion programs.

Occupational Therapy and Community/client Wellness Programs

As presented prior, WHO Ottawa Charter (1986) identified health promotion as a process of facilitating people to increase control of and improve their health, beyond an emphasis on individual behavior to a larger scope of social and environmental interventions. The WHO's (1986) version of the definition of health promotion fits well within the practice domains and practice values of occupational therapy practitioners (Scaffa, Van Slyke & Brownson, 2008). The profession's overarching statement describes the domain of occupational therapy as "supporting health and participation in life through engagement in occupation," (AOTA, 2008, p. 626). In order to provide a clear connection between the two it is important to have an understanding of the scope of practice, practice values and roles of occupational therapists.

Scope of Practice

Within occupational therapy's scope of practice, health management and maintenance fall under the area of occupation of instrumental activities of daily living (AOTA, 2008). Health promotion and prevention are two of occupational therapy's five intervention approaches (AOTA, 2008). Several occupational therapy outcomes that relate to health promotion and prevention of disease and disability include quality of life, prevention, health and wellness, and self-advocacy (AOTA, 2008).

Although many health professionals view health promotion to be within their scope of practice, of the health professionals studied, Johansson, Stenlund, Lundstrom and Weinehall (2010) found that all professions except for physicians felt that their competency in health promotion was not asked for or used in the best possible way. From this finding, specifically 70% of occupational therapists who were studied reported the same claim. Other barriers for health promotion in practice include too large of a workload/limited time, lack of guidelines and unclear objectives (Johansson et al., 2010), and limited resources (Flannery & Barry, 2003). Specifically to occupational therapy, Flannery and Barry (2003) found that occupational therapy practitioners perceived the ongoing challenge to promote the profession, the diverse nature of occupational therapy, lack of support from managers and limited

connections to social politics to also be barriers to providing health promotion services. Understanding the values of the profession of occupational therapy is a starting point to address these barriers.

Practice Values

The profession values the belief that participating in occupations provides structure to everyday life and supports health and well-being. Occupational therapists are educated to apply theories, research, knowledge and skills to service interventions to positively influence a client's health, well-being, and life satisfaction (AOTA, 2008; AOTA, 2011). Throughout their education, occupational therapy practitioners are taught to view people from holistic perspectives taking into account the multiple contexts affecting their daily lives (AOTA, 2011). One of the profession's founders, Adolph Meyer, stated that serving the normal individuals as well as sick individuals was unique to occupational therapy (Meyer, 1977). Jones-Phipps and Craik (2008) studied the perspectives of occupational therapy students regarding health promotion. More than 90% of the students agreed that occupational therapy interventions contribute to health promotion. Jones-Phipps and Craik (2008) found that 97% of the students studied believed that health promotion is consistent to occupational therapy's foundational philosophy. Of the students studied, 94% agreed that it is essential that health promotion become influential in the occupational therapy profession, and 80% felt that the profession's future role will become more consistent with the concept of health promotion (Jones-Phipps & Craik, 2008).

Role

In a survey of occupational therapists, Flannery and Barry (2003) found that 81% felt there is a role for occupational therapists in health promotion. Occupational therapists saw a fit between their profession and health promotion through the profession's focus on preventative strategies, promotion of healthy lifestyles and environment, advocating and its liaison role with other organizations. Occupational therapists felt the most appropriate setting to deliver health promotion services and interventions was the community (Flannery & Barry, 2003).

Scaffa et al. (2008) suggest three important roles for occupational therapists in promoting health and preventing disease and disability:

1. Promoting healthy lifestyles.
2. Emphasizing occupation as a key component in health promotion strategies.
3. To provide interventions for populations as well as individuals.

Occupational therapists are trained to provide assessment and intervention for individuals, organizations and populations through the focus and use of occupation (AOTA, 2008; Zenzano et al., 2011).

Based on the foundations, values and roles of the occupational therapy profession, it is evident that health promotion and prevention of disease and disabilities is embedded into the profession as a whole. Because many occupational therapists find health promotion to be within their professional roles, there is a variety of implications to be acted upon from the research and resources available. In order to become more involved in community health promotion occupational therapists need to become more active politically (Goddard, 2005; Scriven & Atwal, 2004). While this is beneficial and necessary to inform occupational therapy practice, it will also be necessary to obtain appropriate funding.

Summary

Based upon the literature review, the following recommendations have been compiled and are suggested for future effective wellness programs:

1. Define the goal of the program and what the main focus will be (Potempa & Ritter, 2007).
2. Enact formal governance procedures. The more formalized the partnership is, the more it is likely to be maintained (Warburton, Everingham, Cuthill and Bartlett, 2008).
3. Encouraging strong leadership, active participation from members, cultivating diverse memberships, and group cohesion will develop an effective program (Zakocs & Edwards, 2006).
 - a. The program should foster social ties and create a community or social network among the members. Collaboration with community stakeholders is vital to the success of wellness programs. These coalitions are defined as inter-organizational, mutually cooperative, and synergistic working alliances; these relations provide a large potential for producing effective community programs as they achieve more by working together than they would by working individually (Zatocs & Edwards, 2006; Warburton et al., 2008) .
4. Choose stakeholders who hold a variety and diverse set of skills to allow for interdependence and foster growth of the program. This will encourage participation and improve the participant outcomes; it will also sustain engagement in the program over time (Coberley et al., 2011). Develop policies that should include the program's intent, level of involvement and rewards system, while acknowledging legal considerations as well. The legal considerations include informed consent from the participants, clear statement stating the risks involved, and informing employees of their duties (Matuska et al., 2003; Potempa & Ritter, 2007).
5. Developing a formalized plan is a critical foundation for a program; however, it is important to remain adaptable during the implementation of the plan (Potempa & Ritter, 2007).
6. A budget should then be decided in order to determine the parameters of the program and what it can include (Potempa & Ritter, 2007).
7. Effective communication and cooperation are imperative for the decision making process (Matuska et al., 2003).

8. Involve intergenerational activities because they are shown to be successful (Matuska et al., 2003). Active learning opportunities and time for socialization are key elements to having a successful program (Matuska et al., 2003).
9. Program Evaluation: In order to assess the outcome of wellness programs and determine the effectiveness, an outcome measure must be used. Coberley et al., (2011) discuss using the 36 item short form health survey, SF-36. This survey helps programs measure its effectiveness in regards to their participants. The survey consists of eight sub-scales including physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional, and mental health (Coberley et al., 2011). It is beneficial to administer this survey pre-program and post-program to receive the best results (Potempa & Ritter, 2007).
10. Community context plays a role throughout the assessment, planning and implementation phases (Kegler, Rigler & Honeycutt, 2011). Kegler et al. (2011) found that the history of collaboration among key organizations and professionals, community politics and history, community demographics and economic conditions, and community values and norms all had an influence during the stages of assessment, planning and implementation. Kegler et al. (2011) suggest that the program developers and service providers take the time to consider the contextual factors that may influence the process and be prepared to problem-solve challenges and barriers.

Having knowledge of and understanding what makes a program effective and successful is essential if occupational therapists are going to be the cornerstone of a community-based wellness program.

Johansson et al. (2010) suggests occupational therapists take on a stronger leadership role providing direction to implement health promotion services because they are not widely associated with health promotion even though they have the knowledge, training and skills. Scriven and Atwal (2004) suggest that occupational therapists need to make others aware of their skills, roles and the impact they can have on health promotion. Scaffa et al. (2008) also emphasize the necessity of occupational therapists to recognize, accept and respect the contributions and roles of other healthcare professionals in health promotion. Occupational therapists should stay true to their profession while partnering with other healthcare disciplines with expertise in relevant health promotional areas to provide optimal service for clients/communities.

As stated prior, although health promotion and prevention is well within the realm of occupational therapy, Flannery and Barry (2003) found that only 54% of occupational therapists reported involvement with health promotion. The most common barriers to health promotion included limited resources, lack of knowledge and structure, and the presence of role confusion (Casey, 2000; Flannery & Barry, 2003). Based upon the review of

literature, an occupational therapy workshop has been developed to minimize and/or eliminate some of the identified barriers, and enable the mobilization of occupational therapy in community-based wellness programming.

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CHAPTER V

Summary

Overview

The purpose of this scholarly project was to develop a workshop for occupational therapists to increase the professions involvement in community-based wellness. This product is intended to be used for other therapists who are interested in implementing a workshop similar to this. An extensive literature review was conducted to develop the workshop using evidence-based literature.

The literature review indicated a need for wellness focused services and occupational therapy's role in wellness promotion, and community practice. The literature review guided the development of the workshop. It also provided information on program planning and fiscal planning in the area of grants.

The theory used to guide the workshop is Knowles' Theory of Adult Learning Principles. According to these principles, adults learn best when they can build off their experiences, and they are motivated and self-directed. These principles also emphasize the benefit of flexibility, adequate challenges, and small groups/peer teaching. These principles identified by Knowles are incorporated throughout the workshop to promote successful learning of the adult participants. The learning activities in the workshop allow for the participants to utilize knowledge from previous experiences. The activities also encourage self-directed learning along with the discussion questions. According to Knowles', adults need necessary resources and these are

provided throughout the workshop. Many of the activities are carried out in small groups to encourage peer teaching.

The product is a day and a half workshop that provides information on the process of developing and implementing a community-based wellness program. A community program development textbook (Doll, 2010) customized specifically for occupational therapists was a key resource used throughout the material. The workshop includes all the information and resources that the facilitators will need to deliver the information in an effective and understandable way. The workshop will be marketed to occupational therapists interested in educating their peers and colleagues about the importance of occupational therapy in community-based wellness. The program will provide the foundational knowledge in order for facilitators to inform other occupational therapists on the importance and process of community-based wellness programming.

Limitations

There are several limitations of this product:

1. The developers of this product have not had prior experience with program development or workshop development. The developers have limited clinical experience as professional occupational therapists.
2. Minimal research was located regarding occupational therapists in the U.S. and their participation in health promotional services. The majority of the information is based on occupational therapists from other advanced countries.

Conclusion

Community-based wellness programs are well within the realm of occupational therapy with the rising health needs of the nation. This workshop is a useful tool for providing

occupational therapists with the knowledge needed to become actively involved in community-based wellness programs. With adequate resources of knowledge and encouragement, occupational therapists could be the cornerstone of health promotion and prevention to improve our nation's health.

Recommendations

1. The workshop is intended to be given to occupational therapist by occupational therapists. The information presented in the workshop is adapted for the profession of occupational therapy.
2. Completing the readings of all the workshop materials prior to delivering the workshop.
3. Experience with wellness prevention and/or community programming is highly recommended.
4. The product needs to be updated as new research and information becomes available.

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