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## *School of Occupational Therapy*

A Doctoral Capstone Experience with Federal Affairs at The American Occupational Therapy Association (AOTA): Policy, Advocacy, and Diversity

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### **Abstract**

**Background:** This doctoral capstone experience took place at the American Occupational Therapy Association (AOTA), a national organization for the profession of occupational therapy. The capstone student worked with the senior legislative representative from the Federal Affairs Division of the AOTA for 14 weeks. The primary function of the Federal Affairs division is to advocate for occupational therapy on the congressional level, especially federal policy that affects the practice of occupational therapy.

**Purpose:** This capstone experience aims to determine the Federal Affairs Division's needs and create an action plan according to them.

**Method:** The design of this doctoral capstone project began with a semi-structured interview to collect preliminary data on relevant needs from the Senior Legislative Representative and the Federal Affairs team in achieving the goals during the 117th Congress. As a result of the needs assessment, an action plan with objectives was developed. Efforts were assessed using the Goal Attainment Scale to measure progress.

**Results:** The results of this capstone include the enhancement in the knowledge of public policy, legislative processes, policy advocacy, and facilitating the introduction of the Allied Health Workforce Diversity Act. The capstone student also delivered several products as outcomes of this experience including One-pagers, Talking Points, action alert statements, letters of support, a comic strip in summer school guidelines, resources for COVID-19 recovery, and an advocacy module.

**Conclusion:** The capstone student produced several legislative supporting documents to assist in moving bills forward in Congress and created a new AHWD one-pager indicating current problems regarding the lack of diversity in allied health professions. This experience also

indicates the importance and necessity of occupational therapy students' and practitioners' participation in public policy. The paper concludes by suggesting implementing an immersive learning experience in the program curriculum.

*Keywords:* occupational therapy, policy, advocacy, legislative, workforce, diversity

### **Importance of Policy Advocacy for Diversity in Occupational Therapy**

Public policy for many people is a difficult concept to grasp; it is established from collective decisions by governmental agencies that include plans and actions to be undertaken toward mutual goals within a society (Jacobs, & McCormack, 2019; Lencucha, & Shikako-Thomas, 2019; World Health Organization [WHO], n.d.). Policy has pervasive impacts on the practice of occupational therapy, it not only defines the scope of practice and also shapes the environment of clients' everyday lives (Lencucha, & Shikako-Thomas, 2019; Osman et al., 2020). According to the *Occupational Therapy Practice Framework; Domain and Process 4<sup>th</sup> ed. (OTPF-4)* (American Occupational Therapy Association [AOTA], 2020-b), occupational justice is defined as “a justice that recognizes occupational rights to inclusive participation in everyday occupations for all persons in society, regardless of age, ability, gender, social class, or other differences (p. 11).” Occupational therapists have the obligation to recognize occupational injustice from the individual, group, and population perspectives as well as have the responsibility to advocate for undeserving and minority populations through taking actions toward policy advocacy to support and facilitate participation in meaningful occupations during day-to-day lives (AOTA, 2020b). Therefore, it is important to ensure that occupational therapists understand the processes of public policy and actively participate in policy advocacy to empower clients' engagement in daily occupations and advance the profession as a whole (Jacobs, & McCormack, 2019).

According to AOTA's 2019 Workforce and Salary Survey, the percentage of occupational therapy practitioners identifying themselves as African American/black in the United States is 3%, and those identifying as Hispanic/Latino is 3.9% (AOTA, 2020a). The only racial minority group that has more than 5% are practitioners who are Asian/Pacific Islander,

which is approximately 6.3% (AOTA, 2020a), and this presentation of occupational therapists does not reflect on the client population that many practitioners encounter every day (AOTA, 2021). Studies have indicated the lack of representation and cultural awareness in healthcare professionals might, directly and indirectly, increase the health disparities among minority populations and the key to solve the issue is to not only increase practitioners' cultural awareness but also expand workforce diversity (Augsberger et al., 2015; Cohen et al., 2002; Jang et al., 2019; Marrast et al., 2014; Saha et al., 2000; Walker et al., 2012; Ye et al., 2012).

The primary purpose of this doctoral capstone experience with AOTA's Federal Affairs is to understand and learn the processes of public policy, advocacy, and lobbying. Additionally, to facilitate the process of introduction and passage of the Allied Health Workforce Diversity Act of 2021, a bill that aims to promote a more diversified workforce among allied health professions.

## **Literature Review**

### **Public Policy and Occupational Therapy**

Occupational therapy is a profession that uses a unique lens to analyze a person's engagement of daily occupations within the environment, therefore, when it comes to public policies occupational therapists can offer a different point of view to address individuals' needs and wants to enhance participation in meaningful occupations and promote social justice to enable individuals' engagement within society (Bailliard et al., 2020; Osman et al., 2020). Policy is the fundamental structure that shapes occupational therapy practice as well as the lives of many clients; however, it is often a periphery concern in the education and practice of occupational therapy and frequently ignored during the legislative process (Lencucha & Shikako-Thomas, 2019; Osman et al., 2020). Lencucha and Shikako-Thomas (2019) conducted a

scoping review to examine and identify how public policies are addressed in occupational therapy literature, the results showed many studies describe the impact of policies on occupational therapists' practice. For example, the rehabilitation and habilitation policies that affect occupational therapist's ability to provide services within specific settings such as mental health and preventative promotion in communities, and the "business-oriented" reimbursement policies that partake in many practitioners' decision-making process during practices (Lencucha & Shikako-Thomas, 2019). On the other hand, policy has an influence on clients on both micro and macro-level including family, community, health care, and social justice, such as the accessibility of health care in the rural area (Ghorbanzadeh et al., 2020), the ability to obtain health insurance for low socioeconomic or minority communities (Buchmueller, & Levy, 2020), and the social injustice that can hinder clients' participation in everyday occupations (Bailliard et al., 2020; Jacobs, & McCormack, 2019; Osman et al., 2020).

### **What is Advocacy?**

Advocacy is defined as the actions that speak in favor of or support/defend on behalf of the interests of others (Jacobs, & McCormack, 2019). According to OTPF-4, advocacy is putting efforts toward the promotion of occupational justice directly to empower clients for occupational participation (AOTA, 2020b), and occupational therapists have the opportunity to advocate for both the clients and the profession from everyday practice to systematic levels (AOTA, 2020b; Jacobs, & McCormack, 2019). Additionally, national and state professional organizations such as American Occupational Therapy Association (AOTA) and Indiana Occupational Therapy Association (IOTA) advocate on behalf of the causes that impact its members to assure that occupational therapy is included in the policies that influence the scope of practice,

reimbursement, and accessibility. Advocating for occupational therapy is one of the most important elements throughout the processes of policy-making (Jacobs, & McCormack, 2019).

According to Hart and Lamb (2018), there are three levels of advocacy including daily practice, professional, and systems that an occupational therapy practitioner can employ to promote the value of occupational therapy. Within the daily practice, an occupational therapist can demonstrate advocacy using client-centered and occupation-based interventions to promote client's occupation performance, in addition, a practitioner can advocate through daily documentation to payer organizations considering this is the primary method that many stakeholders such as insurance companies learn about occupational therapy (AOTA, 2020b; Hart, & Lamb, 2018; Jacobs, & McCormack, 2019). On the professional level, an occupational therapy practitioner can advocate for the profession both inside and outside of work settings addressing unmet needs, challenges, and build alliances with other disciplines toward the same goals (Jacobs, & McCormack, 2019). For example, an occupational therapist provides feedback to managers to update the template for occupational therapy evaluation to include new CPT codes and participate in town council meetings to promote community engagement for individuals with disabilities (AOTA, 2020b; Jacobs, & McCormack, 2019). A practitioner can participate in systems-level advocacy by maintaining involvement in local, state, and national professional organizations as well as building connections with elected officials to voice concerns when there is an issue that could affect the profession (AOTA, 2020b; Bailliard et al., 2020; Jacobs, & McCormack, 2019).

### **Allied Health Workforce Diversity Act of 2021**

In 2007, AOTA released a Centennial Vision to guide the future of the profession and celebrate the 100th anniversary of occupational therapy in 2017, the vision stated “ we envision

that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs (AOTA, 2007, p. 613).” AOTA presented the vision 2025 in 2016, which was developed based on the Centennial Vision to further lead the profession beyond 2017, they established a pillar of equity, inclusion, and diversity to increased the inclusion and diversity within the profession, additionally, they developed a pillar of accessible to promote culturally appropriate services to clients from diverse background (AOTA, 2017). While occupational therapy practitioners have frequent encounters with clients from diverse backgrounds, within the United States, the profession is predominantly composed of white (85%) and female (91%) practitioners, which does not reflect the communities these practitioners serve (AOTA, 2020a; Taff, & Blash, 2017; Whitla et al., 2003).

Evidence has shown a more diverse workforce and student population can increase creativity and the sense of belonging while bringing positive influence to the organization as well as improving the quality of occupational therapy services to many underserved populations (Taff, & Blash, 2017). Research studies indicated that many Asian Americans tend to be reluctant to seek health professional’s help due to the discomfort and discrimination caused by the lack of culturally appropriate practice in healthcare, which inevitably increased the health disparity among this population (Augsberger et al., 2015; Simon et al., 2018; Ye et al., 2012). Additionally, a cross-sectional study conducted by Marrast et al. (2014) found that patients from underrepresented and minority populations tend to seek non-white physicians; black, Hispanic, and Asian physicians are more likely to provide services to patients with lower income or covered by Medicaid, indicating the importance of increasing workforce diversity to address inequalities



in healthcare as well as decrease health disparities among minority populations (Marrast et al., 2014).

Allied Health Workforce Diversity Act of 2021 (AHWD) is legislation focused on promoting workforce diversity by increasing opportunities for individuals from racial and ethnic minorities and underrepresented populations among allied health professionals including occupational therapy, physical therapy, speech-language pathology, audiology, and respiratory therapy (AOTA, 2021). AHWD is a bipartisan bill that provides grants to allow higher education programs to attract, recruit, and retain students from diverse backgrounds. It promotes a more diverse workforce within allied health professions to help address shortages of providers while improving the ability of the health care workers to effectively address the needs of all Americans especially in the post-COVID era and increase healthcare accessibility to minority populations in the United States. The profession of occupational therapy prides itself in promoting individuals' participation in everyday meaningful occupations and with the push of this legislation, the profession will be able to receive additional funding designated for increasing the diversity within the profession. This bill also corresponds with the AOTA's Centennial Vision to meet society's occupational needs by diversifying the workforce (AOTA, 2007; AOTA, 2020b; AOTA, 2021).

### **Model and Frame of Reference**

This capstone experience/project was guided by the combined logic model, a model that was created and modified by Gen and Wright in 2013. This model provides a visualized road map to stakeholders with the information that shows the connections between inputs, activities, and outcomes of intended results and goals (Community Research, 2020; Gen & Wright, 2013; WK Kellogg Foundation, 2004). The original logic model has been primarily used in program

evaluation (WK Kellogg Foundation, 2004), however, Gen and Wright (2013) found this model has been applied by multiple organizations as a foundation to understand the process of policy advocacy. The authors developed this combined logic model with the inclusion of the theory of change and the original logic model to adapt for the policy advocacy engagement (Gen & Wright, 2013).

In addition to the combined logic model, the capstone student will use the Coalition of Occupational Therapy Advocates for Diversity (COTAD) framework to guide the process of advocacy for diversity within the profession of occupational therapy throughout the capstone experience. The COTAD board members developed the COTAD framework in 2015; it uses a multi-faceted approach to promote diversity within the profession as well as provides guidance to advocate for people from diverse backgrounds (Wilson et al., 2015). This framework included three tiers: person, group, and population and within each tier, some strategies help with fostering diversity in occupational therapy (Coalition of Occupational Therapy Advocates for Diversity [COTAD], 2021; Wilson et al., 2015). The capstone student will use the strategies akin to the advocacy aspect of the personal, group, and community outreach categories from the framework as guidance for the project (COTAD, 2021; Wilson et al., 2015), which aligns with the objectives of this capstone experience to advocate for occupational therapy in Congress and promote the introduction and passage of the Allied Health Workforce Diversity Act of 2021.

## **Methods**

### **Needs Assessment**

Jacobs and McCormack (2019) suggested the importance of increasing engagement in public policy and understanding the role of occupational therapists as an advocate at the policy level. Additionally, Lavis (2006) indicated the necessity of building connections with policymakers, for the clients and professional practices. It is crucial for occupational therapists to

maintain relationships with decision-makers to ensure occupational therapy is included in the discussions and promote the profession by continuous advocacy (Osman et al., 2020). The needs assessment of this doctoral capstone experience utilized a one-on-one semi-structured interview to collect data on relevant needs from the Senior Legislative Representative of the Federal Affairs Division at AOTA to best assist the Federal Affairs team to achieve the goals and advocate for the profession of occupational therapy during the 117th Congress.

### **Measurement of Outcomes**

In addition to the semi-structured interview with the Senior Legislative Representative and activity analysis of this capstone experience, the capstone student used the Goal Attainment Scale (GAS) to measure the outcomes of this capstone project. GAS is an individualized measurement with a criterion-referenced approach to assessing an individual's progression of goals (Hurn, Kneebone, & Cropley, 2006; Roach, & Elliott, 2005; Shirley Ryan Abilitylab, 2020). The capstone student created a GAS table (table A2) with all expected outcomes and examined them at the 10th week of the capstone experience in order to ensure the fulfillment of the goals and objectives.

### **The Combined Logic Model**

The capstone student followed the steps from Gen and Wright (2013) to create the combined logic model for this capstone project at AOTA. The desired outcome of this capstone experience includes learning public policy, legislative process, and policy advocacy, collecting evidence and participating in committee hearings regarding COVID and advocating for the AHWD, SISP, and school OT. The inputs of the combined logic model include the necessary conditions for policy advocacy (Gen & Wright, 2013). The inputs for this capstone project including the capstone student's willingness to increase awareness regarding lack of diversity

within the profession of occupational therapy, the opportunities to connect with stakeholders and work with AOTA's Senior Legislative Representative, and utilization of AOTA's existing resources (AOTA, 2021; Jacobs, & McCormack, 2019).

The definition of activities category of the combined logic model is "the concerted actions done in advocacy that are meant to affect policy processes" (Gen & Wright, 2013, p.18).

The activities during this capstone include attending hill meetings and Political Action Committees (PAC) events, networking, advocating and preparing supportive documents for legislations, guidelines for school reopening, and advocacy module of the Diversity, Equity, and Inclusion (DEI) Toolkit.

The impacts category is defined as the outcomes resulting from the activities and actions taken by the advocates to impact public policy and make society change (Gen & Wright, 2013).

The impacts of this capstone project are to promote a more diverse workforce and decrease health disparities among minority populations, to increase awareness and advocate for funding in supporting SISP in school, and to include occupational therapy in relevant bills for the benefits of memberships. See Table A1 for the roadmap of the combined logic model for this capstone project.

## **Results**

### **Results of Needs Assessment**

The results of the needs assessment interview indicate the need for creating an evidence-based synthesized two-sided one-pager for hill staffers to learn and better understand the importance of the Allied Health Workforce Diversity Act and support the bill as co-sponsors in the Congress. The one-pager will include the information from a recently published article in the Journal of the American Medical Association, statistics/data from the National Institute of

Health, the Centers for Disease Control and Prevention, and various research articles, and the rationale of the importance of a diverse workforce and why the policymakers should support this bill. In addition to the one-pager, the capstone student will work on reviewing, creating, and updating supporting documents to promote the introduction and passage of AHWD in the 117th Congress. Additionally, the capstone student will have opportunities to be involved in educational-related policy advocacy such as the Individuals with Disabilities Education Act (IDEA) and the Elementary and Secondary Education Act (ESEA) to increase awareness of SISP and related services in school settings. Furthermore, the capstone student will have the opportunity to collaborate with AOTA's grassroots leader and Diversity, Equity, and Inclusion (DEI) committee members to develop an advocacy module to promote advocacy for diversity and inclusion. To have resources accessible to use when needed, the capstone student will also work with the AOTA's Practice team to create resources and guidelines associated with school reopening and summer school for practitioners, parents, and children to use.

### **Objectives and Plan for Deliverables**

The primary objectives of this doctoral capstone experience are to demonstrate in-depth knowledge in advocacy, legislative process, and public policy for the profession of occupational therapy from a federal level and to produce legislative documents to support bills relevant to occupational therapy. In addition, with the opportunities to involve and provide assistance throughout the process of the introduction and passage of the Allied Health Workforce Diversity Act of 2021 to promote a more diverse workforce among allied health professionals. The objectives and deliverables are listed below:

- To facilitate the introduction and passage of the Allied Health Workforce Diversity Act (AHWD) during the 117th Congress

- A brand new version of synthesized one-pager with additional evidence that shows the importance of AHWD and includes the recently published research article from the Journal of the American Medical Association (JAMA), this is the capstone student's primary project for this experience
- Update and revise previous AHWD One Pager with up-to-date evidence and language
- Modify Talking Points document and include up-to-date language and supporting evidence
- Update the action alert statement for AOTA Legislative Action Center
- Create a letter of support template and survey form for program directors
- Attending meetings and collaborating with allied health coalition members
- Schedule and attend hill meetings with Senators/Representatives office staff to advocate and ask support for AHWD
- To increase awareness and promote Specialized Instructional Support Personnel (SISP) in school and create resources for school re-opening
  - National Alliance of Specialized Instructional Support Personnel (NASISP)
    - National SISP Appreciation Week
    - Attendance of hill meetings
    - Coalition meetings and discussion
  - School re-opening and summer school resources guide: comic stripe creation

- To collect evidence and attend Senate and House committee hearings regarding COVID long haul and recovery to advocate for OT in the post-pandemic era
- To learn policy advocacy and collaborate with the AOTA grassroots leader to create an advocacy module that will be included in the Diversity, Equity, and Inclusion (DEI) Toolkit

## **Outcomes**

### ***Allied Health Workforce Diversity Act***

**One-pager.** A legislative one-pager can be utilized as a summarized information sheet for policymakers and their staff members to understand the issue and/or topic that needs their attention. It is an effective method to tell a story and facilitate conversation on the target issue with a legislator or a staffer (Public Knowledge, 2015). A one-pager typically includes background information, evidence-based supports, statistics/data, and solutions or actions that policymakers should take (Public Knowledge, 2015). While working on introducing the AHWD to the 117th Congress, the Journal of the American Medical Association (JAMA) published an article that not only supported our bill but provided statistical data on the problems that AHWD could solve. Therefore, the legislative representative and the capstone student decided to utilize the information from this recently published article and create a new one-pager that tells a story regarding the current problems and how AHWD can be the solution.

This new version of the one-pager was created on a shared Google Doc between the legislative representatives and the capstone student. After multiple discussions and meetings with the Federal Affairs team, the capstone student started the document with an outline to ensure all the problems were addressed then used Google Scholar and EBSCO databases to complete a preliminary search on the most recent evidence. After the preliminary search, the capstone

student used the relevant articles tab on Google Scholar to do a thorough search on the topic to strengthen our argument. Once the literature search was done, the capstone student started the construction of the one-pager (Imagine A1). After repetitive meetings and conversations with the legislative representative, the capstone student was able to finalize the document to a 3-page report from a 10-page paper and then utilize the information to create an infographic to visualize the argument. After the one-pager and the infographic were done, the documents were sent to AOTA's Creative Service and Copyediting department for final editing and approval before publishing on the website for members to use. The final products can be used by other allied health professional organizations to increase awareness of the AHWD in Congress and they also will be distributed to legislators and staffers after each hill meeting.

**Other legislative supporting documents.** In addition to the JAMA one-pager, the capstone student also revised the original AHWD One-pager from 116th Congress as an additional supporting resource for the bill (Imagine A2). Furthermore, the capstone student updated the Talking Points document (Imagine A3) for AOTA members to use when meeting with their members of Congress to advocate for AHWD. The student also modified the action alert statement (Imagine A4) in the Legislative Action Center so that members of AOTA will receive notification to support this bill. In order to receive more support from program directors, the student created a letter of support template and survey form (Imagine A5) and will be sent out by the senior legislative representative at AOTA once the bill moves forward in the process.

### ***Resources for School Re-opening***

**NASISP.** The senior legislative representative that the capstone student worked with at AOTA is also a co-chair of the National Alliance of Specialized Instructional Support Personnel (NASISP), therefore, the student had opportunities to attend hill and coalition meetings for the



passage of the Resolution of 2021 National SISP Appreciation Week as well as advocating for more funding and resources for Specialized Instructional Support Personnel (SISP) in school. The outcome of our advocacy was that the Senate Resolution (S.Res.180) was passed on April 27th, 2021, which designated the week of April 26 through April 30, 2021, as “National Specialized Instructional Support Personnel Appreciation Week.”

**School re-opening and summer school guidelines.** While working on SISP resolution, the capstone student had the opportunity to work with several members from the Practice Division at AOTA to create a comic strip that was included in the practice guideline regarding summer school. The purpose of this guideline was to provide resources for practitioners, parents, and children to return to school post-pandemic. This comic strip was created for the children who may need to attend summer schools due to the pandemic and the intent for the comic is to provide rationales for kids to understand that summer school is not a punishment but an opportunity to learn and have fun. The resources can be found on AOTA’s website and this is the link to the comic strip: <https://www.aota.org/-/media/Corporate/Images/Practice/OT-Kids-Summer-Programs-Comic.jpeg>

### ***COVID-19 Long Haul***

Studies have shown that the demands for rehabilitation will continue to increase as the COVID-19 confirmed cases continue to decrease, in addition, the evidence have shown that occupational therapy is needed for the survivors to return to their previous functional level (Daynes, Gerlis, & Singh, 2021; De Biase, et al., 2020). Due to the pandemic, there were plenty of hearings and meetings on the hill to discuss the plan for the aftermath of the pandemic, and AOTA’s legislative representatives must engage with the members of Congress and make sure that occupational therapy is included in the bills that address post-pandemic plans and fundings.

The capstone student helped the Federal Affairs team to collect evidence regarding COVID-19 and occupational therapy in order to persuade the policymakers that occupational therapy is necessary in the post-pandemic era. The capstone student also attended several committee hearings about the COVID long hauler and their recovery to learn the direction of the current administration on this topic so that AOTA's Federal Affairs team can prepare for it.

### *Advocacy*

Advocacy is core to the occupational therapy profession, yet, the lack of engagement in policy advocacy leads to a feeling of disconnect between public policy and clinical practice. This capstone experience provided opportunities for the capstone student to participate and engage in policy advocacy on the hill. At the beginning of the experience, the capstone student was required to learn the language that people commonly use in the political field before communicating with the elected offices for meetings and other requests. Then, the capstone student was able to attend multiple hill meetings, PAC, and fundraising events to speak with members of Congress and their legislative assistant for specific topics such as the introduction of AHWD and the resolution of national Specialized Instructional Support Personnel Appreciation Week. Before the hill meetings, the capstone student had to learn the background of the topic or bill as well as to conduct a literature search to obtain the most recent supporting information for advocacy and lobbying. For example, we had a meeting with the legislative assistant from representative Bobby Rush's office with an anticipation that the Representative would continue being a Democrat lead sponsor for the AHWD. Before the meeting, we had to collect and prepare up-to-date evidence regarding health disparities among underrepresented populations and the importance of increasing diversity and cultural competency in the healthcare workforce to strengthen our argument and the significance of passing the AHWD. Furthermore, the

capstone student also prepared an elevator pitch to provide perspectives and points of view as a minority student in occupational therapy to advocate for the AHWD.

In addition to hill meetings, the capstone student participated in several coalition meetings for the collaboration of pushing the AHWD into the 117th Congress as well as advocating for additional funding and more SISP in school. With the frequent participation in these coalition meetings, the capstone student was able to capture the concept of networking and the importance of using appropriate communication styles to work together while advocating for the profession of occupational therapy within the coalition. Furthermore, the capstone student collaborated with the Grassroots leader at AOTA to create an advocacy module that will be included in the DEI Toolkit to increase awareness and promote participation in policy advocacy. The capstone student is unable to provide the link to the module this date since it is currently under review and will be published with the next section of the DEI toolkit on AOTA. Throughout the process of creating the advocacy module, the capstone student was able to learn directly from the Grassroots leader and participated in Political Action Committees events to raise funds in supporting elected officials who supported and helped the profession of occupational therapy in the Congress.

### ***Legislative Process and Public Policy***

The United States Constitution states "all legislative Powers herein granted shall be vested in a Congress of the United States, which shall consist of a Senate and House of Representatives (U.S. Const. art. I, § 1)." The legislative process is commonly known as difficult to understand and one of the best ways to learn is through first-hand experiences. The doctoral capstone student learned the legislative process through working with a lobbyist from AOTA. Legislation begins with an idea and when it is ready, the individual or the organization

finds a member of Congress to sponsor the bill (U.S. House of Representatives., n.d.). Once the bill is introduced, it will be assigned to a committee for a detailed study, then if it is approved the bill will be placed on schedule to be discussed, amended, and voted on the Congress floor (Congress.gov., n.d.; U.S. House of Representatives., n.d.). After it is passed by both House and Senate, there will be a conference committee composed with both chambers' members to conclude a final version of the bill and return to the House and Senate for final approval before sending it to the President for signature or veto the bill (Congress.gov., n.d.; U.S. House of Representatives., n.d.).

Within each of these legislative steps, a legislative representative or a lobbyist must involve and continue pushing and advocating for the organization's best interest so the bill has a chance to pass when being voted on the floor. The capstone student had an opportunity to be involved in these small steps throughout the capstone experience. Many supporting documents are required to have the most up-to-date research to support the argument for a specific issue or bill, the capstone student assisted in the preparation of these documents including one-pager, talking points, action alert statements, letters of support, and press release. The AHWD was introduced to the Senate in the last (116th) Congress, however, the process was postponed due to COVID and later on failed to continue in the Congress. Therefore, the capstone student was able to utilize previous documents as examples and used Google Scholar as a primary search engine and EBSCO database for more in-depth research. Once the literature search was done, the capstone student then modified and added the latest evidence onto the existing documents and sent it to AOTA's Copyediting department for final approval before publishing on the AOTA's website. The capstone student was able to produce more than 10 different documents throughout this capstone experience, which helped the student to learn and practice the policy language as

well as strengthening research skills and providing a different viewpoint to the Federal Affairs team as an occupational therapist.

### **Outcome Measurement**

After the completion of the one-pager and the infographic for the AHWD, the capstone student reviewed the Goal Attainment Scale (GAS) that was created at the beginning of the experience with the site mentor. After careful evaluation of the objectives and goals (table A2), the site mentor and the capstone student concluded that all the listed goals were achieved. The capstone student was able to produce a new AHWD one-pager and an additional infographic for AOTA to use as a resource when advocating for the passage of the AHWD with a policymaker or a staffer.

### **Discussion/Implication**

The process of legislation can be long, unpredictable, and difficult to perceive, this may prevent engagement in policy advocacy for many occupational therapy practitioners (Jacobs, & McCormack, 2019). However, professional inputs from practitioners are necessary to shape and develop good health policies (Jacobs, & McCormack, 2019). This capstone experience provided a different aspect of policy advocacy from a team of lobbyists and advocates that dedicated their time advocating the profession of occupational therapy on the hill. Participation in hill meetings and events is beneficial for the student to understand the art of policy advocacy and grasp the concept of political dynamics. Opportunities to attend and involve in various meetings also provided the student a chance to use a professional lens to provide recommendations from an occupational therapy practitioner to both lobbyists and hill staffers. In addition to the advocacy and legislative process, the engagement in creating and modifying legislative supporting documents provided a hands-on experience for the capstone student. The ability to work on the

official documents enhanced the student's skills in using appropriate policy language to persuade policymakers from a professional point of view. The collaboration with other professionals for the Allied Health Workforce Diversity strengthened the student's communication techniques and leadership experiences, which are the essential skills for practitioners to have. Additionally, the focus of this capstone experience on the introduction and passage of the Allied Health Workforce Diversity helped the student understand although policy change won't happen overnight, it is important to continue advocating and voice the concerns so the policymakers recognize the needs of their constituents. This bill raises awareness and initiates a change to improve the lack of diversity among allied health professions. The creation of the new one-pager provides a succinct report to policymakers and the general public, it addresses the urgency of having a more diverse workforce, especially in the post-COVID era.

Political astuteness is an "awareness and understanding of legislative and policy processes, and political skills" (Primomo, 2007, pp. 260). In 2017, students from a Doctor of Nursing Practice (DNP) program in Virginia attended a series of events and worked with members of Congress for a week on Capitol Hill as experiential learning to increase awareness and participation in policy advocacy (Eaton, & Hulton, 2018). The results of this experiential learning indicated increased confidence and knowledge in healthcare policy advocacy (Eaton, & Hulton, 2018). After a 14-week immersive learning experience with AOTA's Federal Affairs Division, the capstone student has increased self-confidence when discussing healthcare policy with legislators and obtained networking skills for not only advocacy but future connections. The capstone student suggests that occupational therapy programs could implement a more intensive learning experience that is similar to the nursing programs to increase students' and practitioners' political astuteness and advance the profession on the federal level. Furthermore,

AOTA and occupational therapy programs should take more actions to promote and encourage students to apply for opportunities to work at AOTA with the Federal Affairs team to have an in-depth experiential experience to participate in the legislative process and policy advocacy from the congressional level.

### **Conclusion**

The purpose of this experience was to determine the Federal Affairs Division's needs and create an action plan according to their needs as well as learning the processes of legislation, policy advocacy, and public policy with firsthand experience. The results of this experience indicate that engagement from occupational therapy students and practitioners in public policy is necessary and it is important for us to understand the legislative process to effectively participate in policy advocacy. The capstone student also produced several legislative supporting documents to assist in moving legislation forward in Congress. Furthermore, the creation of the new AHWD one-pager indicates current problems regarding the lack of diversity in allied health professions as well as rationals for members of Congress to support this bill.

While this experience indicates that the understanding of policy and advocacy on the federal level is still a difficult concept to operationalize, it provides an example of the benefits of experiential learning and can encourage occupational therapy programs to design a more immersive experience to ensure students understand public policy and legislative process to enable and increase the participation in policy advocacy and advance the profession on the federal level.

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## Appendix

Table A1

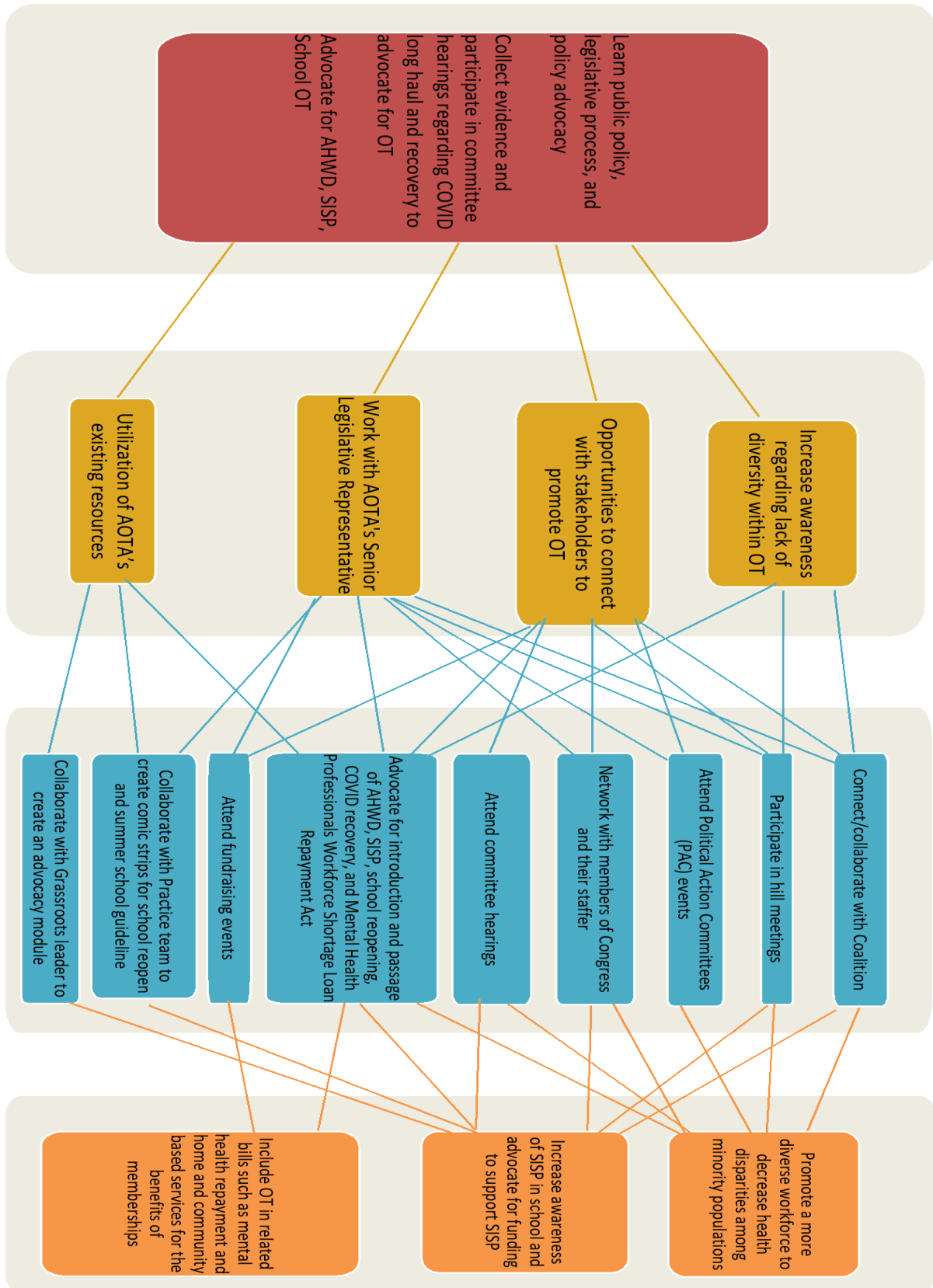
*Doctoral Capstone Experience with Federal Affairs at AOTA*

Table A2

*Goal Attainment Scale for Capstone Experience*

Goals	-2 (Less than expected)	-1 (Not quite achieved)	0 (Achieved the goal)	+1 (Slightly exceeded the expectation)	+2 (Much more than expectation)
I will have the ability to start an advocacy conversation with a policymaker 70% of the time to be able to be a policy advocate.	Unable to start an advocacy conversation	Able to start an advocacy conversation 50% of the time	Able to start an advocacy conversation 70% of the time	<b>Able to start an advocacy conversation 80% of the time</b>	Able to start an advocacy conversation 90% of the time
To demonstrate professional leadership skills by developing a 30 second to 1 minute elevator pitch on the purpose and importance of occupational therapy	No demonstration in leadership	Able to develop an elevator pitch for OT but not enough information deliver	Able to develop 30 seconds to 1 minute elevator pitch for OT with sufficient information	Able to develop a 30 second to 1 minute elevator pitch for OT with sufficient info and able to deliver the pitch with enough self-confidence	<b>Develop and deliver an elevator pitch for OT in specific topics and issues to match with the purpose</b>
Create a synthesized one-pager for AHWD with a focus on the JAMA article	Nothing created	Created a one-pager with minimal information and limited resources	Created an expected one-pager with some evidence-based resources to support the argument	Created a one-pager with fair among of up-to-date evidence-based research	<b>One-pager created with strong evidence and clear argument to support AHWD</b>
Improve networking skills through collaborating and educating other professionals on the purpose of occupational therapy	No connection has made	Less than 3 connections have made	Made more than 5 connections and demonstrate good networking skills	Made 8+ connections and demonstrate the ability to collaborate with them	<b>Made 10+ connections and demonstrate the ability to collaborate, educate, and advocate for OT</b>

Collaborate and create advocacy module for AOTA Practice team to better support them on educating occupational therapy practitioners and students	No module is made	Start to develop and create but not finish	Develop and create the advocacy module	Develop and create the advocacy module and utilize resources at AOTA to collaborate with expertises	<b>Create the advocacy module with collaboration and deliver the product to the AOTA Practice Team for dissemination to the public</b>
Provide assistance including updating the one-pager, engagement statement, letters of support, creation of Google form, and advocate the bill to policymakers to facilitate the introduction of the Allied Health Workforce Diversity Act of 2021 into the 117 <sup>th</sup> Congress.	No progress made	Involve in the process but no actual help	Provide assistance as needed	Provide assistance with additional involvement such as using connections to advocate for the bill	<b>Involve in all the process including communication between the coalition, advocate the bill to congressman, update resources, letters of support, engagement statement, and press release</b>

Imagine A1

*New Version of AHWD One-pager*

## Our Nation is Facing a Health Workforce Diversity Crisis

According to a study published March 2021 in *JAMA*, efforts are needed to increase the percentage of health care professionals from underrepresented populations.

**Federal policy must support efforts to support the creation of a health workforce more representative of the nation to increase access, service quality, and outcomes.**

### Why the Allied Health Workforce Diversity Act?

The Allied Health Workforce Diversity Act would increase diversity among the professions of occupational therapy, physical therapy, respiratory therapy, speech-language pathology, and audiology by creating a grant program administered by the Health Resources & Services Administration (HRSA).



#### ISSUE:

**"A substantial body of literature suggests that fostering a diverse and inclusive workforce is critical to increasing access to care and improving aspects of healthcare quality"**<sup>iii</sup>

- Minority groups disproportionately live in areas with provider shortages.<sup>i</sup>
- Patients who receive care from members of their own racial and ethnic background tend to have better outcomes.<sup>ii</sup>



#### SOLUTION:

**The AHWD Act would** provide support to programs to recruit candidates from underrepresented populations.

The creation of mentoring and tutoring programs, as well as direct financial support in the form of scholarships and stipends, are allowable uses with grant funds.

This raises awareness of the importance of diversity, and provides more confidence to invest in systems designed to help students from underserved populations while helping all students in that program.

- Health professionals from underrepresented and minority backgrounds are more likely to practice in medically underserved areas, increasing access to care in underserved areas.<sup>iv</sup>



#### ISSUE:

**"The anticipated increase in demand for rehabilitation means that capacity to deliver rehabilitation must increase"**<sup>v</sup>

"The COVID-19 pandemic highlighted how important team-based patient care is, from intake to discharge.... [T]he work performed by physical, respiratory, and occupational therapists to ensure patient comfort and assist COVID-19 patients through the recovery process."<sup>vi</sup>

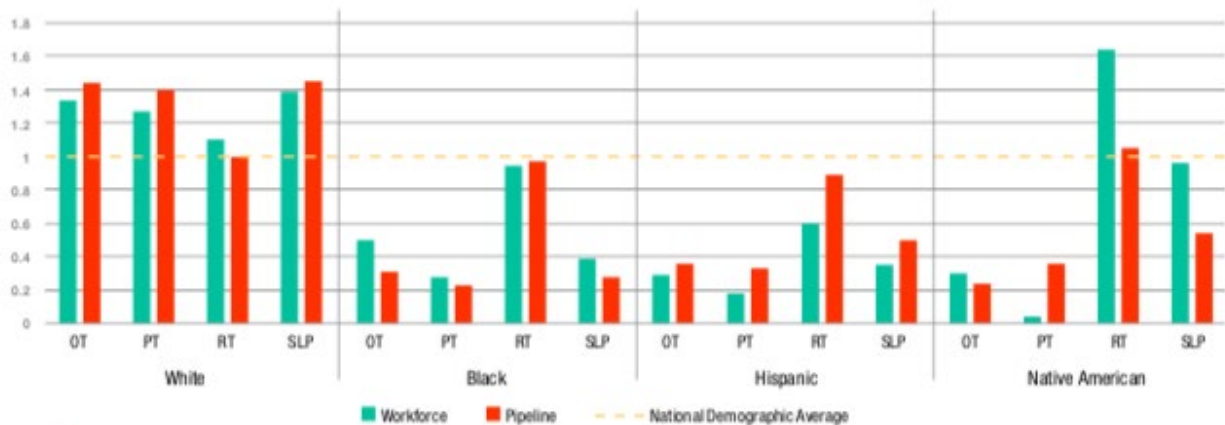


#### SOLUTION:

**The AHWD Act would** fund higher education programs going into the community to raise awareness of the allied health professions.

"The need for real-time collaboration and communication between care providers, and cooperation between generalists and specialists from multiple fields (including allied health), cannot be overemphasized."<sup>vi</sup>





### ISSUE:

**"The lack of diversity in the workforce reflects a variety of factors, including limited financial support, lack of mentorship and role models."<sup>i</sup>**

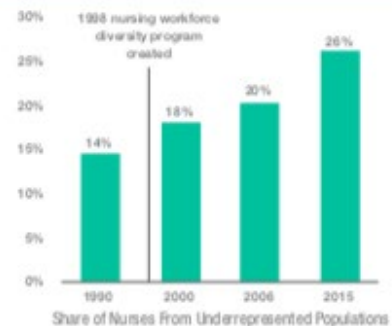
**"[The] study's findings suggest a need for additional policies to support a health care workforce that is representative of the diversity of the current population"<sup>j</sup>**



### SOLUTION:

**The AHWD Act would seek to duplicate the results of the nursing workforce diversity program created in 1998, which nearly doubled diversity among nurses from 1990 to 2015.**

**"The diversity of the educational pipeline remains substantially below the diversity of the general population for almost all health care occupations analyzed in this study."<sup>k</sup>**



**CONCLUSION:** The bipartisan Allied Health Workforce Diversity Act (S. 1679/H.R. 3320), introduced by Sens. Bob Casey (PA) and Lisa Murkowski (AK) in the Senate, and Reps. Bobby Rush (IL-01) and Markwayne Mullin (OK-02) in the House, will increase the number of individuals currently underrepresented in the professions of occupational therapy, physical therapy, respiratory therapy, speech-language pathology, and audiology.

<sup>i</sup> Saltsberg, E., Redwine, C., Westergaard, S., Martinez, M. P., Oyayemi, T., Vohare, A., & Chen, C. P. (2021). Estimation and comparison of current and future racial/ethnic representation in the US health care workforce. *JAMA Network Open*, 4(3), e213789–e213789.

<sup>j</sup> Center for Disease Control and Prevention. (2020). COVID-19 racial and ethnic health disparities. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html>

<sup>k</sup> Saha, S., & Beach, M. C. (2020). Impact of physician race on patient decision-making and ratings of physicians: a randomized experiment using video vignettes. *Journal of General Internal Medicine*, 1-8.

<sup>iv</sup> Walker, K. O., Moreno, G., & Grumbach, K. (2012). The association among specialty, race, ethnicity, and practice location among California physicians in diverse specialties. *Journal of the National Medical Association*, 104(1-2), 46-52.

<sup>v</sup> <https://files.asprtrac.hhs.gov/documents/aspr-trac-the-exchange-issue-13.pdf>

<sup>vi</sup> De Biasi, S., Cook, L., Skilton, D. A., Witham, M., & Tan Howe, R. (2020). The COVID-19 rehabilitation pandemic. *Age and Ageing*, 49(5), 696-700. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7314277/>

<sup>vii</sup> Survivor Corps. (2021). Post-COVID care: Guidelines for multidisciplinary care centers. Retrieved from [https://static1.squarespace.com/static/5e8b6b3962c031c164b6a93f/605a8a32620191b099984d0/1616546395297/POCC-Standard-of-Practice-3\\_23.pdf](https://static1.squarespace.com/static/5e8b6b3962c031c164b6a93f/605a8a32620191b099984d0/1616546395297/POCC-Standard-of-Practice-3_23.pdf)

Imagine A2

*AHWD Original One-Pager*



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## Increase Diversity in the Occupational Therapy Workforce

### *Support the Allied Health Workforce Diversity Act: S.1679/H.R.3320*

As Congress seeks ways to improve health care outcomes in our country, it should ensure the health care workforce in the United States evolves to mirror the makeup of the population. The Institute of Medicine raised concerns about the diversity of the health care workforce in their 2004 study, *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*. Racial and ethnic minorities largely receive lower quality health care than non-minorities. Overall, increasing diversity will lead to improved access to care, greater patient choice and satisfaction, and better education experience for health professional students, among many other benefits.

Occupational therapy practitioners support the health and participation of clients through engagement in meaningful occupations (i.e., everyday activities). OTs and OTAs help clients who have experienced (or are at risk for experiencing) illness, injury, or disability to engage in their meaningful roles, habits, and routines, all of which are linked to their culture, background, and experience.

In addition to the reasons stated above, a more diverse health care workforce is important because:

- Patients who receive care from members of their own racial and ethnic background tend to have better outcomes
- Health professionals from underrepresented and minority backgrounds are more likely to practice in medically underserved areas
- Minority groups disproportionately live in areas with provider shortages
- A more diverse workforce and student population increases the sense of belonging and improves the quality of occupational therapy services to underserved populations

Having a more diverse workforce will help address the shortages of allied health professionals, and it is especially crucial to address these shortage in a post-COVID-19 era, as the needs for occupational therapy will increase resulting from the role OT plays in COVID-19 long haulers recovery. The nation must ensure health care providers reflect the communities they serve while improving the ability of the health care workforce to effectively address the needs of all Americans. Estimates show that the burden of racial and ethnic health disparities will cost the United States \$363.1 billion a year in lost productivity and health care spending by 2050.

**The bipartisan Allied Health Workforce Diversity Act (S.1679/ H.R.3320), introduced by Sens. Bob Casey (PA) and Lisa Murkowski (AK) in the Senate, and Reps. Bobby Rush (IL-01) and Markwayne Mullin (OK-02) in the House, will increase the number of individuals currently underrepresented in the professions of occupational therapy, physical therapy, respiratory therapy, speech-language pathology, and audiology.**

This legislation creates a program administered by the Health Resources & Services Administration (HRSA) and funding to ensure the flexibility to adapt and change the groups that are underrepresented, in order to grow with a changing health care workforce. The funding proposed in this bill allows the higher education programs for these professions to strengthen and expands the comprehensive use of evidence-based strategies shown to increase the recruitment, enrollment, retention, and graduation of students from underrepresented and disadvantaged backgrounds. These strategies include outreach to the community, the creation or expansion of mentorship and tutoring programs, and providing scholarship and stipends to students.

This bipartisan legislation moves our nation closer to the goal of a health care workforce that mirrors society. It would provide HRSA with the tools and flexibility to reduce shortages, lower costs, and increase the quality of our nation's health care workforce.

Imagine A3

*AHWD Talking Points*



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**Support Diversity in Occupational Therapy**  
*Allied Health Workforce Diversity Act of 2021—S.1679/H.R.3320*

***Discussion Points***

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- Occupational therapy practitioners support the health and participation of clients through engagement in meaningful occupations (i.e., everyday activities).
- OTs and OTAs help clients who have experienced (or are at risk for experiencing) illness, injury, or disability to engage in their meaningful roles, habits, and routines, all of which are linked to their culture, background, and experience.
- According to a study by the Institute of Medicine, **the diversity of the nation's health care workforce raises concerns**. Racial and ethnic minorities largely receive lower quality health care than non-minorities.
- Overall, increasing diversity will lead to improved access to care, greater patient choice and satisfaction, and better education experience for health professional students, among many other benefits.
- It is especially crucial to **address the shortage of allied health professionals, such as OT practitioners, in a post-COVID-19 era**, as the needs for occupational therapy will increase resulting from **the role OT plays in COVID-19 recovery**.
- The nation must ensure that health care providers reflect the communities they serve while effectively addressing the needs of all Americans by improving the ability of the health care workforce.
- The Allied Health Workforce Diversity Act (S.1679/H.R.3320) increases opportunities for individuals from underrepresented populations in the profession of occupational therapy by providing grant funding directly to higher education programs to provide students with tutoring and mentorships, as well as scholarships and stipends.
- This bill is bipartisan and bicameral. It was introduced by Sens. Bob Casey (PA), Lisa Murkowski (AK) in the Senate, and Reps. Bobby Rush (IL-01), Markwayne Mullin (OK-02) in the House.
- This legislation provides the Health Resources & Services Administration (HRSA) with the flexibility to adapt to changes to which groups are defined as “underrepresented” to reflect changes in the health care workforce.

**Your Ask:**

**Please co-sponsor the Allied Health Workforce Diversity Act (S.1679/H.R.3320)**

## Imagine A4

*AHWD Action Alert Statement*[About AOTA](#) [Find a Job](#) [CommunOT](#) [Shop Store](#)[JOIN](#)[Practice](#) [Advocacy & Policy](#) [Education & Careers](#) [Conferences & Events](#) [Publications & News](#) [About OT](#)[Home](#) [Take Action](#) [Bills/Legislation](#) [Advocacy Resources](#)

## Take Action Today to Support the Allied Health Workforce Diversity Act!



It is vital to ensure the makeup of the healthcare workforce in the United States evolves to mirror the makeup of the population. Having a more diverse workforce helps close the gap on provider shortages, while improving the ability of the health care workforce to effectively address the health care needs of all Americans.

The bipartisan Allied Health Workforce Diversity Act (H.R. 3320/S. 1679) introduced by Reps. Bobby Rush (IL-01) and Markwayne Mullin (OK-02) in the House, and Sens. Bob Casey (PA), and Lisa Murkowski (AK) in the Senate, provides grant funding to increase opportunities for individuals who are from underrepresented backgrounds, including students from racial and ethnic minorities, in the professions of occupational therapy, physical therapy, respiratory therapy, speech language pathology, and audiology.

This legislation creates a program administered by the Health Resources & Services Administration (HRSA) and funding to ensure the flexibility to adapt to changes to what groups are underrepresented to grow with a changing health workforce. The funding proposed in this bill allows the higher education programs for these professions to strengthen and expands the comprehensive use of evidence-based strategies shown to increase the recruitment, enrollment, retention, and graduation of students from underrepresented and disadvantaged backgrounds. These strategies include outreach to the community, the creation or expansion of mentorship and tutoring programs, and providing scholarship and stipends to students.

Please contact your Members of Congress and ask them to co-sponsor this bill today!

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Learn more about AOTA's commitment to Diversity Equity and Inclusion.

<https://cqrcengage.com/aota/app/write-a-letter?0&engagementId=511842>



Imagine A5

*Letter of Support Template and Survey Form for Program Directors*



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## Support for the Allied Health Workforce Diversity Act of 2021 : S.1679/H.R.3320

AOTA is seeking letters of support for the AHWD from occupational therapy program directors. The bill was re-introduced to both Senate and House on May 18th, 2021 by Senators Bob Casey (PA), Lisa Murkowski (AK) (S.1679) and Rep. Bobby Rush (IL), Markwayne Mullin (OK) (H.R. 3320). If passed, this bill would create a grant program to recruit a more diverse body of allied health professionals (OT, PT, SLP, RP, and audiology). The grants would offer outreach to community, create or expand mentorship or tutoring programs, and provide direct financial assistance to students from minority/disadvantage populations through scholarships or stipends.

Disclaimers: This is only a letter of support from you as a program director, listing the program in this survey does not mean the program support this bill. In addition, any information you fill out in this survey will not be used or shared with anyone.

\* Required

### Letter of Support from OT Program Directors

On behalf of the directors of the occupational therapy programs listed below, we urge you to support the Allied Health Workforce Diversity Act of 2021, introduced by Sens. Bob Casey (PA), and Lisa Murkowski (AK) in the Senate, and Rep. Bobby Rush (IL-01), Markwayne Mullin (OK-02) in the House.

This bill proposes creation of a grant, administer by the Health Resources and Services Administration (HRSA) to provide funding to Allied Health higher education programs to help attract, recruit and retain students underrepresented in the professions of occupational therapy, physical therapy, respiratory therapy, speech language pathology, and audiology. Such students would include those from a racial and ethnic minority, those with a disability, or those from rural, underserved areas who are disadvantaged.

We believe this proposal, if passed, would begin to address the shortages of allied health care professionals present across the nation. Addressing these shortages are vital in the post-COVID era, as the needs occupational therapy services will increase due to the role occupational therapy plays in COVID-19 recovery and treatment of the condition commonly known as COVID long haulers. The nation must ensure health providers reflect the communities they serve, resulting in increased quality of care, access to services, and patient satisfaction.

We urge you to support the Allied Health Workforce Diversity Act of 2021. We would greatly appreciate your support. If you have any questions, please contact **Abe Saffer**, Senior Legislative Representative at the American Occupational Therapy Association at [asaffer@aota.org](mailto:asaffer@aota.org).

First and Last Name \*

Your answer

Email Address \*

Your answer

Credentials

Your answer

Name of Program \*

Your answer

Zip Code of Your Program (only to match with the elected officials in your district) \*

Your answer

Submit