

Facilitating Aging in Place and Community by Empowering Participation in Society: Implications for OTs

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PURPOSE: According to AOTA, only 3.2% of occupational therapy services are community-based. The profession has long called for the role of occupational therapy to be established within the community as OT's broad scope has the capacity to address many societal issues such as aging in place. The OTPF emphasizes the role of OT within community and public health and there is a need to establish the unique value of OT within the community that is reimbursable. The goal of this study was to understand older adult participation in society through development of a theory of change that induces person-centered community action planning.

DESIGN: This study utilized an explanatory sequential mixed methods design that involved a cross-sectional survey followed by interviews of select participants. The study is situated within a theory of change informed by the Consolidated Framework for Implementation Research. Cross-sectional telephone survey data using interactive voice response was collected from 64 community-dwelling older adults aged 65 and over in three Southern NJ suburban communities to estimate how satisfaction with participation in society is associated with a) individual functional abilities of older adults and b) community characteristics. It was hypothesized that the presence of supportive community features congruent with functional ability level will result in a greater odds of satisfaction with participation in the community. Interviews explained barriers and facilitators to participation and elicited suggested objectives to overcome barriers and leverage facilitators to participation in society using community based participatory research principles.

METHOD: Multiple regression analysis was conducted to determine how much of a variation in USER-P can be explained by the independent variables measuring individual characteristics (e.g., functional ability/WHODAS) and community characteristics (e.g., accessibility of buildings, access to information). Appreciative Inquiry Theory was utilized to inform the qualitative process. Fourteen interviews were recorded telephonically, transcribed and analyzed with NVivo 12 software. Findings were supported with quoted textual evidence and interpreted to answer the research questions. A discussion of the member-checked results were presented with older adult participants and Transform South Jersey (a community grantor and supporter in this research) during a stakeholder meeting.

RESULTS: Three variables, WHODAS score, Info, and Healthcare, added statistically significantly to the prediction, $p < .05$ of satisfaction with participation. The theory of change articulates a set of needs that are desired and explains that older adults are empowered to participate in one's community when there is support for basic and home living needs, when options for participation match one's level of ability, interest, and values, and when one is invited knows where to find information about programs, services, or events.

CONCLUSION: This study demonstrates how service delivery models of community based practice in OT can operate within an interdisciplinary team. The inclusion of an OT in local government municipalities could enhance multileveled and graded involvement of community-based innovations, a skillset within the scope of OT. OTs as knowledge brokers can speed innovation by eliciting older adult participation and co-develop health promotion and preventative activities that can be centralized in locations such as a community or senior center effectively empowering older adults as change agents and knowledge brokers themselves. Establishing services within local government are critical steps to demonstrate evidence-based interventions that can serve as entrée to reimbursable positions.

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