

THE OCCUPATIONAL
THERAPY WORKFORCE
IN ILLINOIS AND
NATIONAL
WORKFORCE TRENDS

Illinois Regional

Health

Workforce

Center

Gail Fisher, MPA, OTR/L
Judith Cooksey, MD, MPH
Michele Reed, MPH
Catherine McClure, BS

September 2002

Contents

Introduction	1
Overview of the Profession	2
Professional Services	2
Educational Programs	3
Credentialing and Licensure	3
The National Occupational Therapy Workforce	4
Changes in Educational Programs, Enrollment and Graduates	4
Employment Trends: Settings, Wages and Work Hours	5
The Illinois Occupational Therapy Workforce	7
Study Methodology	7
Educational Programs, Enrollment, and Graduates	7
The Illinois Occupational Therapy Practice Act	9
The Size of the Workforce	10
Distribution of the Illinois Occupational Therapy Workforce	10
Demand for Occupational Therapists in Illinois	12
Discussion and Conclusion	14
References and Resources	17
Appendices and Data Tables	19

This study was conducted by Gail Fisher, MPA, OTR/L, Judith Cooksey, MD, MPH, Michele Reed, MPH and Catherine McClure, BS. September 2002.

Illinois Regional Health Workforce Center
University of Illinois at Chicago
850 West Jackson Boulevard, Suite 400
Chicago, Illinois 60607-3025
<http://www.uic.edu/sph/irhwc/index>

Send correspondence to Gail Fisher, MPA, OTR/L, gfisher@uic.edu or call (312) 996-4371.

We would like to acknowledge the contributions of participating interviewees, Illinois OT/OTA program directors, the American Occupational Therapy Association (AOTA), Bureau of Labor Statistics (BLS), and the Illinois Department of Professional Regulation for sharing information. Funding was provided by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, through a cooperative agreement (# U79 HP 00002).

INTRODUCTION

Occupational therapy personnel play an important role in maximizing the functional performance of children and adults who experience illness and disability. Approximately 78,000 occupational therapists (OTs) and 17,000 occupational therapy assistants (OTAs) were employed in the U.S. in 2000.¹ Occupational therapy personnel work in a variety of settings, including hospitals, rehabilitation units, nursing homes, mental health programs, schools, outpatient clinics, home health, private practices, business and industry, and community agencies.²

After decades of the demand for OTs and OTAs exceeding the supply, a dramatic turnaround took place in the late 1990s. Demand dropped in health care settings due to payer cost containment efforts, most notably the Balanced Budget Act (BBA) of 1997, which reduced Medicare payments to nursing care facilities and home health agencies.³ The supply of new graduates had increased, due to academic program expansions during the period of high job demand.⁴ Thus, through 1998-2000 there was a relative oversupply of therapists compared to available jobs. The extent of the oversupply varied by region of the country and practice area. This situation had a negative effect on applicant interest in OT and OTA educational programs. The rapid reversal in the job market for both the OT and physical therapist workforce, which was similarly affected, is one of the most striking examples of market and reimbursement policy affecting professional job stability. It has also created a topsy-turvy climate for OT and OTA academic programs.

This report presents an overview of the profession and a brief analysis of national trends in OT personnel, educational programs, and work settings through the 1990s. These national data provide a context for examining Illinois data and more detailed state level information on the workforce distribution across regions of the state, marketplace demand, and hiring trends. This information should assist educators, employers, practitioners and state policy makers in considering graduate needs across the state and the potential impact of trends on recruitment, hiring, and retention of OT practitioners.

Illinois is particularly well suited for analysis due to the following:

- Illinois has one of the largest health care markets in the country.
- Illinois has several long standing OT and OTA academic programs and several new programs, reflecting national trends in program expansion.
- The state witnessed a dramatic drop in job demand for OTs and OTAs in the late 1990's, with some rebound in the job market in 2001 and 2002.
- The state has an uneven regional distribution of occupational therapy practitioners, with different patterns for OTs and OTAs.
- Illinois has both a large urban population and a large rural population, with imbalance in distribution of practitioners.
- Illinois illustrates how the location of OT and OTA academic programs may affect the local supply of practitioners.

OVERVIEW OF THE PROFESSION

Professional Services

Occupational therapy is a health and rehabilitation profession that helps people regain, develop, and build skills that are important for independent functioning, health, well-being, and security. Occupational therapy practitioners work with people of all ages who, because of illness, injury, or developmental or psychological impairment, need specialized assistance in learning skills to enable them to lead independent, productive, and satisfying lives. Occupational therapists also address wellness and health promotion with the non-disabled population.²

Occupational therapy can prevent injury or decrease the effects of existing conditions or disabilities; therapy promotes independent functioning in individuals who may otherwise require institutionalization or other long-term care. Occupational therapy may help to keep overall health care costs lower and maximize the quality of life for the individual, their family, and other caregivers.²

Services typically include:

- Individualized treatment programs aimed at improving abilities to carry out the basic activities of daily living such as dressing, grooming, bathing and eating as well as the more advanced activities such as cooking, cleaning, shopping, laundry, transportation, and money management. In addition, occupational therapy intervention builds skills needed to engage in education, caring for a home and family, participating in leisure and recreational activities, or seeking and maintaining employment;
- Comprehensive evaluation of home and job environments and recommendations on necessary adaptation;
- Assessments of and treatment for performance deficits that interfere with optimal functioning, in domains such as physical strength and mobility, cognition, perception, sensory processing and psychosocial functioning; and
- Guidance to family members and attendants in safe and effective methods of caring for individuals.²

Individuals referred for OT services include those with the following conditions:

- Work related injuries such as low back problems or repetitive stress injuries;
- Limitations following a stroke or heart attack;
- Arthritis, multiple sclerosis, or other serious chronic conditions;
- Birth injuries, learning problems, or developmental disabilities;
- Mental health or behavioral problems including Alzheimer's, schizophrenia, and post-traumatic stress;
- Substance abuse problems or eating disorders;
- Burns, spinal cord injuries, head injuries or amputations;
- Broken bones or other injuries from falls, sports, or accidents; and
- Vision or cognitive problems that threaten the ability to drive.²

Educational Programs

The entry-level degree for an occupational therapist (OT) has been a bachelor's, master's, or doctoral degree, although in 2007, a master's or doctoral degree will be required. The occupational therapy assistant (OTA) usually enters the field with an associate's degree from a community college (two year program). OTAs are required to work under the supervision of an OT. Occupational therapy aides are another class of workers that have very limited on-the-job training and work under the direct supervision of an OT or OTA by assisting with routine tasks.

Occupational Therapist Education

OT professional education programs include the following content areas:

Human growth and development; anatomical and physiological basis for functioning; social, emotional, and physiological effects of illness and injury; theories of occupational therapy; occupation and its role in people's lives; wellness and health promotion; psychosocial functioning; group dynamics; assessment of and intervention to address performance component deficits; assessment of and intervention to address activities of daily living; environmental assessment and intervention; intervention planning and outcome evaluation; administration and management, public policy, and reimbursement; and research.

OT coursework typically requires prerequisites in biology, human anatomy and physiology, statistics, psychology, and sociology, and the professional courses are usually completed in a two to three year period, depending on the level and length of the degree. All students must complete six months of supervised clinical internships in several health care settings.⁵

Occupational Therapy Assistant Education

OTA programs address many of the same content areas but in less depth and over a shorter time period. The primary educational focus is on treatment and technical skills, with limited coverage of assessment, treatment planning and outcome evaluation. OTA students must complete three months of supervised clinical internships.⁵

Credentialing and Licensure

Professional certification for both OTs and OTAs requires completion of an education degree from an accredited program and passing the certification exam administered by the National Board for Certification in Occupational Therapy (NBCOT). Specialty OT certification is offered by the AOTA in three areas: neurology, pediatrics, and gerontology. There are also several private groups that offer specialty certification, such as "certified hand therapist."

All states regulate the practice of occupational therapy. For OTs, 45 states have licensure laws (Illinois included), two have registration laws, two have certification laws, and one has a trademark law. For OTAs, 46 states have some type of regulation, including 42 states with licensure laws (Illinois included), one with a registration law, and three with certification laws; four states do not regulate OTAs.⁶

THE NATIONAL OCCUPATIONAL THERAPY WORKFORCE

Changes in Educational Programs, Enrollment, and Graduates

Across the country, the number of accredited programs grew substantially during the 1990s. OT programs almost doubled and OTA programs almost tripled in number (Figure 1). In 2002, there were 146 accredited OT programs and 172 OTA programs (Appendix A, Table 1).⁴ A robust applicant pool, shortage of practitioners, and expectations for continued job growth stimulated program expansion. However, information not captured by these data tells a more complex story, with a downturn in programs at the end of the decade. During 2000-01, two OT programs and 27 OTA programs either chose not to open, went on inactive status, or closed due to a diminished applicant pool (D. Gordon, personal communication, 2001). In January 2002, there were no new programs initiating the accreditation process at the OT or OTA level, compared with 45 letters of intent for new programs in 1996 and 10 in 1999. There was a dramatic increase in the number of both OT and OTA graduates between 1990 and 1997. OT graduates increased by almost 2,100, from 2,429 to 4,509. OTA graduates grew by almost 2,300 during this period, from 1,138 to 3,410.⁷

Figure 1. All Programs: National OT and OTA, 1991-2002

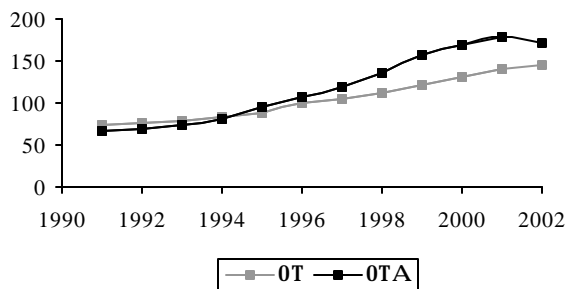
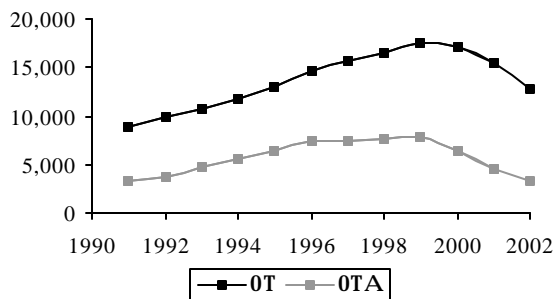


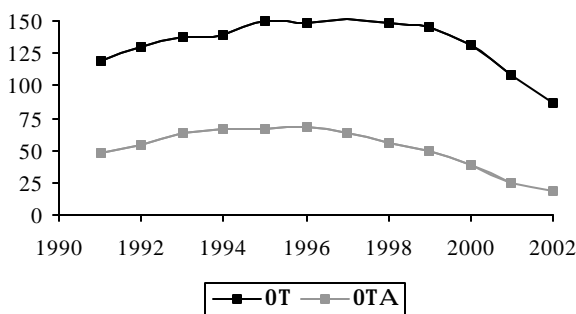
Figure 2. Total Enrollment: National OT and OTA, 1991-2002



Source: AOTA; Accreditation Council for OT Education, Biennial Reports of Accredited Programs, 1991-2002.

The enrollment data show growth throughout the 1990s until a marked downturn in 2000 that has continued into 2002 (Figure 2). OT enrollment fell 28% between 1999 and 2002, and OTA enrollment declined 58%. These factors led to declines in average enrollment per program, to 87 students for OT programs and 19 for OTA programs in 2002 (Figure 3). These declines have threatened the financial and educational viability of some programs.

Figure 3. Average Enrollment per Program: National OT and OTA, 1991-2002



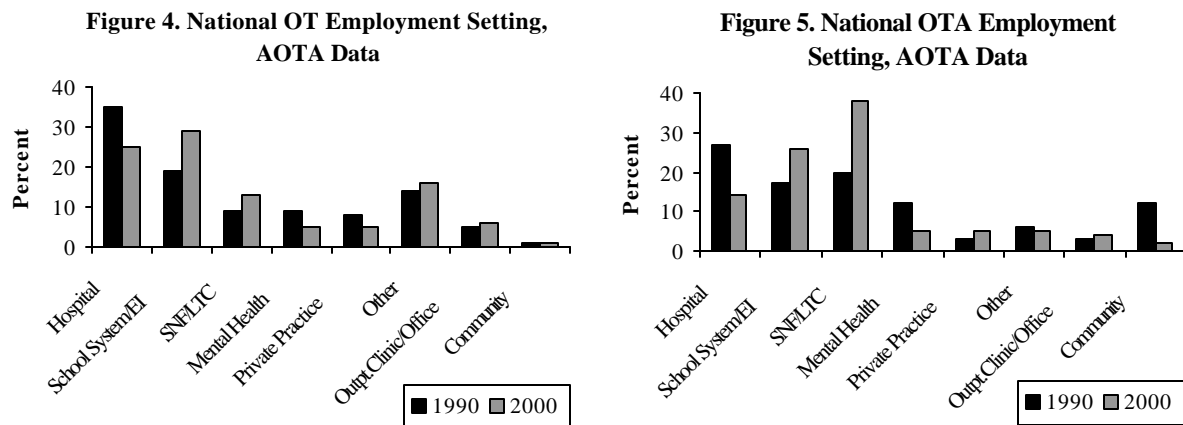
Source: AOTA; Accreditation Council for OT Education, Biennial Reports of Accredited Programs, 1991-2002.

Employment Trends: Settings, Wages and Work Hours

One measure of the demand for OTs and OTAs is the number of individuals employed; that is, by examining the number of jobs across industries or settings, one can see where the market is demanding more or fewer workers. Two sources of data on OT and OTA employment are available each using different survey methods and work setting/industry categories. The Bureau of Labor Statistics (BLS) data uses surveys of employers by industry, with economic modeling adjustments (Appendix A, Table 2). However there have been some data collection and estimate problems with BLS data for OTs and OTAs.

The American Occupational Therapy Association (AOTA) surveys its members in active practice, and therefore may reflect a selected and possibly biased sample. However, the Association has collected data using consistent survey methods and definitions over time thus allowing for time trend analysis. Changes in work settings reported in the 1990 and 2000 AOTA surveys are shown in Figures 4 and 5.

These data reveal substantial changes between 1990 and 2000 in the number of OTs and OTAs working in various settings. For OTs, the major changes included; loss of hospital based jobs and increased jobs in school systems and skilled nursing facilities (SNF) (Appendix A, Table 3 shows the volatility in jobs throughout the decade). OTA employment shifts were similar, with skilled nursing facilities being the largest employer in 2000.⁸



Source: AOTA, 2000. EI = Early Intervention, SNF/LTC = Skilled Nursing Facility/Long-term-care. Other includes home health and academic settings.

Salary and benefits can be an indicator of the relationship between supply and demand. Average income for OTs did not change significantly between 1997 and 2000, while average income for OTAs dropped a small amount during the same time period.⁸ Prior to 1997, salary increases of 3% to 6% were typical for OTs and OTAs. Salaries for OTs and OTAs working in skilled nursing facilities and home health declined 7 to 10% between 1997 and 2000. According to the BLS, the 2000 median salary for OTs was \$49,450, and was \$34,340 for OTAs.⁹ These figures are about 10% higher than the annual salary figures cited in the American Occupational Therapy Association member compensation survey (2000). Fewer OTs and OTAs were receiving fringe benefits in 2000 (77%) than in 1997 (86%).⁸ However, as the job market has improved, salaries are beginning to rise again.

In 2000, 31% of the members of the combined OT and OTA workforce worked part-time, less than 30 hours a week in their primary job, a small increase from the 26% reported in 1997. About 20% of OTs and OTAs work for more than one employer, typically working 7 hours per week in the secondary job. This had not changed since 1997. The most popular secondary job setting was a home health agency for OTs and a skilled nursing facility for OTAs.⁸

THE ILLINOIS OCCUPATIONAL THERAPY WORKFORCE

Study Methodology

Data for this study were obtained from several Illinois agencies, OT professional associations, accrediting organizations, and federal agencies (Appendix B). To obtain current and projected information on enrollment and graduates from academic programs, brief surveys were sent to Illinois OT and OTA program directors (see Appendix C for a list of programs) in December 2000 and October 2001 (see Appendix D for survey instrument). These data were compared to national data.

Key informant interviews were conducted in February and March 2001 with nine occupational therapy employers who were asked to comment on the recent and projected job demand and factors affecting this. The interviewees represented a convenience sample of directors or administrators from the greater Chicago area who made hiring and termination decisions. They represented geriatrics/long term care (a large national chain and a private practice contracting services to skilled nursing facilities (SNF)), geriatric home health care, hospitals serving adults, children and mental health needs, a pediatric outpatient clinic, and a school system. All interviewees also had held offices or served on boards of Illinois or national OT organizations. While the primary interview focus was on OTs, information on the OTA job market was also obtained (see Appendix E for interview questions). Data was compiled and analyzed for common themes and comparison of trends and practices across work settings.

Educational Programs, Enrollment, and Graduates

Illinois OT and OTA Programs

In Illinois, new programs opened in the 1990s, going from three to five university based OT programs and from five to eight community college based OTA programs (Figure 6). In 2001 and 2002, program stability was uncertain. One new OT program in Chicago chose not to enroll students, an OTA program closed after only one year of operation, and other programs were threatened with closure due to declining enrollments.

Figure 6. Programs: Illinois OT and OTA, 1991-2002

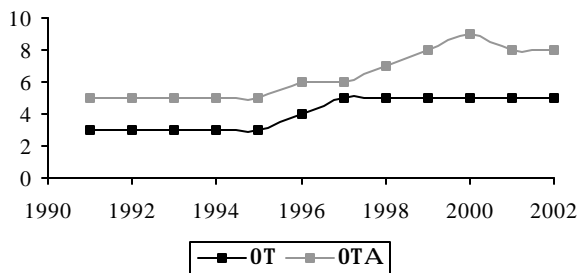
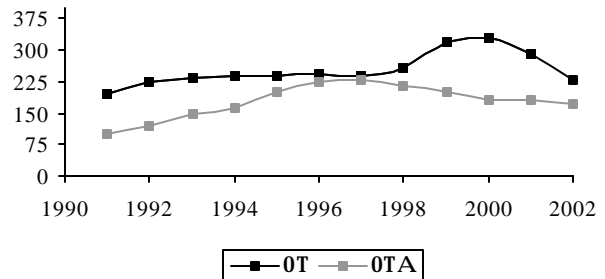


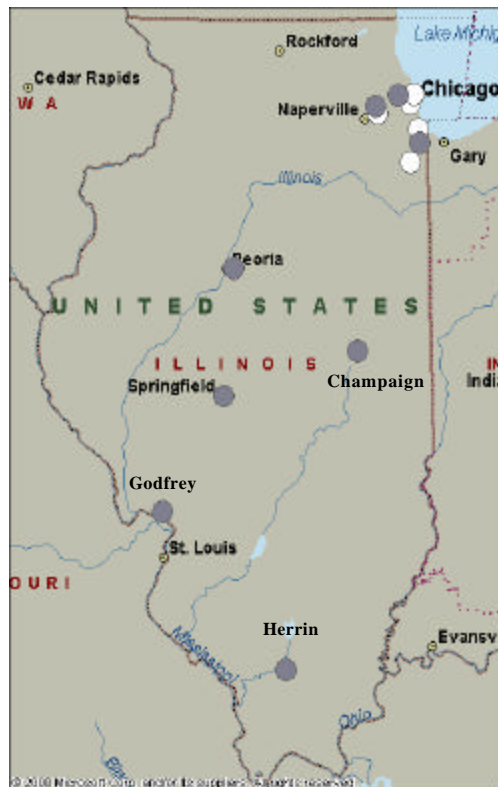
Figure 7. Enrollment: Illinois OT and OTA, 1991-2002



Source: AOTA; Accreditation Council for OT Education, Biennial Reports of Accredited Programs, 1991-2002.

The geographic distribution of OT and OTA educational programs has differed. All of the OT programs were located in colleges or universities in the greater Chicago area. Only three of the OTA programs were located in the Chicago area and five were in central and southern Illinois (Figure 8).⁸ One OTA program in Southern Illinois has relationships with four neighboring community colleges, where students can take their first year of coursework.

Figure 8. Location of OT and OTA Programs



Legend

- OT educational programs
- OTA educational programs

OT Educational Programs

- Chicago State University, Chicago
- Governors State University, University Park
- Midwestern University, Downers Grove
- Rush University, Chicago
- University of Illinois at Chicago, Chicago

OTA Educational Programs

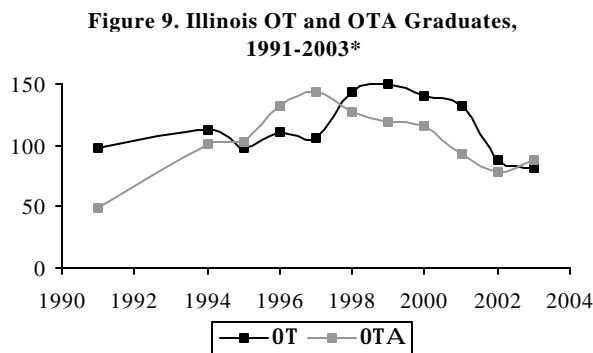
- College of DuPage, Glen Ellyn
- Illinois Central College, Peoria
- Lewis & Clark Community College, Godfrey
- Lincoln Land Community College, Springfield
- Parkland College, Champaign
- South Suburban College, South Holland
- Southern Illinois Collegiate, Herrin
- Wright College, Chicago

Illinois Enrollment

Illinois enrollment data have followed national trends, with peak enrollment in 1997 for OTA and 2000 for OT programs, followed by declining enrollment numbers (Figure 7). Class size varied from 15 to 35 for OT programs and 15 to 24 for OTA programs (Appendix A, Table 4). Total enrollment figures for each program are two to three times that amount, as each cohort of students is enrolled for two to three years. All programs reported an inability to fill their classes in Fall 2001. The program directors related enrollment losses to a declining applicant pool and to changes in the job market. Several mentioned concerns about the quality of the applicants and one reported attrition as high as 50% between admission and graduation.

Trends in Illinois Graduates

There were fluctuations in the number of graduates during the 1990s and a decline between 2000 and 2003 (Figure 9). This decline reflects fewer graduates at each school, and a decrease in class size of the largest OT program (which underwent a curricular transition from baccalaureate to master's level degree). There were 99 OT graduates in 1991 and 133 in 2001. OTA graduate numbers show greater year-to-year variation, and program directors reported an expected increase in graduates by 2003 (Appendix A, Table 5). There were 48 OTA graduates in 1991 and 94 in 2001.



Source: Illinois Board of Higher Education, 1991. American Medical Association, Medical Education Products, 1994-2001. *Projected by respondents of program director survey (2002-2003).

The Illinois Occupational Therapy Practice Act

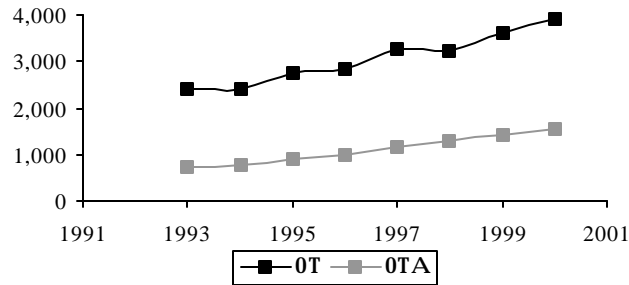
Since 1983, the practice of occupational therapy has been regulated by the Illinois Department of Professional Regulation under the Illinois Occupational Therapy Practice Act, which regulates practice of both OTs and OTAs. This Act requires that OTs and OTAs graduate from an accredited program and pass the national (NBCOT) exam to become licensed. The practice act allows OT personnel to evaluate patients without a physician referral but it requires that OTs and OTAs have a physician referral before beginning treatment.¹⁰

In 2001, major revisions to the Illinois Occupational Therapy Practice Act were passed. The revisions allow OT personnel to provide consultation, education, and monitoring services for clients with non-medical needs without a physician referral, e.g. women in a homeless shelter who need to learn budgeting and stress management skills. This change responded to practices of OTs and OTAs in community settings, such as school systems, transitional housing programs, and senior centers, where services may not involve “hands on” therapy for medical problems. Also, these revisions defined for the first time the title and duties of an occupational therapy aide.¹¹

The Size of the Workforce

The number of OTs and OTAs with an active Illinois license increased to 3,926 licensed OTs and 1,538 licensed OTAs in 2000 (Figure 10, also see Appendix A, Table 6).¹² These counts include about 80-85% of licensees residing in Illinois with the remainder residing in other states. Another way to estimate the workforce supply is to assess employment, or jobs held. The BLS is a

Figure 10. Licensure: Illinois OT and OTA, 1993-2000



Source: Illinois Department of Professional Regulation, 1993-2000.

widely used resource to estimate employment numbers for several hundred occupations. These data are obtained from employer surveys conducted at the state level and aggregated to the national level with extensive economic modeling used to adjust estimates and develop projections of future employment. These data have certain limitations, such as reporting filled positions or jobs as opposed to individuals in the occupation, and reporting by the employer industry which may differ somewhat from the work setting data presented by other private, professional surveys.

The 1998 BLS data reported 3,700 employed OTs (or, when adjusted to the Illinois population, 31 OTs per 100,000 population), and 1,220 employed OTAs (about 10 OTAs per 100,000 population) (Table 1). Illinois has a relatively high supply compared to other states, ranking fifth and fourth highest in estimated count and eighth and twelfth highest after population adjustment.^{13,14}

Table 1. Employed Occupational Therapists, Assistants & Aides, 1998

	US	Illinois	Rank	IL Median Hourly Wage	IL Annual Wage
Occupational Therapists	64,730	3,700	5/50	\$24.18	\$50,249
Per 100,000 Population	24.0	30.7	8/50	---	---
Occupational Therapy Assistants & Aides	20,350	1,220	4/47	\$15.82	\$32,905
Per 100,000 Population	7.5	10.1	12/47	---	---

Source: Bureau of Health Professions, Illinois State Workforce Profile, 2000. Bureau of Labor Statistics, 2000.

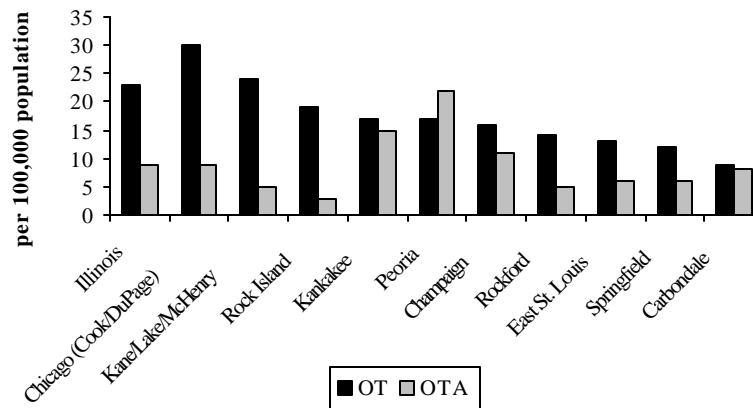
Distribution of the Illinois OT and OTA Workforce

Regional Distribution within Illinois: Variations between OTs and OTAs

Analysis of the distribution of OTs and OTAs across ten regions of the state using licensure counts of Illinois residents shows different distribution patterns for OTs and OTAs (Appendix A, Table 7). More than half of the Illinois occupational therapy workforce resides in the greater metropolitan Chicago area (65% OTs and 50% OTAs). Low population counties, with small towns and rural communities, had only two to three OTs per county and about the same number of OTAs (Appendix A, Table 8).

To account for population differences, licensure counts were adjusted to the total population. For example, the statewide population adjusted OT count was 23 OTs per 100,000 people (Figure 11). When adjusted to population, Chicago remained highest for OTs (30 per 100,000), second highest was the region of collar counties surrounding Chicago (Kane, Lake, McHenry at 24 per 100,000), with the lowest ratio in Carbondale, the southern-most region of the state (9 per 100,000).¹²

Figure 11. Licensed Illinois OTs and OTAs by Region, 1997



Source: Illinois Department of Professional Regulation, 1997. U.S. Census Bureau, Population Estimates for Counties: July 1, 1997.

In comparison, the statewide OTA ratio was 9 per 100,000 people. The OTA ratio for the Chicago area was also 9, with several regions having higher ratios, Peoria (23), followed by Kankakee and Champaign.¹² This may relate to the location of OTA training programs in Peoria, Champaign and near Kankakee.

Rural and Metropolitan Distribution of OTs and OTAs

The distribution of OTs and OTAs across urban and rural counties was examined by aggregating all counties into four categories, two metropolitan categories with 8 and 20 counties, and two rural categories with 74 counties each (Appendix A, Tables 8, 9). Over 81% of OTs and 65% of OTAs were located in the most metropolitan category of county (metro-central), which included Chicago, its surrounding counties, and two counties near St. Louis (Figures 12 and 13). The near-metro county category and the two rural county categories (rural-adjacent and rural-nonadjacent) accounted for a smaller portion of OTs (12%, 5%, 2%) but a relatively higher portion of OTAs (21%, 9%, 5%).¹²

Figure 12. Distribution of Illinois OTs, 1997

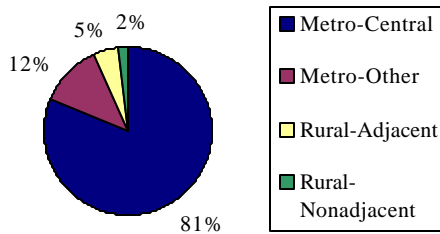
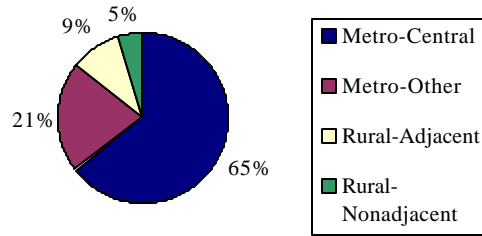
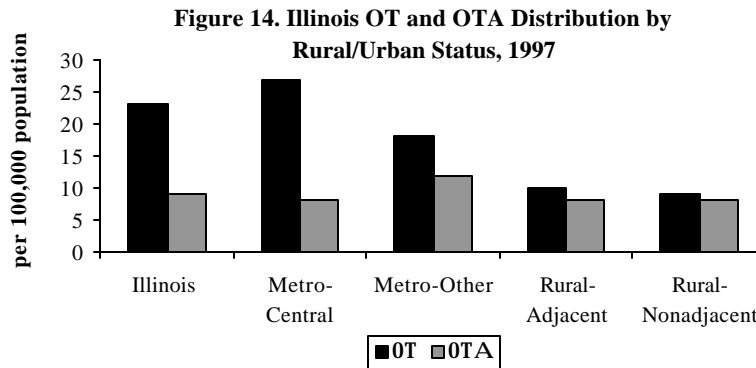


Figure 13. Distribution of Illinois OTAs, 1997



Source: Illinois Department of Professional Regulation, 1997. U.S. Census Bureau, Population Estimates for Counties: July 1, 1997.

When adjusted to population, the metro-central counties had a high supply ratio of OTs, about three OTs for each OTA (Figure 14). The rural areas had an almost equal supply of OTAs and OTs. In rural areas, almost half of the OT workforce were OTAs.



Source: Illinois Department of Professional Regulation, 1997. U.S. Census Bureau, Population Estimates for Counties: July 1, 1997.

DEMAND FOR OCCUPATIONAL THERAPISTS IN ILLINOIS

Key Informant Interviews

In order to better understand trends in job demand, and to evaluate how these trends are affecting the OT and OTA job market in Illinois, we conducted semi-structured interviews with nine employers drawn from the greater Chicago area in February and March 2001 (see Appendix E for interview questions). Their perceptions may not reflect the entire state, particularly rural communities.

Interview Findings

- *Marked reduction in demand/positions 1998-2000*

The informants indicated that there was a marked downturn in job demand nationally and locally in 1998 when the Balanced Budget Act of 1997 (BBA) was fully implemented. Due to reductions in reimbursement for skilled nursing facilities (SNFs) and home health agencies, the interviewees reported there were significant layoffs of OTs and OTAs in 1998. Two respondents laid off 50% of their staff. OTAs were affected more than OTs, as a higher proportion of them worked in skilled nursing facilities.

- *Job demand stabilizing and improving in 2001*

All interviewees felt that the job market had stabilized and had slowly improved in 2001 in Illinois and across the country. They noted that more jobs were advertised and that it took a longer time to fill vacant positions. In pediatric settings, increased referrals for children with autism spectrum disorders and pre-term infants contributed to job growth. Additional referrals were generated from parents recognizing the benefits of therapy and seeking services. Employers from most settings predicted a stable demand over the next few years; the exception was in inpatient rehabilitation and mental health, where reimbursement changes were expected to result in declining job demand.

- *Upcoming prospective payment changes will decrease demand in some settings*

Informants agreed that managed care had had its maximum impact in inpatient settings in Illinois, with regional differences noted. Prospective payment for inpatient rehabilitation settings, which began January 2002, was expected to reduce OT and OTA employment in these settings. A payment cap on outpatient occupational therapy services for Medicare beneficiaries initiated as part of the Balanced Budget Act of 1997 (BBA) was suspended for three years, and legislation was introduced in 2002 to repeal the cap. Monetary limit restriction on Medicare OT services will result in reduced job demand in those settings affected by the restriction. In the case of the BBA payment cap, SNFs, rehabilitation companies providing services in SNFs, and outpatient therapy providers that are not hospital-based were the most affected.

- *Hiring patterns favor OTs*

The employers reported preferring to hire OTs rather than OTAs, due to their broader scope of practice and ability to quickly provide comprehensive evaluations. However, OTAs continue to be cost-effective in settings where the patient/client is seen over longer periods of time and OT supervision is readily available.

- *Looking for different attributes when hiring*

As the supply of job applicants rose, employers reported being more selective in their hiring practices. They described qualities and skills that they considered more valuable due to the changing work and practice demands. Desirable qualities included the ability to promote and “sell” OT, strong communication skills, sufficient experience and initiative to require little supervision, flexibility, effective problem solving, innovation, good documentation skills, and professionalism.

DISCUSSION AND CONCLUSION

The following are key findings from the Illinois study.

- *The supply and distribution of the Illinois occupational therapy workforce:*

Illinois is well supplied with both OTs and OTAs, ranking 8th and 12th highest in the number of practitioners per 100,000 population among the 50 states. The supply of OTs and OTAs has grown over the decade of the 1990s, consistent with national trends. Distribution patterns vary, with OTs more prevalent in metro-urban areas and OTAs spread more evenly across smaller metro and rural areas. The ratio of OT to OTA varies across the state, with the urban areas having three OTs for each OTA and the rural areas having one OT for each OTA.

- *Educational program location may affect the local workforce supply:*

These data suggest that the educational program location can influence the local workforce supply. Population-adjusted OTA counts were higher in the more rural counties, while OT counts were lower in these counties. This may relate to the distribution of OTA programs across the state, while all OT programs were located in the Chicago greater metropolitan area. However, other factors can affect employment options such as the range and complexity of service needs, wage and salary scales, supervisory requirements, and other local demographic and market factors. Further study is needed to clarify these relationships.

- *Volatility of applicants, enrollees and graduates:*

The depressed job market appears to have affected the size of the applicant pool. At the national level, the decreasing numbers of applicants has threatened the viability of some academic programs, resulting in program closure or budget reduction. Since Illinois OT and OTA programs provide practitioners for the state, any program cutbacks or closures could reduce the supply and decrease access to OTs and OTAs for Illinois residents. A recent improvement in the job market has led Illinois program directors to forecast increasing numbers of applicants and enrollees.

- *Shifts in employment settings:*

The job market for OTs and OTAs is shifting in part due to health care reimbursement changes (e.g., loss of positions from Medicare funding restrictions) and to growth in other areas with alternative funding streams. Employment opportunities in noninstitutional settings are increasing with practitioners creating new roles in community agencies. These settings include community mental health or rehabilitation agencies, shelters, social service agencies, group homes, and centers for independent living, among others. Therapists are taking on consulting roles, developing wellness programs, and innovative programs such as home modification, driver evaluation and workplace injury prevention consultation.

Diversification of employment settings is seen as desirable and should result in greater job demand and stability, as the profession becomes less dependent on Medicare reimbursement. These new opportunities may provide for a greater recognition of the importance of occupational therapy services to improve functioning in a variety of life circumstances and service delivery settings. The movement toward more community-based practice has implications for academic settings, as there are different skill sets needed for these jobs.¹⁵ The impact of these new opportunities on the job market is positive but difficult to quantify at this time. The number of practitioners working in community settings (not including schools) is still relatively small, 2% for OTs and 6% for OTAs.⁸

- *Summary*

In conclusion, the recent volatility in the job market, both nationally and in Illinois, appears to have had a substantial impact on employers, educational programs, and practitioners. In Illinois, our interview data suggest a potential expansion and partial recovery in the job market. Monitoring and analysis of Illinois supply and demand data is recommended to help inform and assist academic programs, employers, practitioners and students.

References

1. United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2000-2001*. Washington DC: U.S. Government Printing Office; 2000.
2. American Occupational Therapy Association. *A Career in Occupational Therapy: A Rewarding Choice in Health Care*. Internet Citation <http://www.aota.org/featured/area2/links/link09.asp> (accessed March 15, 2001).
3. Balanced Budget Act. (1997). Pub. L. 105-33, 111 Stat. 251.
4. American Occupational Therapy Association. *Accreditation Council for OT Education (ACOTE): Biennial reports of accredited programs*. Bethesda MD; AOTA; 2002.
5. American Occupational Therapy Association. *Member Area- Education Resources*. Internet Citation <http://www.aota.org/> (accessed January 20, 2002).
6. American Occupational Therapy Association. *Member Area-Licensure and State Policy*. Internet Citation <http://www.aota.org/> (accessed February 21, 2002).
7. American Occupational Therapy Association. *Education Data Survey*. Bethesda MD; AOTA; 1997.
8. American Occupational Therapy Association. *AOTA 2000 Member Compensation Survey*. Bethesda MD; AOTA; 2000.
9. United States Department of Labor, Bureau of Labor Statistics. *Occupational Therapy Wage Data*. Internet Citation <http://stats.bls.gov/news.release/ocwage.t01.htm> (accessed October 15, 2001).
10. Illinois Department of Professional Regulation. *Illinois Occupational Therapy Practice Act*. Internet Citation <http://www.dpr.state.il.us/> (accessed February 15, 2002).
11. Illinois Department of Professional Regulation. *Notice of Proposed Rules*. Internet Citation <http://www.dpr.state.il.us/who/ARprospd/WEBot.pdf> (accessed April 24, 2002).
12. Illinois Department of Professional Regulation. *Active Licenses with Illinois Address, OTs and OTAs, 1995-1998*. (Personal Communication, November 15, 2001).
13. United States Department of Health and Human Services. *HRSA Health Workforce Data Resource Guide, 1st Edition*. Rockville MD: Bureau of Health Professions: National Center for Health Workforce Information and Analysis; 2000.
14. United States Department of Labor, Bureau of Labor Statistics. *National Industry Occupational Employment Matrix, 1983-1998*. Internet Citation <http://stats.bls.gov.htm> (accessed August 31, 2000).
15. Scaffa M. (Ed.). *Occupational therapy in community-based practice settings*. 2001. Philadelphia: F. A. Davis.

Resources

- American Medical Association. *Health Professions Education CD-ROM Directory 27th Edition 1999-2000: Enrollments, Graduates and Number of Programs by State and Occupation, 1997-1998*. Chicago IL; AMA; 2000.
- American Occupational Therapy Association. *Education and Accreditation*. Internet Citation <http://www.aota.org/nonmembers/area13/links/LINK28.asp> and <http://www.aota.org/nonmembers/area13/links/link29.asp> (accessed April 13, 2001).
- Fisher G and Cooksey JA. The Occupational Therapy Workforce Part One: Context and Trends. *Administration and Management Special Interest Section Quarterly, American Occupational Therapy Association* 2002; June:18(2);1-4.
- Fisher G and Cooksey JA. The Occupational Therapy Workforce Part Two: Impact and Action. *Administration and Management Special Interest Section Quarterly, American Occupational Therapy Association* 2002; September:18(3);1-4.
- Hack LM and Konrad TR. Determination of Supply and Requirements in Physical Therapy: Some Considerations and Examples. *Physical Therapy* 1995;75(1):47-55.
- Moyers PA. Guide to Occupational Therapy Practice. *American Journal of Occupational Therapy* 1999;53(3):247-322.
- National Board for Certification in Occupational Therapy. *Certification Renewal*. Internet Citation <http://www.nbcot.org/cert.htm> (accessed January 12, 2002).
- State of Illinois Board of Higher Education. *Policy Recommendations for Health Professions Education, Health Professions Education in Illinois*. Springfield IL; State of Illinois Board of Higher Education;1993.

Appendix A: Data Tables

Table 1. National OT and OTA Programs, Enrollment and Average Enrollment

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Programs													
OT Programs	70	74	76	78	84	87	99	104	111	121	131	141	146
OTA Programs	64	67	70	75	82	96	108	119	135	157	170	178	172
Total Programs	134	141	146	153	166	183	207	223	246	278	301	319	318
OT Enrollment													
Baccalaureate	6,643	7,393	8,132	8,657	9,120	9,753	10,470	11,180	11,369	11,735	11,082	8,979	6,218
Certificate	147	181	259	308	336	409	430	439	440	339	297	257	174
Prof. Entry-level master's	906	1,103	1,227	1,387	1,793	2,129	2,608	2,758	3,329	3,989	4,011	3,838	3,569
Comb. Bacc/master's	0	155	228	329	462	751	1,095	1,385	1,312	1,560	1,729	2,142	2,634
Entry-level doctorate	0	0	0	0	0	0	0	0	0	0	64	140	176
Total OT Enrollment	7,696	8,832	9,846	10,681	11,711	13,042	14,603	15,762	16,450	17,623	17,183	15,356	12,771
OTA Enrollment													
Associate	2,788	3,155	3,699	4,715	5,397	6,201	7,192	7,386	7,415	7,749	6,292	4,374	3,262
Certificate	112	47	84	113	122	164	136	129	195	154	167	94	63
Total OTA Enrollment	2,900	3,202	3,783	4,828	5,519	6,365	7,328	7,515	7,610	7,903	6,459	4,468	3,325
Average Enrollment per Program													
OT Enrollment per program	110	119	130	137	139	150	148	152	148	146	131	109	87
OTA Enrollment per program	45	48	54	64	67	66	68	63	56	50	38	25	19

Source: AOTA; Accreditation Council for OT Education, Biennial Reports of Accredited Programs, 1991-2002.

Table 2. National OT Employment Setting by Industry, 1998

	OT	OT %
Hospitals, public and private	19,082	26
Offices of other health practitioners	17,837	24
Education	9,910	14
Self-Employed	5,896	8
Nursing, Personal Care Facilities	5,230	7
Home Health Care	4,348	6
Self-Employed 2nd Job	1,860	3
Health and Allied Services	1,625	2
Physician Offices	1,304	2
Individual & Social Services	1,152	2
State Government	1,079	1
Residential Care	679	1
Other	2,953	4
Total	72,955	100

Source: Bureau of Labor Statistics, National Industry-Occupation Employment Matrix, 1998
www.bls.gov

Table 3. National OT and OTA Employment Setting, 1982-2000, AOTA Data

	OT (%)				OTA (%)			
	1982	1990	1998	2000	1982	1990	1998	2000
General Hospital	36	35	24	25	27	27	18	14
SNF/Long-term Care	10	9	23	13	23	20	46	38
Mental Health	10	9	4	5	13	12	4	5
Home Health Agency	4	4	6	7	1	2	3	2
Private Practice	4	8	6	5	1	3	1	5
Outpatient/Physician's Office	3	5	5	6	2	3	2	4
School System/EI	18	19	22	29	11	17	17	26
Community Based	2	1	2	1	13	12	2	2
Academic	5	4	6	6	2	1	2	3
Other	9	6	2	3	8	3	2	1

Source: AOTA, 2000.

Table 4. Occupational Therapy Enrollees in Illinois Educational Programs, 1991-2002

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
OT	196	224	234	237	236	245	236	259	320	329	292	227
OTA	100	119	149	160	200	225	229	212	201	182	183	171

Source: AOTA, 2002.

Table 5. Occupational Therapy Graduates from Illinois Educational Programs, 1991-2003

	1991	1994	1995	1996	1997	1998	1999	2000	2001	2002*	2003*
OT	99	113	99	112	107	143	150	141	133	89	83
OTA	48	101	103	132	143	128	120	116	94	79	88

Source: Illinois Board of Higher Education, 1991., American Medical Association, Medical Education Products, 1994-2001.

*Projected by respondents of program director survey (2002-2003).

Table 6. Illinois Occupational Therapy Licensure Data, 1993-2000

	1993	1994	1995	1996	1997	1998	1999	2000
OT	2,402	2,428	2,755	2,824	3,271	3,230	3,608	3,926
OTA	718	763	901	971	1,175	1,293	1,408	1,538
Total	3,120	3,191	3,656	3,795	4,446	4,523	5,016	5,464

Source: Illinois Department of Professional Regulation, 1993-1998. Biennial Report, 99-00.

Table 7. Total and Population Adjusted Counts of Licensed Illinois OTs and OTAs by Region, 1997

Region	Population	OT	Per 100,000	OTA	Per 100,000
Rockford (I)	623,739	85	14	33	5
Peoria (II)	673,998	114	17	147	22
Springfield (III)	585,383	69	12	35	6
Champaign (IV)	786,228	125	16	88	11
Carbondale (V)	633,124	59	9	52	8
Chicago(Cook/DuPage) (VI)	6,059,104	1,802	30	539	9
Kane/Lake/McHenry (VII)	1,215,930	290	24	62	5
Kankakee (VIII)	633,047	108	17	92	15
Rock Island (IX)	217,147	42	19	6	3
East St. Louis (X)	583,809	78	13	34	6
Total, Illinois	12,011,509	2,772	23	1,088	9



Source: Illinois Department of Professional Regulation, 1997.
 U.S. Census Bureau, Population Estimates for Counties: July 1, 1997. <http://www.census.gov>.

Table 8. Urban/Rural Supply of Illinois OTs and OTAs, 1997

	Illinois	Metro-Central	Metro-Other	Rural-Adjacent	Rural-Nonadjacent
Total Population	12,011,509	8,242,466	1,886,476	1,272,922	609,645
% state population		69%	16%	11%	5%
Total OTs	2,772	2,248	342	126	56
Total OTAs	1,053	679	226	97	51
County Average OTs	27	281	17	3	2
County Average OTAs	10	85	11	3	1
OTs per 100,000 population	23	27	18	10	9
OTAs per 100,000 population	9	8	12	8	8
Ratio OT/OTA	2.6	3.3	1.5	1.3	1.1

Source: Illinois Department of Professional Regulation, 1997. US Census Bureau, July 1, 1997.
 United States Department of Agriculture, Rural-Urban Continuum Codes, 2000.

Table 9. Illinois Counties: Rural/Urban Designation

Metro-central	Metro-other	Rural-adjacent	Rural-nonadjacent
Cook	Boone	Adams	Alexander
DuPage	Champaign	bond	Brown
Kane	Clinton	Cass	Bureau
Lake	De Kalb	Christian	Calhoun
Madison	Grundy	Clark	Carroll
McHenry	Henry	Coles	Clay
Saint Clair	Jersey	Dewitt	Crawford
Will	Kankakee	Douglas	Cumberland
	Kendall	Edgar	Edwards
	Macon	Fayette	Effingham
	McLean	Ford	Franklin
	Menard	Fulton	Gallatin
	Monroe	Greene	Hamilton
	Ogle	Iroquois	Hancock
	Peoria	Jackson	Hardin
	Rock Island	Jo Daviess	Henderson
	Sangamon	Knox	Jasper
	Tazewell	La Salle	Jefferson
	Winnebago	Livingston	Johnson
	Woodford	Logan	Lawrence
		Macoupin	Lee
		Marshall	Marion
		Mason	Massac
		McDonough	Perry
		Mercer	Pike
		Montgomery	Pope
		Morgan	Pulaski
		Moultrie	Putnam
		Piatt	Richland
		Randolph	Saline
		Shelby	Schuyler
		Stephenson	Scott
		Vermilion	Stark
		Washington	Union
		White	Wabash
		Whiteside	Warren
		Williamson	Wayne

Description of Metro/Rural Categories

Code 0 – Metro-central

Codes 1, 2,3 – Metro-other

Codes 4, 5,6 – Rural-adjacent

Codes 7,8,9 – Rural-nonadjacent

0 - Central counties of metro area of 1 million population or more

1 - Fringe counties of metro areas of 1 million population or more

2 - Counties in metro areas of 250,000 to 1 million people

3 - Counties in metro areas of fewer than 250,000 people

4 - Urban population of 20,000 or more, adjacent to a metro area

5 - Urban population of 20,000 or more, not adjacent to a metro area

6 - Urban population of 2,500 to 19,999, adjacent to a metro area

7 - Urban population of 2,500 to 19,999, not adjacent to a metro area

8 - Completely rural or <2,500 urban population adjacent to a metro area

9 - Completely rural or <2,500 urban population not adjacent to a metro area

Source: U.S. Department of Agriculture, Economic Research Service,
www.ers.usda.gov/briefing/rurality/RuralUrbCon/, 2002.

Appendix B: Data Resources

❑ Illinois Agencies

- Illinois Department of Professional Regulation (IDPR) www.dpr.state.il.us
- Illinois Department of Employment Security (IDES) www.ides.state.il.us
- Illinois Board of Higher Education (IBHE) www.ibhe.state.il.us

❑ National Organizations

- Accreditation Council for Occupational Therapy Education (ACOTE) www.aota.org/academic
- American Medical Association, Medical Education Products www.ama-assn.org/ama/pub/category/4285
- American Occupational Therapy Association (AOTA) www.aota.org
- Association of Schools of Allied Health Professions (ASAHP) www.asahp.org
- Bureau of Labor Statistics (BLS) www.stats.bls.gov
- U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) www.hrsa.gov
- National Board for Certification in Occupational Therapy (NBCOT) www.nbcot.org

Appendix C: Illinois OT and OTA Educational Programs

Program and Location (City, County)	Type	Degree(s) Offered	Target Class Size for Fall 2001
Occupational Therapy Programs			
Chicago State University (Chicago, Cook)	Public	Baccalaureate	35
University of Illinois at Chicago (Chicago, Cook)	Public	Master of Science	28
Governors State University (University Park, Will)	Public	Master of Occupational Therapy	15-20
Midwestern University (Downers Grove, DuPage)	Private	Master of Occupational Therapy	15-20
Rush University (Chicago, Cook)	Private	Master of Science	20-25
Occupational Therapy Assistant Programs			
College of DuPage (Glen Ellyn, DuPage)	Public	Associate	15
Illinois Central College (East Peoria, Tazewell)	Public	Associate	16
Lewis & Clark Community College (Godfrey, Madison)	Public	Associate	16
Lincoln Land Community College (Springfield, Sangamon)	Public	Associate	16
Parkland College (Champaign, Champaign)	Public	Associate	20
South Suburban College of Cook County (South Holland, Cook)	Public	Associate	20
Southern Illinois Collegiate Common Market (Marion, Williamson)	Public	Associate	20
Wright College (Chicago, Cook)	Public	Associate	24

Source: AOTA: Accreditation Council for OT Education, Biennial Reports of Accredited Programs, 2001-2002.

OT Programs

University of Illinois at Chicago
1919 West Taylor Street, M/C 811
Chicago, IL 60613
www.uic.edu/ahp/OT

Chicago State University
9501 South King Drive
Chicago, IL 60628-1598
www.csu.edu

Governors State University
University Park, IL 60466-0975
www.govst.edu

Midwestern University
555 31st Street
Downers Grove, IL 60515
www.midwestern.edu

Rush University
600 South Paulina, Suite 1010
Chicago, IL 60612-3833
www.rushu.rush.edu

OTA Programs

College of DuPage
425 22nd Street
Glen Ellyn, IL 60137-6599
www.cod.edu

Illinois Central College
201 S.W. Adams
Peoria, IL 61635-0001
www.icc.cc.il.us

Lewis & Clark Community College
5800 Godfrey Road
Godfrey, IL 62035-2466
www.lc.cc.il.us

Lincoln Land Community College
5250 Shepherd Road
P.O. Box 19256
Springfield, IL 62794-9256
www.llcc.cc.il.us

Parkland College
2400 West Bradley Avenue
Champaign, IL 61821-1899
www.parkland.cc.il.us/hp

South Suburban College of Cook County
15800 South State Street
South Holland, IL 60473-1262
www.ssc.cc.il.us

Southern Illinois Collegiate Common Market*
3213 South Park Avenue
Herrin, IL 62948
www.siccm.com

*Feeder Schools (John A. Logan College, Carterville, IL; Rend Lake College, Ina, IL; Shawnee Community College, Ullin, IL; Southeastern Illinois College, Harrisburg, IL)

Wright College
4300 N. Narragansett Avenue
Chicago, IL 60634-1591
www.ccc.edu/wright/ota.htm

Appendix D: Survey of Program Directors (OT/OTA)

Name of Institution _____
Respondent's name _____
Job Title _____
Phone number _____
Fax number _____

Occupational Therapy Program (OT)

How many students graduated in the following academic year:

1998-1999 _____ BA/BS _____ MS/MOT _____ (check one program level)

1999-2000 _____ BA/BS _____ MS/MOT _____

What is your estimated *projected* number of graduates for the academic year:

2000-2001 _____ BA/BS _____ MS/MOT _____

2001-2002 _____ BA/BS _____ MS/MOT _____

2002-2003 _____ BA/BS _____ MS/MOT _____

Occupational Therapy Assistant Program (OTA)

How many students graduated from your program in the academic year:

1998-1999 _____

1999-2000 _____

What is the *projected* number of graduates for the academic year of

2000-2001 _____

2001-2002 _____

2002-2003 _____

If the number of graduates is projected to decline, please check all reasons that may apply:

- Institutional budget reductions
- Changes in the job market
- Changes in applicant pool
- Proliferation of programs within the area
- Shortage of faculty
- Shortage of field work sites
- Other

Comments _____

Applicant Pool

Comparing your entering class of 2000 with three years ago (1997), has the number of qualified applicants for your program shown a:

- Large decrease
- Small decrease
- Stayed the same
- Small increase
- Large increase

Appendix E: Key Informant Interview Questions

1. Date of interview: _____
2. Interviewer(s): _____
3. Interviewee: _____
4. a. Name of organization: _____
b. Type of facility: _____
c. Geographic location served by the organization: _____
d. Practice area or domain: _____
e. Your position: _____
f. How long you worked for this organization? _____
g. How long have you had your current job title? _____
5. Describe your role in employing occupational therapists in Illinois
____ make hiring and termination decisions
____ train OTRs
____ supervise OTRs
6. a. ____ # of OTRs under your supervision ____ FTE of OTRs under your supervision:
b. ____ # of COTAs under your supervision ____ FTE of COTAs under your supervision:
7. In the last three years, since 1998, how would you describe the demand for OTRs **in your practice domain** in:
a. your geographic area (define what that is) _____
 __ stayed the same __ increased demand __ decreased demand __ fluctuating demand __ don't know
b. the state of Illinois
 __ stayed the same __ increased demand __ decreased demand __ fluctuating demand __ don't know
c. nationally
 __ stayed the same __ increased demand __ decreased demand __ fluctuating demand __ don't know
8. For the same time period, the past 3 years, how would you describe the overall demand for OTRs **in all practice domains** in:
a. your geographic area
 __ stayed the same __ increased demand __ decreased demand __ fluctuating demand __ don't know
b. the state of Illinois
 __ stayed the same __ increased demand __ decreased demand __ fluctuating demand __ don't know
c. nationally
 __ stayed the same __ increased demand __ decreased demand __ fluctuating demand __ don't know
9. In your practice domain, in the state of Illinois, is the number of OTR jobs currently increasing, decreasing, fluctuating, or staying the same?
 __ increasing __ decreasing __ fluctuating __ staying the same __ don't know
10. In your practice domain, in the state of Illinois, over the next 3 years, do you expect jobs for OTRs to: _____ increase ____ decrease ____ fluctuate ____ don't know
11. In your practice domain, on a national level, over the next 3 years, do you expect jobs for OTRs to:
 __ increase ____ decrease ____ fluctuate ____ don't know
12. How much have some of the following factors affected the demand for OTRs in your practice domain? **Please describe the impact as large, medium, small or no impact.**
 - a. Decreased reimbursement for OT:
 - b. Decreased demand for OT services:
 - c. Increased demand for OT services:
 - d. Expanded or new roles for OTs with new populations or programs:
 - e. Impact of managed care:
 - f. Shorter hospital stays:
 - g. Increased productivity of therapists:

13. In your organization, compared to 3 years ago, has the number of OTR FTEs:
 increased decreased stayed the same fluctuated b/w increase and decrease don't know
14. If it has changed, what factors led to this change? _____
15. If it has changed, how have patient/client services been affected in the areas of service availability, duration and quality?
 Services are more available Services are less available No change
 Services are longer in duration Services are shorter in duration No change
 Services are of higher quality Services are of lower quality No change
16. In the last 3 years, have you or your employer made other changes in the way OTRs are scheduled or paid? I have 5 different categories to ask you about, specify if there was no change, an increase, a decrease, or you don't know.
- a. part time workers No change Increased Decreased Don't know
b. hourly employees No change Increased Decreased Don't know
c. registry workers No change Increased Decreased Don't know
d. change in salaries No change Increased Decreased Don't know
e. change in fringe benefits No change Increased Decreased Don't know
f. Other?
- g. If there was a change in these areas, how did the availability of therapists affect your decision to make this change?
(e.g. because therapists were more available, we use more part-time workers so we can flex their hours, or we've had to increase salaries to be competitive in recruiting)
17. When you are ready to hire an OTR, which of the following recruitment strategies do you use?
 ad in Tribune ad in national OT publication ad in Illinois OT newsletter (the Communiqué)
 IOTA job fair word of mouth post on list serve recruit fieldwork students recruitment agency
Other: _____
18. Compared to 3 years ago, is filling OTR positions: easier harder about the same don't know
19. a. Have your recruitment processes changed in these past 3 years? Yes No
b. If yes, in what way have they changed?
20. On average, how long does it take to recruit and hire an OTR once a position has been approved?
 one week or less between one week and one month
 more than one month and less than 3 months more than 3 months and less than 6 months
 more than 6 months and less than one year more than one year
21. Three years ago, how long did it take to recruit and hire an OTR once a position had been approved?
 one week or less between one week and one month
 over one month and less than 3 months over 3 months and less than 6 months
 over 6 months and less than one year over one year
22. Have any of your OTRs voluntarily ended their employment with your company in the last year?
Yes No Don't know
If yes, how many have left? _____
What is the reason given?
e.g. job too stressful, family reasons, retirement, leaving the field of OT, going back to school, better pay or benefits elsewhere, changing practice area
23. How do you think the move to master's level entry will affect the profession?
e.g. fewer graduates, more jobs, higher salaries, fewer minority practitioners, more independent practitioners, more competent practitioners
Do you think these changes will be positive or negative?
24. Are there any other comments that you would like to make about these issues?

Thank You