

Project Description & Sites

Area of Study: Program and Policy Development (1) and Advocacy (2)
Area of Practice: Children with rare, genetic disorders in the Plain Community
Site: The Community Health Clinic, Topeka, IN
Description: My doctoral capstone project was focused on developing a therapy program consistent with the needs of the Plain Community for the Community Health Clinic (CHC), as well as gaining a more in-depth knowledge of rural healthcare. Over the course of the project, I gained experience in working with members of the Plain Community through observation of healthcare providers, designed and presented a therapy proposal for key stakeholders, and created educational resources for both practitioners and caregivers.



Needs Assessment | Literature Review

- 65% of rural counties in the United States have shortages in health professionals (MacDowell et al., 2010)
- There is limited research regarding occupational therapist in rural America; however, in Canada only 5.9% of occupational therapist work in rural areas (Roots & Li, 2013)
- Having a wide variety of diagnoses, feeling a sense of community, autonomy, and a rural lifestyle were noted as positives to rural occupational therapy practice (Hanson & Magee, 2018; Wieland & Taylor, 2020)
- Increased travel time, a lack of mentorship, high client to therapist ratio, and limited continuing education opportunities are considered drawbacks to rural practice (Hanson & Magee, 2018)
- A lack of professional support, such as adequate resources and supportive management, is a common reason OTs and PTs left rural practice (Roots & Li, 2013)
- Interpersonal relationships and understanding an individual's context in their community is important in rural areas (Roots et al. 2014)
- Amish communities have different priorities and values which influence their view on healthcare (A. Cardin, personal communication, 2022)

Christ | Scholarship | Service

“For even the son of man came not to be served, but to serve others.” Matthew 20:28

I completed doctoral level work with the intent to serve members of the Plain Community by assisting in starting a therapy program through a Christ-centered perspective.

Mission & Vision Statements

Mission Statement: To promote and enhance occupational therapy clinics in a rural area to benefit the community.

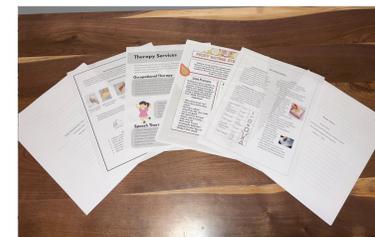
Vision Statement: To equip occupational therapy clinics in a rural area with supports and resources necessary to develop sustainable programs that positively impact their community.

Project Completion and Outcomes

- Completed project over the course of 14 weeks, 560 hours
- Developed in-depth knowledge of rural healthcare in combination with the Plain Community culture
- Designed a proposal and action plan for a therapy program consistent with the needs of the Plain Community
- Presented a proposal for therapy services to stakeholders at the Community Health Clinic
- Created resources such as evidence-based handouts for therapists regarding rare genetic disorders
- Provided educational handouts regarding occupational therapy interventions to an Amish respite facility
- Gained an opportunity to continue serving the Plain Community as an occupational therapist after my project ends

Deliverables

- ❖#1: Community action plan
- ❖#2: Written analyses
- ❖#3: CEU course
- ❖#4: Needs assessment
- ❖#5: Outlined proposal
- ❖#6: Educational pamphlets
- ❖#7: Journal reflections
- ❖#8: Evidence-based interventions
- ❖#9: Data supporting grant



Future Implications for OT

Impact on OT: My project laid the foundation for an occupational therapy program at the facility to help bring occupational therapy services to a rural area.

Impact on my career: My capstone project allowed me to gain experience in rural healthcare, where I intend on serving throughout my career. Gaining specialized knowledge in program development and advocacy will also assist me in leadership/management roles in the future.

For future questions, please email erinmohr5@gmail.com



KEY REFERENCES

- Hanson, S., & Magee, J. (2018). Experiences of occupational therapists working in rural areas of Minnesota and North Dakota [Unpublished capstone final project]. University of North Dakota.
 MacDowell, M., Glasser, M., Fitts, M., Nielsen, K., & Hunsaker, M. (2010). A national view of rural health workforce issues in the USA. *Rural and Remote Health*, 10(3), 1531.
 Roots R., Brown H., Bainbridge L., Li L. (2014). Rural rehabilitation practice: perspectives of occupational therapists and physical therapists in British Columbia, Canada. *Rural and Remote Health*, 14(1). <https://doi.org/10.22605/RRH2506>
 Roots, R.K., & Li, L.C. (2013). Recruitment and retention of occupational therapists and physiotherapists in rural regions: a meta-synthesis. *BMC Health Services Research*, 13(59). <https://doi.org/10.1186/1472-6963-13-59>
 Wieland P.M, Taylor E. (2010). Understanding rural practice: implications for occupational therapy education in Canada. *Rural and Remote Health*, 10(3). <https://doi.org/10.22605/RRH1488>

*Full reference list and image reference list available upon request