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Perspective

Integrating Occupational Therapy in Underserved Settings: A Framework for Sustainable Support for Adults with Intellectual Disabilities

Kaitlyn Cremer, OTD[1] Lydia Kite, OTD[2] Kelly Layne, PhD, OTD[1]

Affiliation:
[1]Baylor University
Waco,
TX, USA

[2]Bowling Green State University
Bowling Green,
OH, USA

Corresponding Author:
Prof Kaitlyn Cremer
Email: Kaitlyn_Cremer@Baylor.edu

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ABSTRACT

Adults with intellectual disabilities (ID) in the United States face persistent challenges in accessing equitable healthcare due to systemic gaps between medical and social services. These barriers, exacerbated by limited employee training, inadequate resources, and fragmented systems, negatively impact health outcomes and community participation. Non-profit community-based (NPCB) programs aim to address these gaps but are often constrained by undertrained staff, insufficient funding, and minimal access to specialized professionals. This paper examines the role of occupational therapy (OT) in enhancing care delivery within NPCB settings and proposes sustainable models for long-term integration.

A quality improvement initiative was implemented to integrate OT services into a local NPCB program, with a focus on direct client care, employee training, and leadership support. Key components included staff education on safe client handling and body mechanics, client-centered interventions to promote independence, and systems-level strategies to strengthen organizational capacity. Program evaluation suggested improvements in employee confidence, adoption of safe care practices, and positive progress toward client goal attainment.

Three sustainability strategies are proposed to support long-term OT integration in NPCB settings: a consultative model, internal hiring, and community-academic partnerships. These replicable approaches demonstrate how OT can bridge systemic gaps, enhance interdisciplinary collaboration, and improve outcomes for adults with ID in underserved community-based environments.

Keywords: Intellectual disabilities, occupational therapy, community-based services, sustainability, program development

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BACKGROUND

Adults with intellectual disabilities (ID) in the United States (U.S.) continue to face persistent disparities in health and community participation due to fragmented service systems, limited access to specialized care, and under-resourced community supports (Bonardi et al., 2024). Recent U.S. literature indicated that current clinical models and standards do not adequately meet the needs of people with ID. Limited access to appropriate healthcare and insufficient workforce training contribute to persistent health disparities within this population (Pham et al., 2024). These disparities are also reflected globally. In a scoping review of 182 resources, Gréaux et al. (2023) reported persistent barriers to equitable healthcare for people with disabilities, including limited workforce training, communication challenges, and fragmented service delivery. The authors found that people with ID were disproportionately underrepresented with only 7.1% of interventions studies targeting this population (Gréaux et al., 2023). This finding further demonstrates the need for occupational therapists to develop targeted interventions to improve occupational participation for individuals with ID.

Fragmented service systems, limited access to specialized care, and under-resourced community supports are particularly acute in nonprofit community-based (NPCB) programs. NPCB programs often serve as a bridge between the healthcare and social service sectors. Although NPCB programs aim to promote inclusion, skill-building, and meaningful engagement, their impact is frequently constrained by workforce shortages, insufficient training, and limited infrastructure (Bondari et al., 2024; Phama et al., 2024). For example, research suggests that community-based service provision alone does not ensure meaningful inclusion or belonging, as staffing limitations, resource constraints, and inconsistent support practices can restrict opportunities for adults with ID to participate fully in community life (Reeves et al., 2025).

Occupational therapy (OT) is well positioned to address these challenges through its focus on participation in everyday life. Grounded in holistic, client-centered practice and occupational justice (AOTA, 2020), occupational therapists support adults with ID across a broad range of occupations and participation needs. Johnson et al. (2019) describe OT intervention addressing activities of daily living and instrumental activities of daily living, community participation, vocational training and employment, and health management. Similarly, Heraty et al. (2025) identified OT practice with adults with ID across ADLs, sensory processing and self-regulation, environmental adaptation, work and community participation, and other areas of occupational performance.

Beyond direct client care, occupational therapists can contribute to staff development, organizational capacity, and service delivery. Both Johnson et al. (2019) and Heraty et al. (2025) describe broader roles for OT within the systems and organizations that provide care to adults with ID. Johnson et al. (2019) identify staff training and support, organizational consultation, and program development as areas in which OT can contribute. While Heraty et al. (2025) found that occupational therapists identified opportunities for service development, prevention, education, and knowledge-building for staff and families. Although broader roles for OT have been identified, inadequate staffing and limited organizational resources restricted their ability to carry out these additional roles.

Ongoing funding barriers continue to limit occupational therapy intervention within community-based ID services (Friedman & VanPuymbrouck, 2018). The need for this broader

systems-level involvement is not unique to occupational therapy. Literature from other health disciplines, including nursing, has similarly emphasized care coordination, advocacy, education, reasonable accommodations, and communication across healthcare and community settings for adults with ID (Fisher et al., 2022). OT contributes a distinct perspective to these shared systems-level efforts through its focus on the interaction among the person, occupation, and environment and how these factors shape participation in everyday life.

Despite the alignment between OT and the needs of adults with ID, occupational therapy remains underutilized in services supporting this population (Heraty et al., 2025; Johnson et al., 2019). Although evidence supports OT intervention across a broad range of occupational outcomes, continued expansion of OT roles has been recommended, particularly in areas such as community participation, care coordination, and advocacy (Blaskowitz et al., 2021). However, limited guidance exists regarding how OT can be intentionally integrated into NPCB organizations in ways that address both client and organizational needs and can be sustained over time.

As the disability services landscape evolves, integrating OT into NPCB programs may offer a more responsive and sustainable approach to supporting adults with ID. The objectives of this paper are to: (1) describe a quality improvement initiative that integrated OT within an NPCB setting; (2) examine OT contributions at the client, staff, and organizational levels; and (3) present practical approaches for sustaining OT integration through consultation, internal hiring, and community-academic partnership. By organizing these approaches within the context of NPCB services, this paper extends existing literature on community-based OT roles by offering practical pathways for integrating OT into organizations that serve adults with ID.

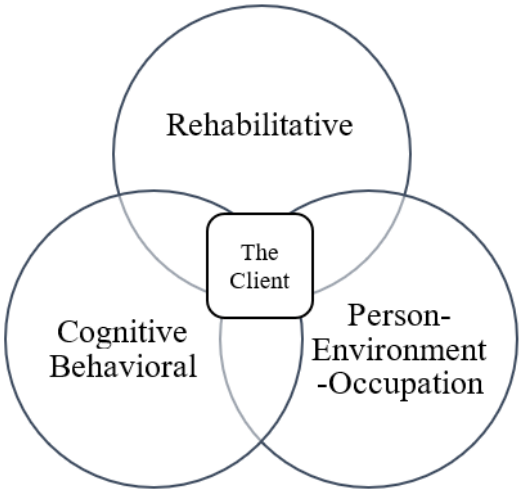
Positionality statement

As three occupational therapists with backgrounds spanning community-based supports, medical model practice, and academia, our perspectives are shaped by longstanding work with adults with intellectual and developmental disabilities (IDD). One author brings over a decade of nonprofit consulting experience, another completed a post professional doctorate focused on adults with IDD, and all three have worked across clinical and community settings. These experiences inform our understanding of the opportunities and challenges of integrating occupational therapy across medical and community systems and shape the interpretations and recommendations offered in this paper. We recognize that our professional commitment to expanding occupational therapy services in underserved settings may influence our interpretation of program outcomes. Accordingly, we have sought to distinguish observed outcomes from perceived benefits and acknowledge the methodological limitations of this quality improvement initiative.

Theoretical Base

In this community-based setting it was necessary to use multiple theoretical approaches to provide holistic OT care to both clients and staff. Drawing from multiple frames of reference (FORs) allows the occupational therapist to address the identified needs comprehensively (see Figure 1). The primary FORs guiding intervention were the Rehabilitative FOR, the Person-Environment-Occupation (PEO) model, and the Cognitive Behavioral FOR.

Figure 1: *Theoretical approaches informing occupational therapy services for adults with intellectual disabilities in a non-profit community-based setting*.



When applying the Rehabilitative FOR, the therapist uses rehabilitation to assist individuals in completing daily activities and fulfilling roles (Cole & Tufano, 2008). The Rehabilitative FOR is commonly used when individuals have impairments that are not likely to resolve or are considered permanent, which is the case with adults with ID. Also, this FOR can be used when individuals lack motivation to complete remediation (Cole & Tufano, 2008). Additionally, the Rehabilitative FOR emphasizes using the abilities the individual has to maximize function in meaningful everyday living activities and occupations. Thus, this FOR aligns well with the principles of occupational justice and suits the clients at this NPCB program, who may lack the motivation or ability to complete remediation, yet still possess the inherent right to engage in meaningful occupations to their maximum capacity.

The Person-Environment-Occupation (PEO) model, focuses on occupational performance and the dynamic relationship between the person, environment and occupation (Maclean et al., 2012). In this NPCB setting, services were provided across both day programs and group homes, requiring tailored strategies for clients and staff. The PEO model allowed the therapist to assess how environmental factors either supported or hindered participation, leading to targeted environmental modifications and role-based interventions to optimize performance for both groups.

The Cognitive Behavioral FOR focuses on the interrelationship among thoughts, behaviors, emotions, physiological responses, and environmental context (Fenn & Byrne, 2013). Given the diverse cognitive and behavioral profiles of adults with ID, this FOR informed strategies to address mental health concerns, support emotional regulation, and promote adaptive behaviors critical to occupational participation.

Together, these three theoretical approaches offered a comprehensive, systems-sensitive framework. Their combined use allowed the occupational therapist to address both functional needs and contextual barriers, effectively bridging the priorities of the medical system, which centers on diagnosis and treatment, and the social system, which prioritizes inclusion and participation. The ability to integrate multiple frameworks simultaneously reflects the depth and adaptability of occupational therapy in complex, real-world settings where occupational participation depends as much on environmental structures as on individual capacity.

The Pilot Program

To address systemic service gaps within a NPCB setting, an OT pilot program was implemented as a quality improvement initiative. The initiative followed a structured needs-informed approach to program development and evaluation. Consistent with established program-evaluation principles, the process included identifying organizational needs and contextual factors, developing program activities

responsive to these needs, implementing targeted interventions, gathering evidence of program outcomes, and using findings to inform continued program development (Kidder et al., 2024).

Initial program development was created through consultation with organizational leadership to identify priorities at the client, employee, and organizational level. The needs were divided into two primary components: (1) employee training and (2) direct OT services for adults with intellectual disabilities. These dual efforts aimed to build organizational capacity, improve client outcomes, and enhance service delivery within an under-resourced setting.

Program evaluation included interviews with program leadership, tracking client progress toward individualized goals, and administering pre- and post-training surveys to employees. These methods provided insight into feasibility, perceived impact, and areas for growth. Program leadership, employees, and clients and/or caregivers were informed that information collected during the pilot, including interview feedback, training surveys, and client outcomes, would be used for internal program evaluation and quality improvement. Information was reviewed in aggregate to evaluate the program and identify areas for improvement. The initiative was conducted as a quality improvement effort rather than a research study. Data were collected and reviewed for internal program evaluation and quality improvement purposes, and the project was determined not to require IRB review.

Interviews with Program Leadership

Program leadership interviews were conducted using a semi-structured format. The occupational therapist met individually with the Executive Director before and after implementation of the pilot program. Open-ended questions explored organizational strengths, areas for improvement, employee training needs, client independence, and perceptions of OT services, while allowing additional topics to emerge. Information gathered from these interviews was used to identify organizational needs, assess perceived changes following the pilot, and inform future implementation of OT services.

Program leadership identified two primary needs within the NPCB setting: (1) improving services that support clients in living as independently and typically as possible, and (2) delivering consistent, high-quality training for employees. Many clients require specialized support in areas such as nutrition, personal care, relationships, community integration, and social participation which are areas in which direct support staff often lack the training or confidence to provide effective guidance.

Leadership also noted a persistent gap between the services covered by state and federal funding and the actual needs of the client population. This mismatch limited the program's ability to deliver comprehensive care. OT was viewed as a promising solution to help close this gap and elevate both the consistency and quality of care within the organization.

Employee training

In community-based care settings, employees' performance has a direct influence on preserving the well-being of clients (Braun et al., 2012). Employee training creates an opportunity to teach correct and safe techniques for both the employee and the client. Also, training aids in ensuring that employees can deliver quality care by reinforcing strength and identifying and remediating areas of weakness. Thus, evidence-based, formal training is essential for employees who provide care to others.

As part of the pilot program, the occupational therapist developed and delivered training programs for employees. Employee performance during training was assessed and documented through direct observation and competency checklists completed by the occupational therapist. During hands-on practice, employees demonstrated transfers techniques, body mechanics, and safety procedures. Completion of required steps was documented to assess competency and identify areas requiring additional instruction.

The primary goals were to prevent work-related injuries, reduce absenteeism due to injuries, and enhance overall client care (Rahman et al., 2017). Since effective training equips employees with the skills needed for quality service delivery (Braun et al., 2012), holistic OT services were a natural fit for this purpose. To assess impact, employees completed a ten-item survey before and after the training, measuring knowledge related to safety, body mechanics, and transfers. The survey was internally developed by the occupational therapist for the program evaluation and included multiple-choice, matching and true/false questions addressing body mechanics, safety, and transfers techniques. The survey was designed to assess employee knowledge and retention of training content and was not formally validated. Pre-training survey responses identified opportunities to strengthen employee knowledge related to safety, body mechanics, and transfers. During the sessions, employees participated in hands-on demonstrations and skill practice. Post-training survey responses and training observations suggested improvements in employee knowledge and application of safe care techniques. Employees appeared more confident and demonstrated improved application of safe care practices during hands-on training activities, highlighting the value of OT-led training in promoting safer, more effective care. Beyond improvements in transfer and safety techniques, staff demonstrated increased confidence and more intentional interactions with clients. Staff increasingly emphasized client independence and used individualized approaches to support participation in daily activities.

Employee Treatment

Musculoskeletal disorders (MSDs) are among the most common occupational injuries in healthcare settings, particularly affecting the neck, shoulders, and back (Roll & Hardison, 2017). Risk factors include prolonged or awkward postures, confined workspaces, large caseloads, and inadequate training in injury prevention (Andersen et al., 2019; Jacquier-Bret & Gorce, 2023; Liu et al., 2025). Globally, MSDs are the leading cause of disability and can significantly impair one's ability to participate in everyday activities, including work-related activities (Roll & Hardison, 2017). Occupational therapists bring a client-centered, functional approach to the treatment of MSDs, addressing physical impairments while promoting a safe and sustainable return to meaningful occupations, including work (Cole & Tufano, 2008). In the context of this pilot program, offering on-site OT services to employees helped address pain, support injury recovery, and prevent further impairment.

Beyond individual health benefits, MSDs carry financial consequences for both employees and organizations due to lost productivity, missed work, and potential turnover (Carvalho et al., 2017). Providing access to OT services in the workplace can mitigate these outcomes, enhance job satisfaction, and demonstrate the organization's commitment to employee well-being. In doing so, occupational therapy contributes not only to workforce health but also to creating a safer, more supportive work environment.

Client Treatment

Occupational therapists apply client-centered care, task analysis, and environmental modifications to support greater independence and quality of life for individuals with intellectual disabilities (ID). Through collaboration with clients and care teams, OTs identify priorities, set individualized goals, and implement evidence-informed interventions to promote meaningful participation. OT services often target critical life skills such as employment readiness, social participation, health management, advocacy, and leisure engagement (Hällgren & Kottorp, 2005). The demand for such services continues to grow alongside the increasing life expectancy of adults with developmental disabilities (Pimlott, 2019).

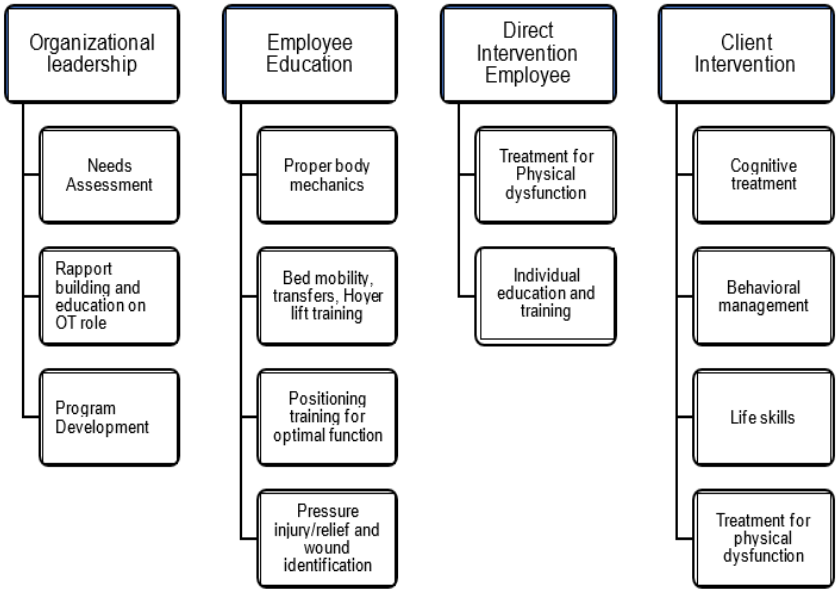
As part of the pilot program, the occupational therapist delivered one-on-one services to a selected group of clients within the day program. Initial evaluations included clinical observation and standardized and non-standardized assessments to establish baseline measures and guide intervention planning, goal development, and outcome measurement. Assessment areas included performance of activities of daily living (ADLs) and instrumental activities of daily living (IADLs), balance, functional mobility, and work-related skills. Standardized assessments included the Barthel Index and Berg Balance Scale, when appropriate, to establish baseline performance and inform intervention planning when applicable. Clients and/or caregivers collaborated with the occupational therapist to develop individualized goals based on client needs and priorities. Goals were written using measurable functional criteria and were considered met when the predetermined performance criteria established at the onset of therapy were achieved.

Progress toward goals was tracked throughout treatment and reassessed at re-evaluation or discharge. Goals were then classified as "met," "in progress," or "not met," and the number of clients in each category was calculated to summarize overall program outcomes. Examples of client goal attainment included increased independence in personal care, dressing, meal preparation, functional mobility, and community participation. Specific outcomes included independently preparing simple meals using compensatory strategies and improving transfer performance from moderate assistance to supervised stand-pivot transfers. These outcomes reflect functional gains in everyday activities that support greater independence and participation.

In NPCB settings, occupational therapy fills a critical systems-level gap for adults with ID. In a landscape defined by fragmented healthcare delivery and resource-limited social services, OT uniquely bridges these systems. Rather than occupying a narrow clinical role, occupational therapy offers a versatile skill set that extends across multiple domains that support client intervention, staff training, employee health and well-being, and leadership development. As illustrated in Figure 2, Occupational therapists bring a holistic, adaptable expertise that enhances outcomes across all levels of service. Their ability to shift between individual, organizational, and systems-based approaches makes them a powerful asset in building more equitable, responsive, and sustainable models of care for adults with intellectual disabilities.

See Figure 2 on page 8.

Figure 2: *Occupational therapy roles within non-profit community-based programs serving adults with intellectual disabilities.*



DISCUSSION

Recent U.S. literature continues to identify inadequate access to appropriate healthcare and insufficient workforce training as contributors to health disparities for people with ID (Pham et al., 2024). A notable gap exists in the U.S. between medical and social systems, leaving adults with ID facing formidable barriers to adequate healthcare. NPCB programs are often positioned within this gap, providing supports that promote independence, inclusion, and community engagement. Findings from this pilot program suggest that integrating OT within an NPCB organization may strengthen both client services and organizational capacity. These findings also demonstrate the potential for OT to address needs across client, staff, and organizational levels within resource-limited community settings.

This pilot produced both observed outcomes and perceived outcomes, which should be interpreted differently. Following OT-led staff training, program leadership observed changes in employee performance including more consistent use of wheelchair and Hoyer lift brakes and safer, more efficient client transfers. Employees, also, reported a greater understanding of OT's purpose and increased confidence in providing care. These self-reported changes represent perceived outcomes rather than direct measures of competency. Similarly, the executive director's expressed interest in hiring occupational therapists at additional sites reflects perceived organizational value and leadership support, rather than evidence of organizational effectiveness. Taken together, however, these findings suggest that OT-led training may influence both staff practices and perceptions of preparedness. This finding is particularly relevant given evidence that limited healthcare workforce training and confidence remain barriers to equitable care for people with disabilities and that the translation of staff education into practice remains inadequately evaluated (Gréaux et al., 2023). Our findings are consistent with evidence identifying staff and caregiver training as an intervention strategy for supporting occupational performance among adults with ID and improving staff confidence and practices (Blaskowitz et al., 2021).

At the client level, participants demonstrated measurable progress toward individualized goals with most clients meeting or making meaningful progress toward targeted outcomes. These findings are consistent with evidence supporting OT intervention for adults with ID across ADLs, employment, leisure, and social interaction, and community participation using habilitative and compensatory approaches that promote occupational performance (Blaskowitz et al., 2021). Importantly, the significance of these outcomes extends

beyond task completion. Occupational participation provides opportunities for adults with ID to exercise choice, develop competence, pursue interests, and engage in roles that contribute to identity and meaning. Occupational therapy literature emphasizes that occupation is closely connected to identity and dignity and that OT contributes a distinct perspective by examining the meaning, purpose, context, and health implications of participation (Jenkins & Ashcraft, 2025). From this perspective, supporting occupational performance within NPCB programs goes beyond helping clients complete activities. OT increases opportunities for volition, self-direction, and engagement in occupation that matter to them.

Participation must also be understood as relational rather than solely physical or functional. Community presence does not necessarily produce inclusion or belonging. In an umbrella review of 57 reviews encompassing 522 studies, Giummarra et al. (2022) found that participation and inclusion are supported when individuals can identify meaningful participation preferences, connect with opportunities, and develop the skills and supports required for sustained engagement. Reeves et al. (2025) similarly describe belonging as grounded in meaningful participation, interpersonal relationships, and feeling valued, respected, and connected to people, places, and activities. An occupational lens can therefore help NPCB organizations move beyond providing access to community activities toward examining why those experiences create authentic opportunities for choice, contribution, relationships, and belonging. In this way, OT may support not only occupational performance but also shared human need to participate meaningfully and be recognized as a valued member of one's community.

The breadth of OT's contribution in this pilot also aligns with emerging evidence describing OT practice with adults with ID across ADLs, environmental adaptation, social and community participation, sensory processing, assistive technology, leisure, and other areas of occupational performance (Heraty et al., 2025). In the present initiative, OT similarly functioned beyond a narrowly defined direct-care role by contributing to staff development, organizational problem solving, and employee direct intervention. Together, these findings demonstrate how OT's skillset can address needs at both individual and organizational levels within community-based services for adults with ID.

Limitations

This initiative was designed as a quality improvement effort rather than a formal research study. Program evaluation relied on leadership feedback, employee surveys, and client goal-tracking measures collected for internal improvement purposes. Formal statistical analyses were not conducted, and findings should therefore be interpreted as practice-informed observations rather than generalizable evidence. Several findings were based on subjective feedback from program leadership and employees and were reviewed descriptively rather than through formal qualitative analysis. This approach may have introduced response bias and may not have captured the full range of stakeholder experiences. Additionally, as a single-site quality improvement initiative, findings may not be transferable to other community-based settings.

Additionally, a formal Plan-Do-Study-Act (PDSA) framework was not prospectively applied during this initiative. Future quality improvement efforts could incorporate iterative PDSA cycles to evaluate outcomes and guide continue program development. Future research is needed to examine outcomes across multiple organizations and evaluate the long-term impact of occupational therapy integration within non-profit community-based programs.

Future implications

The integration of OT services into NPCB programs is strongly aligned with the American Occupational Therapy Association's (AOTA) position on addressing health disparities and the profession's responsibility to reduce barriers to participation among underserved populations (AOTA, 2013). The core values of the profession include justice, dignity, and client-centered practice, are particularly relevant within organizations serving adults with ID where access to healthcare and services that support meaningful participation may be limited. Expanding OT into these settings offers an opportunity to bring the profession's focus on participation, environmental supports, and meaningful occupation into the everyday contexts in which adults with ID live, work, and engage in their communities.

For OT integration to extend beyond isolated programs or short-term initiatives, sustainable models are needed that account for differences in organizational structure, staffing, and financial resources. Warfield et al. (2022) found that a one-time intervention was insufficient to produce lasting change in a community-based disability setting and emphasized the need for ongoing relationship-building, leadership support, and organizational practices to sustain community participation efforts. The findings from this pilot similarly suggest that the value of OT within NPCB programs may extend beyond short-term intervention and support a more integrated role within community-based service delivery. Three potential models for sustaining OT integration are presented below: consultation, internal hiring, and community-academic partnerships.

Sustainability Models

Following the pilot, one of the authors implemented OT services in several NPCB programs using three approaches adapted to each organization's structure, staffing, and financial resources. These approaches are not proposed as entirely new service-delivery models. Rather, they draw on established mechanisms used within OT and community-based practice, including consultation, organizational employment, and academic-community partnership, and apply them specifically to the sustained integration of OT within NPCB programs serving adults with ID. The three approaches are:

Consultative Approach: OT services are contracted based on identified needs and available resources. The therapist conducts a needs assessment, works with organizational leadership to identify priorities, and provides targeted services such as staff training, environmental or program consultation, and direct intervention when appropriate. Funding may be supported through organization resources, grants, or limited third-party reimbursement.

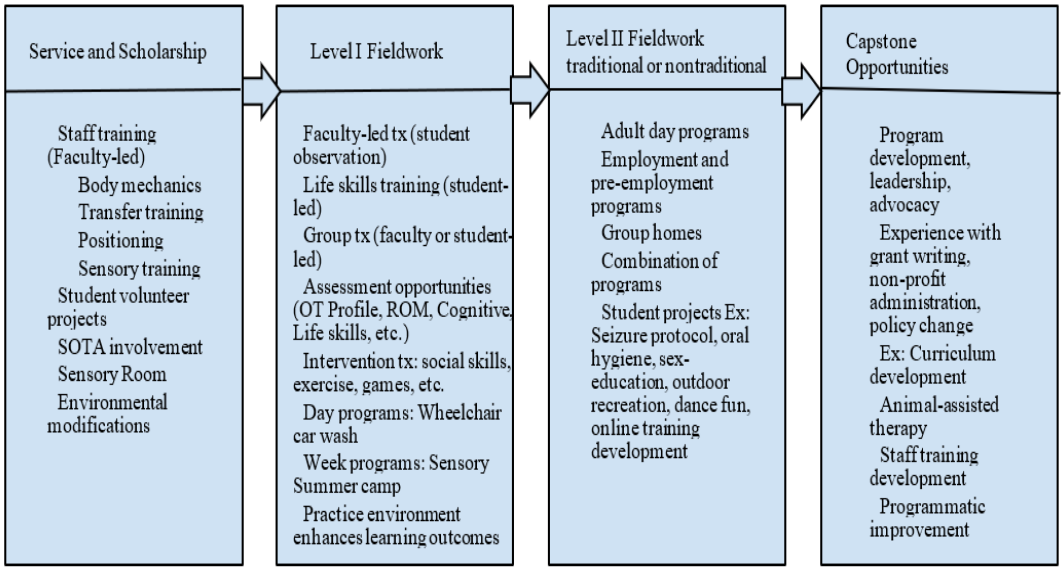
Internal Hiring Approach: The organization establishes a full-time or part-time OT position within its existing staffing structure. This may involve reallocating resources or restructuring an existing position, such as a day program manager or employment coordinator, to incorporate occupational therapy expertise. Embedding an OT within the organization allows for ongoing involvement in client services, staff development, program planning, and organizational initiatives.

Community-Academic Cooperative Approach: Academic OT or OTA programs partner with NPCB organizations to provide faculty involvement, student experiential learning, and scholarship opportunities. Collaboration may include service-learning, fieldwork, doctoral capstone experiences and projects, faculty practice, program development, staff education, and research or quality improvement activities. This approach can increase organizational access to OT expertise while providing academic

programs with authentic opportunities for education, practice, and scholarship.

Each approach has been implemented in real-world NPCB settings, with selection influenced by organizational goals, staffing flexibility, and available resources. Among the three, the community-academic cooperative model offers the broadest applicability for academic OT programs seeking to extend their reach into community settings. Therefore, this approach is described in greater detail below.

Figure 3: *Community and Academic Cooperative Model for sustainable occupational therapy integration in non-profit community-based programs.*



Note: *Original conceptual framework developed by the authors for this manuscript.*

The community-academic cooperative approach provides a flexible framework for developing sustained partnerships between academic program and NPCB organizations. As illustrated in Figure 3, collaboration can begin with short-term service-learning or scholarship projects and gradually expand to include fieldwork placements, capstone experiences, and faculty-practice opportunities. Each step provides value to both parties, academic programs meet educational objectives, and NPCB programs gain access to skilled professionals and evidence-informed practices. Importantly, the components of the framework do not need to occur sequentially or be implemented in their entirety. Academic programs and NPCB organizations may enter the partnership at the point that best aligns with their respective needs and resources. For example, an academic program seeking Level I fieldwork opportunities may initiate collaboration at that stage, whereas an NPCB organization may partner with faculty to develop staff training, program initiatives, or outcome measurement strategies.

Sustaining OT involvement may also support continuity in the opportunities and environmental supports available to adults with ID. Rather than limiting OT's contribution to a short-term project or isolated intervention, ongoing integration can support continued attention to meaningful participation, choice, skill development, and engagement in valued roles. Future research should examine the long-term effectiveness and feasibility of these approaches, including their influence on client outcomes, staff performance and retention, organizational capacity, and sustained access to OT services.

CONCLUSION

Persistent disparities in healthcare access and community participation for adults with ID require solutions that are person-centered, system-focused, and responsive to community needs. This pilot program demonstrates how OT can contribute within NPCB programs through direct client services, employees

training, and collaboration with organizational leadership.

The impact of the initiative extended beyond the initial pilot. Employees increasingly sought OT consultation, leadership expanded OT-led training across the organization, and OT students became involved through fieldwork and doctoral capstone experiences. The NPCB organization subsequently hired a full-time occupational therapist, and additional programs have begun exploring approaches for integrating OT within their own organizational structures. These developments provide preliminary support for the potential sustainability of OT services within NPCB settings.

Occupational Therapy is not confined to a single service or single role. By addressing client participation, staff capacity, environmental and organizational barriers, and program development, OT can contribute across multiple levels of community-based service delivery. Sustained integration of OT within NPCB programs offers a promising approach for expanding access to occupational therapy, strengthening organizational capacity, and supporting meaningful participation for adults with ID.

Ethical Conduct Statement

This project was reviewed as a quality improvement initiative and was determined not to constitute human subjects research. All data were collected and used solely for program evaluation purposes, and no identifying client information is reported.

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