

DEVELOPMENT AND USEFULNESS OF AN ADVOCACY TOOLKIT TO PROMOTE
SYSTEMS-LEVEL ADVOCACY AMONG OCCUPATIONAL THERAPY
STUDENTS IN NEVADA

By

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Abstract

Advocating at the systems level to influence legislation and regulation can protect, promote, and progress the occupational therapy profession. This quality improvement project aimed to create and evaluate an advocacy toolkit for professional students in Nevada. The toolkit was developed under the guidance of a team of advocacy experts and leaders. Twenty-five students were recruited through convenience sampling to evaluate the toolkit. Data was collected through a one-group pretest-posttest qualitative improvement design to capture changes in awareness of Nevada-specific regulatory and legislative information, attitudes toward advocacy efforts, and the toolkit's usability. Comparisons between the pre- and post-toolkit surveys were analyzed using the Wilcoxon Signed Rank Test and content analysis. Following the toolkit review, participants demonstrated increased knowledge and confidence. Students rated the likelihood of engaging in advocacy efforts higher and found the toolkit useful and user-friendly. The project's main limitations included using a non-standardized survey and a small sample size. Nevada occupational therapy students can benefit from an advocacy resource that can support client needs and promote services at the systems level.

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Dedication

This is dedicated to my family, Dad Manny, Mom Lea, Ate Aiko, Kuya TJ, Mama Laura, my better half, David Kim, and lifelong friends who have shown me unwavering patience, love, and kindness for the past three years.

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Introduction

Legislation and regulation policies can impact occupational therapy (OT) practice and the clients served. Broader political contexts can influence who receives occupational therapy services, what practitioners can and cannot do, where services can occur, insurance coverage for clients, and practitioner reimbursement rates. To monitor these, professional organizations like the American Occupational Therapy Association (AOTA) and the Nevada Occupational Therapy Association (NOTA) serve as a resource to support and advocate for occupational therapy practitioners and students to enhance client care and advance the profession (American Occupational Therapy Association [AOTA], 2023a; Nevada Occupational Therapy Association [NOTA], n.d.). AOTA is a national organization that represents the interests of more than 230,000 members. The federal and state affairs departments monitor legislation and regulation that may positively or negatively impact client services and the profession (AOTA, 2023b). At a state level, NOTA is a local organization that specifically advocates for Nevada practitioners and students and provides professional development and networking opportunities (NOTA, n.d.). A collaboration and interdependent relationship between the two organizations exists to enhance monitoring and responses to legislative and regulatory issues that could affect clients, practice, and the profession. In addition to organizational efforts, both associations rely on individual members and non-members to inform them of any concerns in specific practice areas and support their advocacy efforts to enact positive change.

Current educational standards to become a practitioner, which include an occupational therapist or occupational therapy assistant (OTA), require competency and involvement in advocacy to support clients and provide quality services. One way to advocate includes effective communication and relationship-building with legislators and regulators in the state, which refers

to systems-level advocacy. At the government level, systemic changes can occur based on laws or regulations that could be passed. For instance, if a law regarding the extension of telehealth services passes, rural residents can gain more access to OT services. Involvement in systems-level advocacy provides opportunities to make a difference in the profession and advance practice and education to be more evidence-based, equitable, and inclusive. Therefore, it is essential for students and practitioners to be knowledgeable about the regulatory and legislative processes that may affect clients and their practice and how to interact with decision makers in the government.

This capstone project aimed to create a comprehensive resource in the form of a toolkit to support students' professional competency as advocates. It was a quality improvement project that contributed to NOTA's mission to advance and advocate for the profession by adding resources for student and practitioner members (NOTA, n.d.). The capstone project included the development of the toolkit and its evaluation to determine its usefulness among occupational therapy students.

The project contributed to the American Occupational Therapy Foundation's (AOTF) research agenda to advance evidence-based occupational therapy. Specific research priorities include health promotion, prevention, and management of chronic conditions, mental health and well-being, technology and environmental supports in the home and community, and novel practice areas and approaches to service delivery, among other priorities (American Occupational Therapy Foundation, 2022). Due to the broad scope of the profession, it is essential that students acquire and maintain advocacy skills to serve clients in current practice areas and work in emerging areas of practice. Increasing research knowledge in specific practices can strengthen OT's role and justify their presence to serve the community's needs while improving

the interventions provided. Supporting students with helpful advocacy knowledge and skills can lead to concrete action at a government level that can provide funding and resources to grow research in clinical and non-clinical spaces.

Statement of the Problem

PIO Question

Will an advocacy toolkit increase literacy among occupational therapy students of political and regulatory processes and awareness of advocacy efforts in Nevada to promote occupational therapy at a systems level?

Operational Definitions

Advocacy efforts: occupational therapy students participating in intentional actions to contact legislators and regulators in Nevada through emails, letters, phone calls, or meetings; increasing knowledge in policies and systemic issues that affect clients and consumers; This is measured by post-toolkit survey questions pertaining to knowledge of concrete, actionable steps to interact with decision makers and perceived self-efficacy in engaging in contacting decision makers.

Occupational therapy students: entry-level students in occupational therapy and occupational therapy assistant programs in Nevada, specifically from the University of Nevada, Las Vegas (UNLV) and student members of the NOTA. This is measured by data collected regarding year in professional program within the preliminary survey given to sample prior to toolkit.

Political and regulatory literacy: knowledge, understanding, and ability to use information to engage in political activities with legislators and regulators; This is measured by post-toolkit survey questions on legislative and regulatory processes and their impact on occupational therapy.

Systems-level advocacy: contacting, interacting, and engaging with legislators and regulators in Nevada to build a professional relationship or influence a public policy; This is

measured by pre- and post-toolkit survey questions on perceived self-efficacy and attitudes toward communicating with decision makers.

Toolkit: a set of resources for occupational therapy students in Nevada to learn about legislative and regulatory processes in Nevada and actionable items to engage in systems-level advocacy. This is created in collaboration with NOTA, the faculty mentor, and expert mentors.

Perceived Problem

The goal of occupational therapy is to provide client-centered, evidence-based, holistic care that promotes the engagement of meaningful occupations across the lifespan and optimizes participation in daily life (AOTA, 2022). However, systemic challenges can limit students and practitioners in achieving this goal. These challenges include a lack of awareness that excludes or limits OT services to clients, such as in mental health or pain management, restrictions in practice areas, a shortage of qualified personnel, a lack of diversity in the student and practitioners' demographics, and threats or implementation of reduced funding to services. While these examples are not an exhaustive list of systemic barriers to OT services, these are some obstacles that can affect client care and service provision at the national and state levels, including Nevada.

According to a report by The Commonwealth Fund (2022), Nevada has an overall ranking of 41st in healthcare system performance compared to other states, as it scored below average in access and affordability (45th), prevention and treatment (51st), avoidable hospital use and cost (33rd), and healthy lives (31st). Regarding mental health services, Nevada ranks last at 51st as there is a higher prevalence of mental health illness among adults and youth and lower access to care (Mental Health America, 2022). Furthermore, the Nevada Department of Health and Human Services (2019) assessed Nevada's health needs and found that priorities among

counties included behavioral health and access to health care. Nevadans who identify as a person with a disability, Black, Indigenous, People of Color, LGBTQ+, or a veteran, are especially vulnerable to health disparities, as they face limited access to healthcare services and poorer health outcomes (Bailey et al., 2017; Feagin & Bennefield, 2014; Sanjay et al., 2021; Tan et al., 2022; Wang & Smith, 2022; Weinstein et al., 2017). Residents of Nevada would benefit from increased access to quality healthcare services, such as occupational therapy.

Systemic barriers in the profession can limit or restrict optimal care. A lack of OT practitioner presence in a setting and a limited number of available providers can affect this access. For instance, the State of Nevada Board of Occupational Therapy (2020) reported that the psychiatric care setting had the lowest percentage of practitioners present compared to other settings listed. The tenth edition of the Nevada Rural and Frontier Health Data Book (2021) also revealed that 100% of all rural residents live in a mental health professional shortage area and that the number of OTs in these areas is below average, putting residents at risk for unaddressed health challenges that will impact participation in daily life. Furthermore, though research has shown the benefits of representation and diversity among providers toward client health and financial outcomes, there is underrepresentation in the occupational therapy field, as a majority identify as White and female (AOTA, 2019; Gomez & Bernet, 2019). Though there is no demographics data available for Nevada, it is likely that it mirrors the national data. Increasing the diversity of individuals in the profession can lead to more compassionate care and new perspectives that enable innovative solutions.

Additionally, access to quality services can be affected by regulatory and legislative changes. For example, suppose a state practice act, which regulates what a practitioner can do, has language that restricts providers from performing certain interventions. In that case, clients

may not receive the best care possible. An example of this is seen in a proposed regulation made by the State of Nevada Board of Occupational Therapy (2019), which suggested prohibiting OTs from performing dry needling for pain management. While no legislation currently allows OTs to practice dry needling, restricting it in the practice act would limit the potential advancement of the profession. Moreover, legislation that threatens to cut funding to OT services and OTA reimbursement rates, as seen in the 2020 Assembly Bill 3, can also lead to limited access to care and possible job insecurity (A.B. 3, 31st Special Session, Nev. 2020). These systemic challenges reflect state public policies' influence on client care, OT practice, and the profession.

Systems-level advocacy is one way to address these obstacles, as communication and collaboration with legislators and regulators can lead to positive changes. For example, the NOTA board (personal communication, July 19, 2020) and many practitioners and students wrote to or called their legislators when Assembly Bill 3 was proposed to advocate against this proposal. Their efforts led to an amendment that reduced, rather than eliminated, funds to obtain OT services. Additionally, when the State of Nevada Board of OT proposed regulations prohibiting the implementation of dry needling, the NOTA Legislative Chair Shaina Meyer (personal communication, November 22, 2019) wrote to the board, expressing concerns. Other practitioners attended the regulatory board's workshop to provide expert opinions on the matter (State of Nevada Board of Occupational Therapy, 2019). Their presence and actions led to the tabling of discussions to gather more information about dry needling. These are two examples that highlight the value of systems-level advocacy. The nature of Nevada's regulatory and legislative affairs requires that students and practitioners have the knowledge and skills to address the communities' and the profession's needs.

Despite the influence of individuals on systems-level advocacy, current research indicates that practitioners and students do not show confidence and skill in contacting decision makers, influencing public policies, and considering how policies can impact occupational participation (Dhillon et al., 2015; King & Curtin, 2014; Pitonyak et al., 2015; Ripat et al., 2013). Their education and training in advocacy skills are focused more on an individual level in direct client interactions and are learned more on the job than in educational programs (Dhillon et al., 2015; King & Curtin, 2014). Other healthcare professions, such as nurses, social workers, physicians, and counselors, recognize the value of systems-level advocacy but also have limited participation in advocacy efforts (Chimonas et al., 2021; Jurns, 2019; Kung & Rudner Lugo, 2015; Nowakowski-Sims & Kumar, 2020; Ramírez Stege et al., 2017). Barriers to advocacy include a lack of knowledge, resources, time, and advocacy training during school (Jurns, 2019; Kunaviktikul et al., 2010; Ramírez Stege et al., 2017). Still, research has shown that when students are exposed to information and practical strategies related to advocacy, they are more likely to engage in advocacy efforts and have a higher competency in skills, such as attending committee meetings and rallies, meeting with legislators, and participating in professional advocacy events (Nowakowski-Sims & Kumar, 2020; Ramírez Stege et al., 2017). Therefore, there is room for improvement to strengthen one's foundational knowledge to increase engagement in systems-level advocacy.

Professional organizations like AOTA and NOTA demonstrate systems-level advocacy efforts to support client needs and advance practice. Though AOTA currently represents 65,000 members, which includes OTs, OTAs, and students, only 7,600 contacted legislators to voice their opinion for federal bills in 2022 (AOTA, 2023a; Parsons, 2022a). Furthermore, the State of Nevada Board of Occupational Therapy (2020) surveyed Nevada licensees and found that 31.3%

of practitioners had memberships in AOTA, while 23.7% were members of NOTA; this survey had a response rate of 14%. Low involvement in national and state organizations reduces opportunities to learn about current events in the profession that would impact practice and clients.

In Nevada, there were limited resources for education on systems-level advocacy related to OT at the state level. From 2017 to 2021, only one of 34 events were focused on developing advocacy skills (P. Cook, personal communication, September 11, 2022). NOTA attempted to offer more, but there was low attendance. While the organization does calls to action and legislative and regulatory updates, there was no concerted effort to teach students fundamental advocacy skills and knowledge. The association can benefit from adding student-specific resources to help address this gap. By fostering members' knowledge and skills, NOTA works toward its mission. Since Nevada has unique components of legislative and regulatory processes, students specifically studying in Nevada can benefit from learning the system and how they can advocate effectively for their future clients and the profession.

Proposed Solution

The proposed solution to address systemic challenges at the state level and within the profession was to support OT and OTA students in their advocacy skills through an advocacy toolkit. This toolkit is a set of resources informing students and practitioners on how to advocate at a systems level and contact decision makers. Increasing their knowledge of legislative and regulatory affairs can support Nevada's health needs and the profession's needs.

A web-based toolkit was chosen to address the barriers of time and promote access to information (Jurns, 2019; Ramírez Stege et al., 2017). Toolkits are accessible resources that provide information on specific issues and ways to approach them (Young Adult Library Services Association, 2022). They can include a variety of resources, including readings, videos, audio files, and presentations (Kantrowitz-Gordon et al., 2013; Stoerker et al., 2018). Studies have shown that toolkits can effectively disseminate information and increase consumer knowledge (Barac et al., 2014; Irwin et al., 2020; Spears et al., 2019). Furthermore, as it is published on NOTA's website and can be accessed by anyone at any time, it is a cost-effective and flexible way to learn more about systems-level advocacy at one's own pace.

This quality improvement project aimed to increase student resources to support NOTA's mission. It is a living document on NOTA's website that will be updated bi-yearly to reflect any changes in Nevada legislation and regulation. Furthermore, it will be shared with other state associations, as some advocacy strategies and information provided in the toolkit are relevant and broad enough to apply to different practice settings and geographical locations. They will be encouraged to include and change state-specific information to help their members learn more about their respective legislative and regulatory structures.

This advocacy toolkit was created with NOTA, the current president of NOTA, Dr. Paula Cook, who also served as a capstone mentor, and Dr. Barbara Kornblau, a past AOTA president with expertise in disability rights advocacy. Various state association leaders and interviews with past and present AOTA leaders also informed it.

Literature Review

The literature review begins with discussion on the effectiveness of toolkits. Then, a section on existing advocacy toolkits is presented. After, literature on how to measure regulatory and political literacy and advocacy efforts is shown. Lastly, literature on the state of advocacy in occupational therapy, among occupational therapy students, in other healthcare students, and in professional organizations are presented.

Development and Evaluation of Toolkits

An important component of this capstone project was the development of a web-based advocacy toolkit and whether it is an effective medium to disseminate information. Many toolkits exist to inform others of a specific topic, with some of these toolkits evaluated for their usefulness in increasing knowledge and application of learned material. The following section describes recommended content for the development of an effective toolkit and ways to evaluate it.

A descriptive case study by Thoele et al. (2020) depicted the process of developing and implementing a toolkit for health care professionals to improve client outcomes among those diagnosed with substance use disorder. Researchers in this study developed a toolkit to support the implementation of the Screening, Brief Intervention, and Referral to Treatment intervention. The toolkit's content included consistent terminology to facilitate clear communication and understanding, an overview of the intervention, and clarification of roles among stakeholders. To increase implementation into clinical practice, site coordinators were utilized and trained to educate practitioners on toolkit implementation. Evaluation of the toolkit incorporated a reflective questionnaire and a focus group to refine the toolkit's content. Limitations in this study included a lack of generalizability to different settings as procedures were specific to an

intervention. Researchers also had bias in the study outcomes as they sought to improve clinical outcomes, which may have affected data collection and analysis of results. Authors concluded sustainability should be considered when creating a toolkit and allow for flexibility to adapt to new evidence-based interventions or policies that could affect practice. Takeaways from this study detailed effective content for the toolkit, including standard definitions, introducing the purpose of the toolkit, and clarifying roles and expectations of students as advocates.

Irwin et al. (2020) evaluated an online educational toolkit for community pharmacists to examine their attitudes, self-efficacy, and knowledge on opioid use disorder (OUD) and prescription drug monitoring programs (PDMPs). The toolkit was developed to address lack of training and time and fear of conflict with patients and prescribers in implementing PDMPs. The design of the toolkit took three years where multiple sources informed its design, including focus groups, experts, and a pilot program. One hundred thirty-one participants were recruited through email and completed a pre-intervention survey, three online modules in the toolkit, and the post-intervention survey within six weeks. A developed survey with a five-point Likert scale was used to measure attitudes, while optional quizzes delivered before and after the module measured knowledge. Researchers analyzed data through paired samples *t* tests to compare pre- and post-survey responses and determined the effect size through Cohen's *d*. Results showed that the toolkit significantly improved attitudes and had moderate impact on knowledge gains. However, there was no significant improvement in attitudes to implementing PDMP because at baseline, pharmacists already reported they receive sufficient report and resources to integrate PDMP in their work. Limitations in the study comprised of limited generalizability, as this study was only available for pharmacists based in Oregon, and that attitudes and knowledge gains may be attributed to external resources or experiences, rather than the toolkit, since participants had six

weeks to complete the study. Findings showed a toolkit's potential in influencing knowledge and attitudes positively.

Barac et al. (2014) conducted a scoping review of health-based toolkits through databases and gray literature and examined data related to its format, content, and its evaluation as a knowledge translation strategy. Researchers found 83 studies describing toolkit content and evaluation. Some toolkits were designed for education, while other toolkits were made to inform policies and decision-making. Of those who reported their toolkit's contents, a majority included written materials, such as information sheets, and others had a combination of written content and other tools, resources, or audiovisual material. Studies that reported toolkit evaluation showed that it was typically done through interviews and surveys and measured outcomes related to satisfaction, usefulness, or intentions to change practice. Researchers indicated that toolkits were used for their ease, wide reach, and potential for engagement using multimodal learning strategies. They concluded that systematic evaluations are needed to investigate the full impact of the toolkit on knowledge, attitudes, and practice versus only using user perceptions. A limitation to the study was the absence of a standardized definition of a toolkit, leading to possible exclusions of some studies. This scoping review revealed common content found in toolkits and typical ways of evaluating them. It also showed a research gap in evaluating toolkits and whether their components are helpful in changing knowledge, attitudes, or practice.

Yamada et al. (2015) continued the work of reviewing toolkits' effectiveness through a systematic review, which evaluated the use of toolkits to support the implementation of research into clinical care as a knowledge translation strategy. Researchers reviewed four databases to select peer-reviewed studies that included knowledge translation goals, evaluation of the effectiveness of toolkits, and had a comparison group. Researchers utilized inter-rater reliability

through piloting ten studies using the inclusion criteria and included an external third reviewer when disagreements occurred. The quality of toolkits was assessed using the Effective Public Health Practice Project's Quality Assessment Tool for Quantitative Studies, a reliable and valid tool to assess methodological quality in systematic reviews. Toolkits chosen in the study varied in content, with most presenting educational materials. Of the 39 studies analyzed, eight articles were rated as moderate to strong methodologically and indicated that the toolkits used, whether they were presented as a standalone or as part of a multi-strategy intervention, had the potential to contribute to desired clinical outcomes. Researchers stated that toolkits were more effective when components were based on high-quality evidence and tailored to the target population's needs and preferences. Despite rigorous and reliable methods of systematically reviewing articles, limitations of the study included no standardized definition of toolkits, which could have excluded other studies. Toolkits reviewed were also limited to clinical and hospital settings, limiting generalizability to other populations. This study informed what content can lead to effective outcomes in a toolkit.

Verkuyl et al. (2022) conducted a usability study to evaluate the usefulness of an online toolkit to inform educators on virtual simulation. The toolkit content was developed according to their literature review and by sending a survey that helped them include information specific to their target population's needs and preferences. Interactive tools were found in the toolkit, such as videos, examples in action, reflective questions, expert opinions, and additional references for further learning. To determine its usability, researchers developed the Toolkit User Experience survey, which asked about users' perceptions on the toolkit's ease of use and usefulness through a five-point Likert scale. The survey was previously validated by a research team, which found average reliability for questions. Researchers also collected qualitative data through interviews to

examine the strengths and challenges of the toolkit and recommendations for changes. Quantitative data revealed users rated the toolkit highly, while themes from the interviews reported positive experiences in navigation, organization, and content. Authors concluded that the toolkit could support professional development and reflective practice and that the toolkit could be useful for novice and intermediate learners. The design of the study showed short-term benefits, as participants took the survey and interview immediately after reviewing the toolkit once. However, it was unknown whether these benefits will be maintained long-term and if it would be useful in everyday work life. This study added to the development of effective toolkit content and how to evaluate the usefulness of the toolkit.

Though toolkits are widely used for their accessibility, there are currently no standardized ways to develop, evaluate, and define toolkits (Barac et al., 2014; Yamada et al., 2015). Recommended content that can increase the perceived effectiveness or usefulness of the toolkit included evidence-based information from the literature review and the target population's needs and preferences, as well as interactive, multi-modal learning strategies to increase engagement (Barac et al., 2014; Irwin et al., 2020; Thoele, 2016; Verkuyl et al., 2022; Yamada et al., 2015). Though Barac et al. (2014) expressed the need for systematic evaluation for toolkit effectiveness, they reported common evaluation strategies, such as interviews and surveys, to measure users' perceptions on usefulness, as seen in the work of Verkuyl et al. (2022). In comparison, Irwin et al. (2020) measured outcomes related to both knowledge and attitudes using surveys.

Current Advocacy Toolkits and Resources

Since toolkits have been shown as a medium to increase knowledge and attitudes on specific information, the next section discusses current toolkits that exist specific to advocacy and occupational therapy or Nevada. Examining existing resources helped identify common

concepts that may be important to relay to OT students. It also led to recognizing gaps in current resources, which was addressed in this capstone project.

Though advocacy toolkits exist, there were none that were specific to OT students in Nevada. A resource most similar to the aims of this project was a web-resource called OTontheHill (OTontheHill, n.d.). It included outdated legislative issues from 2021 and earlier years, interactive features to take action on an issue, education on systemic issues, and a toolkit that provided links to external organizations and advocacy strategies. While it had a similar goal of increasing advocacy efforts among OT practitioners and students, it did not provide specific information regarding Nevada's legislative and regulatory processes. Nevada-specific content was essential in knowing the appropriate ways to communicate with decision makers in the state. Furthermore, this capstone project included sustainability goals to keep the toolkit a living and updated document.

As a national organization, AOTA provides numerous resources and information on systems-level advocacy (AOTA, 2022b). However, they focused more on federal issues rather than ones specific to states. Educational materials were found on separate pages of the website and included topics of specific legislative and regulatory policies and strategies to get involved as an advocate, such as contacting decision makers and donating to the American Occupational Therapy Political Action Committee (AOTPA) (AOTA, 2023d). This organization contributed monetary donations to candidates in the federal office who support OT. AOTA also provided a Legislative Action Center, which was a webpage with interactive features that provided members with fillable letter templates with information on relevant federal bills and a request for action (AOTA, n.d.). Members can alter the templates as they wish and add their own personal stories to make it unique. Another AOTA online resource was the Diversity, Equity, Inclusion (DEI)

toolkit, which has a learning module on systems-level advocacy (The American Occupational Therapy Association, 2022). This could be accessed as a video or an online handout. It highlighted the importance of communication with decision makers and community members, specific tips for storytelling and articulating the value of OT, examples of legislative impact on OT, and additional resources for further learning. Though AOTA had organized content on systems-level advocacy, the advocacy toolkit in this project aimed to provide a comprehensive one-stop resource that described Nevada legislative and regulatory processes and tips on effective communication with decision makers. The content of the toolkit was influenced by the information presented on AOTA's website with added details and Nevada-specific information.

In terms of Nevada-specific information, many organizations have developed material to educate others about legislative processes in the state. For instance, Immunize Nevada (2022) offered an advocacy toolkit that included information regarding Nevada's 2021 legislative session and resources on how to track relevant state bills. They highlighted and described effective oral testimonies that help influence public policy. There was also educational information on the differences between lobbying and advocacy. Limitations of the toolkit comprised a lack of occupational therapy content and its outdatedness. Other information related to Nevada's legislative processes were found on different pages of the Nevada Legislature's website (Legislative Counsel Bureau, 2023). It also included content on state bills related to OT, legislators' contact information, and tips to testify or provide a public comment. However, since it was a website for the general public, all legislative issues were presented. This may make it difficult to explore bills specific to OT. For regulatory information, since OT is regulated under a regulatory body, relevant information for practitioners and students was typically found in their website (NV Board of Occupational Therapy, 2023). A resource provided by NOTA included

their advocacy page on their website, which had both regulatory and federal and state legislative information related to OT (NOTA, n.d.). While it linked to other websites for further learning, there was limited information on processes and strategies that could help members communicate at a systems-level. Another resource offered to members was email newsletters that detailed relevant state legislative and regulatory policies that were being monitored. Though there were resources detailing legislative and regulatory information in the state, a more comprehensive and detailed resource could increase knowledge on advocacy.

While there were resources that highlighted legislative information, they may be outdated (Immunize Nevada, 2022; OTontheHill, n.d) or focus on federal processes and issues (AOTA, 2023c). However, the Nevada Legislative Bureau (2023) offered updated material and information on bills related to OT, even though their website was not explicitly catered to OT practitioners and students. For regulatory information, AOTA (2023c) described issues at a national level but did not show Nevada's regulatory processes and facts like the State of Nevada Board of OT website did (NV Board of Occupational Therapy, 2023). Some resources had similar educational content on systems-level advocacy and strategies to influence public policy, such as communicating and building relationships with decision makers and testifying before them (AOTA, 2023c; Immunize Nevada, 2022; Legislative Counsel Bureau, 2023; OTontheHill, n.d.; The American Occupational Therapy Association, 2022). AOTA (2023c) included other systems-level advocacy strategies, such as donating to the AOTPAC and using letter templates to take action on a relevant federal bill. Resources also organized their website into different sections and pages, which may be difficult to navigate and find what is needed (AOTA, 2023c; Legislative Counsel Bureau, 2023; NV Board of Occupational Therapy, 2023; OTontheHill, n.d.). Current resources informed the capstone project's advocacy toolkit content and revealed

the need for a comprehensive, one-stop, updated resource that included both Nevada-specific regulatory and legislative processes and strategies to contact decision makers for OT-related issues.

Measuring Political and Regulatory Literacy and Advocacy Efforts

Now that current existing advocacy resources have been reviewed, this section examines how other researchers have measured knowledge, attitudes, and engagement in advocacy. Since an advocacy toolkit was developed for this project, it was essential to explore measurements that could help evaluate the usefulness of the toolkit.

Fietzer and Ponterotto (2015) conducted a psychometric review of instruments that measured social justice and advocacy attitudes. They used the Standards for Educational and Psychological Testing as criteria to find acceptable test development and evaluate instruments' evidence for reliability and validity. Peer-reviewed studies were found through literature searches in databases and focused on finding instruments that advocated for all groups rather than one particular group, such as women. They justified this exclusion criterion based on their social justice values, as advocacy for one disadvantaged group may mean disinterest in advocacy for all disadvantaged groups. Researchers found four instruments that met the criteria, the Activism Orientation Scale (AOS), The Social Issues Advocacy Scale (SIAS), the Social Issues Questionnaire (SIQ), and the Social Justice Scale (SJS).

The first instrument found, AOS, measures individuals' likelihood to engage in social action, such as fundraising, engaging in political rallies, and displaying a poster with a political message. It was found to have evidence for construct and criterion validity and internal reliability. However, test-retest reliability was not reported or assessed. The following instrument, the SIAS, uses a five-point Likert scale to measure current advocacy experiences,

political awareness, social issues awareness, and actions to confront discrimination. Researchers found that all subscales were moderately correlated with political interest, emphatic feeling and expression, engagement in political activism, and desired political activism. It did not correlate with self-esteem or life satisfaction. The authors indicated that the SIAS has evidence of discriminant validity and internal reliability.

The third instrument found was the SIQ, which has four subscales related to perceptions of self-efficacy, interests, barriers, and commitment to social justice actions were measured using a ten-point Likert scale. Researchers found limited evidence between the instrument and outcome measures. However, they reported good to excellent reliability for each subscale. The last instrument was the SJS, which has four subscales that examine attitudes, self-efficacy, subjective norms, and likelihood to engage in action. Researchers found evidence between the SJS and its variables. Criterion validity and internal reliability were reported. Additionally, the authors showed that questions regarding one's likelihood to engage in action predicted engagement in social justice behaviors.

Fietzer and Ponterotto (2015) concluded that all four instruments could be used in future research to examine social justice advocacy engagement and identify discrepancies in advocacy practice. The focus on social justice and advocacy in this study showed a relationship between the two. Systems-level advocacy can promote and address social justice issues, especially those that occur systemically, such as access to care. There may have been more instruments that were reviewed had the authors included instruments measuring specific groups. Their assumption that advocacy for one group may mean disinterest in promoting other groups may not always be true. For instance, increasing advocacy efforts among OT practitioners and students can directly affect

the quality of care for all clients served. This study informed how attitudes were measured in the capstone project.

Nilsson et al. (2011) created and psychometrically evaluated the Social Issues Advocacy Scale. It is a 21-item scale that measures four subscales through a five-point Likert scale numerated from strongly disagree to strongly agree. The subscales are political and social advocacy, confronting discrimination, political awareness, and social issue awareness. A literature review on social justice advocacy was done to develop items related to attitudes and behaviors. Items were then reviewed by an expert group of five graduate students and three faculty members interested in social justice. From 96 statements down to 21, researchers utilized the parallel analysis and principal components analysis. They obtained data from 278 participants, of which White female students were the majority. Scores from their analysis indicated the scale as internally reliable. They also found that more research needs to be done to address validity but that there is initial evidence for criterion validity. Survey items in the instrument described specific systems-level advocacy efforts, such as meeting with and writing to legislators, making financial contributions to political causes, and keeping track of bills. It also asked about attitudes on state and federal policies' role in the profession. The SIAS was a useful instrument to learn about experiences in advocacy and what types of strategies in systems-level advocacy were common.

Waddell (2020) developed and tested a survey instrument called the Waddell Spectrum for Policy Participation Influence and Research (WSPPIR) to measure nurses' participation in health policy. Content and questions in the assessment were created through comprehensive data analysis of instruments that measured health policy participation and were reviewed by three advisory panel members to evaluate the dimensions of the question. Seven nurses with expertise

in health policy contributed to the content validity. Through interviews, five nurses without policy expertise provided clarity and informed whether questions were understandable.

Researchers implemented WSPPIR to 306 registered nurses and found adequate reliability and validity estimates to measure health policy participation. In its final version, 37 ordinal survey items included participation in professional organizations, engagement in health policy within one's practice setting, familiarity with policy processes, health problems, policy decision makers, attitudes toward advocacy participation, and useful skills nurses have to influence policy.

Limitations of the study included attrition as sample sizes diminished as the phases progressed. Participant samples tended to be nurses with more experience in health policy, which could have affected the creation of the assessment. Though this assessment would help measure advocacy efforts, it was inaccessible. Still, the types of measurements included in this study informed pre- and post-toolkit survey questions.

Primomo (2007) investigated nursing students' knowledge, awareness, and involvement in policy processes and skills through a health policy course. The author measured these through a survey instrument called the Political Astuteness Inventory (PAI), first developed by Clark (1981). Participants responded yes or no to survey items, which included voting behaviors, involvement in professional organizations and policy processes, awareness of health policy issues, and knowledge of elected officials and legislative processes. Evidence of content validity and internal reliability was found in this instrument. Another study by Kunaviktikul et al. (2010) measured knowledge and involvement in policy advocacy through their own developed survey. Knowledge questions were close-ended, true or false questions; scores were then translated into levels of knowledge from very high to very low. For questions related to involvement, respondents recorded their level of participation using a four-point Likert scale from none to

high. The survey was found to have high content validity and reliability. In both studies, it was unclear whether participants are knowledgeable about policy processes, as they were only provided with yes or no options. It is possible that guessing occurred, which can skew results. Therefore, it was beneficial to ask multiple-choice questions or write-in responses to gain more insight into participants' advocacy knowledge.

Various instruments are available to measure advocacy knowledge and attitudes (Fietzer & Ponterotto, 2015; Kunaviktikul et al., 2010; Nilsson et al., 2011; Primomo, 2007; Waddell, 2020). They all focused more on subjective experiences that highlight participants' perceptions of advocacy engagement and awareness. Each used ordinal scales to capture participant responses, though the number of points within the scale varied. Furthermore, knowledge measurements were limited to yes or no choices, which may not accurately reflect participants' comprehension of advocacy processes. The content in all instruments measured more general perceptions and actions in advocacy. In contrast, this capstone project aimed to measure specific attitudes and knowledge on Nevada legislative and regulatory processes and their relevance to occupational therapy. The content found in the instruments, such as questions on knowledge, attitudes, self-efficacy, and commitment to engage in political actions, influenced the survey content developed for this project.

Advocacy in Occupational Therapy

Now that instruments measuring attitudes and knowledge on advocacy have been reviewed, this section examines the state of advocacy in the field of occupational therapy. This provides insight into students' and practitioners' roles as advocates, current advocacy efforts as a profession, and recommendations to improve advocacy engagement.

Advocacy in occupational therapy is regarded as an important aspect of the profession as it is part of educational standards required for accreditation in professional programs (AOTA, 2018). Additionally, the Occupational Therapy Practice Framework (OTPF), which outlines the scope of practice for the profession, highlighted the importance of practitioners' and students' role in advocating with and for individuals, groups, and populations to improve engagement in meaningful occupations (AOTA, 2020). This means that practitioners and students have a professional duty to engage in systems-level advocacy to influence policies that could positively impact clients and practitioners.

Parsons (2022b) reported the outcomes of systems-level advocacy efforts among AOTA members and staff. The author focused on federal bills impacting OT that passed in Congress in 2022. She stated that members sent 7,800 letters to federal legislators in November and December alone through the Legislative Action Center. As a result, legislation on initiatives to increase diversity in the field, include OTs in mental health settings, extend OT telehealth services for clients, and increase resources for client care in lymphedema treatment passed. However, Parsons (2022b) also indicated challenges in cuts to services and reduced reimbursement rates for OTAs. The author shared that AOTA is part of coalitions that collaborate on issues related to payments and insurance coverage and that the AOTA Federal Affairs team works to increase opportunities for practitioners and advance the profession. This article showed how practitioners and students in a professional organization have opportunities to advocate and support teams who are dedicated to advocacy work.

A phenomenological study by Dhillon et al. (2015) examined how occupational therapists in Canada practiced advocacy in a variety of clinical settings. Using convenience sampling design to gather information from 13 OTs who self-reported engaging in advocacy with or for

people with disabilities, researchers collected data using one-hour face-to-face, semi-structured interviews. Data was analyzed through content analysis with triangulation with others to establish common themes. Four identified themes revealed that advocacy is: multidimensional, part of usual practice, assisting clients with access to equipment, services, or funding, and empowering clients to engage in self-advocacy. Conclusions of the study showed the tendency for practitioners to advocate at an individual level versus a systems-level. Limitations of the study involved a lack of details on participant demographics, affecting accurate perceptions of advocacy among practitioners. However, the findings were relevant to the current project as it demonstrated the need for increased education on systems-level advocacy and revealed that advocacy can impact access to resources and services, funding, and improved client rapport.

A phenomenological study by King and Curtin (2014) explored how occupational therapists advocate for individuals with a Traumatic Brain Injury. Using an interpretive phenomenological analysis approach, researchers performed individual and group semi-structured interviews with 13 occupational therapists from different brain injury rehabilitation programs. Two findings that emerged from the study indicated that advocacy is deemed important to practice, though participants felt a lack of skills to advocate. Additionally, practitioners demonstrated a willingness to use advocacy to empower clients to self-advocate and educate stakeholders regarding clients' needs. Advocacy experiences among this sample included supporting clients in meeting the eligibility criteria for funding and insurance to access equipment and services. A limitation of this study involved the lack of representation from other rehabilitation programs, of which OTs may have had different advocacy experiences. However, this study indicated that skills found in individual-level advocacy can translate into systems-level advocacy.

As healthcare reforms occur and new policy changes arose, Lamb and Metzler (2014) articulated the need for occupational therapy practitioners to demonstrate the profession's value to ensure client services are met and that there is fair reimbursement and advancement for practitioners. Both authors presented expert opinions as they served in leadership positions at AOTA (vice president and chief public affairs officers). The article reviewed statistics and the current evidence on the impact of policies while adding how occupational therapy can be integrated in various settings and organizations. They included justifications for occupational therapy practitioners' role in research, education, prevention, and clinical practice settings. By providing examples of how occupational therapy can be involved in everyday activities, the authors assert the importance of advocacy to ensure that the profession's full benefits are being utilized. Lamb and Metzler encouraged practitioners to communicate information related to improving client care and population health while reducing the costs of health care. This can lead to a reciprocal relationship with stakeholders and different programs and organizations. Despite the lack of rigor in methods, this article revealed the need to increase advocacy involvement among practitioners and what strategies may be effective when communicating with decision makers.

Lencucha and Shikako-Thomas (2019) conducted a scoping review to examine how policies were addressed in OT literature. Researchers used five databases and found 64 articles that met their inclusion criteria addressing public or organizational policy in OT. Articles were then subjected to descriptive and thematic analyses. Results from the review revealed that most of the articles discussed health care public policy at a national level. Two concepts emerged as a result of data analysis: (a) awareness of how policy impacts clients and OT practice and (b) a call to action for OTs to engage in advocacy efforts and embed OT values in policy. The review

showed how policies can impact clients' occupational engagement, quality of life, and access to services. In OT practice, policies affected types of services and interventions allowed, reimbursement rates, therapy goals, and possibilities for entering emerging practice areas. The second concept highlighted that political involvement can be used as a tool to address structural factors and occupational injustices. Additionally, studies revealed several calls to action to include OT perspectives, values, and research into policy creation. The authors concluded that there was limited research on the intersection between policy and OT. Due to the broad definition of policy, not all relevant studies may have been included in this review. Furthermore, while authors provided an overview of the topic, they did not mention any specific interventions or best practices that can support OTs' political involvement. Nevertheless, this article revealed the need for a resource to educate on policy processes to increase advocacy efforts and obtain the positive benefits of public policy.

The articles reviewed show that OT practitioners and students have a role in advocacy and a responsibility to participate in advocacy efforts (AOTA, 2018, 2022; Dhillon et al., 2015; King & Curtin, 2014; Lamb & Metzler, 2014; Lencucha & Shikako-Thomas, 2019; Parsons, 2022b). When individual members advocate and support the efforts of professional organizations, positive changes in legislation can happen (Lamb & Metzler, 2014; Parsons, 2022b). Advocacy among practitioners was typically found in direct client interactions at an individual level, but skills required in client care, such as communication and education, can be translated into systems-level advocacy efforts (Dhillon et al., 2015; King & Curtin, 2014; Lamb & Metzler, 2014). Furthermore, practitioners recognize the value of advocacy despite reporting a lack of confidence and skill to do so (Dhillon et al., 2015; King & Curtin, 2014). Currently, there is a paucity of research regarding OT's advocacy efforts in public policy, especially at a state

level (Lencucha & Shikako-Thomas, 2019). Findings from studies that do exist emphasized how policies can affect clients and OT practice and how OTs need to increase their political involvement in policy creation and implementation (Lencucha & Shikako-Thomas, 2019). This literature showed that practitioners and students could benefit from a resource on systems-level advocacy that can help increase their confidence and skills to communicate with decision makers.

Advocacy in Occupational Therapy Students

Given that research has shown how practitioners and students can benefit from resources regarding advocacy, this section discusses the state of advocacy knowledge among OT students. It helped guide what content to add in the toolkit to address any gaps in knowledge and attitudes.

The Accreditation Council for Occupational Therapy Education (ACOTE) standards require that OT and OTA students learn and understand the process of advocating (AOTA, 2018). This is detailed in standard B.5.2. However, it did not include ways to change or revise public policies that could have lasting changes. There were also no specific guidelines as to what kind of advocacy information should be taught. For instance, classes may only cover Medicaid and Medicare information. There was no consistency across programs on how advocacy is taught and defined. Other relevant information included the skills and knowledge needed to perform assignments related to legislation. For instance, knowing how to synthesize health care reforms, determine legislators' support of or opposition to health care reform, and how to recommend suggestions to legislators regarding policymaking or policy revisions.

Ripat et al. (2013) conducted a grounded theory study to determine occupational therapy students' perceptions of how their educational and clinical experiences influenced their client-centered development. Twenty-nine students from an entry-level OT program took part in focus

groups that utilized semi-structured interviews. Content analysis and the creation of codes led to the formation of the six themes. These included internalizing client-centeredness, relationship building, understanding who the client is, systems influences, academic/practice discrepancy, and power and control. Conclusions of the study implied that students were more confident in their abilities to utilize client-centeredness for individual level issues and less so for organizational challenges; there was an absence of confidence in client-centered strategies at a systems-level such as in political or coalition advocacy. Findings were relevant to the project as it demonstrated students' lack of awareness and skills in systems-level advocacy.

Alden et al. (2016) sought to determine what motivating factors and methods helped increase interest and engagement in professional advocacy among first-year OT students. Over one semester, students learned about actionable advocacy items, such as contacting decision makers and getting involved in the state association. Researchers found that students had a higher interest in advocacy through a pre-and post- survey that had Likert-designed and open-ended questions. They concluded that hands-on experiences were the most effective in promoting advocacy among students and that the integration of advocacy modules throughout the semester was feasible. Since students were recruited in a university close to the national capital, they have greater accessibility to this learning experience. Those who live farther can opt to travel to the state legislature to meet with local representatives and obtain a similar experience. This study showed that exposure to novel and engaging professional activities can increase one's interest in engaging in governmental affairs and that educational modules have some value in disseminating this information.

Alden et al. (2021) sought to design an educational program that promoted student diversity and engagement in advocacy efforts. Their program was informed by a pilot study and

a literature review on the political skills necessary to influence public policies and barriers that limit political participation. Within three months, researchers instructed 27 students each module for 30 minutes, which included didactic and experiential learning activities. Researchers examined the efficacy and impact of the program on students' knowledge, skills, and attitudes through a developed pre- and post-test survey and found significant increases for all subscales. Limitations of the study included the use of researchers as instructors, which could have skewed results favorably, and the use of a non-standardized test. This study informed the toolkit's content to increase knowledge in political processes and possible advocacy strategies used.

Holm et al. (2020) investigated 251 OT and OTA students' engagement with professional associations through a survey sent through the OT Academic Fieldwork Coordinators' listserv. The survey included quantitative and qualitative questions about support and challenges to professional memberships in student, state, and national organizations. The authors found that students valued professional memberships to stay informed on OT trends and best practices, help advocate for the profession, and network with other students and employers. Students would value their memberships more with financial support, improved education resources, and networking opportunities. Challenges to membership involved finances and perceived uncertainty of its values. Other potential barriers may have been unlisted in the survey choices. The authors found that faculty have the most influence on student engagement in professional organizations and that there should be focused efforts in providing education on membership benefits and financial assistance to recruit and maintain students. One limitation of the study included a small sample size that made it difficult to generalize findings to the population. This study contributed to how an advocacy resource can add to student member benefits that allows them to advocate and stay current on the profession's trends.

Literature on the state of advocacy among OT students revealed that students were less confident in systems-level advocacy efforts and were more likely to advocate at an individual level, which may be due to what advocacy information was prioritized in their OT program (AOTA, 2018; Ripat et al., 2013). To address this, researchers provided educational interventions that increased students' interests, knowledge, skills, and positive attitudes toward political participation (Alden et al., 2016; Alden et al., 2021). Memberships in state and national organizations have also been shown to increase support for advocacy efforts; however, there is a need to provide financial support and educate students about the value of professional organizations to sustain their membership past graduation (Holm et al., 2020). The articles reviewed show that advocacy interventions that target systems-level advocacy efforts helped increase student knowledge, attitudes, and engagement and that there was a need to highlight the value of membership in professional organizations.

Advocacy and Education in Other Healthcare Students

Now that literature on advocacy knowledge among OT students has been reviewed, this next section examines how other healthcare students receive education on advocacy and what efforts have been made to increase their knowledge and skills. This allowed comparisons between professions and added to relevant, introductory content that was useful for students.

Press et al. (2015) aimed to understand the effectiveness of an advocacy-based curriculum on student identity. Eighty-eight first-year medical students had learning activities in a 10-week course. Researchers reviewed reflective essays and conducted pre-and post-surveys to explore student attitudes towards access to care, underserved populations, advocacy, and their roles as advocates. Researchers triangulated their data to determine significance. Results show that there were increases in students self-identifying as an advocate because of the provided

learning activities. Researchers concluded that advocacy in students' curriculum increases learning and understanding of one's role as an advocate despite preconceived notions of challenges in time and workload. The limitations of this study include a sample size that only took place in one institution, limiting generalizability to other universities or other cohorts. Outcomes bias may also exist as students may have leaned toward positive attitudes to please their professors or because the program requires service experiences. Takeaways from this study included the benefit of having mandatory education for incoming students to expose them early in their education to think about their role as a professional and advocate. Hands-on activities and experiential learning supported engagement and increased understanding of why advocacy is needed.

Blake and Powell (2011) determined the effectiveness of a political advocacy elective course on 48 second-year pharmacy students' awareness, knowledge, and involvement in advocacy efforts. The study took place in a university close to the state capital, where they had more access to legislators. For once a week for two hours in a semester, students engaged in learning activities graded by the instructor. To measure outcomes, students responded to a 45-item questionnaire to determine the strengths and weaknesses of the course and had an 87% response rate. Results revealed that the course taught students how to access and obtain information. Students emphasized the importance of involvement in professional organizations and awareness of current legislation. The authors concluded that an advocacy course can increase students' knowledge of their role as an advocate. Due to the nature of an elective course, students who choose to enroll in this class are likely to have an interest toward advocacy efforts, which may have led to positive reviews of the course. Furthermore, student responses may have been influenced due to researchers' involvement in the coordination of the class.

Bernklau Halvor (2016) aimed to develop an educational model that motivates social work students to increase their political advocacy efforts. Thirty-nine social work students participated in this study for one term. Data was collected using a pre- and post-test survey, a focus group, and an optional individual interview. The researcher observed classes without any student interaction to determine what teaching methodologies, content, and discussion questions were effective in increasing student interest in political engagements. Results show that political interest and political internal efficacy increased or remained after the conclusion of the course. The researcher concluded that a presentation style catering to different styles of learning, encouraging questions, feedback on work, and experiencing the instructor's commitment to political involvement were effective teaching methods that increased motivation. Additional teaching strategies included clear communication that students can impact the political system, exposure to different political activities and organizations, and encouragement for self-directed learning. Since the study was done in a classroom setting where the researcher's presence is known, students may have behaved differently and skewed results in favor of the class. By learning motivational factors that can influence students to engage in advocacy, content in the toolkit was revised to reflect what would be more profound for them.

Nowakowski-Sims & Kumar (2021) investigated the effects of an experiential advocacy learning activity on 649 social worker students' attitudes and perceived self-efficacy in legislative advocacy efforts. Students attended a two-day legislative event that included interaction with legislators and education on advocacy. Researchers used pre- and post-tests with quantitative and qualitative questions adapted from the SIAS and the Internal Political Efficacy Scale to capture student perceptions within one month. Results indicated an increase in 209 students' attitudes and self-efficacy and revealed that meetings with legislators were the most

valuable experience. Results may have been skewed due to attrition and sampling biases, as there were many students who did not complete the post-survey and students voluntarily participated in the event, implying a pre-existing interest in advocacy. The authors concluded that though this experiential learning activity required time and commitment, it can encourage students to continue engagement in advocacy efforts. This study contributed to evidence of the need to learn how to build relationships with decision makers, as it can increase one's self-efficacy.

Other healthcare professions also prioritize increasing advocacy efforts. Many of the advocacy interventions offered were part of students' coursework (Bernklau Halvor, 2016; Blake and Powell, 2011; Press et al., 2015) or was an experiential learning activity (Nowakowski-Sims & Kumar, 2021). All interventions led to increased awareness, knowledge, attitudes, and involvement in advocacy efforts. Exposure to meetings with legislators were helpful in solidifying students' understanding of their role as an advocate (Blake & Powell; 2011; Nowakowski-Sims & Kumar, 2021).

Advocacy in Professional Organizations

Given that advocacy is an essential component of students' roles, this next section looks at how professional organizations advocate for clients, practitioners, and the profession, and what resources are available to students. This provided insight into gaps in organizational resources and what information helps support national and state associations advocate.

National and state professional organizations offer opportunities for systems-level advocacy and advocacy efforts (AOTA, 2023b; NOTA, 2022). Both AOTA and NOTA send updates to members on legislative and regulatory issues and invite members to take action by contacting decision makers through phone calls, emails, and testimonies. Similar-sized states to Nevada, in regard to number of occupational therapy practitioners, also provided other ways to

advocate, such as through a lobbyist, legislative committees, planning a Legislative Day, and having a political action committee (Iowa Occupational Therapy Association, 2022; Occupational Therapy Association of Oregon, 2020; Utah Occupational Therapy Association, 2022). Larger and more populous states included these resources as well with more events and educational information pertaining to systems-level advocacy (New York State Occupational Therapy Association, 2022; Occupational Therapy Association of California, 2022; Texas Occupational Therapy Association, Inc., n.d.). Since state associations are independent of the national association, there is no standard for what advocacy resources are provided. Therefore, there is a varying amount of content and events offered by each state association.

Other healthcare professionals in Nevada also offer advocacy resources for their practitioners. For instance, the American Physical Therapy Association Nevada (n.d.) and Nevada Speech Language Hearing Association (n.d.) present systems-level advocacy opportunities through contact with decisionmakers, lobbyists, and their political action committee and having leadership programs for students specific to advocacy. Nurses in Nevada have a strong advocacy network as they work with an organization called ANA RNAction, an organization specifically for advocating to Congress members for practitioners (Nevada Nurses Association, 2022). Physicians also have a strong representation as the Nevada State Medical Association (n.d.) is the largest organization to advocate for physicians at the Nevada Legislature and in the United States Congress.

Synthesis

Toolkits have been commonly used to increase access to information and educate others on a specific topic (Irwin et al., 2020). There were no advocacy toolkits or resources that describe Nevada legislative and regulatory processes in depth in relation to occupational therapy (The American Occupational Therapy Association, 2022; Immunize Nevada, 2020; NOTA, n.d.;

OTontheHill, n.d.). Thus, students would benefit from a one-stop comprehensive resource that includes all the foundational information needed to increase access to educate oneself. While there are many different ways to measure knowledge and attitudes toward advocacy (Fietzer & Ponterotto, 2015; Kunaviktikul et al., 2010; Nilsson et al., 2011; Primomo, 2007; Waddell, 202), none of them are specific to Nevada and occupational therapy. Still, components of the existing surveys influence the developed surveys' contents, such as advocacy strategies included to measure self-efficacy. The state of advocacy among OT revealed that there were many calls to action to increase political involvement to ensure that public policies include OT in beneficial legislation that support clients' needs and the profession's advancement (Lamb & Metzler, 2014; Lencucha & Shikako-Thomas, 2019). However, practitioners and students reported a lack of confidence and skill to engage in systems-level advocacy efforts (Dhillon et al., 2015; King & Curtin, 2014; Lamb & Metzler, 2014). It has been shown in occupational therapy and other healthcare professions' education that advocacy interventions lead to positive changes in knowledge, attitudes, and awareness of their role as an advocate at a systems level (Ripat et al., 2013; Alden et al., 2021; Holm et al., 2020; Press et al., 2015; Blake and Powell, 2011). Since there was a lack of student-specific resources in Nevada that targeted systems-level advocacy skills and knowledge (P. Cook, personal communication, September 11, 2022), this capstone project aimed to address this gap and promote systems-level advocacy efforts.

Statement of Purpose

The purpose of this project was to create an advocacy toolkit for occupational therapy and occupational therapy assistant students in Nevada to increase their awareness of systems-level advocacy processes and strategies and build their foundation in advocacy skills.

Objectives

The project's objectives aimed to:

- increase knowledge of Nevada's legislative and regulatory processes and actionable advocacy strategies.
- inform OT and OTA students of various ways to advocate at local, state, and national levels.
- create an accessible, comprehensive resource on systems-level advocacy, which can also be used by practitioners and other state associations.

Information regarding Nevada's political and regulatory systems included an overview of who decision makers are, how bills are passed, and current legislative and regulatory policies related to occupational therapy in Nevada. There was also content on various systems-level advocacy strategies that help articulate occupational therapy's distinct value to key stakeholders, including tips for storytelling, testifying, writing letters, and setting up meetings with legislators.

Theoretical Framework

This section explains the two theoretical frameworks guiding this project: Participatory Occupational Justice Framework (POJF) and the Advocacy Strategy Framework. The POJF emphasizes the facilitation of social inclusion, the idea that all individuals have a right to participate and engage in meaningful occupations (Townsend & Whiteford, 2005). It is an occupational injustice if individuals cannot do what is meaningful to them for any reason, such as being deprived or excluded. An example of occupational injustice is laws restricting transgender individuals from accessing gender-affirming care. Whiteford et al. (2018) asserted that occupational injustices could be addressed at various levels, like political and systems levels, by raising awareness of occupational injustices and creating a collaborative solution.

The POJF guided the toolkit's development and content. First, a collaborative approach was taken to ensure that the toolkit was informed by different sources, such as advocacy experts, OT state association leaders, and NOTA members, to identify common, effective advocacy strategies and gaps in knowledge. Since literature revealed that students and practitioners have limited involvement in systems-level advocacy, the toolkit's content raised awareness of how influential public policies could be for clients and practitioners, as policies have the potential to address health inequities and occupational injustices. Since OT's goal is to support individuals' and communities' engagement in meaningful occupations, the toolkit provides educational information on a political level approach to do so. Through the toolkit, students are equipped with the foundational knowledge needed to begin action toward policy changes. The POJF guided what information is required to achieve social inclusion.

The following guiding framework is the Advocacy Strategy Framework. It is a non-linear continuum that guides how advocacy strategies can influence audiences and changes (Coffman

& Beer, 2015). Audiences are defined as targeted individuals or groups such as the public, policy influencers, and decision makers. Changes include the consequences of advocacy efforts that lead toward a policy goal. Changes begin with an awareness of a problem or potential policy solution. It leads to will, which relates to the motivation to act on an issue. The continuum ends with action wherein policy efforts are taken or facilitated.

The Advocacy Strategy Framework informed the project with an approach that supported student learning by first introducing them to systems-level advocacy and then explaining its impact on client health and OT. Due to a gap in advocacy skills found among OT students, this capstone project aimed to start with increasing awareness of issues and available advocacy strategies to build their foundation. OT students were considered public members who could encourage influencers and decision makers to make positive changes. Through the continuum offered by the framework, there was guidance on the direction of what practical advocacy tools can lead to action and influence policies. These frameworks work together to inform the content of ways systems-level advocacy efforts can address occupational injustices and how they can increase knowledge and awareness in these areas.

Methodology

The following section includes methods to complete the capstone project. First, it will discuss the project's design. Next, it will provide a description of capstone site. The third subsection will explain how data was collected and the instruments used. The fourth subsection will describe the sampling design of the target population. The fifth subsection will describe pilot studies. The sixth subsection will explain the procedures of the project. The last subsection will show data management and analysis.

Project Design

The design of this quality improvement project involved two phases. The first phase was to develop the toolkit and the pre- and post-toolkit surveys that evaluated its usefulness. The toolkit included an introduction to systems-level advocacy, how to navigate the resource, topics related to Nevada legislation and regulation, building relationships with decision makers, Hill Day, the AOTPAAC, and references to additional resources for more information (see Appendix A). The toolkit was created in an online graphic design website called *Canva*. It included interactive and multimedia features catering to different learning styles, such as videos and using a Google Jam Board to share responses.

To ensure that this project had relevance to current practitioners and students in Nevada, a membership survey was developed in a survey platform called *Qualtrics* to learn about NOTA members' needs and preferences (See Appendix B for the survey). Pre- and post-toolkit surveys were also created to evaluate the toolkit's usefulness (See appendices C and D). All were developed under the guidance of the faculty and expert mentors to increase face validity, ensuring all survey items were relevant to the project. Surveys are instruments used to collect data and provide information on the topic of interest from a target population (Fowler, 2014). Their broad scope allows learning of different qualities of the population, though there may be a

lack of depth in responses (Polit & Beck, 2017). This was addressed by including quantitative and qualitative data in the survey for participants to explain their answers. Once the material was finalized, a small sample of students reviewed the toolkit and surveys and were interviewed on their experiences to increase the materials' internal validity.

After the toolkit and surveys were further developed, the project's second phase began: evaluating the toolkit. Recruited students first completed the pre-toolkit survey, which had questions on their demographics, knowledge, and attitudes toward systems-level advocacy. After, they reviewed the toolkit to learn about Nevada legislative and regulatory information and advocacy strategies. Lastly, they took a post-toolkit survey with the same questions as the pre-toolkit survey to measure any changes in knowledge and attitudes. The survey also had an additional section for students to rate the usability of the toolkit.

As a quality improvement project, student feedback was valuable in developing an advocacy resource targeted at students and practitioners in Nevada. This project aimed to create a toolkit for student use that will hopefully increase interest and engagement in systems-level advocacy efforts. It is also an accessible resource for NOTA to use and share with members and support their mission of advancing and advocating for the profession.

Agency Description

NOTA is a non-profit professional association that serves as an occupational therapy resource for practitioners, students, and the general public by providing networking opportunities, continuing education, legislative and regulatory updates, and scholarships. Currently, there are 227 active members comprised of occupational therapy practitioners and students, retired practitioners, undergraduate students, corporate sponsorships, and employers who can post job opportunities.

Collaboration with NOTA led to the development of a membership survey to learn about members' advocacy skills and knowledge. NOTA will use this data to inform its organizational goals and form events based on the needs revealed. The project also used this data to create the toolkit's content based on members' needs and preferences; learning strategies that were deemed most helpful for members were also incorporated.

During the capstone experience, NOTA provided experiential learning and networking opportunities to inform the advocacy toolkit further. Tasks included attending Nevada regulatory board meetings and other state association meetings to determine resources and events. Information gathered from how state associations advocate can improve the way NOTA and its members advocate. In addition, this author served as a team member in the Legislative, Advocacy, and Leadership team, which included planning for NOTA's Hill Day in March and hosting lunch and learn sessions in OT and OTA programs to provide legislative and regulatory updates. Other capstone activities involved reflections on podcast episodes related to civic education, workshops related to leadership and the 2023 legislative session, and attendance in relevant conference sessions during the Western Regional OT Spring Symposium.

Data Collection

For both phases of the project, data was collected through the developed surveys. The advantages of surveys include cost-effectiveness and anonymity (Polit & Beck, 2017). However, the disadvantages of surveys comprise lower response rates compared to interviews and a possible lack of clarity depending on how the questions were written. These disadvantages were addressed through financial incentives and pilot studies to determine the readability and quality of the survey questions.

While there are advantages to using pre- and post-toolkit surveys, the lack of a comparison group led to higher threats to internal validity, such as testing, selection bias, and attrition (Taylor et al., 2017). Internal validity is whether the results show a true relationship between the outcomes and the intervention. For example, suppose this project showed a high internal validity. In that case, the advocacy toolkit was solely responsible for increasing students' awareness of regulatory and legislative literacy and advocacy efforts. Furthermore, since participants were recruited through convenience sampling, data may be skewed and affect external validity. External validity refers to how results from this project can be related to other situations or groups. For example, if students indicated that the toolkit was useful, future students will likely find it useful as well.

The NOTA membership survey was the first one administered because it provided insight into members' needs and preferences, informing the toolkit's content and the survey questions. After, the pre- and post-toolkit surveys were developed with questions based on the toolkit's content to evaluate its usefulness. Instructions specified requirements for the process to be completed in one sitting to limit external factors that may affect changes in knowledge or attitudes. However, students were encouraged to take breaks as needed throughout this process. Completing students' participation in the project in one sitting promoted immediacy in the measurement of data, which increased the likelihood that a change in scores was attributed to the advocacy toolkit. Survey completion in both phases was not monitored to accommodate schedules and increase convenience and flexibility.

Instrumentation

The NOTA membership and evaluation surveys contained similar questions related to knowledge and attitudes. However, the membership survey asked for more detail regarding

members' characteristics and past experiences in advocacy to understand what is already known and what information needs to be addressed. Of note, questions related to residence, areas, and year of practice were adapted from the regulatory board's 2020 survey data (State of Nevada Board of Occupational Therapy, 2020). The survey also included questions on members' preferences in what and how information related to advocacy was presented to increase interest and engagement with the resource.

Compared to one another, the pre- and post-toolkit surveys had the same questions related to knowledge, attitudes, and self-efficacy to show any changes in answers. Each participant was provided a random ID in the pre-toolkit survey that required participants to type in the survey and write it down on a separate piece of paper. The pre-toolkit survey questions exclusively asked for demographic information. Knowledge questions in the survey were presented in a multiple-choice format, with one short answer and one essay question. It was a mix of questions about Nevada's legislative and regulatory processes. An essay question was provided to determine students' understanding of the impact of systems-level advocacy on occupational therapy services. Attitude and self-efficacy questions were presented on a five-point Likert scale to examine student beliefs and self-perceptions on systems-level advocacy efforts. Then at the beginning of the post-toolkit survey, students were required to input the same random ID number. Additionally, the post-toolkit survey included additional, adapted questions from Verkuyl et al.'s (2022) Toolkit User Experience survey to determine the usability of the created toolkit.

The Toolkit User Experience survey was added to measure users' experience with the resource provided. It is based on the Technology Acceptance Model, which is a framework that considers two factors when using a new technology product: perceived ease of use and perceived

usefulness (Davis, 1989). Since the advocacy toolkit is offered online, it is important to determine students' perceptions of whether it is user-friendly and understandable. Verkuyl et al.'s (2022) survey was adapted from previous studies and consists of 19 questions, including five demographic items and 14 on consumers' perceptions of ease of use and usefulness. Respondents used a five-point Likert scale to rate each survey item. Verkuyl et al. (2022) calculated the reliability of survey items using Cronbach's alpha. They found it to be 0.76, an acceptable measure of reliability. Statements from the Toolkit User Experience survey were adapted to include relevance to occupational therapy and specify the NOTA Advocacy Toolkit. Refer to Table 9 to view the modified survey items.

Target Population and Recruitment

For the toolkit development, all NOTA members were recruited through convenient sampling methods for three weeks, beginning week one of data collection to complete the membership survey. An email sent to NOTA's emailing list invited all 254 practitioners and students to respond to the membership survey. Most NOTA members were OTs and OT students at the time of recruitment. Other members included OTAs, OTA students, retirees, and undergraduate students. Members received weekly reminders to complete the survey until it was closed on week 3 of data collection.

For evaluating the toolkit, a mix of NOTA student members and entry-level UNLV OT students was recruited through convenient sampling methods for three weeks. Forty-four students were NOTA student members, comprising different universities; 18 from UNLV, 17 from Touro University Nevada (TUN), four from Pima Medical Institute (PIMA), and five others who either have an unlisted university or are currently studying out of the state. There were 85 students currently enrolled as UNLV OT students. UNLV students who were also NOTA student

members were subtracted from the total participant pool possible, which totaled 111 students. The inclusion criteria for this project included all current UNLV OT students and NOTA student members. Practitioners and OT and OTA students from other programs who were not NOTA members were excluded from this project.

Before the main study began, this author introduced the capstone projects to first- and third-year OT students at TUN and first-year OTA students at PIMA. NOTA members in these groups were encouraged to participate. During the first week of data collection for the main study, a recruitment email was sent to all NOTA members (see Appendix E). A social media graphic was also shared on Instagram and the GroupMe chat of third-year UNLV OT students with a link to an interest Google Form requesting students' email. In week two of data collection, first- and second-year OT students from UNLV were invited to participate in the project through five-to-ten-minute class presentations. Five flyers approved by the UNLV OT administrator and program director were also posted on the Shadow Lane campus bulletin boards (See Figure E1 for the flyer). In the third week, reminder emails were sent to all interested students and NOTA student members at the beginning of the week and the day before the surveys closed.

Pilot Studies

The purpose of a pilot study is to evaluate the surveys and toolkit and ensure respondents can understand and respond to questions (Taylor et al., 2017). It determined the quality of instructions, questions, and survey experience, revealed any biases, and informed the duration required to complete the pre-and post-tests (Fowler, 2014). Participants' insights into the navigation and content of the toolkit and surveys were valuable in improving its usefulness.

Phase 1: Toolkit Development

All NOTA board members were invited to review the membership survey for its quality. An email was sent to nine board members to complete the survey and provide any written or verbal feedback. From one verbal feedback, a question was removed due to its irrelevance. Additionally, based on the results, academia was added as a practice area.

Phase 2: Toolkit Evaluation

Two pilot studies occurred three weeks before the main study began. Each pilot study comprised five students. Recruitment was done by emailing randomly selected participants, word of mouth, emailing the NOTA student member mailing list, and sharing a social media graphic on Instagram and the all-cohort Discord server (see Figure E2 for the social media graphic). Ten students were emailed randomly and were selected using a random generator. A link to an interest Google Form requesting their email was also posted with the social media graphic. Those interested received confirmed interview times. An email to NOTA student members was sent after receiving insufficient responses from previous recruitment methods. Recruitment terminated after ten students signed up.

It was estimated that two hours were required to complete the process of responding to the surveys, reviewing the toolkit, and participating in a semi-structured interview afterward to obtain insight into their experiences. On average, students spent about an hour and a half during the whole process of completing the surveys and reviewing the toolkit. All deemed it manageable.

Constructive feedback in pilot study 1 led to implemented changes in pilot study 2. Survey changes from pilot study 1 included reorganizing questions and clarifying statements for navigation and wording for Likert-scale questions. For design, recommendations included reorganizing information and modifying visuals and text to effectively and concisely enhance

important information. Regarding content, suggestions involved clarity on some topics related to legislation and regulation and adding content to actionable steps possible.

Students in the second pilot study evaluated the modified surveys and toolkit. Overall, students reported positive feedback on the toolkit's design, content, organization, and navigation and indicated that the survey was straightforward. Constructive feedback on the survey involved more clarity on instructions and survey statements and adding a demographic option for NOTA student members who have graduated but are not currently practicing. Recommendations for the toolkit involved clarification on toolkit navigation and reorganizing and enhancing visuals.

Procedures of the Study

The following procedures were used in this quality improvement study:

1. Data was gathered to inform the toolkit's content before the Capstone Experience and continued during the experience.
2. The NOTA membership survey was created (See Appendix B for a copy of the survey).
3. The NOTA membership survey was piloted for one week among board members and then sent to all NOTA members to complete within three weeks (See Appendix E for the recruitment email to NOTA members).
4. The NOTA membership survey was downloaded from Qualtrics and exported into IBM SPSS 28 software. Incomplete responses (less than 50% completed) were removed for data analysis from both surveys.
5. Exported data were checked and modified for accuracy. Types of variables were identified.
6. A descriptive calculation was run on all variables. Content analysis was done on one open-ended question by this student author.

7. The toolkit and pre- and post-toolkit surveys were developed and reviewed by mentors (see Appendices A, C, and D for a copy of the toolkit and surveys).
8. During a board meeting, a \$250 budget was proposed to NOTA to incentivize phase 2 pilot and main study participants. It was discussed and approved that pilot participants receive \$15, while main study participants receive \$10.
9. Recruitment for ten pilot study participants occurred using methods outlined in the recruitment section above (See Appendix E for a copy of the email sent and Figure E2 for the social media graphic).
10. Two pilot studies were conducted, as described in the pilot study section above. Feedback from the pilot studies was used to make changes in the data collection process and the content of the toolkit and surveys.
11. Recruitment for main study participants began using methods outlined in the recruitment section above (See Appendix E and Figure E1 for recruitment materials).
12. Interested students received an email describing the main study and a link to the pre-toolkit survey. Completing the pre-toolkit survey automatically redirected students to the toolkit website, where they can find the post-toolkit survey link near the end after review. Once the post-survey was completed, respondents were automatically redirected to a separate survey link to provide their email for financial compensation if they desired.
13. Survey participation was anonymous, and random ID numbers were provided to match pre- and post-results during data analysis.
14. Pre- and post-toolkit surveys were separately downloaded from Qualtrics and exported to the IBM SPSS 28 software for data analysis on quantitative data. Both files were merged.

Incomplete responses (less than 50% completed) were removed for data analysis from both surveys.

15. Exported data were checked and modified for accuracy. Types of variables were identified.
16. A descriptive calculation was run on all variables and was followed by inferential statistics as appropriate. Refer to the data management and analysis section below for more details.
17. This student author and the capstone mentor completed content analysis on one open-ended question.
18. Emails were sent to all interested students and students found in NOTA's mailing list to gather information on participants who completed the pre-survey but not the post-survey.
19. Results were tabulated and reported.
20. Interpretation, discussion, and conclusions were generated.
21. The advocacy toolkit was uploaded to NOTA's website per the approval of the capstone mentor.

Data Management and Analysis

All three surveys were downloaded from Qualtrics and exported into the IBM SPSS 28 software for data analysis. Since the pre- and post-toolkit surveys were separate files, they were manually merged. Data was checked for accuracy and modified as needed. Types of variables identified in all surveys were nominal, ordinal, or scale data. Nominal data included demographic information, while questions on attitudes and toolkit usability were ordinal data. Knowledge questions were scale data. Descriptive statistics were run on all variables. For the NOTA membership survey, Measures of central tendency using mean scores and standard

deviation were reported for Likert-scale questions to depict answers that were chosen on average. Inferential statistics were then used to compare ordinal and scale data differences between pre- and post-toolkit responses.

The related samples Wilcoxon Sign Ranked Test was utilized to compare students' responses on their knowledge and attitudes before and after the toolkit. This test was chosen as there was no normally distributed data in each variable, the data collected were classified as ordinal or scale, the sample size was less than 30, and the use of random ID numbers enabled the pairing of results (Pett, 2016).

Knowledge questions were individually graded to measure students' legislative and regulatory literacy differences. Most knowledge questions were multiple choice —seven questions related to legislative literacy and five on regulatory literacy. The short answer was worth two points and asked about the difference between legislation and regulation, for a total of eight possible points for legislative literacy and six points for regulatory literacy. Content analysis was not conducted on the short answer as it did not involve subjective interpretation.

This student author and the capstone mentor conducted a content analysis to capture qualitative data and compare differences in knowledge of the impact of systems-level advocacy on OT services. The two parties reviewed pre-toolkit survey responses and separately identified and defined concepts and categories found. Afterward, discussions and reasoning for coded data occurred until a consensus was reached, increasing reliability. Each response was then classified into the created categories. After, post-toolkit survey responses were categorized under the developed concepts from the pre-toolkit survey. Separately, the pair explored any new concepts found in the post-toolkit survey. Another meeting occurred between the two parties to discuss new concepts found and redefined definitions of previous concepts to make them more

comprehensive. Lastly, the finalized concepts were cross-checked in the pre- and post-responses, and the number of respondents who mentioned the defined concept was recorded.

Between-subject associations to variables measured above could only be analyzed with enough respondents in each group. Most demographic questions pertaining to the program attended, NOTA membership status, and plans to practice in Nevada could not be measured. Participants were more proportionate to their year in school. A non-parametric test, the Kruskal Wallis Test, examined the relationship between students' year in school and differences in knowledge, attitudes, and perceived usability of the toolkit. This test was used to compare three independent groups with ordinal and scale data that did not have a normal distribution (Lomuscio, 2021).

Ethical and Legal Considerations

For ethical and legal considerations, anonymity and confidentiality were respected as no personal identifiers were collected from participants. Random ID numbers were provided to all participants in the pre- and post-toolkit surveys to ensure anonymity. Also, despite the inclusion of political language in this toolkit, this was a non-partisan project that aimed to advocate for the profession of occupational therapy.

Results

This section reports the results of the project conducted to answer the question of whether the development of an advocacy toolkit will increase knowledge and awareness of legislative and regulatory processes and systems-level advocacy efforts among OT students in Nevada. It begins with the results from the NOTA membership survey during the project's first phase (toolkit development). First, it will describe participants who responded to the survey and reveal NOTA members' experiences, knowledge, and attitudes toward advocacy. It will then show their perceptions of barriers to political involvement and preferences for advocacy topics and learning strategies. Results in the second phase (toolkit evaluation) will begin with a description of the sample that participated in this quality improvement project. It will then lead to results of any changes in students' knowledge and attitudes. Lastly, students' perceptions of the toolkit's usability will be discussed.

Phase 1: Toolkit Development

Sample Characteristics

Thirty-three members completed the NOTA membership survey. See Table 1 for an overview of the participants' characteristics. As can be seen in the table, some questions had missing data and were noted accordingly. Most of the respondents in the survey were general NOTA members (94%) who lived in the Las Vegas/Henderson metropolitan areas (85%) and were occupational therapists with different levels of education (51%). There was also representation from OTAs (15%). Of the practitioners that responded, most (45% of 22 respondents) had over 20 years of experience in practice. For questions regarding professional memberships and areas of practice, members could select more than one response. Most (84% of 32 respondents) indicated they were an AOTA member. Fifty percent of 20 respondents selected

multiple areas of practice they currently work in. However, the table displays a count for each selected choice representing that setting. Respondents also included students (36%), which mostly comprised those in an OT program in Nevada (92% of 12 respondents). No OTA students were represented in this survey. One individual identified as both an OTA and an OT student.

NOTA Members' Experiences in Advocacy

Survey questions related to experiences in advocacy addressed what methods participants used for learning and what advocacy efforts they have participated in within the past year. Members could select multiple learning methods. The top four sources for advocacy learning among 30 respondents were school (53%), self-studies (43%), membership in an organization, which included professional and community organizations (37%), and mentors (37%). Other learning methods referenced included professional development courses (17%), social media (13%), and personal experience in the political or regulatory sector.

Within the past year, many members also participated in systems-level advocacy efforts. The top three actions enacted by 33 members included donating money to an organization, individual, or cause (67%), emailing decision makers (64%), and raising awareness through social media (58%). In addition, other advocacy efforts reported involved calling (14%), writing a letter (42%), and meeting decision makers either in person (6%) or virtually (12%). Individuals also attended NOTA meetings (39%), Nevada OT regulatory board workshops (6%), and AOTA's Legislative Hill Day (15%). Furthermore, members also reported raising awareness through other campaign methods, such as petitions and attending public meetings (18%). The pandemic may have affected responses to these questions.

NOTA Members' Knowledge in Systems-Level Advocacy

Several questions regarding legislation and regulation were asked to examine members'

Table 1: NOTA Members' Characteristics in Membership Survey

	N	Frequency n (%)
Member Role	33	
Board officer		2 (6%)
General member		31 (94%)
Professional memberships	32	
AOTA		27 (84%)
COTAD		5 (16%)
WFOT		9 (28%)
Other ^a		5 (16%)
No additional memberships other than NOTA		3 (9%)
Residence	33	
Las Vegas/Henderson metropolitan areas		28 (85%)
Reno/Sparks/Carson City		3 (9%)
Rural Southern Nevada- Clark County other than Las Vegas or Henderson		2 (6%)
Practitioners		
Highest level of education	22	
Occupational Therapy Assistant – Associate's Degree		3 (14%)
Occupational Therapy – Bachelor's Degree		1 (5%)
Occupational Therapy – Master's Degree		4 (18%)
Occupational Therapy – Doctorate Degree		4 (18%)
Occupational Therapy – Post-Professional Doctorate Degree		6 (27%)
Occupational Therapy Assistant – Associate's Degree and another degree ^b		2 (9%)
Occupational Therapy- Doctorate Degree and another degree ^c		2 (9%)
Years in practice	22	
Under 1 year		2 (9%)
1-5 years		4 (18%)
6-10 years		5 (23%)
11-15 years		1 (5%)
Over 20 years		10 (45%)
Areas of practice ^d	20	
Long-Term acute care hospital		1 (5%)
Adult outpatient care		6 (30%)
Pediatric outpatient care		3 (10%)
Inpatient rehabilitation facility		4 (20%)
Public or private school		1 (5%)
Home health		4 (20%)
Hospital		5 (25%)
Academia		6 (30%)
Other ^e		2 (9%)
Students		
Student type ^f	12	
Occupational therapy		11 (92%)
Undergraduate		1 (8%)
Year in school	11	
First year		3 (27%)
Second year		3 (27%)
Third year		5 (45%)

Note. Only choices selected are displayed. Percentages were rounded to the nearest whole number, so it may not total to 100%.

Professional memberships and areas of practice allowed participants to select more than one choice.

^aOther organizations mentioned include: UNLV Pre-Occupational Therapy Society, American Society of Hand Therapists, Society for the Study of Occupation, Occupational Therapy Association of California, and National Association of Neonatal Therapists.

^bUnspecified when asked.

^cAdditional degrees include a PhD and Master's in Health Administration.

^dThere were 10 individuals who listed multiple areas of practice.

^eIncludes community-based adult and neonatal intensive care unit.

^fOne individual identified as both an OTA and a current OT student.

foundational knowledge in systems-level advocacy. Thirty-three members responded in this section. More than half of the respondents reported they could name their United States senator (82%) and House representative (70%) and their Nevada senator (80%). However, fewer (48%) knew who their assemblyperson was. Additionally, 67% of members indicated they knew the difference between legislation and regulation. Regarding Nevada's legislative sessions, 45% knew when they occurred, and 14% knew what month they began. Less (33%) were familiar with its duration. Most members correctly identified which organization was responsible for holding regulatory board meetings (61%) and practitioner licensing (82%).

NOTA Members' Attitudes toward Systems-Level Advocacy

Members' current attitudes toward systems-level advocacy were revealed through questions related to confidence levels in describing the legislative and regulatory impact on OT, the articulation of what role they play in advocacy, and the identification of the most effective strategy to influence public policies and their perceived barriers in advocacy engagement. Four statements describing confidence levels were measured on a five-point Likert scale from strongly disagree to strongly agree. Statements had varying responses due to missing data. The following statements have an average rating between 3.14 to 3.76. Among 33 respondents, the average confidence level in describing how politicians affect OT services was 3.76 ($SD=1.03$), while an average of 3.61 was found among 23 respondents' ability to describe how politicians affect the community's health ($SD=1.03$). Twenty-two participants had an average rating of 3.14 on their ability to describe how the Nevada regulatory board can affect OT practice ($SD=1.32$) and a rating average of 3.23 in articulating how the regulatory board can protect public safety ($SD=1.34$).

In an open-ended question, members were asked to describe their role in systems-level advocacy. Common concepts emerged and are found in Table 2. Twenty-eight respondents answered the short-answer question. Most described the importance of communicating with decision makers to influence public policy. Student answers typically involved educating oneself on advocacy and legislative issues that may affect the profession.

NOTA members shared their opinion on what they believed was the most effective strategy for influencing public policies. Of 33 respondents, a majority (58%) chose meeting with decision makers in person. In justifying their response, many stated the importance of face-to-face interaction for building a relationship and that it came from experience. Other forms of strategies were also mentioned but were selected by less than 10%; these included writing a letter (3%), testifying during a meeting or session (6%), emailing (6%), hosting a networking event (9%), raising awareness of the issue (6%), and serving as a member of a regulatory body (6%). Some members stated no opinion (6%).

In reporting barriers to systems-level advocacy, 33 members responded. The top three barriers selected included lack of knowledge in advocacy (67%), lack of time (64%), and lack of guidance (55%). Other barriers mentioned included a lack of motivation (24%) and awareness of occupational therapy-related issues (30%). Six percent stated there were no barriers. Participants were also able to write their own responses, but none did.

In addition to examining members' current knowledge and attitudes, they were asked about their preferred topics to advance their learning in advocacy and their preferred learning methods. See Table 3 for more details on NOTA members' preferences. Members were able to select more than one choice. Thirty members shared their preferred topics to learn about in the advocacy resource. The top five topics members wanted to learn more about included the

Table 2: NOTA Members' Role in Systems-Level Advocacy for Occupational Therapy (N=28)

Concept	Definition	Frequency n
Communicating with stakeholders	Collaborating with and educating decision makers, lobbyists, practitioners and students	15
Protecting occupational therapy services	Safeguarding occupational therapy's scope of practice and funding	2
Educating oneself	Staying informed of trends and issues that affect clients, practice, and the profession	6
Involvement with professional associations	Membership and participation in national and state occupational therapy associations	2

Note. The numbers in each column do not total the number of respondents, as participants' responses could count for more than one category.

regulatory (77%) and legislative (63%) processes, building relationships with decision makers (70%), Hill Day (60%), and how to learn more about issues they care about (60%). Of 33 respondents, most preferred visual (76%) and auditory (70%) learning.

Phase 2: Toolkit Evaluation

Sample Characteristics

In the pre-toolkit survey, there were 38 recorded responses. However, responses less than 50% completed were deleted, leading to 31 completed responses. In the post-toolkit survey, 28 responses were recorded, and three were deleted due to incomplete responses, for a total of 25 complete post-toolkit survey responses. See Table 4 for a complete overview of participant characteristics. Data analysis to compare pre- and post-toolkit survey responses only used the 25 completed responses. An email was sent out to all accessible student emails to examine the reasons for the attrition of six individuals. Three responded with reasons due to lack of time,

Table 3: NOTA Members' Preferred Topics and Learning Strategies for Increased Learning on Systems-Level Advocacy (N=36)

Item	Frequency n (%)
Preferred topics (N=30)	
Hill Day/Legislative Day	23 (64%)
How to find out who my legislators are	10 (28%)
How to find out who my regulators are	16 (44%)
Building a relationship with decision makers	24 (67%)
Testifying in a legislative/regulatory session	17 (47%)
American Occupational Therapy Political Action Committee	13 (36%)
Using social media to advocate	10 (28%)
Learning more about Nevada's legislative processes	23 (64%)
Learning more about Nevada's regulatory processes	26 (72%)
Learning about advocacy roles	15 (42%)
Raising awareness of issues by campaigning	9 (25%)
How to learn more about background on issues I care about	22 (61%)
How to write/tell a compelling, relevant story	15 (42%)
Preferred learning strategies (N=33)	
Having visuals (graphs, maps, diagrams, charts, pictures, videos)	25 (76%)
Listening to lectures/webinars	23 (70%)
Discussion questions	6 (18%)
Practicing advocacy skills	14 (42%)
Writing information	6 (18%)
Podcasts	13 (39%)

Note. Members could select more than one response, so percentages do not add up to the total.

forgetting to complete the post-toolkit survey, and missing the post-toolkit survey link. Questions throughout the survey also had missing data and are reported in the tables below. Students reported using different mediums to view the toolkit, including a computer or laptop (80%), tablet (8%), mobile device (8%), and an iPad (4%).

All 25 students in the sample are current students in Nevada occupational therapy programs, either at TUN or UNLV. No students from the OTA program, PIMA participated in the study. There were significantly more students from UNLV (68%) and were not NOTA

Table 4: Characteristics of the Sample for Toolkit Evaluation

	Pre-Survey Frequencies (N=31) n (%)	Post-Survey Frequencies (N=25) n (%)
Membership^a		
NOTA Member	2 (6.5%)	1 (4%)
Entry-Level UNLV OTD Student	21 (67.7%)	17 (68%)
Both NOTA Member and Entry-Level UNLV OTD Student	7 (22.6%)	6 (24%)
Year in School		
First Year	7 (22.6%)	6 (24%)
Second Year	12 (38.7%)	10 (40%)
Third Year	11 (35.5%)	8 (32%)
Graduate, but not practicing yet	1 (3.2%)	1 (4%)
Planning to Practice in Nevada		
Yes	27 (87.1%)	23 (92%)
Not Sure	4 (12.9%)	2 (8%)

Note. Only options chosen by participants are displayed. UNLV OTD = University of Nevada, Las Vegas Occupational Therapy Doctorate

^a One student did not answer the membership question for both pre-and post-toolkit surveys.

members. Most participants were either second (38.7%) or third-year students (35.5%). One listed themselves as a graduate, but also listed UNLV as their current program. At the time of this study, the first cohort of the UNLV OT program had not graduated. Participants who completed both surveys indicated plans to practice in Nevada after graduation (92%).

Knowledge of Political and Regulatory Processes

Knowledge questions in the survey pertained to foundational information regarding Nevada-specific legislation and regulation processes and were presented as multiple-choice questions, with one short-answer question to define legislation and regulation. Each item was equal to one point and a total score was calculated with eight possible points for legislative knowledge and six points for regulatory knowledge.

The mean total scores for legislative and regulatory knowledge were reported as it was rated on a five-point Likert scale. Pre- and post-toolkit survey responses were compared using a related samples Wilcoxon Signed Rank Test. Overall, results demonstrated a statistically significant increase in participants' knowledge of legislative and regulatory processes. See Table 5 for a summary of the tests conducted.

In addition to the multiple-choice questions on the legislative and regulatory processes, an open-ended question required students to articulate their knowledge of the impact of systems-level advocacy on occupational therapy services. Content analysis demonstrated six recurring concepts among participants. See Table 6 for the list of impacts noted. All students articulated one or more impacts in the pre-toolkit survey. The same concepts were found in the post-toolkit survey though respondents communicated at least one new concept, as seen in the decrease of "I don't know" responses. Of note, more students mentioned the impact of governmental bodies after reviewing the toolkit. Furthermore, despite the division of benefits among clients, students or practitioners, and the profession, there were responses that counted for more than one category. For instance, a response related to increased funding and resources in OT services can support practitioners' quality of service provision, which can benefit the client receiving services.

Attitudes Toward Systems-Level Advocacy

Attitude questions measured confidence levels and beliefs on students' role in systems-level advocacy through a five-point Likert scale ranging from strongly disagree to strongly agree. A related samples Wilcoxon Signed Rank Test was conducted to reveal any changes in responses before and after the toolkit review. The test showed statistically significant increases in attitudes, including higher confidence levels and self-efficacy in advocacy efforts and knowledge, between

Table 5: Comparison of Pre- and Post-Toolkit Knowledge Scores (N=25)

Item	Pre-Survey Mean (SD)	Post-Survey Mean (SD)	Test Statistics W (p)
Legislative Knowledge	2.36 (1.75)	6.92(1.44)	325 (p<.001)
Regulatory Knowledge	1.48 (1.33)	4.28 (1.30)	325 (p<.001)

Note. Mean scores display the number of items correct. 8 possible points for legislative knowledge; 6 possible points for regulatory knowledge. W= Wilcoxon Signed Rank Test (non-parametric)

pre- and post-responses for all six survey items in this section, though the number of responses for each statement varied. See table 7.

Self-Efficacy in Systems-Level Advocacy Efforts

Self-efficacy questions related to the extent students were likely to engage in advocacy efforts in the future. These were measured through a five-point Likert scale from extremely unlikely to extremely likely. Though the number of responses varied in each statement, the Wilcoxon Signed Rank Test was used to test for any statistically significant differences between the pre- and post-toolkit survey responses. Results showed that there were statistically significant increases among all advocacy actions listed. The top actions students (n= 23) rated as a higher likelihood of doing include sending emails to their legislators, attending NOTA meetings, writing a letter to legislators, and attending a networking event with their legislator present. Refer to Table 8 for more details.

Differences between Groups

Due to the small sample size with disproportionate respondent characteristics in program attended, membership, and future plans to practice in Nevada, relationships between subjects stratified by these differences could not be measured. Only the relationship between year in

Table 6: Impact of Systems-Level Advocacy on Occupational Therapy Services as Described by Participants

Concept	Definition	Pre-Survey Frequencies (N=31)	Post-Survey Frequencies (N=24)
		n	n
Client benefits	Increased access to services and resources, and improved functional health outcomes, services received, and safety	9	12
Student/Practitioner benefits	Increased job security in current and emerging spaces, access to resources and funding for improved quality of services, and opportunities to have their voices heard, stay well-informed of current trends, and educate others	12	15
Profession benefits	Protection that enables safe service provisions, increased scope of practice and public awareness of the profession, and potential to advance practice in various ways	10	11
Governmental-level reach	Laws and regulations lead to rippling effects on individuals and communities	1	10
Recognizes the influence of decision makers	Aware of the authority legislators and regulators to enact a change	6	7
I don't know	Individuals who may have limited or no knowledge of systems-level advocacy impact on occupational therapy services	12	1

Note. The numbers in each column do not total the number of respondents, as students' responses could count for more than one category.

school and the dependent variables were measured using the Kruskal Wallis tests. This was done to compare the four groups of first years, second years, third years, and graduate student to the variables of interest. It was found that there were no statistically significant differences among students in their year of school and knowledge, attitudes, self-efficacy, and scores in perceived usability of the toolkit.

Table 7: Comparison of Pre- and Post-Toolkit Attitudes Toward Systems-Level Advocacy among Occupational Therapy Students

Item	Pre-Survey Mean (SD)	n	Post-Survey Mean (SD)	n	Test Statistics W (p)
I am confident in my ability to describe how legislators influence OT practice	3.03 (0.99)	30	4 (0.87)	25	132 (p<.001)
I am confident in my ability to describe how the Nevada Regulatory Board protects public safety and welfare	2.26 (1.10)	27	3.96 (0.83)	23	210 (p<.001)
I believe OT and OTA students can influence legislation	3.88 (1.11)	26	4.70 (0.88)	23	91 (p<.001)
I believe OT and OTA students can make an impact on regulation	3.81 (1.06)	26	4.57 (0.93)	21	78 (p=.002)
I believe advocating at a systems level is part of my role as a student and future practitioner	4.00 (0.89)	26	4.52 (0.90)	23	61.50 (p=.008)
I believe I can refer to the appropriate OT organizations to address any practice or educational concerns I have	3.12 (1.14)	26	4.43 (0.90)	23	149 (p<.001)

Note. Mean scores are based on a Likert scale 1=strongly disagree, 2=somewhat disagree, 3=neither agree nor disagree, 4=somewhat agree, 5=strongly agree; W= Wilcoxon Signed Rank Test (non-parametric)

Toolkit Usability

Adapted from Verkuyt et al. (2022), 13 survey items measured perceived ease of use and usefulness of the toolkit using a five-point Likert scale. Descriptive statistics were used to summarize the mean and standard deviation of responses. Displayed in Table 9, all items had a

Table 8: Comparisons of Pre- and Post-Toolkit Self-Efficacy in Advocacy Efforts among Occupational Therapy Students

Item	Pre-Survey Mean (SD)	n	Post-Survey Mean (SD)	n	Test Statistics W (p)
Attend NOTA meetings	3.32 (1.19)	31	4.08 (0.70)	25	101.5 (p=.002)
Attend Nevada Occupational Therapy Regulatory Board meetings	2.74 (0.94)	27	3.78 (0.90)	25	171(p<.001)
Initiate setting up a meeting with my legislator(s)	1.96 (0.82)	26	3.30 (0.92)	23	171 (p<.001)
Write a letter to my legislator(s)	3.24 (0.93)	25	4.00 (0.91)	23	66 (p=.003)
Send an email to my legislator(s)	3.32 (0.99)	25	4.22 (0.90)	23	78 (p=.002)
Call my legislator(s)	2.36 (1.11)	25	3.30 (1.15)	23	122 (p=.004)
Connect with legislators on social media	3.08 (1.15)	25	3.96 (0.88)	23	87 (p=.003)
Attend a networking event where my legislator is present	3.36 (0.95)	25	4.00 (0.85)	23	99 (p=.002)
Donate to American Occupational Therapy Political Action Committee	3.12 (1.01)	25	3.74 (0.75)	23	55 (p=.004)

Note. Mean scores are based on a Likert scale 1=extremely likely, 2=somewhat unlikely, 3=neither likely nor unlikely, 4=somewhat likely, 5=extremely likely; W= Wilcoxon Signed Rank Test (non-parametric)

mean score above four out of five, indicating agreeable responses to the toolkit's ease of use and benefits to the student.

Table 9: Student Perceptions of Toolkit's Usability (N=24)

Item	Mean (SD) ^a
It was easy to navigate the NOTA Advocacy Toolkit	4.71 (0.46)
I found it easy to locate information I needed in the NOTA Advocacy Toolkit	4.58 (0.72)
The text information presented on the screen was clear	4.71 (0.69)
I found it easy to know what to do with each component of the NOTA Advocacy Toolkit (i.e. interactive links, videos, etc.)	4.75 (0.44)
I didn't have any technical problems using the NOTA Advocacy Toolkit	4.92 (0.28)
The NOTA Advocacy Toolkit will enhance my ability to advocate at a systems-level	4.79 (0.42)
The visual quality of the multimedia was good	4.79 (0.42)
The audio quality of the multimedia was good	4.63 (0.65)
I think the NOTA Advocacy Toolkit will help OT and OTA students use advocacy skills in multiple contexts	4.88 (0.34)
The NOTA Advocacy Toolkit will be a useful addition to professional development in advocacy	4.83 (0.38)
I think my confidence in using advocacy skills will increase after using the NOTA Advocacy Toolkit	4.71 (0.46)
I plan to use the NOTA Advocacy Toolkit	4.71 (0.62)
I plan to share the NOTA Advocacy Toolkit with other students	4.83 (0.38)

Note. These questions were only provided in the post-toolkit survey.

^a Mean scores are based on Likert scale 1=strongly disagree, 2=somewhat disagree, 3=neither agree nor disagree, 4=somewhat agree, 5=strongly agree

Discussion

Advocacy is an invaluable skill occupational therapy and occupational therapy assistant students and practitioners must have to support clients and advance the profession. It is part of practitioners' roles and competencies, as outlined in current ACOTE standards (AOTA, 2018). The created advocacy toolkit provided introductory information on state legislation and regulatory processes and explored different advocacy strategies that can contribute to the clients, practice, and the occupational therapy profession. This section will first discuss the results of the NOTA membership survey from the first phase. Then a discussion on the data from the pre- and post-toolkit survey will be presented.

The NOTA membership survey was used to gather information from practitioners and students in Nevada to understand their knowledge and attitudes toward systems-level advocacy. It was also meant to provide insight into participants' needs and preferences to ensure the advocacy toolkit was relevant and engaging. At the time of the NOTA membership survey's dissemination, there were 254 NOTA members available to participate. Thirteen percent of members responded, most of whom were OTs and OT students who lived in Las Vegas or Henderson areas. Furthermore, there was representation between the two OT programs and the number of years students have been in school. There was also a mix of practitioners with varying years of experience who were present in different practice settings. This sample reflected NOTA's membership makeup despite a small sample size.

Strengths in systems-level advocacy among NOTA members were found in the survey. Most participants knew their state and national representatives and were familiar with the regulatory board's responsibilities. This could be attributed to the makeup of survey participants, as they were interested in advancing advocacy efforts and already had their licenses. Other

strengths included active participation in advocacy efforts within the past year. Most used convenient and cost-effective solutions to advocate, such as emailing and writing letters to decision makers and raising awareness of an issue through social media. Furthermore, most members communicated the value of connecting with decision makers and educating themselves on legislative trends that could impact client care and service provision. Relationship-building was further emphasized when a majority chose meeting with decision-makers in person as the most effective way to influence policies. Per the literature, interactions with decision-makers were valuable in advocacy learning (Alden et al., 2016; Blake & Powell, 2011; Nowakowski-Sims & Kumar, 2021). Together, these findings led to a section in the toolkit providing details on actionable steps and examples to best communicate with decision makers on and off legislative sessions and during Hill Day.

There were also areas of improvement that the toolkit could help address. For instance, fewer were familiar with specifics on Nevada's legislative processes, which are essential to know to advocate using resources, like time and money, effectively and strategically. Moreover, there was potential to grow their confidence in describing the impact of legislative and regulatory processes on OT through an educational resource. Hence, details on Nevada's legislative and regulatory sessions were added to the toolkit, as exposure to educational material on advocacy can increase knowledge on the topic (Alden et al., 2016; Alden et al., 2021; Blake & Powell, 2011; Bernklau Halvor, 2016). The perceived barriers to systems-level advocacy reported aligned with literature that echoed the same challenges of lack of time, guidance, and knowledge in advocacy processes (Jurns, 2019; Kunaviktikul et al., 2010; Ramírez Stege et al., 2017). The advocacy toolkit was one solution to address these barriers. The resource can be accessed anytime to provide guidance on advocacy knowledge and strategies.

NOTA members shared their preferences for advocacy topics and learning methods to ensure the toolkit was relevant and appealing. Literature showed that toolkits and educational interventions were more effective when tailored to a target population (Bernklau Halvor, 2016; Yamada et al., 2015). Detailed information regarding the top answers was made into their own sections. Other topics that were not chosen as highly were still integrated into a section or as part of the additional resources offered. Furthermore, since most members preferred visuals and lectures, multimedia and interactive content were added to the toolkit.

Next is the discussion of results from the pre-and post-toolkit surveys.

A convenience sample of 25 students from different school years participated in this quality improvement project. They were a mix of NOTA members and UNLV OT students, of which most plan to practice in Nevada after graduation. Most of the sample was expected to be UNLV OT students, as the total population pool largely consisted of them. Still, it was difficult to generalize the results as there was no representation from OTA students despite increases in membership numbers during the time of recruitment.

Results in the knowledge, attitudes, and self-efficacy sections depicted statistically significant increases regardless of one's year in school. Additionally, changes in the content analysis provided evidence of increased articulation of how systems-level advocacy can impact OT. These findings suggest that the toolkit may be a useful strategy in teaching content related to advocacy processes and actionable strategies that help influence public policies. From the literature review, toolkits have been found to increase knowledge and can support individuals who are novices in this area, which implies that practitioners who may not have a background in advocacy can benefit from this resource as well (Barac et al., 2014; Irwin et al., 2020; Verkuyl et al., 2022). Furthermore, advocacy interventions, like coursework or attending a legislative day,

among healthcare students have been found to increase knowledge, attitudes, and self-efficacy but require time and resources (Alden et al., 2016; Alden et al., 2021; Blake & Powell, 2011; Nowakowski-Sims & Kumar, 2019; Press et al., 2015). The advocacy toolkit offers a cost-effective, time-efficient, and flexible way for students to attain the same positive outcomes and address some barriers to systems-level advocacy engagement (Dhillon et al., 2015; King & Curtin, 2014; Parsons, 2022; Ripat et al., 2013).

These results are promising as increased knowledge, attitudes, and self-efficacy can lead to broader implications affecting clients, practice, and the profession. While individual advocacy is essential in client care, strengthened knowledge and skills in systems-level advocacy can lead to more efficient solutions that affect both the community and individual levels (Parsons, 2022b). In line with the POJF, as a collaborative solution, the developed toolkit can address occupational injustices and promote social inclusion. It gave students the foundation to influence political contexts (Townsend & Whiteford, 2005). With the knowledge they gained, Nevada OT students are better equipped to address local health needs at a systems level and work to tackle Nevada's challenges in health inequities and shortages of qualified health professionals. Positive attitudes and increased self-efficacy help increase one's will to enact change and facilitate policy development and implementation, as guided by Advocacy Strategy Framework (Coffman & Beer, 2015).

Students perceived the toolkit as useful and user-friendly. This suggests that information organized in a comprehensive, digestible manner effectively increases OT students' knowledge, attitudes, and self-efficacy. It appears that using interactive multimedia features helped engage students with the material, as Barac et al. (2014) noted. Compared to other toolkits and resources (Immunize Nevada, 2022; OTontheHill, n.d.; The American Occupational Therapy Association,

2022), the advocacy toolkit developed in this project had updated, relevant material to Nevada legislation and regulation, which may have increased students' connection to the content. Furthermore, since some students accessed the toolkit using different devices, ensuring the website was mobile-friendly was beneficial, as it provided more accessibility to learn information on systems-level advocacy. For this group of students, the advocacy toolkit was helpful in increasing their knowledge of legislative and regulatory processes. It also increased positive attitudes and self-efficacy in their role as advocates, supporting their engagement in systems-level advocacy efforts to enact a positive change for the clients they will serve and the profession.

Limitations and Assumptions

The section describes the limitations and assumptions found in the project.

Limitations

- The surveys used in this project were not standardized.
- Convenience sampling may have led to skewed results due to voluntary participation and interests in advocacy learning.
- The timing of recruitment began in the middle of the semester, which may have been busy for students.
- No representation from OTA students made results less generalizable.
- Acquiescence, social desirability, and outcomes biases may have led participants to appear more involved in advocacy and answer favorably.
- Fatigue may have affected responses, as some individuals took multiple days to complete their participation despite instructions to complete the study in one sitting.
- Students may have used external resources, like websites, during the pre-toolkit survey or may have had the toolkit opened during the post-survey.
- Since students were exposed to pre-toolkit survey questions, they may have focused on reviewing specific material, rather than evaluating the toolkit as a whole.
- Missing data in some Likert-scale survey responses may have been attributed to the carousel-type format in Qualtrics, as there may have been technical difficulties, unawareness of multiple statements, or website browser incompatibility with the format.
- Per three participants' responses, attrition occurred due to a lack of time and missing or forgetting to complete the post-survey. Other possibilities of attrition include a lack of interest, or participants may have felt overwhelmed with the information.

Assumptions

- OT students and practitioners want to improve their access to OT services and their advocacy skills to become competent practitioners.
- Students were motivated by financial incentives to participate in the study.

Conclusion

In the occupational therapy profession, there is room for improvement to grow one's skills in systems-level advocacy. Though NOTA encourages advocacy efforts through calls to action, legislative update meetings, and letter writing, members can benefit from a comprehensive and accessible resource that includes foundational systems-level advocacy skills and knowledge. Presenting this resource to students on NOTA's website can prepare them for advocacy opportunities during their didactic and clinical coursework, as it has shown benefits in increasing knowledge, attitudes, and self-efficacy toward systems-level advocacy. Broadly, this implies that students will be equipped with the foundation to influence policies that affect clients and practitioners at the state level.

The statistically significant increases in students' knowledge, attitude, and self-efficacy revealed that the toolkit is a useful resource for OT students in Nevada. The toolkit can also be used as a cost-effective and flexible alternative to course work and experiential activities, as it led to the same outcomes. Furthermore, the results suggest toolkits are effective when they have content that is comprehensive, digestible, relevant, and has interactive multimedia components. In addition, having multiple sources that informed the toolkit's content and design ensured that the information was updated and tailored to meet the needs of the target population.

Implications for Research

There are many ways to expand this project to increase systems-level advocacy in occupational therapy in Nevada. One way is to determine if new students in occupational therapy programs will benefit from the toolkit. It will also be beneficial to know when students should be exposed to this resource. A study can look at the long-term effects of the toolkit on students' knowledge, attitudes, and self-efficacy to see if these benefits can be maintained. Additionally, it

would be beneficial to increase reliability and validity in the developed surveys used. Future research can determine the effectiveness of the toolkit among practitioners as well. Lastly, it will also be important to examine the accessibility and inclusivity of this online resource.

Increased numbers of practitioners and students with stronger advocacy skills can lead to more impactful policies pertaining to improving access and quality of services across multiple settings and fair reimbursement. The toolkit can also help meet AOTF's research priorities, as skills in advocacy can lead to a dialogue on and funding for research in emerging areas of practice and novel approaches to interventions. For instance, an occupational therapist working in the emerging area of oncology can write to decision makers to set up a meeting and discuss the benefits of OT for clients diagnosed with cancer. They can advocate for increased research to help manage fatigue specific to this population.

Implications for Practice

This toolkit is relevant to the AOTA and AOTF's goals and agenda for improving occupational therapy. As a national organization that monitors state legislative and regulatory affairs, AOTA members could benefit from the outcomes of the toolkit, using a more coordinated effort at both the state and national levels to advance the profession. Information and similar concepts in the toolkit may also be utilized across different governing states and national levels. Additionally, the toolkit's structure and content can be adapted to different states to promote advocacy skills across the country to determine generalizability. As state legislation and regulation continue to evolve, future directions of this project can lead to changes in the content and structure of the toolkit.

Since the toolkit will be available on the NOTA website, it can become an accessible resource that can benefit students and practitioners in their professional development. NOTA

members and state practitioners can use this advocacy resource to inform their practice and address systemic issues in their workplace. As a collaborative resource, NOTA members can contribute and add or change content in the toolkit to ensure that it is updated and relevant to any changes in legislation or regulation processes. Moreover, it can be used as a starting point to educate oneself or others who would like to learn more about advocacy.

To further enhance knowledge and increase attitudes, it is recommended to practice advocacy skills on a consistent schedule. An example is setting time aside to write a letter to a representative once a month on a specific bill that is affecting practice, or planning to go to Hill Day every other year when Nevada's legislative session begins. Furthermore, it is recommended that the toolkit be distributed across programs for students to be aware of this resource and that they may use it in classes or fieldwork.

Practicing systems-level advocacy skills earlier can help students become more competent practitioners and stronger advocates for their clients and communities. As students' skills and knowledge continue to grow, there will be potential for more involvement in addressing Nevada's needs in health care. Students will become well-equipped to contribute to AOTA's Centennial Vision of occupational therapy as an evidence-based profession that promotes the engagement of meaningful occupations (AOTA, 2007). An accessible advocacy resource will support increased political and regulatory literacy and awareness of advocacy efforts to make positive systemic changes for the communities they live in and for the profession.

Appendix A

NOTA Advocacy Toolkit



Acknowledgements

The creation of this toolkit is only possible with your help and dedication to the occupational therapy profession.

I thank the following people and organizations:

- Dr. Paula Cook, Dr. Sheama Krishnagiri, Dr. Barbara Kornblau, and Executive Director Loretta Ponton for their expert guidance
- UNLV, Touro, and PIMA students, staff, and faculty for their support
- Nevada Occupational Therapy Association board members, members, and the legislative team and the American Occupational Therapy Association State Affairs and leaders for their contributions and hard work
- Thank you to the following OT state associations for allowing me to learn from you
 - AZ, CA, CO, CT, FL, GA, ID, IA, MA, ME, MD, MI, MT, MN, NH, OH, SC, TX, VA
- My family, Kuya TJ, Ate Aiko, Mom Lea, Dad Manny, Mama Laura, and better half David, for their love and patience in helping me create this resource



About the Toolkit

The Advocacy Toolkit serves as a foundational resource to develop and support your advocacy knowledge and skills, especially at a *state-systems level*.

It is created with students in mind, ensuring the information is accessible and digestible. However, all are welcome to use this!

This resource will teach you about the current state legislative and regulatory processes that affect our profession, how to advocate effectively for occupational therapy, and what resources you can use to advocate for issues that affect OT/OTA practice.

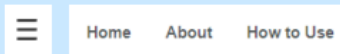
Happy learning!

How to Use the Toolkit

As the user, you have total control over how you want to use this toolkit (We love autonomy!).

Navigate through the toolkit by scrolling down or clicking the links on the navigation menu to explore topics you want to learn more about or review.

The navigation menu can look like these:



You can click interactive links to learn more or practice your skills! They will be in this blue color and underlined.

*This toolkit is compatible with mobile devices but best viewed on a computer/laptop.



Disclaimer

The toolkit contains information specific to Nevada, though you may find some similarities to other states.

It focuses on state-level issues versus federal ones. However, note that federal issues can also impact state laws and regulations.

Though the student author is not an expert in advocacy, this resource is informed by a team of advocacy experts, OT association leaders, research, and experience. If you would like to add information or provide feedback, please email nevadaota@gmail.com.

*Note: References will be numbered and found in the QR code at the end of the toolkit in order



Definitions

Advocacy¹

Intentional actions to support a cause or make a positive change with and for others, and yourself.

This includes education and research to stay informed and aware of relevant issues and trends.

Systems-Level Advocacy²

Contacting, interacting, and engaging with decision-makers, such as **legislators, regulators**, and others, to build a professional relationship or influence **public policies, laws, or regulations**.

This includes educating oneself on policies and systemic issues that affect your clients, your practice, and the profession.

Decision-Makers

Legislators

- State senators
- Assemblypersons

Regulators

- Executive director
- Board members

Advocacy can look like...³



to ensure your client gets the services and equipment they need



to address a community need



on best practices in therapy and education



for others to learn about what we do and who we are

Systems-level Advocacy can look like...



to your state and federal representatives



for or against a proposed regulation



with NOTA and/or AOTA



related to your practice



What are other ways you can advocate? Share your thoughts [here](#)!

Why Does Systems-level Advocacy Matter?⁴

It can lead to **meaningful change.**

See examples [here](#).⁵

Laws and regulations affect us all

When we amplify our voice on issues we care about to state decision-makers, we protect, promote, and progress our profession.

- **Protect**
 - clients' access to OT services and our scope of practice
- **Promote**
 - our role as practitioners and client participation in everyday living
- **Progress**
 - our profession through more efficient and effective, long-term solutions in practice and education, such as:
 - increasing access to quality services
 - fair and appropriate reimbursement
 - improving educational standards and experiences

Hear why 2023 NOTA President Dr. Paula Cook, Legislative Chair Matt Olivier, and Capstone Student Angela Terencio advocate!



We have
STRENGTH IN NUMBERS

The more participation we have, the likelier we are to see change.

Everyone has a role!

We can make a more significant impact when we have a strong, coordinated effort at all levels.

There are many different levels of advocacy, including:

Federal (AOTA Federal and Regulatory Affairs)⁶

- Focuses on national issues that affect all states
- Assists states in all government affairs

State (NOTA and AOTA State Affairs)⁷

- Focuses on state and local issues specifically affecting Nevada practice
- More accessible to us!

Individual (You)

- Share your experiences and concerns to address any unmet needs
- Take the initiative and action to see change
 - Don't worry! You will likely have guidance along the way



Hear how AOTA advocates at the federal level!⁸

Did you know?

NOTA is run completely by volunteers!
Current board members are either practitioners, educators, and/or students. Your involvement is welcome!

Learn more about them [here](#).⁹

The First Step¹⁰

Before you begin advocating, know you are worthy

Advocacy
is a
marathon,
not a
sprint

Remember that your representatives work for you and want to connect with you. It's a win-win to have a mutually beneficial relationship (They want your vote after all)!

Share your love for OT shamelessly and work on changing the mindset that many don't know what we do.

Change doesn't happen over night. Sometimes advocacy efforts can lead to unfavorable outcomes and can discourage future actions.

It is important to remember our "why," and regroup. There are many resources available that can support our goals. Maybe, just maybe, the next time we try, we make a positive influence.

What comes next?

You will learn:



General Information

- Strong foundational knowledge on the legislative and regulatory processes helps you know when and how to best advocate



Advocacy Strategies

- Common tools identified to support the cause you are advocating for



Other Resources

- Organizations and other educational materials to enhance your learning

Topics

You can click on each graphic below to learn more!



Legislation



Regulation



Building
Relationships



Hill Day



AOTPA



Resources



Legislation

Making laws

Nevada Legislature¹¹

Bicameral

Has two chambers: Senate and Assembly

Citizen's Legislature

Nevadans work as part-time legislators
(though they put in a lot more than part-time hours!)

Legislative/Regular Sessions

- Legislators meet at Carson City **every odd-numbered year** (also called biennial) for **120 days** to discuss and pass laws
- Each session starts on the first Monday of **February**

Special Sessions

- Occur when the governor or 2/3 of each chamber issues an official proclamation
- Only bills in the proclamation can be worked on
- A special session was called during the beginning of the pandemic to work on the state budget

Between Sessions

- 12 members of the Legislative Commission meet to support the [Legislative Counsel Bureau](#) and address issues as they come up
- Legislators form committees to investigate certain issues to prepare for the next session through public hearings and research

Who Represents You?¹¹



Click to find out who
your legislators are and
write them down!¹²

State Senate

- 21 members
- 4-year term
- Limited to 12 years in office

State Assembly

- 42 members
- 2-year term
- Limited to 12 years in office

Relevant committees that both chambers have:

- Health and Human Services
- Education

Look out for what committee your legislator serves in! There may be a bill of interest in their committee. If so, you have an advantage since they have more influence in the decision-making process.

How Does a Bill Become a Law?¹³

Bill

A draft of proposed legislation

Law

Passed legislation that must be followed

Check out this less than 4 minute video made by the Nevada Independent!

Can you spot our Regulatory Board Executive Director Loretta Ponton? (hint: she's testifying!)



Click [here](#) for a visual

Want to see this in action? Check out the Nevada State Legislature's [YouTube channel!](#)

Legislative SpOTlight

Example of legislation that impacted us

Assembly Bill (AB) 3¹⁴

Bill as introduced:

- Eliminate OT services for adults under Medicaid
- 6% cut for provider reimbursement, including those working in pediatrics

Action taken:

- NOTA sent a call-to-action to oppose the bill
- Many of the 600+ letter submissions were from OT practitioners and students
- Other practitioners called in during the hearing and testified against it
- Physicians and a judge also supported us!

Outcome - Bill amended:

- OT services were *NOT* eliminated for adults under Medicaid though the 6% cut remained

(Passed July 19, 2020)

We CAN make a change!

Imagine what would have happened if no OT practitioner or student had written and called in. Legislators would assume that we accepted these changes and kept the bill as written. Many people would have lost OT services and suffered the consequences. Though we may not get all that we hope for, it is essential that we speak up to protect our community and practice.



Regulation

Implementing laws

State of Nevada Board of Occupational Therapy¹⁵

Mission: Protect the public by ensuring licenses are given only to competent OT practitioners

Responsibilities

License



competent OT and OTA practitioners



Disciplinary Action

through investigation and deliberation on complaints

Regulate



OT practice by creating, enacting, and implementing regulations



Jurisprudence Exam

administered every 5 years to review **state practice act**

Attend **Regulatory Board** meetings and keep up to date [here](#). All are welcome to attend!

OT regulations address the following:

- General provisions
- Licensing
- Standards of practice
- Disciplinary action
- Proceedings before the board

Who's on the Board?¹⁶

[NRS 640A.080](#)

Executive Director

- Decides how the Board will operate to achieve the mission and initiatives
- Your **first** point of contact!
- Enforces laws and regulations in OT practice

Regulatory Board Members

- Decide the Board's purpose and outcomes
- Consists of five Nevada residents
 - 3 occupational therapists
 - 1 occupational therapy assistant or occupational therapist
 - 1 public member
- Appointed by the Governor
- Practitioners must have 5 years of experience in teaching, practicing, or research
- Serve 3-year terms, with a maximum of two terms



Click to find out who your regulators are and write them down!¹⁷

At times, the Board proposes changes to the regulations¹⁸

This may be due to:

- Staff and Board member feedback
- Disciplinary actions requiring clarification
- Petitions by individuals or the State Association

When this happens, they hold a Public Hearing

You can provide feedback or propose additional changes through:

- Written submissions (email or hard copy) or,
- Virtual attendance

See an example of feedback [here](#).¹⁹



STATE OF NEVADA BOARD OF OCCUPATIONAL THERAPY

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Reno, Nevada 89523
Phone: (775) 784-1101 / Fax: (775) 746-4105
Email: board@nvot.org / Website: www.nvot.org

Loretta L. Panton
Executive Director

Notice of Public Hearing to Review Regulations

NOTICE IS HEREBY GIVEN that the State of Nevada Board of Occupational Therapy will hold a Public Hearing to Review Regulations at 1:00 p.m. on **Thursday, April 6, 2023**, at the following location:

VIRTUAL MEETING ACCESS

ZOOM:

<https://us06web.zoom.us/j/82768505558?pwd=NWZScWZ0cVBUUjV0VXcTAyRHh0UT09>

Meeting ID: 827 6850 5558

Passcode: 066894

Telephone Audio Only: (253) 215-8782

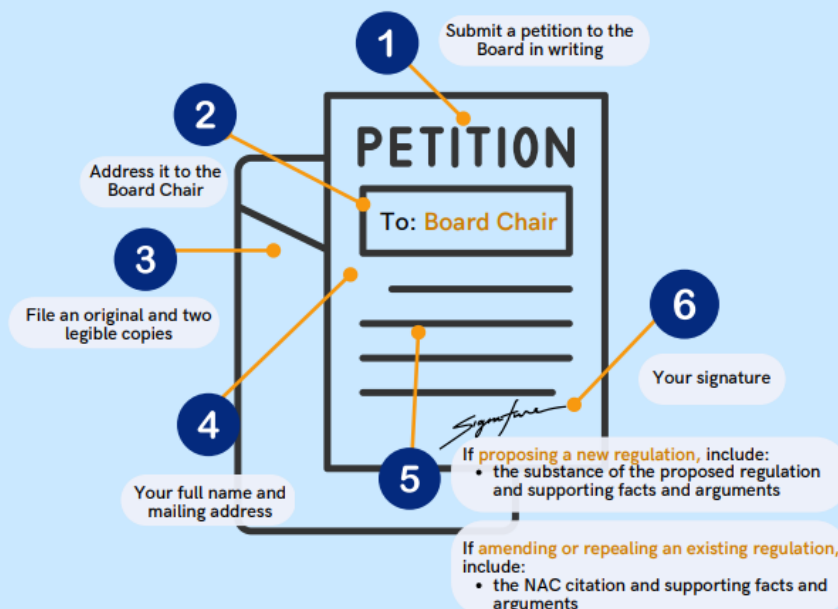
As set forth in **Executive Order 2023-003**, the Board has been directed to review its regulations (NAC 640A) and identify at least ten (10) regulations for removal. The purpose of this Public Hearing is to: (1) vet the Board's proposed recommended changes; (2) solicit input as to the merits of these changes; and (3) identify other regulatory changes stakeholders feel are worthy of consideration regarding the potential to streamline, clarify, reduced or otherwise improved regulations that pertain to the Nevada Administrative Code Chapter 640A. Stakeholder input received as a result of this Hearing will be reflected in the Report to the Governor.

Click on the picture to read the entire notice.²⁰

Regulation intends to clarify the law.

Petition for Adoption, Amendment, or Repeal of Regulation²¹

This is if you want to see a new regulation or change or remove an existing one!



[Regulation Nevada Administrative Code \(NAC\) 640A.400](#)

Regulatory SpOTlight

Example of regulation that impacted us

Nevada Revised Statutes (NRS) 640A.090²²

Proposal: Change the amount of Continuing Education credits for Level I and II fieldwork supervision

- Regulatory Hearing (November 23, 2019)
 - Current Regulation
 - Level I Fieldwork Educator (FWE) receives 2 hours
 - Level II FWE receives 12 hours
 - Board Proposal
 - Level I increase to 4 hours
 - Level II increase to 15 hours
 - **Public Comment**
 - One practitioner expressed approval for 4-hour proposal
 - Another practitioner recommended 18 hours for Level II FWE
- Approved Regulation (Filed April 11, 2022)
 - Updated regulation
 - Level I FWE CE credit increased to 4 hours
 - Level II FWE CE credit increased to 18 hours

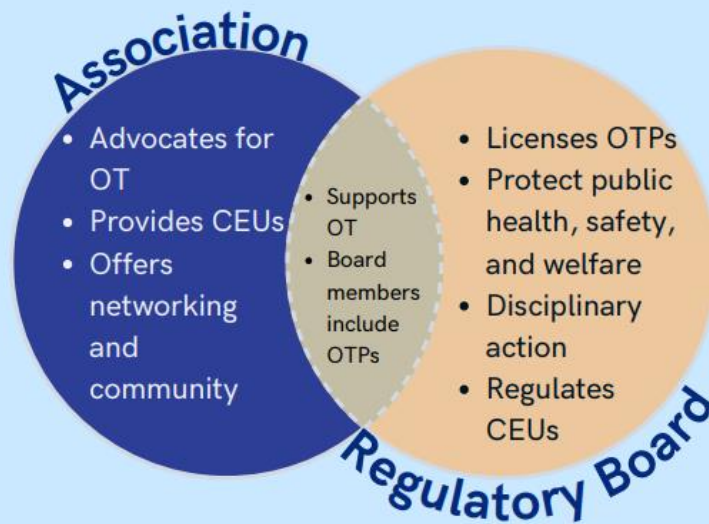
Did you know?²³

The Board has a lobbyist! This means they have a professional who tracks legislative bills that affect the profession. The lobbyist also establishes relationships with legislators and staffers in Carson City to advance the Board's initiatives.

This is unique to Nevada, as many regulatory boards do not have lobbyists (NOTA does not currently have one).

In the 2023 Legislative Session, the Board will push for a bill related to the reciprocity of licensing (different from the OT compact) and administrative citations. You can learn more about this in their [upcoming meetings or past meeting minutes](#).

State Association vs. Regulatory Board²⁴



Putting it All Together!²⁵

Legislation

Making laws



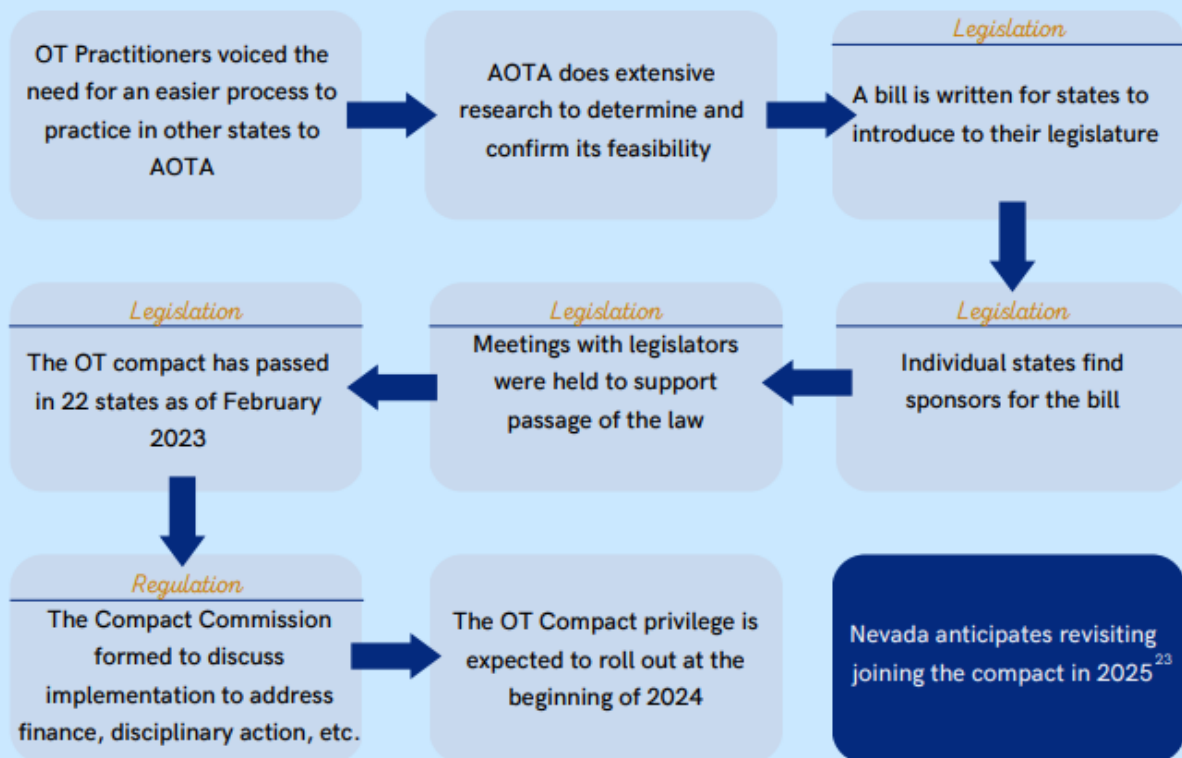
Regulation

Implementing laws

Note: Legislation must come before regulation
The law has to pass before we can do anything about it!

Example: Occupational Therapy Licensure Compact (Simplified)

Nevada is not currently part of the compact!





Hear another reason why an OT
practitioner advocates!



Former 2016-2021
OT Regulatory Board Member
Dr. Maria Soledad Magpantay



Building
Relationships

Connecting with Decision-Makers

Your presence is a present!

Legislators and regulators welcome your feedback and rely on you for your experiences and expertise.



In-person meeting

- Can be with an individual or a group
- Typically 15-30 minutes²⁶



Virtual meeting

Think about the purpose of the meeting:

- Are you asking for anything?
- They also appreciate "thank-yous!"²⁷



Mail-in Letter

- A hand-written letter shows how dedicated you are
- More personable!



Email

- Many templates make it easier
 - Add your personal touch to make it more compelling
- Helpful for time-sensitive matters²⁸



Testify/Share Public Comment

- You can testify or make public comment in person or through a phone call
- Typically 3 minutes for Legislative sessions



Phone Call

Tips

- Be concise
- Speak to how it affects you and them and how it can save them costs²⁹



Social Media

- A lot of reps are on social media, especially Twitter!
- May share town hall opportunities or office/coffee hours³⁰



Host networking events

- May be more casual
- Could be an event with an occupation they enjoy (ex. happy hour)!³¹

Stronger Together³²

Advocacy efforts are even more impactful when more advocates voice the same message.

Find people who are passionate about the same things as you!

Check out [CommunOT](#) or use social media to connect with others!



Show Up and Show Out!

Any time you speak up, it counts on the record.³³

Remember, legislators' job is to represent you, and you can help regulators protect public health and safety.

Know your Audience³⁴

- Identify who your state leaders are
- What do they care about or focus on?
- If at a public meeting, review their agenda



Legislators

Love hearing personal stories



Regulators

Prefer facts, data, and research



Insurers and Payers

(ex. Medicaid)

Wants to save costs and increase access to beneficiaries

Effective Storytelling³⁵

See an example [here](#).³⁶

Remember: It doesn't have to be perfect!

Think back to your unique experiences in fieldwork and practice...

- **Make it personable**
 - Talk about your time with a client
 - Give them a name, age, and their situation
 - Comply with HIPAA
- **Make it relevant**
 - How does your story relate to the regulation/legislation?
- **Suggest a solution**
 - What change do you want to see?
 - How can you work together to achieve it?

Combine storytelling and research findings

Refer to relevant research studies to strengthen your case

How do I set up a meeting with a Legislator?

Simply email them requesting one!³⁷

Either the legislator or their staffer will reply through email or a call to confirm your meeting.

Here's a [template](#) to help set up your next meeting.



What can make advocacy easier?

- Schedule time - routines help!
- Find a buddy
 - write a letter together
 - grab coffee and call a legislator³⁸

Tips²³

The best way to provide feedback to the Regulatory Board

- **Email the Executive Director first!**
 - Allows for clarification and follow-up
 - Can lead to a recommendation to appear before the board
- Participation in public meetings always welcomed during the public comment
 - The Board will listen but not take action
 - If you want action taken, you can request for it to be placed on the agenda
- **Effective**
 - Be concise
 - Provide a short background
 - Identify the issue and the proposed solution
- **Ineffective**
 - Rambling
 - Not being specific with questions or issues that you're trying to address



About Hill Day³⁹



What?

A day for OT practitioners and students to talk to legislators and staffers about our profession and practice

- can be in person or virtual



Why?

Connect with legislators and advocate your "ask"

- Do you want them to support/oppose a bill?
- Consider OT mental health or pain management bills



Where & When?

The Legislative Building at Carson City, Nevada

Currently, there is no designated date for Nevada. Find out during NOTA meetings!

How can I prepare?



Know your legislators first, then learn about what their priorities are³⁴

Refine your Elevator Speech⁴⁰

1. Name
2. District
3. Brief introduction of who you are
4. Issue - Name the Bill if possible! (Ex. AB 3)
5. Impact on you and them
6. Position - How should they vote?
7. Contact you for more info
8. Thank them



Dress code: Business⁴¹

If you're a beginner on Hill Day, you will be paired with a practitioner or someone who's more experienced!

What can I expect once I register for Hill Day?⁴²



Before

- Make travel and accommodations
- Attend a NOTA orientation to prepare
- Learn who your legislators are
- Review legislative priorities and talking points

- Attend briefing to prepare for the day and obtain materials
- Meet with legislators (if scheduled)
- Give your elevator speech
- You may talk to staffers instead of the legislators



During



After

- Follow up with thank you notes/emails to legislators and send them talking points
- Share your experience
- Stay involved by going to townhall meetings and inviting reps to events

Sharing your personal story is **one of the most powerful actions** you can take.⁴³

DO⁴⁴

- Know your rep
 - Connect with their occupations!
 - What are their legislative priorities?
- Respect their time
- Share talking points concisely and effectively
- Be patient with yourself and the day
- Leave information (handouts and contact information) with them
- Follow-up and be available for further contact
- Thank them

DON'T

- Assume they know what you're talking about
 - You can ask "How familiar are you with...?"
- Guess if you don't know the answers
 - False information can decrease your credibility
- Overload with information or use jargon
- View a meeting with a staffer as less than a meeting with a legislator
 - The staffer is their eyes and ears for issues



What is the AOTPAC?⁴⁵

A **non-partisan committee** (supported by AOTA members and volunteers) that **financially supports** candidates for federal office who support and understand the policies important to our profession.

Invests in candidates with an interest in advancing OT services, education, research, and funding regardless of their views on other issues



Aids any AOTA OT, OTA, and student member seeking public office



AOTA membership dues are NOT used to make donations. Instead, the AOTPAC is permitted to solicit AOTA members for contributions

AOTPAC Chair Dawn Sonnier⁴⁶



Hear AOTPAC Chair Dawn Sonnier get pumped for the 2023 AOTA Inspire Conference and discuss how AOTPAC supports advocacy at all levels!

Wait a minute! What does AOTPAC have to do with state advocacy?

Federal affairs affect state affairs, so any changes at the national level can impact us, too. Because Nevada doesn't have an OT PAC, this offers another option to advocate.

After all, money talks.

When you don't have the time and energy to focus on advocacy and regulatory issues, you can invest in someone or an organization that does!

Know that your NOTA and AOTA memberships are valuable!⁴⁷

Federal and state leaders do their best to meet you and your clients' needs, and they do better with your support.



Did you know?⁴⁸

Students can get involved with AOTPAC by joining the [AOTPAC Student Challenge](#), a fundraising event Student Occupational Therapy Associations can do!

Know your state practice act!

More members in the state association can lead to more involvement and education about advocacy efforts.

"What do you wish people knew about **advocating or the **regulatory process**?"**⁴⁹

Responses from various state association leaders

You don't have to be someone with advocacy experience or a specific skillset.

Decision makers want to hear the voices of their constituents.

A personal story goes a long way!

It can feel intimidating to start, but it gets easier every single time.

I wish people knew how easy it is and how many resources AOTA has.

How easy, effective, and important it is.

If we didn't have the advocacy at the state-level, OT wouldn't be involved with anything.

It takes time. You can't make changes overnight.

The regulatory process is time-consuming and can take 3 months to a year before a regulation is approved.

What can I do now?



Get Involved

- Start with NOTA & AOTA and connect with practitioners
- Find local community organizations with the same interests



Track Bills

- Explore legislation in your areas of interest



Show Up & Speak Up

- What you say can change minds and conversations
- Attend events and meetings

How to Track Bills⁵⁰

Interested in what's happening in OT now?
Track bills using the [Nevada Electronic Legislative Information System \(NELIS\)](#)

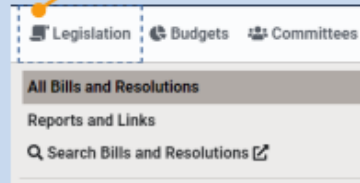
1

Register an account for FREE!



2

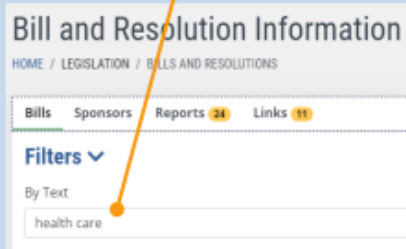
Explore different
Assembly and Senate bills



Note: Bills that start with AB means it originated from the Assembly, SB means it started in the Senate

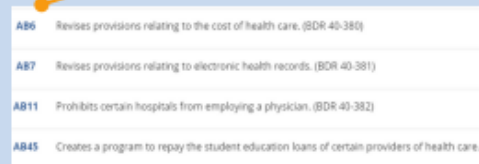
3

Type a topic you
are interested in



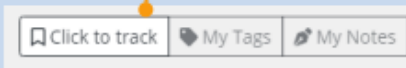
4

Review and click
on relevant bills



5

When you find a bill of interest,
you can track it (located on the
right-hand side)



When you start tracking a bill, you get email notifications on how the bill is progressing

6

In the overview of the bill, you
can submit your opinion!



For more details, check out the [NELIS manual](#).

You are a part of a Community!⁵¹

Organizations you can go to when you have concerns.

Click below to learn more.

NOTA

State issues

State
SRB

Regulatory Board

Practice act and
disciplinary issues

AOTA
RA

Representative
Assembly

Professional policies
and standards

AOTA

Federal and state issues

Nevada OT and OTA Student Organizations

Pima Medical
Institute

PIMA

Student Occupational
Therapy Association

Touro University Nevada

TUN

Student Occupational
Therapy Association

University of Nevada,
Las Vegas

UNLV

Student Occupational
Therapy Association

Additional Resources⁵²

Can't get enough? Here's more for you to explore!



Websites

- [Nevada Legislature](#)
 - [Research Division](#)
- [Legislative Terms to Know](#)
- [Nevada Regulatory Board Manual](#)
- [Nevada Medicaid Updates](#)
- [AOTA Legislative Action Center](#)
- [AOTA Hill Day Video Tips](#)
- [UNLV Government Engagement](#)



Books

- [The Sagebrush State](#)
 - [Learn more about NV!](#)
- [We The People](#)
- [A Political Practice of Occupational Therapy](#)
- [The Infographic Guide to American Government](#)



Podcasts

- [Civics 101](#)
- [60-Second Civics](#)
- [State of Nevada](#)
- [AOTA Podcast](#)

Good luck! Thank you for your time and energy.



[Click on this post-survey after you are done reviewing this advocacy toolkit!](#)

References



Appendix B

NOTA Membership Survey

NOTA Membership Survey

Thank you for choosing to be a part of the NOTA (NOTA) Membership Survey. Please note that this survey is for NOTA members only.

Your answers to this survey will support NOTA's mission of advancing the profession through advocacy efforts. The purpose of the survey is to learn more about your knowledge, attitudes, and involvement in systems-level advocacy as an occupational therapy practitioner or student. It will also ask about your preferred methods of learning and what you would like to learn more about advocating.

Your opinions are essential to ensure your needs are met and that content on advocacy is evidence-based.

Responses to this survey will inform the creation of a free advocacy toolkit for members, which will include information on effective ways to advocate and influence legislators and regulators. It aims to increase your skills and knowledge in creating a positive change that will benefit your clients and yourself. This anonymous survey will take approximately 10-15 minutes to complete.

Thank you for your time, and if you have any questions regarding the survey, please contact Angela Terencio at terencio@unlv.nevada.edu. She is NOTA's current capstone student from the University of Nevada, Las Vegas, and previously served as NOTA's advocacy intern from 2020-2022.

Are you a NOTA:

- ☐ Board Officer
- ☐ Committee Chair (Social Media, Newsletter, RA)
- ☐ Member
- ☐ I am currently not a NOTA member

Skip To: End of Survey If Are you a NOTA: = I am currently not a NOTA member

Throughout this survey, systems-level advocacy is defined as contacting, interacting, and engaging with legislators and regulators to build a professional relationship or influence a public policy related to occupational therapy.

This first section discusses your involvement in systems-level advocacy efforts.

In your opinion, what is the most effective way to influence policies?

- ☐ Writing a letter to the decision maker(s)
- ☐ Testifying during a meeting or session
- ☐ Emailing the decision maker(s)
- ☐ Calling the decision maker(s)
- ☐ Meeting with the decision maker in-person
- ☐ Meeting with the decision maker virtually
- ☐ Hosting a networking event with decision makers
- ☐ Raising awareness of the issue by campaigning
- ☐ Contributing money to an organization/individual
- ☐ No opinion
- ☐ Other _____

Why did you choose the answer above?

Have you had prior advocacy training? This includes formal or informal learning opportunities to increase your knowledge or skills in advocacy.

- ☐ Yes
- ☐ No
- ☐ Not sure

Where did you learn about skills or knowledge in advocacy? Select all that apply and specify, if applicable.

- ☐ Self-study
- ☐ Mentor (family member, friend, etc.)
- ☐ School (what course?) _____
- ☐ Professional development course(s) _____
- ☐ Membership in an organization (church, community, etc.) _____
- ☐ Social media (Which one(s)?) _____
- ☐ Other _____

The next set of questions will ask about your involvement in advocacy efforts within the past year (2021-2022). Decision makers include legislators and regulators.

Within the last year, have you:

Emailed your decision makers regarding any occupational therapy-related issues	Yes	No	Not Sure
Called decision makers regarding any occupational-therapy related issues	Yes	No	Not Sure
Wrote a letter to decision makers regarding occupational-therapy related issues	Yes	No	Not Sure
Met with decision makers in-person regarding occupational-therapy related issues	Yes	No	Not Sure
Met with decision makers virtually regarding occupational-therapy related issues	Yes	No	Not Sure
Attended NOTA's Legislative Update Meetings	Yes	No	Not Sure
Attended a Nevada Regulatory Board workshop	Yes	No	Not Sure
Attended AOTA's Legislative Hill Day	Yes	No	Not Sure
Raised awareness of healthcare-related or OT-related issues through social media	Yes	No	Not Sure
Raised awareness of healthcare-related or OT-related issues through other campaigning methods (rallies, tabling, performances, presentations, petitions, public meetings)	Yes	No	Not Sure
Donated money to an organization/individual/cause	Yes	No	Not Sure
Participated in any other advocacy strategies not listed above (please list below)	Yes	No	Not Sure

Display This Question:

*If The next set of questions will ask about your involvement in advocacy efforts within the past yea... =
Attended NOTA's Legislative Update Meetings [Answer 1]*

How often did you attend NOTA's Legislative Update meetings?

- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times

Display This Question:

If The next set of questions will ask about your involvement in advocacy efforts within the past yea... = Attended a Nevada Regulatory Board workshop [Answer 1]

What did you do during the Nevada Board Regulatory workshop? Select all that apply.

- ☐ Attended as a public member
- ☐ Made a public comment by being present virtually (Ex. Zoom)
- ☐ Made a public comment by calling in through phone or emailing it in
- ☐ Other _____

Display This Question:

If The next set of questions will ask about your involvement in advocacy efforts within the past yea... = Raised awareness of healthcare-related or OT-related issues through other campaigning methods (rallies, tabling, performances, presentations, petitions, public meetings) [Answer 1]

What method did you use to raise awareness of an issue? Select all that apply.

- ☐ Rallies
- ☐ Tabling
- ☐ Performances (Musical, theatre, etc.)
- ☐ Presentations
- ☐ Petition
- ☐ Public Meetings
- ☐ Other _____

In your opinion, what is your role in systems-level advocacy for occupational therapy?

Systems-level advocacy is defined as contacting, interacting, and engaging with legislators and regulators to build a professional relationship or influence a public policy related to occupational therapy.

The next set of questions relate to your knowledge of advocacy.

I know the name of my:

United States Senator	Yes	No	Not sure
United States House of Representatives Congressperson	Yes	No	Not sure
Nevada Senator	Yes	No	Not sure
Nevada Assemblyperson	Yes	No	Not sure

I know the difference between legislation and regulation

- ☐ Yes
- ☐ No
- ☐ Not sure

What primary website is used to find information on Nevada OT regulatory meetings?

- ☐ NOTA
- ☐ State of Nevada Board of Occupational Therapy
- ☐ AOTA
- ☐ National Board of Certification in Occupational Therapy
- ☐ Not sure

How often do Nevada's Legislative Sessions begin?

- ☐ Every 6 months
- ☐ Every year
- ☐ Every odd-numbered year
- ☐ Every even-numbered year
- ☐ Not sure

In what month do Nevada's Legislative Sessions begin?

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ Not sure

How many days are legislators in session?

- ☐ 30 days
- ☐ 60 days
- ☐ 90 days
- ☐ 120 days
- ☐ Not sure

In Nevada, what organization is responsible for occupational therapy practitioners' professional licenses?

- ☐ NOTA
- ☐ State of Nevada Board of Occupational Therapy
- ☐ AOTA
- ☐ National Board of Certification in Occupational Therapy
- ☐ Not sure

The next set of questions ask about your attitudes and beliefs on advocacy.

To what extent do you agree or disagree with the following statements:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I am confident in my ability to describe how politicians affect occupational therapy practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to describe how politicians affect the health of people in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to describe how the Nevada Regulatory Board affects occupational therapy practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to describe how the Nevada Regulatory Board protects the public health, safety, and welfare by ensuring only competent practitioners are licensed in the state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What barriers do you perceive regarding advocating at a systems-level? Select all that apply.

- ☐ Lack of time
- ☐ Lack of guidance
- ☐ Lack of knowledge in advocacy
- ☐ Lack of motivation
- ☐ Lack of awareness of occupational therapy-related issues
- ☐ Other _____
- ☐ None of the above

What are your preferred methods of learning? Select all that apply.

- ☐ Having visuals (graphs, maps, diagrams, charts, pictures, videos)
- ☐ Listening to lectures/webinars
- ☐ Discussion questions
- ☐ Practicing advocacy skills
- ☐ Writing information
- ☐ Podcasts
- ☐ Other _____

Here is a list of advocacy events, resources, or actions related to occupational therapy. Select all you would like to learn more about.

- ☐ Hill Day/Legislative Day
- ☐ How to find out who my legislators are
- ☐ How to find out who my regulators are
- ☐ Building a relationship with decision makers/staffers
- ☐ Testifying in a Legislative/Regulatory Session
- ☐ AOTPAC
- ☐ Using social media to advocate
- ☐ Learning more about Nevada's legislative processes
- ☐ Learning more about Nevada's regulatory processes
- ☐ Learning about advocacy roles
- ☐ Raising awareness of issues by campaigning
- ☐ How to learn more about background on issues I care about
- ☐ How to write/tell a compelling, relevant story
- ☐ Other _____

The last set of questions are related to demographic information.

Are you a(n):

- ☐ Occupational Therapist
- ☐ Occupational Therapy Assistant
- ☐ Occupational Therapy Student
- ☐ Occupational Therapy Assistant Student
- ☐ Retired Occupational Therapist
- ☐ Retired Occupational Therapy Assistant
- ☐ Undergraduate student

Display This Question:

If Are you a(n): = Undergraduate student

What are you getting your degree in?

What is your highest level of education in occupational therapy? Select all that apply.

- ☐ Occupational Therapy Assistant- Associate's Degree
- ☐ Occupational Therapy Assistant - Bachelor's Degree
- ☐ Occupational Therapy - Bachelor's Degree
- ☐ Occupational Therapy - Master's Degree
- ☐ Occupational Therapy - Doctorate Degree
- ☐ Occupational Therapy - Post-Professional Doctorate Degree
- ☐ Current Occupational Therapy Student
- ☐ Current Occupational Therapy Assistant Student
- ☐ Not applicable, I am an undergraduate student

Display This Question:

If What is your highest level of education in occupational therapy? Select all that apply. = Current Occupational Therapy Student

What school do you attend?

- ☐ Touro University Nevada
- ☐ University of Nevada, Las Vegas
- ☐ Other _____

Display This Question:

If What school do you attend? , Touro University Nevada Is Displayed

Are you a:

- ☐ First year student
- ☐ Second year student
- ☐ Third year student

Display This Question:

If What is your highest level of education in occupational therapy? Select all that apply. = Current Occupational Therapy Assistant Student

What school do you attend?

- ☐ Pima Medical Institute - Las Vegas
- ☐ Other _____

Display This Question:

If What school do you attend? , Pima Medical Institute - Las Vegas Is Displayed

Are you a:

- ☐ First year student
- ☐ Second year student
- ☐ Third year student
- ☐ Fourth year student

Do you have another Master's or higher degree?

- ☐ Yes (Please specify) _____
- ☐ No

How long have you been practicing occupational therapy?

- ☐ Under 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ Over 20 years
- ☐ Not applicable, currently a student

What occupational therapy-related organization are you a member of? Select all that apply.

- ☐ AOTA
- ☐ World Federation of Occupational Therapists
- ☐ Coalition of Occupational Therapy Advocates for Diversity
- ☐ I am not currently a member of any other organization besides the NOTA
- ☐ Other _____

In what practice setting do you currently work? Select all that apply.

- ☐ Psychiatric Care
- ☐ Long-Term Acute Care Hospital
- ☐ Community Transition
- ☐ Adult Outpatient Care
- ☐ Pediatric Outpatient Care
- ☐ Inpatient Rehabilitation Facility
- ☐ Public or Private School
- ☐ Home Health
- ☐ Skilled Nursing Facility
- ☐ Hospital
- ☐ Academia
- ☐ Other _____
- ☐ Not applicable

What geographic area(s) do you practice in? Select all that apply.

- ☐ Las Vegas/Henderson Metropolitan Areas
- ☐ Reno/Sparks/Carson City
- ☐ Rural Central Nevada- Tonopah, Beatty, Caliente, Pioche
- ☐ Rural Northern Nevada - Fallon, Fernley, Yerington, Lovelock
- ☐ Rural Eastern Nevada - Elko, Ely, Winnemucca, Battle Mountain
- ☐ Rural Southern Nevada - Clark County other than Las Vegas or Henderson
- ☐ Other _____
- ☐ Not applicable, I do not currently practice OT

What geographic area(s) do you live in?

- ☐ Las Vegas/Henderson Metropolitan Areas
- ☐ Reno/Sparks/Carson City
- ☐ Rural Central Nevada- Tonopah, Beatty, Caliente, Pioche
- ☐ Rural Northern Nevada - Fallon, Fernley, Yerington, Lovelock
- ☐ Rural Eastern Nevada - Elko, Ely, Winnemucca, Battle Mountain
- ☐ Rural Southern Nevada - Clark County other than Las Vegas or Henderson
- ☐ Other _____

Appendix C

Pre-Toolkit Survey

Advocacy Toolkit: Pre-toolkit survey

Thank you for choosing to be a part of this Capstone project.

You must be a NOTA student member or an entry-level UNLV OTD student to participate. Pilot participants are not eligible.

Your participation will help advance OT advocacy in Nevada, which may benefit your clients and your professional development and contribute to evidence-based practice.

It will lead to a student-friendly resource that promotes advocacy at a governmental level and encourages students to build relationships with state legislators and regulators in hopes of influencing public policies related to our profession.

This capstone project aims to examine the usefulness of an online advocacy resource for OT and OTA students. It will measure your knowledge of Nevada's legislative and regulatory affairs and your attitudes and beliefs related to advocacy.

This is the pre-toolkit survey with the toolkit linked at the end. After you review the toolkit, you will complete the post-toolkit survey. This process must be done in one sitting, but please feel free to take breaks as needed.

This is an anonymous survey, and your participation will take approximately 1 hour to 1 hour and 30 minutes, depending on your pace.

Estimated Breakdown:

- Pre-toolkit survey: 10-15 minutes
- Reviewing toolkit: ~1 hour
- Post-toolkit survey: 10-15 minutes

Benefits

- You will receive \$10
- You will contribute to an evidence-based, unique advocacy resource for students and practitioners who practice or study in Nevada
- You get exposure to how a capstone project is run!

You will be given a random ID number at the end of the survey. Please have a pen and paper ready to write it down. This is to help link your pre-toolkit survey results to your post-toolkit survey, while maintaining anonymity.

Thank you for your time, and for any questions, please contact Angela Terencio at terencio@unlv.nevada.edu.

Are you a:

- ☐ NOTA student member
- ☐ Entry-level UNLV OTD Student
- ☐ I am both an entry-level UNLV OTD student and a NOTA student member
- ☐ I am NOT an entry-level UNLV OTD student or a NOTA student member

The first set of questions relate to your attitudes and beliefs in systems-level advocacy.

Systems-level advocacy is defined as contacting, interacting, and engaging with decision-makers, such as legislators, regulators, and others, to build a professional relationship or influence public policies, laws, or regulations.

Note: You can use the arrows between the statements to move backward or forward.

To what extent do you agree or disagree with the following statements:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I am confident in my ability to describe how legislators influence OT practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to describe how the Nevada Regulatory Board protects public safety and welfare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe OT and OTA students can influence legislation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe OT and OTA students can make an impact on regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe advocating at a systems level is part of my role as a student and future practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can refer to the appropriate OT organizations to address any practice or educational concerns I have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent are you likely to do the following to advocate for the OT/OTA profession and practice and the clients we serve:

	Extremely unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Extremely likely
Attend Nevada Occupational Therapy Association (NOTA) Meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend Nevada OT Regulatory Board meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiate setting up a meeting with my legislator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write a letter to my legislator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send an email to my legislator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call my legislator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect with legislators on social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend a networking event where my legislator is present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Donate to American Occupational Therapy Political Action Committee (AOTPAC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next set of questions relate to your knowledge in advocacy.

In the Nevada district I currently live in, I know the name of my:

	Yes	No	Not sure
Nevada Senator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nevada Assemblyperson	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What primary website is used to find information on Nevada OT regulatory meetings?

- ☐ AOTA (AOTA)
- ☐ National Board of Certification in Occupational Therapy (NBCOT)
- ☐ State of Nevada Board of Occupational Therapy
- ☐ NOTA (NOTA)
- ☐ Not sure

How often do Nevada's Legislative Sessions occur?

- ☐ Every 6 months
- ☐ Every year
- ☐ Every odd-numbered year
- ☐ Every even-numbered year
- ☐ Not sure

In what month do Nevada's Legislative Sessions happen?

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ Not sure

What is the difference between legislation and regulation? If you are unsure, type "I don't know."

In Nevada, what organization is responsible for occupational therapy practitioners' professional licenses?

- ☐ AOTA (AOTA)
- ☐ National Board of Certification in Occupational Therapy (NBCOT)
- ☐ State of Nevada Board of Occupational Therapy
- ☐ NOTA (NOTA)
- ☐ Not sure

Who is your first point of contact in the Regulatory Board?

- ☐ Board Member
- ☐ Board Chair
- ☐ Executive Assistant
- ☐ Executive Director
- ☐ Not sure

When you are petitioning to propose a change in a regulation, to whom do you address the petition?

- ☐ Board Member
- ☐ Board Chair
- ☐ Executive Assistant
- ☐ Executive Director
- ☐ Not sure

Systems-level advocacy is defined as contacting, interacting, and engaging with decision-makers, such as legislators, regulators, and others, to build a professional relationship or influence public policies, laws, or regulations.

In your own words, how can systems-level advocacy make an impact on occupational therapy services? If you are unsure, type "I don't know."

When you are advocating for legislation, what is typically the best way to influence legislators?

- ☐ Share facts, data, and research on the bill
- ☐ Share a relevant, personal story
- ☐ Discuss how occupational therapy services can save costs
- ☐ Not sure

When attending Hill Day, what piece of information should you consider first?

- ☐ Knowing who my legislators are
- ☐ My elevator speech
- ☐ Travel and lodging accommodations
- ☐ Legislative priorities and talking points
- ☐ Not sure

What OT organization financially supports candidates running for federal office?

- ☐ NOTA (NOTA)
- ☐ State of Nevada Board of Occupational Therapy
- ☐ American Occupational Therapy Political Action Committee (AOTPAC)
- ☐ Nevada Occupational Therapy Political Action Committee (NOTPAC)
- ☐ Not sure

If you have concerns related to Nevada's OT and OTA practice act, which organization should you contact first?

- ☐ NOTA (NOTA)
- ☐ State of Nevada Board of Occupational Therapy
- ☐ AOTA Representative Assembly (AOTA RA)
- ☐ AOTA (AOTA)
- ☐ Not sure

The following section will ask about your demographics.

What school do/did you attend?

- ☐ PIMA Medical Institute
- ☐ Touro University Nevada
- ☐ University of Nevada, Las Vegas
- ☐ Other

Are you a:

- ☐ First year student
- ☐ Second year student
- ☐ Third year student
- ☐ Graduate, but not practicing yet

Do you plan to practice occupational therapy in Nevada after graduation?

- ☐ Yes
- ☐ No
- ☐ Not sure

IMPORTANT!

Please write down your Random ID number on a separate piece of paper and type it below: \${e://Field/Random%20ID}

This will help link your pre-toolkit survey to the post-toolkit survey.

You will automatically be redirected to the toolkit when you submit the pre-toolkit survey. It is best viewed on the computer.

The post-toolkit survey link will be at the end of the toolkit.

Happy learning!

Appendix D

Post-Toolkit Survey

Advocacy Toolkit: Post-toolkit survey

Thank you for reviewing the toolkit!

This is the post-toolkit survey. You will be awarded \$10 for your participation afterward.

The end of the survey will redirect to a different survey link asking for your email so I can contact you and send you the financial compensation. It will not be linked to your pre- and post-toolkit survey results to ensure anonymity.

--

Your participation will help advance OT advocacy in Nevada, which may benefit your clients and your professional development and contribute to evidence-based practice.

It will lead to a student-friendly resource that promotes advocacy at a governmental level and encourages students to build relationships with state legislators and regulators in hopes of influencing public policies related to our profession.

This capstone project aims to examine the usefulness of an online advocacy resource for OT and OTA students. It will measure your knowledge of Nevada's legislative and regulatory affairs and your attitudes and beliefs related to advocacy.

Thank you for your time, and for any questions, please contact Angela Terencio at terencio@unlv.nevada.edu.

Please enter your Random ID number below:

The first set of questions relate to your attitudes and beliefs in systems-level advocacy.

Systems-level advocacy is defined as contacting, interacting, and engaging with decision-makers, such as legislators, regulators, and others, to build a professional relationship or influence public policies, laws, or regulations.

Note: You can use the arrows between the statements to move backward or forward.

To what extent do you agree or disagree with the following statements:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I am confident in my ability to describe how legislators influence OT practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to describe how the Nevada Regulatory Board protects public safety and welfare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe OT and OTA students can influence legislation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe OT and OTA students can make an impact on regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe advocating at a systems-level is part of my role as a student and future practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can refer to the appropriate OT organizations to address any practice or educational concerns I have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent are you likely to do the following to advocate for the OT/OTA profession and practice and the clients we serve:

	Extremely unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Extremely likely
Attend Nevada Occupational Therapy Association (NOTA) Meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend Nevada OT Regulatory Board meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiate setting up a meeting with my legislator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write a letter to my legislator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send an email to my legislator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call my legislator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect with legislators on social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend a networking event where my legislator is present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Donate to American Occupational Therapy Political Action Committee (AOTPAAC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next set of questions relate to your knowledge in advocacy.

In the Nevada district I currently live in, I know the name of my:	Yes	No	Not sure
Nevada Senator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nevada Assemblyperson	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What primary website is used to find information on Nevada OT regulatory meetings?

- ☐ AOTA (AOTA)
- ☐ National Board of Certification in Occupational Therapy (NBCOT)
- ☐ State of Nevada Board of Occupational Therapy
- ☐ NOTA (NOTA)
- ☐ Not sure

How often do Nevada's Legislative Sessions occur?

- ☐ Every 6 months
- ☐ Every year
- ☐ Every odd-numbered year
- ☐ Every even-numbered year
- ☐ Not sure

In what month do Nevada's Legislative Sessions happen?

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ Not sure

What is the difference between legislation and regulation? If you are unsure, type "I don't know."

In Nevada, what organization is responsible for occupational therapy practitioners' professional licenses?

- ☐ AOTA (AOTA)
- ☐ National Board of Certification in Occupational Therapy (NBCOT)
- ☐ State of Nevada Board of Occupational Therapy
- ☐ NOTA (NOTA)
- ☐ Not sure

Who is your first point of contact in the Regulatory Board?

- ☐ Board Member
- ☐ Board Chair
- ☐ Executive Assistant
- ☐ Executive Director
- ☐ Not sure

When you are petitioning to propose a change in a regulation, to whom do you address the petition?

- ☐ Board Member
- ☐ Board Chair
- ☐ Executive Assistant
- ☐ Executive Director
- ☐ Not sure

Systems-level advocacy is defined as contacting, interacting, and engaging with decision-makers, such as legislators, regulators, and others, to build a professional relationship or influence public policies, laws, or regulations.

In your own words, how can systems-level advocacy make an impact on occupational therapy services? If you are unsure, type "I don't know."

When you are advocating for legislation, what is typically the best strategy to influence legislators?

- ☐ Share facts, data, and research on the bill
- ☐ Share a relevant, personal story
- ☐ Discuss how occupational therapy services can save costs
- ☐ Not sure

When attending Hill Day, what piece of information should you consider first?

- ☐ Knowing who my legislators are
- ☐ My elevator speech
- ☐ Travel and lodging accommodations
- ☐ Legislative priorities and talking points
- ☐ Not sure

What OT organization financially supports candidates running for federal office?

- ☐ NOTA (NOTA)
- ☐ State of Nevada Board of Occupational Therapy
- ☐ American Occupational Therapy Political Action Committee (AOTPAC)
- ☐ Nevada Occupational Therapy Political Action Committee (NOTPAC)
- ☐ Not sure

If you have concerns related to Nevada's OT and OTA practice act, which organization should you contact first?

- ☐ NOTA (NOTA)
- ☐ State of Nevada Board of Occupational Therapy
- ☐ AOTA Representative Assembly (AOTA RA)
- ☐ AOTA (AOTA)
- ☐ Not sure

What did you use to view the toolkit?

- ☐ Mobile
- ☐ Tablet
- ☐ Computer/laptop
- ☐ Other _____

The following questions are adapted from Verkuyl et al.'s (2022) Toolkit User Experience Survey. It will ask about how accessible the toolkit is.

Note: You can use the arrows between the statements to move backward or forward.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
It was easy to navigate the NOTA Advocacy Toolkit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it easy to locate information I needed in the NOTA Advocacy Toolkit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The text information presented on the screen was clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it easy to know what to do with each component of the NOTA Advocacy Toolkit (<u>i.e.</u> interactive links, videos, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't have any technical problems using the NOTA Advocacy Toolkit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NOTA Advocacy Toolkit will enhance my ability to advocate at a systems-level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The visual quality of the multimedia was good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The audio quality of the multimedia was good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think the NOTA Advocacy Toolkit will help OT and OTA students use advocacy skills in multiple contexts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NOTA Advocacy Toolkit will be a useful addition to professional development in advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think my confidence in using advocacy skills will increase after using the NOTA Advocacy Toolkit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to use the NOTA Advocacy Toolkit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to share the NOTA Advocacy Toolkit with other students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your time and participation!

You will automatically be redirected to a different survey for your compensation after you press submit. You will only need to type your email address.

Appendix E

Recruitment Materials for Phase 1 and 2

Recruitment Email to NOTA Members for Membership Survey

January 20, 2023

Dear [insert name],

I hope you are well! My name is Angela Terencio, and I am a 3rd-year occupational therapy student at the University of Nevada, Las Vegas, and NOTA's current capstone student.

One of my favorite things about NOTA is learning how powerful our community is when advocacy happens. As practitioners and students, we have a unique voice we can share that can enact change that is helpful for our clients, practice, and ourselves. One way to advocate is to interact with our government and regulatory leaders, who significantly influence policies.

My capstone project involves creating a systems-level advocacy resource for students and members. I want to learn more about your knowledge, attitudes, and involvement in advocacy efforts through an online survey to make it the best resource for you.

Your responses to the survey will be valuable in informing the creation of this resource and contribute to increasing members' knowledge of advocacy.

It is a 10-15 minute anonymous survey, and it is open to all NOTA members: https://unlv.co1.qualtrics.com/jfe/form/SV_9NzCtEgulgM1Pr8

Please complete the survey by Friday, February 10, 2023.

If you have any comments or questions, please email me at terencio@unlv.nevada.edu

Thank you for your time!

Warmest regards,
Angela Terencio (she/her/hers)
NOTA Capstone Student

Recruitment Email for Phase 2 Pilot Studies

Subject: Your Participation Needed! Pilot Study for Advocacy Capstone Project

Hello [insert name]!

I hope you are well! My name is Angela Terencio, and I am a third-year OT student at UNLV. I am also the NOTA's (NOTA) capstone student.

I created an advocacy resource specifically for occupational therapy students in Nevada because there is a need to strengthen our foundation in advocating for issues we care about to our state leaders. Advocacy can lead to positive changes that support our community's needs and advance our profession and practice.

To make it the best resource it can be, I need your help evaluating its usefulness and accessibility. Your opinion is needed!

You were randomly selected to participate in this study because you met the inclusion criteria. You are either a NOTA student member and/or an entry-level UNLV OT student.

Anticipated time required: 2 hours

What you will do:

- Take a pre/post survey that includes questions about knowledge and attitudes on advocacy
- Review the created toolkit
- Share your opinions on the design and content of the survey and toolkit through a debriefing interview

Benefits:

- Financial compensation: \$15
- Your responses will lead to an evidence-based, unique advocacy resource for students and practitioners practicing or studying in Nevada.
- You get exposure to how a capstone project is running!

If you are interested in participating this week or next, please reply to this email as soon as possible!

Everything will be done virtually and whenever it is most convenient for you.

Thank you for your time and consideration. I welcome any questions you may have.

Best,

Angela Terencio, OTD/S

University of Nevada, Las Vegas

NOTA Capstone Student

Here's my NOTA board bio if you would like to learn more about me!

Figure E1

Main Study Recruitment Flyer

NOTA
NEVADA OCCUPATIONAL
THERAPY ASSOCIATION

Interested in
PROTECTING
PROMOTING
& PROGRESSING
Occupational Therapy?

PARTICIPANTS NEEDED!

SEND INTEREST HERE

CAPSTONE PROJECT:

Open to all entry-level UNLV
OT students or NOTA student
members

Earn **\$10** for your time

Evaluate a Nevada OT advocacy resource made for OT
and OTA students!

Approximate time required: 1 hour - 1 hour 30 minutes
• Includes: Pre/post-survey and reviewing the resource

Scan the QR code or email your interest to Angela Terencio:
terencio@unlv.nevada.edu

NOTA Student Members Recruitment Email for Main Study

Hello,

I hope you are well! My name is Angela Terencio, and I am a third-year OT student at UNLV and NOTA's capstone student.

I created an advocacy resource specifically for OT and OTA students in Nevada because there is a need to strengthen our foundation in advocating for issues we care about to our state leaders. Advocacy can lead to positive changes that support our community's needs and advance our profession and practice.

To make it the best resource it can be, I need your help evaluating its usefulness and accessibility.

Anticipated time required: 1 hour to 1 hour and 30 minutes

What you will do:

- Take a pre and post-toolkit survey that includes questions about knowledge and attitudes on advocacy
- Review the created toolkit and evaluate its usability
- This must be done in one sitting, but feel free to take breaks!

Benefits:

- Earn \$10 for your time
- Your responses will lead to an evidence-based, unique advocacy resource for students and practitioners who practice or study in Nevada
- You get exposure to how a capstone project is run!

Everything will be done virtually and whenever it is most convenient for you.

To begin your participation, take the pre-toolkit survey here:
https://unlv.co1.qualtrics.com/jfe/form/SV_3DC1BVj9XnZpiLQ

The surveys will close on Friday, March 31, 2023, at 11:59 PM.

Thank you for your time and consideration. I welcome any questions you may have.

Warmest regards,
Angela Terencio, OTD/S (she/her/hers)
University of Nevada, Las Vegas
NOTA Capstone Student

Figure E2

Pilot Study Social Media Graphic for Recruitment

NOTA
NEVADA OCCUPATIONAL
THERAPY ASSOCIATION

Interested in
**PROTECTING
PROMOTING
& PROGRESSING**
Occupational Therapy?
VOLUNTEERS NEEDED!

PILOT STUDY:

- Open to all entry-level UNLV OT students
or NOTA student members
- Earn \$15 for your time
- Help create the best Nevada OT advocacy resource for students!
- See the process of a capstone project

Limited spots available. Send your interest in today!

Scan the QR code or email your interest to:
terencio@unlv.nevada.edu

SIGN UP HERE

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the Southeastern U.S.: Applying a social determinants of health framework. *Social Work*

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systematic review. *BMJ open*, 5(4), e006808. [https://doi.org/10.1136/bmjopen-2014-](https://doi.org/10.1136/bmjopen-2014-006808)

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Curriculum Vitae

MARY ANGELA M. TERENCIO

Email: mamterencio@gmail.com

EDUCATION

2020-2023	O.T.D Occupational Therapy, University of Nevada, Las Vegas
2015 – 2019	B.S., <i>magna cum laude</i> , Kinesiology, Honors College, University of Nevada, Las Vegas Minor: Spanish
Fall 2017	Study Abroad: Spanish Immersion, Universitat Politècnica de València
2011 – 2015	Advanced Honors Diploma, Ed W. Clark High School, Las Vegas, NV

RELEVANT PROFESSIONAL HISTORY

2019-2022	Registered Behavior Technician, Creative Behavioral Connections
2019-2020	Student Tutor, University of Nevada, Las Vegas (Center for Academic Enrichment and Outreach)
2018-2019	Student Research Assistant, University of Nevada, Las Vegas
Fall 2019	Honors College Peer Instructor, University of Nevada, Las Vegas

PUBLICATIONS

2020	Pharr, J. R., Terencio, M.A.M. , & Bungum, T. (2020). Physical activity guidelines compliance and its relationship with preventative health behaviors and risky health behaviors. <i>Journal of Physical Activity and Health</i> , 17(10), 1003-1008. https://doi.org/10.1123/jpah.2020-0039
2020	Pharr, J. R., Lough, N. L., & Terencio, A. M. (2020). Sociodemographic determinants of physical activity and sport participation among women in the United States. <i>Sports</i> , 8(7), 1-11. http://dx.doi.org/10.3390/sports8070096
2019	Pharr, J. R., Lough, N. L., & Terencio, M. (2019). Health and sociodemographic differences between individual and team sport participants. <i>Sports</i> , 7, 150.

RESEARCH EXPERIENCE & INTERNSHIP

Lab Experience:

- January 2021-
January 2022* Cognitive Aging & Neuropsychological Equity (CANE) Lab,
University of Nevada, Las Vegas
Lab volunteer in planning community-based participatory research
(Boot Camp Translation) logistics for a team of community members
and experts to increase and sustain research involvement among
Hispanic communities.
Faculty Research Mentor: Dr. Samantha John
- Summer 2019* Asian American Native American Pacific Islander Serving Institution
(AANAPISI) Summer Research Institute, Las Vegas, NV
Student researcher for analyzing and interpreting data in the Behavioral
Risk Factor Surveillance System (BRFSS) survey and examining
correlations between those who adhere to the national physical activity
guidelines and those who do not to risky health behaviors and
preventative health behaviors.
Faculty Research Mentor: Dr. Jennifer Pharr
- Spring 2019* Research assistant in reviewing and writing a literature review on how
sociodemographic differences affect the health of those who play in
individual and team sports
Faculty Research Mentor: Dr. Jennifer Pharr
- Spring 2019* Research assistant for investigating the effects of the Optimizing
Performance Through Intrinsic Motivation and Attention for Learning
(OPTIMAL) Theory of motor learning on motor performance using
Transcranial Magnetic Stimulation
Faculty Research Instructors: Dr. Gabriele Wulf, Lee-Kuen Chua
- Spring 2019* Research assistant for laboratory-based experimental research
examining the OPTIMAL Theory with motor performance and
scheduling effects on attentional focus
Faculty Research Instructors: Dr. Gabriele Wulf, Harjiv Singh,
Nicholas Drake
- Spring 2018* Research assistant for collecting data through presentations that discuss
depression and its correlation to college students' physical activity
levels
Faculty Research Instructor: Dr. Sharon Jalene
- Summer 2017* AANAPISI Summer Research Institute, Las Vegas, NV
Student researcher in reviewing and writing a literature review on the
utilization of waist circumference to determine type 2 diabetes risk

Research Mentor: Grace MacDonald

Internship:

*Fall 2020-
2022*

Nevada Occupational Therapy Association (NOTA)
Collaborated with occupational therapy leaders to synthesize legislative and regulation information regarding occupational therapy's role in Nevada's health care systems. Relayed information to NOTA members through created seasonal newsletters to promote advocacy at state and federal levels for increased accessibility to services.
Supervisors: Shaina Meyer, OTR/L, Rachel Martin, OTR/L, & Matt Olivier, OTR/L

Summer 2019

Nevada Occupational Therapy Association (NOTA)
Initiated an internship partnership with NOTA and UNLV Honors College. Collaborated with the board to improve outreach to students and therapists by developing content for social media and an online evidence-based practice resource program and networking with high schools that have a health focus. Synthesized and condensed materials for the Qualified Mental Health Professional report for the advancement of mental health-based therapists in Nevada
Supervisors: Paula Cook, OTD, OTR/L & Cynthia Lau, OTD, OTR/L

PRESENTATION

Fall 2019

Terencio, M. "Physical Activity Guidelines Compliance and its Correlation with Preventative Health Behaviors and Risky Health Behaviors". Selected AANAPISI Lightning Talk Speaker, Poster Presentation at the CAEO Research Symposium, Las Vegas, NV

LEADERSHIP AND EXTRACURRICULARS

<i>2017-Present</i>	Phi Kappa Phi Honor Society Member
<i>2022</i>	President of UNLV Student Occupational Therapy Association (SOTA)
<i>Fall 2020</i>	UNLV Community Clinic Volunteer – Steering Committee
<i>Fall 2020</i>	NOTA Diversity, Equity, Inclusion, and Cohesion Committee Member
<i>Fall 2019</i>	Honors College Mentor
<i>Fall 2019</i>	Honors College Peer Instructor
<i>2019</i>	National Certified Peer Educator
<i>2018-2019</i>	President, Kappa Iota Nu (Kinesiology Club of UNLV)
<i>2018</i>	Nevada Education for Women's Leadership Participant
<i>2015-2017</i>	Member, Kappa Iota Nu (Kinesiology Club of UNLV)

GRANTS AND AWARDS

2023	Nevada Occupational Therapy Association Capstone Funding (\$250.00)
2022	Love of Learning Award, Travel Grant (\$500.00)
2022	Patricia Sastaunik Scholarship (\$2,500.00)
2022	American Occupational Therapy Foundation Renee Achter Memorial Scholarship (\$750.00)
2021	Wynn Employee Foundation Scholarship (\$7,500.00/per academic year)
2021	Nevada Occupational Therapy Association Scholarship (\$250.00)
2021	UNLV OTD Program Scholarship (\$5,000.00)
2019	Selected Honors College Mentor (\$750.00)
2019	Selected Honors College Peer Instructor (\$100.00)
2019	Summer Research Institute Scholar (\$2,700.00)
2018-2019	Grad Rebel Advantage Program Inaugural Cohort (\$800.00)
2017	Summer Research Institute Scholar (\$2,500.00)
2017	CSUN Study Abroad Scholarship (\$1,000.00)
2017	UNLV International Programs Scholarship (\$1,000.00)
2015-2019	Dean's Honor Roll, School of Allied Health Sciences, University of Nevada, Las Vegas
2015-2019	Governor Guinn Millennium Scholarship (Total: \$10,427.00)
2015-2019	Top 10% Incentive Scholarship (\$4,000.00)

CERTIFICATIONS

11/2022– 11/2024	Basic Life Support (CPR & AED), American Heart Association Certification Number: 8050-2880
06/26/2019 – 12/31/2022	Registered Behavior Technician, Behavior Analyst Certification Board Certification Number: RBT-19-91075
02/15/2019	Certified Peer Educator, NASPA

LANGUAGES

<i>Fluent</i>	English and Tagalog
<i>Advanced</i>	Spanish

REFERENCES

References available upon request.