

Background

Occupational therapists (OTs) are one of the 23 regulated health professions in Ontario. They provide services and technologies to overcome barriers, and enable people to participate in the occupations which give meaning and purpose to their lives. OT services are delivered privately, in a variety of settings. However, OT services fall within the provisions of the *Canada Health Act* (CHA) only when delivered in hospital; provincial/territorial governments can but are not required, to insure them if delivered in the community. Changes in location may thus imply changes in coverage.

Research Goal

To study resource shifts of OTs across sub-sectors, with an emphasis on shifts from hospital to community. A determination of where OTs practice and the range of services delivered by sub-sector will help to inform the extent of OT services in Ontario that potentially fall outside the terms of the CHA.

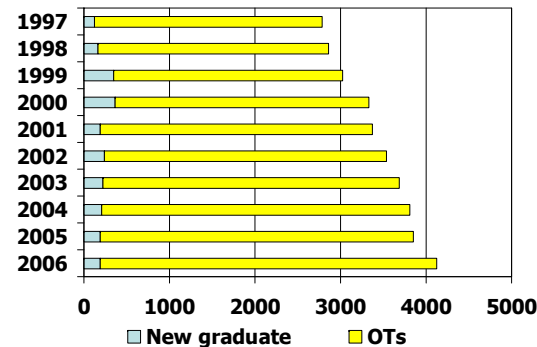
Methods

OTs are required to register annually with the College of Occupational Therapists of Ontario (COTO). COTO data for 1997-2006 were merged on a unique registration number. The analysis was conducted on this retrospective longitudinal database. The analysis was based on 7169 OTs. Trends were analyzed over time for the number of OTs practicing in Ontario and for funding source, both within and across the following sub-sectors:

1. **Hospitals and institutions** (hospitals, long-term care facilities, and chronic care facilities);
2. **Community** (community agencies and community clinics); and
3. **Other** (education, government and business).

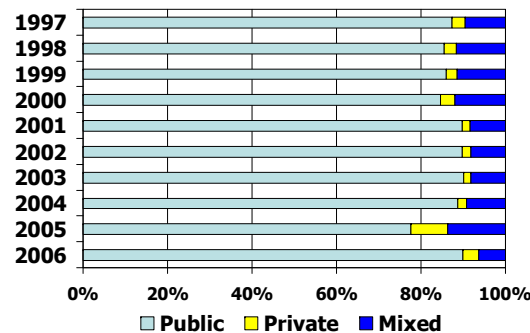
Results

Number of OTs Practicing in Ontario



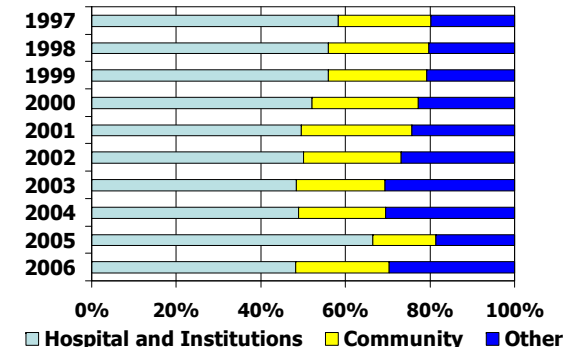
The number of OTs practicing in Ontario continues to steadily increase. However, the number of new graduates has remained relatively stable between 2001 and 2006.

Funding Sources for OTs Working in the 'Hospitals and Institutions' Sub-Sector



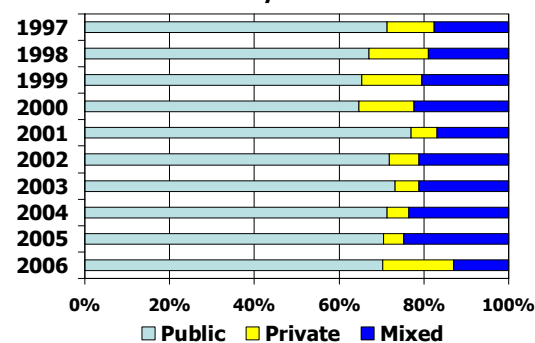
The majority of OTs working in 'hospitals and institutions' sub-sector received their funding from public sources, although there was a role for private funding. **Please note: 2005 reflects one-year change in sub-sector definitions.*

Where Do OTs Work



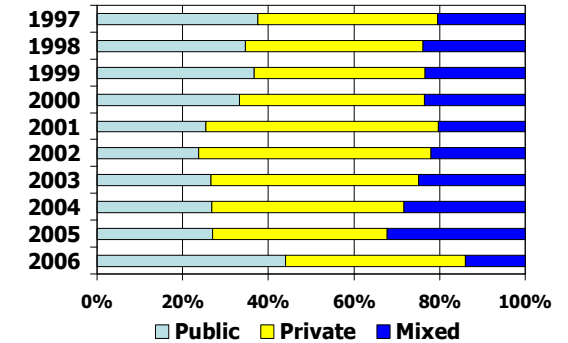
The percent of OTs working in 'hospital and institutional' sub-sector has decreased, with corresponding increases in the proportion working in the 'community' and 'other' sub-sectors. **Please note: Sub-sector definitions changed in 2005 and again in 2006.*

Funding Sources for OTs Working in the 'Community' Sub-Sector



A majority of OTs working in the 'community' sub-sector received their funding from public sources, but there was a considerably greater role for private and mixed funding than in the hospital sub-sector. **Please note: Funding definitions changed in 2006.*

Funding Sources for OTs Working in the 'Other' Sub-Sector



In contrast, the majority of OTs working in the 'other' sub-sector received their funding from both private and mixed sources, although there was still a role for public funding. **Please note: Funding definitions changed in 2006.*

Conclusions

The funding sources do vary across sub-sectors. The majority of OTs are publicly funded. However, OTs in the 'community' and 'other' sub-sectors receive more funding through private and mixed sources than do OTs working in the 'hospitals and institutions' sub-sector.

There has been a slight decrease in the proportion of OTs working in the largely publicly funded 'hospitals and institutions' sub-sector, and an increase in the more privately funded 'other' sub-sector. Further investigation is required to see whether this is reducing the availability of publicly funded OT services, or whether it represents an extension of the work done by OTs into new service areas.

The next stages of investigation will apply the tools of labour economics to analyze the 'survival' of OTs in their profession, and how it varies by sub-sector.