

# THERAPEUTIC RECREATION ONTARIO (TRO) SWOT ANALYSIS

TRO-SPECIFIC

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>▪ focus on psychosocial trends</li> <li>▪ TR mandate aligned with current and emerging health care priorities</li> <li>▪ solid and growing TRO membership – critical mass</li> <li>▪ TR Provincial Educators Steering Committee (TRPESC)</li> <li>▪ essential competency framework</li> <li>▪ established R/TRO and R/TRO Dip designations (registration)</li> <li>▪ beginning to standardize educational requirements to ensure consistency among professionals and programs</li> <li>▪ strong commitment to TR profession by members</li> <li>▪ strong TR volunteer support</li> </ul>	<ul style="list-style-type: none"> <li>▪ not a regulated health profession</li> <li>▪ lack of international/global consistency in credentialing, practice, etc. (US and elsewhere)</li> <li>▪ diversity in education/credentialing</li> <li>▪ diversity in education programs</li> <li>▪ no clear standards of practice (provincial, national, international)</li> <li>▪ lack of valid and reliable TR outcome measures</li> <li>▪ lack of evidence-based practice</li> <li>▪ not measuring and demonstrating impact</li> <li>▪ lack of consistency in terminology (RT vs. TR)</li> <li>▪ credibility issues</li> <li>▪ lack of evidence to demonstrate the effectiveness of TR programs in minimizing medical and social support costs</li> </ul>
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>▪ international TR movement (NCTRC, CTRS)</li> <li>▪ learn from NCTRC and ATRA in the US</li> <li>▪ time of opportunity – time to think creatively and differently – identify new, emerging opportunities for TR</li> <li>▪ need creative programs for individuals with developmental disabilities (living longer, no longer qualify for funded programs, parents can't cope)</li> <li>▪ corner the lifestyle, meaningful engagement, social participation market</li> <li>▪ develop 'signature areas' with 'proof points'</li> <li>▪ conduct cost-benefit analyses for TR</li> <li>▪ develop working groups – 'thought leaders' and 'innovators' for signature areas</li> <li>▪ work with academic institutions (with and without TR programs) to conduct targeted research in signature area</li> <li>▪ develop strong collaborations with strategic stakeholders (<i>government</i>: Ministry for Seniors, Ontario Council for Seniors, CARP, etc. <i>professional organizations and providers</i>: LHINs, Alzheimer Society, etc. <i>academic (research) partnerships</i>: universities, colleges)</li> <li>▪ opportunities for innovative inter-professional practice</li> </ul>	<ul style="list-style-type: none"> <li>▪ other professions and private entrepreneurs moving in to fill TR niche (must move forward or profession will be left behind)</li> <li>▪ current funding models</li> <li>▪ changing health care environment</li> <li>▪ priority focus on community</li> <li>▪ TR profession no strong linkages across provinces and outside Canada – need unity, critical mass and standardized approach (standards of practice)</li> <li>▪ voluntary designation (registration)</li> <li>▪ diverse membership</li> </ul>

# THERAPEUTIC RECREATION ONTARIO (TRO) PESTLE ANALYSIS

## GENERAL ENVIRONMENT WITHIN WHICH TRO WORKS

P POLITICAL	E ECONOMIC	S SOCIAL	T TECHNOLOGICAL	L LEGAL	E ENVIRONMENTAL
<ul style="list-style-type: none"> <li>+ health care trends</li> <li>+ a time of change in health care</li> <li>+ priority focus on community</li> <li>+ priority focus on aging at home/ chronic disease/ dementia/mental health</li> <li>+ focus on innovation/health system transformation</li> <li>+ Ontario's Seniors' Strategy</li> </ul> <hr/> <ul style="list-style-type: none"> <li>- funding</li> <li>- other professions moving into potential TR niche</li> <li>- need for international professional consistency</li> </ul>	<ul style="list-style-type: none"> <li>+ escalating health care costs - TR cheaper than other health professions</li> <li>+ health care cost drivers – aging, chronic disease, dementia, etc.</li> <li>+ entrepreneurial opportunities</li> <li>+ private practice opportunities</li> <li>+ economies of scale</li> </ul> <hr/> <ul style="list-style-type: none"> <li>- health economic analysis a priority</li> <li>- globalization</li> </ul>	<ul style="list-style-type: none"> <li>+ aging population trends</li> <li>+ longevity, life expectancy</li> <li>+ non-traditional roles/ careers emerging – health and lifestyle coaches, etc.</li> <li>+ importance of social frailty, social participation in later years – Sinha Ontario Seniors' Strategy 2014 (recommendation 2)</li> <li>+ focus on health inequity – vulnerable populations</li> </ul>	<ul style="list-style-type: none"> <li>+ automation, innovation, research and development a priority</li> <li>+ personalized health care (use of technology to personalize services</li> <li>+ other services (task-focused) can (and are) being automated</li> <li>+ emerging technologies</li> </ul>	<ul style="list-style-type: none"> <li>- Regulated Health Professions Act - TR not regulated health profession</li> <li>- heavy focus on evidence-based practices, outcome measurement, health economic analysis, accountability</li> <li>- standards of practice, clearly defined skills and competencies the norm in health care</li> </ul>	<ul style="list-style-type: none"> <li>+ 'aging at home' strategy</li> <li>+ community focus (- currently very limited funding for TR in the community)</li> <li>+ increased need for LTC</li> <li>+ new models emerging – 'integrated communities' with medical, clinical and other wellness amenities, community hubs, etc.</li> <li>+ age-friendly city movement</li> </ul> <hr/> <ul style="list-style-type: none"> <li>- hospital not the best fit for TR</li> </ul>

