



Strategic Plan

2008-2011



June 2, 2008

Dear Friends,

Hippotherapy utilizes equine movement as a physical, occupational or speech-language therapy treatment strategy. AHA's role in educating and promoting excellence in the field has never been more important. This strategic plan documents our organizational commitment to being recognized as part of the international community that provides education, facilitates research and promotes Equine Assisted Therapy as an effective treatment strategy that improves the quality of life for individuals with disabilities.

AHA started in the United States in 1987 as the Hippotherapy Curriculum Committee, which included 18 physical and occupational therapists who traveled to Germany for training and education in classic hippotherapy. In 1992, AHA became a section of the North American Riding for the Handicapped Association. In November 2004, AHA became an independent entity that continues to collaborate with our colleagues in the therapeutic riding community.

AHA's original mission of promoting hippotherapy through the professional growth of Physical, Occupational and Speech-Language Therapists interested in using the movement of the horse as a tool in treatment, lives on in our organizational focus on education and curriculum development.

In March the Board of Directors met for a three day strategic planning meeting in order to plan proactively for AHA's future and ensure the growth of hippotherapy in the United States. Through the strategic planning process we have focused on our core values of integrity, accountability, accessibility, innovation, excellence and collaboration and developed clear goals and objectives to move the organization forward.

I gratefully acknowledge the commitment and involvement of the members of the Board who shared their time and expertise so generously. AHA is looking to the future to develop as an organization that serves our members, their clients and families and the medical community. This 2008 strategic plan provides a valuable framework for our future.

Thank you.

Meredith S. Bazaar
President

American Hippotherapy Association, Inc.

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(nominated to the BOD
4/08)

Janet Weisberg, OTR,
HIPPO THERAPY Periodical*

Bonnie Cunningham,
MA, PT, HPCS, Executive
Director*

*Denotes strategic planning session attendees

Strategic Planning Process
facilitated by KC Henry,
www.TransitionsUnlimited.net



MISSION:

To educate and promote excellence in the field of Equine Assisted Therapy.

VISION:

AHA is recognized as part of the international community that provides education, facilitates research and promotes Equine Assisted Therapy as an effective treatment strategy that improves the quality of life for individuals with disabilities.

CORE VALUES:

- Integrity:** Commitment to the highest standards of personal, ethical and professional behavior.
- Accountability:** Commitment to good stewardship transparency, while practicing fiduciary responsibility.
- Accessibility:** Promoting optimal availability of programs and resources.
- Innovation:** Promoting research and evidence based treatment strategies.
- Excellence:** Promoting the highest caliber of programs and resources.
- Collaboration:** Networking and partnering with organizations with similar missions and values.

PHILOSOPHY:

We believe that:

- The organized movement of the horse is an effective treatment strategy used to improve function in patients with neuromusculoskeletal dysfunction.
- A licensed physical therapist, occupational therapist or speech-language pathologist with specialized training in the principles of hippotherapy and horsemanship is responsible for directing the treatment team during a session using hippotherapy as a treatment strategy.
- A hippotherapy session requires a carefully trained team consisting of: patient, therapist, horse expert, horse and sidewalkers.
- Equine Assisted Therapy, used by a medical professional, is part of a comprehensive treatment plan that integrates gains into functional activities.
- Horses used in Equine Assisted Therapy should have quality of movement, appropriate temperament and ongoing specialized training. All horses should be treated humanely at all times.
- Clinicians providing Equine Assisted Therapy are to maintain a high level of professional competence by participation in related continuing education activities. They must follow the standards of practice and code of ethics for their discipline.
- More research should be done to continue to validate the efficacy and effectiveness of hippotherapy and other Equine Assisted Therapies.

AHA HISTORICAL BACKGROUND:

Written by AHA staff

AHA first started as the Hippotherapy Curriculum Committee in 1987 after the original 18 therapists returned from Germany. In 1992, AHA became the first section of Narha, its membership reached 917 members, the majority of whom were therapists, but also included Narha instructors and administrators. The first AHA conference was held in April 2007 in Atlanta. AHA hired its first Executive Director in September 2007.

The Hippotherapy Clinical Specialist exam was given for the first time in 1999. The HPCB oversees the exam content and has its own board. AHA handles the bookkeeping for AHCB and a board member cannot serve on both boards concurrently.

AHA, Inc. was incorporated on June 18, 2003 and became a 501(c)3 on November 28, 2003. In November 2004, AHA broke away from Narha and became an independent entity. AHA and Narha agreed upon an affiliation between the two organizations. The impetus for the separation were the inability of Narha to give accurate accountings of AHA monies, inability of Narha and AHA to reach a consensus on accepted terminology and the need for therapists to establish an identity that was more medical than educational/recreational.

In brief, the affiliation agreement stated that each organization would be able to have advertisement space in their respective publications, a reduction of dues if members joined both Narha and AHA, links on the website to each other. In addition, AHA would continue to run a preconference workshop at the Narha annual meeting and Narha would be responsible for the registration of the participants. The affiliation agreement is to be signed by March 31 of each year, at this time the agreement has not been resigned as AHA has asked for some revisions of the affiliation. Specifically AHA would like a half page space of advertising in STRIDES and representation (can be a consultant position) on Narha's Health and Education committee.

As to the AHA preconference, Narha is not planning on having preconferences or forums at the next national conference. At this time, AHA does not know; if as an organization, there will be a time allotted to them. One proposal is for AHA to submit a presentation for a Thursday time slot (amount of time not presently decided upon) for educational purposes.

The mission of AHA did not change when AHA became a separate organization. The mission

remains primarily to support education for therapists interested in incorporating hippotherapy into their practices and to support research. The one major change in the organization of AHA was to move from a membership run organization to a self perpetuating board, this move has allowed the AHA Board of Directors to make changes in the organization without having to have the membership vote on said changes.

Since 2004, AHA has developed the Level I, II and III Equine Skills course. A business course is proposed and it is anticipated it will be ready to pilot in late spring or early summer of 2004.

As of Feb 23, 2008 AHA has 651 members of these members: 495 are paying members, 131 are complimentary members, 2 legacy and 23 lifetime. The complimentary member category is for people who have taken the Level I courses and were not members of AHA at the time of the course. This membership is good for only one year. This policy should be reviewed as of the 253 complimentary members for 2006-2007 only 50 renewed their memberships.

There are approximately 226 members who have been with AHA since it separated for Narha.

The membership breakdown is as follows:

Physical Therapists	276
PTA's	29
Occupational Therapists	214
COTA's	27
Speech/language Pathologists	57
Certified Riding Instructors	18
Physicians	2
RNs	2
Administrators	21
No occupation given	52

AHA has been successful in continuing to be financially viable since it has left NARHA. Although the overall numbers are less than when AHA was a section, the membership has continued to grow slowly since the separation.

A membership survey was put on the internet and as of February 24, 2008 we have had 129 respondents. (See attachment for specific responses to the survey).

The China Rehabilitation Research Center was the first recipient of the International Scholarship Fund and a workshop was taught there June 2007. An individual scholarship was awarded to Trish Fitzgerald, a physiotherapist from Ireland, for 2008.

AHA's challenges for the future include: producing an educational/promotional DVD about hippotherapy, design and offer more courses for therapists who have completed the current curricula, increase overall membership, increase visibility in professional organizations, increase revenues to support research and curriculum development and hire a full time Executive Director. AHA must also determine what administrative position (Executive Director, Director of Development etc.) would best support the organization, especially taking into account that the job of President currently is too large to expect a person, who is volunteering their time, to oversee the organization.

The board must also revisit the proposal (talked about at the Strategic Planning of 2003) of expanding our mission to include other therapists; for example, recreational and developmental therapists and audiologists who work with vestibular dysfunction. This would mean a renaming of the organization with hippotherapy being a part of an Equine Assisted Therapy organization.

Fundraising will also need to be a top priority. At this time, applications for permission to do direct mail solicitations have been filed with 42 states, some states have not been applied to because of the need for an agent, which in some cases will cost AHA more than the revenue we would likely receive from therapists of that state.

The 990 from 2006 is attached, breakdown of income and expenses are listed, except for the salary of the ED, which will be an additional expense. Also, see attached the proposed 2008 budget.

AHA's continued success will depend on its ability to recruit committed Board of Director members. At this time, and mostly likely for the foreseeable future, board members fill many positions that would normally be in the domain of a paid employee. Unless AHA can substantially increase its membership base and run successful fundraising campaigns, it will need to continue to rely on the efforts of a volunteer board, which has served AHA well in the past, but does limit the future growth of the organization.

Finding committed board members that represent the three disciplines in hippotherapy and geographically represent the country has been a challenge. In addition, AHA must broaden the skills of its board. The only non-therapist we currently have on the board is a parent, consideration for board members with legal or accounting skills would be beneficial to the board.

AHA needs to be cognizant of the effects of reimbursement in terms of a therapist's desire and ability to incorporate hippotherapy into their practices. Although reimbursement is beyond our control and our incorporation does not allow us to lobby, reimbursement is an external force that must be considered as impacting our organization.



STRATEGIC GOALS AND OBJECTIVES

#1 Expand scope of the organization's services and programs

- 1) Assess demand and need for new and expanded programs
- 2) Increase marketing of established and expanded services / programs
- 3) Develop international collaboration and cooperative efforts

#2 Develop staffing structure to grow and sustain organization

- 1) Develop and adapt new organizational chart that separates operations and governance
- 2) Create professional expanded staff environment for contracted and volunteer (separate from board positions) staff
- 3) Identify critical industry needs related to program and facility development

#3 Diversify and increase funding sources

- 1) Expand earned income opportunities (programs and memberships)
- 2) Expand individual donor contributions
- 3) Increase grant funding

#4 Develop the effectiveness of the governing board

- 1) Establish strong governance and planning aspects of board
- 2) Expand diversity on board
- 3) Restructure board committees to address only areas of governance