Health Disparities, Social Justice and Occupational Therapy Interventions

Applying Key Concepts to Your Everyday Practice

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September 23, 2017

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Introductions (me)

- Occupational therapy practitioner for 33 years since receiving BS from UNH in 1994
- Graduate degrees in Human Resource Development (Adult Learning) and Public Health
- Worked in inpatient rehabilitation, acute care, SNF, community-based supportive living & cancer rehabilitation settings
- Worked as direct-care practitioner, manager, educator, researcher, consultant and volunteer
- Passion for occupational therapy, social justice, equal rights and universal health coverage

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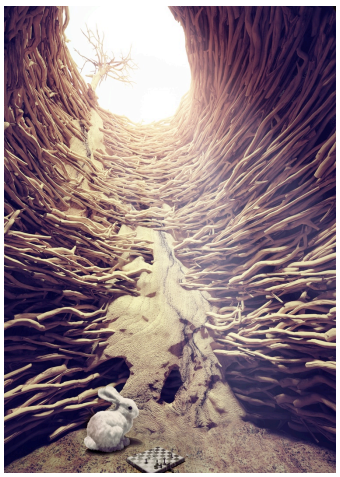
Introductions (you)

Who is in the audience and why?

Learning Objectives

- Define and describe the concepts of health disparities and social justice and explain their practical relevance for everyday occupational therapy practice.
- Explain how various occupational therapy conceptual practice models, AOTA official documents and global perspectives on health disparities and social justice can provide practical guidance for everyday occupational therapy intervention.
- Articulate a process and available resources that occupational therapy practitioners can use to self-assess their personal values and philosophical, ethical, economic, and political perspectives on health disparities and social justice

Down a Rabbit Hole…



The occupation-health connection.

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The occupation/health connection

"Man, through the use of his hands as they are energized by mind and will, can influence the state of his own health" (Reilly, pg. 2, 1962).

Reilly, M. (1962). Occupational therapy can be one of the great ideas of 20th century medicine, 1961 Eleanor Clarke Slagle lecture. American Journal of Occupational Therapy, 16, 1–9.

The Occupation/Health Connection

- Occupations to meet the WHO prerequisites of health
  - Peace: seeking peaceful solutions to disputes, supporting displaced people, providing help to the disadvantaged.
  - Shelter: building and customizing simple and complex living quarters and social environments
  - Education: attending school, learning from community elders and religious practices
  - Food: hunting, gathering, farming, food retailing, serving and eating
  - Income: work, unpaid domestic work
  - Stable ecosystem & sustainable resources: farming, water storage, protecting habitats, urban planning
  - Social justice and equity: encouraging the occupational potential of all people, supporting group rights to maintain traditions or changing ways of doing if there is occupational injustice in terms of choice or opportunity.

Wilcock, A. & Hocking, C. (2015). An Occupational Perspective on Health. Thorofare, N.J: Slack (Table 7-1, Pages 187-189)

The Occupation/Health Connection

- Occupations to support physical health & well-being
  - A balance of work & recreation, balance of healthy diet & exercise, adequate sleep & rest, doing what you love
- Occupations to support mental health & well-being
  - Education suited to abilities & needs, stimulating, satisfying & enjoyable activity, able to meet individual interests and capacities
- Occupations to support social health & well-being
  - Relationships through occupation, shared purpose, social status through occupations, facilitative social and economic environments

Wilcock, A. & Hocking, C. (2015). An Occupational Perspective on Health. Thorofare, N.J: Slack
Figures 5-3, 5-4, 5-5, page 139

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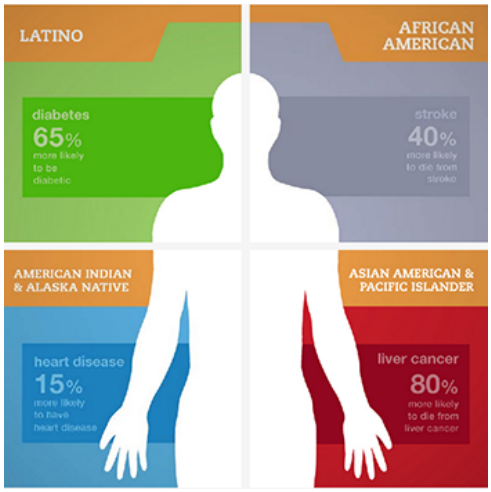
Health Disparities



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Health Disparities

- "Health disparities refer to population-specific differences in disease rates, health outcomes, and access to health care services" (AOTA, 2013).
- "A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location. Other characteristics include cognitive, sensory, or physical disability" (U.S Department of Health and Human Services, 2009).

- American Occupational Therapy Association. (2013). Occupational therapy in the promotion of health and well-being. *American Journal of Occupational Therapy*, 67(6, Suppl.), S47–S59. http://dx.doi.org/10. 5014/ajot.2013.67S47
- U.S. Department of Health and Human Services, Healthy People 2020 Draft. 2009, U.S. Government Printing Office.

Health Disparities

- Julie Bass-Haugen examined the evidence on U.S. health disparities with specific relevance to occupational therapy and by racial/ethnic groups and income levels.
- National survey data were used to identify variables related to occupational performance or occupational therapy services that showed evidence of disparities.
- Data on U.S. citizens included health and behavioral characteristics, activity profiles, home and work environments, experiences in health systems, and outcomes of health care services.

Bass-Haugen, J. D. (2009). Health disparities: Examination of evidence relevant for occupational therapy. American Journal of Occupational Therapy, 63, 24–34.

The "Unequal Treatment Report"

- "The health care environment contributes to disparities through many factors, including access, insurance, linguistic barriers, and complex bureaucracies. The clinical encounter itself is also a contributing factor. The report documented evidence from more than 100 studies of enormous differences in quality of care for different racial and ethnic groups for the leading clinical conditions. It proposed that practitioners' clinical uncertainty, beliefs or stereotypes, time pressure, limited or incomplete information, and high demand on attentional or cognitive processes were contributing factors to care discrepancies in addition to possible biases and prejudices" (Bass-Haugen, 2009, pg. 25).

Bass-Haugen, J. D. (2009). Health disparities: Examination of evidence relevant for occupational therapy. American Journal of Occupational Therapy, 63, 24–34.

Health Disparities & the Environment

Interventions for the environment in four community clusters:

- built environments, as activity-promoting environments that provide nutrition, transportation, housing, products, environmental quality, and appearance or ambience
- social capital, factors that fulfill individual and group needs for social cohesion and trust; collective efficacy; civic participation and engagement; and positive social, behavioral, and gender norms.
- services and institutions, provide access to medical and health care, public safety, education, and literacy.
- structural factors include ethnic and racial relations, economic capital, media marketing, community-based organizations, and cultural and artistic opportunities.

Bass-Haugen, J. D. (2009). Health disparities: Examination of evidence relevant for occupational therapy. American Journal of Occupational Therapy, 63, 24–34.

Health Disparities Evidence Relevant for Occupational Therapy

- Adult citizens representing different racial/ethnic groups and income levels reported frequencies of negative emotions and challenges in performing physical activities.
- Children from various racial/ethnic groups and income levels have different activity profiles, living and school environments, health characteristics and health care needs. Disparities in reported safety and supportiveness of schools, neighborhoods and communities.
- Health care experiences were reportedly less positive for individuals and families from non-White racial/ethnic groups and lower income levels.
- Outcomes of health care in nursing facilities and home health varied inconsistently by racial/ethnic group depending on the measure of health status.

Bass-Haugen, J. D. (2009). Health disparities: Examination of evidence relevant for occupational therapy. American Journal of Occupational Therapy, 63, 24–34.

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AOTA's Societal Statement on Health Disparities (2013)

"Occupational therapy practitioners have the responsibility to intervene with individuals and communities to limit the effects of inequities that result in health disparities. Practitioners have knowledge and skills in evaluating and intervening with individuals and groups who face physical, social, emotional, or cultural challenges to participation. Further, the American Occupational Therapy Association (AOTA) supports advocacy to increase access to health services for persons in need, and efforts to lessen or eliminate health disparities are consistent with the Occupational Therapy Code of Ethics and Ethics Standards (2010) (AOTA, 2010)."

Am J Occup Ther. 2013; 67(6_Supplement):S7-S8. doi: 10.5014/ajot.2013.67S7

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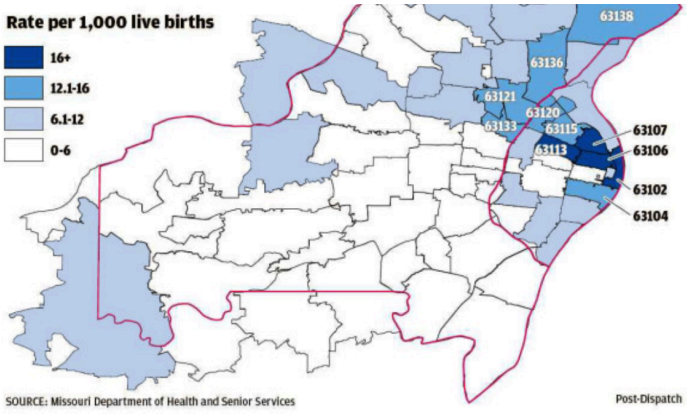
Social Determinants of Health

Social Determinants of Health

- "A girl born today in Sierra Leone who survives to the age of 5 is halfway through her predicted life span by the time she reaches age 17, whereas a girl born on the same day in Japan can expect to live into her 80s and will likely not die before she turns 5. This is the case because, unlike her counterpart in Sierra Leone who faces an under-5 mortality rate of 316 per 1,000 live births, the girl in Japan has only a 5 in 1,000 probability of dying before she reaches her fifth birthday (Marmot, 2005)."

Marmot, M. 2005. Social determinants of health inequalities. Lancet 365(9464):1099-1104.

Infant Mortality Around St. Louis



http://www.flourishstlouis.org/infant-mortality-rate/

Social Determinants of Health

- "The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life" (World Health Organization, 2015).
- Includes economic policies, development agendas, cultural and social norms, social policies, and political systems.

World Health Organization. (2015). Social determinants of health. Online at: http://www.who.int/social_determinants/en

Health Inequities

- "The unfair and avoidable differences in health between groups of people within countries and between countries" stem from the social determinants of health and result in stark differences in health and health outcomes" (World Health Organization, 2015).
- Variations in use of the terms "disparities" and "inequities" from one country to another
  - Disparities often used in the US to denote racial or ethnic disparities involving structural racism and other forms of unjust discrimination that create gaps in health.
  - Inequalities often used in the UK to describe differences among groups based on socioeconomic conditions.

World Health Organization. (2015). Social determinants of health. Online at: http://www.who.int/social_determinants/en

The moral importance of health care.

- The central moral importance for purposes of justice of preventing and treating disease and disability with effective health care services derives from the way in which protecting normal functioning contributes to protecting opportunity.
- Health care preserves for people the ability to participate in the political, social, and economic life of their society. It sustains them as fully participating citizens.
- The relationship between health care and the protection of opportunity suggests that the appropriate principle of distributive justice for regulating the design of a health care system is a principle protecting equality of opportunity.

Daniels, N. (2001). Justice, health, and healthcare. *American Journal of Bioethics*, *1*(2), 2-16.

David Frum-The Atlantic

(New slide, apologies for letting my politics show!)

Whatever else the 2016 election has done, it has emancipated Republicans from one of their own worst self-inflicted blind spots. Health care may not be a human right, but the lack of universal health coverage in a wealthy democracy is a severe, unjustifiable, and unnecessary human wrong. As Americans lift this worry from their fellow citizens, they'll discover that they have addressed some other important problems too. They'll find that they have removed one of the most important barriers to entrepreneurship, because people with bright ideas will fear less to quit the jobs through which they get their health care. They'll find they have improved the troubled lives of the white working class succumbing at earlier ages from preventable deaths of despair. They'll find that they have equalized the life chances of Americans of different races. They'll find that they have discouraged workplace discrimination against women, older Americans, the disabled, and other employees with higher expected health-care costs. They'll find that their people become less alienated from a country that has overcome at last one of the least attractive manifestations of American exceptionalism—and joined the rest of the civilized world in ameliorating and alleviating our common human vulnerability to illness and pain.

Frameworks for Addressing the Social Determinants of Health

- The Danaher Framework (contributions from the community sector)
- World Health Organization Conceptual Framework
- Frieden framework for improving public health (potential impact versus labor intensity)
- Bay Area Regional Health Inequities Framework (link between health and social inequities)
- The Yoder Framework for dental education (service learning)
- Others focused on education, increasing access to health

National Academies of Sciences, Engineering, and Medicine. (2016). *A framework for educating health professionals to address the social determinants of health.* National Academies Press.

Framework for Occupational Therapy?

Do we have a widely accepted framework that connects the values, underlying philosophies and theoretical foundations of occupational therapy to efforts to address health disparities, inequities, social determinants of health and the resulting injustice that disadvantaged individuals and populations experience?

Health Disparities Example: Cancer

- "The National Cancer Institute (NCI) defines "cancer health disparities" as *adverse differences in cancer incidence (new cases), cancer prevalence (all existing cases), cancer death (mortality), cancer survivorship, and burden of cancer or related health conditions that exist among specific population groups in the United States.*"
- "These population groups may be characterized by age, disability, education, ethnicity, gender, geographic location, income, or race. People who are poor, lack health insurance, and are medically underserved (have limited or no access to effective health care)—regardless of ethnic and racial background—often bear a greater burden of disease than the general population."

National Cancer Institute. (2017). Cancer Health Disparities. Online at: https://www.cancer.gov/about-nci/organization/crchd/cancer-health-disparities-fact-sheet#q1

Health Disparities Example: Cancer

- "Complex and interrelated factors contribute to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. The most obvious factors are associated with a lack of health care coverage and low socioeconomic status (SES)."
- SES based on:
  - Income
  - Education level
  - Occupation
  - Social status

National Cancer Institute. (2017). Cancer Health Disparities. Online at: https://www.cancer.gov/about-nci/organization/crchd/cancer-health-disparities-fact-sheet#q1

Health Disparities Example: Cancer

- Studies have found that SES, more than race or ethnicity, predicts the likelihood of an individual's or a group's access to education, certain occupations, health insurance, and living conditions–including conditions where exposure to environmental toxins is most common--all of which are associated with the risk of developing and surviving cancer.
- SES, in particular, appears to play a major role in influencing the prevalence of behavioral risk factors for cancer (for example, tobacco smoking, physical inactivity, obesity, and excessive alcohol intake, and health status) as well as in following cancer screening recommendations.
- Research also shows that individuals from medically underserved populations are more likely to be diagnosed with late stage diseases that might have been treated more effectively or cured if diagnosed earlier. Financial, physical and cultural beliefs are also barriers that prevent individuals or groups from obtaining effective health care.

National Cancer Institute. (2017). Cancer Health Disparities. Online at: https://www.cancer.gov/about-nci/organization/crchd/cancer-health-disparities-fact-sheet#q1

Health Disparities Example: Cancer

How do prostate cancer incidence and death rates differ for men from different racial or ethnic groups?

African American/Black men have the highest incidence rate for prostate cancer in the United States and are more than twice as likely as White men to die of the disease. The lowest death rates for prostate cancer are found in Asian/Pacific Islander men. Incidence and death rates for prostate cancer are shown in Table 4.

Table 4. Prostate Cancer Incidence and Death Rates

	Prostate	
Racial/Ethnic Group	**Incidence**	**Death**
All	168.0	27.9
African American/Black	**255.5**	**62.3**
Asian/Pacific Islander	96.5	11.3
Hispanic/Latino	140.8	21.2
American Indian/Alaska Native	68.2	21.5
White	161.4	25.6

Statistics are for 2000-2004, age-adjusted to the 2000 U.S. standard million population, and represent the number of new cases of invasive cancer (1) and deaths (2) per year per 100,000 men.

Health Disparities Example: Cancer

- What factors might contribute to the disproportionate burden of prostate cancer among African American/Black men?
  - Changes in human DNA called variants are associated with risk for prostate cancer
  - Nearly all the variants associated with increased risk of developing prostate cancer were found most often in Africa American/Black men leading to up to a five-fold increased risk of prostate cancer
  - And……

National Cancer Institute. (2017). Cancer Health Disparities. Online at: https://www.cancer.gov/about-nci/organization/crchd/cancer-health-disparities-fact-sheet#q1

Health Disparities Example: Cancer

- In addition, research has shown that low SES, lack of health insurance coverage, unequal access to health care services, and absence of ties to a primary care physician are barriers to screening for prostate cancer and the timely diagnosis of this disease, making African American/Black men less likely to receive regular physical examination and screening for prostate cancer.

National Cancer Institute. (2017). Cancer Health Disparities. Online at: https://www.cancer.gov/about-nci/organization/crchd/cancer-health-disparities-fact-sheet#q1

Health Disparities Example: Cancer

- National Quality Forum Cancer 2015-2017
- Endorse measures related to effective cancer treatment
- Part of endorsement process is examination of health disparities
  - Post breast conservation surgery irradiation (Moderate Gaps)
  - Percentage of female patients, age 18-69, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage I, II, or III, receiving breast conserving surgery who receive radiation therapy within 1 year (365 days) of diagnosis.
  - Non-Hispanic White 92.1% Non-Hispanic Black 86.4% Hispanic 83.1%
  - Private insurance 91.7% Medicare 89.7% Medicaid/No insurance 86.1%

Social Justice

Thinking about Social Justice

- Defining social justice
- Is social justice a political construct/movement?
  - Is it by nature a progressive, liberal or democratic ideal?
  - Is it partisan?
- Does believing in social justice dictate a particular means to an end?
  - Can we agree that there is an injustice or systematic discrimination but disagree about what should be done about it?

Defining Social Justice

- "Concept and practice of ensuring social equality" (Townsend, 1993).
- "Social justice is the view that everyone deserves equal economic, political and social rights and opportunities" (National Association of Social Workers, 2017)
- Braveman and Suarez-Balcazar (2009, p. 13) noted that "social justice is a broad term that encompasses several interrelated concepts, such as equality, empowerment, fairness in the relationship between people and the government, equal opportunity, and equal access to resources and goods."

- Townsend, E. (1993). Occupational therapy's social vision. *Canadian Journal of Occupational Therapy*, *60*(4), 174-184.
- National Association of Social Workers. (2017). Social justice. Online at: https://www.socialworkers.org/pressroom/features/issue/peace.asp.
- Braveman, B., & Bass-Haugen, J. D. (2009). From the Desks of the Guest Editors—Social justice and health disparities: An evolving discourse in occupational therapy research and intervention. American Journal of Occupational Therapy, 63, 7–12.

Definitions of Social Justice/ Distributive Justice

- Strict egalitarianism or radical equality such that every person should have the same level of material goods and services (Stanford Encyclopedia of Philosophy, 2013).
- Distributive principles vary in what is considered relevant (income, wealth, opportunities, jobs etc.), in the recipients of distribution (individuals, groups, reference classes) and on what basis distribution should be made (equality, maximization, individual characteristics, free transactions)

- Stanford Encyclopedia of Philosophy. (2013). Distributive justice. Online at: https://plato.stanford.edu/entries/justice-distributive/#Strict

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Norman Daniels: Fair Equality of Opportunity Argument for Universal Access (New Slide)

- Suppose health consists of functioning normally for some appropriate reference class (e.g. a gender specific subgroup) of a species; in effect, health is the absence of significant pathology.
- Maintaining normal functioning—that is health—makes a significant—if limited—contribution to protecting the range of opportunities individuals can reasonably exercise; departures from normal functioning decrease the range of plans of life we can reasonably choose among to the extent that it diminishes the functionings we can exercise (our capabilities).
- Various socially controllable factors contribute to maintaining normal functioning in a population and distributing health fairly in it, including traditional public health and medical interventions, as well as the distribution of such social determinants of health as income and wealth, education, and control over life and work.

https://plato.stanford.edu/entries/justice-healthcareaccess/

Norman Daniels: Fair Equality of Opportunity Argument for Universal Access (New Slide)

- If we have social obligations to protect the opportunity range open to individuals, as some general theories of justice, such as Rawls's justice as fairness, claim, then we have obligations to promote and protect normal functioning for all.
- Providing universal access to a reasonable array of public health and medical interventions in part meets our social obligation to protect the opportunity range of individuals, though reasonable people may disagree about what is included within such an array of interventions, given resource and technological limits.

Daniels, N. (2013) https://plato.stanford.edu/entries/justice-healthcareaccess/

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Health Disparities and Social Justice

- Health disparities may occur as a result of social injustice but are not always primarily caused by injustice.
- "The concept of health equity focuses attention on the distribution of resources and other processes that drive a particular kind of health inequality—that is, a systematic inequality in health (or in its social determinants) between more and less advantaged social groups, in other words, a health inequality that is unjust or unfair" (Braveman, P. 2014).
- Not all health disparities are unfair (e.g. genetic differences, differences driven by gender)
- As an occupational therapy practitioner are you taking action to address a health disparity, a social injustice, or both?

John Rawls: The Difference Principle

Rawls proposes the following two principles of justice:

1. Each person has an equal claim to a fully adequate scheme of equal basic rights and liberties, which scheme is compatible with the same scheme for all; and in this scheme the equal political liberties, and only those liberties, are to be guaranteed their fair value.
2. Social and economic inequalities are to satisfy two conditions: (a) They are to be attached to positions and offices open to all under conditions of fair equality of opportunity; and (b), they are to be to the greatest benefit of the least advantaged members of society. (Rawls 1993, pp. 5–6.)

Rawls, J. (1993). *Political Liberalism*, New York: Columbia University Press.

Distributive Justice: Practical Considerations (or avoiding the rabbit hole)

- "Partly because many writers on distributive justice tend to advocate their particular principles by describing or considering ideal societies operating under them, some readers may be misled to believe that discussions of distributive justice are merely exercises in ideal theory. This is unfortunate because, in the end, distributive justice theory is a practical enterprise. It is important to acknowledge that there has never been, and never will be, a purely libertarian society or Rawlsian society, or any society whose distribution conforms to one of the proposed principles, so rather than guiding ideal societies, distributive principles provide moral guidance for the choices that each society faces now and every year" (Stanford Encyclopedia of Philosophy, 2013).

Stanford Encyclopedia of Philosophy. (2013). Distributive justice. Online at: https://plato.stanford.edu/entries/justice-distributive/#Strict

Objections to Social Justice

"Orthodox libertarians stand on solid ground when they reject social justice. If the foundational principles of libertarianism (self-ownership, say, or some principle of natural liberty) generate unassailable rights to property, then taxation of that property in pursuit of the distributional requirements of social justice is unjust" (Tomasi, 2012, p. 123).

Tomasi, J. (2012). Free Market Fairness. Princeton, N.J.: University of Princeton Press.

Objections to Social Justice

- Objection to the assumption there should be a distributive pattern (benefiting the least advantaged).
- The market will be just, not as a means to some pattern but because acquisitions or exchanges are just in their own right.
- Just outcomes are arrived at by the separate just actions of individuals.

Stanford Encyclopedia of Philosophy. (2013). Distributive justice. Online at: https://plato.stanford.edu/entries/justice-distributive/#Strict

Social Justicitis-Free Market Fairness

- "A strongly negative, even allergic reaction to the ideal of social or distributive justice" (Tomasi, 2012, p. 124).
- Difference principle-social and economic inequalities should be arranged so that they are to the greatest benefit to the least advantaged.
- Fair equality of opportunity-differences of talent, station and ambition are ineliminable facts of the human existence and are acceptable so long as those inequalities improve the opportunities of the least fortunate.

Tomasi, J. (2012). Free Market Fairness. Princeton, N.J.: University of Princeton Press.

Rights, Health and Occupational Opportunity

Rights

- Categories of rights
  - Who is alleged to have the right (e.g. children's rights, workers' rights)
  - What actions or states or objects the right pertains to (e.g. to free expression, property rights, rights of privacy)
  - Why the rightholder (allegedly) has the right (e.g. moral rights grounded in moral reasons, legal rights derived from the law)
  - How the asserted right can be affected by the rightholder's actions (e.g. inalienable right to life, forfeitable right to liberty, waivable right that a promise be kept).

Stanford Encyclopedia of Philosophy. (2015). Rights. Online at: https://plato.stanford.edu/entries/rights/#2.1.

Human Rights

"Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible."

United Nations Office of the High Commissioner. (2017). Human Rights. Online at: http://www.ohchr.org/EN/Issues/Pages/WhatareHumanRights.aspx

United Nations Declaration of Human Rights

- Declared and adopted by the United Nations General Assembly in 1948.
- Comprised of 30 articles addressing rights such as:
  - Life, liberty and security of person
  - Slavery, inhuman, degrading punishment
  - Equal protection before the law, effective remedy, and public hearing of criminal charges
  - Freedom of movement within one's country
  - Marriage, family and dissolution
  - Right to own property and not to be arbitrarily deprived of property
  - Freedom of thought, conscience and religion

United Nations. (2015). Universal declaration of human rights. Online at: http://www.un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf.

United Nations Declaration of Human Rights

- Freedom of expression
- Peaceful assembly and association
- Right to work and to equal pay
- Right to rest and leisure
- a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
- Right to education

United Nations. (2015). Universal declaration of human rights. Online at: http://www.un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf.

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WFOT Statement on Human Rights

Principles

- "People have the right to participate in a range of occupations that enable them to flourish, fulfill their potential and experience satisfaction in a way consistent with their culture and beliefs
- People have the right to be supported to participate in occupation and, through engaging in occupation, to be included and valued as members of their family, community and society
- People have the right to choose for themselves: to be free of pressure, force, or coercion; in participating in occupations that may threaten safety, survival or health and those occupations that are dehumanising, degrading or illegal.
- The right to occupation encompasses civic, educative, productive, social, creative, spiritual and restorative occupations. The expression of the human right to occupation will take different forms in different places, because occupations are shaped by their cultural, societal and geographic context."

World Federation of Occupational Therapists. (2006). Statement on Human Rights. Online at: http://www.wfot.org/ResourceCentre.aspx.

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WFOT Statement on Human Rights

Principles Continued:

- At a societal level, the human right to occupation is underpinned by the valuing of each person's diverse contribution to the valued and meaningful occupations of the society, and is ensured by equitable access to participation in occupation, regardless of difference
- Abuses of the right to occupation may take the form of economic, social or physical exclusion, through attitudinal or physical barriers, or through control of access to necessary knowledge, skills, resources, or venues where occupation takes place."

World Federation of Occupational Therapists. (2006). Statement on Human Rights. Online at: http://www.wfot.org/ResourceCentre.aspx.

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WFOT Statement on Human Rights

Challenges for Occupational Therapists and Occupational Therapy Associations lie in the following areas:

- Accepting professional responsibility to identify and address occupational injustices and limit the impact of such injustices experienced by individuals
- Raising collective awareness of the broader view of occupation and participation in society as a right
- Learning to work collaboratively with individuals, organisations, communities and societies, to promote participation through meaningful occupation
- Teaching and developing universal design, thereby promoting a society that is truly accessible to all
- Responsibly addressing the issue of cultural sensitivity, and fostering cultural competency

World Federation of Occupational Therapists. (2006). Statement on Human Rights. Online at: http://www.wfot.org/ResourceCentre.aspx.

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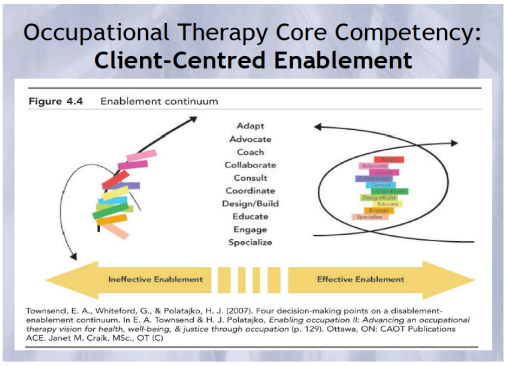
WFOT Statement on Human Rights

Implementing the WFOT Position Statement on Human Rights
WFOT 2010, Santiago, Chile

Elizabeth Townsend (Canada), Clare Hocking (New Zealand), Frank Kronenberg (South Africa)
Nancy Rushford (Australia), Kit Sinclair (Hong Kong), Kerry Thomas (Australia)



World Federation of Occupational Therapists. (2006). Statement on Human Rights. Online at: http://www.wfot.org/ResourceCentre.aspx.

All this is great, but what does it have to do with occupational therapy?

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But is that occupational therapy?

"As a profession, occupational therapy has moved beyond the question "Is that occupational therapy?" to the equally important questions of "Is that something that occupational therapy practitioners can do?" "Can occupational therapy make an important contribution in this area?" and "How can we demonstrate our distinct value through contributions to population health" (Braveman, 2015, pg. 4)?

Braveman, B. (2015). Population health and occupational therapy. *American Journal of Occupational Therapy*, December 2015, Vol. 70, 7001090010p1-7001090010p6. doi:10.5014/ajot.2016.701002

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But is that occupational therapy?

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Layers of interventions by occupational therapy practitioners

- Occupational **therapy** is the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community, and other settings.
  - Direct service to an individual with cancer in a culturally and literacy appropriate manner to accommodate for limitations in written and spoken English

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Layers of interventions by occupational therapy practitioners

- Occupational therapy **practice** is the provision of services provided for habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non-disability-related needs.
  - Consulting with a community-based agency serving low income families on strategies to promote healthy behaviors including finding, purchasing and eating fresh fruits and vegetable and engaging in exercise and social occupations in a safe environment.

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Layers of interventions by occupational therapy practitioners

- Occupational therapy **action** includes steps you may take to address health disparities or social injustice that are informed by your knowledge, experience and critical reasoning as an occupational therapy practitioner but that may not fall directly within your scope of practice in your state and that do not inappropriately infringe on the practice of another discipline.
  - Organizing community members to advocate for changes in policy and funding to provide more effective early screening, and detection of cancer in at risk populations that historically have not benefited from prevention services

Ottawa Charter Directives for "Doing Health"

- Strategies for "doing health" related to cancer (based on the WHO Global Health Promotion Conference strategies)
  - Building healthy public policy
    - Foster equity in access to early screening and preventative health initiatives, treatment and survivorship
  - Creating supportive communities
    - Promoting culturally and literacy appropriate support networks
  - Strengthening community action
    - Empower communities to address risk factors including diet, obesity, exposure to sun
  - Developing personal skills
    - Enhance life skills to increase options to control their cancer health and their environments
  - Reorientation of health services
    - Work with individuals, communities and governments toward health promotion and cancer prevention

Wilcock, A. & Hocking, C. (2015). An Occupational Perspective on Health. Thorofare, N.J: Slack

AOTA Related Official Documents

- Occupational Therapy in the Promotion of Health and Well Being
  - "Health promotion is the process of enabling people to increase control over, and to improve, their health" (AOTA, Pg. S47).
- AOTA's Societal Statement on Health Disparities
- AOTA's Societal Statement on Health Literacy
- AOTA's Position Paper on Occupational Therapy's Commitment to Nondiscrimination and Inclusion
- AOTA's Code of Ethics (2015)

- American Occupational Therapy Association. Occupational therapy in the promotion of health and well-being. American Journal of Occupational Therapy, November/December 2013, Vol. 67, S47-S59. doi:10.5014/ajot.2013.67S47
- American Occupational Therapy Association. Societal statement on health disparities. American Journal of Occupational Therapy, November/December 2013, Vol. 67, S7-S8. doi:10.5014/ajot.2013.67S7
- American Occupational Therapy Association. (2016). Societal statement on health literacy. Online at: http://www.aota.org/~/media/Corporate/Files/AboutAOTA/OfficialDocs/Health-Literacy.pdf
- American Occupational Therapy Association (2014). Occupational Therapy's Commitment to Nondiscrimination and Inclusion. (2014). American Journal of Occupational Therapy, November/December 2014, Vol. 68, S23-S24. doi: 10.5014/ajot.2014.686S05
- American Occupational Therapy Association. (2015)Occupational Therapy Code of Ethics (2015).American Journal of Occupational Therapy, September 2015, Vol. 69, 6913410030p1-6913410030p8. doi:10.5014/ajot.2015.696S03

AOTA Code of Ethics

- The Code serves two purposes: 1) It provides aspirational Core Values that guide members toward ethical courses of action in professional and volunteer roles and 2) It delineates enforceable Principles and Standards of Conduct that apply to AOTA members.
- "Core value of justice- expresses a state in which diverse communities are inclusive; diverse communities are organized and structured such that all members can function, flourish, and live a satisfactory life. Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in addressing unjust inequities that limit opportunities for participation in society" (Braveman & Bass-Haugen, 2009).

American Occupational Therapy Association. (2015)Occupational Therapy Code of Ethics (2015).American Journal of Occupational Therapy, September 2015, Vol. 69, 6913410030p1-6913410030p8. doi:10.5014/ajot.2015.696S03

AOTA Code of Ethics

Standard of conduct under justice-Advocate for changes to systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy services (AOTA, 2015).

American Occupational Therapy Association. (2015)Occupational Therapy Code of Ethics (2015).American Journal of Occupational Therapy, September 2015, Vol. 69, 6913410030p1-6913410030p8. doi:10.5014/ajot.2015.696S03

Health Literacy

- "Occupational therapy can promote health and contribute to the efforts to create a more health-literate society through the development and use of health education approaches and materials that are understandable, accessible, and usable by the full spectrum of consumers. Health literacy affects individuals' ability to make health decisions and actively participate in health-related activities" (AOTA, 2016).
  - Includes individual ability, professional communication skills, and the context or environment in which the information is being disseminated
  - Those with low health literacy experience poorer health outcomes
  - 87 million Americans have low health literacy with higher rates among elderly people, minority populations, and individuals with low incomes or education levels

American Occupational Therapy Association. (2016). Societal statement on health literacy. Online at: ttp://www.aota.org/~/media/Corporate/Files/AboutAOTA/OfficialDocs/Health-Literacy.pdf

Health Literacy

- "Occupational therapy practitioners can assist in ensuring that all health-related information and education provided to recipients of occupational therapy or other health-related services match that person's literacy abilities; cultural sensitivities; and verbal, cognitive, and social skills" (AOTA, 2016).

American Occupational Therapy Association. (2016). Societal statement on health literacy. Online at: ttp://www.aota.org/~/media/Corporate/Files/AboutAOTA/OfficialDocs/Health-Literacy.pdf

Global Perspectives

WFOT (2014)
https://www.google.com/maps/d/viewer?mid=1kTWZHTDCk-IrbthSP-goSWq4u38&ll=26.990871704744 31%2C24.597810784362764&z=2

Global Perspectives

- Canadian Association of Occupational Therapists
  - "Establish a supportive practice environment that is client-centred, occupation-based and is grounded in the enablement foundation principles of change, justice, power sharing, visions of possibilities, client participation, respect for client choice, risk and responsibility" (CAOT, 2008).
  - Health is an unlimited resource for enhancing the social as well as economic productivity of society. Health is a personal resource through which people realize their own occupational goals and dreams. In developing healthy patterns of occupation, people and communities can flourish, become empowered and move towards social justice." (citing Townsend, 1993).

Canadian Association of Occupational Therapists. (2008) Online at: http://www.caot.ca/pdfs/positionstate/occhealth.pdf

Global Perspectives

- Occupational Justice (Townsend & Wilcock)
  - Four Occupational Rights
    - Right to experience occupation as meaningful and enriching
    - Right to develop through participation in occupations for health and social inclusion
    - Right to exert individual or population autonomy through choice in occupations
    - Right to benefit from fair privileges for diverse participation in occupations
- (Townsend & Wilcock, 2004, p. 80)

- Townsend, E. & Wilcock, A.A. (2004). Occupational justice and client-centred practice: A dialogue in progress. *Canadian Journal of Occupational Therapy 71*, 75-87 doi:10.1177/000841740407100203
- Canadian Occupational Therapy Association Archives Committee. (ND). Occupational justice: New concept or historical foundation of occupational therapy? Online at: http://www.caot.ca/conference/2015/presentations/f26.pdf

Occupational Therapy Practice Models

OT Practice Models & Social Justice

- Canadian Model of Occupational Performance
  - Developed by Canadian Association of Occupational Therapists as part of effort to create practice guidelines.
  - Core concepts include
    - Enablement
    - Social justice
    - Environment
  - Social justice is viewed as "vision and everyday practice in which people can choose, organize, and engage in meaningful occupations that enhance health, quality of life, and equity in housing, employment, and other aspects of life."

Canadian Association of Occupational Therapists. (1997). Enabling occupation: An occupational therapy perspective, pg. 182.. Ottawa, ON: CAOT Publications ACE.

OT Practice Models & Social Justice

- CMOP-E emphasizes the importance of addressing social change, especially when it comes to addressing issues of social inequalities and occupational disparities (Townsend & Polatajko, 2007)

Townsend EA, & Polatajko HJ. (2007). Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation. Ottawa, ON: CAOT ACE., p. 155).

Wong, S.R. & Fisher, G. (2015). Comparing and using occupation-focused models. Occupational Therapy in Health Care, 297-315.

OT Practice Models & Social Justice

- Model of Human Occupation
  - Built on basics of Reilly's Model of Occupational Behavior but expanded a dynamic view of human occupation using general systems theory (Wong & Fisher, 2015)
  - Evolved since introduction in 1980 to 5th edition of the model released this year and has incorporated concepts such as the social model of disability.
  - Core concepts include:
    - Volition
    - Habituation
    - Performance capacity
    - Environment

Wong, S.R. & Fisher, G. (2015). Comparing and using occupation-focused models. Occupational Therapy in Health Care, 297-315.

OT Practice Models & Social Justice

- Model of Human Occupation
  - Environment includes objects, spaces, occupational forms, social, cultural and political demands and examines environmental demands and opportunities for doing
  - Occupational adaptation-outcome of a positive occupational identity and achievement of occupational competence
  - MOHO does not explicitly identify social justice as a focus but includes consideration of social, cultural, and political influences on occupational choice and performance.

Kielhofner, G. (Ed.). (2008). *Model of human occupation: Theory and application.* Lippincott Williams & Wilkins.

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Wilcock & Hocking (2014, pg. 189)

- Being: Social Justice and Equity
  - Social justice based on beliefs about freedoms, rights, and responsibilities that determine cultural and political foundations and governance of societies for populations and individuals
  - "Without discrimination, recognizing and encouraging the occupational strengths and potential of people and their right to be who they want to be.
  - Facilitating the rights of individuals and groups to consider, develop and maintain different ideas, skills, traditions and ways of life if they are just and equitable to others.
  - Supporting individual and group rights to be creative or change ways of doing if any are disadvantaged or if there is occupational injustice such as bullying, or physical, mental or social discrimination in terms of choice or opportunity."

Wilcock, A. & Hocking, C. (2015). An Occupational Perspective on Health. Thorofare, N.J: Slack

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Wilcock & Hocking (2014, pg. 218)

- Belonging: Social Justice and Equity
  - "Being accorded the full enjoyment of the benefits of belonging to society
  - Gender inequity, racism and ethnocentrism are challenged, consistent with principles of respect, tolerance and recognition
  - Having access to the resources, relationships, places and insider knowledge required to participate in the rituals, conventions, and practice that affirm belonging to family, school, workplace and society."
  - Legislation mandating inclusion.

Wilcock, A. & Hocking, C. (2015). An Occupational Perspective on Health. Thorofare, N.J: Slack

Wilcock & Hocking (2014, pg. 255)

- Becoming: Social Justice and Equality
  - "Positive
    - Social environment encourages the development of personal, communal or national occupational interests
    - Occupational justice enables occupational growth/ development
  - Negative
    - Lack of understanding or commitment to the development of personal or communal needs. Occupational injustice inhibits occupational growth/development"

Wilcock, A. & Hocking, C. (2015). An Occupational Perspective on Health. Thorofare, N.J: Slack

Ideological Driven Occupational Deprivation

- Deliberate measures to exert control and/or inflict harm
  - Bathroom bills
  - Racial segregation
  - Prison regimes
- Lack of citizenship
- Abuse
- Discrimination
- Resource-based occupational deprivation (poverty)
- Unemployment, underemployment due to policies

Examples of Occupational Therapy Intervention

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Approaches to Intervention (AOTA, 2014)

- Create/promote (health promotion) does not assume presence of disability and designed to provide enriched context and experiences
- Establish/restore (remediation, restoration) to change client variables to establish a skill or activity not yet developed or to restore one that is impaired
- Maintain to provide support to preserve performance capabilities
- Modify (compensation/adaption) to find ways to revise the current context or activity demands to support performance in the natural setting
- Prevent to address the needs of the clients with or without a disability who are at risk

American Occupational Therapy Association.(2014).Occupational therapy practice framework: Domain and process (3rd ed.).*American Journal of Occupational Therapy, 68*(Suppl.1), S1–S48.http://dx.doi.org/10.5014/ajot.2014.682006

Examples: OT Interventions

- Screening for health disparities and disadvantages to occupational engagement
  - Primary care
  - Home health
  - Prevention-health & wellness
  - Patient navigation
- Developing programs that address systematic discrimination/ injustice that effects occupational engagement
- Advocacy on behalf of individual clients/client groups
- Systems level advocacy

Examples: OT Intervention

- **The Developmental Enhancement, Monitoring, and Screening (DEMS) program** for at-risk families is a community-based program that was developed on the basis of the Healthy People 2020 framework to increase the number of healthy young children to be ready for school.
- According to New York City health information, it is estimated that 15% of U.S. children have some form of developmental delays and that most developmental delays are not detected before the children reach school age.
- The DEMS program was implemented to (1) assist in early identification of developmental delays and early referral via the method of developmental screening in young children of families at risk; (2) aid in the prevention of developmental delays by monitoring young children's developmental progress through reassessments and facilitation of their developmental areas; and (3) provide educational training sessions of strategies to the parents/guardians so that they can better understand, monitor, and address their child's developmental concerns at home.

Dale A. Coffin, MS, OTR/L, CAPS, Stacy Jaffee Gropack, PT, PhD, Mickey Ronan-Grosshtern, MEd, Lee Supawadee, PhD; The Effect of a Community-Based Program on the Development of At-Risk Preschoolers. *Am J Occup Ther* 2015;69(Supplement_1): 6911515235p1. doi: 10.5014/ajot.2015.69S1

Examples: OT Intervention

- **"University of Southern California (USC) Family Medicine Residency Clinic** is a sub-clinic of a large Federally Qualified Health Center (FQHC) in downtown Los Angeles, which primarily serves a disadvantaged population.
- The residency clinic has 24 physician residents and 6 attending physicians, and has incorporated OT into its practice. There are 3 teams seeing patients, each with one attending physician and three physician residents, in three precepting rooms where team-based care and care-management can occur.
- There is one full-time occupational therapist who is a clinical faculty member at USC who has been leading the integration of OT into this FQHC and supervising OT doctoral residents for nearly 2 years. "

American Occupational Therapy Association. (2013). AOTA forum on interprofessional team-based care. Online at: http://www.aota.org/~/media/Corporate/Files/Secure/Advocacy/Health-Care-Reform/forum-report.PDF

Examples: OT Intervention

- "Occupational therapy services have been integrated into the FQHC prospective payment system. Therefore, individual OT services are not billed to a payer.
- The goal has been the development of care models that provide efficient integration of occupational therapy practice on interprofessional care teams into a busy primary care clinic. Screening tools including the Patient Activation Measure®, the Patient Health Questionnaire and the Ages and Stages Questionnaire® are used to identify patients most appropriate for OT services."

American Occupational Therapy Association. (2013). AOTA forum on interprofessional team-based care. Online at: http://www.aota.org/~/media/Corporate/Files/Secure/Advocacy/Health-Care-Reform/forum-report.PDF

Examples: OT Interventions

Clients living in a shelter for homeless people want to meet basic needs, remain safe, and reduce the potential for harm.	Using a consultative model, the intervention focuses on modifying the physical and social environments to promote safety and meet the clients' basic needs.	• Establish defined areas and organize schedules within the shelter to enable clients to engage in self-care, education, work preparation, and play and leisure activities. • Design physically accessible spaces and equipment to enable clients to complete basic ADLs. • Educate clients in life skills interventions to address the environmental demands of homelessness. • Establish a self-governance and grievance committee to address safety in the shelter. • Post emergency procedures and community resources.	Life skills interventions have the potential to support the complex needs of people situated in the homeless context (Helfrich, Aviles, Badiani, Walens, & Sabol, 2006).

American Occupational Therapy Association. (2015). Occupational Therapy's Perspective on the Use of Environments and Contexts to Facilitate Health, Well-Being, and Participation in Occupations. American Journal of Occupational Therapy, September 2015, Vol. 69, 6913410050p1-6913410050p13. doi:10.5014/ajot.2015.696S05

Examples: OT Interventions

- How do low-income Latina breast cancer survivors experience QOL and occupational engagement
- Latinas experience poorer quality of life (QOL) as survivors after a breast cancer diagnosis and they receive lower quality health care overall than do non-Latino Whites (Institute of Medicine, 2002).
- 25% of Latinas live below the Federal Poverty Level putting them at disproportional risk for poor health outcomes.
- Primary occupations affected were ADL, IADL and work and leisure activities
- Participants perceived that religious and spiritual activity, service to others and a regular routine improved QOL during survivorship.
- Financial concerns negatively affected even the most basic of occupations (i.e. fear of running out of gas limited mobility)
- Looked to OT for help with motivation, information about what to expect from TX, overcoming the language barrier

Sleight, A. G. (2017). Centennial Topics—Occupational engagement in low-income Latina breast cancer survivors. American Journal of Occupational Therapy, 71, 7102100020. https://doi.org/10.5014/ajot.2017.023739

Examples: OT Interventions

- Non-discrimination and inclusion
  - "Inclusion requires that we ensure not only that everyone is treated fairly and equitably but also that all individuals have the same opportunities to participate in the naturally occurring activities of society, such as attending social events, having access to public transportation, and participating in professional organizations" (AOTA, 2014, Pg. S23)

American Occupational Therapy Association (2014). Occupational Therapy's Commitment to Nondiscrimination and Inclusion. (2014). American Journal of Occupational Therapy, November/December 2014, Vol. 68, S23-S24. doi:10.5014/ajot.2014.686S05

Examples: OT Interventions

- Wilcock & Hocking (2014) Occupational Eco-sustainable Community Development
  - Practical action
    - Start close to home
    - In affluent nations communities of older people who feel marginalized and restricted in what they can do
      - Street kids/gangs
      - Migrant communities
      - Refugees
    - In developing countries address lack of prerequisites for health
      - Food and water
      - Belonging to a community focused on the common good
      - Developing a system of care

Wilcock, A. & Hocking, C. (2015). An Occupational Perspective on Health. Thorofare, N.J: Slack

Examples: OT Intervention

- Rachel Thibeault helps reconstruct societies in war-torn and disadvantaged communities in the Canadian Artic, Laos, Nicaragua, Ethiopia, Lebanon, Iraq, Zambia, Haiti and Sierra Leone.
- Has worked with victims of land mines, AIDS orphans, persons with leprosy and earthquake victims

Examples: OT Interventions

- To fully develop the potential of occupation in war-torn countries requires 4 steps
  - Articulate an intervention model based on individual and collective well-being through occupation, citizen participation, equality and social inclusiveness, social justice for health care delivery in a context of increasing globalization
  - The model should partner agencies with similar principles, values, vision and commitment to social justice
  - The model should be tested in postwar settings
  - The model should have as its focus occupation/social justice and sustainable ecology. This should define political advocacy representation and action

Thibeault, R. (2002). Occupation and the rebuilding of civil society: Notes from the war zone. *Journal of Occupational Science*, *9*(1), 38-47.

Examples: OT Interventions

- Grandisson, M., Hébert, M., & Thibeault, R. (2014). A systematic review on how to conduct evaluations in community-based rehabilitation. *Disability and rehabilitation*, *36*(4), 265-275.
  - A systematic search was conducted on five rehabilitation databases and the World Health Organization website with keywords associated with CBR and program evaluation.
  - "The results suggest that (1) the evaluative process needs to be conducted in close collaboration with the local community, including people with disabilities, and to be followed by sharing the findings and taking actions, (2) many frameworks have been proposed to evaluate CBR but no agreement has been reached, and (3) qualitative methodologies have dominated the scene in CBR so far, but their combination with quantitative methods has a lot of potential to better capture the effectiveness of this strategy (pg. 265)".

The personal, professional values connection.

Values

- A priori beliefs
- Example: The belief that equitable opportunity to pursue participation in occupations of interest is a human right.

- Exercise
  - Spend 3-5 minutes and identify 2-3 a priori beliefs about health, health care and social justice.
  - How would these beliefs affect your thinking about the appropriate role of occupational therapy practitioners

Professional Values

- AOTA Core Values
  - History of the development of AOTA core values
  - Is social justice a value?
  - Is social justice congruent with the AOTA core values?
  - Is AOTA/occupational therapy in the U.S the center of innovation in occupational therapy theory and practice?

AOTA Core Values

The profession is grounded in seven long-standing Core Values: (1) Altruism, (2) Equality, (3) Freedom, (4) Justice, (5) Dignity, (6) Truth, and (7) Prudence. *Altruism* involves demonstrating concern for the welfare of others. *Equality* refers to treating all people impartially and free of bias.

American Occupational Therapy Association. (2015). Occupational therapy code of ethics (2015). *American Journal of Occupational Therapy*, *69*(6913410030).

Social Justice Values (Klugman, 2010)

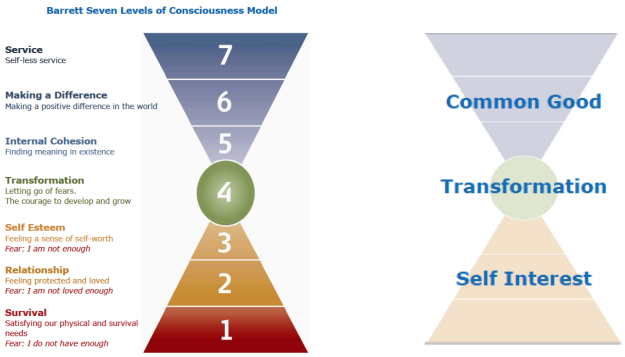
- Resources should be distributed so that everyone can live a decent life.
- Human beings all have equal human rights, and should be recognized in all of their diversity (aim to increase the power and recognition of people who are marginalized).
- All people should be represented and be able to advocate on their own behalf (mechanisms for building public participation in policy making, implementation, and monitoring as part of efforts to hold democratic governments accountable).

Klugman, B. (2010). Evaluating social justice Advocacy: A values-based approach. Online at: http://www.pointk.org/resources/files/klugman_evaluating_social_justice_advocacy.pdf

Social Justice Value Statements

- I am committed to using knowledge and skills to improve the lives of individuals and the community.
- I am committed to advocacy on behalf of vulnerable populations.
- I see a role for occupational therapy practitioners in addressing inequities in health and health care that I perceive as unjust.
- I support occupational therapy advocacy to combat social and economic injustice such as lobbying, organizing, empowering individuals, groups and communities to advocate for social change.

Commercial Values Assessments



Barrett Values Centre, LLC (Not an endorsement/no personal or financial connection)

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My Values Assessment

	Area
achievement	3
caring	2
commitment	5
competence	3
integrity	5
leadership	6
making a difference	6
perseverance	4
professional growth	3
vision	7

7: Self-less service

6: Making a positive difference in the world

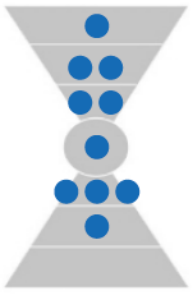
5: Finding meaning in existence

4: Letting go of fears.
The courage to develop and grow

3: Feeling a sense of self-worth

2: Feeling protected and loved

1: Satisfying our physical and survival needs



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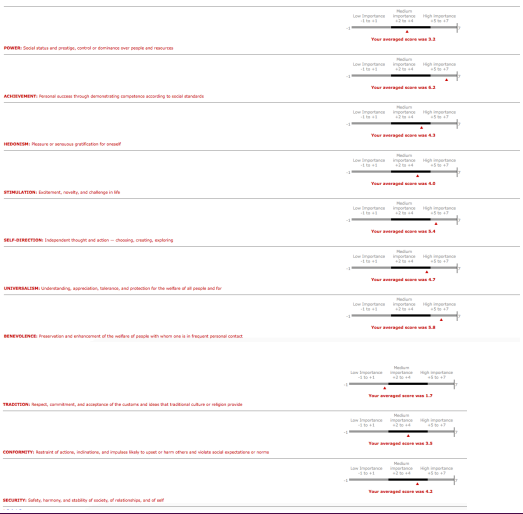
Assessing Your Dominant Values



Schwartz, S. (2013, May). Value priorities and behavior: Applying. In *The psychology of values: The Ontario symposium* (Vol. 8).

Take Online at http://highered.mheducation.com/sites/0073381225/student_view0/chapter2/self-assessment_2_2.html

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Exercise

1. Choose a specific health disparity or social injustice.
2. Identify possible occupational therapy interventions at each layer:
   a. Therapy
   b. Practice
   c. Action
3. Example: Health Disparities in Cancer
   1. Strategies to obtain fresh fruits and vegetables for client living in food dessert.
   2. Reviewing and developing culturally and literacy appropriate education handouts on primary and secondary prevention.
   3. Advocacy in school systems for strategies to prevent obesity, smoking and other health behaviors that contribute to increased risk.

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Actions every occupational therapy practitioner can take.

- Consider cultural appropriateness and health literacy in patient education and interventions
  - Inquire (appropriately) about reading level or difficulty
- Assess the potential for health disparities with individual clients (e.g. are you treating a person of color from a low SES for outpatient cancer related functional impairments?)
  - Consider when making recommendations about lifestyle redesign, exercise, healthy eating
- Advocacy
  - On behalf of an individual
  - On behalf of a group or community
  - On behalf of a population

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Actions every occupational therapy practitioner can take.

- Screening for health disparities and disadvantages to occupational engagement when working in primary care, home health, prevention, health and wellness or patient navigation.
- Volunteer in the community to help enrich the environment and context for occupational participation
- Inquire about access to health care, safe environments for exercise and socialization and resources such as fresh foods in the occupational profile
- Develop a list of community resources for the disadvantaged.

Celebrate 100 years of occupational therapy! AOTA

Thank You
Open Forum Discussion, Questions and Comments

Contact Information:
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Braveman, B. (2015). Population health and occupational therapy. *American Journal of Occupational Therapy*, December 2015, Vol. 70, 7001090010p1-7001090010p6. doi:10.5014/ajot.2016.701002

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