The Issue Is

Expanding the Community Role for Occupational Therapy: Becoming Political in the Corporate Sector

Trevor Goddard

Introduction: The Challenge

As health professionals, occupational therapists must explore the social, cultural, and environmental contexts of a community when dealing with clients. This becomes complex as determinants of community health are constantly changing in response to community social priorities (McMurray, 1999). Determinants of health, outlined in this paper, are influenced by economic systems that encourage corporate sector pursuit of financial profit as the primary business objective (Friedman, 1997), often at the expense of community health. Historically organizations responded primarily to shareholders, however the current trend shows movement towards stakeholder responsibility (“consumer input” as therapists may term it), in response to a community demand for more accountable, transparent, and ethical organizational activity. Consequently in a global environment it may no longer be socially acceptable for organizations to ignore the broader impact of corporate activity on community health (Wulfson, 2001). The increasing social concern and activism surrounding corporate activity may well be the impetus for occupational therapists to extend their practice into the corporate sector as a means of influencing community health.

In becoming politically active within the corporate sector, occupational therapists can influence macro systems through the use of health determinants traditionally seen as outside their sphere of influence. Even in environments where therapists work in federal- and state-funded institutions, or the not for profit sector, an ability to understand the link between macro-level community activity and client health is essential if therapists are to advocate for change on behalf of clients. In addition to focusing on facilitating change for the client, therapists must challenge themselves to change the environment that contributes to a clients need for therapy in the first instance. The first step and purposes of this paper are to understand the scope of the corporate sector and establish connections between their activities and the determinants of health.

Corporate Power and the Global Context

In 1998 the United Nations (UN) estimated that more than 53,000 multinational corporations (MNC) and 450,000 global affiliates had assets in excess of US$13 trillion (United Nations, 1998). Asset ownership can exert influence over access to and the types of employment undertaken within a community. Sales of the 10 largest global corporations exceed the combined Gross National Product (GNP) of the 100 smallest national economies (United Nations, 1998), reinforcing the paradigm shift from governments to MNC controlling the determinants of health. This power makes them not only the most influential social mechanism, but also the one through which the opportunity for therapists might exist to create the most change at a community level of health.

Defining “community” was traditionally dependent on geographical borders. MNCs do not respect the same boundaries in providing access to and creating goods and services. As government capacity to confine capital (both financial and human) within geographical borders is reduced, there is pressure to provide incentives inducing MNC to invest and trade within country boundaries as a means of facilitating community development, raising levels of health. Organizations claiming global governance, such as the UN, face a dilemma in controlling MNC engagement with developing countries. These organizations must promote the need for health interventions alongside goals that are of a financial nature. Although some members of the business community acknowledge an obligation to protect and improve the welfare of society as a whole, it is a view far from universal when acknowledging the impact corporate activity has on health (Nolan & Nolan, 1995).

As MNCs take labor and capital offshore they change the skill profile of a local labor market, redistributing ownership through the ease and speed with which finances and labor move around the world. Labor movement highlights a role for therapists in addressing human rights and social equity as components of health. Opportunity exists to intervene by assisting organizations to establish codes of engagement and assess company compliance to codes monitoring corporate activity in a labor framework of social equity, justice, and human rights. Currently this could be achieved by therapists with an interest in or working for aid programs in developing nations and the promotion of community health within workplace conditions. As
MNCs move into developing nations, they require assistance to ensure the impact they have on local communities (particularly employees) is not detrimental. One method for facilitating this intervention is for therapists to train in the audit tool SA8000, discussed further into this paper. These roles are consistent with a therapist’s goal to protect the health of the most vulnerable people within a community (Baum, 2002; Baum & Law, 1998).

Occupational therapists can ensure corporate impact on health is not detrimental in developing environments through community relations programs within MNCs and nongovernmental organizations (NGOs), focusing on the impacts of development and sustainable health options. Defining whom a “community” of people is, their values, attitudes, and means of sustaining healthy living is another means by which therapists can contribute to this new paradigm. Working with corporations to map changes in health patterns, therapists can alter company activity for the betterment of community health, gaining an understanding of the social mechanisms that affect health. Therapists can achieve a level of political and policy influence that assists in the selection and delivery of infrastructure within health systems that ultimately impacts on the health of clients. Corporations, as rigid as their structure often is, remain open to change only as long as the perceived benefit is expressed in terms they understand, not unlike individual clients of therapy services, understanding the motivation to change is vital. The goal for occupational therapists is to work with corporations, expressing community health outcomes in financial and business measures that make a commitment to community health viable for the corporation.

Health Determinants: How Do Therapists Fit In?

The World Health Organization (WHO) Jakarta declaration identifies the prerequisites for health as peace, shelter, education, social security and social relations, food, income, empowerment of women, respect for human rights, equity, and the absence of poverty (World Health Organization [WHO], 1995). Corporate activity influences the ability of individuals to access these prerequisites. For example, diets controlled through schools impact on children’s attention in class, ability to perform physical activity and their growth and normal development. Working with school staff to influence food sources, therapists can influence education and social outcomes for children with attention deficit hyperactivity disorder or metabolic disorders influenced by food intake.

Therapists are challenged to seek interventions outside primary health services that contribute to resolving individual and community health problems, often by acting as information brokers for the education of children, parents, and community at large. Although tertiary health services are essential in determining health status, the nonmedical factors (WHO health determinants) remain most important in the health of a population, with many lying outside the health system altogether (Lee & Paxman, 1997). By focusing on determinants outside the health system (e.g., access to education) the need for tertiary services may be reduced (the future ability of children to become economically self sufficient through employment). Therapists use this wider thinking in part already; for example, therapists’ knowledge of activity analysis is used to assist young people with a disability to get to school independently, involving interactions with the corporate sector to influence wheelchair design features and working with local council to achieve graded sidewalk curbs. The strength of therapists in this role also identifies other health benefits arising such as parents with increased time as the child moves to school independently and the transfer of independent mobility into other areas of the child’s life such as recreation and employment. This enables therapists to demonstrate to the broader community an active role in contributing to community “health” rather than strictly dealing with individual tertiary health interventions.

An advantage of this area of practice is the opening of new funding, research, and employment opportunities through international agencies such as the UN and WHO. As therapists take on globally accepted community based terminology through ICF (International Classification of Functioning, Disability and Health) and ICD-10 (International Classification of Diseases, 10th Revision) classifications, therapy services will become aligned with WHO health determinants. Therapists will find opportunities for interdisciplinary collaboration in research and program delivery increases as their understanding of health takes them into collaborations with architects to contribute to universal design, politics to contribute to social and public policy, and community development professionals to use health as a tool for change.

One area of current opportunity are international aid programs, delivered through World Bank programs in developing and transitional nations or other organizations such as International Red Cross or Rotary International where health is a strong indicator of community development and therapists take on roles of community health educators, health infrastructure planners, and health service managers.

Impacts of the corporate sector outside core business are often poorly identified, particularly in traditional environments of occupational therapy practice in educational settings, the workplace, and in the home. Therapists can demonstrate these connections between health determinants and corporate activity within a socioecological model of health (Baum & Law, 1998). This is evident in the pediatric sector where therapists work within the school environment and have access to children’s nutritional intake, educational program content, physical activity, and knowledge of their social interactions at school. For therapists to increase this community role, they require a greater understanding of the impacts of corporations as large social mechanisms within a community, particularly in light of an increased call for the establishment of evidenced based practice to sustain programs in tax funded programs. By changing focus from “individual” to “community,” therapists will be able to identify different causes to individual problems. Dealing with issues on a macro level then perhaps influences the health of all within the community rather than just the individual.
What Is Community Health?

“Community” derives from the Latin “munus” meaning service, duty, gift, and sacrifice (Ife, 1995). Defining “community” is often difficult due to a global integration of citizens that bring a patchwork approach to defining health, with each individual and community adopting its own. The increasing interdependence of citizens lives, beyond the traditional single therapist-client relationship, moves therapists into practice where the client may be the community itself (Brownson, 1998; Fidler, 2000). This community approach should be a natural transition, as therapists have always been concerned with relationships and their wider influences.

Impacts resulting from corporate activity require identification by therapists prepared to examine the environments activities take place in (i.e., the home, workplace, schools, and public places) using tools such as health and social impact assessments. The WHO uses health impact indicators, such as level of education reached and workplace accident rates to broaden the awareness of health by including wider social determinants of health outlined in the Jakarta declaration (Kickbush, 1997). Occupational therapists can play a fundamental role in this education process.

Corporate Sector Influence: Even Over the Public Sector

Corporations (including public organizations) influence community development and health through the goods and services they provide. Corporations have the ability to prevent harm from coming to community health and actively make change for the betterment of community health. The WHO Ottawa charter set five strategies for health promotion in which corporations can participate:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services (WHO, 1998).

Strengthening community action highlights the inextricable link of health status to social and economic conditions controlled by the corporate sector (WHO, 1998). As corporations are socially and legally created phenomena, communities expect impacts that are socially responsible. Alongside achievement of core business objectives the implied social contract allows corporations to exist while the community sanctions their behavior (Spencer, Mills, Routy, & Werhane, 2000). Corporations, as powerful social forces, are expected by the community to be responsible in the use of power and accountable for their actions (Birch & Glazebrook, 2000). Responsibility is achieved through corporate citizenship within the community in a manner similar to an individual. Citizenship focuses on responsibilities, extending a director or manager’s responsibility beyond the traditional financial model of accountability to shareholders and into the stakeholder model of responsibility through a commitment to the wider community. The interests of groups other than shareholders (i.e., employees, customers, suppliers, and government) are important to business because they provide the social contract affecting business ability to sustain successful operations (Vallance, 1995). Occupational therapists may act as educators, bringing advantages of health-related policies to the attention of the corporate sector. In this sense therapists are challenged to develop new skills, allowing them to identify the business (often financial) advantage of pursuing corporate activity with “health” objectives.

The Role of Ethics in Corporate Activity

Ethical values are created from community values, guiding normative beliefs in terms of what is considered morally correct behavior. Transformation of communities through corporate activity has occurred increasingly as deregulation and privatization became primary policies of national governments, including policies introduced during the Ronald Reagan presidency during the 1980s. The 2000 UN world investment report noted 1,035 global alterations to laws guiding foreign investment between 1991 and 1999. Of these, 94% increased the capacity of MNC and reduced the ability of local governments to regulate their activity (Kegley & Wittkopf, 2001). Capacity of governments to manage economies and achieve national health objectives is continually strained by MNC influence, requiring new partnerships among community, government, and MNCs to work towards health outcomes.

MNC power is moving beyond the realm of business activity into global governance, where MNCs become policy directors in place of governments. Occupational therapists should be concerned that this subtle change may allow business to become both the means and the end of health outcomes. Through the “corporatization” of communities, businesses effectively colonize communities as they exert their power. Therapists can assist the corporate sector to recognize the business advantages of developing sustainable healthy relationships with the communities in which they operate by forging visionary career paths within corporate structures; the very systems creating the need for therapy intervention.

Therapists must acknowledge the dilemma of diverging ethical values between business goals and community health indicators. The key issue is not whose values and morality should be adopted (i.e., the corporation) but what values and morality best enable business and community to work towards common goals (i.e., a blend of community and business) (Chatterjee, 1998). Sustainable corporate activity needs to address radically new views of what is meant by social equity, health, and business ethics. From an education perspective this requires a deeper understanding by health professionals of the financial and physical forms of capital and the natural, human, and social capital that a business requires to operate (Elkington, 1999).

Interaction of Government and Corporations

Government intervention in community based programs and policy traditionally occurred in health, education, and welfare sectors, which are large employers of therapy services. Many governments now call on
the corporate sector to service the health sector through community business partnership initiatives and alternative funding models often under the auspices of corporate social responsibility (Randels, 2001; Shakleton & Gage, 1995). This contrast in funding models between government delivered programs and private sector health programs raises an ethical question of who is ultimately responsible for health care delivery? Governments can effectively absolve themselves of broader community interests by passing on their elected community responsibility to the corporate sector through legislation and policy guidelines that increase corporate responsibility to create healthy environments. However, as governments withdraw from key areas of health services the corporate sector develops an increasing influence over the determinants of health, with private activity not monitored by the government. Legislation such as the Americans with Disabilities Act of 1990 demonstrates the link between government and corporate activity. Therapists have the opportunity to show corporations how creating improved access may contribute to health outcomes through community access and increased educational opportunities and awareness for people with a disability (making a case using health as a focal point), and also contribute to the person’s ability to spend within that organization (making a case using finances as a focal point) or enhanced business reputation through public perception of business attitudes towards people with a disability. Bringing together the “finance” and “health” case focal points for corporate activity is vital if therapists are to have an active role to play in future community practice.

Therapist Interventions
The Canadian Model of Occupational Performance already extends therapy practice into the environments causing health problems dealt with in a clinical setting. The model acknowledges health is created in the environments where people live, learn, work, and play. These environments and activities conducted within them are influenced by the corporate sector. Therapists can use the Canadian Model of Occupational Performance in a number of ways to actively establish interventions in this area of community health:

1. Develop an enhanced understanding of occupational performance at a macro level: By scanning the external therapy environment for social, political, economic, and technological influences over occupational performance, therapists can significantly increase their awareness of the macro influences causing occupational dysfunction or deprivation in individual clients. Understanding why these macro influences exist opens potential new interventions to deal with the social mechanism itself rather than simply the client’s dysfunction. From a corporate perspective this is often advantageous, with corporations able to use the “positive impact” as a tool for public relations in their annual report and increase consumer confidence in their goods and services.

2. Employ intervention strategies that locate the source of health problems rather than simply dealing with the health outcome: Therapists can still “treat” their clients by moving into the sphere of corporate influence, making use of the economies of scale or community presence a corporation has. For example, children with learning difficulties in a school environment can be serviced by therapists working with the educational companies to provide school materials designed with therapeutic application in mind, often benefiting the whole class. Therapists can assist corporations to understand the financial case for this form of intervention through the applicability of their good or services now reaching a wider target audience.

3. Acknowledge that occupational performance is influenced by the environment in which it is performed: By viewing social mechanisms within the community as “clients” therapists can aim to change the behaviors of corporations that contribute to poor health outcomes. Many environmental settings such as schools, workplaces, and public spaces are appropriate environments for intervention where the scope for change becomes greater than simply dealing with an individual. This can be seen through advocating for change within a community setting for physical access that assists not only people with a disability, but also people riding bikes, pushing prams, and other forms of transport. Again from a business perspective, this commitment to universal design can be an effective project management tool to prevent alterations being required at the end stages of a building project, with the savings expressed financially for the corporation.

4. Enhancing occupational performance should not limit therapists to working with those deemed to have a level of dysfunction: Therapists can look toward environments where individuals may already be considered to be “well” in health status. This is already evident in the area of occupational health and ergonomics where the focus on safety may be linked to workplace efficiency and productivity. There is unlimited opportunity for therapists to transfer this skill into the corporate sector, enabling the link to be made between optimal health of the individual and optimal health and performance of a business. Using an employee assistance program to enable healthy behavior rather than deal with negative “health” behaviors is one example of this change, exhibiting a subtle but important difference between “preventing harm” and actively seeking to “do good.”

Therapists might influence public policy through greater understanding of the way corporate goods and services guide social, employment, and leisure roles in a community. The web of complex networked relationships is important in identifying clearly established and auditable trails used to link corporate activity to health determinants.

A paradigm shift acknowledging the relationship between corporate activity and community health changes focus for occupational therapists from individual clients and individual behaviors to the macro social mechanisms that produce and support these behaviors. The socioecological model of health highlights the consequences of corporate practices and their influence on employment patterns, home life and the ability of individuals to function in a community (McMurray, 1999).

How Can Therapists Make an Impact?
Occupational therapists can explore opportunities to work in community relations
and health promotion programs outside the traditional health sector. Broadening therapists’ understanding of health prerequisites influenced through community-based practice opens new areas of practice as the profession moves developmentally from a medical to community model (McColl, 1997). By enabling partnerships with secondary health players not directly delivering health services, community health outcomes can be achieved through core business activities with therapists playing the linking role.

Industries, such as mining, involved in environmental issues have already acknowledged the impact of core business activities and implemented practices to minimize or eliminate environmental damage. These often exceed both legislative requirements and community expectation. The increasing level of social reporting and disclosure of health impacts in annual reporting statements by companies should not go unnoticed as an impetus for health professions to assist corporate clients to understand the impact that core activities have. Therapists can develop new roles in the assessment of health impacts and assisting corporations to write these reports that demonstrate their engagement with the community.

Therapists advocating for health system change have valuable lessons to glean from the evolution of NGO involvement in environmental advocacy. By addressing the direct impact on the rights of indigenous communities, rural communities and adherence to global standards generated through the global mining initiative, environmental standards that now have wider industry acceptance. Social impact assessments measuring health changes can be used by therapists to work from within the corporate sector to affect the same positive change in health, as achieved by the environmental sector.

Occupational therapists can educate industry in the identification of health impacts caused by core business activities. This education may ensure a stronger commitment to community health as companies acknowledge their influence throughout health-related mission and value statements and operational policies (Baum, 2002). Therapists can write new job descriptions as they work with companies to measure profit in a different dimension, perhaps through social savings bought about through responsible business practices. Investigation of practices within the corporate sector through policy and procedure will identify the indicators used to demonstrate contribution to or a detrimental health impact. Several tools already exist, including; AA1000 (http://www.accountability.org.uk/) available from the Institute for Social and Ethical Accountability in the United Kingdom, which focuses on evaluating partnerships required and the benefits of stakeholder engagement. SA8000 (http://www.cepaa.org/) from Social Accountability International in New York focuses on labor standards and occupational health and safety in the workplace, particularly in a developing country context, a growing area of employment for therapists. SA8000 addresses eight workplace conditions: child labor, forced labor, health and safety, freedom of association and the right to collective bargaining, discrimination, disciplinary practices, working hours and compensation, and management systems, which stipulates necessary systems for ensuring ongoing conformance with requirements of the standard.

Occupational therapists can contribute to interdisciplinary initiatives, embracing them to enhance new service development for community clients. The holistic focus of a socioecological model of health allows therapists to train and act as auditors using these tools, with skills in task and activity analysis and the ability to integrate the occupations of individuals already a strong part of a therapist’s skill base. By working in the corporate sector therapists can create and define business models that move beyond social responsibility, enabling corporations to become holistic corporate citizens. Holistic corporate citizenship is achieved by acknowledging the influence corporations have over the health of employees, employees’ families, consumers of their goods and services, and the broader global community (Birch & Glazebrook, 2000). Ethical obligations, established within professional codes of conduct, reinforce the interdependent nature of business with community, ensuring that ethical business practice is not merely adherence to legal requirements but pursued because what is good for business can also be good for community health.

This paradigm transition of health moves away from a reductionist paradigm to viewing health as a product of the socioecological environment. For occupational therapists this is a fundamental role as an agent of and advocate for change over the characteristics of a community that make individual therapy necessary in the first place.

Conclusion: The Opportunity

This sphere of concern takes occupational therapists outside a mindset developed through practice within a medical model. A “holistic approach” and provision of “client-centered therapy” are principles not far removed from treating a “sick company” within a community. So rather than seeing organizations in conflict with community health, therapists should view business as a strategic partner, creating opportunities for funding, workplace reform, and enhanced community values. By working within the corporate sector, therapists can take the occupational therapy philosophy of practice deep into the very social mechanism that controls the determinants of health, embracing them as a partner to drive rather than inhibit change.

Research and future practice in this area requires pervasive profiling of corporate activity. Occupational therapists, with analytical skills in task and activity analysis along with a holistic framework for health, are well placed to advocate for change in corporate activity to reduce negative health impacts. Occupational therapists can achieve this through expanded professional networks and infiltration into sectors over which they may have traditionally had little influence. Only by moving outside the comfort zone of practice are new relationships identified and formed, new connections and impacts acknowledged, and change initiated. This systemic change will benefit individual clients through attention to broader issues that create health. This new fusion enables therapists to work closely with the corporate sector in assisting them to recognize that “a business that makes nothing but money is a poor kind of business” (Henry Ford—original source unknown).
Recommended Reading for Further Interest

Corporate Influence on Society
ISBN 1-85383-434-3

AA1000—Stakeholder engagement
www.accountability.org.uk/aa1000/default.asp

Contact:
Institute of Social and Ethical Accountability
Unit A, 137 Shepherdess Walk
London N1 7RQ
United Kingdom
Telephone: +44 (0)20 7549 0400
Fax: +44 (0)20 7253 7440
E-mail: secretariat@accountability.org.uk

SA8000—social auditing in the workplace

Contact:
Social Accountability International
220 East 23rd Street, Suite 605
New York, NY 10010
Telephone: 212-684-1414
Fax: 212-684-1515
E-mail: info@sa-intl.org

References