NATIONALLY SPEAKING

The Role of Occupational Therapy in Disease Prevention and Health Promotion

"Not Life, but a good life, is to be chiefly valued."

-Socrates

In recent years, the concepts of disease prevention and health promotion and wellness have flourished, often being promulgated as ideas of the past two decades. The core concept of prevention is health promotion and improved quality of life. However, the notion that the quality of life should be of paramount concern dates back to the ancient Greeks and Chinese. Although preventive health activities took place throughout the history of civilization, as evidenced by the Roman aqueducts built to deliver clean water from the mountains, traditionally, health care was the treatment of individuals who were ill or disabled. More recently, health efforts have focused on ways to take action prior to a disease state to avoid illness and disabilities. Prevention activities will never eliminate the need for treatment. No matter how effective we are in preventing disease, disasters, or disabilities, all will occur due to circumstances beyond our control. However, by giving priority to preventive activities, we may be able to reduce the incidence and severity of disease, thus also reducing the cost of treatment. Although it was well demonstrated by the sanitary reforms and the introduction of vaccines in the 19th and early 20th centuries that an appropriate approach to illness was disease prevention, the idea was rediscovered only recently. Perhaps the decline in the appreciation of this approach was related to the unprecedented advances in the life sciences in the past 25 years. The awesome poliomyelitis epidemic of the 1950s spurred research and eventually led to the application of the Salk vaccine Polio, the dreaded disease of every parent in the fifties, ceased to be a threat once all children received the vaccine in routine immunizations. Society had been seduced by the belief that magical cures would be produced by the high technology emerging in the field of medicine. Preventing disease, therefore, became less of an issue. However, disease and death have not been abolished by technology, despite the significant scientific advances that have been made. The recent epidemic of acquired immune deficiency syndrome (AIDS) gives evidence to this fact. Although the burden of illness is still heavy, a growing body of facts relative to disease prevention has helped society open its eyes to new methods to combat disease (Hamburg, 1979). The preventive efforts to stem this current tidal wave and the debilitating effects of AIDS have been described in professional journals, consumer newspapers, and television programs. Major publicity and health education activities related to AIDS have brought an awareness of prevention measures to the public that is unparalleled in history.

In 1958, the World Health Organization emphasized that a healthy population is the most relevant and important basic resource of any society (World Health Organization, 1958). Over the past two decades, there has been a growing acceptance by health care professionals that this quality of life is not a privilege for the fortunate few, but a right of all people. The demand for improved health care for all citizens has caused concern about the ability of our delivery system to provide quality health care, accessible to all.

The concept of disease prevention through the promotion of health and wellness programs has not always been universally accepted. Many attempts to develop health promotion/disease prevention programs in the last decades were met with resistance from politicians at all levels of government, community agencies, including schools; community members; and even some health professionals who regarded such programs as superficial, inexpedient, ineffective, and a waste of money. In this era of cost-effectiveness and fiscal responsibility, money allocated for health services is scrutinized closely. To create a healthy society, it is essential to provide comprehensive care for all individuals in the most efficient and cost-effective manner.

In 1979 a major report, Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention, was published (Public Health Service, 1979). It called for a
second public health revolution, requiring modification of social environments and major changes in the role of government in the health care industry. This report revealed that controversy would most likely arise about government regulations related to environmental safety, welfare, and social programs, and the role of government in urging citizens to develop healthy, rather than damaging, habits. However, the surgeon general emphasized the need to deal effectively with the deep social problems that destroy health. He stated that most improvement in the health status of society would come about as a result of the treatment but of the prevention of disease. The report emphasized that “prevention is an idea whose time has come” (Public Health Service, p. 7). National goals to be achieved by 1990 for the five life stages of infants, children, adolescents and young adults, adults, and older adults were described in detail in the report.

History of Occupational Therapy in Prevention

The goal of health care has moved beyond mere survival to positive health or optimal functioning (Haggett, 1970). This is also the goal of occupational therapy. However, occupational therapists have not always concerned themselves with total or comprehensive care, which, by definition, should include preventive as well as curative approaches. Early as 1968, Wilma West called upon occupational therapists to develop a professional consciousness and responsibility in responding to the trend toward comprehensive care (West, 1968). In 1972, the American Occupational Therapy Association (AOTA) designated a special task force to delineate a model of practice for prevention and health maintenance programs. The following definition of prevention and health promotion programs was accepted for occupational therapy:

**Prevention and Health Maintenance Programs** have as their purpose the fostering of normal development, sustaining and protecting existing functions and abilities, preventing disability and/or supporting levels of restoration or change. The central concern is provision of activity experiences which enable the individual to use productively his existing skills, capacities, and strengths; those which provide personal gratification and meet the basic human needs of man for acceptance, achievement, creativity, decision-making, autonomy, self-assertion, and social relationships; those which provide opportunities to pursue and develop interests, explore potential, develop capacities, and learn of the resources within himself and within his external world. (AOTA, 1979, p. 294)

In 1972 Wiemer described a model of preventive health care that categorized service functions as promotion, protection, identification, correction, and accommodation. She stated that preventive health was placed on a continuum beginning with the promotion of wellness and leading to the accommodation to health limitation (Wiemer, 1972).

In 1977, the AOTA Representative Assembly (RA) passed Resolution No. 521-77 entitled Preventive Health Care Services, which called for AOTA to "adopt a strong advocacy role in the promotion of health as compared to the continued treatment of ill health" (AOTA, 1978, p. 258). The Commission on Practice (COP) was charged to develop a position paper on disease prevention/health promotion. In 1978, the RA approved the COP paper entitled "Role of the Occupational Therapist in the Promotion of Health and Prevention of Disabilities" (AOTA, 1979). In this position paper it was stated that the unique contributions of the occupational therapist to health care were through "accent on fulfillment in human activity, and a special contribution to understanding the significance and worth of human enterprise" (p. 50).

The RA charged the Executive Board to issue a call for papers on primary and secondary prevention, to be published in a 1979 issue of the American Journal of Occupational Therapy. In addition, several motions were adopted to ensure that the profession of occupational therapy would keep pace with health trends and be in the forefront of providing services that would help prevent disability and promote a healthy society.

Although philosophically dedicated to this concept of a healthy society, occupational therapists have not always demonstrated a commitment to match the rhetoric of their leaders. Apparently, it was not possible in the late 1970s to find an adequate number of high-quality manuscripts on prevention to warrant dedicating an entire issue of the journal to the topic. Almost a full decade has passed since the initial requests were made for models of practice in this important field. This issue of the journal, which is dedicated to health promotion and the application of disease prevention theory to practice, finally bears witness to an "idea whose time has come" (Public Health Service, 1979, p. 7). It behooves all occupational therapists to accept the mandate of our professional leaders of the 1970s and to give priority to the expansion of the profession into the areas of health planning, health policy, and advocacy for disease prevention/health promotion programs.

Educational Changes in Occupational Therapy

More than 120 years ago, Lemuel Shattuck emphasized that education should include the science of preserving health and preventing disease as one of the most important sciences to be taught (Smiley and Kilbourne, 1963). Society was not ready for that message. Despite the early public health strategies emphasizing nutrition, hygiene, and immunization, the willingness to revolutionize medical/scientific and sociopolitical thinking and resources has not always been evident (Maddox, 1985). Changes must occur, not only at the social and political levels but in academic and continuing education programs for all health professionals.

Traditionally, the body of knowledge related to the prevention of disease, the preservation and improvement of the health of individuals and the community has been the domain of schools of public health. The structures and curricula of the 23 schools of public health in the United States have as a central focus the teaching of disease prevention and health promotion principles through education, research, and professional practice. Over the past 20 years, the United States have witnessed a proliferation of preventive programs outside...
schools of public health. These include programs in health administration, community health/preventive medicine, health education, nutrition, and environmental and occupational health (Liczynski, 1985).

Occupational therapists have been enrolled in such programs at the graduate level outside of occupational therapy academic programs. However, it is essential for all occupational therapy students and practitioners to have a clear understanding of the principles of health if we are to attain our basic goal of providing services that facilitate optimal well-being. Much of the formal education of the occupational therapist focuses on specific techniques for remediation, restoration, and treatment. In this technocratic age, all institutions of learning spend considerable energy training highly qualified technicians who may subordinate quality for quantity, and the individual to the system (Stover, 1979). It is the strength of occupational therapy that the promotion of an individual's total well-being is a basic precept. Therefore, occupational therapists must be trained to be more than good technicians, more than functional instruments in the process of service. They must be able to relate their specialized skills to broader concerns about the quality of life. "Solving problems of disease is not the same thing as creating health ... the task of health demands a kind of wisdom and vision which transcends specialized knowledge of remedies and treatments and which apprehends in all their complexities and subtleties the relation between living things and their environment" (Smilie & Kilbourne, 1963). Occupational therapy students should be aware of paradigms in preventive health, with a focus on health as opposed to disease, with a link to the sociocultural, economic, political, and environmental forces that affect health, and with an emphasis on the concepts of comprehensive, quality care.

Validation of Professional Contributions

Future health programs will be influenced by research findings, conceptual models, and professional paradigms that affect the perception of problems and potential solutions (Kuhn, 1970). Although the knowledge base for prevention activities is growing, better measures and more accurate techniques must be developed to estimate program costs and measure effectiveness. Before considerable resources are expended to develop strategies for increasing and expanding health services, it should be demonstrated that such services are necessary. If occupational therapy is to be considered a part of the preventive health movement, it is essential that therapists engage in research and programs that support the theories and unique skills of the profession pertinent to the prevention model. Data regarding the dynamics of occupation and the effect of activity on the promotion of health are crucial. This information should be documented, published, and widely disseminated, not only in the professional journals, but also through continuing education programs and conference presentations. A planning objective for 1986/1987 and 1987/1988 in the AOTA's Strategic Integrated Management System (SIMS) states the following:

Educational and promotional programs will be provided to members and others about types of services occupational therapists can provide in the emerging health care areas of health promotion and disease prevention.

There is strong evidence that highly developed, industrialized societies have reached the point where the continued investments in conventional curative medical care have a decreasing margin of return on the improvement of the health status of that society. The very success of the rapid technological advances in medical care has produced the ironic outcome that the potential for survival has outdistanced the ability of our social system to assure individual and societal well-being (Maddox, 1985). This era of rapid technological change with its enormous complexities and social upheavals provides a powerful stimulus for the life sciences to engage in a broad spectrum of research to solve long range health problems. Scholars of many disciplines must work together to learn not just about health, but also about our environment, our behavior, and our relations with each other (Hamburg, 1979).

Beaumont wrote in the 1870s that there are only two ways of modifying man, either by modifying his ancestry (possible for future generations, but difficult to apply) or by modifying the natural or social environment (McLachlan, 1985). The technological possibilities in gene splicing and genetic engineering were obviously not available then, but he was certainly correct in his assumptions about the environment. The essence of the second revolution in public health, as emphasized in Healthy People: The Surgeon General's Report, will be a modification of social environments. The changes required must go far beyond traditional health care practices. Advances in medical diagnosis and treatment must be accompanied by changes that focus on the social dimensions of the environment and on the crucial importance of modifying self-imposed behavioral and lifestyle risks (Public Health Service, 1979). Occupational therapists certainly know that social environments can and do affect health and well-being. Modifications of behavior and lifestyles are the cornerstones of occupational therapy services. With its emphasis on fulfillment in human activity, interpersonal relationships, and the use of milieu, occupational therapists are eminently suited to participate in research that probes the problems and influences solutions that will enhance the quality of future life.

Summary

There is considerable evidence that the goal of health care has moved beyond mere survival to positive health. The surgeon general's report emphasized the necessity to modify social environments by reducing risk-taking behaviors and lifestyles. The increased attention the American people now pay to exercise, nutrition, environmental health, and occupational safety reveals the interest and concern with health promotion and disease prevention (Public Health Service, 1979). Naisbitt noted the increasing growth of wellness and fitness centers across our country and he projected that health care, nutrition, and fitness will be among the prime economic growth areas in the future (Naisbitt, 1982). Central to the concept of opti-
mal functioning is the existence of a positive state of health in the whole person. This humanistic approach to health care in the United States, as called for in the surgeon general's report, is evidenced by a new self-help paradigm and changes in personal habits to achieve this state of wellness.

Gilfoyle spoke of creative partnerships in her inaugural address (1986). We can use this concept to encourage occupational therapists to become more involved in creative partnerships with other health professionals and the public to achieve the goal of a healthy society. There is now a unique opportunity for occupational therapists to be among those determining significant changes in the outlook on health care. Health, considered in terms of individual and societal fulfillment and accompanied by feelings of purpose and worth, has long been the goal of occupational therapy. As health professionals, occupational therapists must remember the philosophical orientation of the profession and use their many skills to develop techniques and programs that enhance health, prevent disease, and improve the social climate that fosters and promotes a healthy society (Jaffe, 1985).

References


