NATIONALLY SPEAKING

Community Health: A Responsibility, an Opportunity, and a Fit for Occupational Therapy

Those of us who had the privilege of knowing, working with, or reading the work of Wilma West (1916–1996) have vivid memories of the story she told over and over to help us begin to shift the way we view disability and our role in enabling persons with disabilities to perform occupations. Willie told of the day that she and her friends went fishing: It was a lovely, quiet day, the lake was clear, the fish were biting, the breeze was beautiful. Then, suddenly, a child in the water screamed. Willie jumped in and saved the child. Within a minute, there were two more children in the water. Her friends Ruth Robinson and Ruth Brunyate were in the water pulling the children to safety. Then there were five more. Willie looked up and saw Ruth Brunyate running up the side of the lake. Willie yelled, "Ruth, you have to help us get these children out!" Ruth yelled back, "I'm going to stop whoever is throwing these children in!"

How many times do we as occupational therapy practitioners say, "This is a shame, I wish that I could have helped them understand that this could have been avoided" or "I wish that my practice could be different"? In our capacity as occupational therapy practitioners, it is time to evaluate and identify the factors that enable people to perform in their daily lives and establish programmatic initiatives that can help them avoid unnecessary disabilities. If they already have disabling conditions, we can help them to achieve their goals by helping them to remove barriers, use assistive technologies, and use occupation in meaningful ways to assist in recovery.

In her 1971 Eleanor Clarke Slagle Lecture, Geraldine Finn (1972) stated that a profession is measured by how it addresses the needs of the time. This time in our nation's history is complicated by issues such as violence and abuse, mental illness, joblessness, increased numbers of welfare recipients, chronic disease, inadequate day care and parenting skills, and an aging population—all in addition to the problems of access to health care services. Many of the problems affect occupational performance, thereby creating opportunities and responsibilities for occupational therapy practitioners.

The Changing Definition of Health

Health has been redefined from the absence of disease to include a focus on physical, mental, and social well-being and the person's ability to function optimally in his or her environment (Health and Welfare Canada, 1986). According to Durch, Bailey, and Stoto (1997), "Health depends not only on health care but also on other factors including individual behavior, genetic makeup, exposure to health threats, and social and economic conditions" (p. 24). It is through the process of engagement in occupation that people develop and maintain health (Law, Steinwender, & Leclair, 1996).

Conversely, lack of occupation causes a breakdown in habits that leads to physiological deterioration and lessens the ability to perform competently in daily life (Kielhofner, 1992). As occupational therapy practitioners, we seek to understand the mechanisms supporting the performance of people's actions in everyday life. To understand occupational performance, the person's characteristics; environment; nature of the meaning of the activities, tasks, and roles that the person wants or needs to perform; and the impact these factors have on health must be understood. As we assume our
roles in communities, we need to use our knowledge of the factors that contribute to successful occupational performance.

Changes in the health care system require occupational therapy practitioners to focus on the long-term health needs of clients in order to help them develop healthy behaviors to improve their health and to minimize the health care costs associated with disabling conditions. We must initiate efforts to work with others in the community in order to integrate a range of services that promote, protect, and improve the health of the public. These efforts will require practitioners to work collaboratively with persons in the client’s environment (i.e., family members, teachers, independent living specialists, employers, neighbors, friends) to assist them in obtaining the skills and making the modifications to remove barriers that create social disadvantage. This requires us to reframe how we think about occupational therapy from a biomedical to a sociomedical context and to take an active role in building healthy communities (Baum & Law, 1997).

Expansion of Community Health Initiatives

The Healthy Communities Movement, sponsored by the World Health Organization (1990), focuses on the need for communities to promote healthy environments for their citizens. Communities across the world have developed different strategies, depending on local concerns, to improve their ecological, physical, social, cultural, and health environments. Occupational therapy practitioners can contribute to these challenges and help to change the environment and social policy in communities rather than changing the individual. This approach builds renewed links between policy planning and health, recognizing the need for intersectoral and interdisciplinary approaches to improve the health and livability of our communities.

In Canada, there has been a considerable expansion in community-based practice over the past 10 to 15 years. In both publicly and privately funded practices, occupational therapy practitioners work with clients in their homes and industry, with municipalities, and with organizations. Increasingly, practitioners are engaging in health promotion with community organizations and industry to help build healthy communities.

Since the early 1970s the U.S. government has tried to stimulate activities to get health care institutions and professionals interested in preventing illness. In the 1980s, the Healthy People 2000 initiative (U.S. Department of Health and Human Services, 1991) challenged states and communities to set targets to improve the health of the persons in their communities. By the early 1990s, the American Hospital Association proposed that community care networks be established to provide a broad scope of health services. Occupational therapy practitioners play a crucial role in these community networks—a role that goes far beyond the traditional delivery mechanisms (e.g., home health, skilled nursing facilities, day care) to working with clients and family members to design means of maintaining community independence. This approach requires practitioners to address job readiness, driving, parenting, caregiving, and instrumental skills, all of which relate directly to independence and well-being—the new measures of outcome.

Where will occupational therapy practitioners work in the future? What problems will command our attention? As our nations place their focus on supporting health, occupational therapy practitioners, with their knowledge of occupational performance, can support persons in productive and leisure pursuits. With this shift, the options for work are expanding. Table 1 identifies potential areas of practice that practitioners can develop around both existing and emerging needs.

New Competencies for Education and Practice

The need to refocus service delivery is not just a challenge to occupational therapy practitioners. All health professionals are having to reframe their services. The Pew Commission challenged educational institutions to prepare professionals to have a broad understanding of the determinants of health, such as environments, socioeconomic conditions, behavior, medical care, and genetics, and be able to work with others in the community to integrate a range of services that promote, protect, and improve health (Sugar, O’Neill, & Bader, 1991). Professionals must be prepared to function in new health care settings and interdisciplinary team arrangements designed to meet the primary health care needs of the public. Clients and their family members will participate more actively in decisions regarding their personal health care and in evaluating the quality and acceptability of that care. These challenges are in concert with occupational therapy values. What is required are fundamental changes in the preparation of practitioners and in continuing education opportunities for acquiring new competencies for community programs, particularly for acquiring consultative skills.

Occupational therapy practitioners also need to accept the challenges afforded by the rehabilitation research plan developed by the National Center for Medical Rehabilitation Research (1993) and prepare scientists to address the following concerns in order to guide our professional practice:

- Identify factors that enable persons with disabilities to perform self-care tasks or to create and manage support networks to provide assistance in activities of daily life.
- Identify the strategies that contribute to optimal function, including self-sufficiency, social integration, and employment.
- Identify the factors that contribute to successful long-term integration of persons with functional impairment into families, schools, and communities.
- Develop, apply, and evaluate personal, environmental, and activity-specific technologies that will enable persons with disabilities to perform activities of daily living (ADL), including vocational and recreational activities.
- Investigate factors related to acceptance and use of assistive devices, including psychosocial and environmental predictors of user acceptance.


Table 1

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<tr>
<th>Potential Consumer</th>
<th>Contribution of Occupational Therapist</th>
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<tbody>
<tr>
<td>Industry</td>
<td>Productive workers</td>
</tr>
<tr>
<td>Social Security Administration</td>
<td>Functional capacities evaluation</td>
</tr>
<tr>
<td>Hospital or community health system Schools</td>
<td>Prevention of secondary conditions</td>
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<tr>
<td>City and county government</td>
<td>Children with the capacity to learn</td>
</tr>
<tr>
<td>Architecture or engineering firms</td>
<td>Capacity for community living</td>
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<tr>
<td>Penal institutions</td>
<td>Assistive environments and technology</td>
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<tr>
<td>Public information</td>
<td>Opportunities for work and recovery</td>
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<tr>
<td>Universities</td>
<td>Health information</td>
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<tr>
<td>Adult learning centers</td>
<td>Research and knowledge dissemination</td>
</tr>
<tr>
<td>Retirement communities</td>
<td>Knowledgeable consumers</td>
</tr>
<tr>
<td>Day-care facilities (child and adult)</td>
<td>Support for independence and least restrictive environment</td>
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- Study how interactions among biological, psychological, sociological, and environmental factors contribute to the onset and amelioration of impairments, functional limitations, disabilities, and secondary conditions.
- Determine how to understand and enhance human learning, cognition, and skill acquisition after brain injury.
- Study the effects of educationally related services in the public schools on children with disabilities, including physical and cognitive functioning, educational attainment, and transition to adult roles.

Occupational therapy practitioners believe in the importance of balance between the areas of occupation (ADL, work, play and leisure) to the achievement of physical, mental, spiritual, emotional, and social health. Community health initiatives are challenging us to operationalize those beliefs in practice. A practice that focuses on helping clients develop and implement strategies to achieve their occupational goals requires that practitioners know how to incorporate treatment goals and principles that are specific to the client. Practitioners are also required not only to support specific actions, like moving the arm or stretching to reach, but also to help create environments that allow accomplishment of goals. A client-centered, community approach requires practitioners to have the skills to work effectively in individual, dyadic, group, and community interactions to implement restorative as well as preventive and health maintenance programs that enhance the function and well-being of clients (Canadian Association of Occupational Therapists, 1997). Occupational therapy curricula need to focus on occupational development and the role that occupation plays in enhancing a person's health, function, and well-being throughout the lifespan.

The health care system has evolved into a complex system of programmatic and financial incentives. Occupational therapy practitioners must have access to knowledge that goes beyond basic management principles (planning, organization, directing, controlling, staffing) to understanding how the principles are applied in health care organizations and communities. It is important to understand the mechanisms and structure of health delivery systems, including not-for-profit and for-profit structures in both the private and public sectors at local, state, and national levels. It is also necessary to understand the organization and structure of community-based organizations, including volunteer health agencies, public health departments, and other public services (i.e., housing, environment). The community orientation requires us to understand mechanisms of service delivery for social programs, such as day care, assisted living, social security, vocational rehabilitation, and the range of aging services. It will be impossible to have in-depth understanding of all of these mechanisms; thus, a critical skill for occupational therapists is to learn to work in communities as members of teams that go beyond the traditional makeup of occupational therapist, physical therapist, speech-language pathologist, nurse, and physician. New teams need to center around the needs of our clients and may include city planners, architects, engineers, public health officials, directors of congregate housing, and case managers. In fact, occupational therapy practitioners could be looking at their potential as case managers as a viable job opportunity in community health.

Conclusion

Yes, Geraldine Finn and Wilma West were ahead of their time in proposing occupational therapy's role in the community. That is the purpose of leaders like them who help practitioners move to where they want and need to be. Payment structures for health care are, for the first time in history, recognizing prevention services by reimbursing for these services. What would be in place in our health care system if we had implemented Finn and West's ideas 25 years ago? Would occupational therapy have a viable role in community mental health and job skill training for persons with chronic mental conditions? Would we know more about the occupational factors that contribute to health and well-being? Would we bring friends and family members into the rehabilitation process to retain and reframe social networks after disabling conditions? Would we be well established with community programs that help persons with disabilities and their family members adjust to the changes they face as they age with a disability, particularly to prevent secondary disabilities and promote health through occupation? And, would we have strategies in place that pay for these programs?

This special issue of the American Journal of Occupational Therapy gives occupational therapy practitioners conceptual guidance, models, and tools to move into community health. The guest editors and authors are U.S. and Canadian occupational therapists who are addressing these issues daily in their practice, education, and research. We present this special issue as another step in creating clinical and research dialogues to establish our position in improving the health of our communities. We dedicate
this issue to those whose leadership in the health of the community has supported and challenged us: Adolph Meyer, Mary Reilly, Wilma West, Ruth Brunyare, Geraldine Finn, Muriel Driver, and Sue Baptiste. ▲

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References


Suggested Reading


**OCCUPATIONAL THERAPIST**

(2 Openings)

Springfield, MO

Provide occupational therapy services to patients/clients to restore function, including assessment, treatment planning and implementation, related documentation and communication. Attend and represent OT at patient, departmental, and rehab meetings. Assist with program planning and development. One position will supervise one employee.

Bachelor's degree in Occupational Therapy required. 40 hrs/week, 8am-5pm. $47,000/yr.

The job order numbers for the job opportunities are 534876 (with supervision) and 534860.

Send resume to:
Shirley J. Gregory
Missouri Division of Employment Security
1411 Main Street
Kansas City, Missouri 64105

Must have proof of legal authority to work in the United States.

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