

# Occupational Therapists and Primary Health Care



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OCCUPATIONAL THERAPISTS

# Occupational Therapists and Primary Health Care

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## Executive Summary

Occupational therapists work toward improving the health of the individuals, families and communities in various community-based settings, often as part of interdisciplinary teams. The aim of this paper is to support and foster participation of occupational therapy in primary health care in Manitoba. It is also intended to assist occupational therapists to better understand the application of the principles of primary health care to their programs and services. The paper highlights the contributions that occupational therapists are currently making to primary health care reform in the province, outlines the evidence supporting the roles that occupational therapists play in primary health care, discusses some of the challenges that the profession faces in contributing to primary health care and suggests ways to promote integration of occupational therapy into primary health care.

As described by the Declaration of the Alma-Ata, primary health care addresses the broad determinants of health that extend beyond the traditional health sector to promote health within the context of a continuum of services. It encourages community participation in the planning, organization, operation and control of services. Improving the organization and delivery of primary health care is viewed by many as one of the major challenges currently facing the health care system today but is central to the sustainability and revitalization of Canada's health care system. In Manitoba, the vision for primary health care includes cost effective, affordable and sustainable services that are accessible, integrated and uninterrupted across the continuum of care and delivered by the most appropriate provider at the right place and time.

Occupational therapy plays an important role in the health of individuals, families and communities. Occupation, a central concern of the practice of occupational therapy, is what people do to look after themselves, the work they do and the activities they do for leisure. How people perform their occupations is believed to be an important determinant of health and is influenced by personal factors, environments and the occupations that people do. Occupational therapy is the only health profession whose education is entirely devoted to the study of occupational performance and its impact on people's health and wellness.

Occupational therapists share their professional knowledge and skills by providing direct service, consultation, education, research and policy analysis in numerous sectors. These sectors include health, education, housing, employment, leisure and recreation, justice and transportation. Using a variety of approaches, such as health promotion, injury prevention, chronic disease management and community development, occupational therapists participate in primary health care service delivery and work to address the broad determinants of health.

Occupational therapists currently play a variety of roles in primary health care working with children, youth, adults and older adults to promote, maintain and restore health and well-being. Several examples based in Manitoba are provided in this paper. They reflect the broad determinants of health of populations within a context of promoting physical and mental health and include the elements of promotive, preventative, restorative and supportive services.

Research evidence has demonstrated that occupational therapy can be effectively delivered in a primary health care context. This paper summarizes this evidence. Evidence exists for the effectiveness of community interventions and post-hospital discharge home visits specific to older adults. Interventions for the management of chronic diseases and injury prevention programs in the workplace are also areas of practice where occupational therapy can contribute to health promotion and disease prevention. There is an emerging body of evidence for the use of a skill building approach with individuals who are homeless. In addition, several studies have demonstrated the importance of engagement in meaningful occupations for people with mental health conditions living in the community and promising evidence for the role of occupational therapy in a primary-care based service for people with psychotic conditions. Early intervention programs in occupational therapy with healthy populations of infants and mothers have been developed and implemented in various community settings. These primary prevention programs offered during the first year of a child's life have been shown to have sustained effect on parenting knowledge, attitudes and practices. Occupational therapists also contribute to the early identification and treatment of learning disabilities among children which has been found to assist in the prevention of academic, social and emotional problems. Occupational therapists also work as part of interdisciplinary teams in school settings providing services that seek to enhance the health and well-being of children and youth.

The greater integration of occupational therapy into primary health care service delivery models requires action to overcome several challenges. Increased understanding by the public and other health care providers about the role of occupation in promoting health and wellbeing needs to be facilitated. Likewise, increased understanding about the role of occupational therapy in health promotion and prevention must be shared. Current health care funding models that limit access to publicly funded occupational therapy services need to be changed and action taken to facilitate effective and equitable interdisciplinary collaboration. Finally, to ensure evidence based decision making, support from various stakeholders internal and external to occupational therapy is required to promote more research into the effectiveness of community based occupational therapy practice.

Occupational therapists are prepared to work with health planners and funders to address current challenges to implementing primary health care. With their holistic view of health and wellbeing, occupational therapists welcome the evolution to a primary health care system that emphasizes the broader determinants of the health of populations. Increasingly, research is demonstrating the importance of occupational performance and the effectiveness of occupational therapy interventions in promoting the health and wellbeing of individuals, families and communities. With their unique perspective on the interaction between individuals, occupations, and environments, occupational therapists have demonstrated primary health care roles with populations of seniors, children, youth, people who are homeless and those within the justice system. Expansion of these roles as part of interdisciplinary teams will strengthen Manitoba's primary health care system in meeting the health needs of its citizens.

# Background

## Primary Health Care: A Definition and Description

The World Health Organization, in its Alma-Ata Declaration (World Health Organization, 1978) described Primary Health Care as an essential approach to address the health of individuals, communities and populations. "...It forms an integral part of both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community..." (WHO, 1978, Declaration VI)

The definition of Primary Health Care developed by the World Health Organization (1978) includes several key principles that can be summarized as the following:

- Primary health care is intersectoral often involved in issues which go beyond the traditional boundaries of health such as housing, economic services, social services, education and legal aid;
- Primary health care emphasizes health promotion within the context of a continuum of service including preventive, curative, rehabilitative, and supportive services;
- Primary health care addresses health within a community from the community perspective requiring and promoting community participation in the planning, organization, operation and control of services;
- Primary health care should be integrated, functional and continuous, leading to comprehensive health care for all, with priority given to those most in need; and
- Primary health care relies on a diversity of trained workers functioning as an interprofessional team.

## Primary Health Care Differs from Primary Care

Sometimes the term "primary health care" is used interchangeably with "primary care". A synthesis report from the first national conference on Primary Health Care held in Winnipeg in May 2004 noted that these "two almost identical terms share considerable but not total conceptual space" (Lewis, 2004, p. 4). In this report, Steven Lewis (2004) remarks, that

Primary care and primary health care are not mutually exclusive; every definition of primary health care includes elements of primary care. Primary care is the traditional core of the health system and 90% of Canadians have contact with these services annually...Primary care does not disappear under primary health care; it is an essential subset. They are complementary, and neither can be effective or efficient without the other. (p.5)

Primary care consists predominantly of services that address diagnosis, treatment and management of illness. It is the first point of contact with the health care system. For example, we often think of these services as the

visit to the family physician. Whereas primary health care addresses the broader determinants of health among populations that are influenced not only by the health care system but by other sectors as well. Manitoba Health (2002) defines primary health care as

The first level of contact with the health system where services are mobilized to promote health, prevent illnesses, care for common illnesses and manage ongoing health problems. PHC extends beyond the traditional health sector and includes all human services that play a part in addressing the interrelated factors that affect health. (p.4)

## Primary Health Care is at the Centre of Health Care Reform

In the last few decades, evidence has shown the importance of the broader determinants of health and shifted some of the focus from individuals to populations and communities. This broader understanding has created renewed interest in primary health care. It acknowledges that the health care system cannot, on its own, overcome disparities in health status and deal with health problems embedded in complex social and environmental contexts. Health systems across the country have recognized the need to 'reform the health system' in order to ensure its viability.

Roy Romanow (2002), in his report to the federal government on the *Future of Health Care in Canada*, discussed primary health care as more than a single program to be developed and implemented; he viewed it as essential to the entire health care system as a method of transforming the way health care is delivered. Primary health care is about shifting some of the overwhelming focus on hospitals and medical treatment to the provision of illness and injury prevention while improving health. It is about eliminating the barriers to interprofessional and intersectoral collaboration. Romanow stated that these fundamental health system changes needed to occur across the country.

Manitoba Health has made primary health care a priority in the province through the development of a *Primary Health Care Policy Framework* (2002). The Framework outlines the vision for primary health care reform in Manitoba. It states that "Manitobans will have access to community-based, integrated and appropriate primary health care services" (p.6). The framework discusses the principles of primary health care that must be adhered to when implementing reform. Community members should be involved in all aspects of primary health care service delivery. A population health approach emphasizing health promotion, disease prevention and self-care should be the focus. Intersectoral and interdisciplinary teams of service providers should be involved in order to best address the determinants of health. Services should be made accessible by the most appropriate provider at the right place and time. Individuals should have integrated and uninterrupted services across the continuum of care that are cost effective, affordable and sustainable while making the most appropriate use of resources.

Manitoba's primary health care and primary care experience has both a long tradition and many recent achievements. For example, Manitoba has the oldest community health centre history in the country. Communities recognized years ago, the benefits of integrating health and social services and ensuring community participation in developing neighbourhood-specific services. Regionalization began in the late 1990s and has occurred in stages. Ongoing efforts have been underway to increase the integration of services across the continuum of care; integration of services between sectors has also begun to evolve. An example of this is the Winnipeg Integrated Services Initiative (Manitoba Family Services and Housing, Winnipeg Regional Health Authority & Manitoba Health, 2003) whereby community health services are integrating with those provided by Family Services and Housing as part of the community access model.

## Population Health

Primary health care focuses on the broad determinants of the health of populations. The Public Health Agency of Canada (PHAC) (2002) has accepted the following definition of population health:

Population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services. (p2)

Health Canada has embraced a population health approach as a means of unifying and integrating interventions across the health system encompassing a continuum from health promotion through prevention to intervention. A population health approach aims to improve the health of the entire population and to reduce health inequities among population groups. In other words, it aims to narrow the gap between the healthiest and the least healthy people. However, a population health approach takes into account factors outside the health care realm that can affect the well-being of populations.

Many of these determinants of health relate directly to occupational performance and will therefore be integral to the practice of occupational therapists in primary health care.

### **Twelve factors or “determinants of health” have been identified that are interrelated and are known to affect health status:**

1. income and social status
2. social support networks
3. education
4. employment/working conditions
5. social environments
6. physical environments
7. personal health practices and coping skills
8. healthy child development
9. biology and genetic endowment
10. health services
11. gender
12. culture

## The Relationship Between Occupational Therapy and Primary Health Care

Occupational therapists work with clients to support healthy lifestyles, prevent illness and disability, and promote health. Primary health care and occupational therapy have a common philosophical base that supports a holistic approach to health, the personal responsibility for achieving health, and an intersectoral approach that spans the educational, health and individual, family and community sectors. (Canadian Association of Occupational Therapists [CAOT], 2000, p.11)

Population health considers the relationship between personal factors, social and physical environments. One of the dominant models in Canadian occupational therapy practice is the Person-Environment-Occupation (PEO) Model (Law et al., 1996) (See Figure 1). In the PEO Model, the Person is understood to be dynamic, motivated and ever-developing, and is a composite of mind, body and spiritual qualities. "Occupation refers to the activities and tasks of daily life that have value and meaning to the individual." (CAOT, 2000, p.8). Environment is broadly defined in the PEO model to include cultural, socioeconomic, institutional, social and physical elements that are given equal importance. Occupational performance refers to one's "ability to choose, organize, and satisfactorily perform meaningful occupations (CAOT, 2002a, p.181). Using the PEO model, occupational therapists are taught to promote the fit between "components of the person, elements of the environment, and features of occupation" (CAOT, 1997, p.46) or rather to enhance occupational performance. Therefore when working to restore, maintain or promote an individual's, a family's or a community's health and well-being, occupational therapists will address occupation, personal factors and environments.

Occupational therapy plays an important role in primary health care; occupational therapists work as part of the interprofessional team to meet the health needs of individuals, families and the community. Occupation is central to the role of the occupational therapist and is believed to be an important determinant of health (CAOT, 2003; Law, Steinwender & Leclair, 1998) (see Figure 1). It is recognized that health determinants have a profound impact on lifestyle choices and capacities. Engagement in meaningful occupations enables the expression of self-identity, culture, social connectedness, and fulfillment and contributes to the development of economic and social capital (Townsend & Wilcock, 2004). However, not all people are afforded equal opportunities to participate in occupations that have individual or cultural meaning to them. This results in occupational injustices.

The outcome of occupational injustice is occupational deprivation which occurs when social, economic, environmental, geographic, historic, cultural or political factors external to the individual prevent engagement in occupations of necessity and/or meaning. Occupational deprivation may include: geographic isolation,

**Figure 1 –**  
Person – Environment -  
Occupation Model

### Occupational Performance



Law, M., Cooper, B., Strong, S., Stewart, C., Rigby, P., & Letts, L. (1996). *The Person-Environment-Occupation Model: A transactive approach to occupational performance*. *Canadian Journal of Occupational Therapy*, 63, 9-23. Reprinted with permission from CAOT Publications ACE.



unsatisfactory conditions of employment (underemployment, unemployment), sex-role stereotyping and refugeeism (Whiteford, 2004). Other examples may include: discrimination based on culture, lack of economic resources and unhealthy early childhood development. Using a client-centred approach, occupational therapists seek justice for individuals and populations through enabling participation in meaningful occupations of necessity. “Justice is an implicit social vision in occupational therapy... a justice of inclusion in ordinary, daily life...” (Townsend & Whiteford, 2005, p.110).

Canadian occupational therapists utilize a practice process that includes:

- Establishing a professional relationship with the client/community
- Naming, validating and prioritizing occupational performance issues in collaboration with the client/community
- Selecting theoretical approaches to guide the process
- Identifying personal factors and environmental conditions impacting on occupational performance issues
- Identifying strengths and resources of the client/community
- Developing and implementing an action plan based on targeted outcomes
- Evaluating and analyzing outcomes

*(CAOT, 2002b; Fearing, Law & Clark, 1997).*

Occupational therapists collaborate with individuals and groups to plan and design services to meet occupational performance goals in specific environments. The occupational performance process includes an intersectoral approach and is not dependent on a secondary or tertiary health facility environment for its delivery. It seeks to provide services in the most appropriate setting based on the client’s needs. It uses resources, materials and surroundings that are familiar to the client and promotes personal responsibility for health. Occupational performance goals address interrelated factors that affect health, its promotion and the prevention of illness and disability (CAOT, 2000).

Occupational therapists share their professional knowledge and skills by providing direct service, consultation, education, research and policy analysis in numerous sectors. These sectors include health, education, housing, employment, leisure and recreation, justice and transportation. Using a variety of approaches, such as health promotion, injury prevention, chronic disease management and community development, occupational therapists participate in primary health care service delivery and work to address the broad determinants of health.

# The Practice of Occupational Therapy in Manitoba

Canadian occupational therapists have a minimum of four years of university education and participate in life-long learning through continuing professional development activities. They are educated in life sciences such as anatomy, physiology; in social sciences such as psychology and sociology; and in applied and clinical health care. As part of their education for entry level practice, occupational therapists learn the application of professional interventions to enable the performance of occupations that are culturally defined and age appropriate for looking after oneself, enjoying life and contributing to the social and economic fabric of a community (CAOT, 2002b). Major curriculum changes are occurring across Canada with the move to a professional entry level Master's degree in occupational therapy. This change reflects the growth in occupational therapy research and practice. The research concerning the role of occupations in achieving health outcomes has increased dramatically in recent decades and occupational therapists have become experts in evaluating and interpreting the outcomes of these studies. This rapid increase in knowledge, along with changes in health care delivery systems within Canada, has precipitated the move to a Master's entry level program (Etcheverry, 2004). Health system changes, including new settings or locations of occupational therapy practice, altered organizational structures in which practice occurs, and an increased focus on accountability, have necessitated changes in the skills required to practice as an occupational therapist (Etcheverry). There is recognition of the need to enhance education related to primary health care, population health, health promotion, illness and injury prevention and community development throughout the curriculum.

Occupational therapy is the only health profession whose education is entirely devoted to occupational performance: the result of a dynamic, interwoven relationship between persons, environment and occupation over a person's life span (CAOT, 2002b). As autonomous professionals on the health care team, occupational therapists work collaboratively with clients and other health professionals to set and achieve goals related to participating in valued activities of daily living and roles such as self care, parenting and paid employment. Occupational therapists are experts in enabling persons with the ability to choose, organize and satisfactorily perform meaningful occupations. Their expertise and knowledge in clinical and other life sciences facilitates an interprofessional approach that has the client and his or her current and future occupational performance at the centre of all decision-making.

Manitoba occupational therapists serve people of all ages, from newborn to the most elderly, in every part of the province. There are 453 occupational therapists, working or able to work, and residing in Manitoba (Association of Occupational Therapists of Manitoba, 2005). Most occupational therapists work in the same region of the province in which they reside; this includes every Manitoba health region other than Churchill. Itinerant occupational therapy services are

also provided to rural and Northern communities in Manitoba. Some occupational therapists travel to deliver service to clients in all regions of the province. The majority of occupational therapists, about 71.9%, live and work within Winnipeg or communities close by (Soltys, 2005).

Occupational therapy in Manitoba is primarily a clinical profession. Over 75% of therapists consider their practice to be individual client-focused and a further 4% consider their practice to be group- or population-focused (Soltys, 2005). About one third of occupational therapy services are delivered in the community: in homes, workplaces, schools, daycares and community agencies. The remaining two thirds is delivered in health facilities and private practice offices (Soltys). The number and diversity of employers of occupational therapists are increasing and include school divisions, insurance companies (public and private), provincial government departments, health authorities, post secondary educational organizations and advocacy organizations as well as health care facilities such as hospitals and personal care homes. At present, about 35% of occupational therapists estimate that their clients receive other health related services from primary care providers or are not in need of other health care services at all (Soltys).

There are innumerable opportunities for occupational therapists who are willing to accept the challenge of optimizing their roles in a primary health care setting. Occupational performance difficulties affect all ages and types of people; however, injury, disease and disability associated with occupational performance issues can be prevented with early intervention. With the shift to a population health approach, decreased lengths of hospital stay, and a greater expectation for provision of services 'closer to home', it is likely that more occupational therapy services will shift from facility-based settings to client homes, workplaces and schools. This will result in more therapists working in health promotion, injury and disability prevention, and community-based rehabilitation.





## Evidence of Occupational Therapists' Contribution to Primary Health Care and Examples of Current Practice in Manitoba

There are many examples to show how occupational therapy competencies can add value to primary health care programs and services, both in the scientific literature and in current practice in Manitoba. The following is a summary of the published evidence and Manitoba case descriptions.

The literature describes a range of service delivery models involving occupational therapists in primary health care that are consistent with a population health framework. These models use health promotion and prevention strategies to empower individuals and communities to achieve the highest possible levels of well-being available to them.

Evidence supporting occupational therapy's contributions to primary health care are discussed and several examples of roles occupational therapists are currently undertaking in Manitoba are included to provide a broad overview of the potential roles that occupational therapists can play in primary health care.

There are several areas of occupational therapy community practice specific to older adults that show strong evidence for involvement of occupational therapy in primary health care (Restall, Leclair & Fricke, 2005). In the United States the Well Elderly Study (Clark et al, 1997; Jackson, Carlson, Mandel, Zemke & Clark, 1998) examined the efficacy of preventative occupational therapy compared to social activity programs and no therapy. The intent was to reduce health-related declines among urban, multiethnic, independent-living older adults. Results showed that the occupational therapy program led to greater gains in quality of life scores; greater prevention of functional decline; showed a trend toward decreased medical expenditures; and was found to be cost-effective. The intervention has been replicated in other settings with different older adult populations and produced similar results (Matuska, Giles-Heins, Flinn, Neighbor, & Bass-Haugen, 2003; Scott, Butin, Tewfik, Burkardt, Mandel, & Nelson, 2001).

Chronic disease management is another area in which occupational therapy plays a role in primary health care. Chronic diseases are among those conditions most frequently seen by occupational therapists working in the community (Chiu & Tickle-Degnen, 2002; Siemens, 2004; Tyrell & Burn, 1996). Occupational therapists often provide direct service for individuals with chronic disease, including self-management education and behaviour change, and follow-up to assess response to therapy and self-management competence. Self-management strategies and advice about occupational performance for persons in the early stages of a chronic disease such as arthritis, chronic obstructive pulmonary disease, diabetes and cardiac conditions are areas of practice in which occupational therapy can contribute to health promotion and disease prevention.

Research supports the role of the occupational therapist working “up-stream” in the provision of primary care focused on joint management education, and self-management strategies, training and advice on occupational performance (self-care, productivity and leisure) for individuals with early rheumatoid arthritis (Hammond & Freeman, 2004; Hammond, Young & Kidao, 2004; Helewa et al. 1991; Steultjens et al., 2004). Studies have also demonstrated that the addition of occupational therapy to multidisciplinary teams working with individuals with chronic obstructive pulmonary disease contributed significantly to the performance of basic activities of daily living when compared to groups who did not receive occupational therapy (Benstrup et al., 1997; Lorenzi et al., 2004). The occupational therapy literature supports working with individuals to prevent cardiovascular disease or recurrence of myocardial infarction and stroke. Occupational therapists work to modify lifestyle and related risk behaviours using a wellness approach with individuals at risk of developing or who have developed cardiovascular disease (Duboloz, Chevrier & Savoie-Zajc, 2001; Martinez Piedrola, Perez de Heredia Torres & Miangolarra Page, 2002; Reitz, 1999). Occupational therapists, in conjunction with other members of the interprofessional team, also contribute to prevention of secondary complications associated with diabetes through education on disease management, exercise, environmental safety issues including management of peripheral neuropathy and retinopathy, and functional mobility (Maritz & Kohler, 2001).



## Seniors Health Promotion and Chronic Disease Management

The occupational therapist working as part of the Seniors Health Resource Team in Winnipeg has endless opportunities in health promotion. Along with other members of the team, the occupational therapist works with the community to strengthen community participation through assisting in establishing programs such as community gardens, accessible transportation, walking and nutrition. The occupational therapist also contributes to chronic disease management. For instance, the occupational therapist provides education on joint protection principles and leg strengthening exercises to a client who reports having difficulty rising from a chair. This is done in a clinic setting or in the client’s home. This same client also reports mood difficulties. A Geriatric Depression score of 6 coupled with an interview reveals difficulty coping with the loss of a spouse after 44 years of marriage. The therapist helps to identify meaningful occupations for that individual to cope with his/her changing roles (i.e. volunteer opportunities that draw from current interests and/or previous life experience, a group physical activity program and/or participation in a support group). A referral is also made to counselling or specialized services such as a mental health program for older adults.

## Rural Practice and Seniors Health Promotion

Occupational therapists providing Primary Health Care services in a rural setting are challenged not only by the extensive scope of practice, but also by being a part of the many challenges resulting from health care reform and promotion of wellness for all Canadians. Creating partnerships with service providers, community groups and agencies results in shared opportunities for professional development and in comprehensive, affordable and accountable service delivery. The occupational therapist in the Norman Health Region works to create partnerships with other disciplines and teams to promote health and wellness for the population of the region. Programming aims to address the specific health issues of the region based on information derived from Community Health Assessments, established best practices and the identified needs of individuals and groups. For instance, the occupational therapist working with clinicians from the Seniors Teams is involved in sharing responsibilities in established programs such as Walking Buddies, Heart To Heart and Living Well with Osteoporosis. The occupational therapist also collaborates with a local seniors group to develop the Golden-Agers Exercise Club (GAEC) a community-based, capacity building, peer supported group. GAEC provides an opportunity for seniors to learn about personal health practices and the relationship with individual self-determination; to practice leadership and advocacy skills; and to engage in physical and social activities.

As well, regular interdisciplinary comprehensive home visits after discharge from hospital have been found to have a positive effect on the functional ability of older adults and readmissions of certain groups (Avlund, Jepsen, Vass & Lundemark, 2002). The rate of decline was slowed for community dwelling frail elderly who received occupational therapy intervention. With the provision of assistive technology devices and environmental interventions from an occupational therapist, older adults were able to increase their ability to perform their activities of daily living. Intervention from the occupational therapist was found to assist in maintaining the quality of life and independence in the community of older adults, keeping them in their homes longer and reducing institutional costs (Liddle et al., 1996; Mann, Ottenbacher, Fraas, Tomita & Granger, 1999; Matteliano, Mann & Tomita, 2002).

Falls are a common occurrence in older adults and are associated with increased mortality, decreased mobility, premature nursing home admissions, and reduced ability to perform activities of daily living (Tolley & Atwal, 2003). Occupational therapy falls prevention programs have been found to prevent and significantly reduce falls among older adults at risk (Close, Ellis, Hooper, Glucksman, Jackson & Swift, 1999; Cumming, Thomas, Szonyi, Salkeld, O'Neill, Westbury et al, 1999; Tolley & Atwal, 2003). Occupational therapy programs that take into consideration intrinsic and extrinsic falls risk factors, and include home visits, environmental modifications and education were found to be most effective in reducing the number and the rate of recurrent falls in older adults.

Occupational therapists are involved in providing injury prevention programs in the workplace through on site occupational health and safety programs. For those employees injured at work, work accommodation and suitable duties programs, contact between healthcare providers and the workplace, and ergonomic worksite visits conducted by an occupational therapist can reduce the duration of work disability and its associated costs (Franche et al., 2004).



## Injury Prevention and Return to Work Programs

Occupational therapists in Manitoba contribute significantly in the workplace. The occupational therapist's understanding of the interface between the worker (person), the workplace (environment) and the job (occupation)

is integral when considering both prevention and intervention programs. This understanding of the interface applies when considering the goal of creating healthier work environments in broad terms, and when considering the impact of the job and workplace on specific employees. Injury prevention and health promotion programs in the workplace include ergonomic assessments and recommendations such as safe lifting initiatives, educational interventions such as participatory ergonomics programs, and workplace wellness initiatives such as advocating for modified work schedules to allow employee participation in health-promoting activities. Examples of occupational therapy involvement include services provided through occupational health and safety programs to employees at Canadian National Railway, St. Boniface Hospital and the Health Sciences Centre. Intervention programs are also offered to individuals who experience an interruption in their work due to injury or illness. Services provided by occupational therapists include job demands analysis, functional capacity testing, graduated return-to-work program development and transferable skills analysis. Occupational therapists provide these services while employed directly by the agency whose employees' they serve, as a consultant, or through a contractual arrangement. Assessments and intervention take place in the client's home, the clinic, or at the workplace. The goal of service is always to create the safest and healthiest fit between the client and his or her work.



## Enabling Participation using Assistive Technology

Through assistive technology, occupational therapists in Manitoba support participation in meaningful occupations. At times the environment poses a challenge to participation, or the demands of a task become too great. Assistive technology provides a means to perform occupations differently or helps to overcome barriers in the environment. Assistive technology includes a broad scope of devices ranging from very simple and basic to sophisticated computerized systems. The role of the occupational therapist in providing assistive technology is to assist and guide the client in identifying his or her needs for assistive technology, to provide education on equipment options, training in the use of assistive technology and, when necessary, assisting the client to secure funding for acquisition of technology. With the provision of assistive technology, individuals, both young and old, are enabled to participate in activities such as reading on-line books, carrying out personal banking, going to work or school, communicating with family and friends, and accessing various physical environments independently.

There is an emerging body of evidence for the use of a skill building approach with individuals who are homeless. Trysennar, Jones and Lee (1999) reported the findings of a study examining the occupational performance needs of a homeless population. Instrumental activities of daily living, such as access to employment, financial management, housing, and recreation were reported as being more important than basic activities of daily living. Occupational therapy programs have been developed in emergency shelters for individuals who are homeless; these programs focus on vocational skills, stress management, social and interpersonal skills, and community living skills (Herzberg & Finlayson, 2001; Shordike & Howell, 2001; Perkins, Trysennar & Moland, 1998).

### **Addressing the Occupational Performance Issues of the Homeless Population**

Lack of permanent housing, a stable food supply and healthy, supportive relationships affect one's functioning and quality of life. Transitioning from living on the streets to having a home is a complex undertaking. An occupational therapist in Winnipeg assists individuals living at the Main Street Project or on the streets to reach and maintain recovery-focused goals. Often clients in this environment lack the knowledge and experience of basic living skills and their impact on healthy lifestyles. The occupational therapist assists individuals to gain skills and confidence in the use of these skills to secure and maintain housing, work and social pursuits. The occupational therapist assists the client to develop goals that are solution-focused, client-centered and recovery-focused. Once the goals are achieved, the occupational therapist takes on an outreach and case management role, maintaining support, continuing to solidify life skills and coordinating external services.

The occupational therapist also plays a key role with clients at the Main Street Project who are transitioning from substance abuse to sobriety. This is done through individual and group counselling and the development and facilitation of addiction awareness groups. The occupational therapist also addresses co-morbid conditions that limit occupational performance. For example, the occupational therapist prescribes a mobility aid for a client who is unable to ambulate safely due to ataxia, decreased balance and decreased coordination- the results of long term substance abuse. Occupational therapists working in these environments provide a holistic approach addressing the physical, mental, emotional, social and cultural needs of the individual.



Several studies have demonstrated the importance of engagement in meaningful occupations to people with mental health conditions living in the community (Legault & Rebeiro, 2001; Mee & Sumsion, 2001; Wu, 2001). Occupational therapists working from an evidence-based approach are using individual supported employment as a method of enabling individuals with mental health problems to gain and retain employment, education and voluntary work (Auberbach, 2001; Krupa, Lagarde, Carmichael, Hougham & Stewart, 1998; Oka et al., 2004).

There is promising evidence for the role of occupational therapy in a primary-care based service for people with psychotic conditions who are not in contact with a secondary-care based community mental health team (Cook & Howe, 2003). The primary care based intervention consisted of expanded general practitioner care, with an individualized program of occupational therapy and care management. Following interventions, participants showed significant improvement in social functioning, clinical symptoms and general health. The findings suggested that a primary-care based mental health service that includes occupational therapy may be a viable, and cost-effective alternative to secondary-care community mental health teams for local populations with a high prevalence of enduring psychotic disorders and a tendency to lose contact with conventional services.

### **Mental Health and Wellness in Rural Practice**

An occupational therapist working in the South Eastman Health Region provides health promotion and direct service treatment on a consultative basis for persons of all ages dealing with mental health issues. She works in partnership with various agencies providing support to individuals with mental illness across the Region. She offers health promotion seminars and workshops with a focus on mental wellness to community members as well as various community organizations throughout the Region.

A partnership between an occupational therapist in the Norman Health Region and the Canadian Mental Health Association (CMHA) resulted in Lifeskills for Recovery (L4R), a community-based, client driven, peer supported group. L4R enables independence and self-determination for individuals by: creating an opportunity to develop social support networks; providing education and experiential learning opportunities to learn and practice personal health practices and coping skills; and ensuring clients have access to necessary services.

## **Supporting Individuals with Mental Illness Transitioning from Correctional-based Settings to the Community**



An occupational therapist works with the United Church Halfway Homes Inc. (UCHHH) in Winnipeg. This organization provides assistance to men and women on Parole, Statutory Release or Probation and who are transitioning to the community. The occupational therapist is a member of the Mental Health Community Residential Services Team that supports men living with a mental health diagnosis, such as schizophrenia or bipolar disorder, as they work towards wellness in living with their illnesses while they reintegrate into the community from various correctional-based settings. Many of the men also deal with addiction issues, which pose an added challenge to developing healthy coping skills. The men face barriers such as interrupted educational experiences, few if any employment opportunities, living below the poverty line, few family or social connections, limited experience in finding and living in their own home, and physical health issues. Team members have been working to develop the assessments and interventions that will work with the men served by UCHH. The team brings together direct program staff, justice officials, a consulting psychologist and psychiatrist, and representatives from the Winnipeg Regional Health Authority. The men live in a home in the community, which is staffed 24 hours per day. The program includes in-house groups, case management, one-to-one counselling, outreach services, and support.

The occupational therapist's role includes consulting to the program to help develop the processes and knowledge base for staff to use to maintain a therapeutic environment. She also facilitates the group program along with the House nurse. Case managing, working with the program's outreach workers, carrying out assessments, and conducting one-to-one talks with the men to develop goals and skills are also important parts of the occupational therapist's role in the House. By providing services directly where the men live, the connection to real-life situations facilitates experiential learning to develop healthy coping skills which are used to manage their mental and physical health as they work towards living in the community.

Evidence shows that influences from conception to age six are the most important of any time in the life cycle on the development of the brain. Positive stimulation early in life improves learning, behaviour and health into adulthood (Public Health Agency of Canada, n.d.). Early intervention programs in occupational therapy with a healthy population of infants and mothers have been developed and implemented in various community settings (Parush & Hahn-Markowitz, 1997). Programs have included a focus on: increasing maternal competence in first-time mothers (Burke, Clark, Hamilton-Dodd, & Kawamoto, 1987); teaching parents about child development and enrichment (Atchison & Nasser, 1989); and learned mothering (Parush & Hahn-Markowitz, 1997). These primary prevention programs offered during the first year of a child's life have been shown to have sustained effect on parenting knowledge, attitudes and practices for a minimum of 2 years following intervention (Case-Smith, 1997; Parush & Hahn-Markowitz, 1997). Occupational therapists also contribute to early identification and treatment of learning disabilities such as developmental coordination disorder, thereby assisting in the prevention of academic, social and emotional problems (Cameron, 2002; Johal, 2002).

### Health Promotion in the Schools

A partnership between the occupational therapist in the Norman Health Region and a local school division resulted in Middle School Spies (MSS) a community-based, cooperative project, peer supported group. MSS facilitated the ease of transition into middle school for children coping with developmental/learning disorders by: creating an opportunity to develop peer supports; modeling behavior and providing experiential learning opportunities to learn and practice intra/interpersonal skills (organization and cooperation); generating the social and physical environments in which children could explore new events and situations safely; and providing 'just right' challenges for the development and practice of individual coping strategies.



Recently, urgent health and social problems have underscored the need for collaboration among young people, families, schools, agencies, communities and governments in taking a comprehensive approach to school-based health promotion. A comprehensive school health approach includes a broad spectrum of activities and services which take place in schools and their surrounding communities in order to enable children and youth to

enhance their health, to develop to their fullest potential and to establish productive and satisfying relationships in their present and future lives. The goals of such comprehensive approaches are: to promote health and wellness; to prevent specific diseases, disorders and injury; to intervene to assist children and youth who are in need or at risk; and to help to support those who are already experiencing poor health . Occupational therapists work as part of an interdisciplinary team in the community and school settings providing services that seek to enhance the health and well-being of children and youth.

## Children and Youth Health Promotion

Occupational therapists in Manitoba work with children, their families and caregivers in a variety of settings. Promotion of development, function and independence are applicable to all children and lays the foundation for fulfillment in future roles and activities.

This may begin with the child's ability to access toys and play activities and branch into community leisure activities and access to work experience environments. The occupational therapist assists with transition from preschool to formal education to adult services and programs. Education on the impact of the child's condition or disability is an important component in helping the child, family and caregivers understand the child's capabilities and accept modification of activity or environment when needed. Understanding the impact of environment on function is imperative to empower the child to continue to achieve success and independence. Collaboration with the child and the family occurs in many environments including home, school, clinic, hospital or daycare. Mastery of daily occupations in domains such as play, self care and education are areas in which occupational therapists provide ongoing intervention as the child matures. As the child transitions through life stages, demands and expectations change, and education of caregivers and adaptation of new environments is integral to a holistic approach.

Examples include school based occupational therapists who provide workshops for teachers on the development of fine motor and printing skills or an occupational therapist visiting a child's home to provide the parents with strategies to foster early development in an infant who was born prematurely. The therapist may also suggest community resources such as parent/child play groups or library-based activities to promote early literacy concepts.



## Working with Youth

Many youth face barriers to participation in traditional youth occupations such as school, organized sports and structured recreational activities due to social and economic conditions or illness and disability. These youth often become “at risk” for engaging in unhealthy, high risk and illegal behaviours. Occupational therapists join coalitions of representatives of health, education, and social services organizations and community residents to work with youth who are experiencing barriers to participation in traditional youth occupations. Adult community members, including occupational therapists, work with youth to implement a variety of events and activities. Youth plan and participate in activities such as music events, establish and maintain a youth art gallery and create films that depict ways to make a community youth-friendly. These activities give youth the opportunity to develop skills related to planning, organizing and managing events and to develop social skills through working as a team. Youth also develop practical skills based on their interests, such as film production. Youth talents can be showcased through music events and community art galleries, giving them a sense of pride and accomplishment. These events and activities provide youth with opportunities for positive occupations to prevent engagement in risky, unhealthy and illegal behaviours.



An occupation-specific approach to community development presents one way by which occupational therapists may effect change and empower clients to take control of events that influence their health and lives. Within an occupational therapy framework, this could be seen as helping children, youth and their families to develop and strengthen their occupational roles in relation to existing, changing or new community endeavours (Scaletti, 1999). This approach empowers individuals and assists in developing a sense of wellbeing and control over their own needs and subsequent life roles. Community development, together with established occupational therapy theory, provides the potential for occupational therapy to become more proactive in community health change for children, adolescents and their families.

As illustrated in many of the examples in this section, occupational therapists currently play a variety of roles in primary health care working with children, youth, adults and seniors to promote, maintain and restore health and well-being at an individual, family and community level. The examples shared reflect the broad determinants of health of populations within a context of promoting physical and mental health and wellness and include the elements of preventative, rehabilitation and supportive services. Evidence-based decision-making is strongly encouraged in further development and integration of occupational therapy into primary health care programs and services. Increasingly, research is demonstrating the effectiveness of occupational therapy interventions in primary health care. Further support from various stakeholders is needed to allow new or additional research to occur that will inform greater integration of occupational therapy in primary health care services.

## Occupational Therapists and Primary Health Care – Meeting the Challenges

The belief of occupational therapists that occupation plays a central role in the health of an individual is not widely communicated and understood outside of the profession of occupational therapy (Godfrey, 2000). Occupational therapists need to clearly communicate and explain this link to others, in order for the profession to make its fullest contribution to primary health care. “Occupational therapists with a well-developed concept of the relationship between people’s engagement in occupation and health are a primary source of expertise for research and developing public health practice based on the relationship.” (Wilcock, 1998 p. 221)

Canada’s universal health care system was first established to cover hospital care and later physician fees; this has resulted in public funding for almost all physician services, but only for about half the cost of services provided by other health professionals (Canadian Institute for Health Information, 2003). Under the Canada Health Act, occupational therapy services are not covered outside of hospitals (Government of Canada, 1985). In Manitoba, special circumstances have allowed occupational therapy services to be provided in certain community programs such as Home Care. Although some programmatic funding models for community based positions exist, the lack of direct funding inhibits the shift from institutionally-based to community-based services required in a primary health care model. The dominance of facility-based service models creates an additional challenge for educating entry-level occupational therapists for primary health care practice. Since fieldwork experience plays a major role in future practice choice (Crowe & Mackenzie, 2002), recruitment of new occupational therapists to community-based primary health care positions may be inhibited. The federal government must support the development of a national primary health care framework with equitable funding mechanisms for primary health care professions. Remuneration models that enable health care providers to practice according to the principles of primary health care need to be developed and implemented.

Occupational therapists in Manitoba are normally engaged in downstream secondary or tertiary health promotion roles, supporting individuals in the development of personal skills to deal with symptoms of chronic disease or injury. The role of occupational therapy in health promotion is not well understood by service planners and decision makers. Broad education initiatives are required to prepare these groups to consider the added value of a primary health care program or service that includes occupational therapy. However, adopting upstream primary preventative roles with the general population would result in a much wider mandate and enhanced responsibility for occupational therapists. It would likely have a wide range of resource implications, particularly around workforce capacity. Within this context, a significant issue is whether, in changing priorities, the level of downstream traditional action would be maintained so that those in need of downstream services have access to occupational therapy (Scriven & Atwal, 2004). The greatest perceived challenges to occupational therapists as



health promoters include limited resources and the limited perception of occupational therapy (Flannery & Barry, 2004; Seymour, 1999).

Even though a larger percentage of occupational therapy services are currently delivered in community-based settings, access to occupational therapy services in the community is still very limited and difficult. Primary health care physicians and nurses are an important source of referral for occupational therapists working in primary health care. However, studies have shown that physicians and nurses are only referring a portion of the diagnostic conditions that occupational therapists treat (Glazier, 1996; Cott, Devitt, Falter, Soever & Wong, 2004). One reason for the low rates of referral from physicians and nurses is a lack of awareness of the scope of practice of occupational therapists and the role occupational therapists play in primary health care. If changes are to occur, there must be greater support for interprofessional curriculum and education to foster collaborative working relationships and understanding of the various roles that health care professionals play in primary health care.

Historically in the health system, and particularly in acute care, positions have been classified based on professional qualifications and designations rather than on the competencies required to achieve the program/service goals and objectives. This practice has created challenges for occupational therapists with the skills or competencies needed to fill the position, but who do not have the professional designation being sought. Some change in this regard has been noted with position descriptions being developed based on the tasks that must be completed in order to address the needs of the population being serviced. This shift needs to continue in order to maximize the contributions of occupational therapy in primary health care and to achieve greater equity for occupational therapists on interprofessional teams.

Occupational therapists, like other primary health care providers, need to develop an understanding of the communities in which they work. They need to “understand what community is, how communities and organizations form and identify themselves; how to identify resources in a community and how to facilitate change in a community and society” (McColl, 1998, p.17). Once this level of understanding is reached, occupational therapists, along with others, can work to strengthen public participation and develop and implement strategies that improve the health of the community. However, in order for this to occur, there needs to be a political will to support community development approaches in health.

A community development approach broadens our perspective of health by acknowledging and building on the role of people as social beings (Glouberman, Kisilevsky, Groff, & Nicholson, 2000). In working to improve health through community development, people are not viewed as individuals in isolation of one another. People’s connections to one another and to organizations in the community, the context in which they live (e.g. social, political), all inform community development processes in health. Community development is essential to creating health in a community. The challenge lies in enabling greater participation of the community in the identification of issues, setting of priorities, decision-making and developing programs and services that seek to enhance or improve the health of their community.



“Canada has developed a health system that is relatively good at treating illness, but ineffective at recognizing and stimulating action to address the determinants of health, such as an adequate income, shelter and food. By associating “health” with “health care”, we have largely ignored the important role communities play in creating the conditions that support and sustain health...Both *Achieving Health for All* and the *Ottawa Charter* clearly state that the development of healthy communities needs to occur in conjunction with a supportive system of health services and public policies or it will not work. Our challenge is to develop these new relationships between the health care system, the community and the public policy makers...”

*(Hoffman & Dupont, 1992, p.9)*

## Conclusion


Primary health care and occupational therapy share a common comprehensive view of health. Both support the integration of primary health care, health promotion and disability prevention within a continuum of services that meet the needs of people in the most appropriate and cost-effective environment. (Klaiman, 2004, p.14)

Occupational therapists are prepared to work with health planners and funders to address current challenges to implementing primary health care. With their holistic view of health and wellbeing, occupational therapists welcome the evolution to a primary health care system that emphasizes the broader determinants of the health of populations. Increasingly, research is demonstrating the importance of occupational performance and the effectiveness of occupational therapy interventions in promoting the health and wellbeing of individuals and communities. With their unique perspective on the interaction between individuals, occupations, and environments, occupational therapists have demonstrated primary health care roles with populations of seniors, children, youth, people who are homeless and those within the justice system. Expansion of these roles as part of interdisciplinary teams will strengthen Manitoba’s primary health care system in meeting the health needs of its citizens.

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