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Social and Environmental Determinants of Occupation and the Need for an Intersectional Approach to Culturally Meaningful Practice

Abstract

To provide culturally-centered care to clients and develop interventions that meet the client's holistic needs, occupational therapists need to consider social and physical environments affecting participation in culturally meaningful occupations. Using a case study, this paper describes the use of the concept of social and environmental determinants of occupation (SEDO) as a necessary strategy to incorporate in clinical practice to determine how SEDO intersect, resulting in occupational justices/injustices that influence access to participation. SEDO are defined as broad (and intersecting) social and environmental factors that increase or limit an individual, community, or population's ability to participate in culturally meaningful occupations of their choice. This information can then be used to develop strategies that more holistically address the SEDO experienced by our clients. The SEDO process refocuses research and practice with more inclusive attention to how these intersecting factors influence the client's ability to access culturally meaningful occupations, provide opportunities for advocacy and empowerment, and better address the needs of our clients. The SEDO strategy can provide data for development of more holistic client-centered interventions.

Keywords

intersectionality, occupational justice

Cover Page Footnote

The author declares that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Credentials Display

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This paper proposes the concept of *social and environmental determinants of occupation* (SEDO) as an innovative lens for examining the complexity of how social and environmental factors intersect to influence access to participation in culturally meaningful occupations. SEDO are defined as “broad (and intersecting) social and environmental factors that increase or limit an individual, community, or population’s ability to participate in culturally meaningful occupations of their choice” (Smith, 2023, p. 2). To provide culturally meaningful intervention (Tucker et al., 2011), the “client” (individual, group, community, population) must be considered in relation to the intersection of influences and realities of the contexts in which they are situated.

The concept of SEDO was developed using social determinants of health (Braveman & Gottlieb, 2014) as a template, but it uniquely considers the influence of various contexts on occupational possibilities, defined as how these factors result in people having more opportunities and options than others to participate in culturally meaningful occupations (Laliberte Rudman, 2005). Consideration of the potential limitations of these occupational possibilities and the “isms” that restrict participation contributes to occupational therapy (OT) research and practice.

Alignment with Relevant Frameworks and Models

SEDO align with the Occupational Therapy Practice Framework (AOTA, 2020), as it considers the relationship among the client, the client’s engagement in and access to valuable occupations, and the context to design occupation-based interventions for the promotion of health and wellness for clients. SEDO, however, build on these concepts by focusing on translational and intersectional relationships that influence how SEDO, such as food insecurity, racism, ableism, and extreme poverty, affect access to participation in occupations. The transactional perspective (Dickie et al., 2006) informs SEDO as it similarly defines the complexity of viewing occupation as “what we would typically see as separate from each other are really part of each other” (p. 88), meaning that individuals and their environment are necessarily intertwined. Similarly, the Transactional Model of Occupation (Fisher & Marterella, 2019) informs SEDO through consideration of three interwoven elements: occupational performance, occupational experience, and participation, which are considered part of and not separate from the situational context. A final but key component of SEDO is intersectionality, defined as “the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate, not as unitary, mutually exclusive entities, but rather as reciprocally constructing phenomena” (Collins, 2015, p. 2). The use of intersectionality is a unique consideration in SEDO for developing practice interventions, research, and educational focus.

The Proposed SEDO Process: A Case Study

Jessie is a 22-year-old client diagnosed with a T7-T8 complete spinal cord injury with resulting paraplegia referred for OT in an outpatient setting. Jessie identifies as Black and lives in Revere, MA. In addition to his physical rehabilitation, he is interested in seeking a business degree at a local community college. Figure 1 illustrates how consideration of the intersecting influence of SEDO at the population level can provide important information to the occupational therapist regarding Jessie’s access to participation.

Step 1. Identification of SEDO and Consideration of Intersection

For the first step of the SEDO process, in addition to traditional clinical OT assessments, such as the occupational therapy profile (AOTA, 2021), the occupational therapist identifies relevant SEDO that are a part of Jessie’s experience. To identify these SEDO, the occupational therapist examines a local

source, in this case, the Massachusetts Department of Public Health Community Index Tool (Commonwealth of Massachusetts, 2023). Table 1 shows results from the Community Health Index tool specific to Revere that affect Jessie's access to participation, such as redlining, defined as

a form of illegal disparate treatment whereby a lender provides unequal access to credit, or unequal terms of credit, because of the race, color, national origin, or other prohibited characteristic(s) of the residents of the area in which the credit seeker resides or will reside or in which the residential property to be mortgaged is located. (FDIC, p. 4)

The occupational therapist also administers the Accountable Health Communities Health-Related Social Needs Screening Tool (Center for Medicare and Medicaid Innovation, n.d.), revealing that Jessie is sometimes worried that his food will run out before he gets money to buy more. He rates his financial strain to pay for basics, such as food, housing, medical care, and heating, as somewhat hard. He would like help finding a job and reiterates his desire to return to school for a business degree. Jessie finished high school and was working part-time before his SCI.

Figure 1

Broad Overview of the SEDO Process

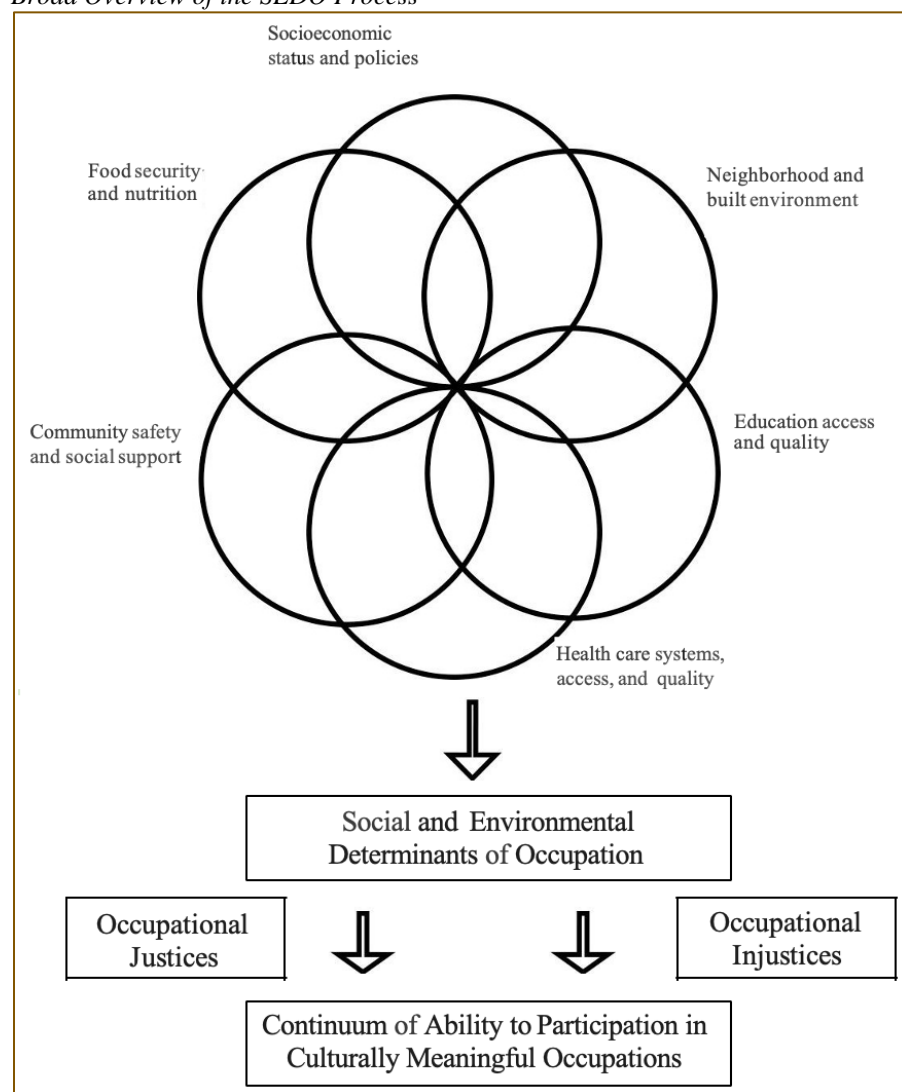


Table 1

Community Factors that Affect Jessie's Participation

Comparison of Revere, Massachusetts, with the state of Massachusetts (MA) and the US*			
Community Issue	Revere	MA	US
Redlining	29.86%	3.38%	2.19%
Food access**	2.65%	27.82%	22.22%
Access to public transportation	99.50%	62.26%	48.22%
Commuting times over 60 min	17.00%	12.37%	9.06%
Use of public transportation for work	23.59%	8.35%	4.17%
Tree canopy	10.37%	36.52%	21.17%
Percent of households who spend more than 30% of total household income on housing	44.54%	33.80%	30.34%
Percent of households who spend more than 50% of total household income on housing	22.53%	15.44%	13.85%
Substandard housing	46.57%	33.78%	31.49%
Labor participation for those identifying as Black	76.28%	69.49%	62.98%
Unemployment	7.71%	5.42%	5.50%
Life expectancy (years)	79.87	80.60	78.69

*Commonwealth of Massachusetts (2023). *Community health data tool*. <https://mass.gov/info-details/community-health-data-tool>.

**9.1% of Revere is considered a food desert

Step 2: Influence of SEDO on Occupational Justice and Participation

In the next proposed step in the SEDO process, the occupational therapist works collaboratively with Jessie to consider the SEDO identified in the first step that influences occupational justice and Jessie's participation in education. One identified SEDO, redlining because of racism (neighborhood and built environment), reduces Jessie's access to services, produces health inequities, and limits participation in occupations necessary to access education (US Office of Disease Prevention and Health Promotion, n.d.). Conversely, the occupational therapist and Jessie identify that Revere has an extensive public transit system that improves Jessie's ability to access education at his local community college, manage his health, and access nutritious and affordable foods (food security and nutrition) (Syed et al., 2012).

Jessie's lack of employment, which impacts his socioeconomic status, results in inequitable access to health care, more often experienced by marginalized populations, is an example of intersecting SEDO (Garfield et al., 2019). Segregation because of racism and ableism restricts community, safety, and social supports that inequitably influence Jessie's access to education (Raphael, 2006). Therefore, positive and negative SEDO are relevant to Jessie's goal to attend community college.

Step 3. Implications of SEDO for OT Practice: Development and Design of Interventions

In the next step in the SEDO process, the occupational therapist develops evidence-based interventions to address the factors facilitating or inhibiting Jessie's ability to participate. Interventions identified in the SEDO process are guided by social occupational therapy and community development concepts. Social occupational therapy (Malfitano & Lopes, 2018) is practiced in contexts where people live and considers political, economic, and cultural influences on participation. Social occupational therapy is designed to take action against social exclusion and injustice (such as the redlining that occurs in Jessie's hometown of Revere because of racism). Community development involves occupational therapists working with, as opposed to in, communities (Pollard et al., 2009) to identify health issues and priorities that impact health and well-being. The aim is to improve prospects for marginalized groups by addressing issues of occupational justice.

Conclusion to Case Study

Using these two approaches, the occupational therapist works with Jessie to access local public transportation available in Revere to the local community college. Accessing public transportation allows Jessie to access food, such as the local student food pantry, and manage his health. Once enrolled, the

occupational therapist works with Jessie and the disability services on campus to identify and advocate for any possible accommodations that need to be made. The occupational therapist also works with Jessie directly or through referral to a vocational counselor to provide strategies to obtain part-time work and provide income.

The occupational therapist can address SEDO in practice in several ways: (a) examining the occupational therapist's own bias through continuing education, reflection, and assessments of implicit bias; (b) including assessments that are culturally relevant to diverse populations (e.g., alternative strategies of self-care); (c) include assessment of the client's environments, (e.g., influences of racism, ableism, income, and the built environment) when collaboratively planning goals and interventions; (d) planning interventions that accurately reflect various culture's definition of or desire for independence as a final goal; and, (e) working with communities to advocate and address the influence of SEDO that act as a barrier to participation.

Implications of SEDO for OT Research, Education, and Policy

Research. The SEDO process is supported by Participatory Action Research (PAR) and Community Based Participatory/Empowerment Research (CBPR). CBPR is a research approach that brings together stakeholders to address the unjust distribution of social determinants that contribute to health inequities, or as in this case, contribute to inequities in access to participation in occupations (Wallerstein & Duran, 2006). CBPR aligns with SEDO and the community development approach, highlights the importance of using intervention strategies that place individuals and the identified institutions in culturally appropriate contexts, and encourages collaborative engagement at all phases of the research process.

The potential contribution to SEDO of a PAR approach based on occupational justice is supported by work addressing issues such as racism and ableism (Grimwood, 2015). Oden et al. (2010) provide an example of the use of PAR to address issues affecting racial and ethnic minorities with disabilities regarding the physical inaccessibility of communities despite the passage of the Americans with Disabilities Act. Individual interviews revealed that PAR empowered them through (a) an increased knowledge of disability rights, (b) an increased sense of independence, and (c) an increased desire to self-advocate.

Education. Despite the need for occupational therapists to develop skills at multiple levels to work for human rights (WFOT, 2016), studies show that occupational therapists feel insufficiently prepared for a role in community development and tend to use their general skill set. However, in Jessie's case, his occupational therapist has attended formal and continuing education programs that focus on diversity, equity inclusion, and justice (JEDI), improving her ability to apply a universal approach to evaluating influences of SEDO with all clients, similar to universal precautions or universal health literacy. Topics related to the social determinants of health, or SEDO, should be incorporated into didactic work, including case studies and experiential work, such as partnering with community organizations for master's or doctoral capstone projects. Specific attention to these intersectional social determinants should be reflected in treatment planning assignments. Current standards by the Accreditation Council for Occupational Therapy Education (ACOTE) in the US address that students have knowledge of social determinants of health. However, the application of these determinants is missing from the standards. Improvements to these standards at all levels of education need to include the incorporation of social determinants of health and SEDO in didactic and experiential work.

Public Policy. SEDO encourages occupational therapists to monitor and evaluate the impact of policies and programs regarding clients who are impacted when designing interventions to increase participation; however, occupational therapists need support from local, state, and national professional organizations to address policy issues, especially those that affect the lives of marginalized communities. In the US, examples of support for OT at the national level include advocacy efforts for issues related to access and reimbursement, for example, telehealth and allied health diversity (AOTA, 2023). An example of a relevant policy recommendation is the Food Deserts Act (H.R. 1230) introduced in the House to direct the Secretary of Agriculture to make grants to states to support the establishment and operation of grocery stores in underserved communities (Congress.gov, 2023), which could address Jessie's concerns about food security. Another relevant policy suggested in the literature by Castillo et al. (2018) applicable to Jessie would be to increase employment opportunities for those transitioning from health care institutions to the community. A dearth of literature relevant to policy advocacy is a limitation to the process of monitoring and evaluating occupational therapists' policies and programs.

Strengths and Limitations

The main limitation of this paper is that the process is still in its infancy; therefore, relevance to practice is still developing. However, the identification of SEDO is a point of departure for consideration of the critical need to understand and strategize practice with regard to global and intersecting factors that influence the participation of our clients in culturally meaningful occupations.

Conclusion and Future Research

Without consideration of the intersectional nature of SEDO and its effect on access to participation, the profile of our clients and the resultant intervention is incomplete. Therefore, it is possible that those currently impacted by these determinants may not receive the maximum benefit from the services provided. Understanding, developing, and applying evidence-based interventions that address SEDO specifically in OT practice will allow therapists to address the identified occupational injustices, increasing culturally meaningful participation, overall health, and well-being.

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