

**New Zealand Association of
Occupational Therapists**
**OCCUPATIONAL THERAPY AND PRIMARY
HEALTH CARE 2009:**
POSITION STATEMENT



Issue: Primary health care

Recent shifts to a socio-ecological approach to health emphasise population-based health, and recognise the broad determinants of health. To provide services that incorporate these philosophies in an equitable way, governments and other health organisations both nationally and internationally are calling for primary health care services to be delivered by collaborative interprofessional teams with integrated community involvement (Mable & Marriot, 2002).

The World Health Organisation Declaration of Alma Ata (1978) also outlines primary health care as being intersectoral and extending beyond the traditional boundaries of health to other sectors which can impact on health, such as housing, education, social services, and design.

Providing better, sooner, more convenient primary care including moving services closer to home, co-ordinating, chronic care and support, and devolving more care to the primary sector with wider use of allied health professionals are among the main proposals highlighted in the Better Sooner More Convenient Health Discussion paper (Ryall, 2007).

The NZAOT Position:

The New Zealand Association of Occupational Therapists (NZAOT) supports the international approach as best practice, and believes that the people of Aotearoa/New Zealand have a right to quality primary health care services available from collaborative interprofessional health teams. Such teams should include occupational therapists.

The core professional knowledge and skill of occupational therapists is using occupation to first improve, second maintain, and third restore, health and wellbeing. These three focus areas are also priorities highlighted in the Primary Health Care Strategy (2001). The NZAOT position, informed by these three areas, is that the role of occupational therapists in primary health care includes:

- **improving health by participation in occupation** through education, health promotion and counselling to help people adopt healthy lifestyles
- **maintaining health through participation in occupation** to prevent the onset or progression of disease or disability
- **restoring health when it affects their participation in occupation** by being the first point of access for people who are unwell or concerned about their health
- **assessing occupation-related health needs** of individuals, communities and populations
- **leading and participating in community development and health promotion initiatives** that have occupation as the means to or the intended outcome.

- **co-ordinating between and across services** and working within a collaborative interprofessional team to ensure continuity of care (Tse, Penman, Simms, 2003)
- **actively contributing to primary health organisations** by participating in their establishment, management, and community governance processes (Tse, Penman, Simms, 2003)
- **evaluating the effectiveness and outcomes** of programmes and interventions from an occupational perspective
- **informing stakeholders** including consumers, health leaders, and policy makers about occupation as a determinant of health (CAOT, 2006; Wilcock, 2005).
- **advocating for access to occupational therapy services** in primary health care for individuals, populations, and communities (CAOT, 2006)
- **advocating for funding for resources and employment opportunities** to provide quality occupational therapy services in primary health care (CAOT, 2006).

Background

Purpose: This position statement has been developed to inform key stakeholders (occupational therapists, primary health organisations, consumers, health professionals, health funders, planners, and policy makers) of the role occupational therapy can play within primary health care, including key tasks and potential areas of practice.

Definition: This position statement adopts the definition of ‘occupation’ as “...everything people do to occupy themselves, including looking after themselves, enjoying life, and contributing to the social and economic fabric of their communities.” (Townsend & Polatajko, 2007, p 369).

Development: This position statement was developed in consultation with occupational therapists with experience and/or an interest in occupational therapy and primary health care. National and international literature was reviewed during this process (Canadian Association of Occupational Therapists, 2006; Mace, J, 2008; Manitoba Society of Occupational Therapists (MSOT), 2005; Tse, Penman, & Simms, 2003; Wilcock, 2005).

Context: The Primary Health Care Strategy (Ministry of Health, 2001) envisions that:

“People will be part of local primary health care services that improve their health, keep them well, are easy to get to and co-ordinate their ongoing care. Primary health care services will focus on better health for a population, and actively work to reduce health inequalities between different groups (p.6).”

This document is intended to be read in conjunction with the Primary Health Care Strategy (2001), the New Zealand Disability Strategy (2001), the New Zealand Health Strategy (2000), the Occupational Therapy Board of New Zealand Scope of Practice for Occupational Therapists (2003), and the Health Practitioners Competence Assurance Act (2003).

Occupational therapy and primary health care

Occupational therapists have a particular set of skills and experience that are important to an interprofessional approach to primary health care.

The New Zealand Primary Health Care Strategy (2001) emphasises:

- health promotion within a continuum of services, addressing the health needs of a community from a community perspective,
- providing access to comprehensive services, and
- working within a collaborative interprofessional approach to health.

Occupational therapists, in line with the underlying vision of primary health care, have a common philosophy that promotes an holistic view of health and puts clients at the centre of all decision-making (MSOT, 2005). Occupational therapists work to support healthy lifestyles, prevent illness and disability, and promote and restore health through enabling participation in occupation.

Promoting health in the primary health sector is another appropriate and important role for occupational therapists. In this role, we

- have a focus on individuals, family and whānau, communities and their occupations
- assist people to develop the skills to participate in occupations that help their health and wellbeing, support their ongoing involvement in communities, and develop opportunities for people to carry out their occupations in safe and sustainable ways
- believe that being able to engage in occupation is a right for all people, and occupational therapy services are not confined to those with a medically defined illness or disability
- advocate for and enable occupationally just environments to promote physical, mental and social wellbeing
- have skills in viewing, modifying and shaping the environment (human and non human) to help people become or stay involved in the occupations of meaning to them and their communities
- have the skills and theoretical knowledge to work as enablers, advocates and mediators for disadvantaged/minority communities and populations, as well as continuing to work with individuals (Wilcock, 2005). ..

Areas of practice

Occupational therapists working in New Zealand primary health care may be employed in a variety of settings including (but not limited to);

- Health, education, employment, leisure and recreation, justice and transportation (MSOT, 2005; CAOT, 2000)
- Housing – accessibility, lifetime homes, healthy housing
- Environmental design and ergonomics – injury prevention and accessibility
- Management, governance, and leadership roles within Primary Health Organisations
- Working alongside GPs and nurses in primary care services – a focus on lifestyle redesign, co-ordination of care, early intervention to ensure maintenance of involvement in occupations, group programmes, health promotion across the lifespan, increasing engagement in work and leisure occupations to improve/maintain health
- Working in rest homes –a focus on falls prevention, developing healthy routines and health promotion programmes for the older adult

- Working with Iwi in the development and delivery of services that promote healthy participation in occupations.
- Enabling disadvantaged and/or minority populations (eg. homeless, ethnic, refugees, cultural, over 65) –a focus on community integration, health promotion, and accessibility

Education

To ensure occupational therapists have a sound education for working in primary health care, NZAOT recommends the following:

- interprofessional teaching and learning and the philosophy of primary health care is a major focus at entry level to the profession
- professional development and post-graduate learning opportunities that enhance, develop and promote occupational therapy in primary health care are advocated for
- professional development and post-graduate learning opportunities that enhance collaborative interprofessional practice in primary health care are advocated for

Research and evidence-based practice

To ensure occupational therapists have a current evidence-based approach to work in primary health care, NZAOT recommends the following for research:

- increased resources are advocated for to promote the development of research among stakeholders that will advance best practice in occupational therapy and primary health care
- increased resources are advocated for to promote profession-specific and interprofessional research that expands the knowledge base for interprofessional practice in primary health care
- opportunities to share innovative practice and research in relation to occupational therapy, primary health care and interprofessional practice are developed and supported
- the practice of occupational therapy should be based on current research and evidence which supports the value and importance of occupation and occupational performance in primary health care.

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