Increasing Cultural Inclusivity Within Your Practice: DEI Toolkit for Occupational Therapy Practitioners

Est. Spring 2024

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About Me

Hello! My name is Kaitlyn Deere and I am a 3rd year OTD student at Cleveland State University and will graduate this May. I was born in Plain City, Ohio and always knew I would work in a field that helps people. I received my Bachelor of Science in Health Sciences and Psychology from The Ohio State University in 2021 before moving to Cleveland to start my professional career. While at OSU, I became very interested in health disparities and environmental health. This project has been in the making for many years and I am so excited to share it with you! My current professional interests include neuromotor disorders, vision-perception, social-emotional learning, and rural health. Once I graduate, I will constantly be seeking opportunities to advocate for and provide effective, client-centered care to all of my clients regardless of age, gender identity, sexual orientation, socioeconomic status, religion, or race/ethnicity.

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Module I:
The Connection Between DEI, Occupational Justice, and Healthcare

Our Purpose

OOTA Mission Statement:

The mission of the Ohio Occupational Therapy Association, Inc. is to promote the profession of occupational therapy, address professional issues in occupational therapy practice and advance the practice of occupational therapy in the state of Ohio. Our primary goals are to serve the members of the association by **providing continuing education, support, and resources, and to meet the needs of consumers of occupational therapy** in the state of Ohio through advocacy and encouraging the delivery of professional and evidence-based practice.

OOTA: Vision Statement

The vision of the Ohio Occupational Therapy Association, Inc. is to **improve active participation** of all eligible licensees in the state; to provide legislative, educational and ethical information; to promote, support, advocate and represent the OT profession statewide.

AOTA Vision 2025

As an *inclusive* profession, occupational therapy maximizes **health**, **well-being,** and **quality of life** for **all** people, populations, and communities through effective solutions that facilitate participation in everyday living.

Cleveland State University OTD Vision Statement (2016-2026):

The Occupational Therapy Program will be a leader in building capacity of occupational therapists to optimize the **health**, **well-being,** and **quality of life** of individuals, communities, and populations within **diverse** and **complex** systems/settings in the region through effective evidence-based solutions that enable participation in occupations of daily living.

Why is it Important to Provide Culturally Inclusive Care?

Occupational therapy practitioners have a holistic view of health and well-being concerning occupational participation. This means that the unique environmental and personal factors of their clients should always be considered when creating and implementing intervention plans to improve occupational performance and participation. Personal factors include but are not limited to <u>race</u>, <u>ethnicity</u>, age, <u>sexual orientation</u>, <u>gender identity</u>, <u>socioeconomic status</u>, body size, <u>disability</u> status, and religion. Occupational therapy practitioners should provide culturally inclusive services by incorporating <u>cultural humility</u> into practice when working with clients with different backgrounds, <u>cultures</u>, and traditions.

(Wilson et al., 2020).

What is DEI?

Defining

Diversity

Equity

Inclusion

Defining DEI

Diversity: The unique attributes, values, and beliefs that belong to an individual. These factors can include <u>socioeconomic status</u>, <u>race</u>, <u>sex</u>, <u>ethnicity</u>, age, <u>disability</u>, <u>sexual orientation</u>, <u>gender identity</u>, and religious beliefs.

Equity: An approach that ensures there is an equal opportunity to access resources while seeking to balance the disparities that exist due to a system of <u>oppression</u> and <u>privilege</u>.

Inclusion: Embracing the value of all individuals and welcoming diversity to foster acceptance, respect, <u>belonging</u>, and value for everyone.

(Wilson et al., 2020).

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Occupational Injustice: Impact of Exclusion on Participation

Occupational Justice:

All individuals have the right to participate in meaningful occupations.

There are several <u>occupational injustices</u> that an individual can experience based on their identity, background, and experiences. These include but are not limited to:

Occupational *Marginalization*
Occupational *Deprivation*
Occupational *Alienation*
Occupational *Imbalance*

Occupational Injustices: Occupational *Marginalization*

The loss of <u>accessibility</u> or lack of opportunities to engage in meaningful occupations.

Examples include:

(Wilson et al., 2020).

- Transgender individuals excluded from sports/other meaningful activities

- The geriatric population being socially excluded from use of technologies due to their age

- Neurodiverse individuals experiencing employment discrimination

- A wheelchair-user not being able to participate in meaningful leisure outings due to a lack of <u>accessibility</u>

OT practitioners can develop programs that enhance optimal levels of performance and participation to alleviate the negative impact of marginalization

Looking Closer:
Marginalization

Marginalization can be used to describe the exclusion of groups that are considered *"other"* within society. These marginalized groups have historically been *oppressed* and their *needs ignored* by the discriminatory groups in power. **Marginalization** can come in the form of *unequal access* to resources, *microaggressions, isolation, gaslighting*, or *singling out* a person or group based on identity.

Occupational Injustices: Occupational *Deprivation*

The unchosen exclusion from occupations for a prolonged period of time.

Examples include:

(Wilson et al., 2020).

- Incarcerated individuals

- Domestic abuse victims

- Those living in poverty

- People with one or more <u>physical or mental disabilities</u>

OT practitioners can work to remove environmental barriers in order to facilitate participation by advocating for policy changes and increased social inclusion

Occupational Injustices: Occupational *Alienation*

A prolonged instance of disconnection or isolation. This injustice most commonly occurs on a social level

Examples include:

(Wilson et al., 2020).

- Refugees in confinement required to work in unpreferred environments

- Language and cultural barriers

- Individuals with a <u>mental health disorder</u>

- Incarcerated individuals

OT practitioners can developed client-centered, individualized interventions to promote engagement and inclusivity

Occupational Injustices: Occupational *Imbalance*

An instance is when there are occupations that take up disproportionate amounts of time or energy.

Examples include:

(Wilson et al., 2020).

- Single parents who do the majority of the domestic work in addition to being employed

- Individuals with Obsessive Compulsive Disorder (OCD)

- Incarcerated individuals

- Individuals with a demanding career (e.g. nurse, lawyer, etc.)

OT practitioners can advocate for supportive environments that promote the individual's occupational participation in meaningful occupations

Cultural Inclusivity in the Workplace

Cultural Inclusivity in the Workplace: Brief History

When the Civil Rights Act of 1964 was passed in the United States, many organizations began including diversity training. This training consisted of trying to get minorities to conform to the dominant workplace culture and often left training attendees with negative emotions. Later in the 20th and into the 21st century, organizations realized that incorporating diversity and inclusion into their workplace greatly improved *problem-solving, relationships, engagement, and productivity* (Stamps & Foley, 2023).

Cultural Inclusivity in the Workplace

While DEI efforts have improved over the last few decades, there is a still a gap in research. Most of the literature surrounding DEI-related issues tends to focus more on how incorporating DEI into the workplace culture benefits the organization and focuses less on the clients and patients that are being served.

Cultural Inclusivity in the Workplace: DEI In Healthcare

Diversity in healthcare is critical to improving client outcomes. When clients and their providers share commonalities, it can improve communication, intervention planning, and care follow-through.

Research has shown that diversifying the workforce can...

Reduce disparities

Improve health outcomes

Increase access to care

Cut down costs

(Stamps & Foley, 2023).

Cultural Inclusivity in the Workplace

Workplaces must thoughtfully implement a <u>diversity</u>, <u>equity</u>, and <u>inclusion</u> strategic plan that is consistently being reinforced and reevaluated to work towards cultural humility. This plan would consider the structural discrimination minorities in the United States experience and treat DEI education as an ongoing effort. Environments that support differences and promote inclusivity are the most successful in their diversity initiatives.

Module Conclusion

Coming next...

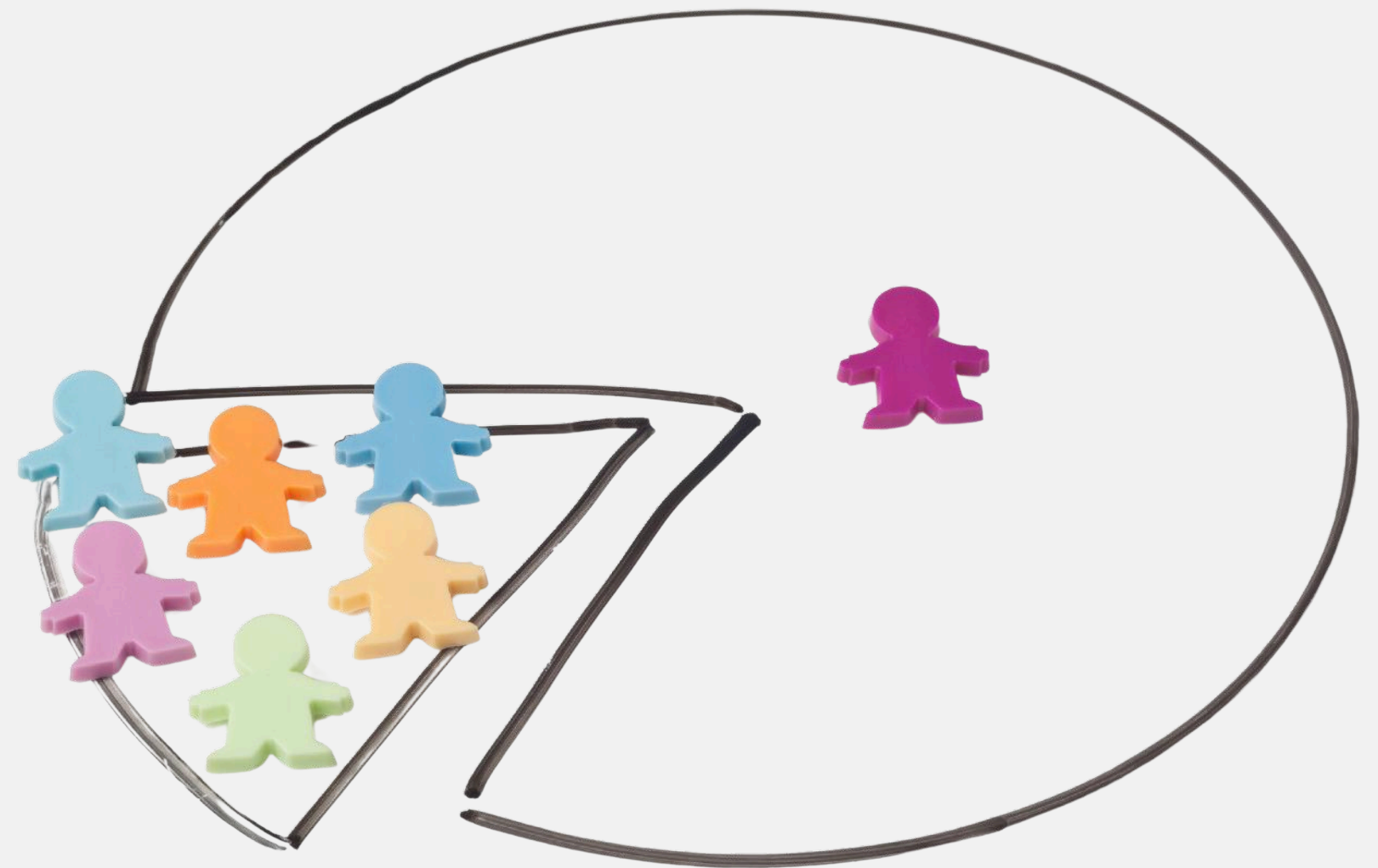*Module II: Occupational Therapy Consumers and Health Disparities*

Photo retrieved from Canva

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Therapy, *74*(Supplement_3). https://doi.org/10.5014/ajot.2020.74s3002

Module II: Occupational Therapy Consumers and Health Disparities

Defining Health Disparities

Health disparities can be defined as *the gaps that exist among specific populations that can be measured by differences in the incidence, prevalence, mortality, burden of disease, and other health conditions.*

Health disparities stem from **Health Inequities** which are the *systematic differences* in the health of marginalized groups that are *avoidable* and *unjust*.

(Weinstein et al., 2017).

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Defining Health Disparities

While the term **Health disparities** is often used to describe the differences between racial or ethnic populations, health disparities can exist among many other populations or groups including:
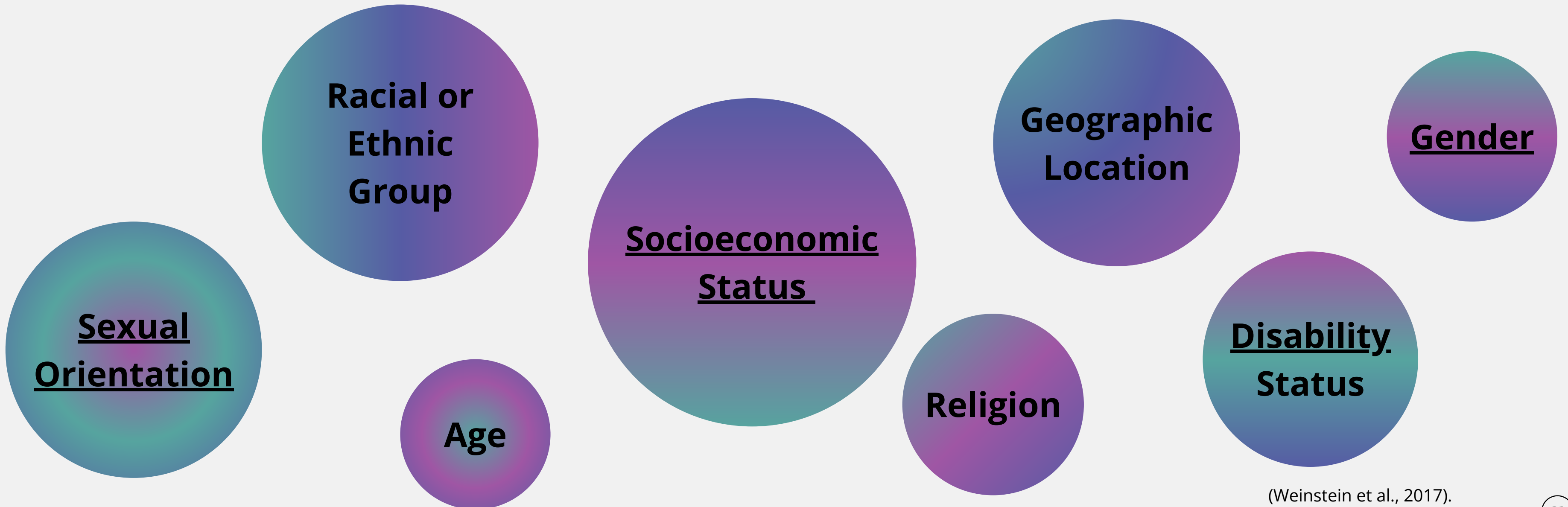
Racial or Ethnic Group

Socioeconomic Status

Geographic Location

Gender

Sexual Orientation

Age

Religion

Disability Status

(Weinstein et al., 2017).

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Discrimination, Ignorance and Injustice: Health Disparities in the United States

Social Determinants of Health

Defining Social Determinants of Health

In the United States, federal and state governments have been working to identify and eliminate health disparities by addressing the **Social Determinants of Health** (SDOH) which are defined as the *"conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks."*

Health-centered organizations such as Healthy People 2030 believe that addressing the **Social Determinants of Health**, including health disparities and socioeconomic inequities, can improve health and reduce disparities for all.

(Yearby, 2023).

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Healthy People 2030 has provided a SDOH framework with 5 measurable domains that include:

1. Economic Stability
2. Education Access and Quality
3. Healthcare Access and Quality
4. Neighborhood and Built Environment
5. Social and Community Context

Economic Stability

1 in 10 families in the United States experience poverty which can lead to decreased access to *healthy food*, *health care*, and *housing*. Those who are limited in their ability to work (e.g. people with disabilities, injuries, conditions) and even many people with steady work do not earn enough to afford the necessary things to stay healthy.

*Many of the populations discussed in this toolkit systemically experience poverty based on conditions out of their control. Additionally, **Economic Stability** and **Socioeconomic Status** will further impact the remaining 4 domains of the SDOH Framework.*

(U.S. Department of Health and Human Services).

Education Access and Quality

*There is a clear pattern of low socioeconomic status, under-employment, lack of social support, and disability status directly or indirectly impacting access to quality education. This in turn can contribute to a **generational cycle** of health disparities and poverty.*

Children from low-income families and children with disabilities are less likely to graduate from high school or go to college. Many families cannot afford to send their kids to college which further impacts the likelihood they will get a safe, high-paying job. Children experiencing poverty often live in areas with poorly performing schools. Additionally, the stress from living in poverty can interfere with a child's brain development which can impact their academic performance.

(U.S. Department of Health and Human Services).

Healthcare Access and Quality

1 in 10 people in the United States do not have health insurance. Uninsured individuals are less likely to have a primary care provider which can lead to missed early detection screening tests such as physicals, pap smears, mammograms, and prostate exams. Additionally, uninsured individuals may not be able to afford the healthcare services and medications they need to be healthy.

Healthcare access can also be impacted by one's geographic location (*e.g. rural-dwelling individuals living far away from specialty services like oncology*)

(U.S. Department of Health and Human Services).

Neighborhood and Built Environment

Factors affected by one's environment include:

Transportation:
Is there accessible and reliable public transport?

Community Resources:
These include extra-curricular programs, daycare, opportunities for employment and community involvement

Opportunity for Physical Activity:
Are there safe and <u>accessible</u> parks, recreation centers, etc.?

Workplace:
Some have jobs that can harm their health such as daily exposure to secondhand smoke and loud noises.

Racial/ethnic minorities and people with low incomes are more likely to live in unsafe neighborhoods with high rates of violence, polluted air or water, and other health and safety risks.

(U.S. Department of Health and Human Services).

Social and Community Contexts

Safety

Is there clean air and water? Is there effective law enforcement and emergency services? Do <u>marginalized populations</u> get exposed to or experience <u>racism</u>, discrimination, and/or violence?

&

Support

Does one's language prevent communication? Is there a network of family and friends? Does community policy and regulations support one's inherent right to be safe and healthy?

(U.S. Department of Health and Human Services).

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Defining Structural Discrimination

Structural discrimination is one of the root causes of **health disparities**. **Structural discrimination** can be defined as *the macro-level conditions that affect the opportunities, resources, power, and well-being of individuals and populations based on certain aspects of their identity*. Examples include residential segregation (neighborhoods divided by <u>class</u>, <u>race</u>, etc.), employment (racial and ethnic minorities have historically been segregated to work low-wage jobs with poor benefits), and institutional policies.

In order to address structural discrimination and eliminate health disparities, governments need to incorporate the principles of health <u>justice</u> into their institutional policies and practices.

(Yearby, 2023).

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Discrimination, Ignorance and Injustice: Health Disparities in the United States

Race and Ethnicity

Everything is Connected

```
DISCRIMINATORY
POLICIES AND
STRUCTURAL
RACISM

RESIDENTIAL
SEGREGATION
AND POOR
COMMUNITY
RESOURCES

CHRONIC
CONDITIONS, POOR
MENTAL HEALTH
DISABILITIES =
MORE VULNERABLE
TO THOSE IN
POWER

UNDEREMPLOYMENT
AND ECONOMIC
INEQUALITY

PSYCHOLOGICAL
AND PHYSICAL
STRESS
```
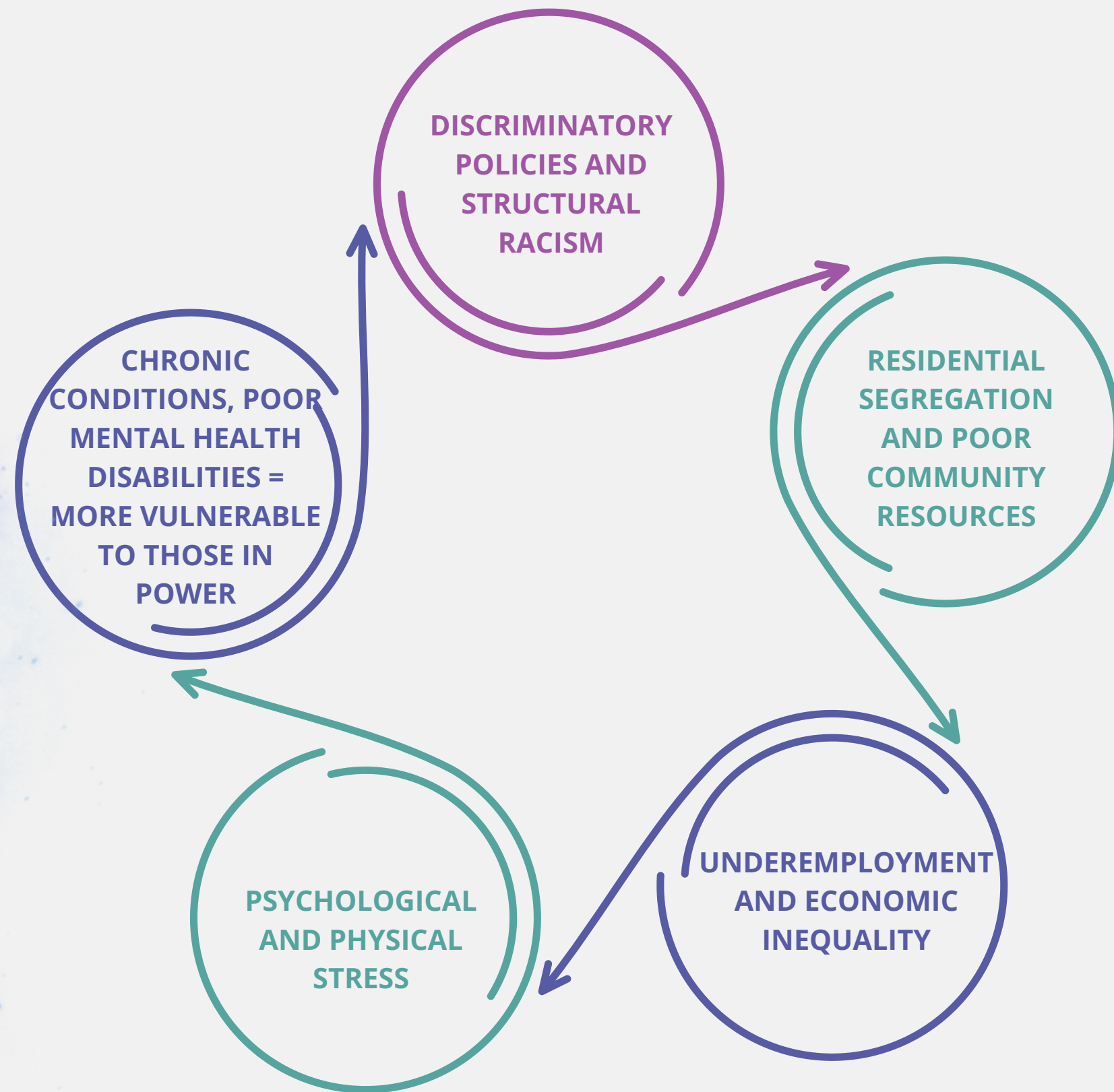
In the United States, racism and its effects have been described as a public health crisis by scholars, activists, and lawmakers alike. The effects of <u>racism</u> are deeply embedded in our society as evidenced by racial and ethnic segregation in housing and education, economic inequality, and violence that has persisted for centuries. Research has identified the connection between racism and poor health outcomes that come from the weathering psychological effects of <u>racism</u>, <u>implicit bias</u> of healthcare providers, socioeconomic barriers, and discrepancies in healthcare spending.

(Hutler, 2022).

United States of America Race/Ethnicity Demographics 2023

Two or more races
2.9%

Black or African American
13.3%

Native American and Alaska Native
1.3%

Asian
6.1%

Native Hawaiian and Other Pacific Islander
0.3%

White (Not Hispanic or Latino)
57.5%

Hispanic or Latino
18.6%
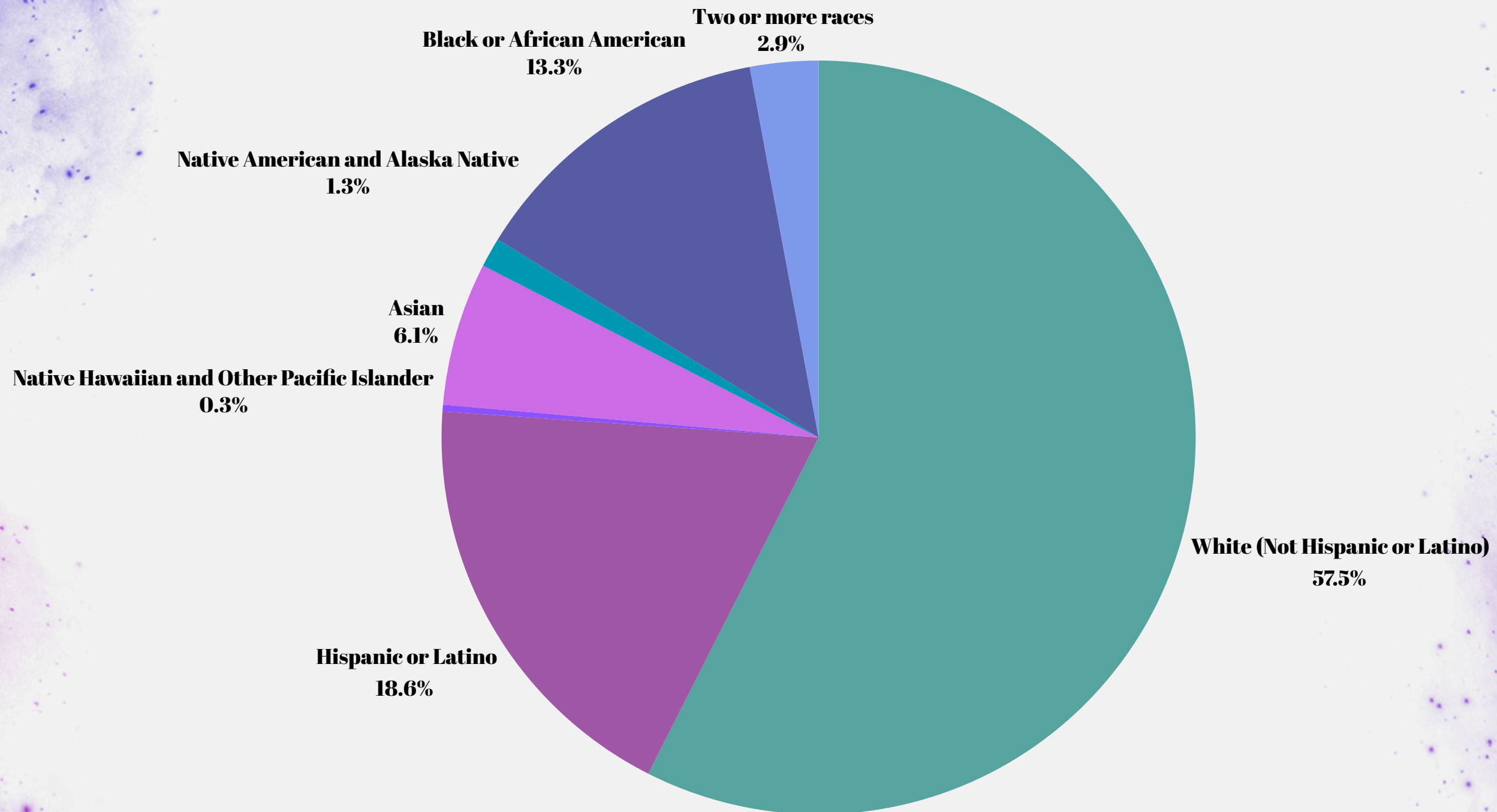
(U.S. Census Bureau quickfacts: United States 2023).

Ohio Demographics 2023

Black or African American
13.2%

Native American and Alaska Native
0.3%

Asian
2.7%

Two or More Races
2.7%

Hispanic or Latino
4%

Native Hawaiian and Other Pacific Islanders
0.1%

White
77%
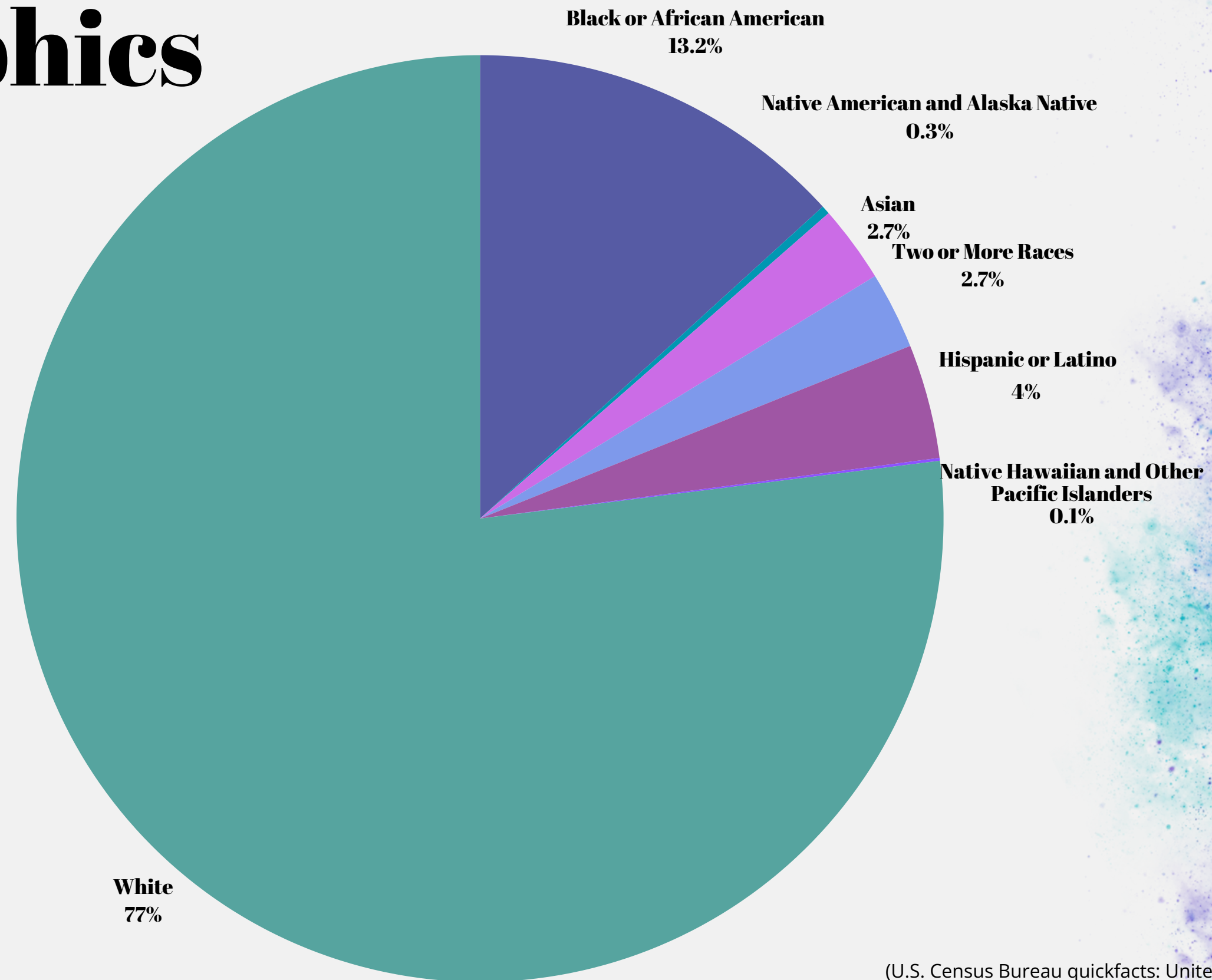
(U.S. Census Bureau quickfacts: United States 2023).

Occupational Therapy Assistant Demographics 2023

(American Occupational Therapy Association, 2023).

Native Hawaiian or Other Pacific Islanders
0.5%

Black or African American
6.5%

Asian
1.8%

Hispanic or Latino
7%

Native American or Alaska Native
1.2%

White, Not Hispanic or Latino
82.9%
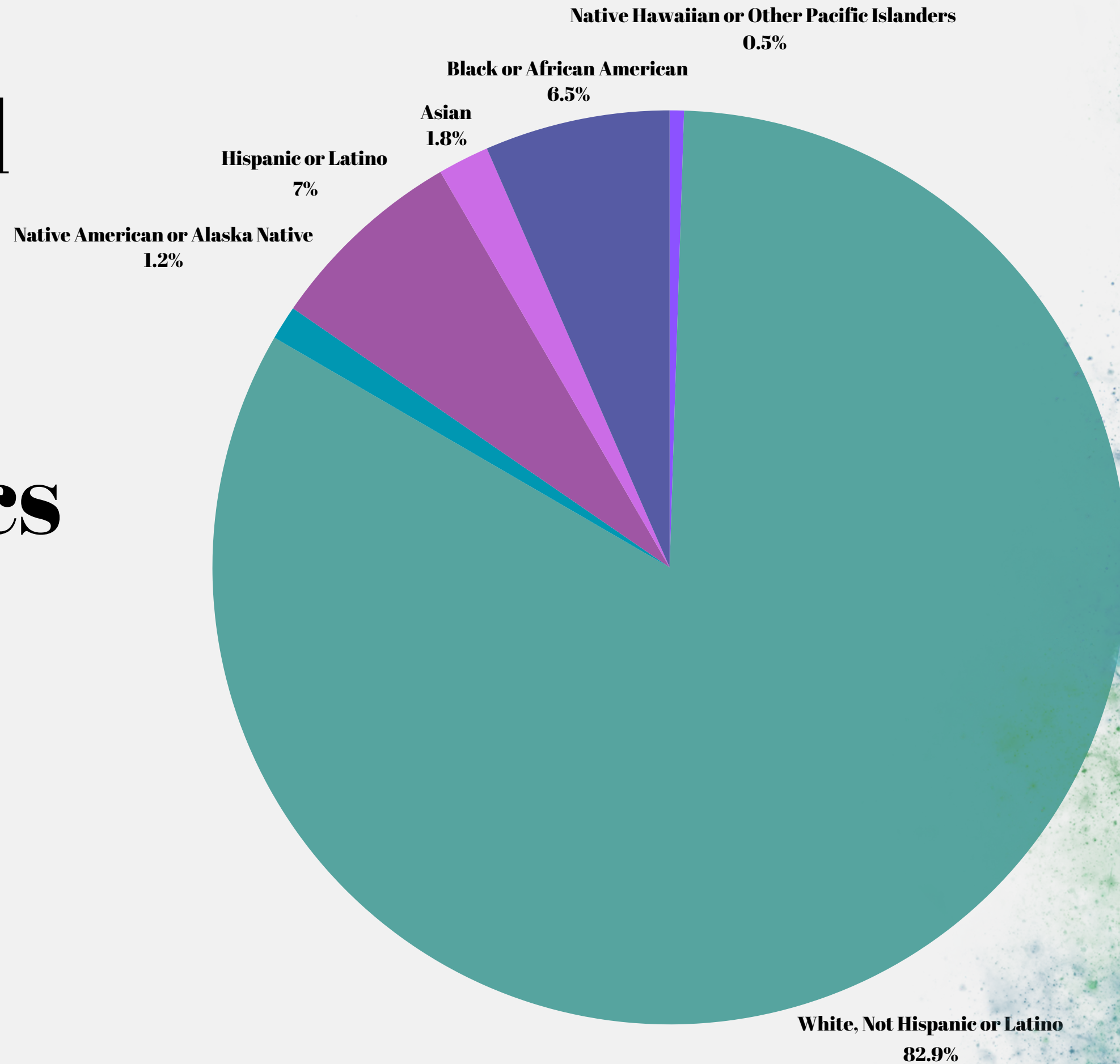
Occupational Therapist Demographics 2023

(American Occupational Therapy Association, 2023).

Black or African American
3.9%

Native American or Alaska Native
0 .6%

Hispanic or Latino
3.9%

Other
2.1%

Native Hawaiian or Other
Pacific Islanders
0.3%

Asian
3.6%

White, Not Hispanic or Latino
85.6%
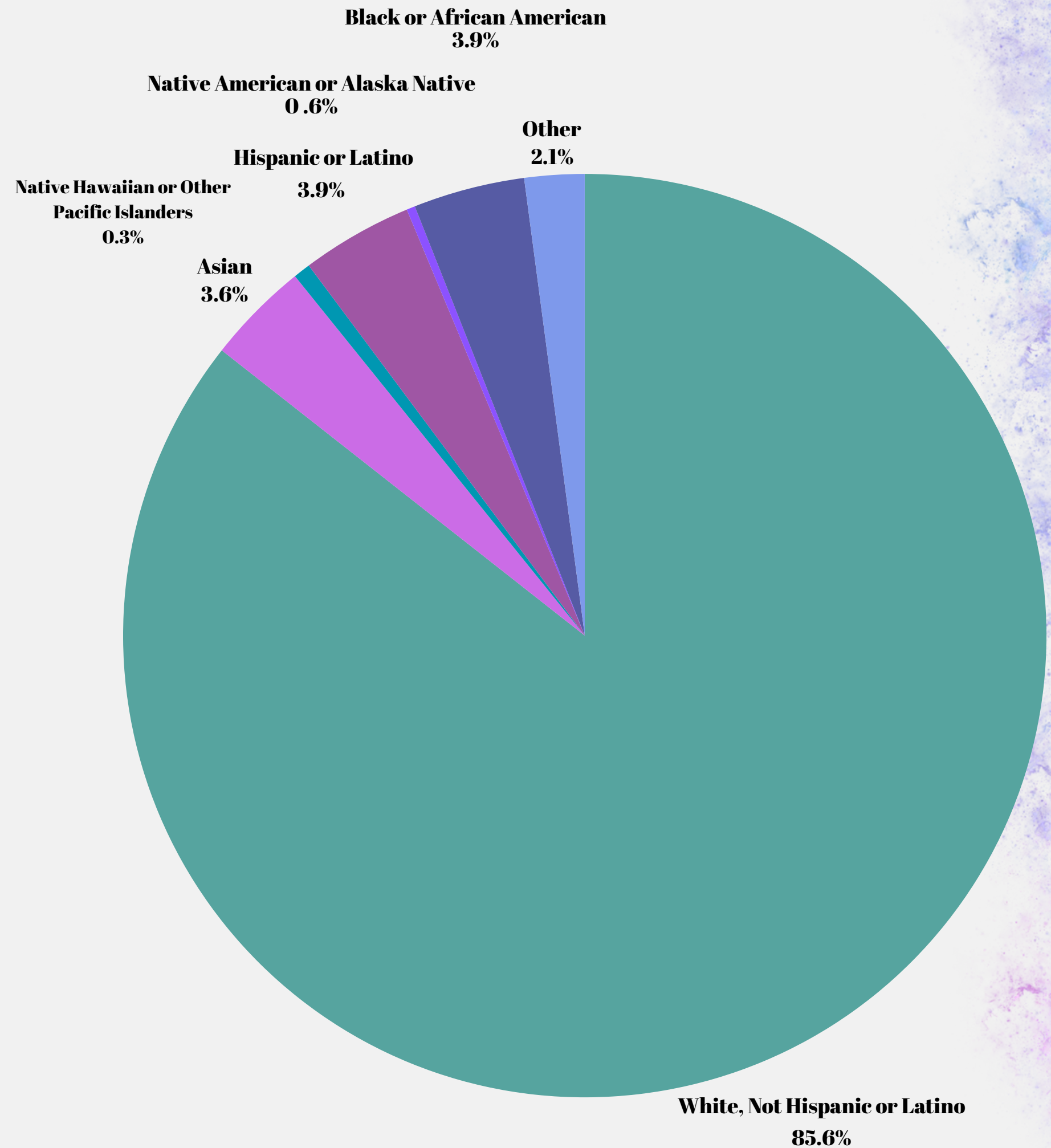
Occupational Therapy Student Demographics 2023

(Both OT and OTA)

(American Occupational Therapy Association, 2023).

Native American or Alaska Native
0.7%

Native Hawaiian or Other Pacific Islanders
0.4%

Hispanic or Latino
6.8%

Asian
6.6%

Black or African American
9.2%

White, Not Hispanic or Latino
76.4%
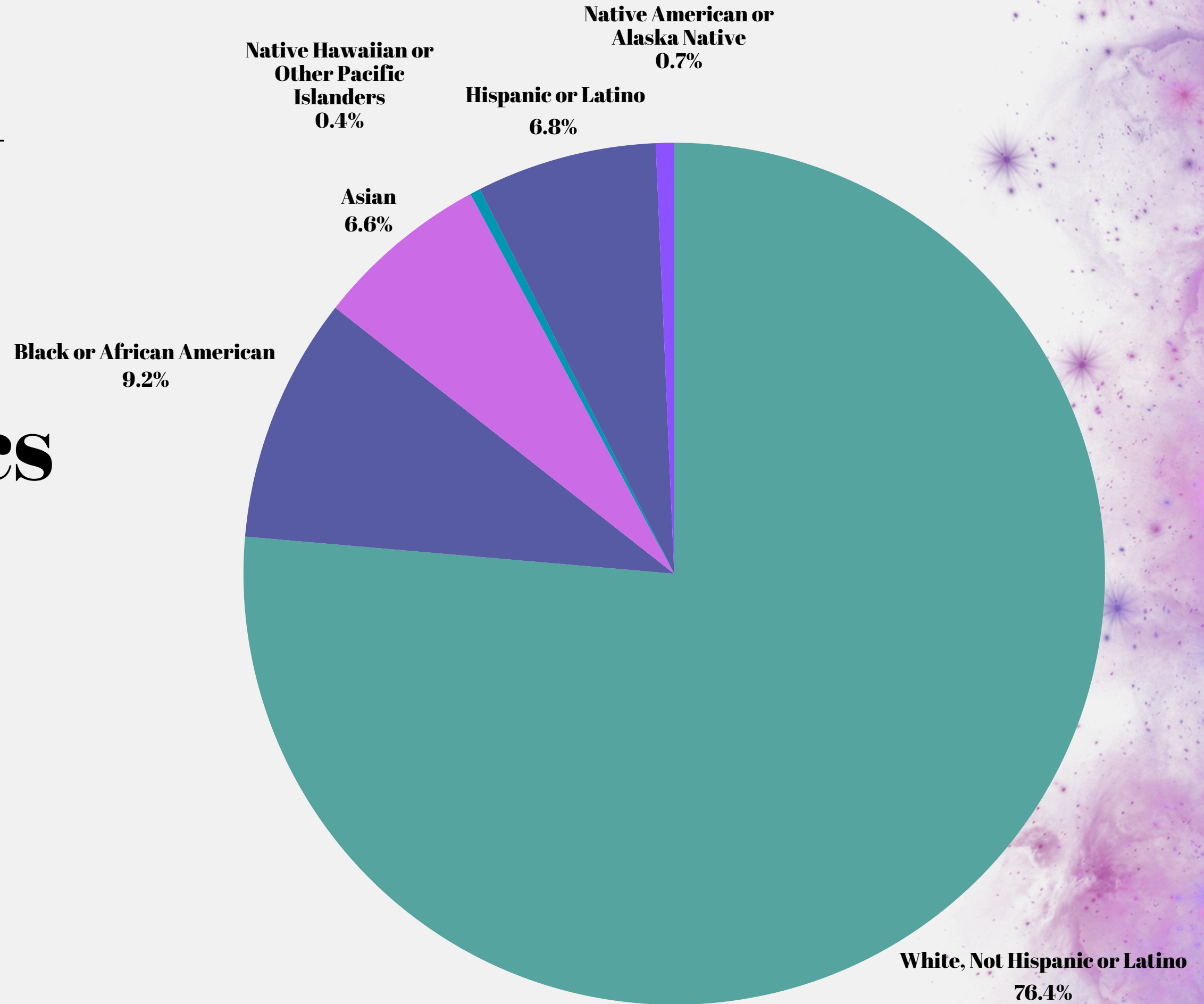
Racial and ethnic minorities have an increased risk of experiencing...

- Chronic Conditions
- Communicable Diseases
- Poor Mental Health
- Premature Mortality
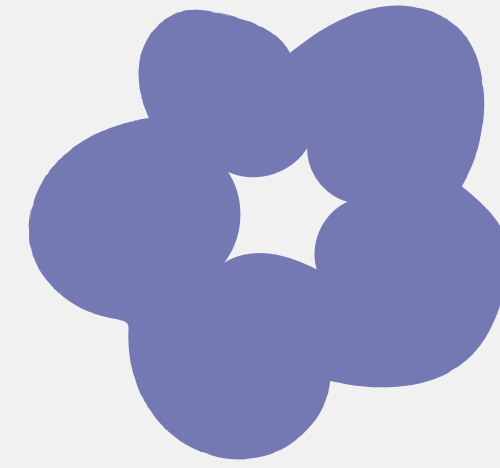
Chronic Conditions

Black, Hispanic, and Native American populations statistically experience higher rates of comorbidities compared to other racial/ethnic groups (Macias-Konstantopoulos et al., 2023).
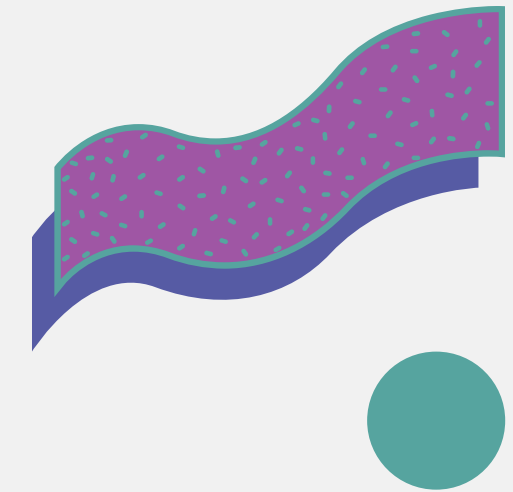
Obesity

A condition that has many associated chronic diseases (heart disease, diabetes, HTN) disproportionately impacts racial and ethnic minorities (Weinstein et al., 2017).

Rates of obesity in the U.S. (Macias-Konstantopoulos et al., 2023).

Black (38.4%) Hispanic or Latino (32.6%) White (28.6%)

Hypertension

Existing disparities in HTN are linked to **SDOH** such as *access to healthcare, affordable medication, healthy food*, and *safe spaces for physical activity*. For the **Black** population, racial discrimination and psychological distress can increase blood pressure and are also associated with medication non-adherence (Macias-Konstantopoulos et al., 2023).

Type 2 Diabetes

Compared to the **White** population, **Native Americans** are twice as likely to have type 2 diabetes (Weinstein et al., 2017).

Additional type 2 diabetes prevalence rates (Macias-Konstantopoulos et al., 2023).

**Black (13.2%), Hispanic or Latino (12.8%) White (7.6%)**

Cardiovascular Disease

Black Americans and **Native Americans** are significantly more likely to die prematurely from heart disease (Weinstein et al., 2017).

Black (30% more likely) Native American (120% more likely)

Chronic Conditions continued....

The environmental theory identifies resource deprivation (e.g. quality education, adequate housing, lack of green spaces) and malicious invasions (e.g. air pollution, toxic waste disposal, clusters of fast food, alcohol, and tobacco outlets) among racially/ethnically segregated communities inevitably increase the risk of health risks in these communities (Macias-Konstantopoulos et al., 2023).
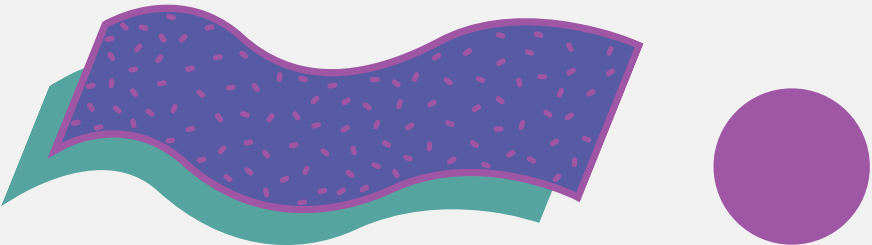
Stroke

Black men and women and **Native American** women have higher rates of stroke-related death compared to **White** and **Hispanic** individuals (Weinstein et al., 2017).

Renal Disease

Black Americans experience significantly higher mortality rates from End Stage Renal Disease than **Hispanic** and **White** Americans
Mortality rates of renal disease (per 100,000 people) (Macias-Konstantopoulos et al., 2023).
Black **(24.6)** **Hispanic** **(11.1)** **White** **(12.1)**
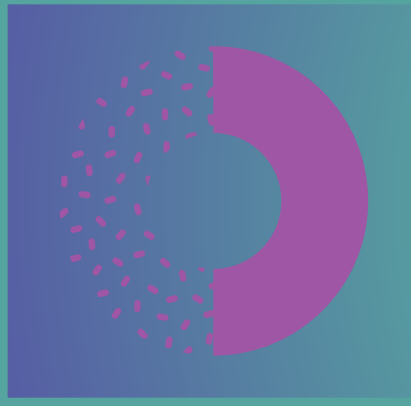
Cancer

Black Americans have the highest mortality rates for *breast, prostate,* and *cervical cancer* (National Cancer Institute, 2024).
Native Americans have the highest mortality rates for *kidney, liver,* and *intrahepatic bile duct cancer* (National Cancer Institute, 2024).
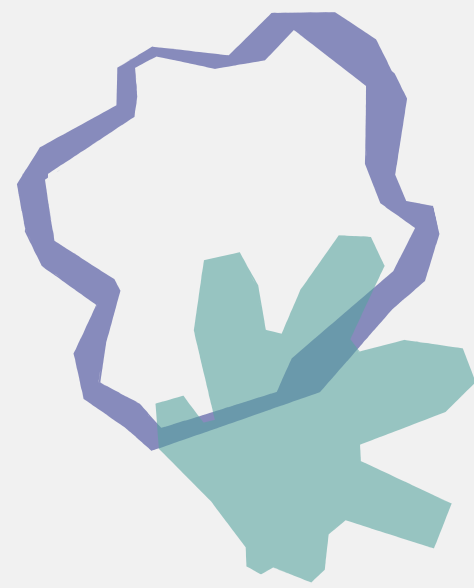
Communicable Diseases

Black, Hispanic, and Native American populations are more likely to live in densely populated neighborhoods, work in public service industries that include directly working with consumers, and rely on public transportation than the White population, greatly increasing their exposure to infectious diseases. SDOH associated with increased rates of sexually transmitted diseases includes healthcare inequity, income, incarceration rates, residential segregation, and substance use/abuse (Macias-Konstantopoulos et al., 2023).

Sexually Transmitted Diseases

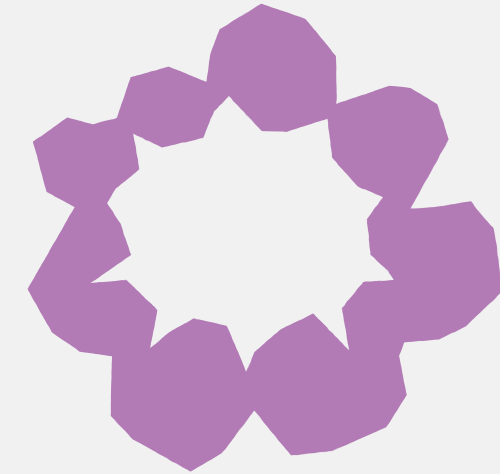**Black** Americans contract *HIV/AIDS*, *chlamydia,* and *gonorrhea* more than **White** Americans, ranging from 5.4 to 17.8 times depending on the sexually transmitted disease.

Respiratory Infections

Coronavirus disease 2019 (COVID-19) cases and hospitalization rates ranged from 2.5-4.5 times higher among **Black**, **Hispanic**, and **Native American** populations compared to the **White** population (Macias-Konstantopoulos et al., 2023).

Sexually Transmitted Diseases: HIV/AIDS

Rates of new HIV infections	*Rates of new AIDS diagnoses*	Additionally, there are discrepancies in prep usage which can help prevent new infections
Black (46%) **Hispanic (21%)**	**Black (49%)** **Hispanic (20%)**	**Black (5.9%)** **Hispanic (10.9%)** **White (42.1%)**

(Macias-Konstantopoulos et al., 2023).

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Mental Health Prevalence and Treatment

Mental illness prevalence in America has been rising rapidly over the last few decades among youth and adults alike. However, research has shown that mental illness is disproportionately affecting <u>Black, Indigenous, and People of Color (BIPOC</u>) in addition to sexual and economic minorities (Langwerden et al., 2021). *Systemic racism* and *social injustices* have impacted <u>BIPOC</u> for generations. Examples include *over-policing, limited access to quality healthcare, poor education, inadequate nutrition, and a history of deceptive scientific and medical experimentation* (Langwerden et al., 2021).

Prevalence of Mental Health Disorders by Race/Ethnicity

In addition to a high prevalence of <u>behavior and emotional disorders</u>, BIPOC also experiences the highest suicide rates, drug-induced deaths, and difficulty accessing quality care
(Langwerden et al., 2021).

Values showed in percentages

(National Alliance on Mental Illness, 2024).
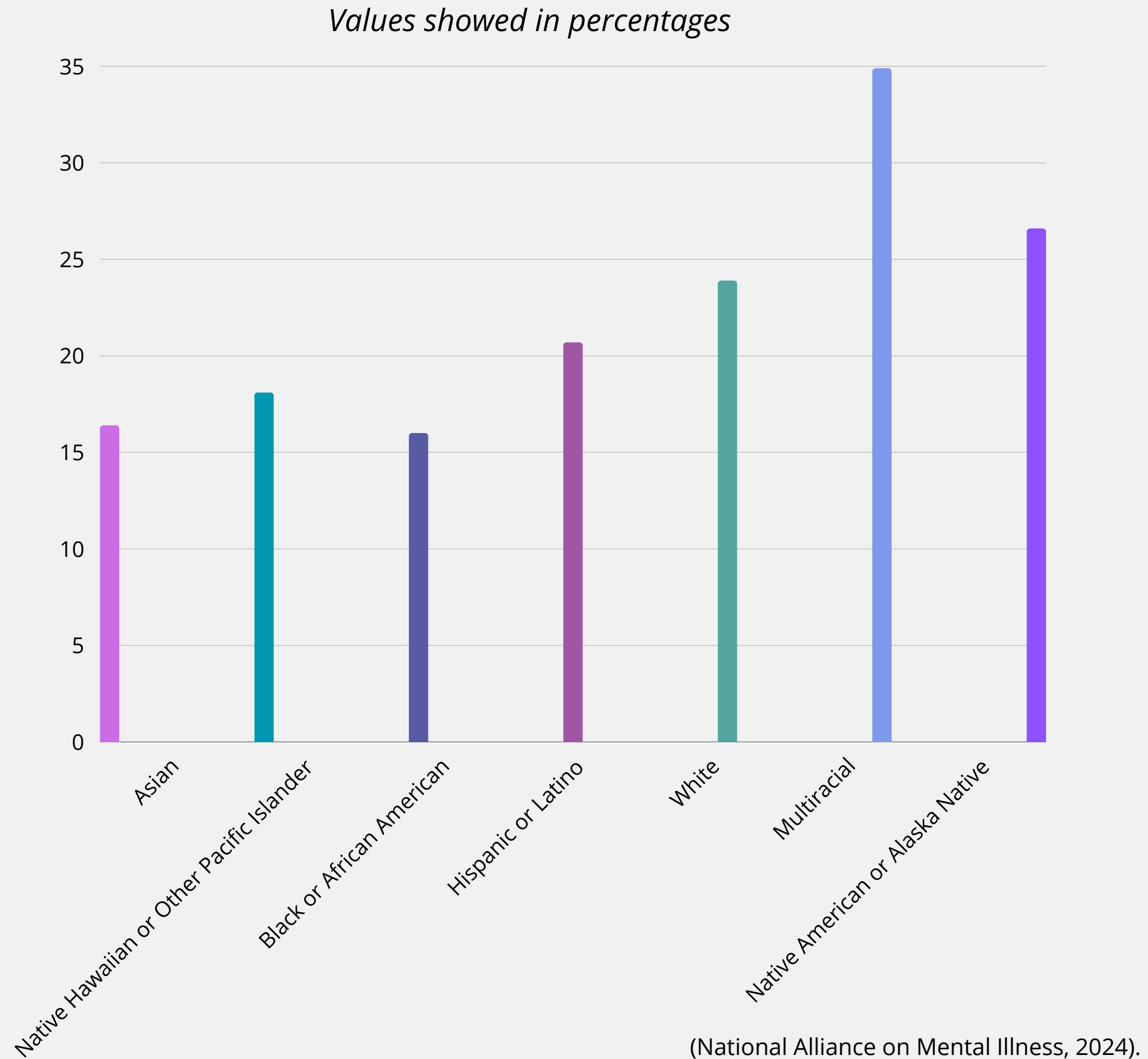
Prevalence of Mental Health Treatment by Race/Ethnicty

Values showed in percentages
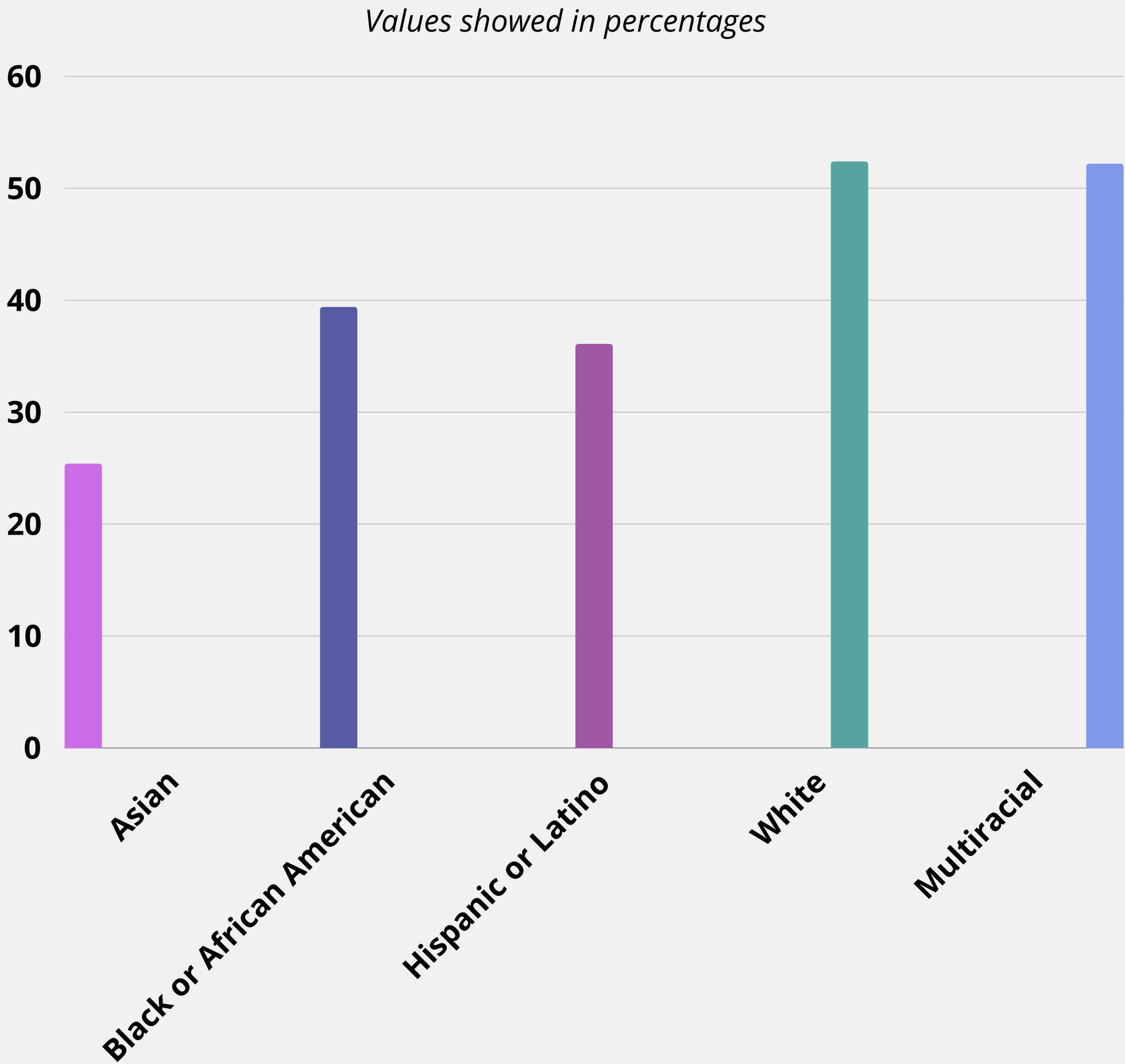
(National Alliance on Mental Illness, 2024).

Going Forward: Big Picture

Racial and ethnic disparities are multifactorial, which means that intervention targeting these health inequities must also be multifactorial (Macias-Konstantopoulos et al., 2023). Factors that should targeted include but are not limited to social determinants of health (e.g. socioeconomic, education, community resources), behavioral (e.g. treatment attendance and healthy habits), environmental (decreased pollution), social (interpersonal and societal support), and the cycle of structural racism (Weinstein et al., 2017). Health equity will only be possible when those with decision-making power take action to promote health and eliminate disparities (Weinstein et al., 2017).

Discrimination, Ignorance and Injustice: Health Disparities in the United States

Gender Identity and Sexual Orientation

LGBTQ+ Terminology

Ally	**Asexual**	**Bisexual**	**Cisgender**	**Gay**	**Gender Identity**
A term used to describe someone who is actively supports the LGBTQ+ community	A complete or partial lack of sexual attraction or lack of interest in sexual activity with others	An individual who is attracted to people of their own and the opposite gender	An individual whose gender identity aligns with the sex assigned to them at birth	A man who is attracted to men	A person's core sense of self in relation to gender. Does not always correspond to biological sex

All terms retrieved from (PFLAG, 2024).

LGBTQ+ Terminology

Lesbian	Nonbinary	Queer	Sexual Orientation	Transgender	Transitioning

A woman who is attracted to women

Describes a person who does not identify exclusively as a man or a woman

An umbrella term that is more inclusive of the many identities that make up the LGBTQ+ community

An inherent emotional, romantic, or sexual attraction to other people. *Sexual orientation is independent of gender identity

A person whose gender identity differs from their assigned sex at birth

A process that some transgender people undergo. Transitional processes can include social (changing name/pronouns), medical (hormone therapy, gender-affirming surgery), and legal (changing legal name/sex on government identity documents)

All terms retrieved from (PFLAG, 2024).

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United States of America Sexual Orientation Demographics

(U.S. Census Bureau quickfacts: United States 2023).

Not sure
2.1%

Something else
1.9%

Gay or Lesbian
3.3%

Bisexual
4.4%

Straight
88.3%
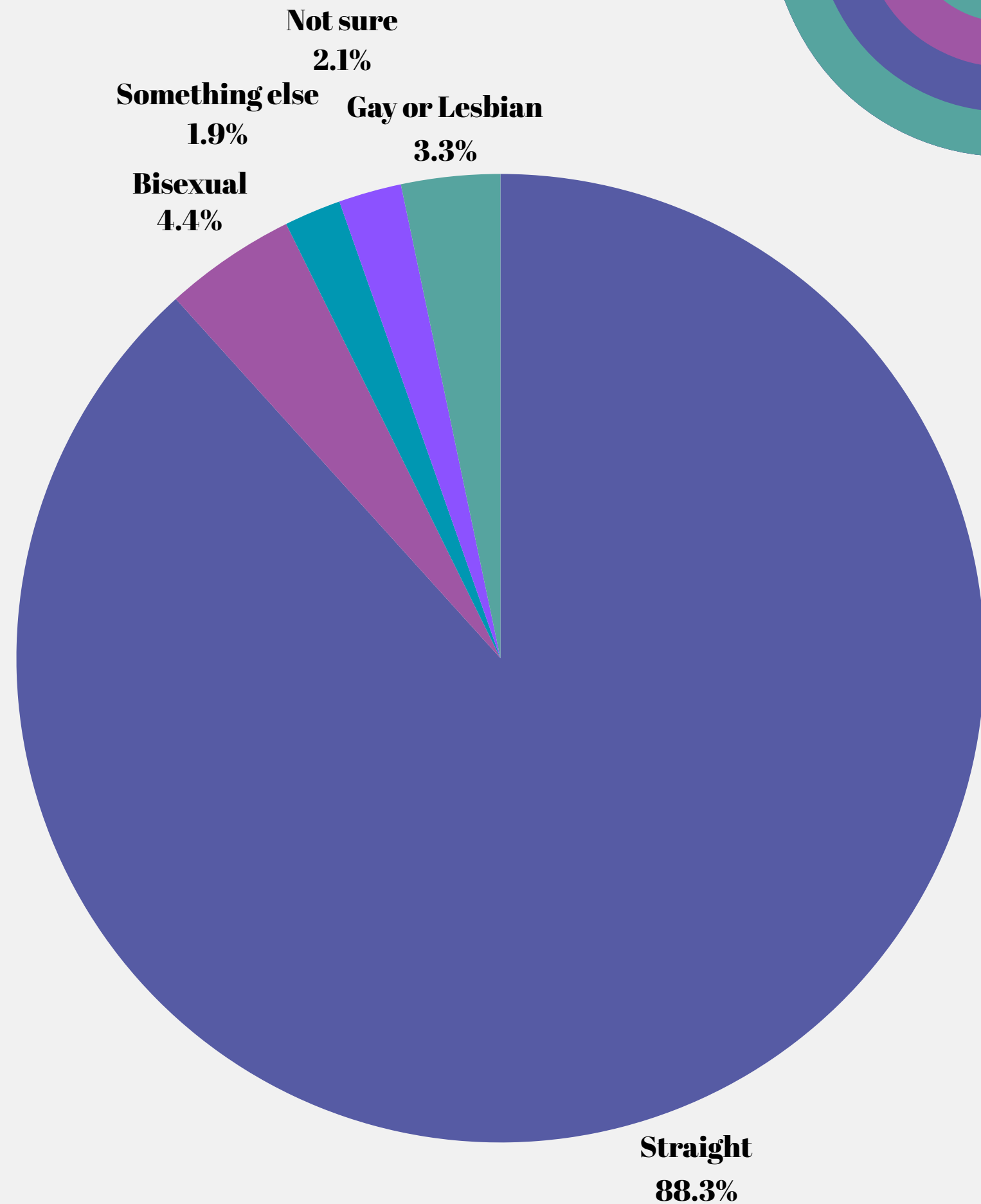
United States of America Gender Identity Demographics

(Flores & Conron, 2024).

Something else
1.7%

Female
50.5%

Male
47.2%

Transgender
0.6%
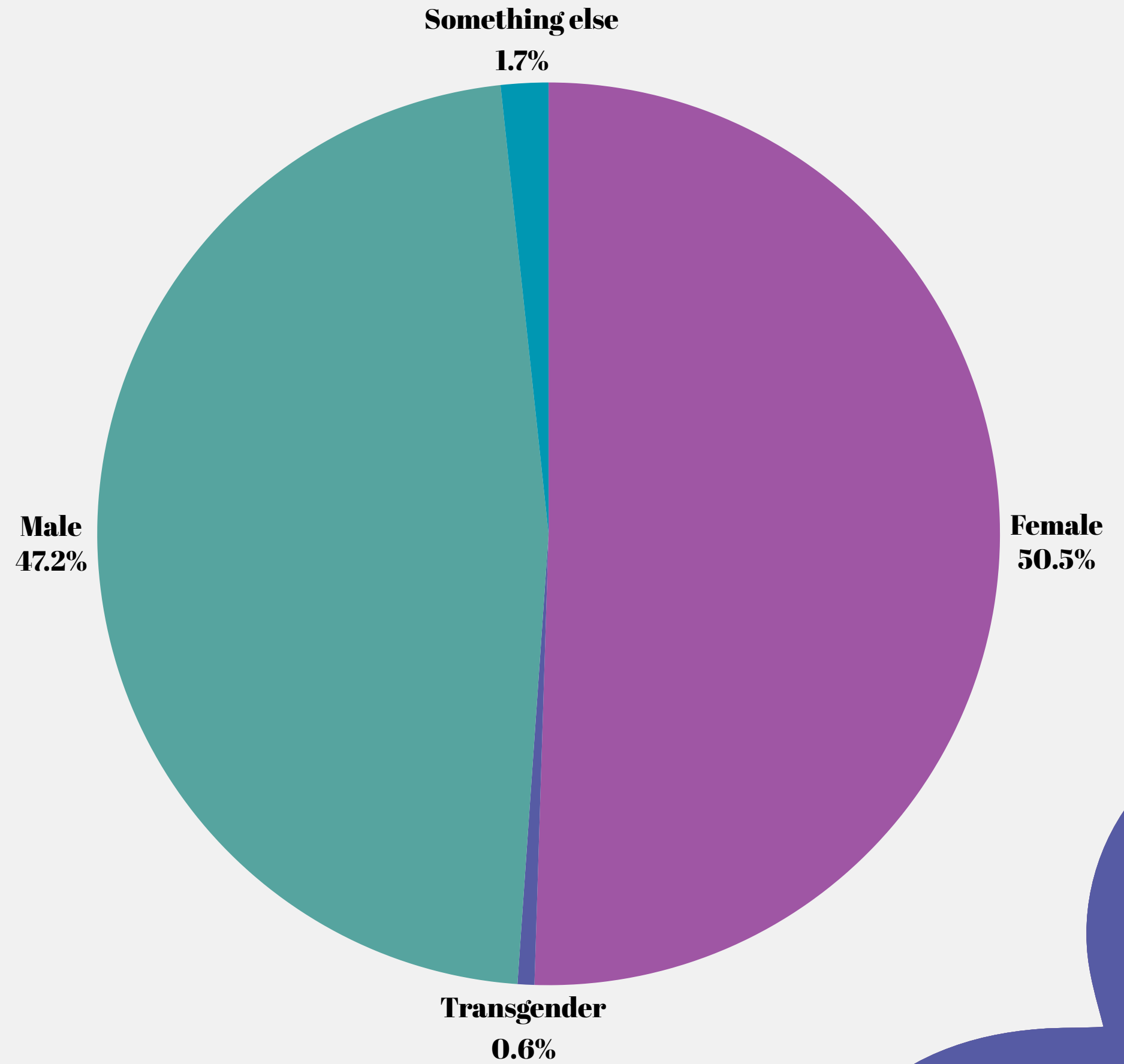
Ohio LGBTQ+ Demographics

LGBT Adults
4.3%

(Flores & Conron, 2024).

Non-LGBT Adults
95.7%
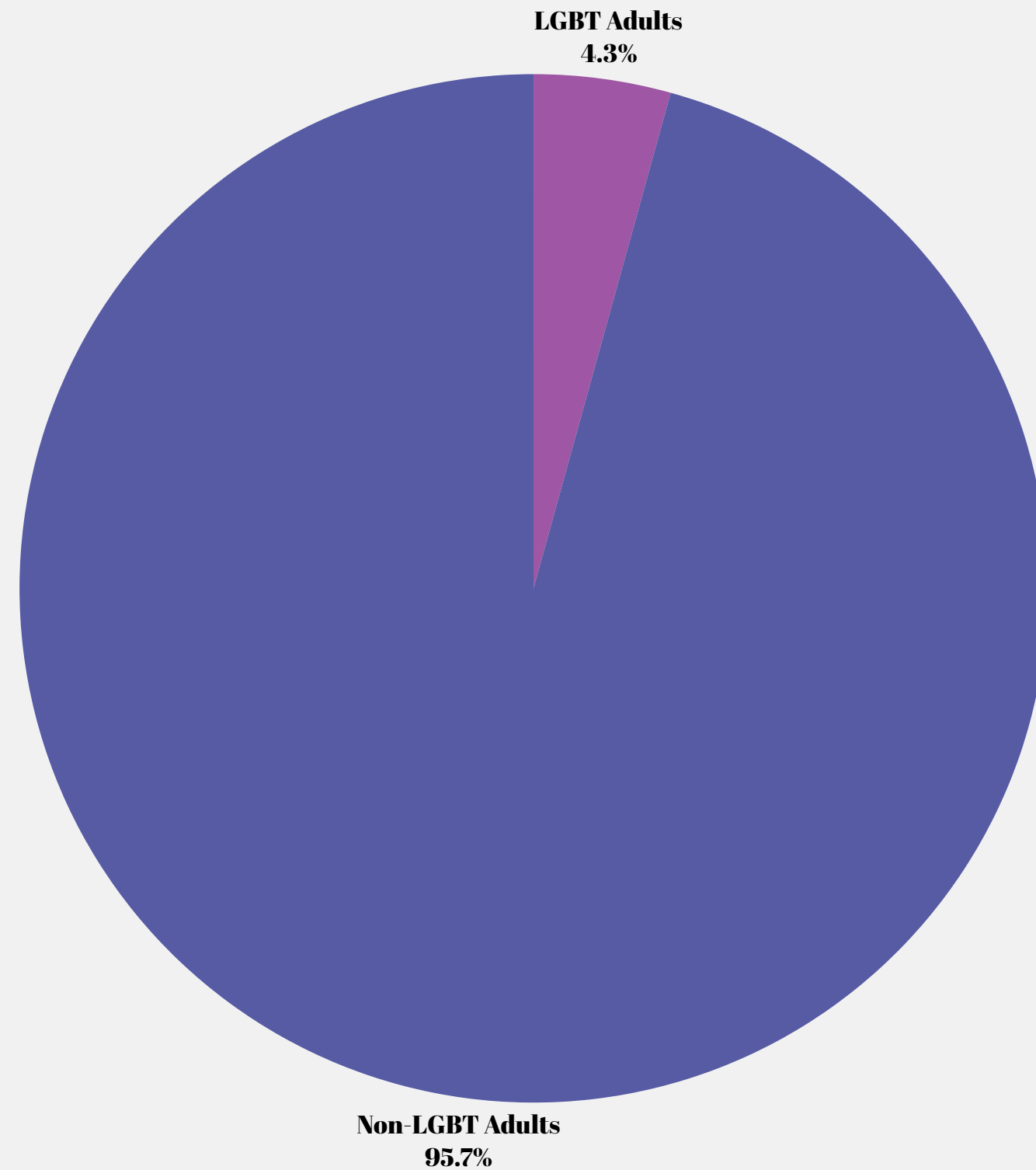
Ohio is ranked 20th in the nation for LGBTQ+ percentage

Occupational Therapy Profession Sexual Orientation Demographics

(American Occupational Therapy Association, 2023).

Occupational Therapy Assistants

LGBT
8%

Non-LGBT
92%

Occupational Therapists

LGBT Adults
14%

Non-LGBT
86%
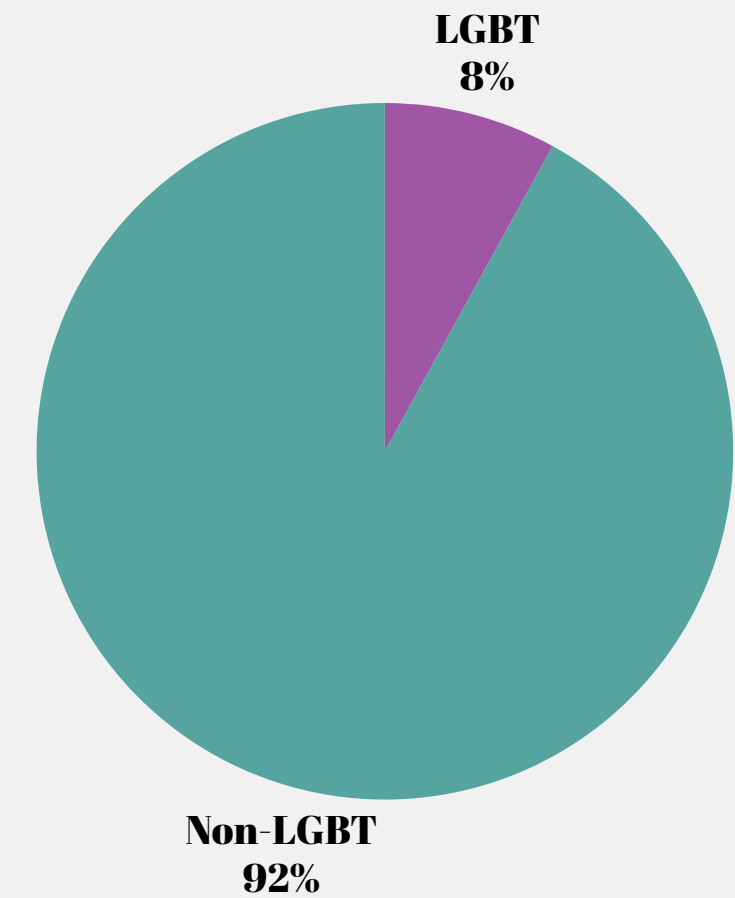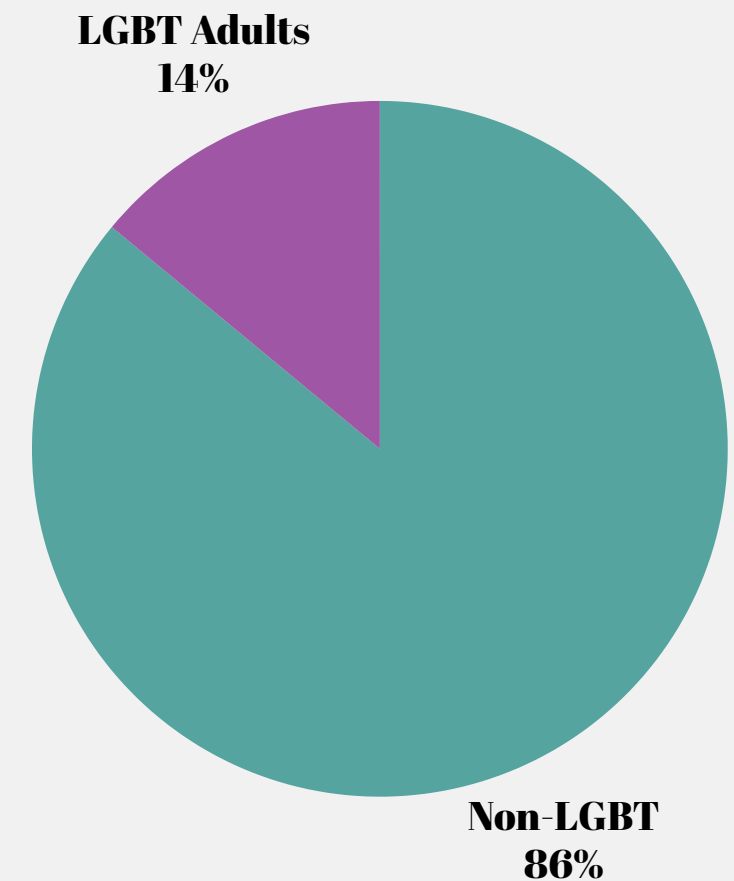
Occupational Therapy Profession Gender Identity Demographics

(American Occupational Therapy Association, 2023).

Occupational Therapy Practitioners

Gender Diverse/Non-Binary 0.33%
Man 7.9%
Transgender Man 0.01%
Transgender Woman 0.0%
Woman 91.8%

Occupational Therapy Students

Gender Diverse/Non-Binary 1.72%
Man 8.2%
Transgender Man 0.43%
Transgender Woman 0.0%
Woman 89.7%
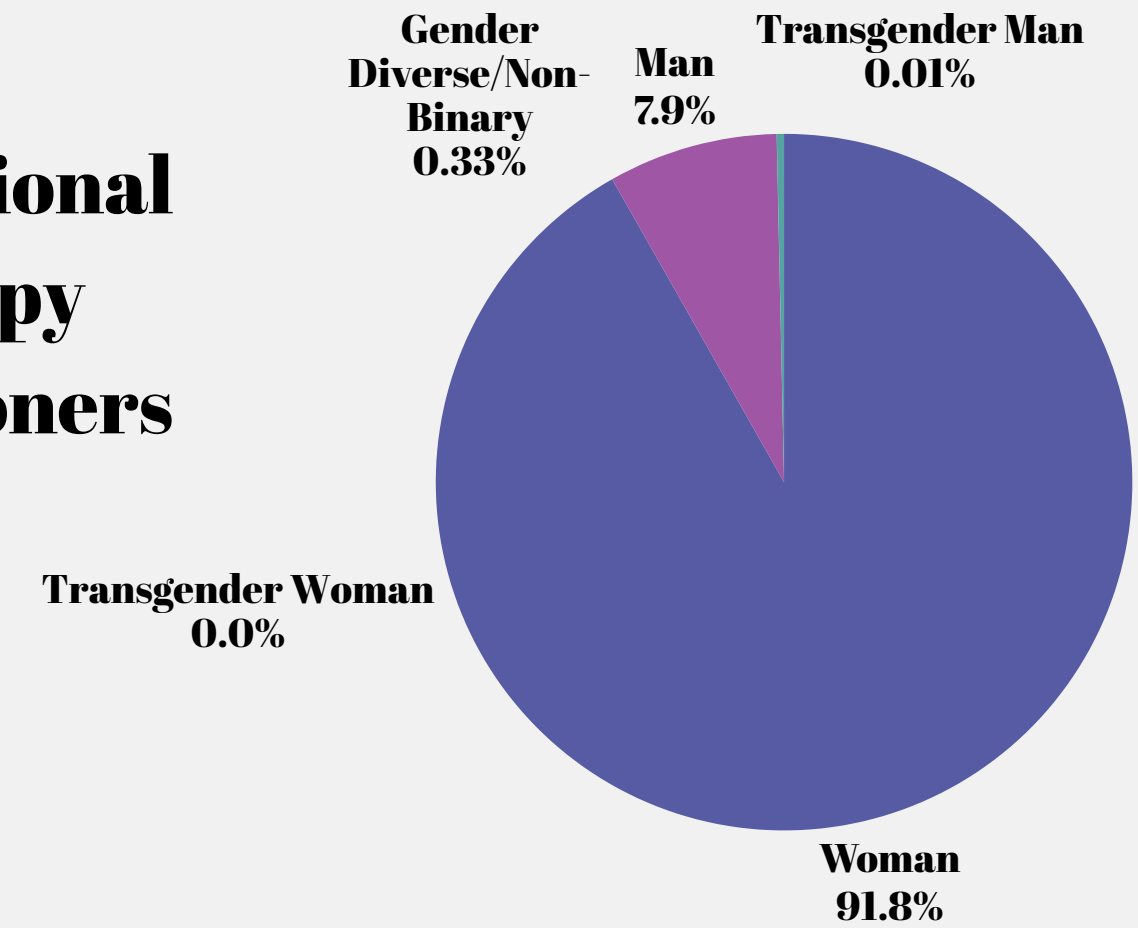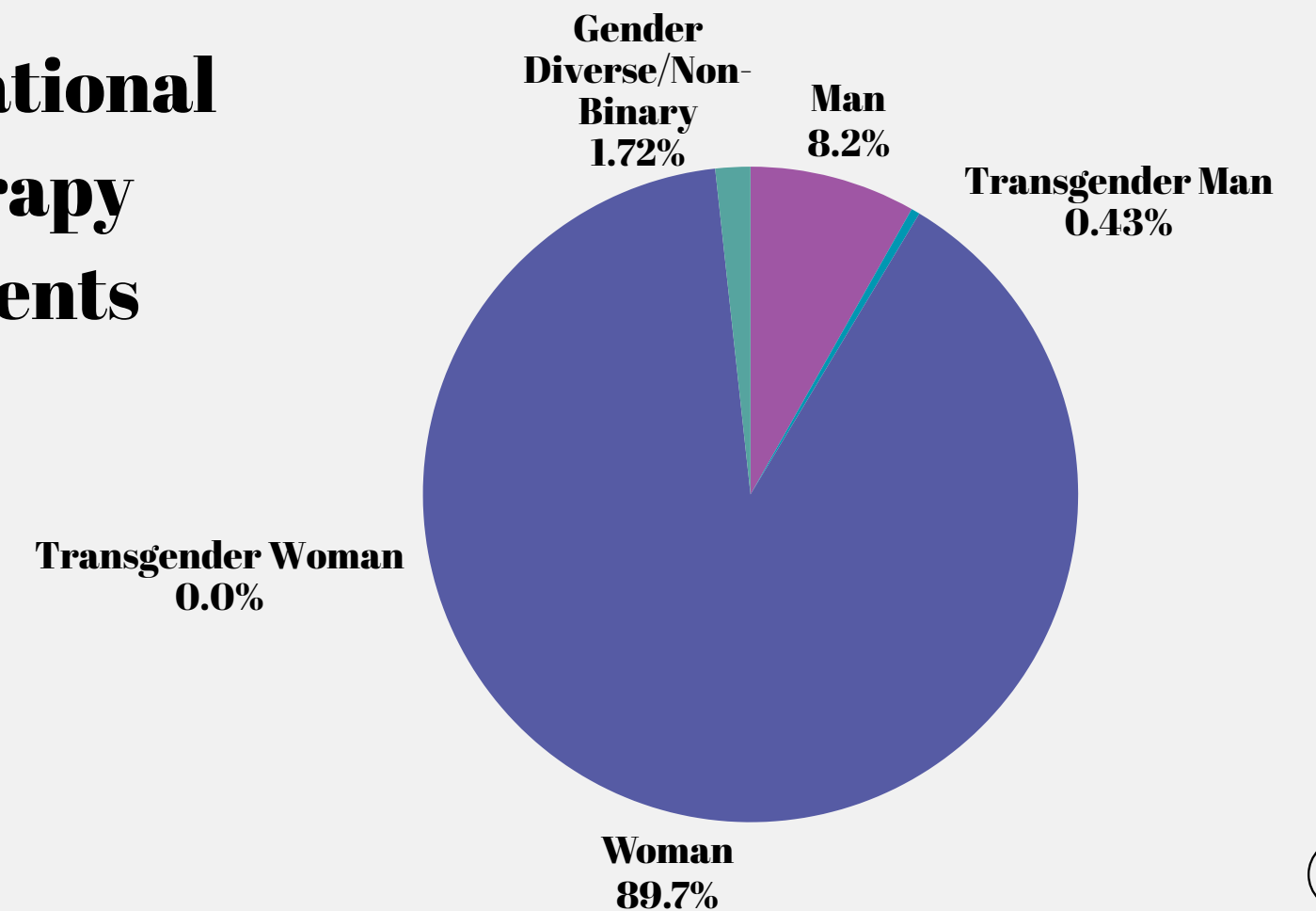
Sexual and gender minorities (SGM) have an increased risk of experiencing...

Chronic Conditions

Sexually Transmitted Diseases

Poor Mental Health

Decreased Access to Quality Healthcare

Explanations for these disparities include **SDOH** including *social stress, health disparities,* <u>*socioeconomic status*</u>*, and stigma* (Pinnamaneni et al., 2022).

Compared to heterosexual individuals, gender-nonconforming adults and sexual minorities have an increased risk of experiencing *multiple chronic conditions, poorer quality of life*, and *disabilities*. These include but are not limited to:

(Pinnamaneni et al., 2022).

Chronic Conditions

Heart Attack
33% higher

Kidney Disease
31% higher

Emphysema
30% higher

Chronic Obstructive Pulmonary Disease
30% higher

Chronic Bronchitis
30% higher

Asthma
27% higher

Stroke
24% higher

Arthritis
14% higher

Diabetes
17% higher

Cardiovascular Disease
14% higher

Hypertension
8% higher

Sexual Health: HIV

Sexually transmitted diseases and infections can have side effects that range from uncomfortable to chronic and life-threatening. Human Immunodeficiency Virus (HIV) rates are significantly higher among sexual and gender minorities.

Among new HIV cases in 2021:
(National Center for HIV, Viral Hepatitis, STD, and TB Prevention, 2022).

HIV Rates among SGM:
(Parker et al., 2022).

8% among **Injectable drug users**

70% among **Gay, bisexual, and other men who have sex with men**

22% among **Heterosexual Individuals**

3.2% of **Transgender men**

16.6% of **Gay, bisexual, and other men who have sex with men**

14.1% of **Transgender women**

Sexual Health:

Compared to heterosexual men, Gay, bisexual, and other men who have sex with men...

(National Center for HIV, Viral Hepatitis, STD, and TB Prevention, 2022).

Are 17 times more likely to get *anal cancer*

Account for 83% of *syphilis* cases

Have a higher risk of other STDS including *chlamydia, gonorrhea,* and *human papillomavirus (HPV)*

Mental Health: Prevalence among the LGBTQ Population

In addition to experiencing poor physical health, the SGM population is at a 54% higher risk of having a <u>mental health disorder</u> (Pinnamaneni et al., 2022).

Sexual minorities = <u>Sexual orientations</u> that are not heterosexual (e.g. lesbian, gay, bisexual, etc.)

Compared to heterosexual adults, sexual minorities are...

2 times more likely to experience a substance use disorder

2 times more likely to experience a mental health condition

(National Alliance on Mental Illness, 2024).

Compared to <u>cisgender adults</u>, transgender adults are

4 times more likely to experience a substance use disorder

4 times more likely to experience a mental health condition

(National Alliance on Mental Illness, 2024).

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Mental Health: Prevalence among the LGBTQ Population

The systemic discrimination and violence the LGBTQ+ community experience contributes to a significantly heightened risk for *post-traumatic stress disorder* (PTSD) compared to those who identify as heterosexual or <u>cisgender</u>

(National Alliance on Mental Illness, 2024).

The LGBTQ population has a higher risk than the heterosexual, <u>cisgender</u> population for suicidal thoughts and suicide attempts.

<u>40%</u> of transgender adults have attempted suicide compared to <u>5%</u> of the general population

(National Alliance on Mental Illness, 2024).

Mental Health: SDOH

Discrimination
e.g. labeling, stereotyping, denial of opportunities or access, and verbal, mental, and physical abuse

Harassment and bullying

Hate crimes - one of the most targeted communities

Family rejection

Socioeconomic and cultural conditions, can negatively impact mental health conditions. These conditions include:

Feeling identity-based shame

Societal and internalized homophobia, biphobia, and transphobia

Denial of civil and human rights

Prejudice

Information from (National Alliance on Mental Illness, 2024).

42% Higher odds of not seeing a doctor

12% Higher odds of not receiving a routine check-up in the last five years

15% Higher odds of being unable to get medicine due to cost

26% Higher odds of delaying healthcare due to cost

5% Higher odds of not having more than one provider

Compared to the non-SGM population, SGM individuals have...

Access to Care

SGM individuals have lower access to quality healthcare than heterosexual, cisgender individuals. *Access* to healthcare includes *insurance, availability of providers, healthcare costs,* and *trust in the healthcare system* (Pinnamaneni et al., 2022).
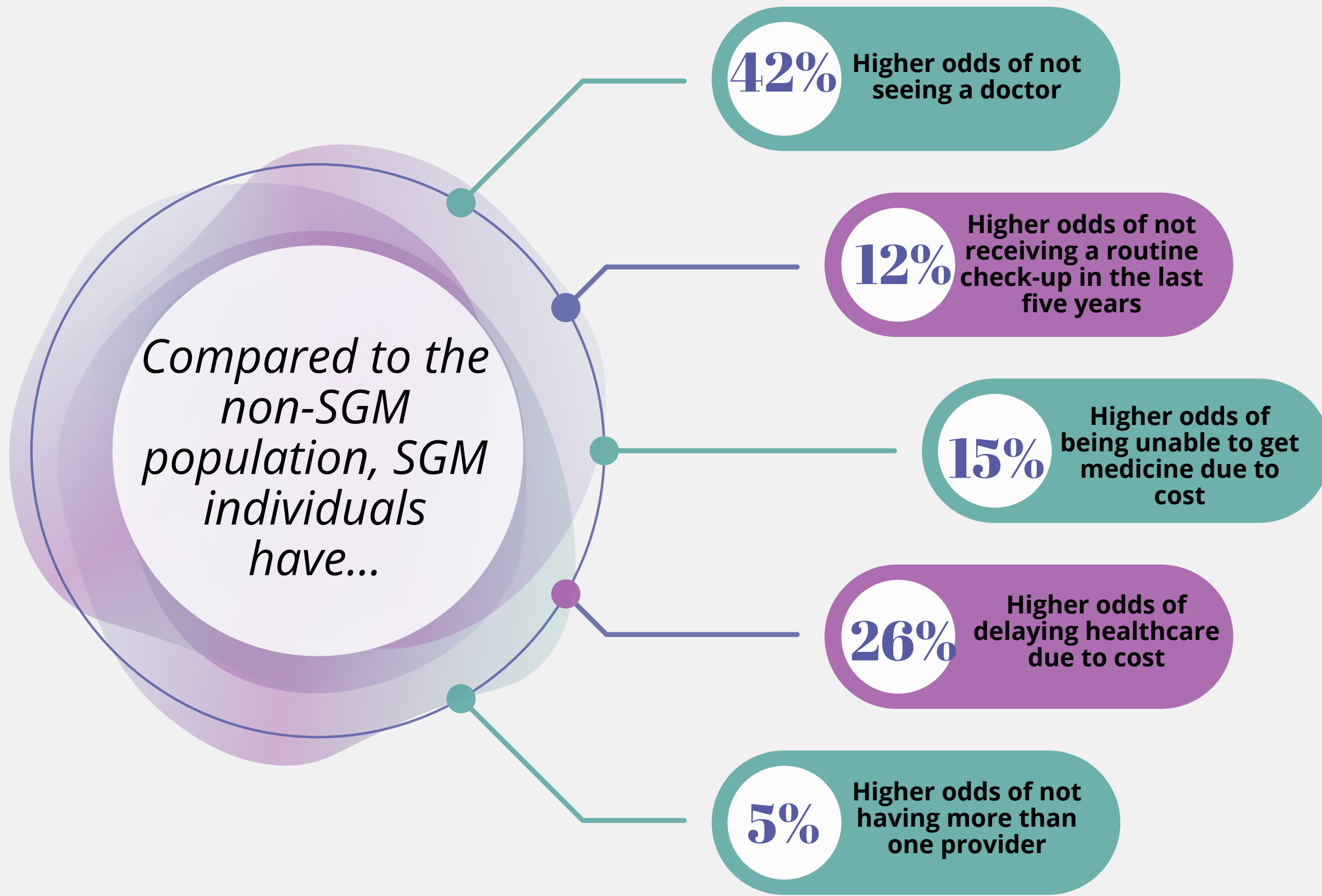
Going Forward: Big Picture

Societal discrimination and socioeconomic disparities in addition to healthcare provider's <u>implicit biases</u> and lack of knowledge regarding LGBTQ-related issues are just some of the factors contributing to the health inequity experienced by the LGBTQ community (Pinnamaneni et al., 2022). Intervention should be targeted at the pubilc health level and in primary care settings, including occupational therapy, to target these disparities.

Module Conclusion

Coming next...

Module III:
Occupational Therapy's Role in
Diversity, Equity, and Inclusion

Photo retrieved from Canva

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Module III:
Occupational Therapy's Role in Diversity, Equity, and Inclusion

Reminder of Our Purpose

OOTA
Mission Statement:

The mission of the Ohio Occupational Therapy Association, Inc. is to promote the profession of occupational therapy, address professional issues in occupational therapy practice and advance the practice of occupational therapy in the state of Ohio. Our primary goals are to serve the members of the association by *providing continuing education, support, and resources, and to meet the needs of consumers of occupational therapy* in the state of Ohio through advocacy and encouraging the delivery of professional and evidence-based practice.

OOTA:
Vision Statement

The vision of the Ohio Occupational Therapy Association, Inc. is to *improve active participation* of all eligible licensees in the state; to *provide legislative, educational and ethical information*; to promote, support, advocate and represent the OT profession statewide.

AOTA
Vision 2025

As an *inclusive* profession, occupational therapy maximizes *health*, *well-being*, **and** *quality of life* for *all* people, populations, and communities through effective solutions that facilitate participation in everyday living.

Cleveland State University
Vision Statement (2016-2026):

The Occupational Therapy Program will be a leader in building capacity of occupational therapists to optimize the *health*, *well-being*, **and** *quality of life* of individuals, communities, and populations within *diverse* and complex systems/settings in the region through effective evidence-based solutions that enable participation in occupations of daily living.

What is an Occupational Therapy Practitioner's Job?

Occupational therapy practitioners use a client-centered, evidence-based approach to promote and restore function, health, and well-being to people experiencing a decreased ability to participate in meaningful occupations. Occupations are the daily activities or tasks essential to our client's identity and add value and meaning to their lives.

Image sourced from Canva

What is an Occupational Therapy Practitioner's Job?

An ***Occupational Therapist*** (OT) is a health care professional who evaluates and treats activity limitations in all age groups.

An ***Occupational Therapy Assistant*** (OTA) is a healthcare provider who assists and treats in collaboration with and under the supervision of an occupational therapist.

Occupational therapists and ***occupational therapy assistants*** practice in hospitals, outpatient clinics, rehabilitation facilities, skilled nursing facilities, homes, education or research centers, schools, hospices, corporate or industrial health centers, athletic facilities, and other community settings. All occupational therapists and occupational therapy assistants practicing in Ohio <u>must</u> be licensed.

(Accreditation Council for Occupational Therapy Education, 2024).

DEI is Not Only Imperative, it is Required!

Becoming an Occupational Therapy Practitioner

There are many requirements to become a occupational therapist or occupational therapy assistant. The process to become an OT practitioner takes many years of education and experience and then there are yearly requirements to maintain licensure for the rest of one's career. These educational requirements are enforced by the practicing state's licensure board and the Accreditation Council for Occupational Therapy Education.

DEI is Not Only Imperative, it is Required!

Higher Education

Accreditation Council for Occupational Therapy Education (ACOTE)

ACOTE *establishes*, *approves*, and *administers educational standards* to evaluate occupational therapy and occupational therapy assistant educational programs. To take the National Board for Certification in Occupational Therapy (NBCOT) certification exam and apply for licensure in all states, the District of Columbia, and Puerto Rico, **students must graduate from an ACOTE® accredited program.**

(Accreditation Council for Occupational Therapy Education, 2024).

Accreditation Council for Occupational Therapy Education (ACOTE)

OT and OTA Program Standards

Standard Number A.2.2.
Program Director and Faculty Qualifications

Accreditation standards for a:
Doctoral Degree-Level OT Program
Master's Degree-Level OT Program
Baccalaureate Degree-Level OTA Program
Associate Degree-Level OTA Program

"Knowledge of the curriculum design, application of principles of **diversity, equity, inclusion, and justice** concepts, and the content delivery method (e.g., in-person, distance learning)."

(Accreditation Council for Occupational Therapy Education, 2024).

Accreditation Council for Occupational Therapy Education (ACOTE)

OT and OTA Program Standards

Standard Number A.6.1.
Strategic Plan

Accreditation standards for a:
Doctoral Degree-Level OT Program
Master's Degree-Level OT Program
Baccalaureate Degree-Level OTA Program
Associate Degree-Level OTA Program

"The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth; scholarship; changes in the curriculum design; priorities in academic resources; procurement of fieldwork and doctoral capstone sites; vision for **diversity, equity, inclusion, and justice**."

(Accreditation Council for Occupational Therapy Education, 2024).

Accreditation Council for Occupational Therapy Education (ACOTE)

OT and OTA Program Standards

Standard Number B.1.2.
Sociocultural, Socioeconomic, and Diversity Factors; and Lifestyles

Accreditation standards for a:
Doctoral Degree-Level OT Program
Master's Degree-Level OT Program
Baccalaureate Degree-Level OTA Program
Associate Degree-Level OTA Program

"Apply and analyze the role of sociocultural, socioeconomic, and **diversity, equity, and inclusion** factors, as well as lifestyles in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology."

DEI is Not Only <u>Imperative</u>, it is <u>Required</u>!

Licensure

Occupational Therapy, Physical Therapy, and Athletic Trainers (OTPTAT) Board

The mission of the Ohio OTPTAT Board is to *actively promote* and *protect the health* of Ohioans through effective regulation of the professions of occupational therapy, physical therapy, athletic training, orthotics, prosthetics, and pedorthics by:

- *Establishing* and *checking requirements* for *entry into the profession*
- Adopting administrative rules to increase transparency and create processes for efficient regulation
- Investigating complaints and disciplining licensees for violations of the code of ethics
- *Assuring continued competence of licensees through required continuing education*

(Occupational Therapy, Physical Therapy, and Athletic Trainers Board).

Occupational Therapy, Physical Therapy, and Athletic Trainers (OTPTAT) Board

Ohio OT and OTA License Requirements

To renew or reinstate your license in Ohio, OTs and OTAs are required to complete a minimum of 20 continuing education hours per renewal cycle (every 2 years).

In 2023, the OTPTAT Board made it a requirement that at least **one hour** of continuing education **must address ethics, jurisprudence, or cultural competence**.

(Occupational Therapy, Physical Therapy, and Athletic Trainers Board).

Current Initiatives in Occupational Therapy

Occupational therapy organizations, such as the American Occupational Therapy Association (AOTA) and the Ohio Occupational Therapy Association (OOTA), and occupational therapy educational programs are stating their commitment to Diversity, Equity, and Inclusion (DEI) in the years to come in their <u>mission and vision statements</u>. The commitment to embed DEI principles and occupational justice into all aspects of occupational therapy include practice, education, research, policy development, and advocacy (Wilson et al., 2020).

Image sourced from Canva

Current Initiatives in Occupational Therapy

American Occupational Therapy Association

AOTA Diversity, Equity, and Inclusion Strategic Plan Report

American Occupational Therapy Association
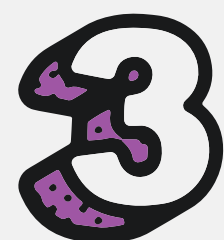
AOTA Diversity, Equity, and Inclusion Strategic Plan Report

June 2021

AOTA Diversity, Equity, and Inclusion Strategic Plan Report

The goal of this strategic plan is to advance ***diversity, equity, and inclusion*** in the occupational therapy profession to achieve lasting <u>accessibility</u> and <u>inclusivity.</u> There are **3** underlying values that are essential to this plan:

1 **Inclusiveness**: Encouraging active involvement of everyone in the community and making it easy for people to be involved.

2 **Accountability**: Taking ownership by acknowledging and assuming responsibility for actions, decisions, and policies.

3 **Authenticity**: Speaking one's truth, being fearless in who you are.

(Smiley et al., 2021)

AOTA Diversity, Equity, and Inclusion Strategic Plan Report

This plan highlights **4** broad strategic areas of focus to be addressed within the next 3-5 years (2024-2026):

1 Governance and Accountability

2 Education and Awareness

3 Diversifying the Profession

4 Language and Communication

AOTA Diversity, Equity, and Inclusion Strategic Plan Report

Governance and Accountability

Governance and Accountability:
Ensure that AOTA governance structure, policies, processes, and practices are inclusive, free of bias, and assure diversity of background, lived experiences, and perspectives among all member volunteer bodies and the Association as a whole.

Action 1.1: Establish a DEI committee to inform AOTA DEI strategy and serve as an advisor for Association activities.

Action 1.2: Modernize existing AOTA governance structures, policies, practices, procedures, programs, and services to incorporate and communicate our DEI vision and values.

Action 1.3: Identify and address barriers to participating in volunteer leadership roles.

(Smiley et al., 2021)

AOTA Diversity, Equity, and Inclusion Strategic Plan Report

Education and Awareness

Education and Awareness:
Educate and train occupational therapy stakeholders (e.g., educators, practitioners, students, accreditors, volunteers, and AOTA staff) about DEI, the inherent link with the principles of the profession, and the mission and vision of AOTA.

Action 2.1: Curate accessible content and resources for academic preparation for OT and OTA students.

Action 2.2: Curate accessible content for continuing education/professional development for practitioners, educators, and students.

Action 2.3: Promote adoption of DEI requirements as part of accreditation, licensure, and certification.

Action 2.4: Infuse intersectional DEI content into AOTA events and educational programs and materials.

Action 2.5: Identify and disseminate relevant research studies that elevate awareness and advancement of DEI-related topics.

(Smiley et al., 2021)

AOTA Diversity, Equity, and Inclusion Strategic Plan Report

Diversifying the Profession

Diversifying the Profession:
Expand representation across all intersections of diversity within the occupational therapy profession.

Action 3.1: Enhance awareness of and opportunities for occupational therapy careers within underrepresented populations.

Action 3.3: Examine barriers for those from diverse backgrounds and determine approaches to support them.
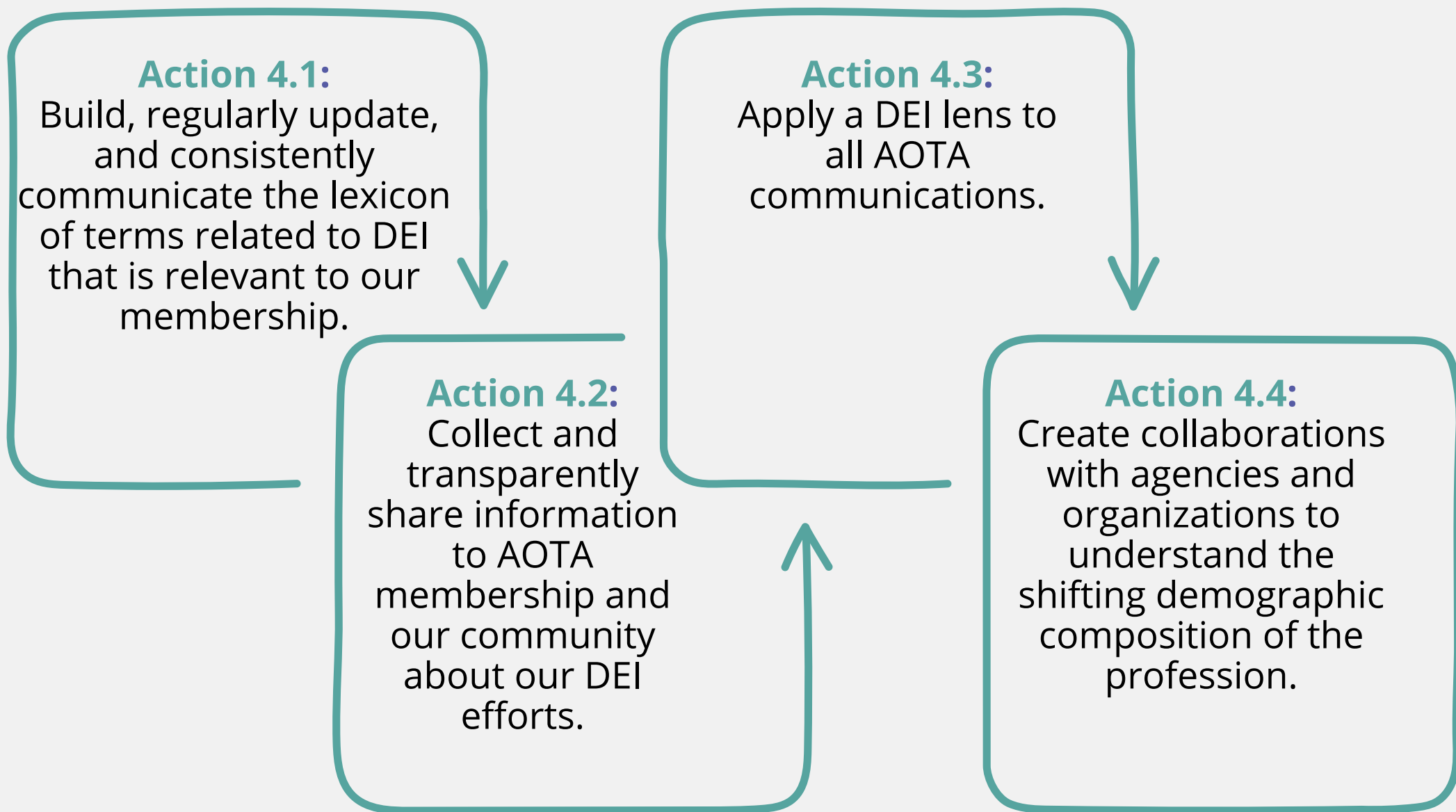
Action 3.2: Identify and address barriers to admission to and successful completion of OT and OTA programs, including but not limited to biases, prejudices, and economic inequities.

(Smiley et al., 2021)

AOTA Diversity, Equity, and Inclusion Strategic Plan Report

Language and Communication

Language and Communication: *Promote a shared understanding of the dimensions and terminology of DEI among AOTA members, the profession, and with other related professions.*

Action 4.1:
Build, regularly update, and consistently communicate the lexicon of terms related to DEI that is relevant to our membership.

Action 4.2:
Collect and transparently share information to AOTA membership and our community about our DEI efforts.

Action 4.3:
Apply a DEI lens to all AOTA communications.

Action 4.4:
Create collaborations with agencies and organizations to understand the shifting demographic composition of the profession.

(Smiley et al., 2021)

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Current Initiatives in Occupational Therapy

Occupational Therapy Practice Framework

Occupational Therapy Practice Framework:

The Occupational Therapy Practice Framework: Domain and Process (OTPF–4) is an AOTA document that describes the central concepts that ground occupational therapy practice and builds a common understanding of the basic tenets and vision of the profession, which is occupation based, client centered, contextual, and evidence-based. "Achieving health, well-being, and participation in life through engagement in occupation" is a statement from the OTPF-4 that acknowledges the profession's belief that active engagement in occupation promotes, facilitates, supports, and maintains health and participation.

(American Occupational Therapy Association, 2020).

Occupational Therapy Practice Framework:

The OTPF-4 describes the importance of context as a variable that influences participation in meaningful activities. Contexts, such as <u>marginalized groups</u> systemically not being afforded the same rights and access to resources as the majority of society, can significantly affect occupational opportunities and result in <u>occupational injustice.</u>
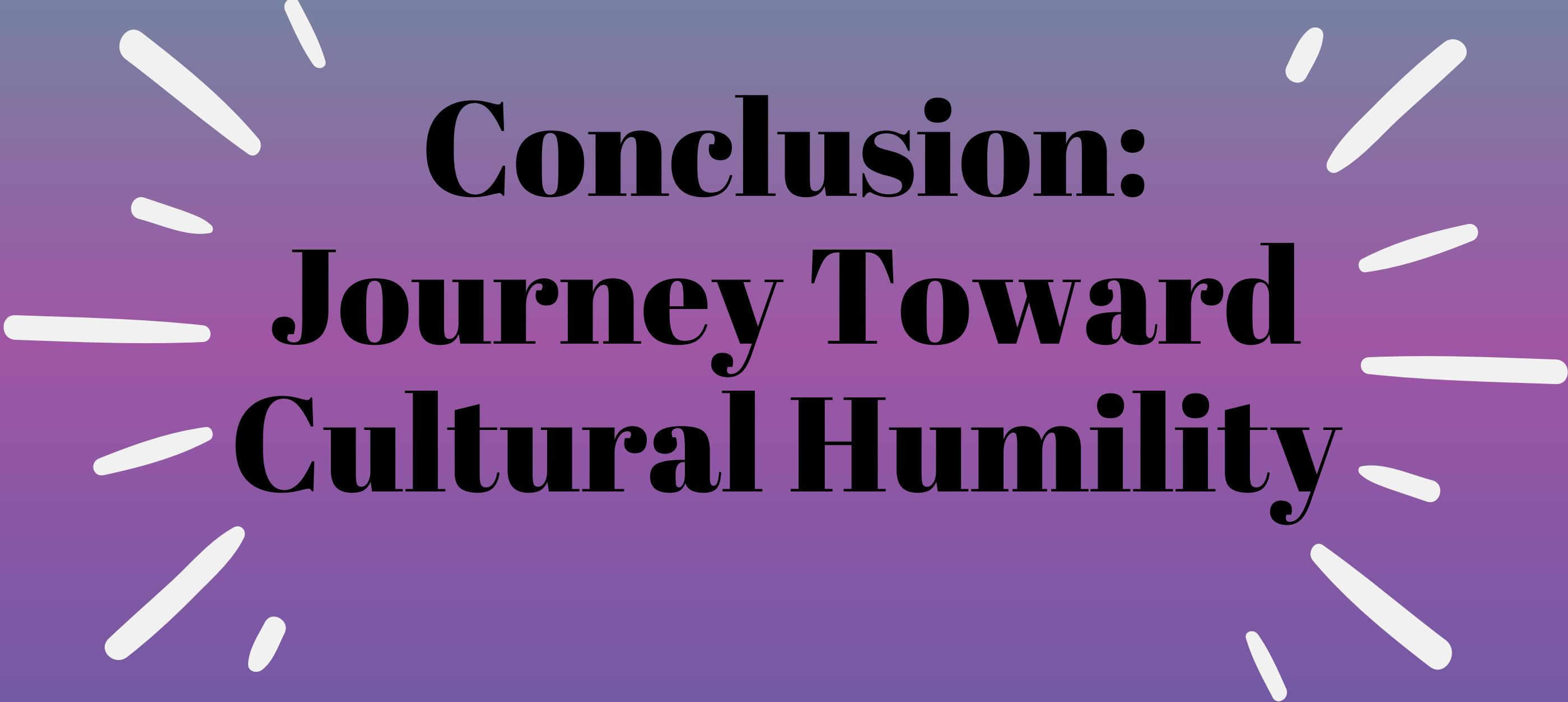**Supportive and enriching contexts are necessary for health, well-being, and meaningful participation.**

(Wilson et al., 2020).

Occupational Therapy Practice Framework:

In order to meet the needs of these <u>marginalized groups</u> and eliminate health disparities, occupational therapy practitioners need to gain an understanding of how occupations are affected by broader social and structural determinants, such as the **social determinants of health**. These sociocultural characteristics, such as *gender identity, race, ethnicity, age, geography, and sexual orientation*, need to be recognized and considered during the **evaluation**, **intervention planning**, and **discharge process**.

(Wilson et al., 2020).

Conclusion: Journey Toward Cultural Humility

Cultural Humility is the lifelong process of recognizing the differences in cultural backgrounds among clients in addition to the recognition of the power dynamic that exists between the healthcare provider and a culturally diverse client. This process centers on the openness of the provider, egolessness, supportive collaboration, and self-reflection and critique of oneself.

This process includes:

(Agner, 2020).

Opening yourself to other cultural worldviews

Cultivating active listening skills

Building relationships with diverse cultural groups

Engage in productive self-reflection

Acknowledging the power of implicit and explicit bias

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Diversity, Equity, and Inclusion Word Bank

Accessibility	The Center for Disease Control and Prevention defines accessibility as the specific consideration of needs for people with disabilities and the modification of products, services, and facilities that can be used by people of all abilities (AOTA).
Allyship	Allyship is a philosophy rooted in action; it demands doing what is necessary to recognize and subvert systems of oppression. Allyship is a process, is based on trust and accountability, looks different for everyone based on your identities, experiences, and spheres of influence, and is not self-defined (i.e., you don't label yourself as an "ally"). Recently, allyship has been critiqued as being too passive and replaced by accompliceship (The Avarna Group, 2023).
Belonging	Belonging supports the value of diversity. The idea of belonging allows individuals to show up as their authentic selves to work and school. Where inclusion, support, and acceptance are fostered in an organization, individuals have a sense of belonging (AOTA).
Black, Indigenous, & People of color (BIPOC)	This term is a blanket term to include those who do not identify as only white. This is a term that can be used to describe a group of people who do not share a racial identity and are also not white. For example, a group with Black, Asian, and Latine people could be described as a group of BIPOC people. However, a single person is not considered "BIPOC" as individual people have their own specific racial identity that should be used rather than a blanket term. While this is embraced by some, there is substantive critique about how BIPOC does not account for the myriad ways that different communities of color experience racism (The Avarna Group, 2023).

Diversity, Equity, and Inclusion Word Bank

Cisgender	A person whose gender identity is the same as the sex or gender they were assigned at birth. (i.e. a person assigned female at birth identifies as female) (The Avarna Group, 2023).
Class	Class refers to how much wealth you have access to through property, inheritance, family support, investments, or other wealth not directly associated with wage earning. It is different from socioeconomic status (The Avarna Group, 2023).
Cultural awareness	Cultural awareness is the recognition and conscious observation of the similarities and differences between cultures (AOTA).
Cultural humility	Cultural humility emphasizes humble and empathetic communication with clients and reduces reliance on bias or implicit assumptions, and instead encourages intentional listening and openness to various cultures (AOTA).
Cultural intelligence	Cultural intelligence is the ability to interact effectively with culturally different clients, and it relies on cultural metacognition—knowledge of your own attitudes, values, and skills, and those of the clients, makes for an effective encounter (AOTA).
Cultural responsiveness	Cultural responsiveness is about reciprocity, respect, and mutuality. It involves exploring differences, being open to valuing clients' knowledge and expertise and recognizing the unique cultural identity of each individual client (AOTA).

Diversity, Equity, and Inclusion Word Bank

Term	Definition
Cultural safety	Cultural safety recognizes the barriers to clinical effectiveness that occurs from a power imbalance between provider and patient. Cultural safety is a sociopolitical idea about the unconscious and unspoken assumptions of power held by health providers of groups that have been historically marginalized. It is about the trust and safety experienced by a client when treated with respect and understanding and is included in the decision-making process (AOTA).
Cultural sensitivity	Cultural sensitivity is understanding the needs and emotions of your own culture and the culture of others (AOTA).
Culture	A set of ideas, customs, traditions, beliefs, and practices shared by a group of people that is constantly changing in subtle and major ways (The Avarna Group, 2023).
Disability	A physical, cognitive and mental characteristic that limits a person in everyday activities within the dominant social and physical structures we have. Examples of *physical disabilities* include: chronic illnesses, a genetic illness that impacts mobility (e.g. cerebral palsy), or blindness. Examples of *cognitive disabilities* include: autism, dyslexia, and Down's syndrome. Examples of *mental illness* include: post-traumatic stress disorder, anxiety, depression (The Avarna Group, 2023).
Diversity	The differences between us based on which some of us experience systemic advantages and others encounter systemic disadvantages, barriers, or mistreatment. This can include race and ethnicity, gender identity, sexual orientation, class background and status, ability, religious affiliation, nationality, age, immigration status, and more. There are countless visible and invisible facets of diversity (The Avarna Group, 2023).

Diversity, Equity, and Inclusion Word Bank

Equity

An approach based in fairness to ensuring everyone has equal access to the same opportunities and resources. In practice, it ensures everyone is given equal opportunity to thrive; this means that resources may be divided and shared unequally to make sure that each person can access an opportunity. Equity is therefore not the same thing as equality. Equity takes into account that people have different access to resources because of systems of oppression and privilege.Equity seeks to balance that disparity (The Avarna Group, 2023).

Ethnicity

Ethnicity: A group of people who identify with one another based on shared culture (The Avarna Group, 2023).

Gender expression

The way that someone outwardly displays their gender through clothing, style, demeanor, and behavior (The Avarna Group, 2023).

Gender identity

Refers how a person articulates their own gender. There are countless ways in which people may identify themselves. (The Avarna Group, 2023).

Generalizations

Generalizations are defined as "statements about common trends within a group, but with the recognition that further information is needed to ascertain whether the generalization applies to a particular person" (AOTA).

Implicit bias

Sometimes referred to as *hidden bias, unconscious bias, or unconscious cognitive bias*, implicit bias is how our brain creates shortcuts to make sense of information when we receive too much information, we receive too little information, or we need to act fast (The Avarna Group, 2023).

Diversity, Equity, and Inclusion Word Bank

Inclusion

Fostering a sense of belonging for everyone by amplifying the needs of those who have experienced more systemic disadvantages. Inclusion does not mean "welcoming all differences" because that would replicate current systems of dominance and require assimilation of people who don't fit into cultural norms. Rather, it is about focusing on those who have been historically and currently marginalized. Inclusion is not the same as tolerance or accommodation, or about overcoming differences (The Avarna Group, 2023).

Intersectionality

A term coined by feminist legal scholar Kimberlé Crenshaw, intersectionality originally was created to account for the ways in which Black women experience both racism and sexism. The term has now expanded to account for the ways that an individual can experience multiple forms of oppression based on multiple marginalized identities (The Avarna Group, 2023).

Justice

Justice involves dismantling systems of oppression (i.e., the "isms"), which create systemic disadvantages, barriers, and mistreatment, so that all people can live full and dignified lives. Whereas equity is about reapportioning or redistributing resources so people can access opportunities, justice is about dismantling barriers to those opportunities. (The Avarna Group, 2023).

Marginalized communities

Groups of people who face systemic disadvantages, exclusion, and barriers to opportunities, resources and power based on their identities, including but not limited to Black, Indigenous, and people of color, immigrants, refugees, undocumented Americans, people with disabilities, women, anybody who identifies outside or beyond the gender binary or not as cisgender, anybody who is not heterosexual, poor and/or low income communities.(The Avarna Group, 2023).

Diversity, Equity, and Inclusion Word Bank

Microaggression	Unconscious everyday behaviors that often unintentionally disempower someone based on a marginalized identity. They can feel small or subtle to the person engaging in the microaggression, but the impact can be large for the recipient. If experienced chronically, a person can feel, "death by a thousand tiny cuts."(The Avarna Group, 2023).
Occupational alienation	When people lack control over their occupations and experience meaninglessness or purposelessness (AOTA).
Occupational apartheid	Depriving individuals, groups, and communities of meaningful and purposeful activity through segregation due to social, political, and economic factors and social status reasons (AOTA).
Occupational deprivation	When people are denied access to occupation over an extended time, with negative consequences for health & well-being (AOTA).
Occupational imbalance	Imbalance speaks to being occupied too much or too little to experience meaning and empowerment (AOTA).
Occupational deprivation	When people's need to exert choices and decision-making power as they participate in occupations is hindered (AOTA).
Occupational justice	Occupational justice refers to the right of all individuals to participate and have equity in occupational choice to increase their well-being (AOTA).
Oppression	Oppression constitutes disadvantages, barriers, or mistreatment that people experience based on one or more of their identities, called "marginalized identities." Oppression is upheld by systemic oppression.(The Avarna Group, 2023).

Diversity, Equity, and Inclusion Word Bank

Privilege

The flip side of oppression, privilege constitutes advantages we receive, consciously or not consciously, by virtue of one or more of our identities, called "dominant identities." These advantages include the freedom from stress, anxiety, fear of harm related to your identity. These advantages are upheld by systemic oppression (The Avarna Group, 2023).

Race

Race is a false construct that conflates skin color and ancestry with behavior, intelligence, competence, and culture. Though race is a false construct, it has real consequences for all people (The Avarna Group, 2023).

Racism

A system of oppression that creates disadvantages and barriers for (or perpetuates the mistreatment of) people who are Black, Indigenous, Latine, Asian, and advantages for those who are white. Racism operates differently for different communities, and has shifted over time. For example, anti-Black racism and anti-Asian racism manifest in different, but overlapping ways. Furthermore, communities that have been racialized and have experienced racism in the U.S. have shifted over time (for example, Italians were racialized in the 1800s) (The Avarna Group, 2023).

Sex

A term used to classify individuals as male, female, or intersex based on their chromosomal, hormonal, and anatomical characteristics (The Avarna Group, 2023).

Sexual orientation

Type of attraction one feels for others, often described based on the gender relationship between the person and the people they are sexually attracted to (The Avarna Group, 2023).

Diversity, Equity, and Inclusion Word Bank

Socioeconomic status	The amount of money you earn in wages each month or year. This can change rapidly (The Avarna Group, 2023).
Stereotypes (versus Norms)	Stereotypes refer to the widely held, oversimplified ideas we hold about a person based on their identities (real or perceived). Usually, stereotypes (a) are based on assumptions, popular opinion, or misinformation, (b) are generally negative, and (c) are sweeping and simple, and are (often characterized by words such as "always" and "never.") Norms, on the other hand, are (a) based on observable experiences within a community, (b) are not necessarily negative and in fact, are helpful and intended to guide people in their actions, and (c) are complex, and are (often qualified by words such as "often," "sometimes," and "may.") (The Avarna Group, 2023).
System of oppression	Defined as systems of power in a society that advantage certain groups over others and include ideologies such as racism, sexism, heterosexism, etc. (collectively "the isms") (AOTA).

Word Bank References

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DEI Advocacy Action Guide: Promoting Allyship in Occupational Therapy

LGBTQ+ Reference Guide: Inclusive Action Steps for OT Practitioners

OOTA Advocacy Day 2024

LGBTQ+ Pocket Guide: Inclusive Action Steps for OT Practitioners

Check out my other projects!

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Cleveland State University 2024 Dissemination Poster

Acknowledgements

This capstone project has been many years in the making and I have so many people to thank for their support and advice over these last 3 years. I want to thank my site mentors, Becky and Christie, and OOTA for giving me the opportunity to create something I am so passionate about with so much creative liberty. I would also like to thank my site mentor, Fadia, for all of her optimism and patience throughout this process. Lastly, I want to thank my family and friends for always keeping me afloat and reminding me why all of this is so worth it.