Occupational Therapy in the Promotion of Health and Well-Being

A balanced pattern of occupations enhances the health and fulfills the needs of individuals, families, communities, and populations (American Occupational Therapy Association [AOTA], 2014b; Hocking, 2019; Meyer, 1922). *Occupations* are personalized "everyday activities that people do as individuals, in families, and with communities to occupy time and bring meaning and purpose to life" (World Federation of Occupational Therapists, 2012, para. 2). The purpose of this statement is to describe occupational therapy's role and contribution in the areas of health promotion and prevention for internal and external audiences. AOTA supports and promotes the involvement of occupational therapy practitioners[1] in the development and delivery of programs and services that promote health, well-being, and social participation of all people.

Definitions

Well-Being

Well-being is the ultimate goal of health promotion. *Well-being* is an evolving concept that includes "the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment, and positive functioning" (Centers for Disease Control and Prevention, 2018, para. 1). In occupational therapy, well-being also includes satisfaction with participation in occupations and daily activities that enhance quality of life (QoL). Eight dimensions of well-being are identified in the Substance Abuse and Mental Health Services Administration (2016) model: (1) emotional, (2) environmental, (3) financial, (4) intellectual, (5) occupational, (6) physical, (7) social, and (8) spiritual.

Health Promotion, Health, and Healthy Life

It is important to frame the discussion of occupational therapy's role in health promotion by first defining health promotion and health. According to the *Ottawa Charter for Health Promotion,*

> *Health promotion* is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental, and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. *Health* is a positive concept emphasizing social and personal resources, as

[1]When the term *occupational therapy practitioner* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2019). Occupational therapists are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of the occupational therapy service delivery process. Occupational therapy assistants deliver occupational therapy services under the supervision of and in partnership with an occupational therapist (AOTA, 2014a).

well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector but goes beyond healthy lifestyles to well-being. (World Health Organization, 1986, para. 2, italics added)

For nearly 40 years, the U.S. Department of Health and Human Services (DHHS) has established health promotion and disease prevention objectives to facilitate and measure improvement in health (DHHS, 1980, 1990, 2000, 2010, 2018a). The vision of *Healthy People 2030* is the realization of "a society in which all people achieve their full potential for health and well-being across the lifespan" (DHHS, 2018a, para. 11). Attention to all dimensions in health promotion programming is essential to facilitate overall well-being. *Healthy People 2030* has five major goals:

1. Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury, and premature death.
2. Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
3. Create social, physical, and economic environments that promote attaining full potential for health and well-being for all.
4. Promote healthy development, healthy behaviors, and well-being across all life stages.
5. Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all. (DHHS, 2018a, para. 11)

Active engagement in life and overall health status, not just longevity, are emphasized in these goals. A *healthy life* means the use of capacities and adaptations across the lifespan, allowing people to enter into satisfying relationships with others, to work, and to play in their community. From a national perspective, a healthy life means a person is able to be a vital, creative, and productive citizen and resident who contributes to the development of flourishing communities and a thriving nation. See Appendix A for more terms and definitions.

Strategies for Preventing the Onset and Progression of Disease and Injury

A key purpose of health promotion is improved health and well-being; quality of life; and participation for individuals, families, and populations. Health promotion, management, and maintenance for people with or without disabilities requires the implementation of prevention strategies. Prevention, generally categorized into primary, secondary, and tertiary levels, is often a collaborative interdisciplinary endeavor (Reitz et al., 2010). Individuals, groups, and populations at all levels of abilities can benefit from occupation-based strategies at each of these levels (AOTA, 2014b; Pizzi et al., 2018). Definitions and occupation-based strategies for these categories are as follows:

- *Primary prevention* is defined as education or health promotion efforts designed to prevent the onset and reduce the incidence of unhealthy conditions, diseases, or injuries. These attempts to identify, reduce, and eliminate risk factors for disease and injury may include modifying the physical and social environment. Other strategies can include improving nutrition through family occupation-based education on meal planning and preparation; increasing physical activities through leisure education and participation; quitting smoking; managing weight; and screening for heart disease, diabetes, and cancer. All can be beneficial to individuals with existing health conditions and to the general population.
- *Secondary prevention* strategies typically include screening, early detection (e.g., using a long-handled mirror to monitor skin integrity of the feet), and intervention after disease onset or injury has occurred. Secondary prevention involves limiting the development of secondary conditions and their subsequent impact on function and QoL (Kinne et al., 2004).
- *Tertiary prevention* refers to services and policies designed to prevent the progression of a condition, including poverty. Strategies include promoting equal opportunity, full participation, independent living, economic self-sufficiency, advocacy, and self-advocacy (Pizzi et al., 2018).

Population Health Approach

The Triple Aim was introduced in 2008 by the Institute for Healthcare Improvement as a method not only to improve the health care experience of individuals but also to improve the health of populations, enhance patient experience, and manage costs (Berwick et al., 2008; Obucina et al., 2018). *Population health* focuses on *aggregates,* or communities of people, and the many factors that influence their health. The health of a population is the product of multiple determinants including biology and genetics, individual health behaviors, social factors, economic factors, government policies, availability and quality of health services, and physical environments. A population health approach strives to identify and reduce health disparities as well as enhance the overall health and well-being of a population (Finlayson & Edwards, 1997; Kaplan et al., 2015).

The appropriateness of occupational therapy involvement in population-based health promotion is supported by the *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2014b). In addition to providing occupational therapy interventions for individuals, occupational therapy practitioners develop and implement occupation-based health approaches to enhance occupational performance and participation, QoL, and occupational justice for populations. Examples of population health approaches appear later in this statement.

Role of Occupational Therapy in Health Promotion

Occupational therapy services are provided to clients (i.e., individuals, groups, and populations) of all age groups, infants through older adults, from a variety of socioeconomic, cultural, and ethnic backgrounds, who have or who are at risk for impairments, activity limitations, or participation restrictions. Occupational therapy practitioners recognize that physical and mental health is supported when clients are able to engage in occupations and activities that allow them to achieve the desired outcome of participation in their chosen environments and contexts (AOTA, 2014b, 2015b).

The essence of occupational therapy is the "belief that active engagement in occupation promotes, facilitates, supports, and maintains health and participation" (AOTA, 2014b, p. S4). Health management, including physical and mental health management and maintenance, is an important occupation for clients within the domain of occupational therapy. Health promotion and prevention are identified as occupational therapy intervention approaches, and prevention, health and wellness, QoL, participation, well-being, and occupational justice are potential outcomes of occupational therapy services (AOTA, 2014b).

Occupational therapy health promotion programs and interventions may target individuals, communities, populations, and policymakers. The focus of these efforts includes but is not limited to

- Prevention or reduction in the incidence of illness or disease, accidents, and injuries in the population (e.g., through activity analysis and environmental adaptations and modifications);
- Promotion of positive mental health through competence enhancement strategies, such as skill development, environmental supports, and adaptations of tasks and contexts;
- Mitigation of mental illness through risk reduction strategies across the lifespan, such as establishing healthy habits and routines and providing training in relaxation and coping techniques (AOTA, 2017c);
- Reduction of health disparities among racial and ethnic minority groups and other underserved populations (e.g., through advocacy and support for self-advocacy);
- Enhancement of mental health, resilience, and QoL (e.g., through culturally relevant healthy occupational engagement);
- Prevention of secondary conditions and improvement of the overall health and well-being of people with chronic conditions or disabilities and their caregivers (e.g., through health management training and occupational and environmental adaptation); and

- Promotion of healthy living practices, social participation, occupational justice, and healthy communities, with respect for cross-cultural issues and concerns (e.g., through facilitation of culturally relevant and inclusive programming in the community).

Occupational imbalance, deprivation, and alienation are risk factors for health problems. They also may result from or lead to the development of other risk factors, which in turn can result in larger health and social problems. Causes are varied (e.g., unanticipated caregiving responsibilities, losses in employment or housing) and can lead to occupational imbalance, deprivation, and alienation, which can then lead to individual health problems such as stress, sleep disturbance, and depression (Wilcock, 2006). Addressing occupational imbalance, deprivation, and alienation can promote health and prevent further health problems.

Occupational therapy practitioners have three critical roles in health promotion and prevention that underpin these programs and interventions:

1. To promote healthy occupations and lifestyles for everyone, including people with various ability levels and those who are marginalized and at increased risk for health conditions;
2. To incorporate occupation as an essential element of health promotion strategies; and
3. To provide occupation-based interventions, not only with individuals but also with families, communities, and populations.

See Table1 for case examples of the role of occupational therapy in the promotion of health and well-being.

It is important that practitioners promote a healthy lifestyle for all clients, their families, and communities. Wilcock (2006) defined an approach to prevention as

> the application of medical, behavioral, social, and occupational science to prevent physiological, psychological, social, and occupational illness; accidents; and disability; and to prolong quality of life for all people through advocacy and mediation and through occupation-focused programs aimed at enabling people to do, be, and become according to their natural health needs. (p. 282)

As noted previously, one goal of *Healthy People 2030* is to eliminate health disparities (DHHS, 2018a). The term *health disparities* refers to population-specific differences in disease rates, health outcomes, and access to health care services. Populations with differing health outcomes include, but are not limited to, members of racial and ethnic minority groups (DHHS, 2019a), people with disabilities (DHHS, 2019b), and people who identify as LGBTQ+ (DHHS, 2019c). Addressing health disparities is consistent with the tenets of the occupational therapy profession. *Inclusion* is the acceptance and support of diversity wherein the uniqueness of beliefs, values, and attributes is welcomed, valued, and leveraged for maximum engagement (Taff & Blash, 2017).

Occupational Therapy Health Promotion Interventions

Many occupational therapy theoretical frameworks support health promotion and prevention interventions. These frameworks include the Ecology of Human Performance (Dunn et al., 1994), Person–Environment–Occupational Performance Model (Christiansen et al., 2015), and Model of Human Occupation (Kielhofner, 2002; Taylor, 2017), among others. The use of one or a combination of these models will help promote comprehensive occupation-based interventions at the individual, community, or population level.

Individuals

Occupation-based primary prevention and intervention approaches that target individuals may include

- Workplace musculoskeletal injury prevention and management programs using activity and job analysis, adaptations to the work environment, and modifications to work practices;
- Social and emotional skills, self-management skills, communication skills, and anger management as well as conflict resolution training for parents, teachers, and school-age youth to reduce the incidence of bullying and other violence;
- Parenting skills training and family co-occupation engagement to enhance family health, promote

Table 1. Occupational Therapy Health Promotion Case Examples

Case Type and Description	Evaluation	Intervention
	Primary	
Working with a family: A retired couple consult an OT about a home safety evaluation to help them remain in their home as they age.	The OT develops an occupational profile (AOTA, 2014b, 2017a) using a semistructured interview and gathers information about the couple's goals, occupational history, health, occupational performance, and satisfaction level within the various performance areas, as well as social connectedness and overall life satisfaction. Both spouses are overweight but able to perform daily tasks with a high level of satisfaction. They have a strong social support network and report being very satisfied with their life. The OT explores the health history of their parents and learns of a history of Alzheimer's disease and diabetes. The OT assesses the environment (i.e., home, yard, neighborhood) for accessibility and safety using the SAFER tool (Oliver et al., 1993). The OT notes that the living area is on 3 levels (several steps have no railings); rooms and hallways are generally poorly lit; and the rooms have too much furniture, leaving narrow or obstructed passageways. The yard has uneven and poorly defined walkways. The couple lives in a residential neighborhood with a distance of 3 miles to shopping. No public transportation is available, even for people with mobility impairments.	For immediate consideration, the OT recommends that the couple install railings near all stairs, increase the level of lighting, and decrease the amount of furniture in the rooms and hallways to widen passageways. The OT works with them to find the best configuration of furniture placement to maximize safety when walking in a room. The OT recommends that the couple consider changing the landscape to include clearly defined and level walkways that also will accommodate wheeled mobility, should that ever be needed. A second set of recommendations includes how to retrofit the house if mobility impairments preclude stair climbing in the future. The OT describes optimal placement of an elevator from the 1st to the 2nd floor. There is not an easy placement of an elevator from the basement to the 1st floor, so the OT describes how the occupations now performed in the basement (e.g., exercise, laundry, computer use) may be transferred to the other 2 floors. The OT works with the couple to identify solutions regarding transportation, should driving become difficult, and recommends community resources that promote healthy weight management.
Working with a business: A commercial bakery contacts an OT to evaluate the various workstations in the bakery and make recommendations for improvements. Management goals include increasing productivity and decreasing sick days and worker compensation claims.	The OT observes the work performed at the various workstations and interviews the workers. The OT notes body mechanics, repetitive motions, machine design, layout of workstations with travel distances, weights lifted and number of lifts per time unit, work speed and load, noise, temperature, air quality, clothing comfort, and length and frequency of rest breaks. The OT also notes worker-to-worker interaction and interaction among workers, supervisors, and managers. The supervisors and management seem approachable and open to suggestions from the workers. The OT identifies a high frequency of lifting and repetitive motion done by the workers. Workstations require a significant amount of static standing, which contributes to many musculoskeletal problems. Travel distances are long, work speed is rapid, noise level is high in certain parts of the bakery, and the temperature is uncomfortably warm.	The OT recommends ergonomically designed workstations that can decrease the amount of static work, time standing, travel, or lifting and that can improve working positions. Because some jobs involve repetitive motions that may not be avoided, the OT instructs the managers about the benefits of rest breaks and instructs the workers in stretching exercises. Pain management techniques, including alternative pain relief strategies, are also provided to the workers. Workers are instructed in proper body mechanics at their specific workstations. The OT works with the managers to design a daily schedule that allows for an even workflow to decrease times of high stress. The OT returns every 6 mo to reevaluate and to instruct new employees.

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Table 1. Occupational Therapy Health Promotion Case Examples (*Cont'd*)

Case Type and Description	Evaluation	Intervention
Working with a school: An elementary school is planning a new playground, which must be accessible to every child in the school. An OT is consulted for input on design features that will make the playground aesthetically pleasing, fun, and challenging for children of all abilities and sizes.	The OT surveys the proposed playground area, including the dimensions, drainage, slope, ground cover, distance to parking, and natural shade. The OT uses guidelines for play areas developed by the U.S. Access Board (2007) to ensure minimum requirements are met. The OT then researches commercially available playground equipment to find equipment that will be fun and challenging to use for all children in the school, as well as encourage interaction among the children.	The OT provides the school with a report detailing the recommendations for the playground equipment and layout. The OT is careful to identify all safety issues and suggests ways to make the playground as inclusive as possible for children of all sizes and abilities. The report also includes recommendations for landscaping so that children using wheeled mobility can easily navigate around the playground. The OT remains on the design team for consultation until the playground is completed.
Secondary		
Working in a primary care setting: An OT working in a primary care setting notes the high number of opiate prescriptions for chronic pain that many patients are receiving. Chronic pain can lead to loss of worker and family roles, sleep disturbance, depression, and social isolation, all of which are within the domain of occupational therapy. In addition, the OT is concerned about patients' potential for addiction, overdose, and relapse.	The OT researches information on opiate addiction, existing programs, and prevention of relapse. Recognizing that addiction and relapse are attempts to reduce distress (either physical or psychological), the OT opts to focus on diminishing and managing the distress instead of implementing an opiate-use reduction strategy. The OT uses the literature to identify appropriate assessments and chooses the COPM (Law et al., 2019) and the PFPA (Fisher et al., 2009).	Using assessment data, the OT designs a prevention program consisting of group and individual sessions. Topics for groups include pain management, mindfulness, distress tolerance, emotion regulation, and problem-solving skills. Pain management interventions include education on the neurophysiology of the pain response and nonmedical pain control modalities, such as the proper use of heat and cold, safe body mechanics, muscle tension reduction training, and regulation of activity levels. The group setting is designed to provide social support, and individual sessions provide an opportunity to customize content to meet each individual's specific needs. The OT collects ongoing data to determine the effectiveness of the program in reducing physical and psychological distress, decreasing the need for opiate prescriptions, and preventing addiction and relapse.
Working with a local government agency: An OT working in home health has noticed that older adult clients who no longer drive as a result of a variety of functional limitations have no other means of transportation to go grocery shopping, run errands, attend appointments, visit friends, and engage in community activities. This lack of transportation limits the social engagement, physical activity, and autonomy of these older adults and places them at increased risk for depression and falls. The OT reviews the literature for evidence and locates a special issue of the *American Journal of Occupational Therapy* that includes systematic reviews on the relationship between occupation and productive aging (Berger et al., 2018; Smallfield & Molitor, 2018). The OT reviews additional literature regarding interventions for community mobility and public transit for older adults (Mulry et al., 2017) and commits to taking action.	To determine the need for alternative means of transportation, the OT conducts a needs assessment, gathering existing data from several sources, including state and local census data and information from community organizations that provide services to older adults.	The OT contacts the county office on aging to discuss findings and concerns from the needs assessment. The OT provides a brief presentation that includes data from the needs assessment and evidence from the systematic reviews. A joint task force is formed with local senior centers to further study the transportation experience of older adults in the county to make further recommendations. Cognizant of the need to balance the fiscal resources of the county with the needs of aging county residents, the task force develops a proposal for extending 1 bus route and including 3 additional stops on 2 other bus routes during weekday non–rush hour times. The proposal emphasizes the importance of transportation and social participation to the health and well-being of older adults. Additionally, the task force develops a brochure for residents of the community; it includes information about other community resources for transportation, such as paratransit services, volunteer drivers, and ride share programs.

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Table 1. Occupational Therapy Health Promotion Case Examples (*Cont'd*)

Case Type and Description	Evaluation	Intervention
Working with a local nonprofit organization: The director of a local nonprofit organization serving veterans with mental health issues is concerned about the high rate of suicide among veterans. One risk factor for suicide in this population is social isolation (Teo et al., 2018). An OT is consulted regarding strategies for community reintegration.	The OT reviews the literature on community reintegration, social programs for veterans, and suicide prevention. The OT interviews several veterans individually and conducts a focus group to identify their needs and interests related to community reintegration.	On the basis of the needs assessment data and input from the OT, the director of the nonprofit organization creates a peer support program and an occupation-based community reintegration group intervention. The OT is hired to assist in the development, implementation, and evaluation of these new service components, including the training of the peer support coaches.
Tertiary		
Working with a local hospital: A hospital offers health promotion classes to former patients with chronic conditions. The programs address concerns related to limited health literacy and other health management skills affecting patients' health, functioning, and recidivism rates. An OTA is chosen to lead a class for patients with COPD.	The OTA researches information on COPD, existing programs, and their content and outcomes. The OTA researches and consults with the supervising OT to determine optimal group size, length of each session, session frequency, and number of sessions based on available evidence and capacity of the hospital.	The supervising OT works with the OTA and has a respiratory therapist join the team to develop a series of health promotion classes for patients with COPD based on the Lifestyle Redesign® program (Clark et al., 2015). The team discusses the ideal number of participants, length of sessions, and topics to be included. The team determines that the OTA will offer 12 monthly sessions lasting 90 min each to 15 participants with COPD. Topics include chronic disease self-management, assertive communication, information seeking, stress management, health literacy, and problem-solving skills. The group functions as a support group. The OT and OTA collect data to determine the effectiveness of the program in preventing secondary conditions associated with COPD and promoting independent living and quality of life.

Note. AOTA = American Occupational Therapy Association; COPD = chronic obstructive pulmonary disease; COPM = Canadian Occupational Performance Measure; OT = occupational therapist; OTA = occupational therapy assistant; PFPA = Pain and Functional Performance Assessment; SAFER = Safety Assessment of Function and the Environment for Rehabilitation.

development, and decrease stress and potential for abuse;
- Fall prevention programs for community-dwelling older adults with occupation-focused home evaluations; and
- Health literacy interventions to support health management and maintenance capabilities.

Examples of secondary prevention interventions may include
- Education and training regarding eating habits, activity levels, and prevention of secondary disability subsequent to obesity or mobility limitations;
- Education and training on how to incorporate stress management and adaptive coping strategies within daily routines to enhance resilience for children who have experienced trauma or adults with mood disorders and posttraumatic stress disorder; and
- Osteoporosis management and fall prevention classes for individuals recently diagnosed with this condition.

Examples of occupation-based tertiary prevention interventions may include
- Transitional or independent-living skills training for people with mental illness or cognitive impairments;

- Leisure participation groups for older adults with dementia to prevent depression, enhance socialization, and improve QoL;
- Social participation activities at a drop-in center for adults with severe mental illness to increase social and community engagement; and
- Stroke support groups for survivors and caregivers with a focus on occupational engagement to increase occupational performance and decrease caregiver burden.

Occupational therapy practitioners work as part of an interprofessional team by adding the contribution of occupation to programs developed by experts in health education, nutrition, exercise, and so forth. For example, when working with an individual with a lower extremity amputation as a result of diabetes, the practitioner may focus on the occupation of meal preparation using foods and preparation methods recommended in the nutritionist's health promotion program. This approach enables achievement of the occupational therapy goal of functional independence in the kitchen and reinforces the importance of proper nutrition for the prevention of further disability (Scaffa & Reitz, 2014).

Organizations, Communities, and Populations

To promote the health of a population and achieve health equity, the social determinants of health must be addressed. These determinants include economic stability, education, social and community context, health and health care, and the neighborhood and built environment (DHHS, 2018b). Social determinants of health can be addressed through collaboration with organizations and communities and through policy initiatives.

Examples of organization-level interventions may include

- Providing consultation to businesses to promote well-being of workers through identification of problems and solutions for balance among work, leisure, and family life;
- Providing consultation to park districts regarding implementation of Americans With Disabilities Act of 1990 (Pub. L. 101-336) requirements;
- Educating day care staff to understand typical growth and development, handle behavior problems, and identify children at risk for developmental delays and obesity;
- Promoting ergonomic design in workstations, such as classroom desks for students, computer stations for staff, and other work areas (e.g., custodial); and
- Providing consultation to schools to increase opportunities for movement throughout the school day.

Examples of community- or population-level interventions may include

- Consulting with local transportation authorities regarding accessible public transportation;
- Consulting with contractors, architects, and city planners regarding accessibility and universal design;
- Implementing a communitywide screening program for depression at nursing homes, assisted-living facilities, and senior centers for the purpose of developing or providing group and individual prevention and intervention programs;
- Providing consultation, assessment, and intervention for chronic health conditions at a primary care facility;
- Conducting needs assessments and implementing intervention strategies with other health professionals to reduce health disparities in communities with high rates of disease or injury, such as lifestyle management programs addressing hypertension, diabetes, and obesity;
- Addressing the health and occupation needs of the homeless population by eliminating barriers and enhancing opportunities for occupational engagement;
- Addressing the health and occupation needs of prison populations by enhancing opportunities for occupational engagement by focusing on reentry to reduce recidivism; and
- Training volunteers to function effectively in special-needs shelters during disasters.

Governmental or policy-level interventions may include

- Promoting policies that offer affordable, accessible health care to everyone, including people with

disabilities and those from other historically marginalized backgrounds;
- Promoting barrier-free environments for all ages, including aging in place and universal design;
- Supporting full inclusion of children with disabilities in schools and day care programs;
- Lobbying for public funds to support research and program development in areas related to improvement in QoL for people at risk and those with disabilities; and
- Promoting policies that establish opportunities for recovery in the community for people with mental disorders.

Ethical Considerations

The roles of occupational therapy practitioners in evaluation and intervention in health promotion practice are based on the *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services* (AOTA, 2014a). Occupational therapy practitioners have the basic knowledge and skills to carry out health promotion interventions to prevent injury and maximize well-being. However, this area of practice is broad, and practitioners must continually expand their knowledge in health promotion to be effective and competent members of a team (Reitz, 2017).

Individuals, groups, and populations are best served when community leaders, stakeholders, and a variety of health and education professionals work in interprofessional teams to provide health promotion and preventive services. Occupational therapy practitioners' knowledge of occupations, activity analysis, and group functioning makes them essential members of such teams.

Being cognizant of and ready to address health literacy is one example of occupational therapy practitioners' evolving knowledge base. Ensuring health literacy is a focus of national health policy and marks ethical practice across health disciplines. The *Healthy People 2030* goal regarding the reduction of health disparities includes attaining health literacy as a means of improving health and well-being (DHHS, 2018a). Health literacy affects people's ability to understand information on prescription drug bottles, participate in chronic disease self-management, follow physician recommendations, fill out complex forms, communicate with health care providers, and navigate the health care system. Therefore, health literacy is an important component of health management.

The *Occupational Therapy Code of Ethics (2015)* (AOTA, 2015a) establishes principles that guide safe and competent occupational therapy practice that must be applied when providing occupational therapy services. Although practitioners recognize the distinct role of occupational therapy in health promotion and prevention, it is also important for them to acknowledge and respect the contributions of other health care professions in this arena. Occupational therapy practitioners should operate within their scope of practice and training and partner with other health promotion disciplines with specialized expertise in areas such as public health, health education, nutrition, and exercise science. This professional behavior is in perfect alignment with Principle 6: Fidelity of the Code of Ethics (AOTA, 2015a).

Evidence Base for Occupational Therapy in Health Promotion

Health promotion services should be based on the best available evidence. Through AOTA's (n.d.) *Evidence-Based Resource Directory,* occupational therapy practitioners can review the latest evidence-based resources for work with individuals through the lifespan as well as with families, communities, and populations. Several evidence-based occupational therapy interventions for health promotion have been developed.

A systematic review of mental health services and programming for children (Arbesman et al., 2013) found strong evidence that schoolwide antibullying programs and after-school programs are effective in improving social and emotional skills. In the same systematic review, strong evidence was reported "that childhood obesity programs affect body mass index, particularly for children aged 6–12 years" (Arbesman et al., 2013, p. 123).

An AOTA Critically Appraised Topic (CAT) found moderate evidence for the efficacy of population-based

fall prevention interventions (AOTA, 2017b). This CAT provides support to occupational therapy practitioners to "consider working with interdisciplinary team members to develop population-based multicomponent fall prevention intervention programs, which include exercise to promote strength and balance, home safety education and modification, cognitive–behavioral programs, and education on fall risk factors" (AOTA, 2017b, p. 4).

Studies by Clark et al. (1997, 2001, 2012) have supported the efficacy of occupational therapy health promotion interventions in well older adults in urban communities. In a landmark study of community-dwelling older adults (the Well Elderly Study), Clark et al. (1997) evaluated the effectiveness of an occupation-based health promotion program. The intervention was found to enhance physical and mental health, occupational functioning, and life satisfaction compared with a social activities program and a no-treatment control group.

Clark et al. (2001) demonstrated a long-term benefit attributable to preventive occupational therapy when they reevaluated participants from Clark et al.'s (1997) Well Elderly Study and found that 90% of therapeutic gain observed after intervention was retained at the 6-month follow-up. In addition, the Well Elderly Study was replicated through the Well Elderly 2 trial (Clark et al., 2012) with participants from a wider array of economic and ethnic backgrounds. Occupational therapy health promotion was found to be a cost-effective method to enhance health and well-being among older adults in an urban context (Clark et al., 2012).

Research by Suarez-Balcazar et al. (2016) examined the benefits of a healthy lifestyle program for Latino youth with disabilities at risk for obesity and their families. The assessment of the culturally tailored program indicated improvements in family routines and health habits. A participatory action research project by Schmelzer and Leto (2018) resulted in the development of an occupation-based program promoting food resource management for low-income families. Statistically significant improvements after intervention included increased satisfaction and improved performance of activities involving management of available food resources, resulting in decreased food insecurity.

Summary

Exercising the power of occupation can help prevent harmful health and social conditions and promote well-being. Occupational therapy practitioners have the capacity and knowledge to positively affect the health and well-being of individuals, families, communities, and populations at local, national, and global levels. Occupation-based health promotion services can facilitate the achievement of national goals outlined in *Healthy People 2030* and the fulfillment of the Triple Aim. Developing and implementing occupation-based violence prevention programs, ensuring playground accessibility, providing sleep hygiene programs, advocating for marginalized populations, and participating in sustainability initiatives are just a few examples of roles that practitioners can play to positively affect health and well-being. This area of practice is primed for further development, and future innovative health promotion solutions will be maximized through interdisciplinary collaborations.

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Appendix A. Glossary of Health Promotion Terms

Health: Physical, mental, and social well-being (World Health Organization, 1986).

Health literacy: "The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (National Network of Libraries of Medicine, n.d., para. 1).

Health promotion: "The process of enabling people to increase control over, and to improve, their health" (World Health Organization, 1986, para. 2).

Healthy life: The use of capacities and adaptations to enter into satisfying relationships with others, to work, and to play.

Occupational alienation: "Sense of isolation, powerlessness, frustration, loss of control, and estrangement from society or self as a result of engagement in occupation that does not satisfy inner needs" (Wilcock, 2006, p. 343).

Occupational deprivation: "Deprivation of occupational choice and diversity because of circumstances beyond the control of individuals or communities" (Wilcock, 2006, p. 343).

Occupational imbalance: "A lack of balance or disproportion of occupation resulting in decreased well-being" (Wilcock, 2006, p. 343).

Occupational justice: "The promotion of social and economic change to increase individual, community, and political awareness, resources, and equitable opportunities for diverse occupational opportunities that enable people to meet their potential and experience well-being" (Wilcock, 2006, p. 343).

Occupational science: "An interdisciplinary academic discipline in the social and behavioral sciences dedicated to the study of the form, the function, and the meaning of human occupations" (Zemke & Clark, 1996, p. vii).

Well-being: An evolving concept that includes "the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions, satisfaction with life, fulfillment, and positive functioning" (Centers for Disease Control and Prevention, 2018, para. 1); in occupational therapy, it also includes satisfaction with occupational participation.

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