If human health is impacted by occupational opportunities (and it is), what are we doing about poverty?

Karen Whalley Hammell

A substantial body of evidence demonstrates a clear connection between people’s occupational engagement, their health and the quality of their lives (Hammell, 2009); it is this knowledge — that human health and well-being are impacted by the occupations in which people have the ability and opportunity to engage — that informs the occupational therapy profession. “Occupation” in this context refers to anything that people do in their daily lives.

Reflecting its origins within the health-care system, the occupational therapy profession has been preoccupied since its inception with evaluating and augmenting individuals’ abilities. However, this is an inadequate response to disabled people’s lives, because abilities are of little value without opportunities. Teaching people how to manoeuvre a wheelchair, for example, is of little value if their homes do not have ramps, their local streets are unpaved or lack curb cuts and snow removal is tailored for the privileged population who drive and not for those who must endeavour to wheel their chairs over the resultant snow banks (up to 30% of disabled Canadians have no accessible transportation; Stienstra, 2012).

The intent of this article is to encourage occupational therapists and their funding agencies to acknowledge, challenge and address structural barriers to equitable occupational opportunities, and to resist those boundaries that conspire to confine occupational therapy practices to the enhancement of individual abilities and preservation of the status quo. For the past four decades, disability activists have denounced individualistic, impairment-focused approaches to the needs of disabled people and have asserted their conviction that people with impairments are “disabled” (disempowered, disadvantaged, incapacitated) by the ways in which they are excluded from full participation in society (Union of the Physically Impaired Against Segregation, 1976). Recognizing that social determinants, such as poverty, shape the occupational opportunities, participation and well-being of disabled and other people (and that these outcomes are interconnected), there have been calls for occupational therapists to commit to addressing the “occupational rights” of both individuals and populations (Hammell & Iwama, 2012).

Occupational rights are defined as “the right of all people to engage in meaningful occupations that contribute positively to their own well-being and the well-being of their communities” (Hammell, 2008, p. 62). It is because human health and well-being are influenced by the occupations in which people have the ability and opportunity to engage that occupational rights are associated with human rights (Hammell & Iwama, 2012), and it is why poverty is an issue of occupational rights.

Poverty rates in Canada are among the highest of the world’s wealthiest industrialized nations (Organisation for Economic Cooperation and Development, 2008). There is an inordinately high prevalence of poverty among certain groups, including children, First Nations people, recent immigrants, people with mental illnesses and disabled people (Canadian Medical Association [CMA], 2013). People with mental illness experience high rates of persistent poverty (Benbow, Rudnick, Forchuk, & Edwards, 2014) and, with one in five disabled Canadians living in poverty, disabled people are among the most poor, excluded and disenfranchised people in Canada (Stienstra, 2012).

Identified as both a cause and a consequence of both impairment and disability, poverty is Canada’s most important social determinant of health (CMA, 2013), negatively impacting children’s neurological development and contributing significantly to stress, substance abuse, anxiety, depression and other forms of mental illness, as well as to physical illnesses and impairments (CMA, 2013). Canadians who are poor are accorded a devalued social status, which has detrimental consequences for both their mental health and their occupational opportunities. Moreover, intersections of socially-devalued statuses — constructed on the basis of class, race, gender, age, sexuality and dis/ability — conspire to magnify poverty and marginalization, such that occupational opportunities for poor disabled First Nations people, for example, fall below the already dismal standard experienced by many other poor disabled Canadians (Stienstra, 2012).

Sherry (2010) observed that “in situations of poverty, environmental factors may be more disabling than impairments themselves” (p. 40), noting that occupational rights may be violated due to social, political and economic factors. For example, a nine-floor building in Vancouver’s downtown east side houses some of the city’s marginalized citizens. In 2015, the only elevator in the building broke down. Ten days later it had still not been repaired, leaving many people with mobility impairments — including John, a man with quadriplegia — stranded on the upper floors. This had repercussions for John’s occupational opportunities: he was unable to shower because the only wheelchair accessible shower was on the ground floor, he was unable to work because he could not get to his job (thus also losing his opportunity to earn an income) and he was unable to go outdoors and participate in his community (Canadian Broadcasting Corporation, 2015). John will have discovered that ability is of little use without opportunity, that the occupational choices people make are dependent upon the choices available to them — that social determinants need to be addressed if we are to truly contribute to people’s health and well-being.
they have the opportunity to make and that opportunities are severely constrained for people who are both disabled and poor.

Poverty is not simply a problem of inadequate financial resources, but comprises a matrix of social exclusion that includes limited access to education, employment, housing and transportation (Sakellariou & Pollard, 2009). Because poverty constitutes a barrier to the opportunity to lead a healthy life (CMA, 2013), researchers characterize poverty as a restriction of opportunities that diminishes people’s “capabilities” — their abilities to act and to do (Frohlich & Abel, 2014). Thus, poverty constitutes a limitation of capabilities: a deprivation of options and opportunities for engaging in occupations (acting and doing) that contribute to health, to well-being, to dignity and to quality of life. This is why occupational therapists ought to be engaged in addressing inequities of occupational opportunities for all those people whose abilities to act and to do are constrained by poverty.

With our specific knowledge — that human health and well-being are impacted by the occupations in which people have the ability and opportunity to engage — occupational therapists are ideally situated to work with and for governments, policy-makers and non-governmental organizations in order to facilitate engagement in productive occupations and meaningful roles, to assist marginalized communities to identify and develop income-generating opportunities, and to advocate for the elimination of systemic barriers that violate the occupational rights of those who are poor. Using occupation-based interventions, occupational therapists have assisted economically disadvantaged at-risk youth to acquire skills and envision a future of healthy and fulfilling occupational engagement (Shea & Jackson, 2015). Some other examples of occupational therapy interventions that have successfully addressed poverty may be found on pages 16-17 of this issue.

Clearly, such endeavours have both fiscal and social benefits. People who are poor have strengths, abilities and tenacity to engage in occupations that can improve their lives, but they require opportunities to do so.

Improvements in human health and well-being can occur if barriers to occupational opportunities are addressed. Occupational therapists have the ability to make a difference, but we need opportunities to do so. In light of the substantial weight of evidence documenting the negative impact of poverty on the abilities and opportunities of entire populations of Canadians to engage in occupations that contribute positively to well-being, it is frustrating that the majority of occupational therapists are still working almost exclusively with individuals, focusing primarily on their abilities and mostly doing so from within the constraining parameters of the health service. We require new modes of funding that enable us to fulfill our potential in wider arenas. If we are to take seriously the assertion of the World Federation of Occupational Therapists (2006) that access to occupational participation is a right, we must recognize that opportunity is a right for everyone, and we must insist that occupational therapists have opportunities to help achieve these rights.

Indeed, if ability is of little value without opportunity, then conditions such as poverty that constrain the opportunities and violate the occupational rights of so many people ought to be of fundamental concern to Canadian occupational therapists (Hammell & Iwama, 2012). Occupational engagement — ability and opportunity — is our area of ability. We can do this!

References


About the author

Karen Whalley Hammell, PhD, MSc, OT(C), DipCOT(UK), is an honorary professor in the Department of Occupational Science and Occupational Therapy at the University of British Columbia. Karen’s work reflects her aspiration to foster critical thinking within the occupational therapy profession and to promote occupational therapy practices that address not solely people’s abilities, but also their opportunities. She may be reached at: ik.hammell@sasktel.net