

CONTINUING EDUCATION ARTICLE

Understanding Systemic Racism in the United States: Educating Our Students and Ourselves

Cheryl Lucas, EdD, OTR/L

Director of the Occupational Therapy Doctorate Program
Quinnipiac University
Hamden, CT

Selena Washington, PhD, MSPH, OTR/L

Assistant Professor
Saint Louis University
St. Louis, MO

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ABSTRACT

Recent events of injustice and violence caught on camera demonstrate the reality of daily life for people of color, specifically in the United States (ABC News Network, 2020). Historic and societal attitudes, in addition to government policies, laid the foundation for philosophical and operational structures of government, social, and health care systems that continue to promote inequity and bias toward populations of Black, Asian, Indigenous, and people of color (Gerlach et al., 2018). The historic normalization of racial inequity has contributed to unconscious bias, marginalization, and prejudice as a way of doing and being within the social and cultural contexts of the United States. This is often difficult for historically dominant groups to comprehend because they lack personal experience or exposure to inequities.

Occupational consciousness as developed and defined by Ramugondo (2015) is the “ongoing awareness of the dynamics of hegemony [the social, cultural, ideological, or economic influence exerted by a dominant group], and recognition that dominant practices are sustained through what people do every day, with implications for personal and collective health” (p. 488). Occupational consciousness provides a lens for occupational therapy students, faculty, and practitioners to understand the historical

underpinnings of occupational injustice. This will assist occupational therapy students, faculty, and practitioners to evaluate thoughts on occupational participation for clients, communities, and populations, and to assume the role of change agent within their everyday interactions in educational and work settings.

This article focuses on enhancing occupational consciousness through reflection and understanding of historical and political policies in the United States as it relates to occupational justice.

LEARNING OBJECTIVES

After reading this article, you should be able to:

1. Reflect on the occupational therapy profession in the context of social and occupational justice
2. Reflect on hegemonic historical and political policies of the United States that led to the occupational marginalization of people of color
3. Identify the contemporary manifestations of systemic racism in the culture of the United States
4. Identify the frameworks of systemic racism to increase knowledge and understanding for occupational therapy faculty, students, and practitioners

INTRODUCTION

The occupational therapy profession was founded on social justice principles of humanism and occupational participation necessary for inclusion in society (Bing, 1981). The occupational therapy profession based its foundation on humanism, including the Moral Treatment Movement for clients who were institutionalized, and the social Arts and Crafts Movements for promoting de-industrialized work for artist advancement and habit training for those living with chronic illness (Christiansen & Haertl, 2019). Hull House, a training ground for Eleanor Clarke Slagle, promoted safe housing and the use of occupation and life skill enhancement for migrant workers and immigrants to promote quality of life among these marginalized groups.

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(Reed & Andersen, 2017). The profession's focus on advocacy for community participation of veterans living with a disability after fighting in combat, and the inclusion of children living with disabilities in the public educational system, demonstrates the occupational therapy profession's long history of advocacy for occupational justice for all people in society (Christiansen & Haertl, 2019).

Occupational therapy practitioners understand the interaction of environmental context on the occupational performance and quality of life of individuals (American Occupational Therapy Association [AOTA], 2020). The examination of context must move beyond the physical and social environments to include the hegemonic historical and political context within the systems that clients, communities, and populations function. Examining and acknowledging *hegemony*—the social, cultural, ideological, or economic influence exerted by a dominant group (Merriam-Webster.com, n.d.)—is imperative to understanding the current policies of occupational injustice and marginalization that many of our clients and colleagues face (Stadnyk et al., 2010; Townsend & Wilcock, 2004).

Occupational marginalization is defined as the practice of exclusion from or inclusion in participation in specific occupations based on unseen societal rules, standards, and/or expectations (Durocher et al., 2014; Stadnyk et al., 2010; Townsend & Wilcock, 2004).

The World Federation of Occupational Therapists (2019) stated:

Occupational therapists also have a role and responsibility to develop and synthesize knowledge to support participation; to identify and raise issues of occupational barriers and injustices; and to work with groups, communities, and societies to enhance participation in occupation for all persons. Achieving this is to achieve an occupationally just society.

Occupational therapy education programs across the United States continue to demonstrate steady enrollment of White students, who make up around 80% of the total enrollment (AOTA, 2017). Students identifying as Asian make up about 6%, Black and African American students make up 6%, and all other students make up 8% across all program levels (AOTA, 2017). It is imperative as an inclusive profession that serves clients of all racial and ethnic groups to include robust cultural sensitivity training in occupational therapy curriculums. This training provides opportunities for faculty and students to understand the historical underpinnings of racism and marginalization in the United States and its effects on health, wellness, and quality of life (Wells et al., 2016). Faculty and students must be given an opportunity to identify, explore, and understand normalized, unconscious bias that stems from the historical marginalization of Black, Indigenous, and people of color (BIPOC) populations. This opportunity allows occupational therapy faculty, students, and practitioners to embody the ideals and roles of the occupational therapy profession while maintaining our mission, philosophy, and ethics in assisting clients and communities of

all races, ethnicities, genders, and abilities to achieve their full potential.

HISTORY AND POLICIES: HOW DID WE GET HERE?

The cultures and attitudes of the United States are complex and based on the values, ideas, education, and geographic locations that have existed historically and continue to the present day (Heerman, 2020). Through examining the history of the United States; an understanding of inequity, oppression, and systematic racism in occupational participation; inclusion in work and educational settings; financial advancement; and quality of life among groups may be used to advocate for clients and populations the occupational therapy profession serves.

The American Revolution and Civil War

The Revolutionary War's ideals and the subsequent writing of the Declaration of Independence in 1776 posited that all men are created equal and have a right to their own governance and power. However, such declarations extended only to White men, beginning a long road of inequity between races within the new country. As a matter of practice, from the American Revolution until the Civil War, each state functioned as a separate entity. Many Northern states at this time abolished slavery in accordance with the Declaration of Independence and allowed people of color to vote, attend school, and buy land as a matter of principle.

However, integration and inclusion were not the goal. The states on the south coast of the United States continued to promote slavery and tended to have different racial policies and terms of freedom based on variations in the color of skin and skill levels (Conlin, 2015).

Because of the power of Georgia and South Carolina in the new country's economic growth, the United States Constitution of 1787 laid down a legal foundation that empowered the government to manifest slavery. This was first achieved by counting Black people as 3/5 of a person, allowing the government to uphold fugitive slave laws, and the use of force to end the revolt of those who were enslaved (Delgado & Stefancic, 2001; Tate, 1997). To justify their inaction of abolishing slavery, the White majority believed that the Black person was inferior that slavery was for the Black person's benefit, an opinion undisputed by the majority culture at that time (Ladson-Billings & Tate, 1995). The Naturalization Act of 1790 further marginalized non-White groups by allowing only "free White persons of good character" to become citizens of the United States. This excluded Native Americans, slaves, and indentured servants from acquiring the benefits and inalienable rights of United States citizenship (Conlin, 2015; Kendi, 2016).

The conflict posed by the Abolitionist movement in the North and the claimed need for slavery in the South prompted various legislative initiatives, including the proposed Crittendon Compromise of 1860, which called for a Constitutional amendment permanently enshrining slavery. The defeat of the Crittendon Compromise in Congress and the election of Abraham Lincoln resulted in the secession of the Southern states from the

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Union of the United States, leading to the Civil War, from 1861 to 1865.

This fight was about the legalization of slavery versus the moral imperative of equality and humanism and the power of centralized government in the rights of states. The Civil War ended the practice of slavery, but the prejudice, apartheid, and inferiority paradigm of the BIPOC did not change. The reparations meant to help rebuild Southern states after the Civil War did not extend to freed slaves, and the disbursement of land went primarily to poor White men. This eliminated the opportunity for advancement for people of color. In the landmark ruling *Dred Scott v. Sandford* (1856), a freed slave petitioned the Supreme Court for equal rights under the Constitution. However, the Court, under Chief Justice Roger Taney, ruled that Black people “are not included, and were not intended to be included, under the word ‘citizens’ in the Constitution, and can therefore claim none of the rights and privileges which that instrument provides for and secures to citizens of the United States.” Many believe that the White population did not want to share resources with the Black population for fear of loss of power and control of the dominant White class (Opatow, 2008).

Thirty years after the abolition of slavery, the Supreme Court decision of *Plessy v. Ferguson* (1896) justified constitutional law of separate but equal, ushering in the Jim Crow Era. This point in United States history was named Jim Crow after a blackface, White minstrel character actor who portrayed the Black person as dumb, unkempt, and prone to disease (Smithsonian National Museum of African American History & Culture, n.d.). This perpetuated the stereotyped belief of inferiority that was consciously and unconsciously manifested. The institution of this law between the late 1800s until the mid-1900s was defended by the majority White population, who opposed sharing public spaces such as schools, restaurants, transportation, or employment with BIPOC populations (Higginbotham, 2013).

Redlining and the Servicemen's Readjustment Act of 1944

Redlining was a practice in the United States after the Great Depression in which banks literally drew red circles on maps of neighborhoods where BIPOC would not be allowed to obtain mortgages for home ownership. This process, sanctioned by the Federal Housing Authority, enabled private and public mortgage lenders to determine which neighborhoods and groups would be high risk (Higginbotham, 2013; Thompson, 2015). The determination denied access to upward mobility through homeownership for people of color, denying them tax advantages and viability of economic growth. The neighborhoods where people of color were able to acquire housing tended to be in less desirable areas with more pollution and crime and fewer resources. Recent research has shown an increase in chronic health conditions and emergency room visits for BIPOC who continue to live in these areas (Nardone et al., 2020).

The Servicemen's Readjustment Act of 1944, commonly known as the G.I. Bill, provided a range of benefits for returning World War II veterans. Federal funding was targeted for veterans to access housing, education, and job training. Black veterans,

despite fighting on the frontlines of war, were unable to fully access these benefits. Colleges often would deny admission and education benefits, citing Black veteran unpreparedness as well as the time commitment of attending full-time academic programs versus the need to work for financial stability. Housing access was determined by redlining, and job training depended on access to fair-minded employers and location of training centers. Thus continued the achievement gap between population groups as the segregation of neighborhoods by race, poor investment in public services such as schools and recreation areas, and decreased access to grocery stores and health care perpetuated the path of inequity (Luders-Manuel, 2017).

Civil Rights and Capitalism

The Civil Rights Act of 1964 required the integration of public and federally financed programs and outlawed discrimination in work and housing. In the 1970s and early 1980s, students of color were integrated into schools with their White peers who lived in better neighborhoods and had access to more resources. School personnel continued to consider children of color biologically and intellectually inferior because of their poor academic achievement in White culturally dominated environments (Ferguson, 2003). The school and community considered students of color who achieved within the confines of these environments to be aberrations (Harper et al., 2009).

The financial and militarized culture of the late 20th century focused on a United States that could compete in a global economy and emphasized capitalistic ideals. In this manner, systemic racism may be explained as the division of the cultural experiences and upward mobility between various races and socio-economic status level of achievement (Atkinson & Pelfrey, 2006). *Social status* is an important and sought-after goal of citizens in the United States and is defined as esteem and respect from others (Ridgeway, 2014). In this theory, dominant status is given to the specific stereotypes of White, male, and middle-class attributes because of widely held viewpoints of competence and success in these groups. This leads to the creation of notions regarding which ethnic group, neighborhood, social space, or educational institutions are superior, leaving behind racial, gender, and socio-economic groups that do not meet that profile.

CONTEMPORARY MANIFESTATIONS OF SYSTEMIC RACISM IN HEALTH CARE AND EDUCATIONAL SETTINGS

Education statistics show disparities in reading and literacy achievement in BIPOC (National Center for Education Statistics [NCES], 2020) from kindergarten through college, and the disproportionate numbers of students of color placed in special education (Gordon, 2017). This is not a factor of lack of ability or intellect—many account for this disposition as a cultural disconnection in ways of knowing and access to services that leads to high truancy and dropout rates. Zero tolerance policy for disciplinary infractions and fear of criminal acts in schools, such as drug or firearm possession, have increased the presence of student resources officers in school buildings (Justice Policy Institute, 2011, 2020). The presence of a school resource officer

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promotes twice the number of referrals to the juvenile court system (Justice Policy Institute, 2011, 2020), degrades educational attainment, and promotes the school-to-prison pipeline. The Justice Policy Institute (2020) explained:

[The school-to-prison pipeline is a] national trend wherein children are funneled out of public schools and into the juvenile and criminal justice systems. Many of these children have learning disabilities or histories of poverty, abuse, or neglect, and would benefit from additional educational and counseling services. Instead, they are isolated, punished, and pushed out of schools [to be handled by the juvenile detentions system].

Adult prisons in the United States demonstrate the long-term effects of dismissal from educational programs, with the disproportionate incarceration of Black men between the ages of 20 to 40 years living in poverty and only 30% having finished at least a 10th grade education (Klinker Lockwood et al., 2015). Recidivism rates for under-educated BIPOC prisoners is around 70% because of unemployment and lack of job training (Klinker Lockwood et al., 2015).

HIGHER EDUCATION PARTICIPATION

Unequal access for students of color in all phases of higher education persists as competing national priorities, resistance to integration, and the achievement gap between White students and their counterparts of color is discounted by the culture and the funding priorities of the United States Department of Education (Donini-Lenhoff & Brotherton, 2010; Gabard, 2007; Steele, 2011). According to the United States Census Bureau (2016), only 25% of minorities over 18 years of age in the United States have achieved a bachelor's degree. Graduation rates of Black and Hispanic peers lag behind their White counterparts 39% to 62%, with Black and American Indian/Alaska Native students demonstrating the lowest 6-year graduation rate, at 35% (NCES, 2019). The advancements and setbacks of minority representation in higher education have been deliberated for the past 50 years, beginning with *Brown v. Board of Education* (1954) calling for the desegregation of public schools, only to qualify a year later for schools to desegregate at their own pace (*Brown v. Board of Education*). Emboldened by the passage of the Civil Rights Act of 1964, which banned discrimination in any context: work, school, or community, the Higher Education Act (HEA) of 1964 was passed to provide governmental financial support for low socioeconomic students. Enrollment of persons of color in higher education, however, has been minimal (Hendrickson et al., 2013). Affirmative action programs were developed in an attempt to address the concern of admissions access for minorities (Hendrickson et al., 2013; Steele, 2011).

Despite their intent, affirmative action policies have caused much controversy and debate as lawsuits regarding reverse discrimination have been brought before the Supreme Court (*Fisher v. University of Texas at Austin*, 2013/2016; Grutter v. Bollinger, 2003) leaving individual institutions responsible for enrollment policies that promote diversity. The lack of persons

of color participating in United States higher education is significant given the population shift from a reduced White majority to a multi-ethnic population by 2050, and a change in majority age demographic from Baby Boomers to Millennials (Frye, 2020). Because college graduates earn at least \$1 million more over their lifetime than high school graduates (Social Security Administration, 2015) inequality in higher education participation contributes to lack of job skills, job attainment, and the persistence of poverty for BIPOC (Shankar et al., 2013).

SOCIAL DETERMINANTS OF HEALTH AND HEALTH CARE DISPARITIES

Social determinants of health (SDOH) are “indicators of health and well-being in places where people live, learn, work, and play that affect a wide range of health risks and outcomes” (Centers for Disease Control and Prevention, 2020). The five SDOH indicators are neighborhoods and built environments, economic stability, health and health care, social and community context, and education. The negative aspects in all indicators are correlated significantly with the health and well-being of those who are experiencing them, leading to public health concerns and chronic illness.

The genetic make-up of humanity is 99.9% the same and any small genetic differences are regional, based on geographic location (Chou, 2017; Hunt et al., 2013). This fact dispels any beliefs some health care providers may implicitly hold that race itself determines health (FitzGerald & Hurst, 2017; Hirsh et al., 2015). The differences and/or gaps in the quality of health and health care across racial, ethnic, and socio-economic groups are defined as *health disparities* (Riley, 2012). Health disparities are well documented and are related to access to health care, quality of health care, and personal bias among health professionals, leading to unequal care and treatment for preventable conditions. Because of the large gaps in health care for BIPOC groups, federally funded research programs are mandated to include persons of color in research (Hunt et al., 2013). The inadvertent result of this research has been the confounding variable of health by race, socio-economic status, and education. This had led to the unintended result of pre-determined beliefs of why people of color get certain diseases and disabilities without examining other causes (Hunt et al., 2013). This bias has led to a differentiation of treatment of BIPOC populations compared with treating similar symptoms in the majority White population (Institute of Medicine, 2003; Riley, 2012). To combat the potential for bias among health care workers, studies by the Sullivan Commission (2004) and the Institute of Medicine (2004) advocated for increasing the diversity of the nation's health care workforce. The Institute of Medicine (2004) concluded that “increasing diversity will lead to improved access to care, greater patient choice and satisfaction, and better education experience for health professions' students, among many other benefits” (p. 5). AOTA was instrumental in acting on these recommendations with lobbying Congress and providing support for developing the Allied Health Workforce Diversity Act of 2019, which directs funding to increase opportunities for individuals who are from underrepresented backgrounds to pursue occupational therapy and other allied health professions.

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FRAMEWORKS FOR OCCUPATIONAL THERAPY PRACTITIONERS TO UNDERSTAND SYSTEMIC RACISM

Systemic racism as defined in the occupational therapy literature relates to political and social structures that promote “systemic segregation of occupational opportunity” (Kronenberg et al., 2006) through the construction of barriers for participation for various racial, ethnic, gender, and socio-economic groups. The United States’ interpretation of meritocracy is an example of a system that promotes occupational injustice. A *meritocracy* is a political, cultural system that exists when people are rewarded based on their abilities or achievement rather than on class or privilege. But society as it exists today in the United States is not a true meritocracy; rather, it is a form of social dominance in which, knowingly or not, the culture legitimizes inequality, with people of certain races or socio-economic class rewarded with high-paying jobs or admission to college without achieving the prerequisite skills (Son Hing et al., 2011). Members of the dominant class may be reluctant to attribute the inequitable, disparate outcomes of Black and White people to bias within the system. Knowles and Lowery (2012) completed a study to understand a group of White subjects’ views on meritocracy and the relationship to reported inequity data for Blacks. Results revealed that White ethnic groups in this study believed in the ideal of meritocracy but did not believe that the inequities that Black ethnic groups received were related to discrimination. Individuals in this group tended to be relatively undisturbed by and disinclined to seek remedies for intergroup inequality (Alvarado, 2010; Guinier, 2015; Son Hing et al., 2011).

These intentional barriers to participation and performance can be alleviated through the reform of larger systems in addition to the specific contextual issues of occupationally marginalized and alienated populations. The barriers of participation are addressed through the theoretical lens of occupational justice, in which people are defined as occupational beings and have the right to:

- Participate in occupations as autonomous beings
- Experience meaning and enrichment in their occupations
- Participate in a range of occupations for health, quality of life and social inclusion
- Receive equal privileges for diverse participation in occupations (Thibeault, 2013; Townsend & Wilcock, 2004).

Occupational justice is an extension of justice and is promoted as a primary outcome of client-centered intervention. Conversely, Hocking (2017) noted various manifestations of occupational injustice:

- Occupational deprivation points to externally imposed barriers to valued, meaningful occupations necessary for well-being.
- Occupational imbalance is because of occupational patterns of being over or under occupied, because of excessive work demands, enforced idleness, or burdensome responsibilities to care for the environment, dependents, or oneself.
- Occupational alienation is “deep feelings of incompatibility with the occupations associated with a place, situation,

or others to the extent that basic needs and wants appear impossible to attain or maintain” (Wilcock & Hocking, 2015, p. 258). It may manifest as aggressive occupations associated with social unrest or self-destructive behaviors.

- Occupational marginalization is usually associated with discrimination, such that people are systematically relegated to occupational opportunities and resources that are less valued within a society.
- Occupational apartheid refers to the systematic segregation of groups of people and deliberately denying them access to occupations such as quality education or well-paid work, or occupational contexts, based on prejudice about their capacities or entitlement to the benefits of culturally valued occupations.

INDIVIDUALS AND POPULATIONS

The philosophical focus of humans as occupational beings with varying abilities to engage and participate in occupations has provided a roadmap to promote the distinct value of occupational therapy in changing health care, education, and social care systems for the clients and populations the profession serves. However, the focus on individualism in the occupational therapy profession because of historic, political, cultural, and financial policies makes it difficult to act on the systems that may be oppressing a client or community. A broader ecological structure that considers the systems in which a client functions is necessary to ensure therapeutic efficacy, long-term change, health, wellness, and quality of life (Gerlach et al., 2018; Hammell & Iwama, 2012). In recent years, occupational scientists have advocated for occupation-based frameworks that take into consideration the socio-political context and culture of occupational participation versus the individual characteristics of occupational performance. This empowers occupational therapy practitioners, educators, and students to respond to the negative perceptions that hinder occupational participation, inclusion, and justice for various population groups.

PROMOTING OCCUPATIONAL CONSCIOUSNESS AND CRITICAL AWARENESS IN OCCUPATIONAL THERAPY EDUCATIONAL PROGRAMS

Occupational consciousness and critical awareness are action-oriented activities meant to promote a holistic view of contextual environments. The historical and factual data regarding educational and health disparities, the social inequities of participation, and the occupational barriers clients face must be included in occupational therapy curriculums to promote a holistic view of occupational performance. Although many of these barriers are physical, the social, historical, and political barriers may be more of an impediment to the client’s health and well-being and inclusion in chosen occupations than otherwise considered.

Although it is often difficult for educational programs to include these topics in courses and syllabi, awareness of historic and political facts that may be impeding individual client, community, and population advancement is important in developing treatment plans, community programs, and advocacy education materials. A focus on hegemony

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through occupational consciousness provides an opportunity to enhance using occupation-based models to examine more deeply the systems promoting occupational marginalization. For example, the school environment may be viewed not only for its physical barriers, but also for historical or attitudinal barriers that may limit the successful development of occupations for BIPOC groups that promote inclusion in the educational context.

CULTURAL SELF-AWARENESS AND CRITICAL REFLECTION IN THE CLASSROOM

Students and faculty may develop cultural self-awareness and critical reflection of thoughts and attitudes of themselves, their communities, and the broader historical-political context (Black, 2016). *Cultural awareness* as defined by Black (2016) “is the recognition a person has of being a unique person with a specific background that influences his or her beliefs, values, attitudes, and behaviors” (p. 84). It is through self-awareness of how ideas and values are constructed that people can understand their own thoughts and actions. Education and self-reflection are a way to challenge ideas and values once held, and to develop new perspectives to negate assumptions that others view the world in the same way or have had the same experiences as oneself. This process allows for a growth mindset of cultural sensitivity toward peers and clients.

Self-reflection essays that examine the intersectionality of different dimensions of personhood—including gender, race, religion, family composition, relationships, educational, and financial values—assist students in examining their unconscious ways of knowing and to understand their actions. Through this self-reflection and sharing with others, practitioners, students, and faculty may understand that there are many ways to do and be in the world, especially if barriers are removed.

Using the Critical Conversations Model (Hye-Kyung & O’Neill, 2018) as part of classroom learning activities promotes a deeper exploration of systemic issues and encourages change in the moment. Hye-Kyung & O’Neill (2018) stated that critical conversations “engage ambiguity to allow participants to move through conflict/tension toward greater understanding of self and others—creating change” (p. 1). Critical conversations may be initiated first, through discussion posts where safe spaces and opportunities for faculty participation and intervention are inherent. These discussions may explore current events or review books or movies that present stereotypical depictions of characters. This encourages open and safe dialog and critical reflections on personal thoughts and professional identity that assist students in working and communicating with clients of all groups, genders, ages, and ethnic groups.

A cultural awareness activity that may also be embedded in the curriculum includes meeting and relating to people of various ethnic and racial groups other than one’s own. Intergroup Contact Theory (Allport, 1954), demonstrates that with certain conditions—shared goals, interdependence, equal status, and potential for friendship—intergroup contact is likely to weaken

or lessen prejudice (Pope et al., 2014). This can be completed on campus using interdisciplinary projects with majors that have a majority of BIPOC populations enrolled. In addition, fieldwork experiences may include working with agencies that employ and work with BIPOC populations, which can enhance the students’ interdisciplinary and intercultural knowledge when working with families and clients of BIPOC populations.

CONCLUSION

The civil and racial unrest in the United States during this historic period of the 21st century is hard to ignore because of the related violence and division. Disproportionately, these occurrences affect BIPOC populations’ human right to participate in purposeful and meaningful occupations. *Vision 2025* has called for the occupational therapy profession to “be intentionally inclusive and equitable and embrace diversity” of clients, communities, and populations (AOTA, 2017). Through occupational consciousness of historical, political, and occupational injustice, practitioners, faculty, and students can embrace and act on the nation’s founding principles of humanism and participation to forge meaningful change in health, well-being, and quality of life in the lives of individuals, communities, and populations the occupational therapy profession serves.

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Final Exam

Article Code CEA1020

Understanding Systemic Racism in the United States: Educating Our Students and Ourselves

To receive CE credit, exam must be completed by **October 31, 2022**

Learning Level: Intermediate

Target Audience: Occupational Therapists and Occupational Therapy Assistants

Content Focus: Professional Issues: Diversity, Equality, and Inclusion

1. What concept is explored throughout the examples in this article?

- A. Occupational consciousness through the historical and political policies within the United States as it relates to occupational justice
- B. Creative skills to make meaningful change in the lives of people and communities
- C. The history of social justice within the United States and health care professions
- D. The promotion of occupational injustice

2. Occupational consciousness refers to:

- A. Social inclusion and participation in the occupations a person wants and needs to do
- B. Ongoing awareness of the dynamics of hegemony, and recognition that dominant practices are sustained through what people do every day
- C. Responsibility to develop and synthesize knowledge to support participation
- D. The roles, habits, and routines we practice as occupational beings

3. Occupational marginalization within a hegemonic society consists of:

- A. Academic differences within K–12 school districts
- B. Exclusion from or inclusion in participation in specific occupations based on unseen societal rules
- C. Various policies and terms of freedom based on variations of skill level and occupational function
- D. A rigorous form of social consciousness and historical context within our society

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4. *Occupational justice* is defined as:

- A. Therapeutic intervention to Black, Indigenous, and people of color (BIPOC) populations
- B. The human right to participate in a range of occupations for health and quality of life, and social inclusion
- C. An historical representation of marginalized populations
- D. Social activism and human rights campaign

5. The occupational therapy profession sought to promote inclusiveness by supporting the following laws and movements *except*:

- A. The Moral Treatment Movement
- B. The Arts and Crafts Movement
- C. The Allied Health Workforce Diversity Act of 2019
- D. The Telehealth Act of 2015

6. Historically, there has been limited accessibility for BIPOC populations in areas of housing, health care, education, and work.

- A. True
- B. False

7. One way to shut down the school-to-prison pipeline causing occupational marginalization for BIPOC populations is to:

- A. Promote outside team sports
- B. Provide opportunities for community outings for the school
- C. Provide positive behavioral supports that include enculturation into the school environment and support for learning
- D. Increase the number of police officers within the school setting

8. *Cultural awareness* is:

- A. The overall identify of people who have the same or similar ethnic background and history in the United States
- B. The recognition a person has of being unique with a specific background that influences their beliefs, values, attitudes, and behaviors
- C. The historical identity of cultural misappropriation and marginalization
- D. The occupational definition of members of a society and the context in which they live

9. The *Critical Conversations Model* may be used as:

- A. An occupational tool to learn a specific client-centered intervention
- B. A model of occupational human exploration through a cultural lens
- C. A societal model where cultural values and norms are deconstructed
- D. A part of classroom learning activities to promote a deeper exploration of systemic issues and encouragement of change

10. *Systemic racism* as defined in occupational therapy as:

- A. A lack of client centeredness in occupational intervention and outcomes
- B. Classroom learning activities to promote a deeper exploration of systemic issues and encouragement of change
- C. Systemic segregation of occupational opportunity through the construction of barriers for participation for various racial, ethnic, gender, and socio-economic groups
- D. An occupational definition of members of a society and the context in which they live

11. This article identified systemic practices within the following areas *except*:

- A. Education
- B. Healthcare
- C. Housing
- D. Sports

12. The theoretical frameworks and models, identified within this article, to allow understanding of systemic racism and practices consist of the following *except*:

- A. Occupational Justice
- B. Critical Conversation Model
- C. Sensory Integration Model
- D. Intergroup Contact Theory

Now that you have selected your answers, you are only one step away from earning your CE credit.



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