

AOTA's Guide to Addressing the Impact of Racial Discrimination, Stigma, and Implicit Bias on Provision of Services

Introduction

Occupational therapy practitioners can advocate for increased access to care, improvement in treatment outcomes, and equity in service provision for the clients they serve. In addition, recognizing and incorporating the intersectionality of clients' social identities during service provision is imperative. Ongoing racial violence and systemic racism highlight the need to address the impact of discrimination, stigma, and implicit bias. Bias and racial discrimination were further exacerbated by the COVID-19 pandemic, which shone a light on health inequities for Black and Brown people as well the discriminatory and stigmatizing treatment of Asian Americans. The following provides an introduction for incorporating anti-racist ideas into occupational therapy practice.

What is Discrimination?

As described by Healthy People 2020 (Office of Disease Prevention and Health Promotion [ODPHP], 2020), discrimination presents in many forms:

- Unjust or unfair action
- Social behaviors that leverage protection of a group in power over those from less privileged groups
- Promotion of privilege of one group that negatively affects others

Discrimination is an important aspect of the social and community context of social determinants of health according to Healthy People 2020 (ODPHP, 2020). With occupation being embedded within context, the various forms of discrimination negatively affect health and well-being. One may experience discrimination based on race, age, gender identity, sexual orientation, religion, disability, and other forms of social identity. AOTA's official statement, Occupational Therapy in the Promotion of Health and Well-Being, indicates that occupational therapy practitioners must support, promote, and advocate for the health and well-being of all persons, groups, and populations (AOTA, 2020e). Moreover, discrimination affects the occupational therapy process, including evaluation, intervention, and outcomes of occupational therapy service provision as outlined in the Occupational Therapy Practice Framework: Domain & Process, 4th Ed. (OTPF-4; AOTA, 2020d).

Discrimination may be directed toward a person, group, or population, at the organizational and systems level. To this end, structures and policies influence discrimination. Discrimination can be shown through implicit and explicit biases to significantly affect a person or group. For instance, racial discrimination, inequity, and injustice have left a mark on entire nations, spanning individuals, populations, and communities. (AOTA, 2020b).

Addressing Discrimination and Stigma

Ongoing structural racism contributes to disparities in care and social determinants of health. AOTA is committed to non-discrimination and inclusion. Occupational therapy practitioners must prioritize ways to effectively deliver anti-racist, culturally relevant care to increasingly diverse populations by:

- Providing equitable care by considering sociopolitical contexts during evaluation, treatment planning, and intervention as outlined by AOTA's commitment to diversity, equity, and inclusion (AOTAc, 2020).

- ❑ Exploring the Occupational Therapy Profile Template (AOTA, 2021) and working in partnership with clients to address clients' cultural, personal, temporal, virtual, physical, and social contexts.
- ❑ Actively practicing client-centered care and supporting an individual's right to participate in shared decision making throughout the occupational therapy process.
- ❑ Acknowledging the psychosocial implications of structural racism in which "public policies, institutional practices, and cultural representations often perpetuate racial group inequity" (Aspen Institute, 2016), and recognizing interpersonal and internalized oppression that impacts specific groups, such as BIPOC populations.
- ❑ Actively using case analyses that address systemic rules, practices, and customs related to oppression and disparity in health care to gain awareness of the lived experiences of other racial, ethnic, religious, and cultural groups and appropriately advocating for care and resources.
- ❑ Providing a platform for clients to share their diverse and unique lived experiences.
- ❑ Advocating to minimize disparities affecting marginalized groups through strategic relationship-building and direct actions (e.g., letter writing, petitions, etc.) that dismantle structural inequity and uplift the desired outcomes and demands of those directly affected.
- ❑ Acknowledging and addressing personal, implicit biases through constant critical self-reflection and action that challenges existing assumptions.

What is Implicit Bias?

Implicit bias is based on social constructs in which individuals categorize and form views about specific groups. It does not require active awareness and can unconsciously impact what we think about specific groups and our behaviors towards them (Blair et al., 2011). Such views affect the therapist–client relationship beyond that of cultural competence (e.g., unconsciously creating barriers to treatment, like overlooking necessary treatment interventions or providing appropriate referrals). Our attitudes and beliefs may result in "microaggressions" that significantly impact the occupational performance of BIPOC clients and further influence social and health inequities or perpetuate institutional racism. Implicit biases can lead to health disparities (ODPHP, 2020). An example is assuming a client may have poor carryover of a home therapy program because of a lack of intellect based on their race or socioeconomic status.

Why should occupational therapy practitioners address implicit bias?

Like all human beings, all occupational therapy practitioners hold unconscious beliefs about various social and identity groups (Agner, 2020). The AOTA Code of Ethics (2020a), OTPF-4, and Occupational Therapy Profile Template require practitioners to fully address a client's cultural needs and shape the need to address clients as individuals by addressing the context and required resources for equitable care.

Implicit biases can hinder communication and the ability to recognize the presence of occupational injustices and exclusion of needed care (Hall et al., 2015).

Examples of Implicit Biases

Example	Practitioner Response (<i>Implicit Bias</i>)	Practitioner Response (Correction Addressing Implicit Bias)
<p>An African American parent seeks an occupational therapy consultation based on concern about their child's eating habits.</p>	<p><i>Education Level:</i> Discarding the parent's explanation due to the assumption that the parent lacks a knowledge of occupational therapy and overly explaining the consultation process, thereby devaluing the parent's prior experience and understanding.</p>	<p>Inviting the parent to share details and examples of concern and knowledge/experience of occupational therapy services. Creating a valued and safe space for the parent's voice to be heard.</p>
<p>Initiating home care services for an older adult client of Hispanic descent living with extended family.</p>	<p><i>Language:</i> Speaking only to the younger family member, not asking for client's input, and assuming the older client does not understand English.</p>	<p>Directly speaking to the client and making eye contact; providing an opportunity for the family to share if there is a language barrier. If a language barrier is confirmed, asking the English-speaking family member or requesting a translator to communicate with the client.</p>
<p>Instructing energy conservation techniques to a client recovering from a respiratory illness who is transgender.</p>	<p><i>Gender Identity:</i> Avoiding dressing and bathing interventions because of practitioner discomfort, and instead solely focusing on therapeutic exercises and cooking activities.</p>	<p>Building a trust-based relationship, allowing for open communication. Respectfully asking client gender identity to include pronoun preference. Reviewing the AOTA Code of Ethics. Seeking education to reduce the effects of stereotypes and bias of the LGBTQIA+ community.</p>

What is Social Identity?

Like all human beings, all occupational therapy practitioners hold unconscious beliefs about various social and identity groups (Agner, 2020). The AOTA Code of Ethics (2020a), OTPF-4, and Occupational Therapy Profile Template require practitioners to fully address a client's cultural needs and shape the need to address clients as individuals by addressing the context and required resources for equitable care.

Why should occupational therapy practitioners consider social identity?

Studies reflect that the context of social identity directly influences individual identity, behavior, and participation in occupation (Haslam, 2004). Clients identifying with one or more marginalized identities are more likely to experience unconscious bias and discrimination and are subject to stigma and racism. Occupational therapy practitioners must be mindful of how social identities can impact their clients, along with environments and occupations.

Example of Social Identity Consideration (adapted from Gallagher et. al, 2015)

Example	Occupational Therapy Response	Social Identity Implication	Consideration
<p>An older client who identifies as a woman and is living on a modest income is recovering from a fall. Within her home are several throw rugs that are perceived as falling hazards.</p>	<p>For preventative treatment, the client's occupational therapist instructs her to remove the throw rugs, citing the risks for future falls and making her home safe.</p>	<p>Client's socioeconomic status does not allow her to keep her entire home heated, and the throw rugs provide warmth from a cold floor.</p> <p>Additionally, due to her economic status, the client cannot purchase an entire carpet.</p> <p>The rugs also offer a sense of pride in her home as she carefully selected each one for the room.</p>	<p>Directing the client to remove the rugs does not consider her social identity or economic status, and the threat to her identity as a someone who takes care of her home is significant.</p> <p>There is a greater need for cultural sensitivity and awareness from the occupational therapy practitioner, whose socioeconomic status is most likely middle-class.</p> <p>Considering the impact of the intervention treatment to the client's occupational and social identity warrants a broader discussion that will result in a successful outcome, while respecting the client's identity.</p>

What is Antiracism?

To effectively defeat systemic racism in institutional structures, continual work towards equity and equality for all is needed to undo and reverse racism in behavior, thought, and environments. The term *antiracism* is defined as “the work of actively opposing racism by advocating for changes in political, economic, and social life” (Racial Equity Tools, 2020). As an individualized approach designed to oppose individual racist behavior, Author Ibram X. Kendi further characterizes an anti-racist as one who supports an antiracist policy through actions or expressing an antiracist idea (2019).

An antiracist sees and treats a person as an individual and not as a representative of an entire race. Deracializing behavior removes embedded stereotypes from a racist doctrine and belief. Becoming antiracist requires an intentional choice to think, act, and advocate for equitable treatment in policies, systems, and behaviors that have gone unchecked for years (Kendi, 2019).

Why should occupational therapy practitioners promote antiracism?

Occupational therapy practitioners as health professionals must disavow racism and inequitable systems and policies that disparage marginalized groups. As a profession, occupational therapy must overtly teach, discuss, and promote antiracism in all practice settings.

Why should occupational therapy practitioners promote antiracism?

Occupational therapy practitioners as health professionals must disavow racism and inequitable systems and policies that disparage marginalized groups. As a profession, occupational therapy must overtly teach, discuss, and promote antiracism in all practice settings.

Next Steps

Occupational Therapists and Occupational Therapy Assistants Must:

Occupational therapy practitioners as health professionals must disavow racism and inequitable systems and policies that disparage marginalized groups. As a profession, occupational therapy must overtly teach, discuss, and promote antiracism in all practice settings.

- ❑ Explore AOTA resources and toolkits to increase your understanding of values, norms, beliefs, attitudes, and behaviors associated with different cultural groups to acknowledge one's own biases.
- ❑ Acknowledge one's privilege and implicit biases and how they impact your practice to minimize health disparities among racial and ethnic individuals, populations, and communities.
- ❑ Prioritize building a trust-based and supportive relationship with clients.
- ❑ Practice inquiring about clients' and coworkers' identifiers and implement them into daily interactions, such as identity vs. person-first language.
- ❑ Use and advocate for professional medical interpreters when needed.
- ❑ Remove stigmas to improve care and awareness of client's needs.
- ❑ Investigate potential barriers to care by reviewing [AOTA's Societal Statement on Health Disparities](#) (AOTA, 2013) and the [CDC's Strategies for Reducing Health Disparities \(2016\)](#).
- ❑ Address opportunities for additional resources as part of a plan of care. This includes providing additional supplies, interventions for medication management, and access to community-based services.
- ❑ Develop peer journal clubs and peer groups to discuss issues related to structural and systemic discrimination and implicit bias.
- ❑ Hold peers and leadership accountable in the presence of structural and systemic discrimination and implicit biases.

References

- Agner, J. (2020). Moving from cultural competence to cultural humility in occupational therapy: A paradigm shift. *American Journal of Occupational Therapy*, 74, 7404347010. <https://doi.org/10.5014/ajot.2020.038067>.
- American Occupational Therapy Association. (2013). AOTA's societal statement on health disparities. *American Journal of Occupational Therapy*, 67, S7–S8. <https://doi.org/10.5014/ajot.2013.67S7>
- American Occupational Therapy Association. (2020a). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy*, 74, 7413410005. <https://doi.org/10.5014/ajot.2020.74S3006>
- American Occupational Therapy Association. (2020b, May 31). AOTA statement on justice and systemic racism. <https://www.aota.org/Publications-News/AOTANews/2020/AOTA-Statement-On-Systemic-Racism.aspx>.
- American Occupational Therapy Association. (2020c). Occupational therapy's commitment to diversity, equity, and inclusion. *American Journal of Occupational Therapy*, 74(Suppl. 3), 7413410030. <https://doi.org/10.5014/ajot.2020.74S3002>.
- American Occupational Therapy Association. (2020d). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74, 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>.
- American Occupational Therapy Association. (2020e). Occupational therapy in the promotion of health and well-being. *American Journal of Occupational Therapy*, 74, 7403420010. <https://doi.org/10.5014/ajot.2020.743003>.
- American Occupational Therapy Association. (2021). The Association—Improve your documentation and quality of care with AOTA's updated Occupational Profile Template. *American Journal of Occupational Therapy*, 75, 7502420010. <https://doi.org/10.5014/ajot.2021.752001>.
- Aspen Institute. *11 terms You should know to better understand structural racism*. (2021). <https://www.aspeninstitute.org/blog-posts/structural-racism-definition/>.
- Blair, I., Steiner, J., & Havranek, E. (2011). Unconscious (implicit) bias and health disparities: Where do we go from here? *The Permanente Journal*; 15(2), 71–78.
- Centers for Disease Control and Prevention. (2016). Strategies for reducing health disparities 2016. *Minority Health*. <https://www.cdc.gov/minorityhealth/strategies2016/index.html>.
- Centers for Disease Control and Prevention. (2020, June 11). COVID-19 and your health. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html>.
- Gallagher M., Muldoon O. T., & Pettigrew, J. (2015). An integrative review of social and occupational factors influencing health and wellbeing. *Frontiers in Psychology*, 6, 1281. <https://doi.org/10.3389/fpsyg.2015.01281>.
- Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T., Payne, B. K., ... Coyne-Beasley, T. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. *American Journal of Public Health*, 105, 60–76. <https://doi.org/10.2105/AJPH.2015.302903>
- Haslam S. A. (2004). *Psychology in Organisations: The Social Identity Approach*. London; Thousand oaks, CA: SAGE Publications Ltd.

Kendi, I. X. (2019). *How to be an antiracist*. One World.

Northwestern Searle Center for Advancing Learning and Teaching. (2021). *Social Identities: Searle Center for Advancing Learning & Teaching*. Retrieved from <https://www.northwestern.edu/searle/initiatives/diversity-equity-inclusion/social-identities.html>.

Office of Disease Prevention and Health Promotion. (2020, October 8). *Discrimination: Healthy People 2020*. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/discrimination>.

Racial Equity Tools. (2020). Glossary. <https://www.racialequitytools.org/glossary>.