



Homelessness: Enabling solutions in primary health-care occupational therapy

Rebecca Marval and Elizabeth Townsend

Primary health care (PHC) is essential to attain health targets of social and economic productivity for all people (Health Canada, 2006; World Health Organization [WHO], 1978). PHC differs from primary care in that “in addition to the health sector, all related sectors...,” such as housing and education, are considered to promote “...maximum community and individual self-reliance and participation...” (WHO, 1978, sect. VII). Although well suited to PHC, occupational therapy is not frequently available within such services (Canadian Association of Occupational Therapists, 2006; Canadian Institute for Health Information, 2011). This lack of availability is a loss to citizens given that occupational therapists can engage people in daily occupations, or “meaningful time use” (Heuchemer & Josephsson, 2006, p. 162), to achieve health. Occupations of interest might include everything from work to homemaking, or from going to school to community activism. Available studies and the first author’s direct experience suggest that PHC occupational therapy holds underutilized promise for working with people who are experiencing homelessness.

Health status, PHC access and homelessness

Inadequate shelter exposes people who are homeless to health risks including severe weather, environmental toxins, inadequate nutrition and sleep, and physical and sexual violence. Not surprisingly, people who are homeless disproportionately develop preventable acute and chronic conditions (Wright & Tompkins, 2006). Their PHC needs are often complex and difficult to meet within a typical medical model of health care, even when services are offered in an office instead of a hospital setting (Fenn, 2013).

Part of the difficulty for this population lies in merely accessing health care services. Pragmatic barriers such as a lack of fixed address, inadequate social and financial support, past negative health provider experiences, and a focus on meeting day-to-day survival needs can restrict people from attending appointments at physician or outpatient offices (Finlayson, Baker, Rodman, & Herzberg, 2002). In light of these barriers, emergency services frequently become a costly and inadequate substitute for health services offered through PHC (Nova Scotia Housing & Homelessness Network, 2012).

PHC occupational therapy and homelessness

A central aim of occupational therapy in any setting is to engage and empower people to participate in the occupations that can help them to achieve healthy, meaningful lives (Townsend & Polatajko, 2013). The ultimate goal of occupational therapy resonates with the ultimate goal of PHC: self-determining citizens interacting successfully with their environments and experiencing their right to health (WHO, 1978). Occupational therapists appreciate that poor health among the homeless population is related in part to their restricted participation in a balance of meaningful

occupations (Heuchemer & Josephsson, 2006).

Attentive to the complexity of everyday engagement in occupations, occupational therapists ideally target both individual impairments and

environmental obstacles to challenge this imbalance, using the creativity and pragmatism necessary to address “diverse and practical needs” associated with homeless living (Griner, 2006, p. 57).

Innovative students and therapists collaborating in shelter settings have offered occupational therapy to people experiencing homelessness. These pioneers have begun to demonstrate the individual health impact of participation in leisure (Byrne, Raphael, & Coleman-Wilson, 2010), goal-setting and parent-child engagement (Fisher & Hotchkiss, 2008), and advisory board membership, work, stress management, self-care, socialization, and daily living (Herzberg & Finlayson, 2001). Some occupational therapists have made the shift from treating individuals to serving community populations (Tse, Penman, & Simms, 2003). Such community-targeted interventions have included coaching shelter staff, influencing shelter policy (Finlayson et al., 2002), and creating function-promoting environments in order to position shelters as a “dynamic place to get yourself together” (Herzberg & Finlayson, 2001, p. 141).

Mobile Outreach Street Health occupational therapy

The Mobile Outreach Street Health (MOSH) service was catalyzed by the local community’s objection to their fellow citizens’ ongoing unmet health needs. Since 2009, MOSH has offered contextually-relevant PHC to people who are homeless, street-involved, or at risk of homelessness. Nurses

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and a part-time occupational therapist offer service six days a week, twelve hours a day, with part-time physician and administrative support. MOSH professionals are available by appointment at any community location or dwelling, by drop-in at one of twelve partner agency locations during the weekly scheduled time, or by van, foot or bicycle outreach on the streets.

The inclusion of occupational therapy in MOSH services was not originally planned, but was prompted by an affiliated community health centre experiencing a successful introduction to the profession via student fieldwork placements (Howey, Angelucci, Johnston, & Townsend, 2009; Johnston et al., 2009; Townsend et al., 2009). Demand for MOSH occupational therapy currently exceeds its availability. MOSH program evaluation outcomes, including Goal Attainment Scaling results, indicate achievement of health goals (Marval, 2011a) and provide a compelling rationale for more occupational therapy availability, not only to MOSH clientele, but to all community members who trust the community health centre with their health.

Enabling solutions in PHC occupational therapy

At an individual level, engaging people in occupations through MOSH has proven to be a powerful, direct mechanism for advancing the lived experience of health (Marval, 2011b). At the same time, a population-level approach to realizing equitable health and participation has also shown potential to broadly impact both individual MOSH clients and the community.

1. Enabling a transformation from client to partner

Work with one young adult exemplifies the individual impact of MOSH occupational therapy. Having missed typical developmental opportunities to hone skill and confidence during adolescence, he lives in poverty. He is ill-equipped to provide for himself while managing multiple health conditions. After collaborating on a number of personalized, practical strategies to overcome one small participation hurdle at a time, this individual has begun to work and is utilizing PHC services in lieu of the emergency department. He now co-leads workshops with the MOSH occupational therapist in hopes of inspiring health providers to improve their effectiveness in working with those experiencing homelessness.

2. Introducing an occupation-based solution to a population-level issue

Direct population-level impact can be illustrated by the MOSH bike project. The project is an elegant,

occupation-based solution to an environmental lack of opportunities for transportation, physical activity, autonomy, and personal growth among inadequately-housed community members. Considering population characteristics and employing principles of learning through doing, project participants are sought out, reminded, and welcomed by a familiar face to attend a project session. There, they fix-to-own a salvaged bicycle, receive a helmet and lock, and have the opportunity to develop skills in a dynamic community setting. Attention to pragmatic and subtle sociocultural elements of engagement have made this a well-received opportunity to impact multiple determinants of health, from meeting transportation needs to opening opportunities to work or study.

3. Using popular media to prompt dialogue and activism

Creating societal awareness through popular media is one indirect population-level approach to address health inequity. With this in mind, the MOSH occupational therapist participated in a film entitled, *Reaching Out: Today's Activist Occupational Therapy* (Townsend & Sandiford, 2012a, 2012b). It highlights the contributions of occupational therapists as activists working to enhance the lived experience of excluded populations. The 9:12-minute short, and 25:33-minute full versions of the film have open public access on YouTube at: <http://youtu.be/LlcfyQ3RwT0> and http://youtu.be/_RXL4V505Bw, respectively. Both versions have already proven successful in prompting critical dialogue and can be used to spark collaborative action among policy- and decision-makers, professional colleagues, clients, students, and community partners.

Conclusion

People experiencing homelessness have complex health concerns, often not well met by typical institutional or PHC services. Although limited, literature on PHC occupational therapy shows a positive impact on individual and population-based targets for health within this demographic. To date, the MOSH PHC occupational therapist's success in facilitating individual goal achievement related to housing, health management, and participation in occupations has been captured via the Goal Attainment Scaling outcome measure (Marval, 2011a) and client narratives. The impact of population-level, capacity building initiatives with MOSH clientele, shelter and front-line staff, and student and practicing health professionals can be measured by a significant

About the authors

Rebecca Marval, OT Reg. (NS), is the first and only occupational therapist with an innovative primary health care team called Mobile Outreach Street Health (MOSH), based in Halifax, NS. There, she works with individuals who are homeless, at risk of homelessness or street-involved, and their community. She can be contacted at: rmarval@nehc.com

Elizabeth Townsend, OT Reg. (PEI), was Director of Dalhousie's School of Occupational Therapy when the primary health care and university partnership began. She continues her involvement there as Professor Emerita. She can be contacted at: liz.townsend@dal.ca

increase in referrals and frequent requests for consultation, project partnership and workshop delivery. Moving forward, occupational therapists are called to partner across sectors as leaders and activists in PHC and to facilitate individual and collective participation in achieving health for all.

References

- Byrne, P., Raphael, E., & Coleman-Wilson, A. (2010). Art as a transformative occupation. *OT Practice*, 15(5), 13-17.
- Canadian Association of Occupational Therapists. (2006). *CAOT Position Statement: Occupational Therapy and Primary Health Care*. Retrieved March 2, 2013, from <http://www.caot.ca/default.asp?pageid=188>
- Canadian Institute for Health Information. (2011). *Occupational therapy workforce by employment category for primary employment*. Tab 37. Retrieved from www.cihi.ca/CIHI-ext-portal/xls/internet/OT2011_DATA_TABLES_EN
- Fenn, K. (2013). *No fixed address? No appointment necessary. The role of Mobile Outreach Street Health in addressing health care access for the homeless population in Halifax, Nova Scotia*. Unpublished manuscript, Dalhousie University, Halifax, Canada.
- Finlayson, M., Baker, M., Rodman, L., & Herzberg, G. (2002). The process and outcomes of a multimethod needs assessment at a homeless shelter. *American Journal of Occupational Therapy*, 56, 312-321.
- Fisher, G., & Hotchkiss, A. (2008). A model of occupational empowerment for marginalized populations in community environments. *Occupational Therapy in Health Care*, 22(1), 55-71.
- Griner, K. (2006). Helping the homeless: An occupational therapy perspective. *Occupational Therapy in Mental Health*, 22(1), 49-61.
- Herzberg, G., & Finlayson, M. (2001). Development of occupational therapy in a homeless shelter. *Occupational Therapy in Healthcare*, 13(3/4), 131-144.
- Heuchemer, B., & Josephsson, S. (2006). Leaving homelessness and addiction: Narratives of an occupational transition. *Scandinavian Journal of Occupational Therapy*, 13, 160-169.
- Health Canada. (2006). *About primary health care*. Retrieved February 24, 2013, from <http://www.hc-sc.gc.ca/hcs-sss/prim/index-eng.php>
- Howey, M., Angelucci, T., Johnston, D., & Townsend, E.A. (2009). Occupation-based program development in primary health care. *Occupational Therapy Now*, 11(3), 5-7.
- Johnston, S.D., Angelucci, T., Howey, M., Waldron, I., Lawlor, S., & Townsend, E.A. (2009). Social influences on primary health care occupational therapy. *World Federation of Occupational Therapists Bulletin*, 60, 49-55.
- Marval, R. (2011a, June). *Shelter from inhospitable skies: Community-based occupational therapy and housing*. Poster presented at the 2011 CAOT Conference, Saskatoon, Canada. Abstract retrieved from <http://www.caot.ca/conference/2011/2011Full%20program.pdf>
- Marval, R. (2011b). Work: The linchpin to success for a street-involved man with multiple disabilities. *Work*, 40, 489-493.
- Nova Scotia Housing & Homelessness Network. (2012). *Health and Homelessness in Halifax 2012: A report on the health status of Halifax's homeless*. Retrieved from http://www.nshousingnetwork.org/HEALTH_REPORT_2012.pdf
- Townsend, E.A., & Polatajko, H.J. (2013). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being and justice through occupation*, 2nd ed. Ottawa, ON: CAOT Publications ACE.
- Townsend, E.A., & Sandiford, M. (2012a). *Reaching Out: Today's Activist Occupational Therapy. Full version*. Retrieved February 8, 2013, from <http://youtu.be/LIcfyQ3RwT0>
- Townsend, E.A., & Sandiford, M. (2012b). *Reaching Out: Today's Activist Occupational Therapy. Short version*. Retrieved February 8, 2013, from http://youtu.be/_RXL4V505Bw
- Townsend, E.A., Stone, S.D., Angelucci, T., Howey, M., Johnston, D., MacAulay, A., & Lawlor, S. (2009). Linking occupation and place in community health. *Journal of Occupational Science*, 16(1), 50-55.
- Tse, S., Penman, M., & Simms, G. (2003). Literature review: Occupational therapy and primary health care. *New Zealand Journal of Occupational Therapy*, 50(2), 17-23.
- Wright, N., & Tompkins, C. (2006). How can health services effectively meet the health needs of homeless people? *British Journal of General Practice*, 56, 286-293.
- World Health Organization. (1978). *Declaration of Alma-Ata*. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0009/113877/E93944.pdf