

Health Promotion and Preventive Programs

Models of Occupational Therapy Practice

Edited by
**Jerry A. Johnson and
Evelyn Jaffe**



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Therapy Practice**

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 **Routledge**
Taylor & Francis Group
New York London

Health Promotion and Preventive Programs: Models of Occupational Therapy Practice has also been published as *Occupational Therapy in Health Care*, Volume 6, Number 1 1989.

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First published by

The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580
EUROSPAN/Haworth, 3 Henrietta Street, London WC2E 8LU England

This edition published 2013 by Routledge

| | |
|------------------------|----------------------------|
| Routledge | Routledge |
| Taylor & Francis Group | Taylor & Francis Group |
| 711 Third Avenue | 2 Park Square, Milton Park |
| New York, NY 10017 | Abingdon, Oxon OX14 4RN |

Routledge is an imprint of the Taylor & Francis Group, an informa business

Library of Congress Cataloging-in-Publication Data

Health promotion and preventive programs : models of occupational therapy practice / Jerry A. Johnson, editor ; Evelyn Jaffe, co-editor.

p. cm.

“Has also been published as *Occupational therapy in health care*, volume 6, number 1, 1989” — T.p. verso.

ISBN 0-86656-957-X

Includes bibliographical references.

1. Occupational therapy services. 2. Health promotion. I. Johnson, Jerry A. II. Jaffe, Evelyn.

[DNLM: 1. Health Promotion. 2. Occupational Therapy. W1 OC601H v. 6 no. 1 / WB 555 H433]

615.8'515 -- dc20

DNLM/DLC

for Library of Congress

89-19767

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Health Promotion and Preventive Programs: Models of Occupational Therapy Practice

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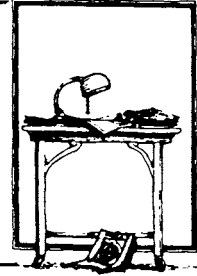
ABOUT THE EDITORS

Jerry A. Johnson, MBA, EdD, OTR, FAOTA, is well known and respected as an educator, administrator, clinician, and leader in the occupational therapy profession. She served as President of the American Occupational Therapy Association for over five years, was Secretary of the National Easter Seal Society for three years, and continues to be active professionally. Dr. Johnson founded the Occupational Therapy Program at Boston University, where she was Professor and Director (1963-72), Director of the Graduate Division (1972-73) and Associate Dean for Academic Affairs (1973-74). More recently she was Professor and Elias Michael Director of the Program in Occupational Therapy at Washington University in St. Louis (1976-82). In 1982 she moved to Denver, Colorado, and established her own business and clinical practice in wellness and stress management, about which she has lectured nationally and internationally. She currently serves as Editor of *Occupational Therapy in Health Care*.

Evelyn Jaffe, MPH, OTR, FAOTA, is well known and widely respected for her many contributions as a clinician and educator in the area of mental health, her experience as a consultant in mental health and in early intervention, and her very active participation in many levels of the American Occupational Therapy Association. She has served as Secretary and Vice-President of the American Occupational Therapy Association, is currently President of the California Occupational Therapy Foundation, and serves in a wide variety of other capacities at local, state, and national levels, for which she has been the recipient of numerous awards. In the 1970's she became interested and actively involved in health promotion and has since lectured and written extensively about the contributions of occupational therapists in the areas of wellness and health promotion. Ms. Jaffe is Co-Editor of this issue of *Occupational Therapy in Health Care*.

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FROM THE EDITORS



Health Promotion and Preventive Programs: Models of Occupational Therapy Practice was planned to provide models of occupational therapy practice that incorporate principles of prevention and health promotion into traditional health care practice arenas and expanded settings for health services. The Editors believe that these examples of occupational therapy programs which emphasize comprehensive care and quality of life through health promotion and disease prevention approaches will facilitate the design and development of new programs.

As in the previous publication devoted to the topic of health and entitled *Occupational Therapy: Program Development for Health Promotion and Preventive Services*, authors of each paper followed a common format to give readers a case study approach from which to study, contrast, and compare various models of practice. All articles include elements necessary for development, organization, and design of health promotion and disease prevention programs.

This format also provides readers with theoretical concepts of health promotion and injury prevention based on principles of primary, secondary, and tertiary prevention. The information presented provides a framework by which readers can analyze material, determine whether or not programs can be appropriately replicated, or design new and original occupational therapy pro-

grams having a focus on health promotion and/or disease prevention.

Each paper follows the following format:

1. *Overview*: a short summary of the situation, an introduction to the initial issues that led to the development of a health promotion/disease prevention program, a description of its location and staff, and a brief description of its content;
2. *Environment and Systems Influences*: a description of the climate which fostered or precipitated the program, which includes a discussion of the social, economic, and political trends or issues relevant to the program's development;
3. *Frames of Reference*: a discussion of the theoretical concepts of occupational therapy that are fundamental to the program's inception and/or a description of the appropriate level of prevention for the situation;
4. *Program Description*: a comprehensive description of the program which is subdivided into the following sections:
 - a. *Organization*: a concise overview of the organizational context of the program and a framework for its design;
 - b. *Support*: a description of how financial support, personnel resources, and facility, agency, or community support were obtained and may include the system of payment or reimbursement;
 - c. *Participants*: a description of the key individuals in the program, including the person(s) responsible for the design or development of the program, other personnel involved, key power individuals, and the target population for whom the program was designed;
 - d. *Services Provided*: a complete description of the initial goals, program strategies and objectives, process of implementation, and when appropriate, modifications made as a result of experience;
 - e. *Outcome*: a description of the results or outcomes and of the program's evaluation procedures; and
 - f. *Summary*: the conclusions drawn from the program design, organization, and implementation, the effects of the particu-

lar environment in which the program was created, and recommendations, if any, for change or replication.

The definitions used for these papers are as follows:

- Disease Prevention programs are proactive and may occur at primary, secondary, or tertiary levels.
 - a. *Primary Prevention*: activities undertaken prior to the onset of the problem or disease and which preclude the occurrence of disease or disability and build resistance in a population potentially at risk (i.e., early intervention to build skills which prevent problems);
 - b. *Secondary Prevention*: early diagnosis and remediation which prevent a condition from becoming serious or permanently disabling (e.g., outreach, case-finding, screening, remediation, and developing coping skills); and
 - c. *Tertiary Prevention*: rehabilitative programs which reduce the after-effects of the presenting problem or illness (i.e., maintenance and rehabilitation which prevent further loss or disability).
- Health Promotion is the systematic endeavor to enhance wellness through education, behavior change, and support (e.g., programs which expand awareness about life-style practices, encourage and support choice of new life-style patterns to reduce risks to health, and support mental and social well-being to enhance health and foster wellness).

These papers describe a variety of occupational therapy services, each of which utilizes principles of primary, secondary, or tertiary prevention principles. Descriptions of these services provide valuable resources for those therapists who want to incorporate health promotion or prevention into their practices. They also represent a developmental continuum targeted at populations ranging from infants to the elderly.

The first article, by Atchison and Nasser, describes a health education program offered to parents of well babies and toddlers. Olsen, Heaney, and Soppas focus on a community outreach program for preschool children at risk for emotional problems and their

parents. Stout describes a creative program to provide safe transportation for children with disabilities who need special child seating restraints.

Hill, Brittel, and Kotwal describe a community support group formed by adults who have been hospitalized for psychiatric illnesses and the support services provided by occupational therapists to that group. Schwartz describes a program of primary prevention utilizing principles of cognition and learning and designed to prevent industrial accidents through on-the-job training (as contrasted with the traditional "back-school" approach). He also utilizes principles of secondary and tertiary prevention in on-the-job training with workers who have been injured and have returned to work.

Miyake and Lucas-Miyake outline the marketing concepts useful for development of health promotion activities in the industrial marketplace. The issue concludes with two papers describing programs for the older adults: Deily presents a home safety program for the elderly, and Herring explains how advanced training in fitness and prevention concepts can be used in a community retirement setting.

In conclusion, the Editors wish to stress again the importance of acquiring additional knowledge, skills, and even certification, when available, before embarking on the exciting challenge of providing health and wellness services as part of your professional endeavors. We also want to express our appreciation to the many authors who presented such thought-provoking and stimulating papers in this relatively new area of occupational therapy practice.

Evelyn Jaffe
Co-Editor

Jerry A. Johnson
Editor

Acknowledgement: The Editors wish to acknowledge the basic source of the format used in these two publications which was adopted from Cromwell, F. S., and Broilier, C. (1988), *The Occupational Therapy Manager's Survival Handbook*. New York: The Haworth Press, Inc.