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

Introduction

Protests against racial violence, systemic racism, and the COVID-19 pandemic highlight the longstanding impact of racial discrimination, inequality, and social determinants of health within the American population. Occupational therapy practitioners can address such issues to enhance access to care, improve treatment outcomes, and advocate for equity in service provision for the clients they serve. In addition, recognizing the intersectionality of age, gender identity, sexual orientation, nationality, socioeconomic status, religion, disability, and other forms of social identity is imperative. The following provides an overview of the implications of discrimination, stigma, and implicit bias on provision of occupational therapy services.

What is Discrimination?

As described by Healthy People 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 (Healthy People 2020). With occupation being embedded within context, the various forms of discrimination negatively affect health and well-being. One may experience discrimination based on age, gender identity, sexual orientation, religion, disability, and other forms of social identity. Occupational therapy practitioners must support, promote, and advocate for the health and well-being of everyone. See AOTA's Official Document on Occupational Therapy in the Promotion of Health and Well-Being. Moreover, discrimination affects the occupational therapy process, including evaluation, intervention, and outcomes of occupational therapy service provision. See the Occupational Therapy Practice Framework.

Discrimination may be directed toward an individual, group, or population, at the organizational and systems level. To this end, structures and policies influence discrimination. Discrimination does not require explicit biases to significantly affect an individual or group. For instance, racial discrimination, inequity, and injustice have left a mark on entire nations, spanning individuals, populations, and communities. See AOTA's Statement on Justice and Systematic Racism.

What is Stigma?

"Stigma is discrimination against an identifiable group of people, a place, or a nation" (CDC.gov, 2020). Stigma is often associated with stereotyping and prejudice and can result in harmful consequences for individuals, groups, and populations. According to the Centers for Medicare and Medicaid Services, racial and ethnic minorities have been dispropotionaly affected by the Covid-19 virus. This is primarily due to

socioeconomic factors and social determinants of health that predispose this population to greater morbidity and mortality rates. Many of these factors are rooted in systemic discriminatory policies that adversely affects this group.

In addition, individuals with COVID-19 or recovering from COVID-19 may experience social stigma due to misconceptions and misinformation that may lead to the stigmatization and marginalization of specific groups. Although COVID-19 disproportionately affects older adults and ethnic minority groups, this disparity does not equate to the likelihood or enhanced risk of the spread of infection by any specific person or group.

Addressing Discrimination and Stigma

Recent collective traumatic experiences continue to highlight 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 respectful care to increasingly diverse populations by:

- ☐ Providing equitable care by considering various contexts and environments during evaluation, treatment planning, and intervention. See AOTA's commitment to diversity, equity, and inclusion.
- ☐ Exploring the Occupational Therapy Profile Template to fully address a client's cultural, personal, temporal, virtual, physical, and social contexts
- ☐ Remaining client-centered and supporting an individual's right to participate in shared-decision making throughout the occupational therapy process
- ☐ Acknowledging the psychosocial implications of events that impact specific social groups, such as underrepresented minorities
- ☐ Actively using case analyses that address systemic issues related to oppression and disparity in health care to gain awareness of the lived experiences of other racial, ethnic, religious, and cultural groups to appropriately advocate for care and resources
- ☐ Disseminating knowledge about diverse client groups
- ☐ Advocating to minimize disparities affecting marginalized groups
- ☐ Acknowledging and addressing personal, implicit biases

What is Implicit Bias?

Implicit biases do not require one's active awareness. Hence, they are also known as unconscious biases because of the underlying thread of behaviors and actions (Blair et al., 2011). Based on social constructs, individuals categorize and form views about specific groups. Such views affect the therapist–client relationship beyond that of cultural competence (for example,unconsciously creating barriers to treatment, like overlooking necessary treatment interventions or providing appropriate referrals). One's attitudes and beliefs may lead to misinterpretation during communication exchanges and lead to missed opportunities, thus further influencing social and health inequities. Implicit biases can lead to health disparities (Healthy People, 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, Occupational Therapy Practice Framework, 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. See AOTA's commitment to diversity, equity, and inclusion.

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

Examples of Implicit Biases:

Example	**Practitioner Response** (Implicit Bias)	**Practitioner Response** (Correction Addressing Implicit Bias)
An African-American parent seeks an occupational therapy consultation based on concern about their child's eating habits.	Education Level: Overly explaining the consultation process and occupational therapy, thereby dominating the conversation.	Inviting the parent to share details and examples of their concern and knowledge/experience of occupational therapy services.
Initiating home care services for an older adult client of Hispanic descent living with extended family.	Language: Speaking to the younger family member, assuming the older client does not understand English.	Directly speaking to the client and making eye contact; allowing the family to voluntarily share whether there is a language barrier.
Instructing energy conservation techniques to a client recovering from COVID-19 who identifies as transgender.	Gender Indentity: Avoiding dressing and bathing interventions because of practitioner discomfort, and instead solely focusing on therapeutic exercises and cooking activities.	Building a trust-based relationship, allowing for open communication. Reviewing the AOTA Code of Ethics. Seeking out education on stereotypes and bias of the LGBTQIA community.

Next steps:

- ☐ Occupational therapy practitioners must:
  - Explore AOTA resources and toolkits to increase understanding of values, norms, beliefs, attitudes, and behaviors associated with different cultural groups to acknowledge one's own biases.
  - Participate in awareness activities, such as the Prejudice Activity, found in the EdChange project.
  - Acknowledge the underlying issues that lead to health disparities among racial and ethinic individuals, populations, and communities.
  - Prioritize building a trust-based relationship with clients.
  - Use person-first language.

- ☐ Occupational therapy practices must:
  - Use and advocate for professional medical interpreters when necessary. See the CDC's resource for reducing stigma.
  - Remove stigmas to improve care and awareness of client's needs.
  - Investigate potential barriers to care. See AOTA's Societal Statement on Health Disparities and the CDC's Strategies for Reducing Health Disparities.
  - 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 (CDC's Strategies for Reducing Health Disparities).
  - 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.

Assessment:

- ☐ Occupational therapy practitioners should perform a self-appraisal to acknowledge personal implicit biases and apply learning strategies.
- ☐ Organizational appraisals can help highlight the areas that need to be addressed within policies and procedures as well as their mission.

Resources to Address Personal Implicit Bias (Reproduced from Harley, In Press)

- ☐ The Implicit Association Test (IAT)
- ☐ Affect Misattribution Procedure (AMP)
- ☐ Implicit Relational Assessment Procedure (IRAP)
- ☐ Relational Responding Test (RRT)

Organizational Culture and Climate Assessment (Reproduced from Harley, In Press)

- ☐ The Organizational Culture Assessment Instrument (OCAI)
- ☐ Dension Organizational Culture Survey
- ☐ Gallup Q12 Employee Engagement Survey

References:

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