Occupational Therapy in Community and Population Health Practice 3rd edition Scaffa Test Bank

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Chapter 02

Multiple Choice
Identify the choice that best completes the statement or answers the question.

____ 1. In the AOTA Practice Framework, health management and maintenance are identified within the domain of occupational therapy as:
a. Occupation-based
b. Instrumental activities of daily living
c. Activities of daily living
d. Population health

____ 2. An occupation-based outcome that can result from the application of occupational therapy to community and population health needs, per the AOTA Practice Framework, is:
a. Occupational justice
b. Enhanced instrumental activities of daily living
c. Health disparities
d. Decreased morbidity

____ 3. Social determinants of health are typically defined as:
a. Access to and participation in the full range of meaningful and enriching occupations afforded to others, including opportunities for social inclusion and the resources to participate in occupations to satisfy personal, health, and societal needs
b. Enriched contextual and activity experiences that enhance performance for all people in the natural contexts of life
c. Families, workers, students, community members, or populations sharing the same or like concerns
d. Conditions into which a person is born (e.g., social, economic, and physical) that have an impact on health, functioning, and quality of life

____ 4. An example of a social determinant of health is:
a. Ethnicity
b. Diabetes
c. Occupations
d. Neighborhood and built environment

____ 5. *Healthy People 2020* provides the following framework for implementation of its population health goals:
a. Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury, and premature death
b. Mobilize, assess, plan, implement, and track
c. Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all
d. Promote healthy development, healthy behaviors, and well-being across all life stages

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____ 6. Public health is described as the critical functions of state and local health departments, such as preventing epidemics, containing environmental hazards, and encouraging healthy behaviors. An example of public health is:
   a. Provision of vaccinations
   b. Providing blankets to persons who are homeless
   c. Mobilize, assess, plan, implement, and track
   d. Intensive care units

____ 7. A risk factor that contributes to cardiovascular disease is:
   a. Vaccinations
   b. Diabetes
   c. Intensive exercise
   d. Occupational deprivation

____ 8. Occupational therapy provided in a post-acute setting after a fall is typically what level of prevention?
   a. Primary prevention
   b. Secondary prevention
   c. Tertiary prevention
   d. Post-prevention

____ 9. The term *preventive occupation* refers to the application of occupational science and therapy in the prevention of disease and disability and the promotion of health and well-being of individuals and communities through meaningful engagement in occupations. A commonly known example of this in occupational therapy is:
   a. The Well Elderly Study
   b. Community-centered practice framework
   c. Primary prevention
   d. Population health

____ 10. Which of the following is an example of a population-level health promotion intervention?
   a. Promotion of barrier-free, universal design environments to enable full community participation for persons of all ages and abilities
   b. Modification of community recreational facilities to increase accessibility for persons with disabilities
   c. Implementation of a depression-screening program for new mothers for the purpose of developing prevention and early intervention programs
   d. Disability awareness training for service industry personnel, such as those who work for airlines, hotels, restaurants, etc.

____ 11. An occupational therapy practitioner is working with a child diagnosed with Neonatal Abstinence Syndrome (i.e., an infant born addicted to opioids). The mother who is struggling with addiction confides in you that she is trying to get pregnant. You are concerned about her substance use and refer her to a behavioral health specialist and contact her primary care provider about your concerns. This is an example of:
   a. Primary prevention
   b. Secondary prevention
   c. Tertiary prevention
   d. Not preventative care

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____ 12. Funding for occupation-based population health programs typically comes from:
a. Governmental agencies
b. Foundations
c. Insurance companies
d. Multiple sources

____ 13. The community-centered practice framework (CCPF) consists of four components or phases comprising:
a. Individuals, groups, organizations, and social networks
b. Geographic location, climate, the natural and built environment, population characteristics
c. Community identity, community occupations, community resources and barriers, and participation enablement
d. Climate, the natural and built environment, population characteristics, and sociocultural elements

____ 14. Community occupations are defined as:
a. Individuals, groups, organizations, and social networks
b. Occupations that are important and meaningful to the community as a whole
c. Community identity, community occupations, community resources and barriers, and participation enablement
d. Occupations available in public places

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Chapter 02
Answer Section

MULTIPLE CHOICE

1. ANS: B
   Rationale: Health management and maintenance are identified within the domain of occupational therapy as instrumental activities of daily living in the Occupational Therapy Framework: Domain and Process.

   REF: Scaffa OT in Comm & Pop Health Prac, 3e 7562 Ch 2 Page 23
   OBJ: 2.1
2. ANS: A
   Rationale: Health and wellness, participation, prevention, quality of life, and occupational justice are just a few of the outcomes that can result from the application of occupational therapy to community and population health needs (AOTA, 2014). Occupational justice refers to "access to and participation in the full range of meaningful and enriching occupations afforded to others, including opportunities for social inclusion and the resources to participate in occupations to satisfy personal, health, and societal needs" (AOTA, 2014, p. S43).

   REF: Scaffa OT in Comm & Pop Health Prac, 3e 7562 Ch 2 Page 23
   OBJ: 2.1
3. ANS: D
   Rationale: The World Health Organization (WHO) established the Commission on Social Determinants of Health (CSDH) in 2005 to develop strategies on reducing health inequities. Health inequities exist both within and between countries, with a 40-year life expectancy difference between the richest and poorest countries. These differences are often due to inequities in the social determinants of health. Social determinants of health are the conditions into which a person is born (e.g., social, economic, and physical) that have an impact on health, functioning, and quality of life.

   REF: Scaffa OT in Comm & Pop Health Prac, 3e 7562 Ch 2 Page 23
   OBJ: 2.2
4. ANS: D
   Rationale: Social factors, or social determinants of health, are organized into five key areas: economic stability, education, social and community context, health and health care, and neighborhood and built environment.

   REF: Scaffa OT in Comm & Pop Health Prac, 3e 7562 Ch 2 Page 26
   OBJ: 2.2
5. ANS: B
   Rationale: The goal of HP 2020 is to provide data and tools to enable practitioners and communities across the nation to easily integrate services and intervention efforts. In order to meet population health goals, a framework for implementation is included in HP 2020: MAP-IT (mobilize, assess, plan, implement, and track; USDHHS, 2010b). The MAP-IT guide, available online, includes information on conducting a community needs assessment, a brief overview of Healthy People 2020, and tools for assessing and tracking progress.

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REF: Scaffa OT in Comm & Pop Health Prac, 3e 7562 Ch 2 Page 26
OBJ: 2.3

6. ANS: A
Rationale: Public health is "the critical functions of state and local health departments such as preventing epidemics [e.g., infectious disease outbreaks], containing environmental hazards [e.g., drinking-water contamination], and encouraging healthy behaviors [e.g., smoking cessation]" (para. 1). Other public health functions may include workplace injury prevention and safety standards, provision of vaccinations, and policy advocacy, such as for seatbelt laws and nutritious school lunches. In other words, public health could be construed as a set of approaches used to improve the health of a population.

REF: Scaffa OT in Comm & Pop Health Prac, 3e 7562 Ch 2 Page 27
OBJ: 2.3

7. ANS: B
Rationale: Risk factors are those precursors that increase an individual's or population's vulnerability to developing a disease or disability or sustaining an injury (Scaffa, 1998). Often when people hear or use the term *risk factor,* they are thinking of a physical condition that contributes to a disease. For example, diabetes, smoking, high cholesterol, hypertension, and obesity are risk factors that can contribute to cardiovascular disease.

REF: Scaffa OT in Comm & Pop Health Prac, 3e 7562 Ch 2 Page 29
OBJ: 2.3

8. ANS: C
Rationale: Tertiary prevention is implemented when a person is already ill or impaired, and the initial damage has already occurred. Occupational therapy in the medical model is typically tertiary prevention.

REF: Scaffa OT in Comm & Pop Health Prac, 3e 7562 Ch 2 Page 31
OBJ: 2.4

9. ANS: A
Rationale: An excellent example of the power of preventive occupation was demonstrated in a comprehensive research project, commonly referred to as the Well Elderly Study, conducted at the University of Southern California (Clark et al., 1997). This randomized, controlled trial, involving 361 men and women aged 60 years or older living independently in the community, was designed to evaluate the effectiveness of a preventive occupational therapy program.

REF: Scaffa OT in Comm & Pop Health Prac, 3e 7562 Ch 2 Page 32
OBJ: 2.4

10. ANS: C
Rationale: An occupational therapy role related to health promotion is to develop and implement occupation-based community and population health promotion interventions, targeting a variety of constituencies, including individuals (both with and without disabilities), groups, organizations, communities, populations, and governmental policies. An example of a population-level intervention is C.

REF: Scaffa OT in Comm & Pop Health Prac, 3e 7562 Ch 2 Page 33
OBJ: 2.4

11. ANS: A

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Rationale: The current treatment of the child is secondary prevention. Referring the mother to address her addiction before becoming pregnant is an example of primary prevention.

REF: Scaffa OT in Comm & Pop Health Prac, 3e 7562 Ch 2 Page 30
OBJ: 2.5

12. ANS: D
Rationale: Changes in demographics, including the rapid growth in the number of elderly who are at risk for injuries, illnesses, and disabilities, provide an opportunity for occupational therapy practitioners to expand their role in health promotion and disease/disability prevention. As in all areas of practice, community and population health promotion interventions should be based on the best available evidence. Funding for community and population health programs "can come from governmental agencies, foundations, non-profit organizations, insurance companies, and large corporations" (AOTA, 2013, p. S52), as well as fees-for-service. Most community and population health programs rely on multiple sources of funding.

REF: Scaffa OT in Comm & Pop Health Prac, 3e 7562 Ch 2 Page 33
OBJ: 2.5

13. ANS: C
Rationale: The CCPF consists of four components, or phases: community identity, community occupations, community resources and barriers, and participation enablement. Identifying the characteristics and dimensions of community identity, community occupations, and resources and barriers to community participation enables occupational therapy practitioners to develop and implement appropriate strategies and interventions to empower communities to achieve their occupational goals and facilitate community participation.

REF: Scaffa OT in Comm & Pop Health Prac, 3e 7562 Ch 2 Page 34
OBJ: 2.6

14. ANS: B
Rationale: Community occupations are those occupations that are important and meaningful to the community as a whole. Community occupations provide a sense of meaning and purpose, community identity, and belonging. Community members participate in co-occupations or collective occupations to move in the direction of their shared goals, with everyone drawing on "diverse skill sets, knowledge, experiences, and expertise" (Hyett et al., 2018, p. 8).

REF: Scaffa OT in Comm & Pop Health Prac, 3e 7562 Ch 2 Page 34
OBJ: 2.6

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