Poverty is often defined in monetary terms. As health care providers, occupational therapists often work with populations labelled as low-income and must shift away from this ubiquitous understanding of poverty by viewing it within its wider context. The World Health Organization (2006) proposed understanding poverty through its characteristics such as lack of access to education, health care and occupation. The denial of these fundamental rights causes these communities to face occupational injustices, which are inequities in opportunities and resources to engage in meaningful occupations (Townsend, 2004). Rather than viewing occupational injustice as a problem that requires fixing by an outsider, we can address it by harnessing a community’s assets.

When occupational therapists understand a broad definition of what an impoverished community is, they can facilitate positive re-engagement through applying a top-down approach that focuses on communities’ unique strengths. On the contrary, when a bottom-up or problem-focused approach is used, particularly with a vulnerable population, it can be disempowering and perpetuate dependence. In this article, I will describe what a top-down approach looks like, viewing poverty in a wider context.

Community capacity assessments: A strengths-based approach

There is a strong argument in community development research that all communities have an inherent capacity for sustained regeneration (Kretzman & McNight, 1993). The resources to continuously resolve occupational issues inherently lie within communities. When working in vulnerable communities, health care providers must conscientiously work as collaborators rather than experts. Using a top-down approach that focuses on drawing out a community’s strengths and building capacity is one way to map out and release its assets. Kretzmen and McKnight (1993) proposed three steps to community assessment that could be used to understand assets in impoverished communities:

1. Identify skills at an individual level (e.g., by creating surveys to determine priorities, talents, education);
2. Identify assets within the local community that may serve individuals (e.g., churches, libraries, schools);
3. Determine how the reciprocal capacities of the individuals and the community could build relationships (e.g., a local sports complex offering free exercise space to individuals assisting with landscaping).

It is within an occupational therapist’s scope to conduct capacity assessments and help identify the skills that exist within a community rather than view the community as one that requires fixing. This strengths-based approach empowers individuals to act as agents of change by applying their skills.

The Person-Environment-Occupation (PEO) Model: A top-down approach

The PEO model supports client-centred practice by encouraging occupational therapists to understand the transactions between the dynamic roles of persons and the environments in which they work, live and play (Law et. al., 1996). During a capacity assessment, information can be collected regarding the community’s PEO fit—that is, the degree to which person-environment-occupation factors are congruent with one another. For example, individuals in low-income communities wishing to engage in an exercise program but who are not in proximity to one, or able to afford to participate in such a program, would have a low congruence between this occupation and the environment in which they live. An occupational therapist might discover assets among community members (e.g., experience leading exercise groups) and within the environment (e.g., an available nearby public park). These assets can close the gap between the environment and occupation by connecting motivated and knowledgeable community members wishing to exercise to a free space.

By understanding a community’s collective PEO factors, occupational therapists position themselves as collaborators and gain an understanding of potentially meaningful opportunities. Meaningful participation contributes to one’s overall health, perception of stress and life purpose (White, Ma, & Whitney, 2014). The community and individual assets uncovered by capacity assessments can help create a meaningful PEO fit.

Summary

Through facilitating community capacity assessments and using the PEO model, occupational therapists uncover meaningful opportunities and empower individuals to be agents of change in their environments. Sustainable...
occupational therapy interventions in low-income communities are client-centred, collaborative and empowering. Occupational therapists are well positioned to work in low-income communities using their expertise in applying a top-down, strengths-based approach.

References

About the author
Stephanie Davies, MScOT, OT Reg. (Ont.), is an occupational therapy graduate of Queen’s University. Her fieldwork experience in low-income housing and current role in community practice have inspired her continued efforts to create a dialogue around strengths-based occupational therapy practice. She can be reached by email at: stephjoydavies@gmail.com

Purchase a Practice Evidence Webinars bundle and save an additional 20-75% off!

Practice Evidence Webinars (formerly CAOT Lunch & Learn webinars) provide evidence-informed, occupation-based and practical resources and information that occupational therapists can take away and apply in their practice. Bundles of 5, 10 or 15 Practice Evidence Webinars can now be used on a combination of upcoming and/or On-Demand Webinars for your convenience!

- **Individual rate:** For one individual person
- **Institutional rate:** For groups of up to 25 people, participating from up to 3 computers. If your group is larger than 25 people or located in more than 3 sites, please contact education@caot.ca

<table>
<thead>
<tr>
<th>Number of Practice Evidence Webinars</th>
<th>Individual rate (Purchased by CAOT member or associate)</th>
<th>Institutional rate (Purchased by CAOT member or associate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any 1</td>
<td>$50</td>
<td>$250</td>
</tr>
<tr>
<td>Any 5</td>
<td>$200</td>
<td>$1000</td>
</tr>
<tr>
<td>Any 10</td>
<td>$300</td>
<td>$1500</td>
</tr>
<tr>
<td>Any 15</td>
<td>$375</td>
<td>$1875</td>
</tr>
<tr>
<td>Annual upcoming Practice Evidence Webinars pass*</td>
<td>$395</td>
<td>$1975</td>
</tr>
<tr>
<td>40 On-Demand Webinars from September 2015 to September 2016</td>
<td>$395</td>
<td>$1975</td>
</tr>
<tr>
<td>90 On-Demand Webinars from September 2012 to July 2015</td>
<td>$495</td>
<td>$2475</td>
</tr>
</tbody>
</table>

*A minimum of 30 Practice Evidence Webinars are offered per year. Each webinar in the annual pass is therefore equivalent to less than $14 for individuals and less than $66 for institutions/groups.

For more information and to purchase, please visit www.caot.ca/site/pd/caotwebinar