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Building cultural bridges: inclusion, diversity, and equity in academic learning – occupational therapy (ideal-OT)

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BUILDING CULTURAL BRIDGES:

INCLUSION, DIVERSITY, AND EQUITY IN ACADEMIC LEARNING – OCCUPATIONAL THERAPY (IDEAL-OT)

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DEDICATION

I would like to dedicate my doctoral project to my family. I am so grateful to my husband, Mohammad, who supported and encouraged me through this journey. I am grateful to my parents who taught me how to chase my dreams and be ambitious. I also dedicate my doctoral project to my children, Rayan and Eleen, their love and joy bright my days at the right times.

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BUILDING CULTURAL BRIDGES GUIDE:

INCLUSION, DIVERSITY, AND EQUITY IN THE ACADEMIC LEARNING – OCCUPATIONAL THERAPY (IDEAL – OT)

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ABSTRACT

Occupational therapy (OT) is a global health care and justice-oriented profession. Preparing OT students to include justice as a part that intersects with practice—and not as an optional choice—should be an essential component of academic learning in OT programs. The American Occupational Therapy Association (AOTA) Vision 2025 adopted a strong commitment to inclusion, diversity, and equity, declaring that every individual has the right to feel valued, welcomed, and respected (AOTA, 2018). In this OT doctoral project, the author has developed an educational guide, Inclusion, Diversity, and Equity in Academic Learning - Occupational Therapy (IDEAL-OT) for OT programs. This project was designed to integrate inclusion, diversity, and equity within the OT curricula to be a woven aspect in the OT students' clinical reasoning and professional performance to serve diverse population appropriately. The author aims to fill existing gaps in the literature on adopting the cultural humility lens within OT profession through a theory driven, client-centered, and evidence-based approach as a road map to meeting the OT profession's standards and clients' diverse needs.

By adopting this project, OT students will demonstrate and practice OT within the cultural humility scope by improving self-efficacy in serving diverse population and meet the client's culturally individualized needs, and advocate for individuals with limited opportunities as global citizens, agents of change, and life-long learners.

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As the U.S. population becomes increasingly diverse (U.S. Census Bureau, 2020), the health care system needs to respond to clients' varied values and perspectives about health and well-being. Clients' engagement within a client-centered approach is a core concept in occupational therapy (OT) to maximize clients' participation in meaningful life activities (American Occupational Therapy Association [AOTA], 2015). Client-centeredness is a philosophy intended to meet the client's needs, values, and perspectives and optimize their experiences in health care. The problem addressed in this doctoral project is the lack of including the client's cultural values and perspectives in health care services, specifically in the OT practice, through clinical reasoning and professional performance. This is an important aspect of the client-centered approach to achieve the ultimate outcomes of the OT process with a high level of client satisfaction as an active agent in this process.

Culture is defined as a "set of shared languages, ideas, customs, traditions, beliefs, and practices shared by groups of people" (AOTA, 2018). It is important for OT practitioners to be aware of the clients' cultural perspectives and equally deliver high quality client-centered care to all clients. Clients' cultural values and perspectives affect the decision-making during the OT process and determine perceptions of health, illness, and occupation. Failure to understand and integrate social and cultural differences into the OT process may have significant consequences on the health and well-being status of the clients; it can result in compromised quality of care and safety and negatively affect

occupational engagement and clients' adherence to the OT plan of care (Brach et al., 2019).

Culture in Occupational Therapy

Based on the AOTA's (2020a) *Occupational Therapy Code of Ethics*, OT practitioners should have knowledge about diverse clients and advocate for fair, equitable, and culturally appropriate treatment for all. The AOTA's Vision 2025 (AOTA, 2021) adopts a strong commitment to inclusion, diversity, and equity by declaring that every individual has the right to feel valued, welcomed, and respected. According to the U.S. Department of Health and Human Services (HHS, 2018) Office of Minority Health, delivering culturally and linguistically appropriate services is the right of every individual in the United States to receive equitable, effective, understandable, and respectful health care services.

Having the awareness, knowledge, skills, and abilities to understand the client's needs and emotions within the cultural context is part of the Occupational Therapy Practice Framework: Domain and Process (AOTA, 2020b). The AOTA defined the client's personal factors as "customs, beliefs, activity patterns, behavioral standards, and expectations accepted by society or cultural group of which a person is a member" (p. 10). Designing an inclusive and meaningful occupational process that reflects the client's cultural values based on the occupational therapy code of ethics and ethics standards is an essential step. It will guide occupational therapists' moral practices, especially when cultural conflicts exist, because culture is part of the individual's identity and belonging.

Suarez-Balcazar and Yolanda (2011) defined *culturally appropriate service* in health care as "an on-going contextual, developmental, and experiential process of personal growth that results in professional understanding and improved ability to adequately serve individuals who look, think, and behave differently from us" (p. 2). This process includes repetitive engagements with diverse groups from different backgrounds and perspectives to improve self-awareness, self-reflection, knowledge, and professional performance. Therefore, occupational therapists must continuously strive to improve their abilities and skills to deliver culturally appropriate services within the client's cultural context.

There are many reasons for the lack of culturally sensitive services in occupational therapy, which include:

1. Lack of knowledge and training about culture, inclusion, diversity, equity, cultural humility, health disparities, and social determinants of health in the OT curricula,
2. Lack of effective communication and health literacy skills among OT practitioners,
3. Lack of diversity among OT professionals,
4. Insufficient literature about including culture and cultural humility in OT practice and the level of readiness for OT professionals to include the client's culture in clinical reasoning and professional performance.
5. Lack of services that address the needs of different cultural populations to include the client's culture in the rehabilitation services.

6. Ineffective leadership styles in OT practice that do not focus on an inclusive vision of diversity and equity among OT practitioners or between OT practitioners and their clients (Campos, 2020).

Addressing the Problem

This doctoral project is an educational guide for entry-level OT students for inclusion, diversity, and equity in academic learning. The educational guide was created based on evidence-based knowledge and practice in authentic contexts to prepare the next generation of OT students to be agents of change for equity and justice. This will promote social and occupational justice, decrease the health care disparities gap, and improve the quality of care in OT practice.

The core elements of the doctoral project, which addressed these issues in OT practice, include:

1. A mixed-methods cross-sectional baseline survey to measure the cultural awareness, attitude, knowledge, and skills among OT professionals and students. This supported the development of a training program for OT students to be used in OT academic programs.
2. Identification and analysis of how culture influences an individual's health practices and beliefs and OT areas of practice.
3. Development of a multidimensional perspective on the role of cross-cultural skills and culturally relative approaches in OT. Students will learn skills required for gathering and interpreting information from and about clients regarding cultural beliefs that may interact with health care beliefs and

practices.

4. Identification and analysis of bioethical issues facing OT practitioners. Sources of health disparities are defined for a population, based on (but not limited to) race, ethnicity, gender identity, geographic location, socioeconomic status, sexual orientation, or some combination of these. Discuss topics such as models and frameworks that have been used to conceptualize culture as key elements of culturally appropriate care, effectiveness of health interventions, and organizational or structural interventions for promoting culturally appropriate care (Govender et al., 2017).
5. Development of guidelines for self-directed, co-constructed, and engaged learning skills needed for independent and lifelong learning. This will assist entry-level OT students in becoming familiar with the useful resources for gaining knowledge and skills about specific cultural groups and finding support for dealing with culturally diverse client populations in culturally relative manners.

Understanding the impact of cultural context on client care is an important component of the OT process. Therefore, presenting an evidence-based practice framework to guide the educators in entry-level OT programs will be a valuable source of information, a cornerstone for ongoing professional growth, and an opportunity to break biases and stereotypes in the U.S. health care system and heighten competency levels and professionalism.

CHAPTER TWO – Project Theoretical and Evidence Base

This chapter presents an overview of the gap addressed in this doctoral project. Additionally, a visual representation of a proposed explanatory model of this problem and the factors contributing to its impact are included. The chapter presents the theoretical framework used for the development and implementation of the project.

Overview of the Problem

The ability to understand and effectively interact with individuals from different cultural backgrounds in health care is an evolving skill that continues to be developed. However, if occupational therapy (OT) professionals practice with a lack of professional performance without ensuring all clients receive equitable, effective, and satisfactory services, the client-centered approach is one of the essential pillars of OT that will be compromised.

Client centeredness focuses on involving the client in active participation in the OT process, including occupations that involve the client's culture, perspectives, and identity, and address the client's individuality in all areas of occupational performance while looking at the person as a whole. Therefore, the lack of culturally responsive skills among OT practitioners is one of the barriers that affect the application of the client-centered approach successfully and the client's engagement in meaningful life (Mroz et al., 2015; Tucker, 2013).

Decreasing the client's engagement in the treatment process will compromise the quality of care and safety and can exacerbate the gap in health care disparities and

sociocultural barriers, negatively affecting the client's health and well-being status (Brach et al., 2019).

The World Health Organization (WHO) defined health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (WHO, n.d.). Well-being is defined in Merriam-Webster (n.d.c.) as "the state of being happy, healthy or prosperous." Any disturbance in the physical, mental or social components of the human being will affect the individuals' well-being and ability to fulfill their meaningful occupations connected directly to their cultural values (Hammell, 2013).

Many factors aggravate the problem among OT practitioners, including the lack of diversity in the curriculums to help students articulate cultural perspectives and understand the complexity of elements of other cultures relative to health, illness, and occupation (Horvat et al., 2014); lack of effective communication skills and health literacy through an inclusive vision of diversity at the organizational (leadership/workforce), structural (process of care), and clinical (provider–patient) levels (Melendez & Thompson, 2020); insufficient representation of the U.S. population among OT professionals to meet increasing population diversity; insufficient literature that includes culture in the OT process; and lack of services that address the needs of minorities in the rehabilitation services (Agner, 2020; Beagan, 2015; Taff & Blash, 2017).

The Theoretical Framework

In the American Occupational Therapy Association's (AOTA, 2020b) Occupational Therapy Practice Framework: Domain & Process, meaningful occupations are central to the clients' values. Part of the therapeutic use of self is developing and nourishing the therapeutic relationship and effective rapport between the OT professionals and clients during service delivery, building a collaborative approach during the OT process and creating inclusive and effective communication to create a safe context for clients to express themselves and their values authentically and engage successfully.

Culture refers to "integrated patterns of learned core values, beliefs, norms, behaviors and customs that are shared and transmitted by specific groups of people" (Watters et al., 2016, p. 2). Culture transfers through rituals, language, history, values, art, and much more from one generation to another (Hawley & Morris, 2016). Through the OT process, providing patients from diverse perspectives, values, and beliefs with health care services that meet their cultural, social, and linguistic needs is the desired goal (J. Brown & Stav, 2020).

The holistic approach of inclusion, diversity, and equity in the OT process focuses on the level of cultural awareness, attitude, knowledge, and skills that OT professionals have. It encompasses the source or method used to acquire knowledge or experience through the personal, professional, and societal levels and how knowledge and skills transfer improve cultural humility.

The occupational therapist's attitude in a cross-cultural situation could be

explained through a formal framework or theory and testing the theoretical assumptions and propositions to analyze and explain the hierarchy of the problem causal pathway.

The occupational therapist's professional reasoning is formed by personal and professional perspectives and experiences that define the lens used to see the clients and address their problems. For example, a person who can see and recognize all shades of colors will have different approaches to responding to traffic lights than a color-blind person. The color-blind person cannot see the green color and keep focusing on the brightness of the red color to recognize when it is safe to take off. On the other hand, individuals with achromatopsia, which is total color-blindness, have never seen color and do not know what color looks like. However, with new technology using an electronic eye as a color sensor that detects color frequency, colorblind people can *hear* the colors' sounds. Every individual in this example has been exposed to a different way of recognizing colors and formed different definitions for color based on their experiences (Schell & Schell, 2008). This analogy explains the ecological model of professional reasoning (EMPR).

Professional reasoning is defined as

> the processes used by practitioners to plan, direct, perform, and reflect on client care, it is a high complex mode of thought that involve all the thinking processes of the clinician as s/he moves into, through and out of the therapeutic relationship and therapy process with a client. (Márquez-Álvarez et al., 2019, p. 3)

The professional reasoning in the OT process through the EMPR is the therapist–client connection in the therapeutic context.

The EMPR, first presented by Unsworth and Schell at the 2006 World Federation of Occupational Therapy Conference, has evolved to serve practitioners' challenges in the OT practice. This model provides ways to understand the complex motives of the OT practitioners behind planning, acting, and reflecting in the OT process while viewing the client as an occupational being (Schell & Schell, 2008).

If we focus on the "therapist" component of this model, we notice it includes two lenses: the personal lens, which includes personal self, characteristics, gestalt, life experience, beliefs, and worldview; and the professional lens, which includes professional knowledge, experience, skills, practice theories, and beliefs. Culture is an important component of the personal and professional factors of the therapist's clinical reasoning. If therapists are unaware of how their cultural views reflect on the different cultural identities of their clients, the OT process would have multisectoral negative consequences. The main result would be a lack of culturally responsive knowledge, attitude, and skills in professional performance among OT practitioners, which is the first component of the problem causal pathway.

Difficulty recognizing self-biases and assumptions and exploring one's self-image in depth influence cultural imposition. *Cultural imposition* is "the tendency of individuals to impose their beliefs, values, and patterns of behavior on another culture" (Campinha-Bacote, 2002, p. 182). Therefore, a lack of engagement in cross-cultural interactions with diverse clients from different contexts and linguistic preferences would lead to retaining the existed biased beliefs and stereotypes about a cultural group and increase health disparities gap, which is exactly as the color-blindness example, which affect directly the

application of client-centered approach.

The EMPR assumptions include:

1. Professional reasoning is an ecological process that involves the therapist, client, and context factors. What happens in the OT process results from transactions among these three components (Schell & Schell, 2008).
2. Occupational therapy is a co-constructed process between the therapist and the client; therefore, building the cultural awareness of the therapist about him/herself and the client rather than a list of learned facts is important by including the client as an active agent in this process (Schell & Schell, 2008).
3. Numerous personal and practice context factors influence professional reasoning, the client, and the therapy process. These include the nature of the occupational performance/participation problem and the client's therapy-related actions outside of therapy, such as how the client's culture affects the client's beliefs, decisions, and actions about health, illness, and occupations (Schell & Schell, 2008).

Difficulty taking the initiative and engaging in motivated acts with diverse groups leads to negatively compromising clients' health, wellness, and satisfaction. There is a vast difference between "having to" and "wanting to" interact with people from different backgrounds and perspectives, which is called a lack of *cultural desire* (Jirwe et al., 2006). As a result, weak essential tools and skills to navigate cross-cultural situations increase the gap in preparing health care professionals to lead the ongoing learning process throughout their years of practice.

Evaluating the Evidence to Support the Explanatory Model

The literature solidly established that involving the client's cultural values in culturally appropriate health care services enhance the client's health, well-being, and quality of health care outcomes (Dubbin et al., 2013; Harrison et al., 2019; King et al., 2015). Culture influences individuals' visions of health, illness, and occupation; it impacts the way people think, reflect, remember, react, decide, plan, and solve a problem (Beagan, 2015; Watters et al., 2016). The main purpose of involving the client's culture in health care is to create high-quality services for all clients regardless of race, ethnicity, religion, language preference, age, gender, disability, socioeconomic status, or geographic location (Watters et al., 2016; U.S. Census Bureau, 2020).

It was noticeable that there is a lack of literature that discusses or measures the significant effects of client culture in the OT process. Therefore, my search results were basically from what was available for the OT research on this topic and what other health care professions investigated while applying that to the OT scope of practice.

For a long time in health care and literature, the concept used to describe cross-cultural experiences in health care was *cultural competence*. The Merriam-Webster (n.d.a.) Dictionary defined "competence" as "the ability to do something well: the quality or state of being competent." Cultural competence in health care was described as the ability to effectively deliver inclusive health care services that meet all cultures' needs (Harrison et al., 2019). However, in 1998, physicians Melanie Tervalon and Jann Murray-Garcia developed a new concept for self-reflection and lifelong learning, incorporating culture in health care to help them better serve their patients. Their idea

was that they were experts in their field but not in their patients' culture—yet they understood that culture weighs heavily on someone's thoughts, beliefs, habits, and choices (Tervalon & Murray-García, 1998). Since then, a controversy around the construct of cultural competence and questioning its relevance or ability to address cultural sensitivity and responsiveness in health care has been an open discussion for theorists and researchers. They question whether anybody is competent in another's culture and if does knowledge transfer about other cultures is enough to serve different cultures with respect, equity, and inclusion.

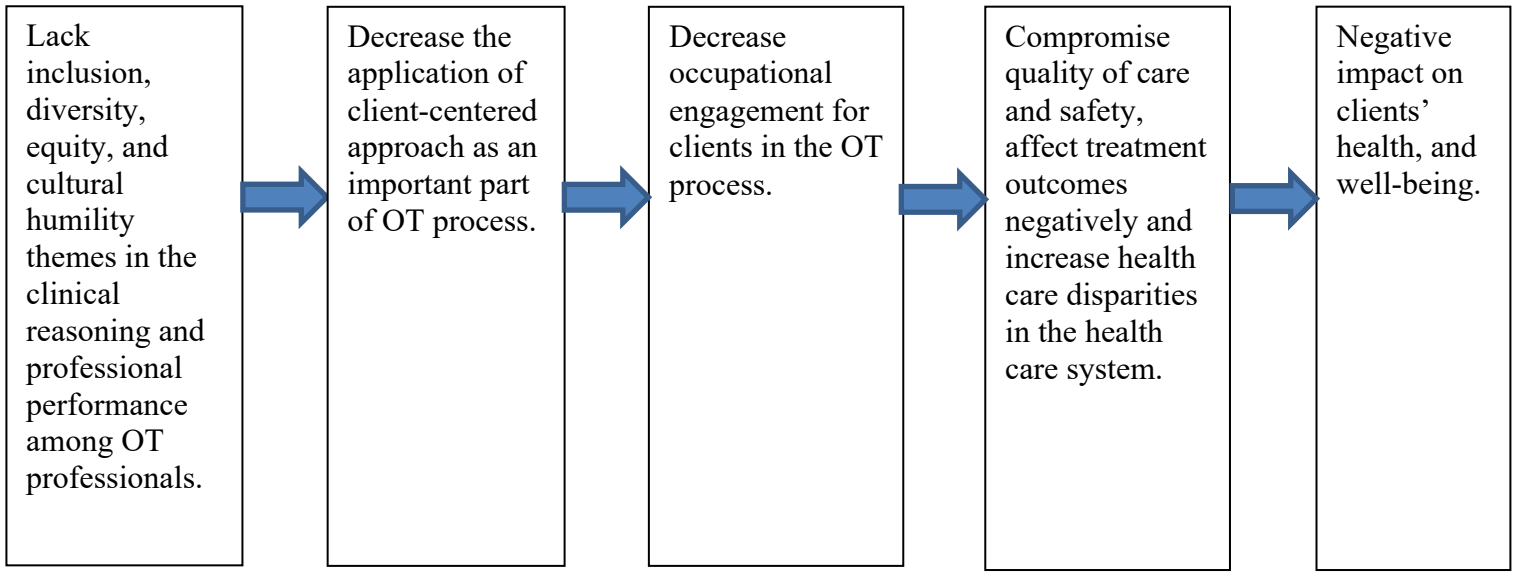
Whereas cultural competence is building knowledge and skills to be used in cross-cultural experiences, the focus here is on what an individual learns about cultures more than the experience itself. Thus, cultural humility was defined as "flexibility; awareness of bias; a lifelong learning-oriented approach to working with diversity; and a recognition of the role of power in health care interactions" (Agner, 2020, p. 1). Merriam-Webster (n.d.b) defined humility as "the freedom from pride and arrogance: the quality or state of being humble." It is a process-oriented approach that considers who we are, what our experiences are, and how we live and view the world through our own identity lenses while seeing everyone as complex and multidimensional beings who bring their culture, values, identities, and perspectives to the table (Foronda, 2020).

The literature synthesis of cultural humility, cross-cultural emergent experiences, and inclusion, diversity, and equity in OT followed a causal pathway of the problem (Figure 2.1). I then by created four research questions to synthesize the previous research on this topic and investigate if there was evidence in the literature connecting every part

of the problem causal pathway to OT practitioners' lack of cultural awareness, knowledge, and skills in clinical reasoning and professional performance. Further, I looked at whether it impact the clients' health, wellness, and well-being. The guiding questions and answers from the evidence literature are described in Figure 2.1.

Figure 2.1

Visual Causal Pathway of the Problem



Is there evidence that lack of cultural humility, cross-cultural knowledge, and skills in OT settings decrease the application of client-centered approaches as an essential part of the OT process?

As was discussed earlier, client-centeredness is one of the foundations of the OT process, by focusing on enabling clients to participate in occupations that they want or need to do to fulfill their lives roles. Clients' occupations can be restricted or supported by the environment that they live in physically and its social-emotional aspects and by the personal abilities that might be affected after any injury or disease. Therefore, every client is a unique being, and all aspects of his/her life must be addressed as a part of the treatment plan and must be costumed individually (Cunningham et al., 2014).

In the explanatory model of the problem, cultural humility and the cross-cultural experiences in health care would affect the application of client-centeredness, which basically aims to establish a trusted relationship between the health care provider and the client and family, to improve the quality of health services and the treatment outcomes. Involving the client in the OT process is a partnership between the therapist and the client to empower the client and connect him/her with a purpose to achieve the treatment goals and objectives (Beagan, 2015; King et al., 2015).

Client-centeredness involves practicing effective communication through an accessible health literacy level, active listening, open-ended questions, and providing the option of interpretation services for individuals who are not fluent in English. Integrating the client's culture as an essential part of the client-centeredness approach enriches the patient–health-care-provider relationship by building trust, developing confidence in the

health care providers and increasing the clients' level of satisfaction with the health care services (Alpers, 2016; Bau, 2020).

Is there evidence that a lack of cultural humility and cross-cultural experiences for OT practitioners decrease the client's occupational engagement?

As a result of failing to apply the client-centered approach in OT practice, active patient engagement through the OT process will be affected. Harrison et al. (2019) discussed that effective patient engagement is associated with high quality of a holistic health care service. Occupational therapy professionals who have the ability to deliver services that meet the cultural, personal, social, and environmental patient's needs by facilitating effective communication, increasing client engagement, and improving the success rates of the treatment outcomes.

Bombard et al. (2018) conducted a systematic literature review for 48 studies to synthesize the strategies and contextual factors that increase client engagement and participation in the health care service and their impact on the health service outcome. They found that the level of clients engagement increases with the partnership relationship with the health care professional and enhances the service delivery and outcomes. Once clients feel they are part of an OT process that involves their culture and identity, their engagement and adherence to the treatment plan increase significantly.

Is there evidence that a lack of cultural humility and cross-cultural experiences in OT settings compromise the quality of care and safety, negatively affect treatment outcomes, and increase health disparities in the health care system?

Client safety, satisfaction, and quality of care will be affected by a lack of cultural humility, which will increase the gap in the health disparities (Table 1). In literature, minority populations have higher rates of disease, disability, and death connected to low quality of health care, which is part of health disparities in the United States (U.S. Census Bureau, 2020). Health disparity in Healthy People 2020 was defined as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage" (U.S. Department of Health and Human Services [HHS], 2018). Health Equity in Healthy People 2020 was defined as the

> attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. (HHS, n.d.).

Providing culturally sensitive health care services is a cornerstone to eliminating health disparities and enhancing the quality of care and health equity (Cunningham et al., 2014; Watters et al., 2016).

Literature synthesizing showed that failing to obtain cultural humility and culturally appropriate health care services leads to compromising safety, quality of care, treatment outcomes, and client adherence to the therapeutic plan, and increasing the health disparities gap (Beagan, 2015; Brottman et al., 2020; Cunningham et al., 2014).

Health care should be culturally appropriate to improve health care outcomes and decrease health disparities, especially considering that the U.S. population will become a "majority-minority nation" by 2060 (U.S. Census Bureau, 2020). In 2013, one in 10 working-age adults and approximately 25 million individuals in the United States. had "limited English proficiency," directly contributing to health disparities. This is just one determinant of the lack of cultural responsiveness in health care.

Clients with limited English proficiency have higher percentages of postponing medical care and vaccinations due to their difficulty with communication and the lack of culturally appropriate health services (Mirza & Harrison, 2018). Language barriers are associated with compromising safety, medical errors, and poor client's adherence to the therapeutic plan and medical recommendations. On the other hand, a client-centered approach is less likely to be applied successfully with language barriers, which impact health outcomes and patient engagement and satisfaction (Mirza & Harrison, 2018; Mobula et al., 2014; Renzaho, 2013).

Surveys in Brottman et al.'s (2020) study showed that health care providers are unaware of the major impacts and importance of cultural humility in health care or the connection with health disparities and quality of care. This was especially seen in the lack of experiential approaches in health organizations' curricula and training programs to address culturally appropriate services. Heien et al. (2012) discussed the LEARN (listen, explain, acknowledge, recommend, and negotiate) communication model and the ASKED approach, which allows therapist to inquire into the level of awareness, skill, knowledge, encounters, and desire. This is an example of important tools to be used to

enhance cultural humility in OT practice by addressing the lack of communication skills and acknowledging differences.

Is there evidence that a lack of cultural humility, inclusion, diversity, and equity knowledge and skills in OT settings has negative impacts on client's health, wellness, and well-being status?

In the previous research question of the literature review, it was noted that the lack of cultural humility in health care services leads to compromising quality of care and safety, negatively impacts the OT process outcomes, increases the health care disparity gap in health system, and negatively affects the clients' health, wellness, and well-being. Any imbalance of the harmony among the physical, mental, emotional, or social aspects of the clients as human beings impacts their abilities to have a prosperous life and fulfill their meaningful occupations. Respecting the client's cultural understanding of health, illness, and occupation concepts as important parts of the OT process increases their self-worthiness and well-being, as a state of being happy, healthy, and prosperous (Dubbin et al., 2013; Hammell, 2013; Harrison et al., 2019).

Culturally appropriate service delivery in health care, which values the clients' similarities and differences within the social context—especially for marginalized populations—on the macro, meso, and micro levels positively supports the clients to set appropriate goals to reach to the health and well-being status and empowers them when they feel vulnerable from the illness and cultural gap (Govender et al., 2017; Heien et al., 2012; Mobula et al., 2014).

Summary

The available evidence strongly supported the explanatory model of the problem but, unfortunately, lacks clarity in terms of having valid measures to connect cultural humility with the determinant factors of the problem and its effects. There is a research gap in the readiness of OT professionals to serve the growing population equitably and professionally. There is a lack of cultural humility and cross-cultural frameworks and models in addressing the cultural awareness, knowledge, attitude, and skills in health care and OT practice, specifically as a lifelong process of learning and growing (Mirza & Harrison, 2018). There is little research addressing the importance of culture in health care without drilling for the origin of the problem, how it is connected to the outcomes, or how much it impacts health care in the United States.

When looking critically at the literature that was found, we notice that qualitative evidence for its application is needed in order to develop stronger evidence-based practice in the OT profession for cultural humility. Occupational therapy professionals need guidance through their professional development to integrate cultural humility in advanced clinical and professional reasoning to serve different populations and contexts. Research and training programs are important to expand OT professionals' cultural awareness, knowledge, and skills to be utilized within the client-centered approach. More research with large sample sizes; stronger studies designs; validated standards of inclusion, diversity, and equity; and patient satisfaction assessment tools are needed to assign cultural humility in health care to high quality outcomes and client satisfaction as important factors to be measured.

CHAPTER THREE – Overview of Current Approaches and Methods

This chapter presents an overview of what has been done so far in the literature to fill the gap and tackle the research problem.

Brief Introduction

Inclusion, diversity, and equity have been addressed in different contexts and different professions in health care through didactic lectures, trainings, and experiential cross-cultural learning more as extra-curricular activities, not as a woven content in the curricula (Taff & Blash, 2020). Although there is more work has to be done for integrating cultural humility in OT education, but the cultural component of health care education and practice are under lights lately after many political and global health care issues in the United States and all over the world.

The problem that has been addressed in the literature search is about lack of the level of readiness for occupational therapy (OT) students and professionals of involving inclusion, diversity, equity, and cultural humility in OT practice. These could affect the application of the client-centered approach, client engagement, quality of care, safety, health care disparities gaps, and clients' health and well-being status.

In literature many approaches that have been implemented to overcome this problem and increase the level of cultural awareness, knowledge, and skills among health care providers generally and OT professionals specifically. The search was guided by five research questions as follow:

Is there evidence that cultural humility, inclusion, diversity, and equity have been addressed explicitly through training or curricula in OT education?

The Accreditation Council for Occupational Therapy Education (ACOTE, 2018) concentrate on sociocultural, socioeconomic, diversity factors and lifestyles choices which are part of the multicultural pedagogy of OT programs in the United States to keep their accreditation, that include teaching and learning styles, evaluation, reflection and feedback. Active learning approach through experiential learning and knowledge co-construction, was proved in literature to be effective during the adult learning. And apply this framework on the cross-cultural learning, would set the stage to embed cultural humility in OT education to transfer or translate knowledge into skills in the OT practice (Grenier et al., 2020). Practicing active learning in an inclusive classroom that welcome and support the diverse academic, social, emotional, and communication needs of all students is important to maintain ACOTE standards. It strengthens the ability of all students to work together, understand and value different point of views, think critically, and be successful learners. Students are motivated by their educator's respect, and creating safe atmosphere to be themselves no matter who they are, and what are their backgrounds and identities, which foster the sense of all are welcomed in the learning space. Educators must challenge students to think consciously about their own complex cultural identities and backgrounds and share them with other students, because each student is an expert in his or her culture and identity (Balante et al., 2021).

In literature, cultural humility, inclusion, diversity and equity were introduced through different forms in OT curricula, such as didactic training, reflective exercises,

service learning, and international learning by study abroad through immersion cross-cultural authentic experiences for OT students in different countries (J. Brown & Stav, 2020). It was obvious how educational programs were designed to help OT students mainly to become culturally aware of the diverse demographic populations that they serve, yet they lack the true understanding of the cultural humility framework through the OT scope of practice (Agner, 2020). Many articles focused on cultural competence training as providing source of knowledge to know about varied cultures and differences among cultures without acknowledging the different worldviews, implicit and explicit biases, and prejudices as part of a complex human being nature to promote positive change (Davis-Cheshire & Crabtree, 2019).

Culture is complex and evolving, and introduce culture as a constant or concrete knowledge for OT students would increase these biases. The idea of continuing learning from each other as multidimensional beings, set the boundaries to let every individual be in an equal level of interaction and connection, without superiority, assumptions, or stereotyping. It is a limitless life-long learning process, therefore, students are not expected to know everything about specific culture, or agree with the decisions that clients make through the OT process based on their cultures, identities and perspectives, yet they have to be equipped with the essential tools and skills to approach clients and create an open and respectful relationship with them (Agner, 2020; E. Brown et al., 2011).

Is there evidence that cultural humility, inclusion, diversity, and equity have been addressed explicitly in OT continuing education programs?

There are limited resources in OT literature cover cultural humility, inclusion, diversity and equity in OT continuing education programs. Most of the articles that addressed cultural humility, inclusion, diversity and equity in OT education were for OT students through their educational programs in the entry-level more than creating a cross-cultural education for the workplace contexts after graduation (Davies et al., 2017; Muñoz, 2007). Furthermore, new OT practitioners may be unfamiliar of where to get any information that might guide them in a cross-cultural practice through workshops or courses.

There are specific organizations that provide health care professionals and occupational therapist specifically with the up to date data about inclusion, diversity and equity, such as; The American Occupational Therapy Association (AOTA), U.S. Department of Health and Human Services Office of Minority Health, and Agency of Healthcare Research and Quality.

On the other hand, most of the knowledge in the continuing educational programs in OT in multicultural education are just through theoretical and didactic lectures without any experiential, real, and practical strategies through cross-cultural immersion authentic activities and exercises (Chappell & Provident, 2020). Failing to provide occupational therapy professionals with the necessary resources and tools to act within the cultural humility framework would be an important factor in increasing health care disparities gaps in the health care system.

Recently, there is a noticeable move in health care professions education and specifically OT to move from cultural competence to cultural humility. The Allied Health Workforce Diversity Act 2021, is a new bill that was introduced to the U.S. Congress on May 18, 2021, to provide grant funding to the accredited educational programs for allied health professions to support underrepresented groups in provide opportunities to get educational scholarships to increase diversity in health care (AOTA, 2022).

Is there evidence that cultural humility, inclusion, diversity, and equity have been addressed explicitly in other health professions?

Most of health care professions that designed training programs did not look at translational knowledge and skills through cultural humility lens. They focused on certain aspects from certain cultures through the cultural competence model, like health disparities, and traditional healing techniques, which would not reflect everything about certain culture, and it could increase the prejudice for people who think that they know more than others about certain cultural groups (Chappell & Provident, 2020; Echeverri & Dise, 2017; Kutob et al., 2013). But the empathy and the perspective that cultural humility gives health care professions are different, because everyone is a complex multidimensional being that share their heritage, perspectives, values, and identities through the interactions with others as an infinite process of learning and growing (Agner, 2020). In nursing mainly, cultural competence was introduced since decades and it was explained further through different theories, models and frameworks to involve multicultural aspects of patients' differences and needs in health care (Hart & Mareno, 2016).

What are the components of cultural humility, inclusion, diversity, and equity's training programs in health care?

The multicultural education was introduced commonly in the OT education through the didactic learning or course-based practices, that use different educational resources for diverse authors, studying the frameworks and theories of cultural humility, inclusion, diversity, and equity, and apply case-based learning and open-ended questions. To be aware of different cultures and the effect of the cultural practices on health care. Social and occupational justice component are essential aspects of the cross-cultural education in OT practice which is also an essential standard of ACOTE American standards (ACOTE, 2018).

Schuessler et al. (2012) discussed the journaling-based cultural humility curriculum as an effective approach in increasing students' cultural awareness and changing their perspective from "knowing" to "learning." This approach was connected with experiential learning in multiple ways of authentic learning in simulations, and fieldwork experiences.

International learning courses are part of many OT programs in the United States. that focus on increasing knowledge about health, illness and occupation and the influence of culture by determining and measuring the intercultural aspects of the student learning outcomes and objectives, and identify intercultural learning barriers (J. Brown & Stav, 2020; Cabatan & Grajo, 2017). Internationalization in OT includes internationalization of the curriculum and internationalization at home (IaH). Internationaliztion of the curriculum was defined as the "incorporation of international and intercultural

dimensions into the content of the curriculum as well as the teaching, learning and assessment arrangements and support services of a program" (Cabatan & Grajo, 2017, p. 3) such as study abroad. IaH is the intercultural activities in the campus, such as imbedding cross-cultural exercises in the content of the curriculum, or apply intercultural content in the simulation lab in campus or the local cultural communities (Cabatan & Grajo, 2017; Vale & Arnold, 2019).

Student led experiential projects were another component of the multicultural education which look like the IaH programs that was described earlier, by creating cross-cultural immersion experiences in the community through the students and their professors' guidance to interact with different cultural background in the local communities (Chappell & Provident, 2020). Experiential learning through "service learning" in the community-based cross- cultural practice is another name of the same experience.

What are the outcomes of cultural humility, inclusion, diversity, and equity's training programs?

In literature, intercultural education in OT has positive influence on student learning process, leadership skills, clinical and professional reasoning, inclusion and effective engagement. But still more research is needed to explore the impact of the cross-cultural immersion experiences in OT practice with more measurable components of the in-campus activities, and the authentic community-based practice, especially the qualitative designs (J. Brown & Stav, 2020).

Experiential learning improves the critical thinking and servant leadership skills

through client-centeredness and occupation-based interventions “Service learning has evidenced personal, moral, social, and civic development, as well as motivation for college students” (St. Peters & Short, 2018, p. 2). Service learning combines different teaching methods together which could be part of the fieldwork experience too, to prepare student for practicing in authentic contexts. On the other hand, including health literacy in the experiential learning, and focus on the language and communication barriers, stereotypes and biases and learning strategies to overcome these barriers as agents of change would contribute in controlling health disparities and the gap of health care disparities.

Conclusion

Review of the evidence in literature on previous efforts to address inclusion, diversity, and equity in different contexts and health care professions revealed that, the most valuable aspect of all of the previous benefits is creating a global perspective and worldview for the students while practicing in authentic environments (Cabatan & Grajo, 2017). That would help health care professionals to be more resilient and open to understand different cultural worldviews and accepting differences to change the world positively.

CHAPTER FOUR – Description of the Proposed Program

Culture is a dynamic and complex construct, that impacts the individual's life on individualistic and collective formats through its intrinsic and extrinsic values that are connected to the self-concept, identity, and belonging. Culture provides a lens of how individual views and interprets the world which generate specific perceptions, it weighs heavily on one's thoughts, believes, habits and choices (J. V. Brown et al., 2021). Therefore, culture is not static, it evolves based on different aspects of individual's life such as social and environmental changes or experiences (Agner, 2020).

Culture in the United States is a collection of different cultures which have been shaped by the immigration moves over decades. Therefore, diversity is an essential feature of the U.S. culture, it is an existence of variations of different elements or qualities of the U.S. population, including but not limited to, race, ethnicity, gender identity, socioeconomic status, geographic location, beliefs, and physical and mental abilities (Aldrich et al., 2017).

OT focuses on clients' health and well-being through their participation and engagement in meaningful occupations. Health, illness, and occupation are viewed by clients' lenses of their cultural identities; therefore, it is an essential for OT to include culture in every domain of the OT process (AOTA, 2020a). Client's factors are "specific capabilities, characteristics, or beliefs that reside within the person, group, or population and influence performance in occupations" (p. 10). Values, believes, spirituality, physical and mental functions and structures are parts of the client's factors that are connected directly with the individual's culture and influence one's life (AOTA, 2020b).

Additionally, OT is a client-centered profession that focuses on the client by meeting the individualized needs, values, and preferences; optimizing the client's experiences with the OT process; and empowering the client with full engagement based on the client's perspectives into health care services (Mroz et al., 2015). Cultural humility within the OT profession is a central tenet to meet the client-centeredness standards and objectives.

Basis of Proposed Program

OT is a global health care and justice-oriented profession, and preparing OT professionals to include justice as a part that intersect with practice, not as an optional choice, should be an essential part of the academic learning in OT, especially after the global political hyperpolarization recently (Aldrich et al., 2017; Bailliard et al., 2020). The American Occupational Therapy Association (AOTA) represents occupational justice as part of all practices in the OT domains. Occupational justice is connected to the client and the professional's culture in OT, which was defined as, "the right of every individual to be able to meet basic needs and to have equal opportunities and life chances to reach toward the individual's potentials but specific to the individual's engagement in diverse and meaningful occupation" (Wilcock & Townsend, 2009, p. 193).

Diversity, equity, inclusion in OT provide a road map to meet the standards of OT profession, and the clients' diverse needs. Creating inclusive curricula for academic learning in OT programs that guide OT students through understanding their own perspectives, and through serving diverse population of clients, is the first step to educate them about the necessity of understanding the influence of culture and the social and occupational justice within the OT profession (Sanchez et al., 2019). Cultural humility

focuses on three facets: (a) Lifelong learning-oriented approach, that focuses on critical self-reflection and self-awareness and the complexity of identities, (b) Recognize and challenge of power imbalances, and (c) Advocacy for institutional accountability (Foronda, 2020). Cultural humility provides OT professionals with foundations of facilitating and examining inclusion, diversity, and equity in OT practice.

An Institutional Review Board application was approved by Boston University on February 9, 2021, and on February 12, 2021, a baseline mixed methods cross-sectional survey was implemented to inquire about the level of cultural awareness, attitude, knowledge, and skills among OT students and practitioners; how their OT programs addressed inclusion, diversity, and equity in the curricula; and how that affect their practice. The data was collected between February and June, 2021, from a total of 84 participants (50 occupational therapists, 13 occupational therapy assistants, and 21 occupational therapy students), participants were recruited in person, via email, and social media which created a snowball sample.

- The top positively perceived area was the motivation of the participants to know more about cultural humility and servant leadership in OT practice, 90.8% of the participants reported that they are interested in a greater understanding about variations in cultural communication styles.
- 47.56% of the participants did not have multicultural materials in their OT curricula.
- 66.67% of the participants have never had inclusion, diversity, and equity training in the workplace.

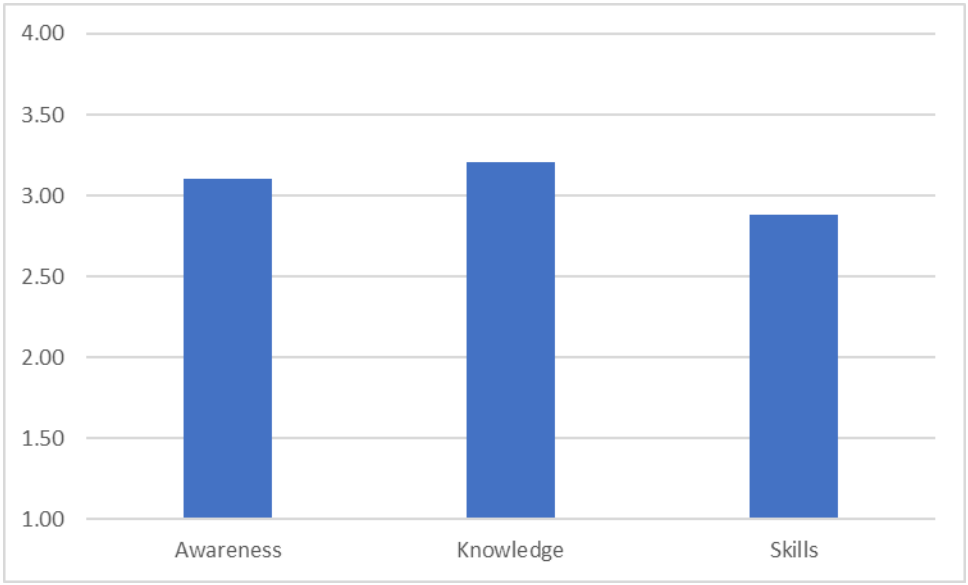
- 74.7% have never had multicultural content in their annual continuing education.
- There was a gap in the interpretation services in the health care institutions, 55.17% of the participants reported that the health care institutions where they train or work do not have interpreting services, and 78.82% of the participants reported that they have never used any interpreting services for clients with limited English proficiency.
- The area that received the lowest rating was for the participants who reported that they are not interested in creating new relationship with people from different backgrounds and perspectives, and that was 20.69%.
- 71.26% of the participants reported that in cross-cultural experiences they feel that there is uncertainty that can make them anxious.
- 67.81% of the participants were aware that their knowledge about certain cultural groups is limited.
- 74.39% of the participants have limited knowledge and skills about how to interact in cross-cultural immersion experiences.
- 88.24% of the participants understand the impact of discrimination, racism, microaggression, social and occupational injustice on the health care disparities and the quality of health care services.
- 24.42% of the participants were not aware how their cultural heritage affects their definition of normality.

- 58.82 % of the participants were aware that cultural awareness, attitude, knowledge and skills are important components of an ongoing life-long learning process and self-reflection. (Table 4.1)

Table 4.1

Descriptive Statistics of Building Cultural Bridges: Inclusion, Diversity, and Equity in the Academic Learning-Occupational Therapy (IDEAL-OT) Survey

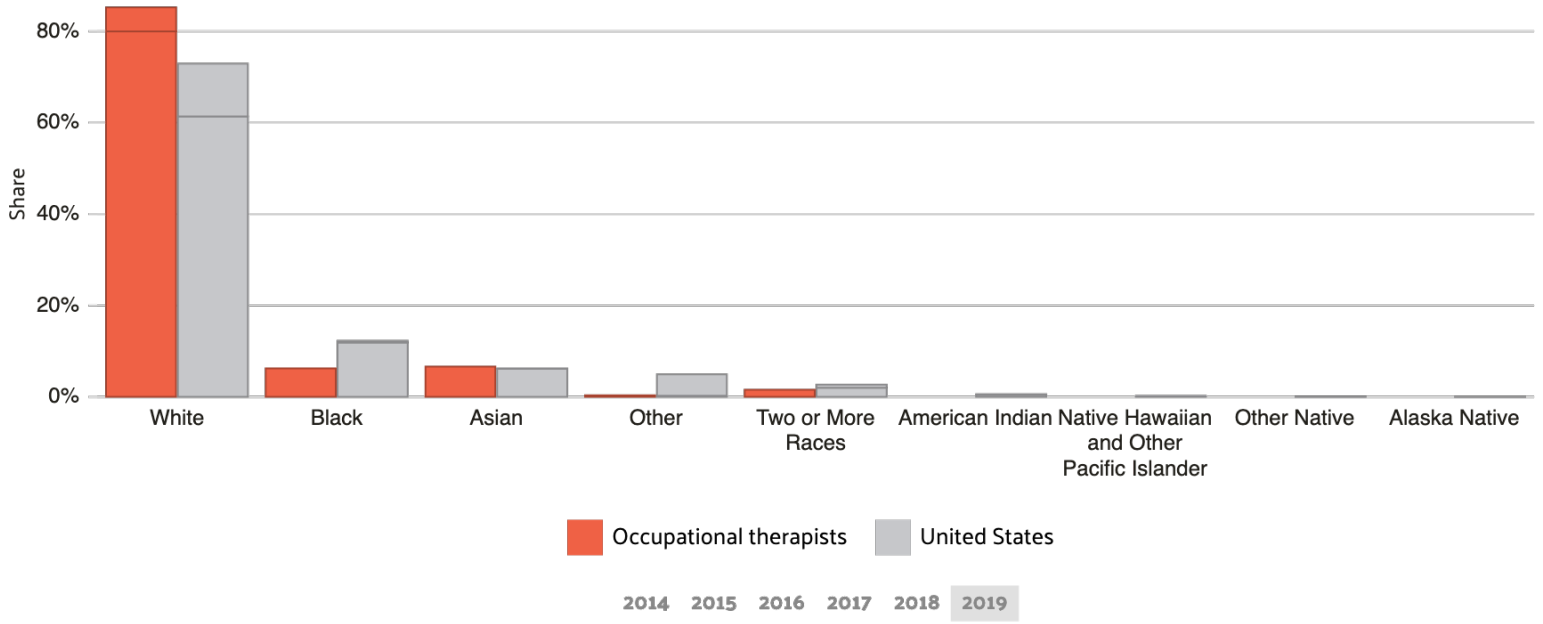
Section	Mean Score
Awareness	3.10
Knowledge	3.20
Skills	2.88



In addition to the survey results that provided an overview about inclusion, diversity, equity, and cultural humility in OT, the literature review showed that limited research exists on integrating inclusion, diversity, and equity through the cultural humility lens within the OT education and practice, which lead to lack of cultural awareness, attitude, knowledge, and skills for OT professionals (Agner, 2020; Bailliard et al., 2020; Brottman et al., 2020). Additionally, healthcare providers and students in health care professions specifically OT profession do not represent fairly the demographic shift in the U.S. population (U.S. Census Bureau, 2020). As shown in Figure 4.2, 80% of OT professionals in the United States are White (non-Hispanic; Data USA, 2019). This does not represent the historic demographic shift in the United States by 2050, where racial and ethnic minorities will be the majority of the U.S. population (U.S. Census Bureau, 2020), as shown in Figure 4.3. Therefore, students in health care professions and specifically OT students must be part of learning experiences that prepare them to integrate cultural humility, occupational and social justice within their curricula and training to serve diverse population equitably.

Figure 4.2

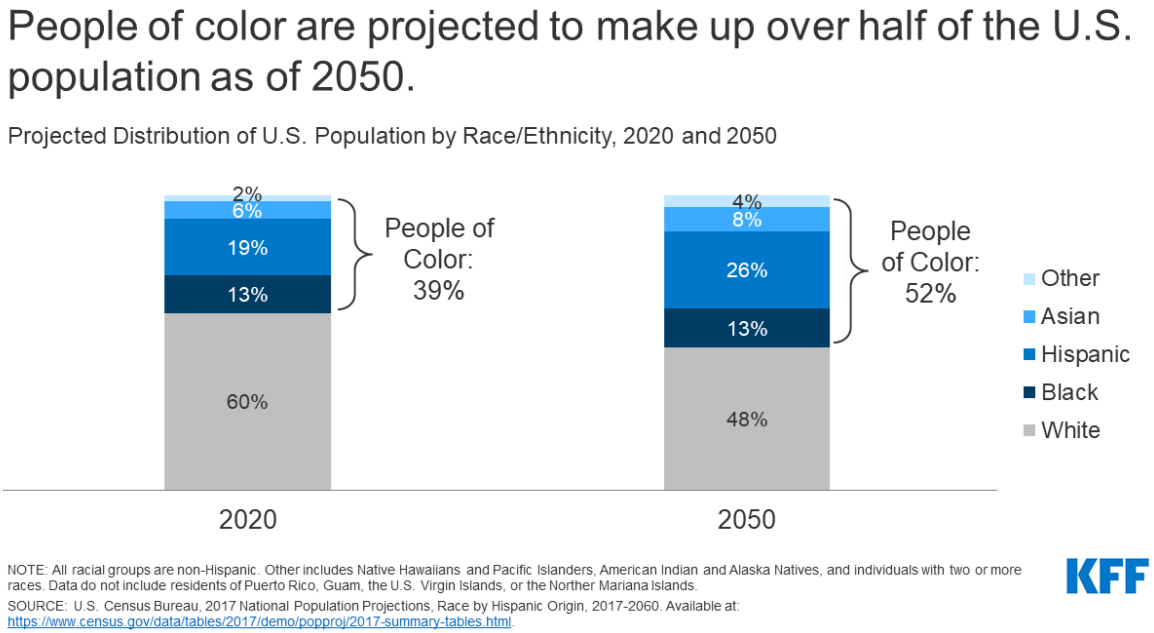
Race and Ethnicity of Occupational Therapists in the United States, 2019



SOURCE: https://datausa.io/profile/soc/occupational-therapists#demographics

Figure 4.3

|U.S. Population by Race and Ethnicity, 2020 and 2050

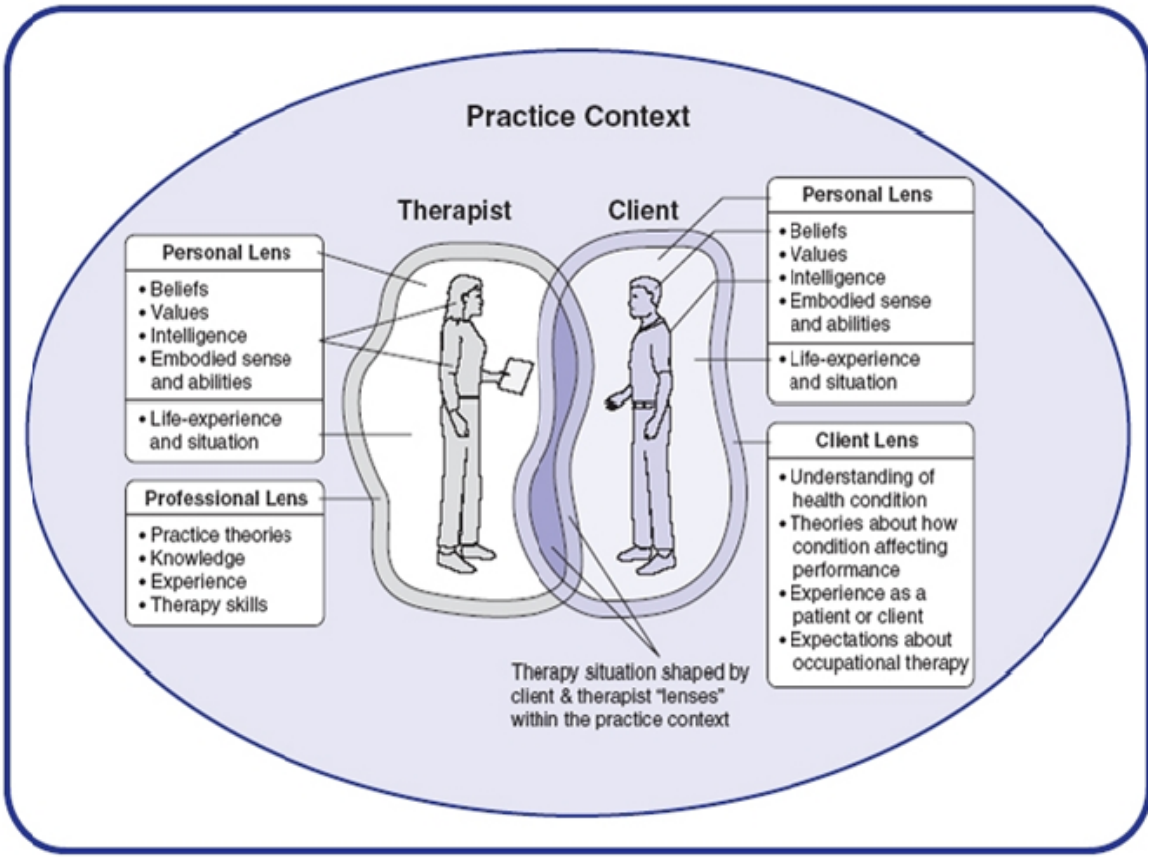


The author explained the problem casual pathway based on the ecological model of professional reasoning. This model focuses on understating the complex motives of the OT professional behind planning, implementing, and reflecting in the OT process, and the connection between the therapist and the client as an occupational being in the therapeutic context (Schell & Schell, 2008), as shown in Figure 4.4. The therapist who is an important part of this relationship has personal and professional lenses that affect one's professional reasoning process, which tied up with the cultural humility first facet. When the therapist is not aware of his or her own cultural identity and the implicit biases and stereotypes about certain populations, the professional reasoning will be biased which will affect the client-centered approach and client engagement in meaningful occupation. Occupational therapy students need to build foundational awareness,

knowledge, and skills about cultural humility that will guide them through the lifelong learning journey about different evolving cultures as global citizens (Schell & Schell, 2008; Watters et al., 2016).

Figure 4.4

The Ecological Model of Professional Reasoning



SOURCE: https://www.pacificu.edu/sites/default/files/documents/BarbaraSchellpresentation.pdf

Practice Scenario

Building Cultural Bridges: Inclusion, Diversity, and Equity in Academic Learning-Occupational Therapy (IDEAL-OT), is an evidence-based educational guide for OT curricula. The author created this educational guide based on the necessity of having a successful holistic and inclusive strategic plan to integrate inclusion, diversity, and equity in the OT academic learning that is not addressed properly in current OT programs in the United States. The objectives of this guide are to provide an evidence-based resource to OT educators to strengthen the concepts of inclusion, diversity, and equity through the cultural humility lens in their academic programs, and to prepare OT students to implement the cultural humility framework in OT practice.

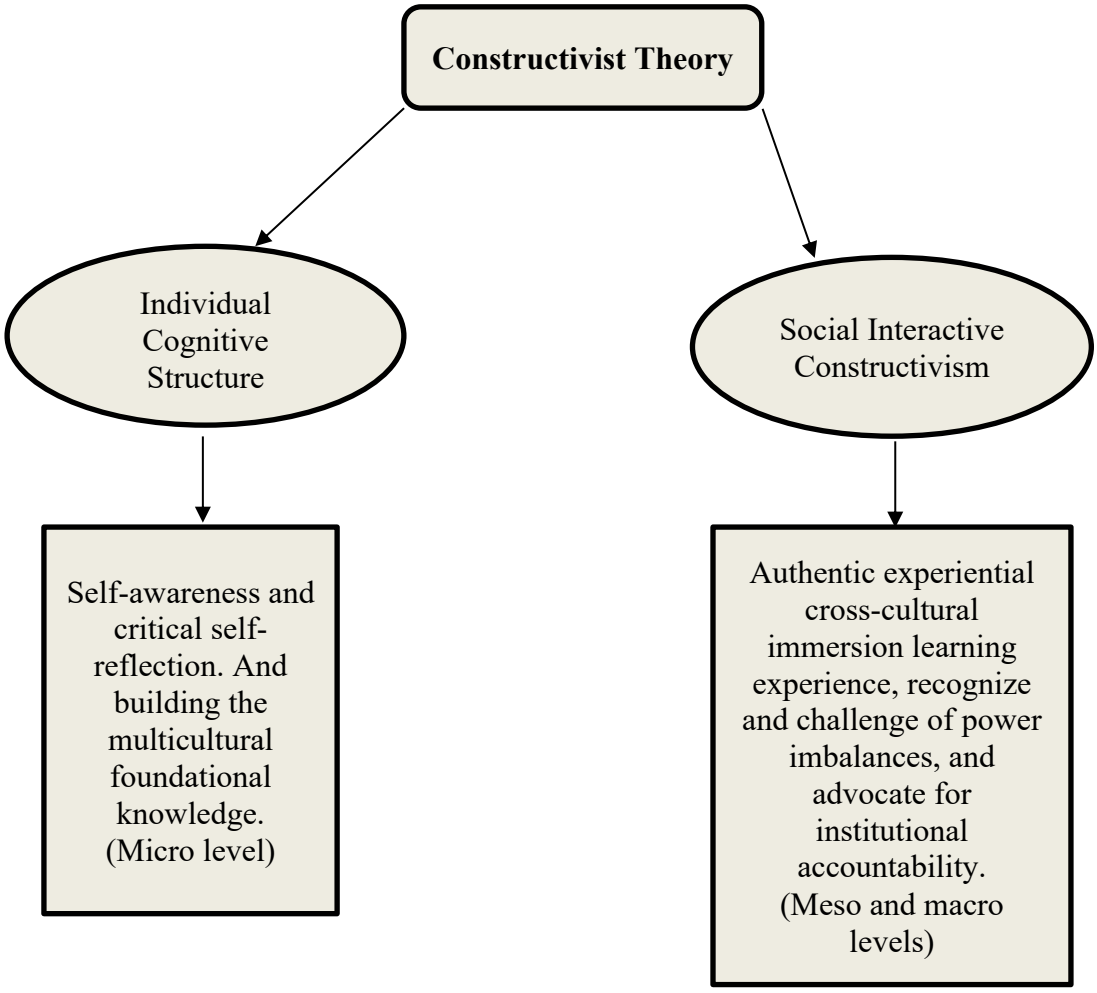
The author designed IDEAL-OT based on the Constructivist theory, where each individual is actively involved in the process of learning and knowledge construction through two forms of knowledge translation, on individual cognitive level, and social interactive level in authentic contexts. Constructivist theory is an educational philosophy where the learner is an active agent in the learning/teaching process, who co-construct knowledge, and build skills (Tam et al., 2012). This learning approach support critical thinking by actively conceptualizing, synthesizing, implementing, reflecting, and evaluating knowledge, that perceived through observation, communication, professional reasoning, reflection and authentic experiences. Through this approach of active learning, the learner builds the new knowledge on the existed schema, which is called assimilation. And the learner completes the cycle of learning by using the new knowledge to revise and redevelop an existing understanding through the accommodation (Schell & Schell,

2008). During this adult learning cycle the learner will be transformed from an active knower to an active learner and then to a lifelong learner (Figure 4.5). The experiential learning of the constructivism focuses on forming the concrete knowledge that is based on actual facts, into abstract experience that relies on the big picture of formulating knowledge through observation, real experience, and reflection to test the new knowledge in new situations and contexts (Sanchez et al., 2019; Schell & Schell, 2008).

Bringing theory to practice is the goal of IDEAL-OT by implementing the active learning experience of the OT students within the constructivist theory through the cultural humility lens. That will prepare OT students to build cultural bridges by being aware of their own views, perspectives, and biases through the concept of metacognition; articulate and constructing multicultural knowledge; practice in cross-cultural immersion experiences in experiential authentic contexts; and explore the systematic reflections while experiencing different definitions of health and well-being, and illness in different cultures.

Figure 4.5

The Integration Between the Constructivist Theory and the Cultural Humility Framework

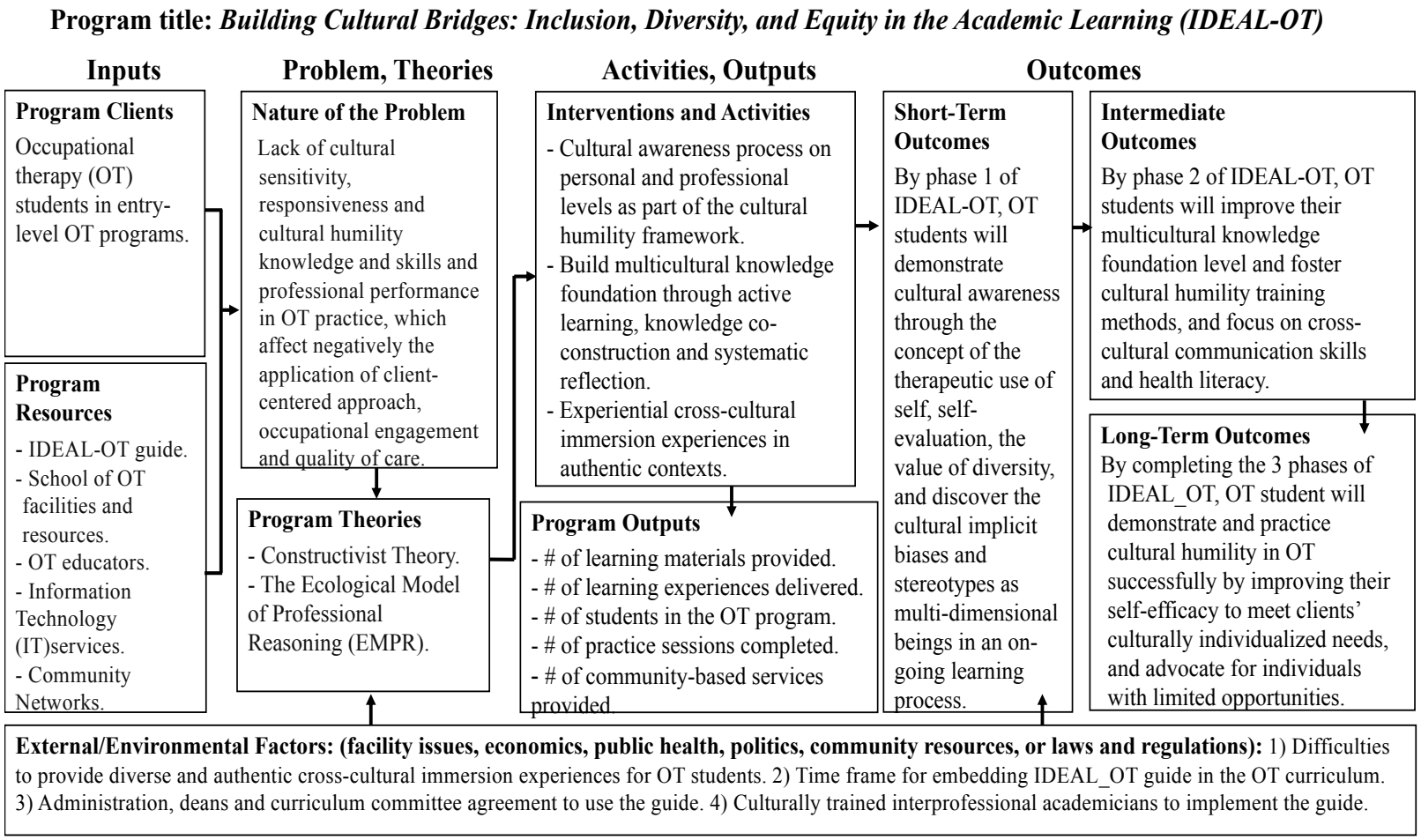


Full Logic Model

The logic model represents the visual illustration of the relationship among the program components, as well as the authors' anticipated program resources, activities, and outcomes.

Figure 4.6

Logic Model for "Building Cultural Bridges: Inclusion, Diversity, and Equity in the Academic Learning (IDEAL-OT)" Proposed Program Evaluation



Note. Research details expected program inputs and outputs, as well as short-term, intermediate, and long-term.

Recognition of the need for a holistic approach for OT students to demonstrate and practice OT within the cultural humility lens successfully by improving their self-efficacy in serving diverse populations and meet the client's culturally individualized needs, was the author's driven goal for creating this educational guide. To advocate for individuals with limited opportunities as global citizens, agents of change, and lifelong learners. The logic model of the educational guide serves as a dynamic guidance or plan to support the program implementation, evaluation efforts, and ongoing critical reflection on the OT students' performance.

Program Participants and Resources

IDEAL-OT is an educational tool that can be imbedded in an existed curriculum, rather than creating a new curriculum or changing the courses sequence in the OT programs. The potential participants of this program are the OT students in any entry-level OT program in the United States. Occupational therapy educators who will be deliver IDEAL-OT will receive an onboarding training through multiple educational sessions before administering the program. Occupational therapy educators will be carrying out the program and deliver it as facilitators and guides to the students by creating collaborative co-construction of knowledge and systematic reflection where OT students are active learners in their learning process. Any OT program that will adopt the IDEAL-OT guide, will be using its facilities and resources as an academic institution for graduate students, and any extra costs would be covered by grants.

The author has served as an OT faculty in the entry-level doctor of OT program at Arkansas Colleges of Health Education (ACHE), where the educational guide is

implemented on the first cohort. School of OT at ACHE adopted IDEAL-OT as a guide to integrate inclusion, diversity, equity through the cultural humility framework in its curriculum. The author is using currently the resources of this educational facility to implement the program as part of specific courses that she teaches with other faculties. The information technology team at ACHE will assist in implementing the program that will be using presentations, online Teams meetings and records, polls, surveys, interviews, internet, and social media. The main assets for IDEAL-OT OT at ACHE are the simulation lab and ACHE educational clinic which serves the under-insured and uninsured individuals from the community as a pro-bono educational clinic, where students will build rich experience with varied populations from different cultures in authentic contexts. Any extra expenses for implementing IDEAL-OT in the community as community-based activities will be covered by the internal seed grant that ACHE offers biannually for the faculties and students and other two grants from National Institute of Health and the American Occupational Therapy Foundation.

Interventions and Activities

This project includes three phases through in- and off-campus experiences:

Phase 1: The cultural and self-awareness through a self-discovery process for students' internal dispositions and personal experiences, and the sensitivity towards their own cultural elements. The goal is to help students to be aware of their own cultural values and how these values shape their perceptions of seeing the world. Bridging the cultural gaps with effective communication skills and attitudes to learn global citizenship. And being intentional in looking at their own biases and stereotypes and how these affect

the social and emotional aspects of themselves in cross-cultural contexts (Bailliard et al., 2020; Brottman et al., 2020). Students in this phase will start the power writing and journaling as effective tools in self-awareness and reflection.

Examples of the intervention in this phase:

- Journaling and power writing such as, “Who Am I?” activity
- Emotional intelligence wheel.
- Diversity wheel.
- Cultural awareness activity, by choosing specific culture and discuss their language, race/ethnicity, heritage, food, art, health and illness, believes and spirituality, traditional holidays, etc.
- A health disparity or social determinants of health for specific population activity.
- Social policy and disability activity

Phase 2: Students will continue the ongoing learning process through enriching their knowledge levels about diversity, equity, and inclusion within the cultural humility, and social and occupational justice frameworks. Students will start forming the multicultural knowledge foundation about different cultures and the theories and models that guide integrating culture in health care (Harrison et al., 2019). During this phase different educational tools will be used within the knowledge co-construction and systematic reflection, such as, case-based learning, flipped classroom, role playing, think-pair-share exercises, debates, demonstration, and group work. The power writing and journaling will continue in this phase.

Examples of the intervention in this phase:

- Communication skills activities.
- Empathy activities
- Cultural Humility and cultural competence assignment
- Servant leadership assignment
- Diversity, equity, and inclusion theories in health care.
- Case-based learning

Phase 3: The experiential learning phase include immersion cross cultural authentic experiences in different communities. Implementing the servant leadership theory and advocacy to prepare students to be agents of change through a process involvement or policy adjustment for social and occupational justice. This phase will include co-curricular activities that will improve students' multicultural skills in health care, such as having standardized patients from different cultural background, involving students in community-based activities with the minorities who are uninsured or underinsured to address health care disparities and social determinants of health, and collaborate with local, national, or international organizations for at least 12 weeks to implement one of the change theories in occupational justice and prepare a poster to present about their experience. Practicing in the simulation lab and the pro-bono clinic with community-based activities are important parts of this phase.

Program Outputs/Outcomes

Implementing IDEAL-OT in any OT curriculum will be through 3 years of graduate education for the entry-level doctor of OT programs, and by the end of the

3 years, OT students must be ready to be agents of change to implement inclusion, diversity, equity, and cultural humility through the OT scope of practice. Although through the program implementation, students should show the positive change in their personal and cultural awareness journey, and through the cultural theories and skills in fieldwork I and II and the practice courses. Students should use their tools in approaching clients from wide background and culture confidently with humility and desire to know about each client's culture.

Anticipated Barriers and Challenges

Several limitations are considered for implementing IDEAL-OT, one potential limitation is lack of interest from OT programs' leadership in academia to adopting this educational guide in the OT curricula as a holistic approach to prepare OT students to build their cultural awareness, attitude, knowledge, and skills through the constructivist theory and cultural humility lens. The second limitation is training the OT educators who will be delivering the program to be competent and confident about the content of the educational guide before transfer it to the OT students, the timing and scheduling for the educators training would be challenging. The third limitation is the subjectivity inherent to conceptualization of cultural humility in OT, changing the implicit biases, stereotypes, power, and privilege to an open worldview of self and others would be a challenge, that needs efforts and time. The fourth limitation. Would be the funding of the educational guide.

Summary and Conclusion

IDEAL-OT is an evidence-based educational guide for OT curricula to create an authentic and experiential cross-cultural immersion education for OT students based on evidence from the literature and from a cross-sectional survey of OT students and professionals inquiring about the level of cultural integration in their OT programs, and how that affects their practices in the OT profession. Author designed this educational tool based on the Constructivist Theory of adult learning through the cultural humility lens which focus on three facets: a commitment for lifelong learning a critical self-reflection, recognizing and challenging power imbalances, and institutional accountability.

CHAPTER FIVE – Program Evaluation Research Plan

Program Scenario and Stakeholders

The program's author and ACHE-OT faculties, OT students, community member and policymakers at ACHE are the stakeholders of the program evaluation of IDEAL-OT guide. American Society of Occupational Therapy (AOTA), would benefit also from the program after proving the impact of enrolling in this educational program on OT students' performance in the OT practice, through being cultural aware, sensitive, responsive, and informed.

Vision

The program evaluation of IDEAL-OT was designed to test if this tool is effective in enhancing the level of cultural awareness, attitudes, knowledge, and skills for OT students at ACHE-OT, to provide high quality care while assisting people through their life span to be engaged in meaningful occupations that respect and include their culture, identity, values, and perspectives.

The short-term part of the program evaluation of the IDEAL-OT, indicates how students will demonstrate awareness of their cultural identity and how that is important to the concept of the therapeutic use of self, the value of diversity, and cultural biases and stereotypes in their societies. Additionally, the underlying theory guiding the design of the learning phases indicates how OT students acquire knowledge about cultures and health disparities.

The long-term aspect of the program indicates how OT students demonstrate and practice cultural humility in OT practice successfully, to enhance occupational

engagement, and occupational justice, decrease ethnic and racial health disparities, and improve clients' health and well-being.

A review of literature synthesizing showed that failing to obtain cultural humility, inclusion, diversity, and equity in health care and OT profession specifically, lead to compromised safety, quality of care, treatment outcomes and patient's compliance and increase the health disparities gap in our societies (Beagan, 2015; Brottman et al., 2020). The following case study is provided to illustrate the effect of cultural in OT practice.

Case study:

"Mrs. Yu is an Asian female in her mid-60s. She had a hemorrhage stroke 6 months ago and that left her with left side hemiplegia, she has moderate to severe spasticity in her left upper extremity and that developed a shoulder dislocation in her left shoulder. Mrs. Yu doesn't speak or understand English and she presented to the OT session with her son as an interpreter. While the OT professional is attaching the neuromuscular electrical stimulation to her shoulder, she noticed small scattered dark circles on her upper back and the back of her shoulder. The OT professional didn't ask the patient and the care giver about these circles and she documented it as a possible sign of abuse which needs more investigations. Additionally, OT professional designed her treatment plan by concentrating on the patient to be independent in her ADLs and IADLs, although the patient's son explained to her that he is helping her mom in everything and she depends on him which is part of their culture to serve his mother as a gratitude for her.

Discussion:

Asian cultures believe in their traditional health procedures, and in Mrs. Yu case, the small dark circles are from the coining which is a form of dermabrasion therapy that is widely practiced in China and Southeast Asia, which used to rid the body of "heatiness" or "negative energies". Occupational therapy practitioner should have opened a conversation based and ask respectfully about these signs before building her own assumptions, especially because literature approved that there is no harm from the traditional cultural techniques like coining or cupping.

Several Western bioethical principles and concepts may be in opposition to certain values and beliefs of other cultures, which presents ethical conflicts and dilemmas. Culture affects many therapist–client interactions, but the participants may not perceive the interactions as culturally or ethically related. Western bioethics leans toward placing the self at the center of all decision making (autonomy). However, many cultures place the family, community, or society above the rights of the individual. The disclosing (truth telling) of a diagnosis of serious illness or disability to the client is not universally accepted. Many believe that the family, not the client, should make important health care decisions. Some people believe that health is maintained and restored through positive language. When disclosing risks of a treatment or approach, health care providers speak in a negative way (informed consent). Questions of race, ethnicity, and cultural beliefs are part of the equation when resources are finite or scarce (justice). Without cultural humility, one can easily imagine the possible adverse

consequences that can result when distrust, miscommunication, and misunderstanding interfere with the therapeutic relationship. The outcomes can range from frustration, confusion, or shame to anger in the client, family, and practitioner. Cultural ineffectiveness can result in compromised quality of care and client noncompliance with an intervention (Agner, 2018). Alternatively, cultural humility produces positive outcome for the client and a feeling of professional satisfaction in the professional from knowing that he or she helped a client at a time of need" (K. Brown et al., 2021)

Inspired from:
Authors of 2018 Revision
Brenda Howard, DHSc, OTR
Brenda Kennell, MA, OTR/L
Wayne L. Winistorfer, MPA, OTR
Members of the Ethics Commission

Engagement of Stakeholders

The stakeholders for the program evaluation include;

1. OT educators and faculty members, standardized patients from different cultural backgrounds, and the information technology group at ACHE.
2. The community members, which include OT practitioners from the ACHE-OT Advisory Council, and members from ACHE office of trustees.
3. The program's participants, which include the OT students.
4. The policymakers which are, the administration office, the dean of ACHE_OT, and the curriculum committee members.

A consensus building approach allows people who are involved in the program evaluation process to reach an agreement and maximize possible gain to everyone. Maintain effective communication and build strong relationships through the process of negotiation is important for the stakeholders' engagement in the program evaluation. Being aware of the stakeholders' interests in the project and the ways that they may influence the project's outcomes are essential factors too. Providing the stakeholders with enough amount of information about the project will help them understand the problem, and the opportunities for the solutions. Obtain their feedback and ensure getting their input maximize the possibilities to transfer control over decision making for buy-in opportunity with consensus.

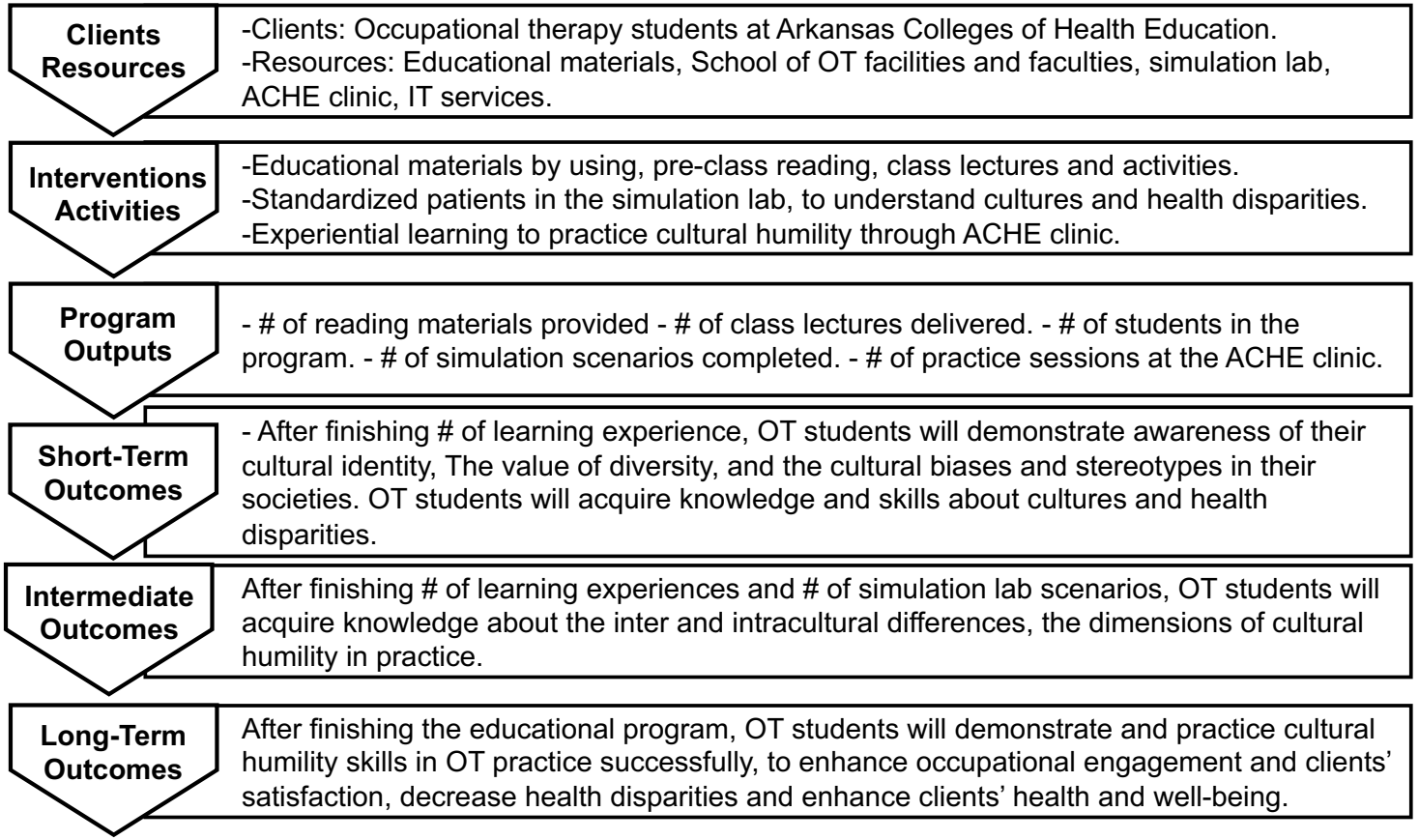
Engaging the stakeholders early in the project planning process and including diverse group of stakeholders from different positions, specialties and perspectives would ensure meaningful, effective and informed consultation process. Assign roles and responsibilities while negotiating the ground rules that affect the problem-solving efforts, would help the group in aiming to craft a "single text" package that meets everyone's need before seeking firm commitments.

Simplified Logic Model for Use with Stakeholders

A simplified logic model for the proposed program will be used with stakeholders to demonstrate the connections between resources and intervention activities, and expected results.

Figure. 5.1

Simplified Logic Model



Preliminary Exploration and Confirmatory Process

The stakeholders of the program evaluation of IDEAL-OT guide are the program's educators and staff, the community members, the policy makers and the OT 2025 class president. The meeting time will be determined through Doodle poll to find a convenient time for all. Each person will receive an email including information about the educational guide before meeting virtually through Teams. The email includes:

- The problem that was addressed,
- Why the problem matter?
- Who are the audience or the population in the original study?
- What are the consequences to the problem?
- What are the factors that contribute to this problem?
- How was the problem addressed?
- What are the results of the intervention in the timeline of the study?

In the meeting, the author will present to the stakeholders the program plan to identify the importance of the educational guide, by focusing on productivity, quality, patient's satisfaction, occupational therapy professional's engagement, and research and utilize tools such as surveys to evaluate effectiveness. The author will discuss the effectiveness of the outcome measurement programs used, provide information regarding data collection and analysis from the current survey of the original study, and discuss the impact potential this program may have. Real examples with videos of how cultural humility is an important part of the healthcare services will be included. The regulations

and legislations for including culture in health care and the health care curricula will be provided including; title VI of the Civil Rights Act of 1964, New Jersey Senate Bill 144, Medicare/Medicaid, the OMH National Standards for CLAS in Healthcare, Office of Minority Health in the United States Department of Health and Human Services, the Task Force Group in the AOTA, and the Health Workforce Diversity Act 2021. The author will explain the program based on the theoretical foundation and how knowledge and skills translation for graduate OT students is embedded in the curricula by connecting knowledge with the experiential learning, hands on activities and practicing in authentic contexts.

Program Evaluation Research Questions by Stakeholder Group

The main goal of the program evaluation of IDEAL-OT guide as an educational tool for OT students is to inquire about the level of effectiveness of this guide on the OT student or the future OT professionals while they are practicing OT with patients from different backgrounds and perspectives. However, stakeholders will have different interests based on their perspective as a participator, author, policymaker, or funding institution. Table 5.1 includes the potential qualitative and quantitative evaluation research questions based on the interests of each stakeholder group.

Table. 5.1

Program Evaluation Research Questions by Stakeholders' Groups

Stakeholder	Program evaluation research question
The author	• **Qualitative:** How IDEAL-OT prepared OT students to be culturally aware, sensitive, responsive and informed for the fieldwork experience? • **Quantitative:** Does the occupational therapy students' level of awareness, knowledge and skills about culture, diversity, health disparities and cultural humility enhanced after being part of IDEAL-OT educational guide?
OT students	• **Qualitative:** were the content of IDEAL-OT sufficient to be applied in the OT process? Explain how? • **Quantitative:** Did the OT students meet the IDEAL-OT objectives?
Community members	• **Qualitative:** How IDEAL-OT enhanced professionalism and ethics in addressing clients' cultural values within the client-centered approach? • **Quantitative:** Does IDEAL-OT improve the health literacy strategies to promote the effective communication with clients from different cultures?
Policymakers	• **Qualitative:** How IDEAL-OT matched the vision and the mission of ACHE? • **Quantitative:** Does IDEAL-OT prepare OT students to apply the learning content in their clinical practice?
Funding agencies and AOTA policymakers	• **Qualitative:** How OT students report increased understanding of inclusion, diversity, equity, and cultural humility in OT practice within the concept of occupational and social justice after being part of IDEAL-OT? • **Quantitative:** Does IDEAL-OT prepare OT students to increase the successful rate in the NBCOT exam?

Research Design

A non-experimental research design with one-group pre and post measurement of dependent variables of interest will be conducted to test the effectiveness of IDEAL-OT

guide in enhancing the cultural awareness, attitude, knowledge, and skills for OT students at ACHE by being informed of inclusion, diversity, and equity through the cultural humility lens.

Formative Evaluation

Semi-structured interviews with open-ended questions will be used during the educational program implementation for the formative evaluation. Participants of IDEAL-OT at ACHE will provide the qualitative data to understand OT students' level of awareness and knowledge about culture, inclusion, diversity, equity, and cultural humility after finishing every phase of IDEAL-OT which is three phases. The outline of the planned topics, and questions to be addressed will be in the interview guide.

Summative Evaluation

A pre/posttest survey will be used for the summative evaluation of the educational guide, to measure if the OT students are more equipped after finishing the program to provide culturally appropriate services for their clients. The survey was designed by the author will be used in the pre/posttest of the program evaluation to compare the level of awareness, attitude, knowledge and skills that OT students gained from the educational guide.

Methods

In order to obtain Institutional Review Board (IRB) application, author will contact ACHE-IRB after completing the collaborative institutional training initiative training. The IRB application will include the interview guide, the survey questions, the recruitment email for the stakeholders, the program elements and study methodology

including data management and confidentiality.

To ensure confidentiality of information, all data collection materials and data files will be in a secure passcode protected electronic database in Arkansas Colleges of Health Education University cloud. Coding systems will be used to: 1) protect the confidentiality of the research data and 2) allow the investigators to link subjects to their responses. Each subject is assigned a unique study ID at the beginning of the study. A separate document (key) should be maintained that links the names of the subjects to the study ID numbers. Only the principal investigator of the study will have access to the data. In order to ensure confidentiality of information, all data collection materials and data files will be stored in a secure passcode protected electronic database on the server.

Formative and Qualitative Data Collection Method

Qualitative data will be collected in person through semi-structured interviews at ACHE after every phase of the program. Students at the entry-level doctor of OT program at ACHE are the participants. Two digital recorders, and Verbatim as a transcription software will be used. Verbatim is an open-source platform that record the answers (transcript) of the participants exactly how they say it written in Microsoft Word.

Methods for Formative/Qualitative Data Management and Analysis

NVivo software will be utilized for qualitative data analysis in the semi-structured interviews. Through NVivo, the research questions and approach can be reviewed, then the author will be creating Memo link to the transcript which would help to switch while reading the transcript to write up key points, and additionally creating a research journal then a coding strategy. Author will re-organize the codes after the analysis, to create

catalogue of the codes so accessing the information later which will be easy and quick and another researcher will prepare the coding and compare the results.

Summative and Quantitative Data Collection Method

For the pre/posttest mixed methods survey of the educational program, Qualtrics will be used to collect the quantitative data via an online link that will be sent to the participants by email before starting the educational program and after they finish. Students at the entry-level doctor of OT program at ACHE are the participants.

Methods for Summative/Quantitative Data Management and Analysis:

After collecting the survey responses, author needs to analyze the responses and connect the results in a meaningful way. Summative data will be analyzed through Qualtrics by using data selection feature in the survey report, which allows to classify, merge, import, and clean data for analysis through the cross-tabulation option. SPSS will be used to perform statistical analysis, to determine whether there was significant change in the constructs being measured from pre and posttest program.

Anticipated Strengths and Limitations

The Message

Occupational therapy practitioners should have knowledge about diverse client groups and provide fair, equitable and culturally appropriate treatment for all clients, using cultural competence models and frameworks, effective communication skills and health literacy skills. Occupational therapy practitioners must have an ongoing contextual, developmental, and experiential process of professional growth that results in professional understanding and improved ability to adequately serve individuals who

look, think, and behave differently from them.

The Audience

The key stakeholder audiences to IDEAL-OT that need to understand the impact of the program to approve its implementation in the entry-level doctor of OT program curriculum, are the curriculum committee and the policymakers at ACHE administration.

The Medium and Format

The medium of the project will be presented through an Executive Report that include a "technical report" that explains the methodology of the program evaluation in details for the academics in the curriculum committee, and an "executive summary" for the policymakers in the administration to provide them with the needed information about the project with detailed tables and data that approved the efficiency of the program with evidence.

The technical report will include an introductory paragraph, the summary, the experiential details, results and discussions, the body, and a conclusion. And by knowing the audience, focusing on supporting the idea of the program with strong evidence from the literature is important for the academics, therefore it is important to contain data, design criteria, procedures, literature reviews, tables and explanation of successful and unsuccessful approaches. Additionally, the executive summary will cover the business part of the project for the policymakers in the administration. It stands in its own and include supported research and evidence of the program efficacy.

CHAPTER SIX – Dissemination Plan

Proposed Program

Engaging inclusion, diversity, and equity in the academic learning in occupational therapy (OT) is essential to prepare OT students to embrace differences, celebrate diversity, and be agents of change for occupational and social justice. IDEAL-OT is an educational guide for entry-level OT students. This guide was created to help OT students in building cultural bridges by being aware of their biases; articulating and co-constructing cultural knowledge; practicing cross-cultural emergent activities in experiential authentic contexts; and exploring systematic reflections about experiencing different definitions of health, well-being, and illness in different cultures (Schell & Schell, 2008).

Dissemination Plan Objective

To educate the entry-level OT programs and the OT associations nationwide about the IDEAL-OT Guide in informing cultural humility, diversity, equity, and inclusion and increasing competence and confidence in OT professionals, a plan for program dissemination was created. The dissemination plan will include the following sections: dissemination long- and short-goals, target audience for dissemination, key messages for the target audiences, messengers for conveying the key messages, dissemination activities, dissemination budget, and evaluation of the dissemination.

Dissemination Goals

Long-Term Goal

- To improve the efficacy of the multicultural education experience in OT programs in the United States, 100 OT students will demonstrate a 60% increase in knowledge translation and skill mastery on cultural humility and cultural congruence with different cultures in authentic contexts by the end of a 2-year IDEAL-OT implementation cycle.

Short-Term Goals

- 25 students will complete phase I of IDEAL-OT within 6 months of the program dissemination.
- 25 students will complete phase II of IDEAL-OT within 18 months of the program dissemination.
- Using a mixed methods program evaluation, complete analysis of efficacy comparison between IDEAL-OT implementation in two separate graduate OT programs within 1 year of the program dissemination.
- Within one implementation cycle, OT students who have completed IDEAL-OT will demonstrate a 50% improvement in cultural awareness, knowledge, attitudes, and skills in the cross-cultural emergent experiences according to post-test survey and semi-structured interview.
- Present outcomes of two implementation cycles of IDEAL-OT at the AOTA 2025 national conference to include this educational guide in the OT/OTA students and academicians' part of the Task Force Project.

Target Audiences

The primary audience for IDEAL-OT dissemination are the stakeholders of the entry-level OT programs in the United States. The target for the IDEAL-OT is specifically OT students. The stakeholders in entry-level OT programs include the administration offices of the educational organizations, the deans, and the curriculum committees of the OT programs. Advertising the educational guide for entry-level OT programs in the United States can provide them with a comprehensive resource for OT educators. This educational guide includes learning objectives, and Accreditation Council for Occupational Therapy Education (ACOTE) Standards that are covering the multidimensional education and ethics in OT practice, and supported with pre-class materials and videos, in- class activities and discussions and post-class assignments that supplement the learning objectives.

The secondary audience for IDEAL-OT dissemination is the American Occupational Therapy Association (AOTA). AOTA supports embedding diversity, equity, and inclusion through different educational scholarship agendas and through ACOTE standards. AOTA can advertise this program to the educators in OT programs to be used as part of the curriculum and co-curricular activities, or emerge this educational guide with its strategic plan or the toolkit that were developed recently as a result to the action plan of advancing diversity, equity, and inclusion specifically for academic learning.

Key Messages for Occupational Therapy Programs' Leaders and Educators

- IDEAL-OT guide will prepare OT students to respond to patients' varied values and perspectives about health and illness as the U.S. population becomes increasingly diverse (U.S. Census Bureau, 2020).
- The IDEAL-OT guide is an informative resource of multicultural education in OT that is supported by evidence about using effective approaches of knowledge translating related to culture like, journaling, case-based learning, internationalization of the curriculum, students led cross-cultural experiential projects, service learning and community-based learning in authentic contexts, etc.
- IDEAL-OT guide was designed based on the experiential and active learning approaches that is connected to ACOTE standards which improve the critical thinking, resilience, and servant leadership skills through combining different teaching methods to create a global perspective and worldview for the OT students as agents of change for social and occupational justice.
- IDEAL-OT guide can be embedded in the curriculum content without changing the courses sequence, through an easy transition plan for educators in OT programs for their course contents.

Key Messages for the American Association of Occupational Therapy (AOTA)

- As the aspiration of AOTA Vision 2025 was developed to create inclusive profession, it has been a priority to implement educational guides like IDEAL-OT in OT curriculums that target implicit bias, microaggression, and cultural

fouls, through opening uncomfortable conversations as cultural awareness, self-reflection and self- evaluation experiences. While focusing on systematic reconstruction and encouraging learning about culture as an evolving construct and life-long learning process.

- IDEAL-OT guide is a result of the Allied Health Workforce Diversity Act (2021) that was designed to encourage addressing the health care needs to all populations in the United States from different background and perspectives as an infinite process.

Dissemination Activities and Messengers

Key messages for the primary and secondary audiences of the dissemination plan will be distributed through different ways including, presentations , print and virtual media platforms, professional networking, encourage students to leave online reviews, create engaging video content and create educational application. Table 6.1.

Table 6.1

Dissemination Activities

Dissemination Activity	**Messengers**	**Activity Explanation**
AOTA Annual Conference Poster Presentation or Short Course.	Program designer	The program designer will submit a proposal for a poster presentation or short course at the annual AOTA Annual Conference and Expo. This will spread the word about using IDEAL-OT guide in the OT programs nationally
Professional Networking	Program designer and OT educators in another OT program (Temple University or/and University of Nebraska)	The program designer and the OT educators in another OT program (Temple University or/and University of Nebraska) will implement IDEAL-OT in two new entry-level doctor of OT programs and run a research study to compare the efficacy of the educational guide in multicultural education for the two OT programs. The program designer will submit IRB application in Arkansas Colleges of Health Education for a mixed methods program evaluation study and the educators in Temple University or/and University of Nebraska) will submit another IRB in their educational organizations following the main IRB application to implement IDEAL-OT in two or more OT schools for 3 years and test the efficacy of the educational guides in different OT schools in the United States.
IDEAL-OT Guide Video	Program designer	The program designer will create an engaging video content for IDEAL-OT that could be used in the digital marketing to convey the message to a larger audience through email, web content, social media and promotion of educational apps such as YouTube.
Facebook and Instagram	Program designer	The program designer will create a social networking account on the digital platforms, that will be used to publish posts related to the IDEAL-OT with research evidence and posts about the social and occupational justice for OT students as agents of change

		and lifelong learners. Post also will include the implementation science and knowledge translation approaches as an important methodology in IDEAL-OT as an educational guide in multicultural education. He activity will target OT educators in academia and OT students.
Create Educational App	Program designer	The program designer will hire a company to help her creating an educational app for IDEAL-OT guide. This app will include courses, research evidence, multicultural educational videos, activities, assignments, and ideas. The program designer will have a contract with ComboApp to help develop the right strategy for how to market educational apps effectively.
Online Reviews	Program designer and OT students	The program designer will encourage students who are part of the OT program that implemented IDEAL-OT guide in the curriculum to leave online reviews on the digital platforms and the educational app, sharing their cross-cultural emergent experiences and how this experience increased their confidence and competence levels with the clients.
OT practice Magazine Advertisement	Program designer	OT practice is a magazine that is published monthly through the AOTA, an advertisement of the IDEAL-OT will be published on quarter page of OT practice magazine to reach to wide population of OT professionals and academicians.
Brochures	Program designer	The program designer will create brochure for IDEAL-OT guide through using CANVA, which is an online brochure maker website. Brochures will be disseminated at professional conferences statewide and nationwide, Fieldwork educator certificate workshops that Arkansas Colleges of Health Education host annually, for OT and OTA educational programs, and for OT academicians and educators.

Dissemination Budget

Dissemination activities will be completed during the third year of the program implementation. Anticipated expenses for each dissemination activity are displayed in Table 6.2.

Table 6.2

Dissemination Budget for One Year

Dissemination Activity	**Description of Expenses**	**Expenses**
AOTA Annual Conference Poster Presentation or Short Course.	Travel to a national conference to disseminate the educational program	Flight and hotel: $800 Conference fee: $451 Poster presenting: $189
Professional Networking	Meet with representatives from 5 universities to review the program details to develop plan for implementation	Lunch and learn: $500
IDEAL-OT Guide Video	Create visual tool to represent the project	$100
Facebook, Instagram, and LinkedIn	Advertise the program on the social media	$0
Create Educational App	Create an easy access to the program contents, especially if it will include different versions to different settings	$16 per month in appypie ($192 per year)
Online Reviews	Improving the engine ranking, inform people about the efficacy of the educational guide, and lead to more program implementations	$0
OT practice Magazine Advertisement	The program will be noticed among OT programs and OT professionals	$1,044 for ¼ page
Brochures	Distribute a visual tool that can include lots of information with short message clearly and concisely about the educational guide	$135 (500 copies)
Program Designer Fees	Lead the implementation	$43/hr.
Total Expenses		**$3,005 + Program Designer Fees**

Evaluation and Effectiveness

Through the evaluation of the success rate of the dissemination activities, short term goals will be evaluated to see if they were met to reach the long-term goal. The following criteria will be administered:

- Present IDEAL-OT to two entry-level doctor of OT programs within 6 months of the program dissemination.
- Start a mixed methods program evaluation research to compare the efficacy of implementing IDEAL-OT in two different OT programs within 1 year.
- OT students will improve their cultural awareness, knowledge, attitudes, and skills in the cross-cultural emergent experiences, by comparing the pre- and post-test the IDEAL-OT survey which is part of the summative program evaluation (quantitative) and get 80% improvement in cultural awareness, attitude, knowledge, and skills in the survey.
- Present IDEAL-OT to the AOTA to include this educational guide in the OT/OTA students and academicians' part of the Task Force Project, that was launched in July 2020 for social justice reasons during global political hyperpolarization, within 1 year of the program dissemination.

In addition to evaluating the success rate of the dissemination goals, a re-evaluation of each dissemination activity will be completed to determine if there are activities need to be continued, improved, adapted or discontinued. These evaluations effort is displayed in Table 6.3.

Table 6.3

Evaluation of Dissemination Activities

Dissemination Activity	**Evaluation**
AOTA Annual Conference Poster Presentation or Short Course.	Number of individuals visiting the poster presentation or attending the short course, and asking for more information about the IDEAL-OT guide.
Professional Networking	Number of the IDEAL-OT guide presentation in schools of OT. And Number of the OT programs that adopt the educational guide in their curriculum.
IDEAL-OT Guide Video	Number of individuals watched and liked it or comment underneath it on YouTube or any digital platform.
Facebook and Instagram	Number of followers and the algorithm of "comments", "like", "share", "Saved post" and hashtag #IDEAL_OT.
Create Educational App	Number of the App uploads and search in Androids and Apple
Online Reviews	Number of the positive and negative reviews.
OT Practice Magazine Advertisement	Number of individuals that learned about the program after seeing the advertisement in PT practice.
Brochures	Number of the brochures that were printed and distributed. Number of individuals that learned about the program after receiving the brochures.

Conclusion

The Dissemination plan of IDEAL-OT guide targeted educators and OT associations nationwide that are focusing on enriching inclusion, diversity, and equity in the OT profession which would be an upstream plan for social and occupational justice.

CHAPTER SEVEN – Funding Plan

One of the most important goals in academia is to set the right environment for students to be life-long learners, and assisting them in self-evaluation, specifically in multicultural education in health care as an infinite process. Inclusion, Diversity, and Equity in Academic Learning-Occupational Therapy (IDEAL-OT) is an educational guide for entry-level OT students to help them in building cultural bridges by being aware of their biases; articulating and co-constructing cultural knowledge; practicing cross-cultural emergent activities in experiential authentic contexts; and exploring systematic reflections about experiencing different definitions of health, well-being, and illness in different cultures (Schell & Schell, 2008). This educational intervention plan is intended to be implemented in the entry-level doctor of occupational therapy curriculum at Arkansas Colleges of Health Education (ACHE) through 3 years of the graduate education. An Institutional Review Board (IRB) application will be submitted for mixed methods design of summative and formative program evaluation to study the effectiveness of IDEAL-OT as part of the curriculum of the school of OT at ACHE.

The educational guide includes three phases of knowledge translation, both in- and off-campus experiences:

Phase 1: The didactic learning through cultural theories in health care and case-based learning. This includes beginning the cultural awareness journey, and increasing awareness of the cultural humility construct through the OT scope of practice.

Phase 2: The experiential learning through the simulation lab, fieldwork I, and the in-campus pro-bono clinic for uninsured and under-insured populations in the community to start the cross-cultural experience as occupational therapy students.

Phase 3: The community-based practice in authentic contexts for minorities and marginalized populations, by implementing the servant leadership theory to be agents of change through a process involvement or policy adjustment for social and occupational justice. This phase will include co-curricular activities that students will be able to apply what they learn through fieldwork II or the capstone project.

Available Local Resources

This educational guide will be imbedded in ACHE_OT curriculum, therefore it will be part of the educational material that OT professors will use in certain courses while tracking any dependent variables in the curriculum content over all by using the IDEAL-OT form every semester to check if the content of each course addresses any injustices or inclusion, diversity and equity issues.

Guest speakers will be in certain courses to discuss their participation as agents of change in health care and OT practice. The courses are:

- Introduction to the occupational therapy profession
- Leadership, occupational justice, and change I, II, III
- Professional engagement and commitment I, II
- Professional reasoning in occupational therapy
- Study health, well-being, and participation I, II, III
- Community-based practice and rural health

Faculties at ACHE-OT have access to many educational resources and materials to assist in the dissemination of the IDEAL-OT. Available resources include: internet access, CANVAS access, computers, printing, supplies/materials, simulation lab, and pro-bono clinic in the campus for educational purposes. Additionally, access to ICE videos, EHR-GO, and Simucase for educational videos, and scenario, and Wix website which is used for the OT students' e-portfolio at ACHE-OT is available. ACHE-OT library is an additional great source of different educational tools, and databases. Finally, a technology support staff team who offers guidance for virtual learning as needed, and recording every learning experience for access and reflection are available.

ACHE-OT signed contracts with 42 locations in Fort Smith and Bentonville in Arkansas for fieldwork II for the first cohort which would assist OT service in different areas of practice which would give OT students opportunity to implement their cultural awareness, knowledge, and skills during their fieldwork experience. Additional costs are outlined in Table 7.1.

Table 7.1

Needed Resources: Budget

Overall Category	Items	Year One	Year Two	Year Three
Personnel	Staff/Volunteers	Faculties: Average of $43 per hour Staff: Average of $22 per hour	Faculties: Average of $43 per hour Staff: Average of $22 per hour	Faculties: Average of $43 per hour Staff: Average of $22 per hour
Equipment	Technology	Zoom: $3,400 per year	Zoom: $3,400 per year	Zoom: $3,400 per year
	ACHE facilities	Facility/program expenses	Facility/program expenses	Facility/program expenses
Materials/ Supplies	Strength Finder Assessment	$19.99 per student	-	-
	Community-based Lunch and Learn about culture and OT	$300	$500	$600
	Printing and lamination	$300	$300	$300
	Sponsoring student-led workshops	$400	$600	$600
	Flyers and fact Sheets	$100	$100	$100
Advertising/ Marketing	Williams/Crawford & Associates	$400	$400	$400
Other	Standardized patients	$200 ($50 per patient)	$250 ($50 per patient)	$300 ($50 per patient)
	Guest Speakers	$800	$1000	$1200
Dissemination Plan	Dissemination Activities	-	-	$3,005 + Program Designer Fees

Potential Funding Sources

School of OT at ACHE will cover most of the facility and program expenses. Additionally, grant support will be sought through the Internal Seed Grant for Research which assist ACHE faculties in carrying out research activities. This grant allows the funding for total of six small projects with maximum of $8,000/application. The grant funding will be used for the standardized patients, the strength finder assessment, the community-based lunch and learn, sponsoring the students-led workshops, the guest speakers, and the advertising and marketing. This grant is offered for two cycles per year for ACHE faculties to support their research and it has two deadlines in Spring and Fall semesters. Additional grants options are outlined in Table 7.2.

Table 7.2

Grants

Funding Source	Requirement
The Internal Seed Grant for Research from Arkansas Colleges of Health Education (ACHE)	**Support:** The grant budget is $8,000 for maximum of six small projects. **Deadline of the annual Grant:** Spring (3/15) and Fall (11/15). **Requirements:** - The fund shall only be used to purchase consumables, research reagents and small instruments. - The fund is not intended for conference registration/attendance or for personnel salary, including students' stipend. -Applicants are requested to outline a clear plan and timeline. - Planned research that include human subjects must apply for the obtain IRB approval. - Grant application must not be more than 8 pages, including references, tables and figures. - Grant application must include information about the previously obtained internal grans at ACHE with an updated NIH biosketch of the applying principal investigator and a list of all active research funds (ACHE, 2022).
Implementation Research Grant from the American Occupational Therapy Foundation (AOTF)	**Support:** $100,000 per grant, study may run up to 2 years. Or, $50,000 per grant, study may run up to 1 year. **Deadline:** August, September, October, December, and March. **Requirements:** - IP has terminal research degree or OTD with advance research training, in a full-time faculty position, is a credentialed occupational therapist, is employed in the United States, is a U.S. citizen or permanent resident of the United States. - Grant application should include one or more stages of implementation of an evidence-based program into a specific clinical practice and/or method to assist health systems (AOTF, 2022).

Small Grants for New Investigators to Promote Diversity in Health-Related Research (R21 Clinical Trial Optional). Explanatory/developmental Research Grant	**Support:** less than $125,000 **Deadline:** 9/8/2024 **Requirements:** - Grant will support new investigators. (SF424, R&R application guide). - R12 grants support different types of projects including pilot and feasibility studies; secondary analysis of existing data; small; self-contained research projects; development of research methodology; and development of new research technology (National Institute of Health, 2022).

Conclusion

IDEAL-OT educational guide will be overseen by the curriculum committee at ACHE-OT to approve the content and the funding plan. The program evaluation will measure the educational guide effectiveness in preparing OT students to be equipped to serve diverse population of clients.

CHAPTER EIGHT – Conclusion

OT students who will be part of this inclusive multicultural education journey will be culturally informed by:

- Attaining active listening and effective communication skills without reacting within biased assumptions.
- Being aware of their own culture and cultures of others.
- Having inclusive approach that represent and respect all individuals.
- Being able to create a global perspectives and worldview to be accountable to social and occupational justice.

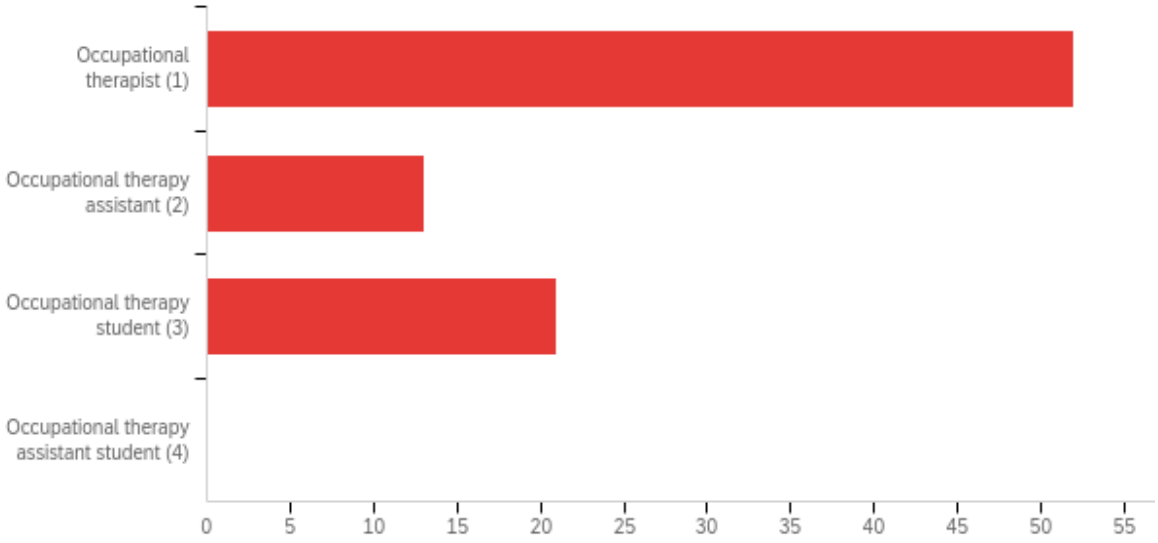
This experience would cultivate resilience by creating space for people who need occupational justice which would take the OT profession specifically and health care generally into higher level of efficacy, professionalism, and excellence.

APPENDIX A – Inclusion, Diversity, and Equity Baseline Survey

You are being asked to participate in a research study. By completing this survey, you have consented to participate in this research study. First, please provide some demographic information. Next, complete a survey with 39 questions. The survey will take 10-15 minutes to complete. It is intended to explore cultural awareness, knowledge and skills in the occupational therapy practice. This research will guide future efforts to support occupational therapy cultural humility training. The purpose of the cultural humility survey in occupational therapy (OT) practice is to assess the level of perceived inclusion, diversity, equity, and cultural humility knowledge and skills in OT students and practitioners. This information will be used to develop a cultural humility training and resource materials for entry-level OT students in the United States. The multicultural in health care training will improve the cultural awareness, attitude, knowledge and skills for OT practitioners on an individual and organizational levels. To increase the capacity of OT programs to design, implement, and evaluate culturally appropriate service systems to address growing diversity, health care disparities and to promote health and mental health equity. Your participation is voluntary. You do not have to answer any question that make you feel uncomfortable. You may choose to withdraw your participation at any time. No benefits are anticipated beyond those associated with participants' day-to-day work activities. The main risk of participating is loss of privacy. In order to ensure confidentiality of information, all data collection materials and data files will be numerically coded and stored in a secure server through Qualtrics. This research project is a collaborative effort between Nancy Damrah, a postprofessional

doctorate of occupational therapy student at Boston University and Dr. Cynthia Abbot-Gaffney at Boston University. If you have any questions about your rights as a research subject or want to speak with someone independent of the research team, you may contact the Boston University IRB directly at 617-358-6115. The IRB Office webpage has information where you can learn more about being a participant in research, and you can also complete a Participant Feedback Survey. Your responses will be recorded only when you press "Done" at the end of the survey. The submission of this survey implies your consent to have your responses used for review purposes. Participants who respond to the survey will be included in the results and may be used by the author(s) for publications or presentations. If you have any questions or concerns about the research or any research-related problems please email us: Nancy Damrah: ndamrah@bu.edu. Cynthia Abbot-Gaffney: abbottgaffney@comcast.net.

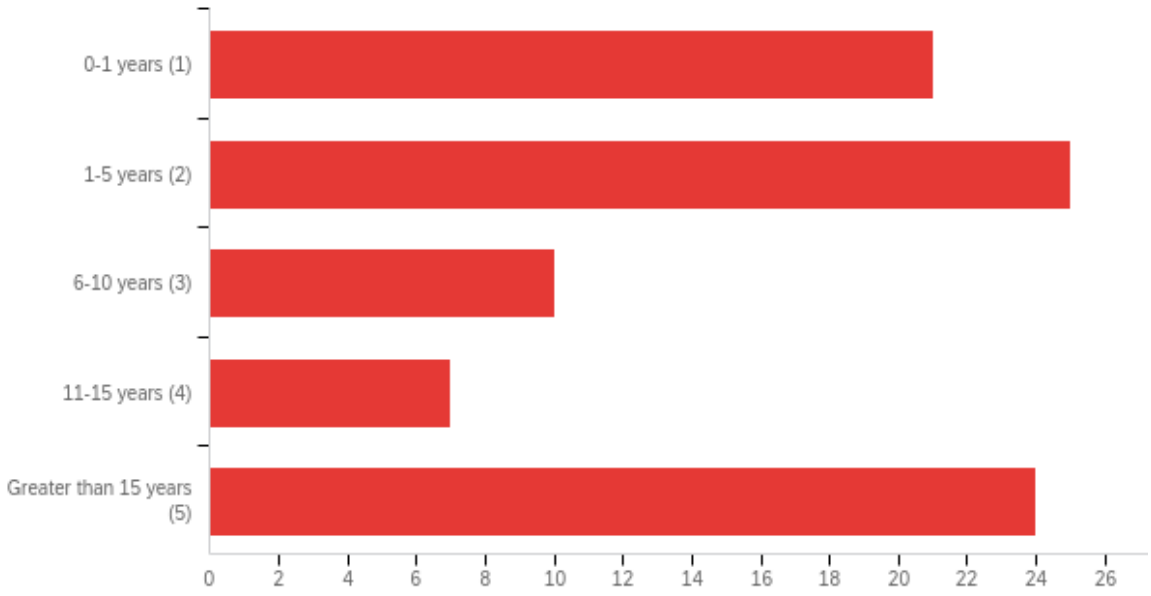
Q1 - Are you an?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you an?	1.00	3.00	1.64	0.85	0.72	84

#	Answer	%	Count
1	Occupational therapist (1)	60.47%	50
2	Occupational therapy assistant (2)	15.12%	13
3	Occupational therapy student (3)	24.42%	21
4	Occupational therapy assistant student (4)	0.00%	0
	Total	100%	84

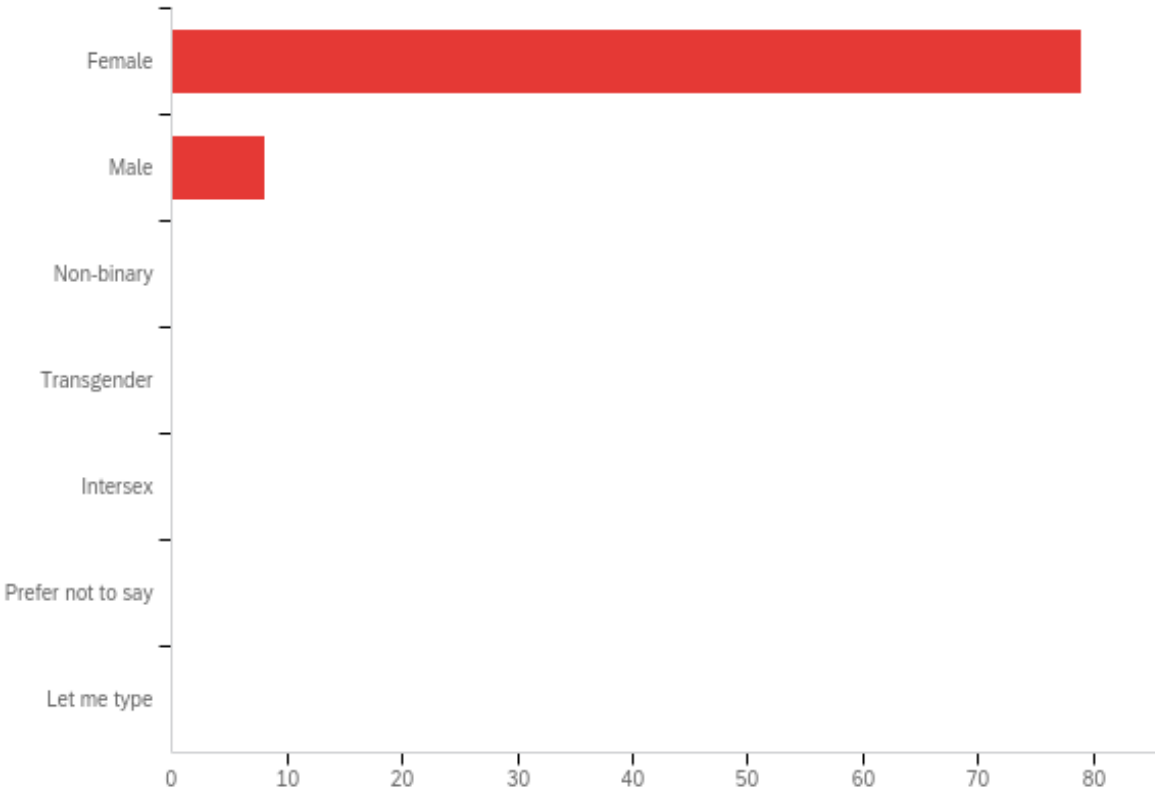
Q2 - How many years have you been practicing as an occupational therapy practitioner?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How many years have you been practicing as an occupational therapy practitioner?	1.00	5.00	2.86	1.55	2.42	84

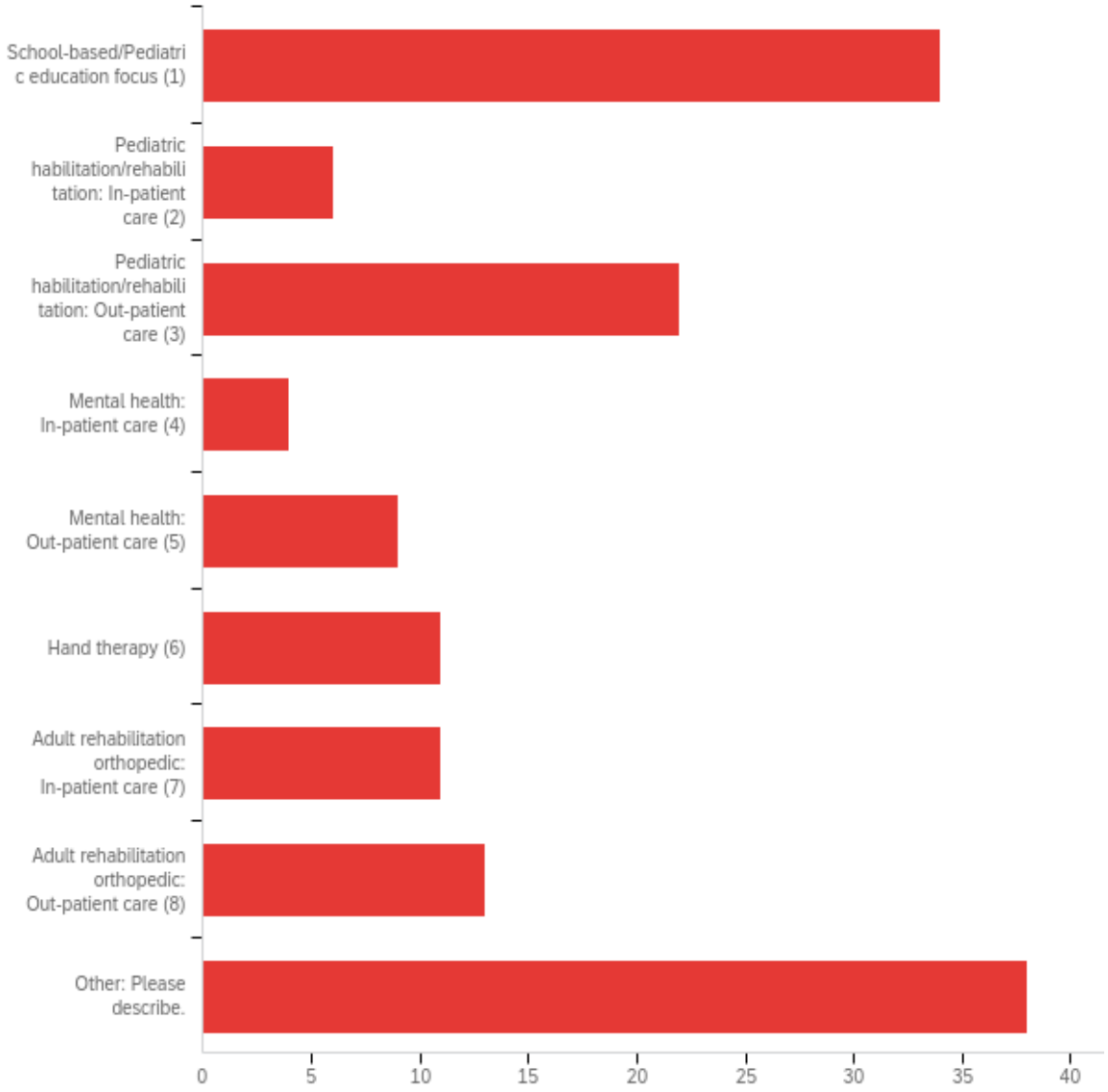
#	Answer	%	Count
1	0-1 years (1)	24.14%	21
2	1-5 years (2)	28.74%	23
3	6-10 years (3)	11.49%	9
4	11-15 years (4)	8.05%	7
5	Greater than 15 years (5)	27.59%	24
	Total	100%	84

Q3 - Which of the following most accurately describe(s) you?



#	Answer	%	Count
1	Female	90.80%	79
2	Male	9.20%	8
3	Non-binary	0.00%	0
4	Transgender	0.00%	0
5	Intersex	0.00%	0
6	Prefer not to say	0.00%	0
7	Let me type	0.00%	0
	Total	100%	84

Q4 - Please describe your area(s) of practice (Check all that apply)?



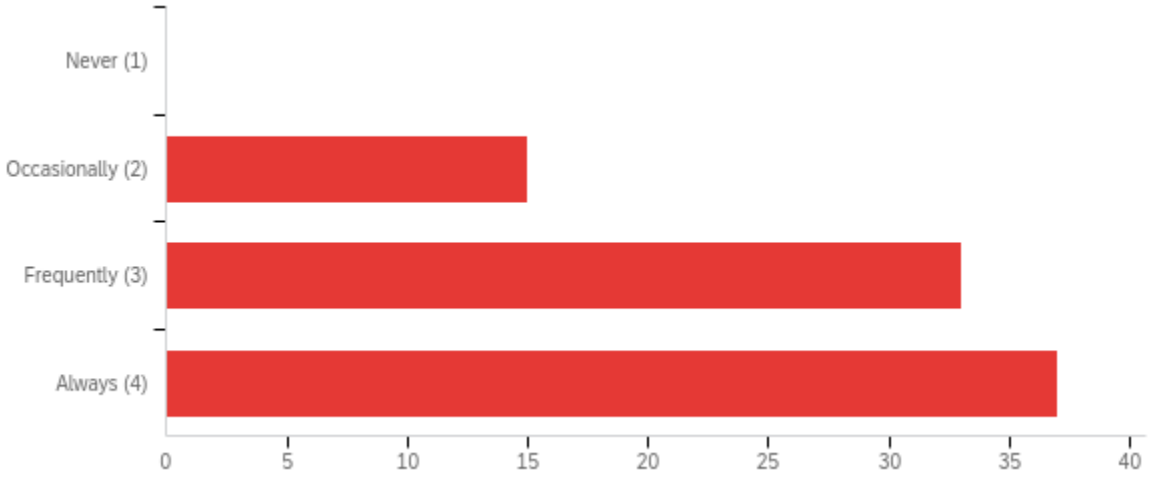
#	Answer	%	Count
1	School-based/Pediatric education focus (1)	22.97%	34
2	Pediatric habilitation/rehabilitation: In-patient care (2)	4.05%	6
3	Pediatric habilitation/rehabilitation: Out-patient care (3)	14.86%	22
4	Mental health: In-patient care (4)	2.70%	4
5	Mental health: Out-patient care (5)	6.08%	9
6	Hand therapy (6)	7.43%	11
7	Adult rehabilitation orthopedic: In-patient care (7)	7.43%	11
8	Adult rehabilitation orthopedic: Out-patient care (8)	8.78%	13
9	Other: Please describe.	25.68%	38
	Total	100%	148

Other: Please describe. - Text
Home Health

SNF/LTC
Home Health
Soonerstart (birth-3 yrs old)
IP rehab
Hospital administrator
Skilled Nursing Facility
Community reintegration from incarceration
Adult Home health
Academia
These were fieldwork sites
Home health
N/A Student
Student - Still discovering area of practice
Still in school
Student
Have not made it to fieldworks yet! (:
Student
Student, no area of practice
Adult acute care
Home care- Adult
Academia
administration
acute care
Ergonomics
Academia
breast cancer and lymphedema

Academic
Adult rehab neurological
I am a student
Student
Student
Assistive Technology/Ergonomics
Geriatric Inpatient
Home health geriatric
Geriatric; Higher Ed
Physical rehabilitation +65yo
Acute Care

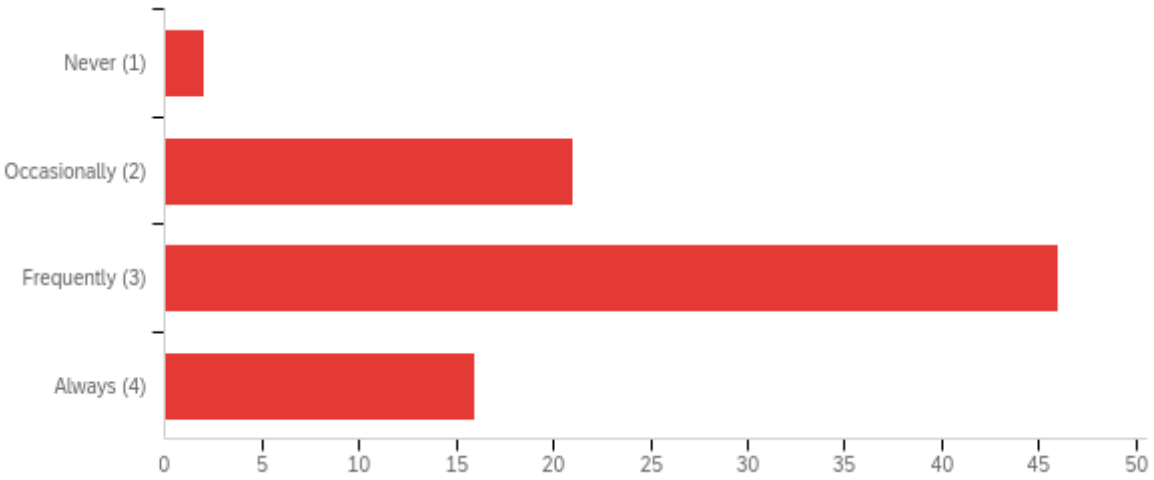
1. Are you aware of your ethnic, racial and cultural identity?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Awareness	2.00	4.00	3.26	0.74	0.54	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	17.65%	15
3	Frequently (3)	38.82%	33
4	Always (4)	43.53%	36
	Total	100%	84

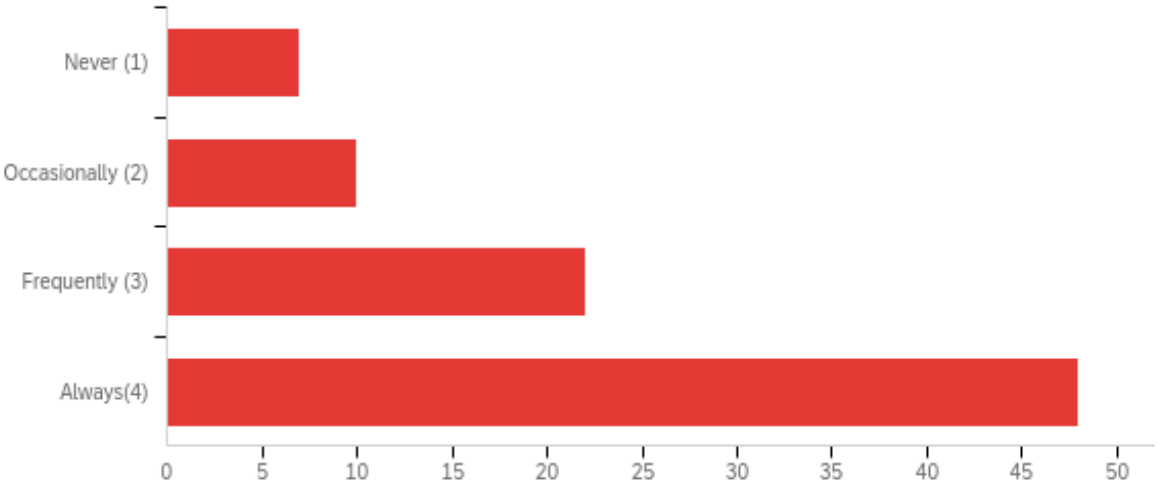
2. Do you feel that you are aware of how your cultural perspective influences your ideas and communication styles?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Awareness	1.00	4.00	2.89	0.72	0.52	84

#	Answer	%	Count
1	Never (1)	2.35%	2
2	Occasionally (2)	24.71%	21
3	Frequently (3)	54.12%	46
4	Always (4)	18.82%	15
	Total	100%	84

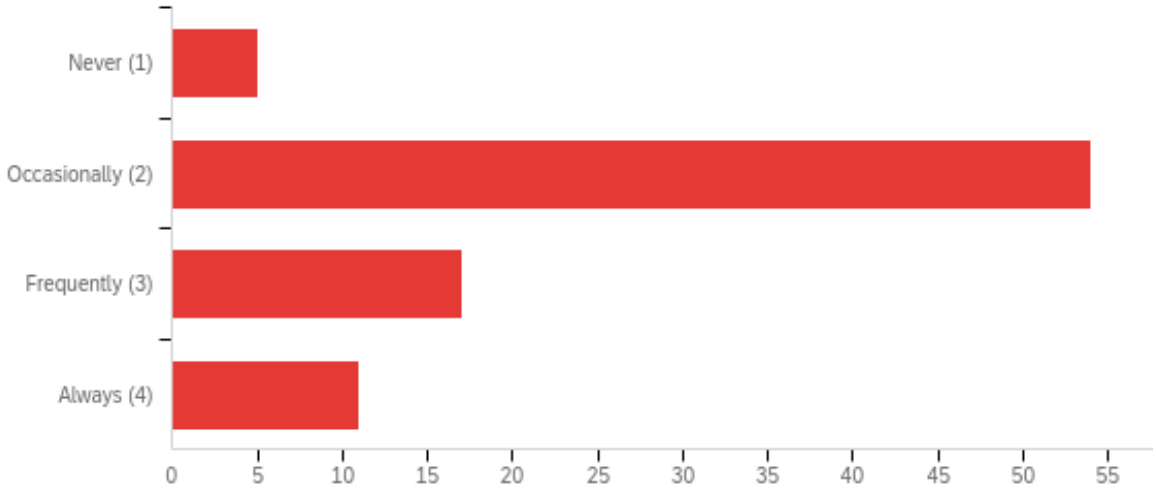
3. Do you share your cultural identity on forms?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Awareness	1.00	4.00	3.28	0.96	0.91	84

#	Answer	%	Count
1	Never (1)	8.05%	7
2	Occasionally (2)	11.49%	10
3	Frequently (3)	25.29%	22
4	Always(4)	55.17%	45
	Total	100%	84

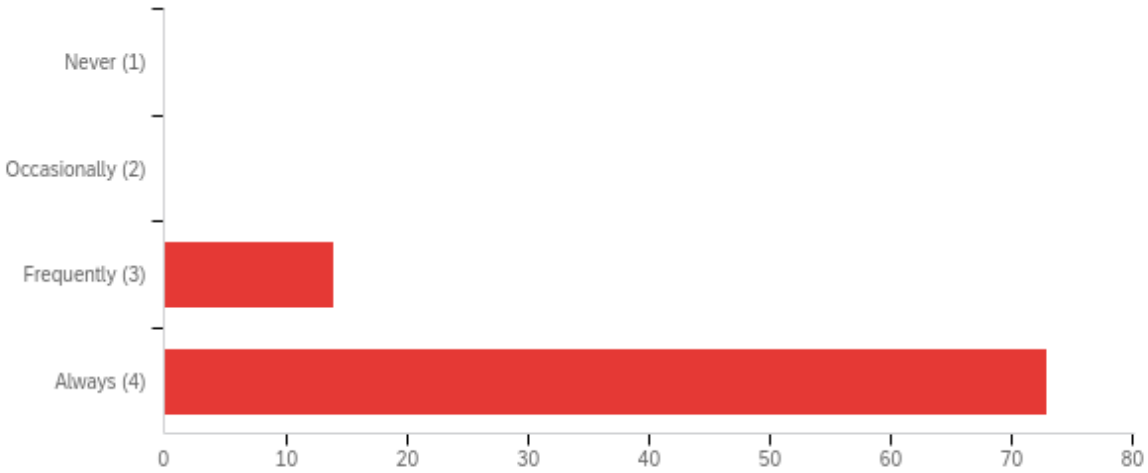
4. Do you share your cultural identity in conversations?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Awareness	1.00	4.00	2.39	0.78	0.61	84

#	Answer	%	Count
1	Never (1)	5.75%	5
2	Occasionally (2)	62.07%	54
3	Frequently (3)	19.54%	14
4	Always (4)	12.64%	11
	Total	100%	84

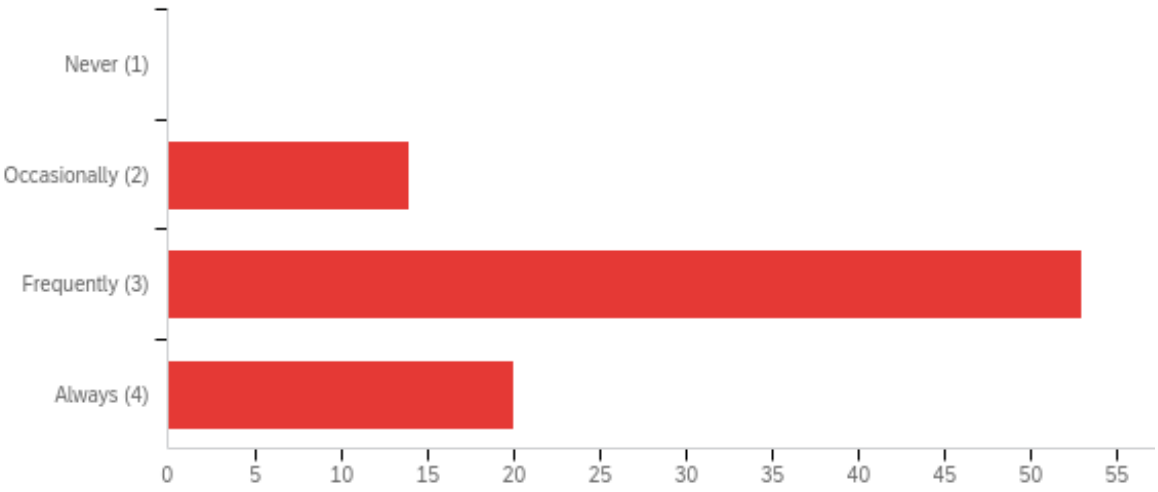
5. Do you value diversity, respect each other's differences and understand that each individual is unique?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Awareness	3.00	4.00	3.84	0.37	0.14	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	0.00%	0
3	Frequently (3)	16.09%	14
4	Always (4)	83.91%	70
	Total	100%	84

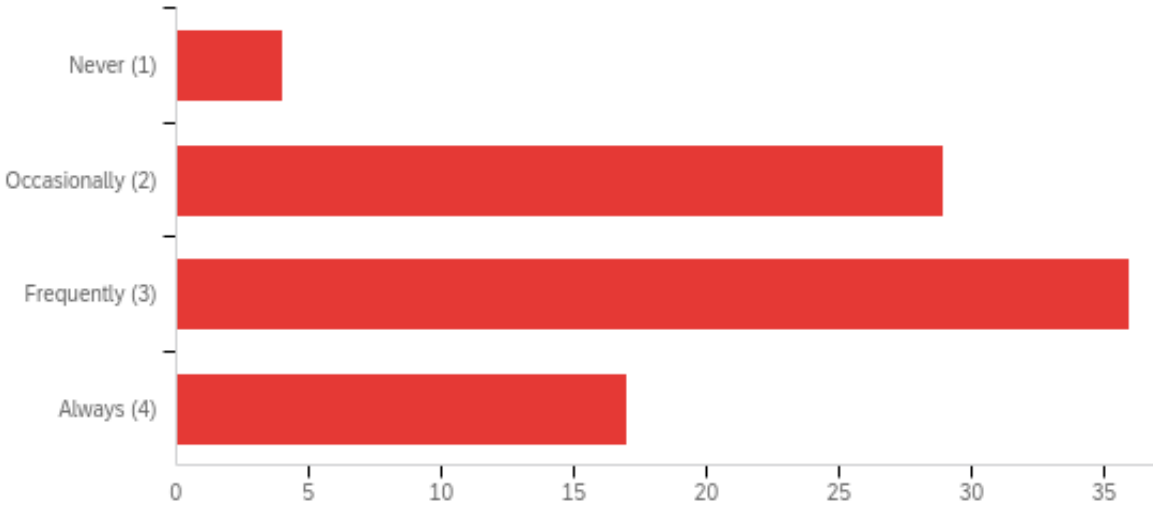
6. Are you aware of the assumptions that you have about people of different cultures?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Awareness	2.00	4.00	3.07	0.62	0.39	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	16.09%	14
3	Frequently (3)	60.92%	50
4	Always (4)	22.99%	20
	Total	100%	84

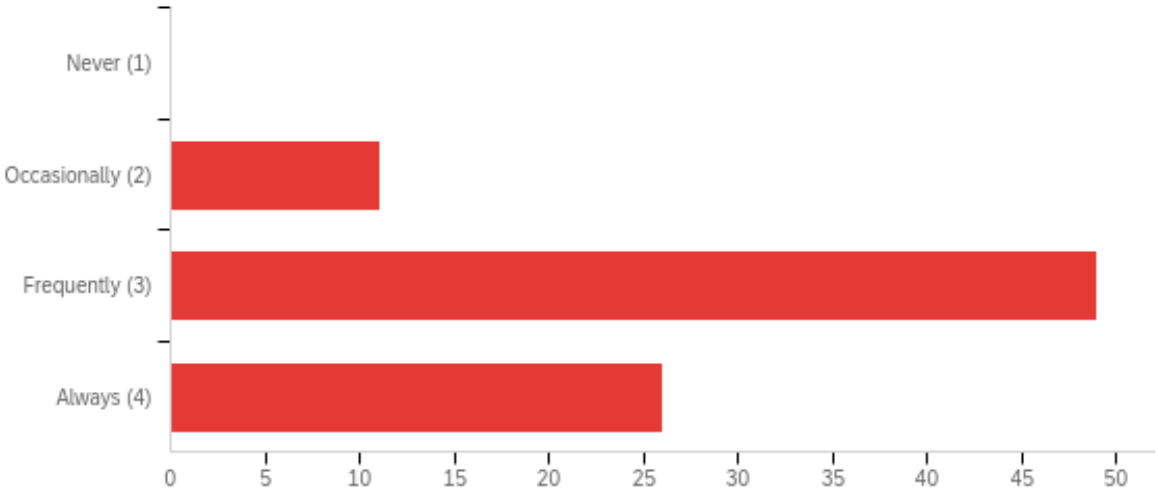
7. Are you aware of your level of discomfort when you encounter your differences with others?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Awareness	1.00	4.00	2.77	0.82	0.67	84

#	Answer	%	Count
1	Never (1)	4.65%	4
2	Occasionally (2)	33.72%	29
3	Frequently (3)	41.86%	34
4	Always (4)	19.77%	17
	Total	100%	84

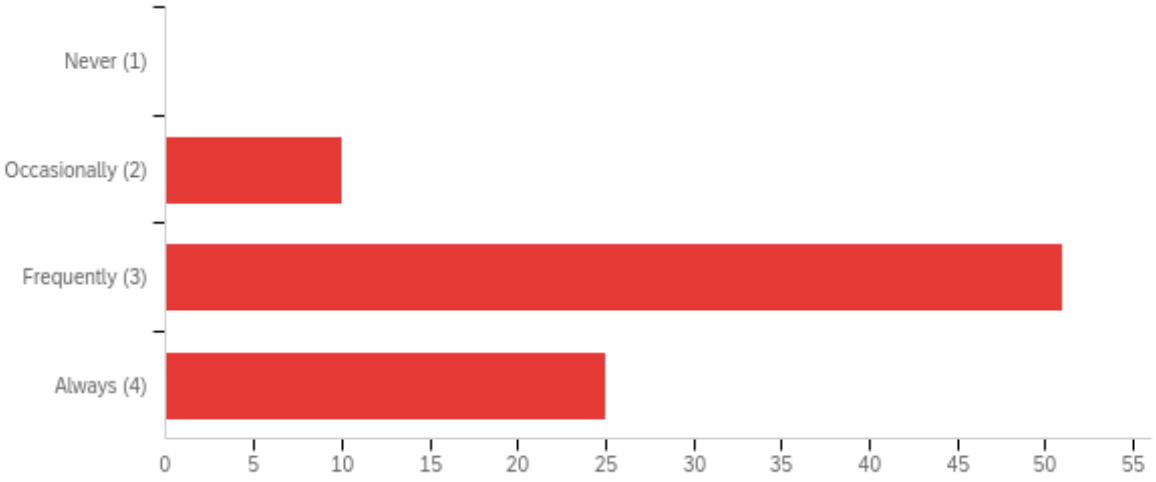
8. Are you aware of the cultural stereotypes in your society?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Awareness	2.00	4.00	3.17	0.63	0.40	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	12.79%	11
3	Frequently (3)	56.98%	47
4	Always (4)	30.23%	26
	Total	100%	84

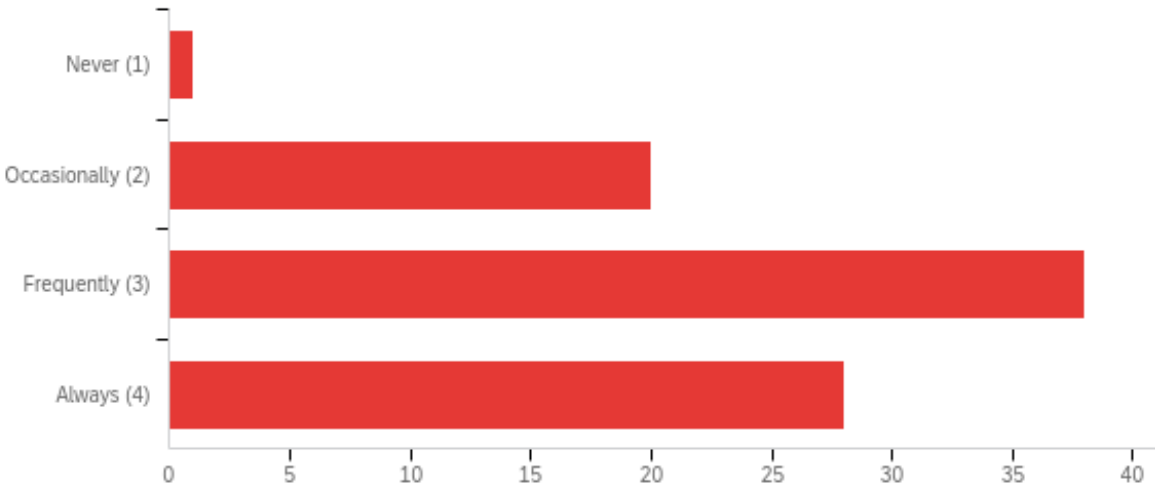
9. Are you aware of the cultural biases in your society?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Awareness	2.00	4.00	3.17	0.61	0.38	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	11.63%	10
3	Frequently (3)	59.30%	49
4	Always (4)	29.07%	25
	Total	100%	84

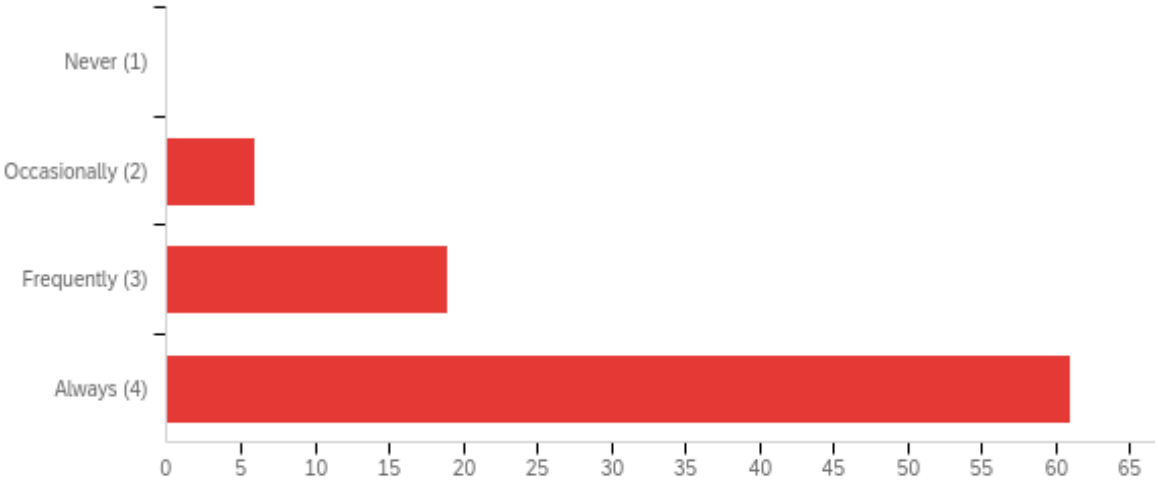
10. Are you actively working to reduce the harm that cultural biases and stereotypes cause?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Awareness	1.00	4.00	3.07	0.77	0.59	84

#	Answer	%	Count
1	Never (1)	1.15%	1
2	Occasionally (2)	22.99%	20
3	Frequently (3)	43.68%	38
4	Always (4)	32.18%	25
	Total	100%	84

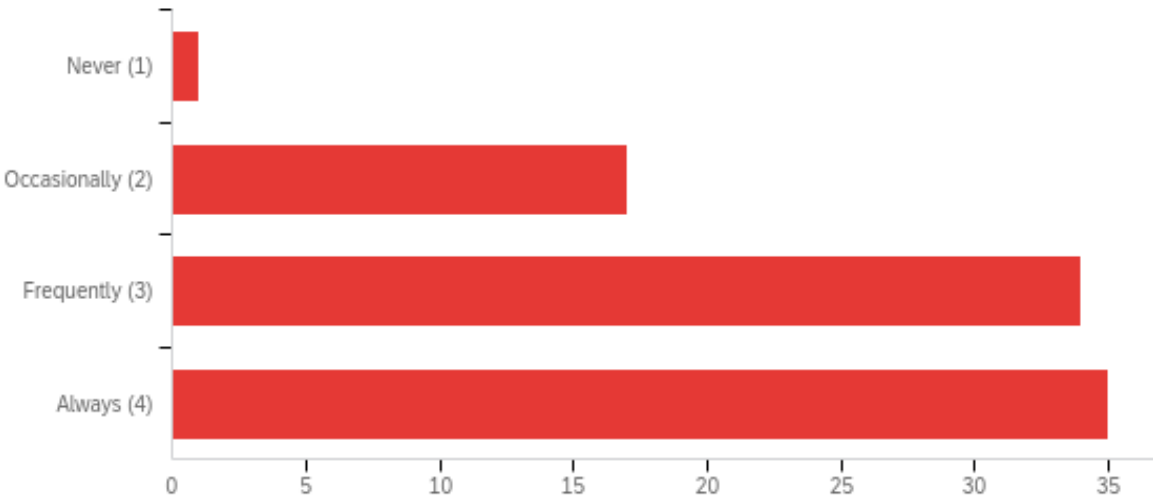
11. Are you interested in learning about others' cultures?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Awareness	2.00	4.00	3.64	0.61	0.37	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	6.98%	6
3	Frequently (3)	22.09%	19
4	Always (4)	70.93%	59
	Total	100%	84

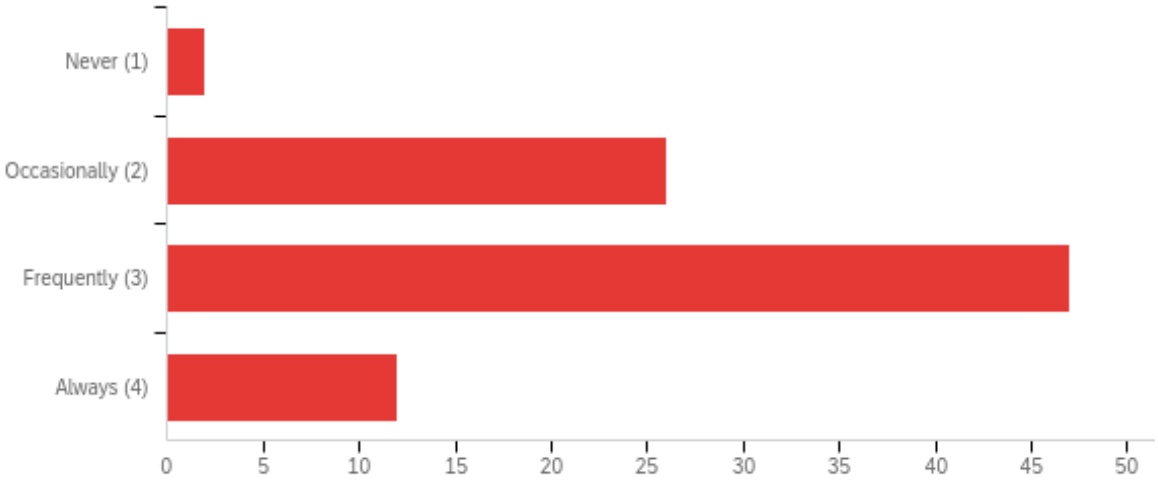
12. Are you working to create new relationships with people from different backgrounds and perspectives?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Awareness	1.00	4.00	3.18	0.78	0.61	84

#	Answer	%	Count
1	Never (1)	1.15%	1
2	Occasionally (2)	19.54%	17
3	Frequently (3)	39.08%	31
4	Always (4)	40.23%	35
	Total	100%	84

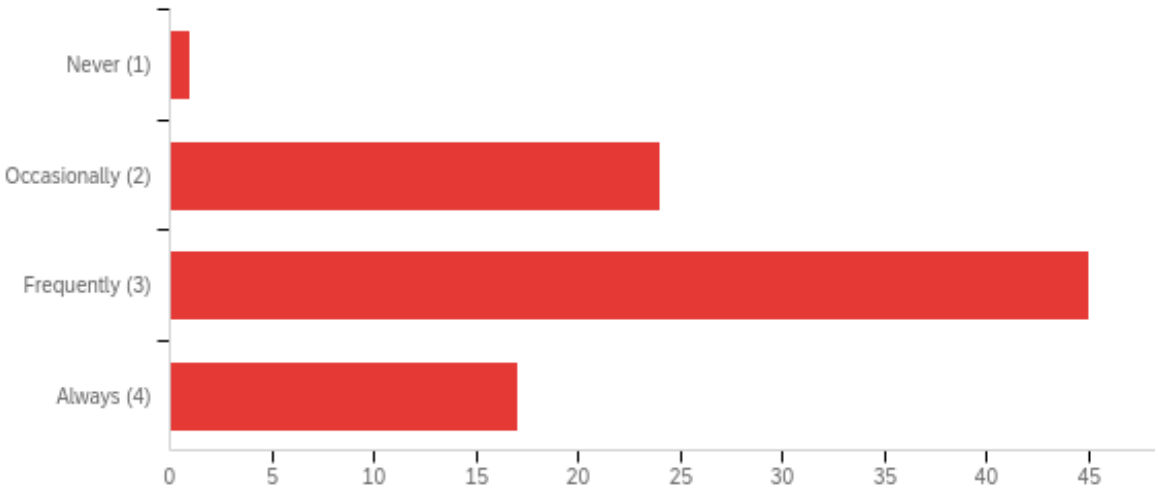
13. Do you feel that your knowledge about certain cultural groups is limited?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Awareness	1.00	4.00	2.79	0.70	0.49	84

#	Answer	%	Count
1	Never (1)	2.30%	2
2	Occasionally (2)	29.89%	26
3	Frequently (3)	54.02%	44
4	Always (4)	13.79%	12
	Total	100%	84

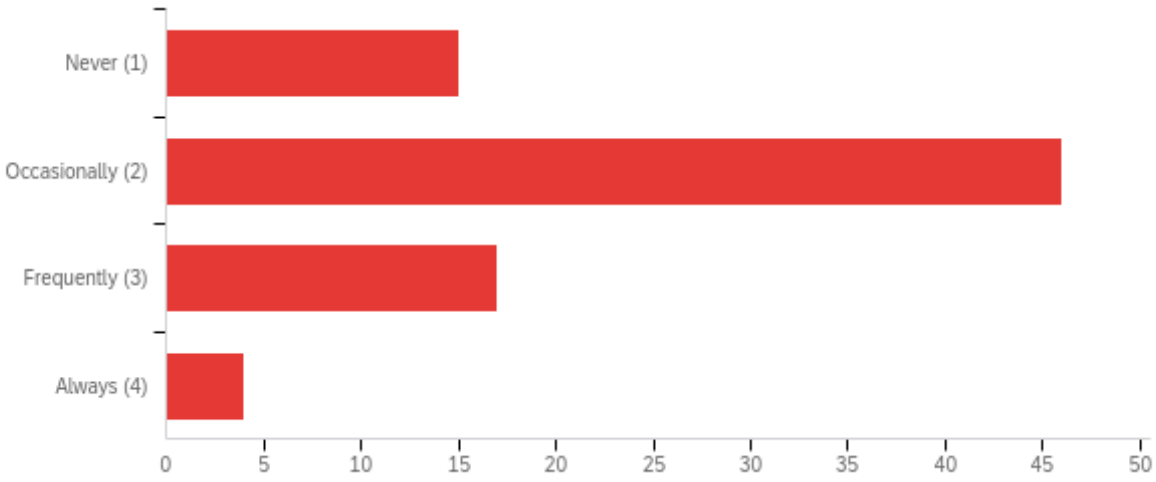
14. Do you accept that in cross-cultural situations there can be uncertainty that can make you anxious?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Awareness	1.00	4.00	2.90	0.71	0.51	84

#	Answer	%	Count
1	Never (1)	1.15%	1
2	Occasionally (2)	27.59%	24
3	Frequently (3)	51.72%	42
4	Always (4)	19.54%	17
	Total	100%	84

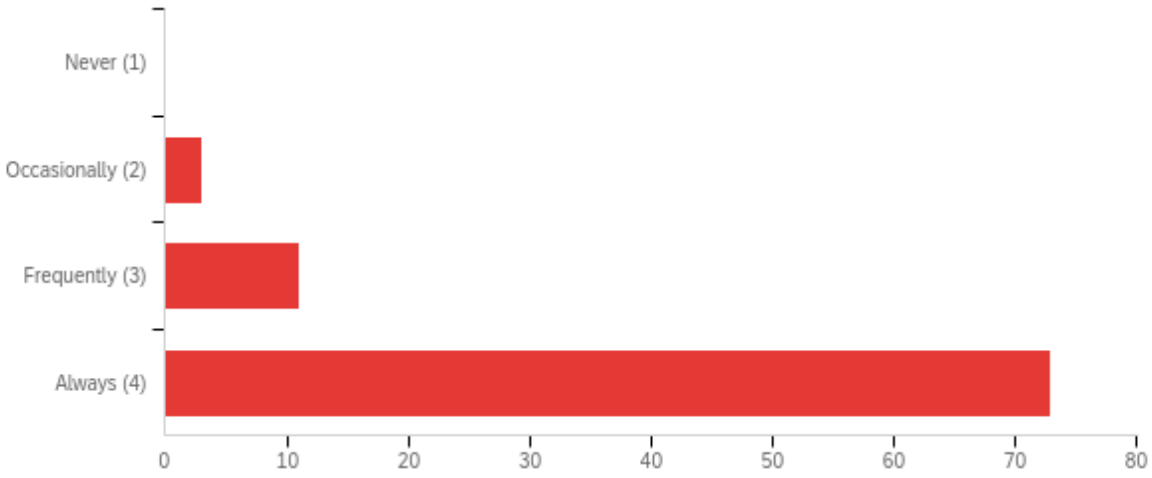
15. Do you know any cross-cultural techniques to ask clients or coworkers about their culture and share your culture too? (Please describe.)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Knowledge	1.00	4.00	2.12	0.76	0.57	84

#	Answer	%	Count
1	Never (1)	18.29%	15
2	Occasionally (2)	56.10%	48
3	Frequently (3)	20.73%	17
4	Always (4)	4.88%	4
	Total	100%	84

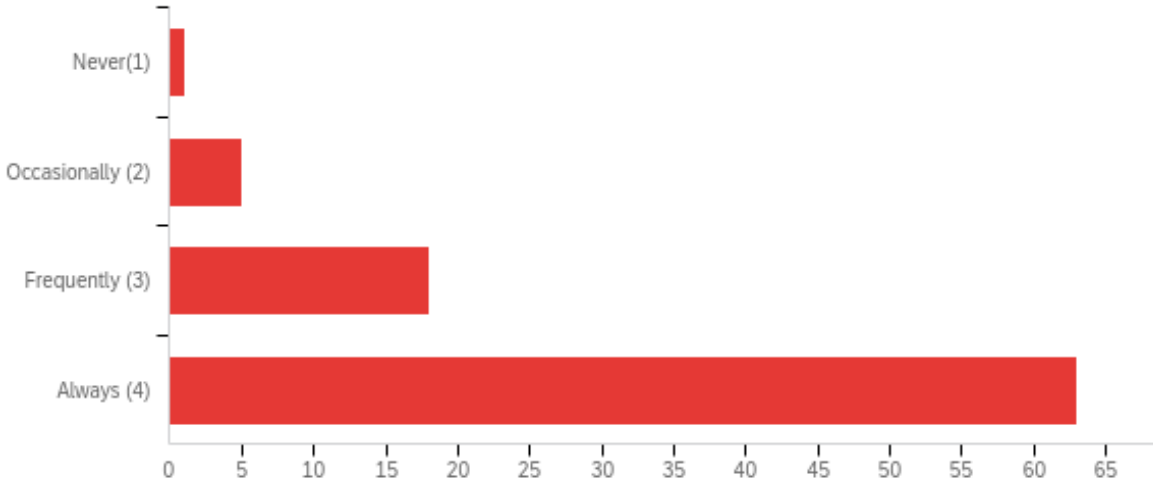
16. Are you aware that cultural values, color, faith, ethnicity and race are important parts of a client's identity?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Knowledge	2.00	4.00	3.80	0.48	0.23	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	3.45%	3
3	Frequently (3)	12.64%	11
4	Always (4)	83.91%	70
	Total	100%	84

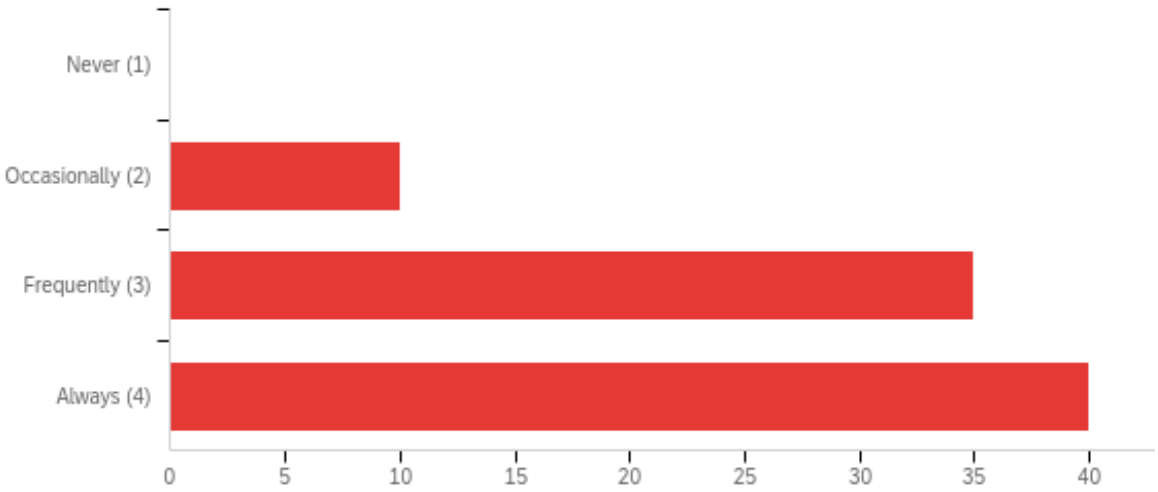
17. Are you aware that gender orientation is an important part of a client's identity?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Knowledge	1.00	4.00	3.64	0.64	0.41	84

#	Answer	%	Count
1	Never(1)	1.15%	1
2	Occasionally (2)	5.75%	5
3	Frequently (3)	20.69%	18
4	Always (4)	72.41%	60
	Total	100%	84

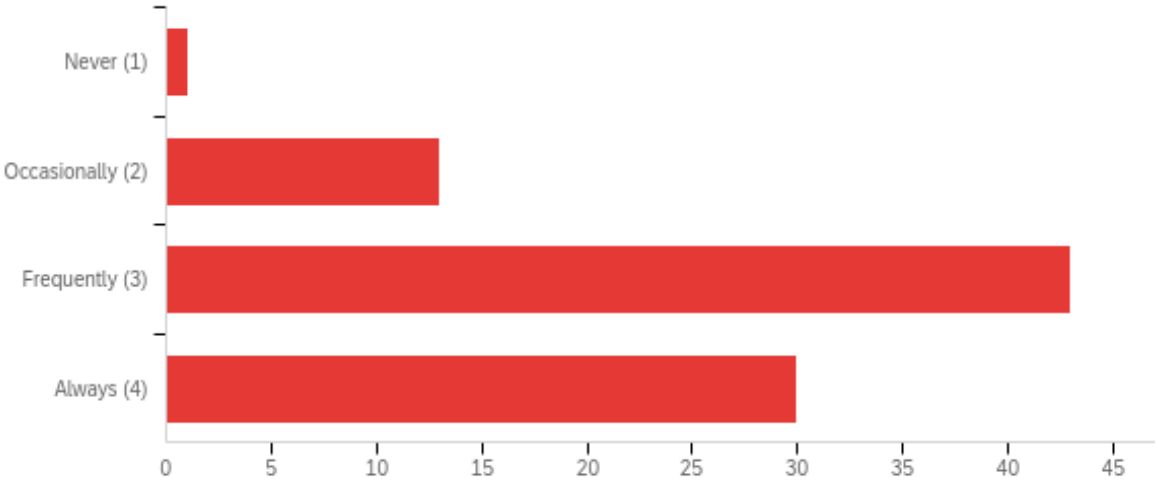
18. Do you understand the impact of discrimination, racism and social injustice on the health care disparities and the quality of health care services?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Knowledge	2.00	4.00	3.35	0.68	0.46	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	11.76%	10
3	Frequently (3)	41.18%	35
4	Always (4)	47.06%	39
	Total	100%	84

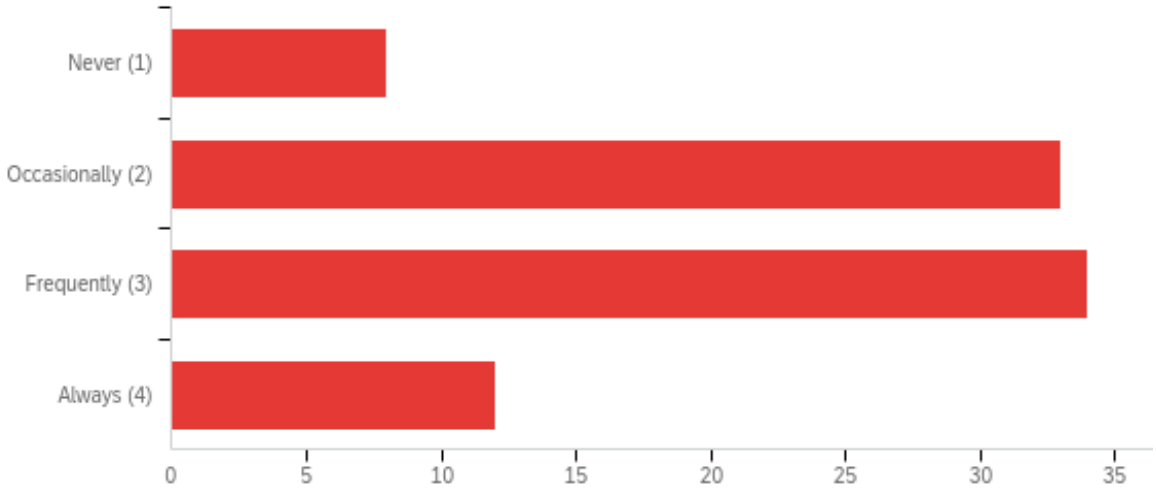
19. Do you acknowledge intercultural and intracultural differences?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Knowledge	1.00	4.00	3.17	0.71	0.51	84

#	Answer	%	Count
1	Never (1)	1.15%	1
2	Occasionally (2)	14.94%	13
3	Frequently (3)	49.43%	40
4	Always (4)	34.48%	30
	Total	100%	84

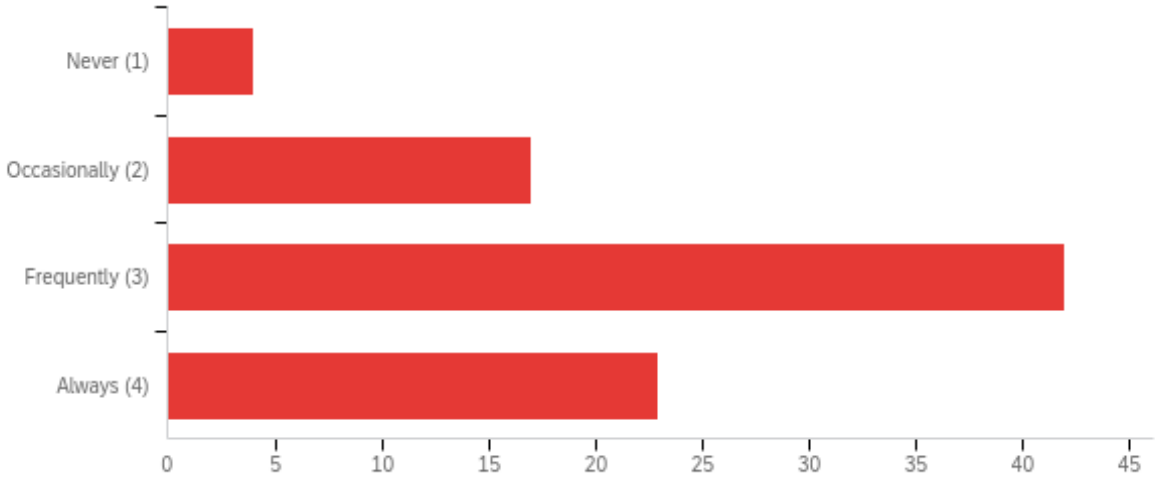
20. Are you aware of the dimensions of cultural humility in the health care system?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Knowledge	1.00	4.00	2.57	0.84	0.70	84

#	Answer	%	Count
1	Never (1)	9.20%	8
2	Occasionally (2)	37.93%	33
3	Frequently (3)	39.08%	31
4	Always (4)	13.79%	12
	Total	100%	84

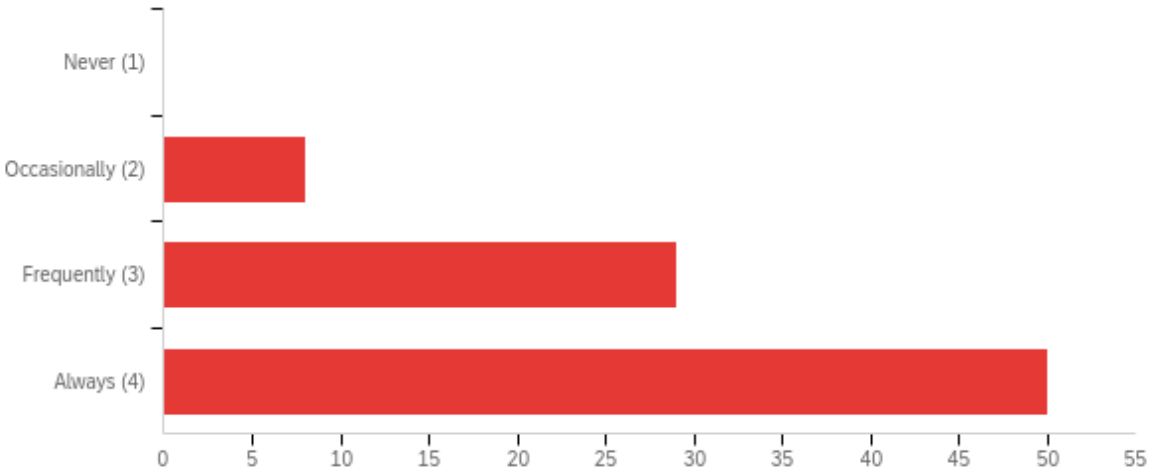
21. Are you aware how your cultural heritage affects definition of normality?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Knowledge	1.00	4.00	2.98	0.81	0.65	84

#	Answer	%	Count
1	Never (1)	4.65%	4
2	Occasionally (2)	19.77%	17
3	Frequently (3)	48.84%	42
4	Always (4)	26.74%	21
	Total	100%	84

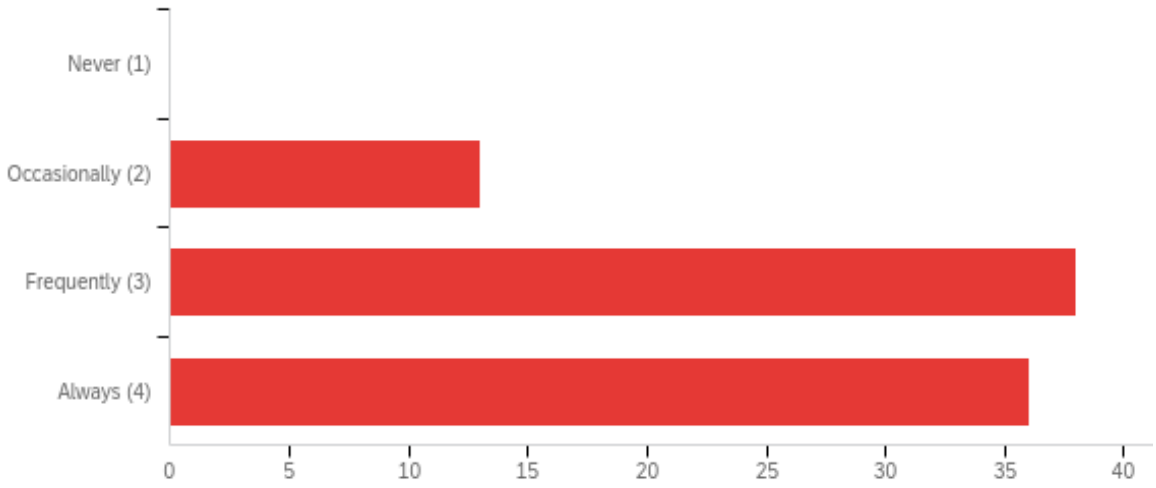
22. Are you interested in knowing about variations in cultural communication styles?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Knowledge	2.00	4.00	3.48	0.66	0.43	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	9.20%	8
3	Frequently (3)	33.33%	29
4	Always (4)	57.47%	47
	Total	100%	84

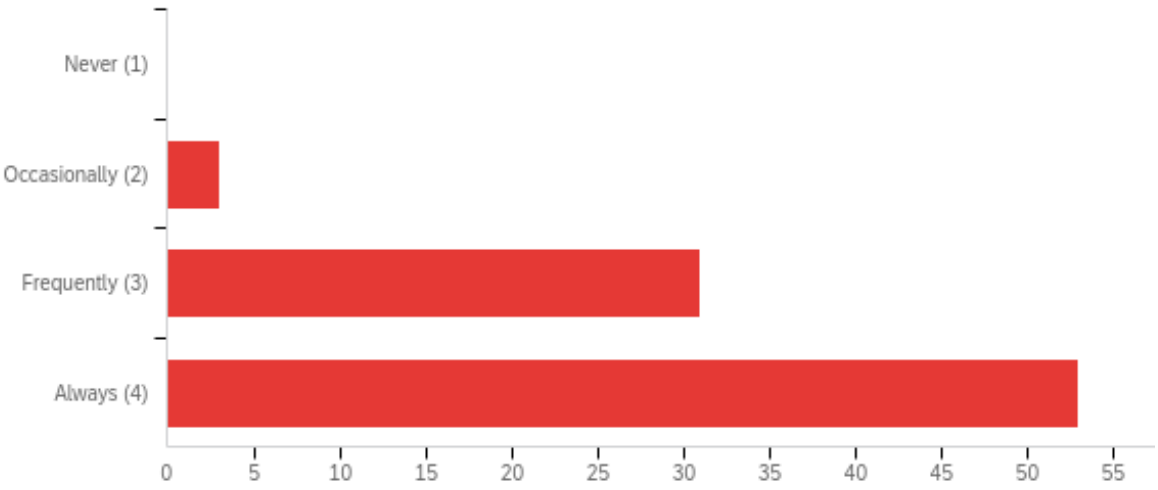
23. Are you aware that health and illness are defined differently by different cultures?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Knowledge	2.00	4.00	3.26	0.70	0.49	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	14.94%	13
3	Frequently (3)	43.68%	38
4	Always (4)	41.38%	33
	Total	100%	84

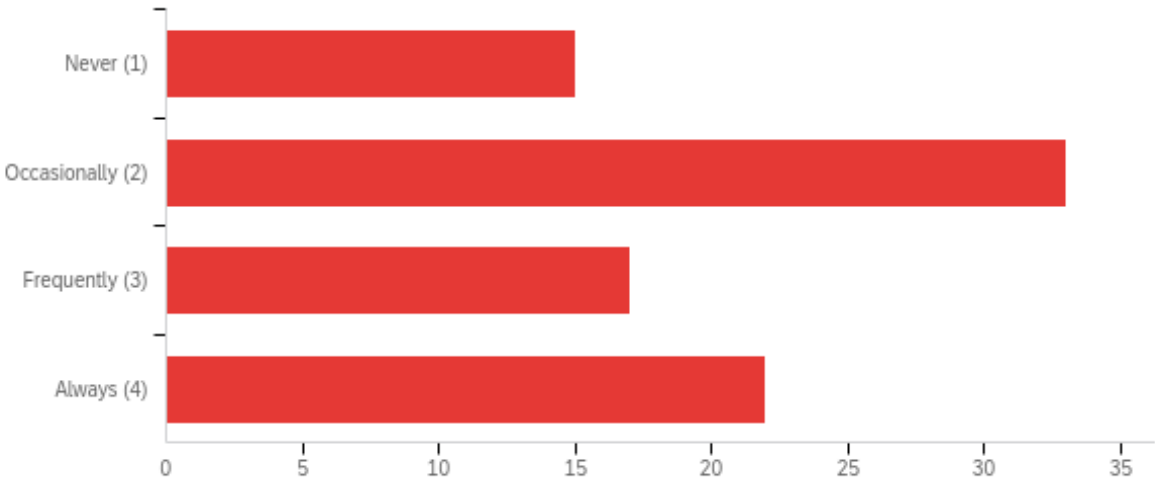
24. Are you aware that religion and beliefs may have a major influence on individual attitudes and reactions toward certain treatment plans?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Knowledge	2.00	4.00	3.57	0.56	0.31	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	3.45%	3
3	Frequently (3)	35.63%	31
4	Always (4)	60.92%	50
	Total	100%	84

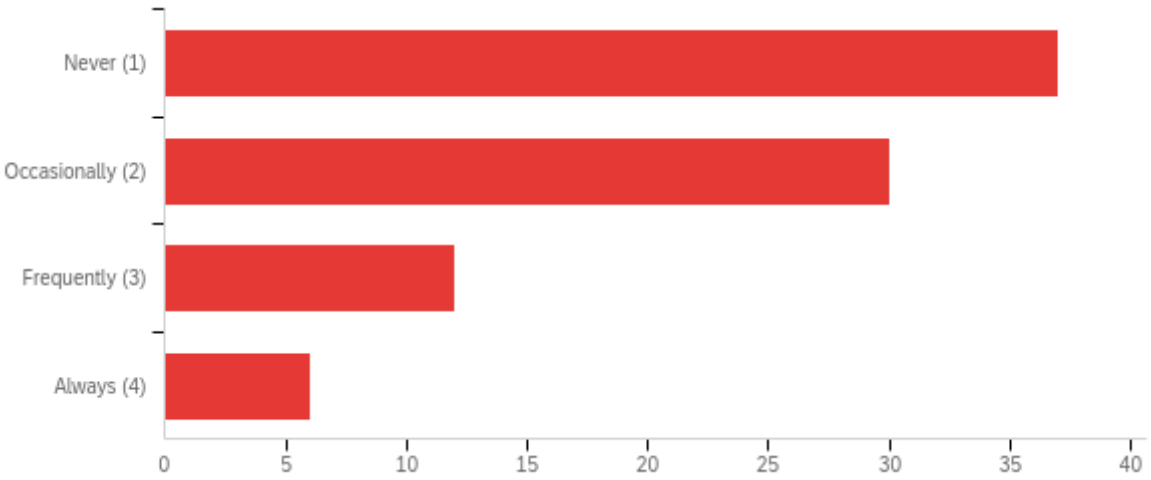
25. Does the health care institution where you train or work have interpreter services?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Competence Skills	1.00	4.00	2.53	1.05	1.10	84

#	Answer	%	Count
1	Never (1)	17.24%	15
2	Occasionally (2)	37.93%	33
3	Frequently (3)	19.54%	14
4	Always (4)	25.29%	22
	Total	100%	84

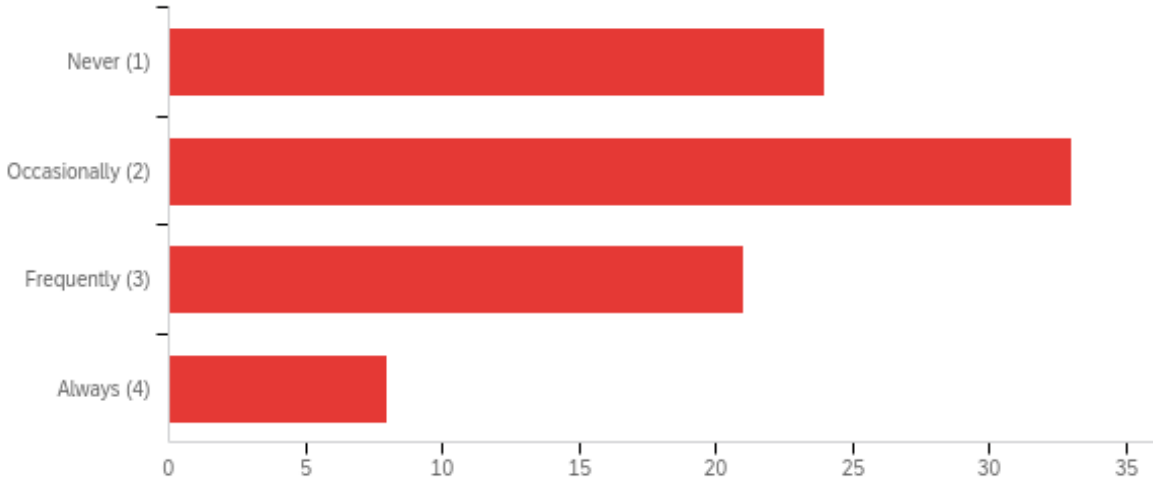
26. Have you ever used any interpreter services while practicing occupational therapy for bilingual clients?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Competence Skills	1.00	4.00	1.85	0.91	0.84	84

#	Answer	%	Count
1	Never (1)	43.53%	37
2	Occasionally (2)	35.29%	30
3	Frequently (3)	14.12%	11
4	Always (4)	7.06%	6
	Total	100%	84

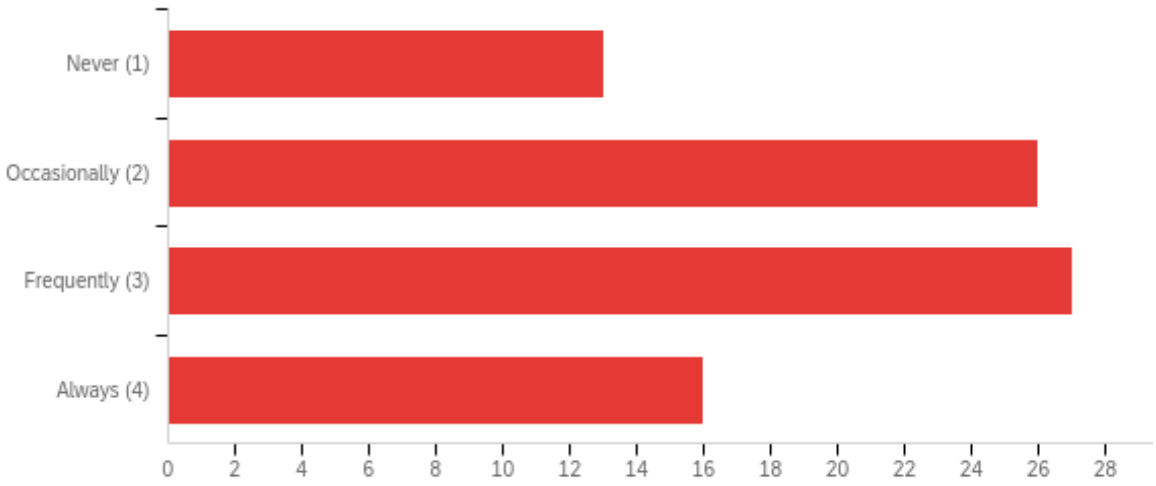
27. Have you ever had multicultural training in your workplace?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Competence Skills	1.00	4.00	2.15	0.93	0.87	84

#	Answer	%	Count
1	Never (1)	27.91%	24
2	Occasionally (2)	38.37%	31
3	Frequently (3)	24.42%	21
4	Always (4)	9.30%	8
	Total	100%	84

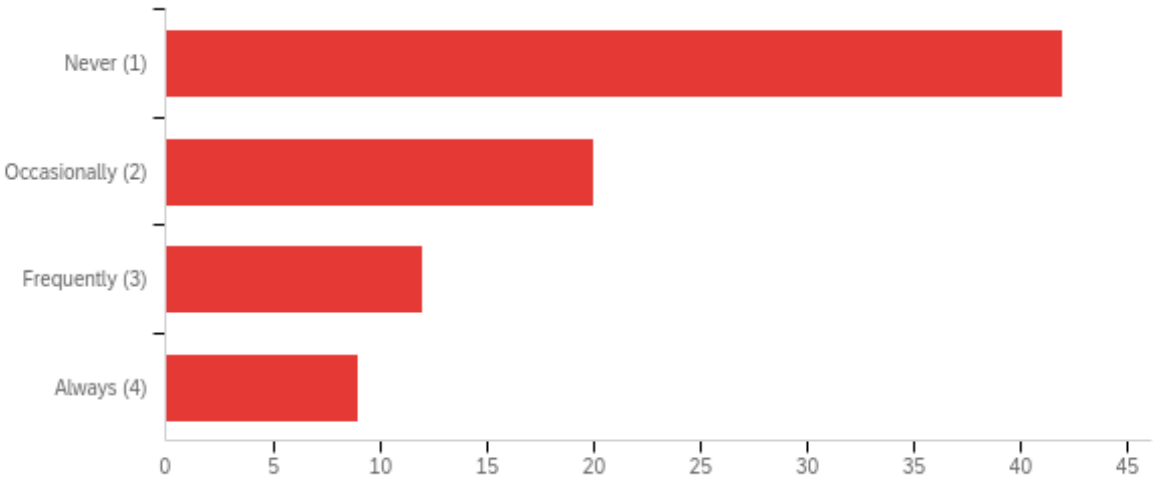
28. Does your curriculum in the OT program include a multicultural material? If yes, was that part of the core courses? (Please describe.)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Competence Skills	1.00	4.00	2.56	0.98	0.95	84

#	Answer	%	Count
1	Never (1)	15.85%	13
2	Occasionally (2)	31.71%	26
3	Frequently (3)	32.93%	29
4	Always (4)	19.51%	16
	Total	100%	84

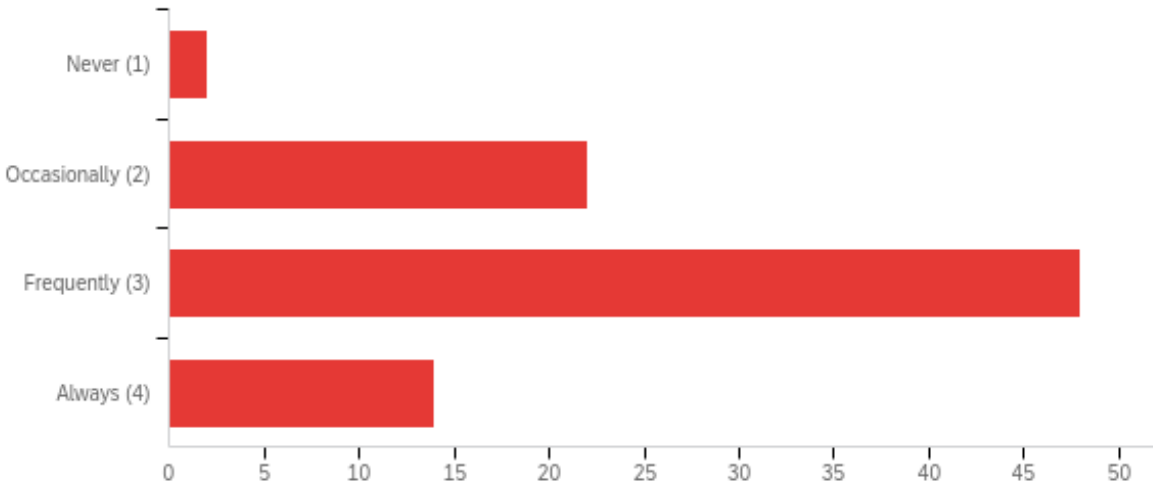
29. Have you ever had a multicultural training in your annually continuing education hours?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural competence Skills	1.00	4.00	1.86	1.03	1.06	84

#	Answer	%	Count
1	Never (1)	50.60%	42
2	Occasionally (2)	24.10%	20
3	Frequently (3)	14.46%	13
4	Always (4)	10.84%	9
	Total	100%	84

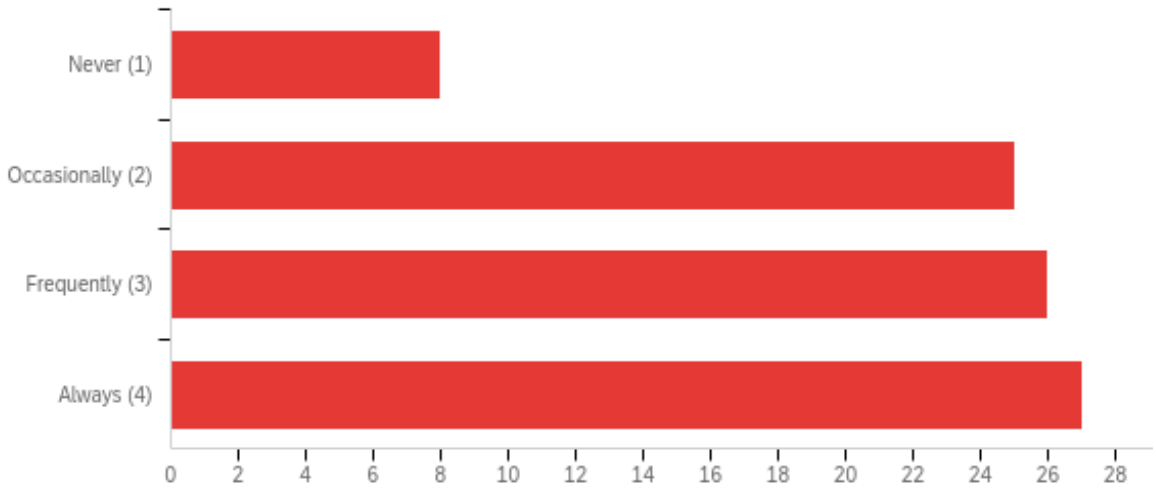
30. Do you recognize differences in narrative styles and behaviors that may vary across cultures?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Competence Skills	1.00	4.00	2.86	0.70	0.49	84

#	Answer	%	Count
1	Never (1)	2.33%	2
2	Occasionally (2)	25.58%	22
3	Frequently (3)	55.81%	46
4	Always (4)	16.28%	14
	Total	100%	84

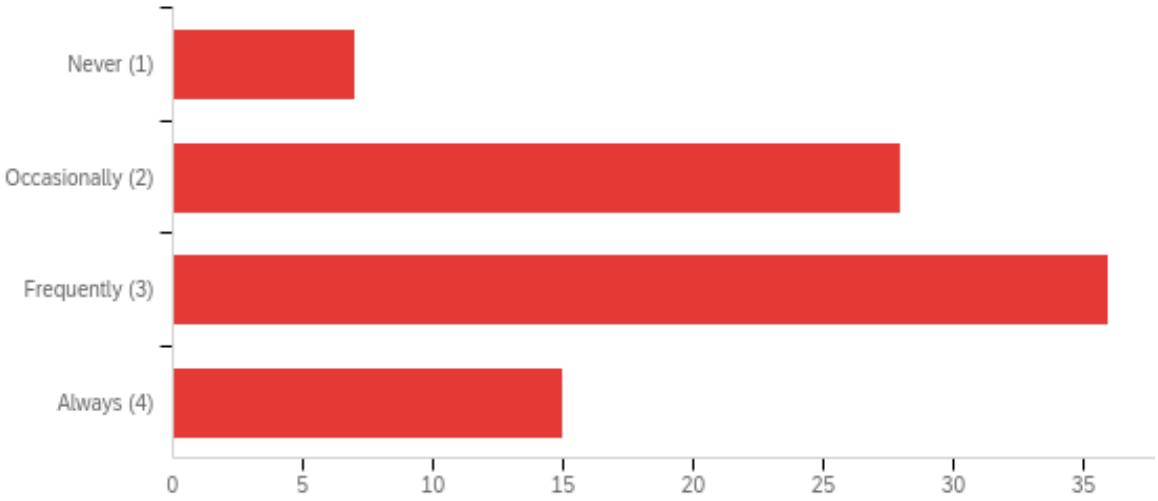
31. Do you consider the client's traditional medicine in the treatment plan during the occupational therapy process?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Competence Skills	1.00	4.00	2.84	0.97	0.95	84

#	Answer	%	Count
1	Never (1)	9.30%	8
2	Occasionally (2)	29.07%	25
3	Frequently (3)	30.23%	24
4	Always (4)	31.40%	27
	Total	100%	84

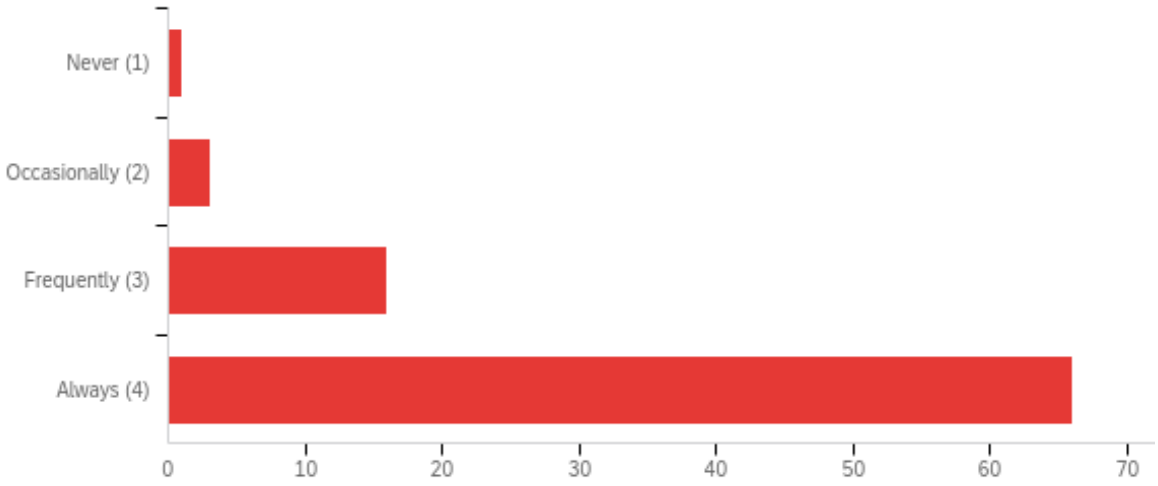
32. Do you provide written information with pictures for clients to take home?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Competence Skills	1.00	4.00	2.69	0.85	0.73	84

#	Answer	%	Count
1	Never (1)	8.14%	7
2	Occasionally (2)	32.56%	28
3	Frequently (3)	41.86%	34
4	Always (4)	17.44%	15
	Total	100%	84

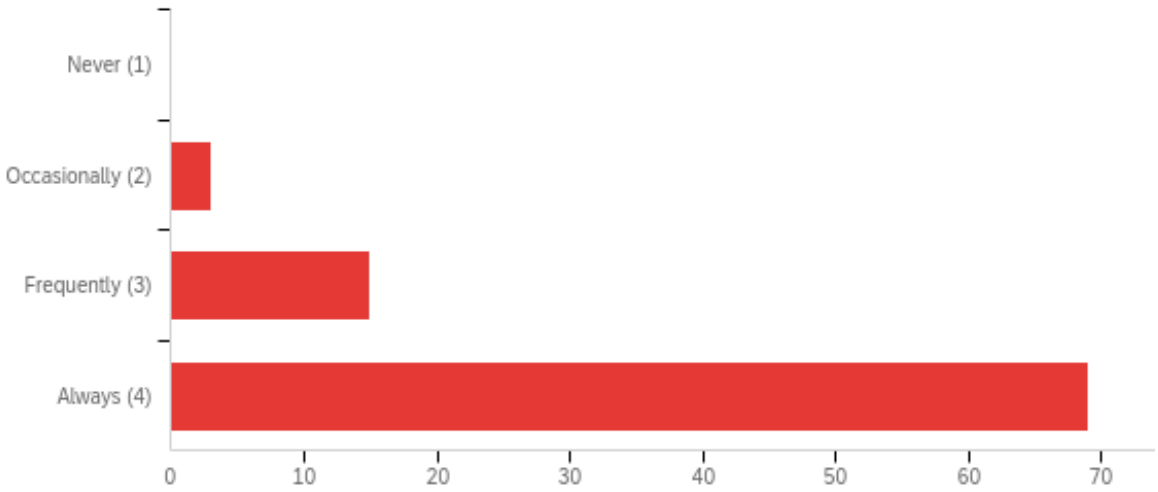
33. When interacting with clients who have limited English proficiency do you keep in mind that limitation in English proficiency is not a reflection of a client's level of intellectual abilities?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Competence Skills	1.00	4.00	3.71	0.59	0.35	84

#	Answer	%	Count
1	Never (1)	1.16%	1
2	Occasionally (2)	3.49%	3
3	Frequently (3)	18.60%	16
4	Always (4)	76.74%	64
	Total	100%	84

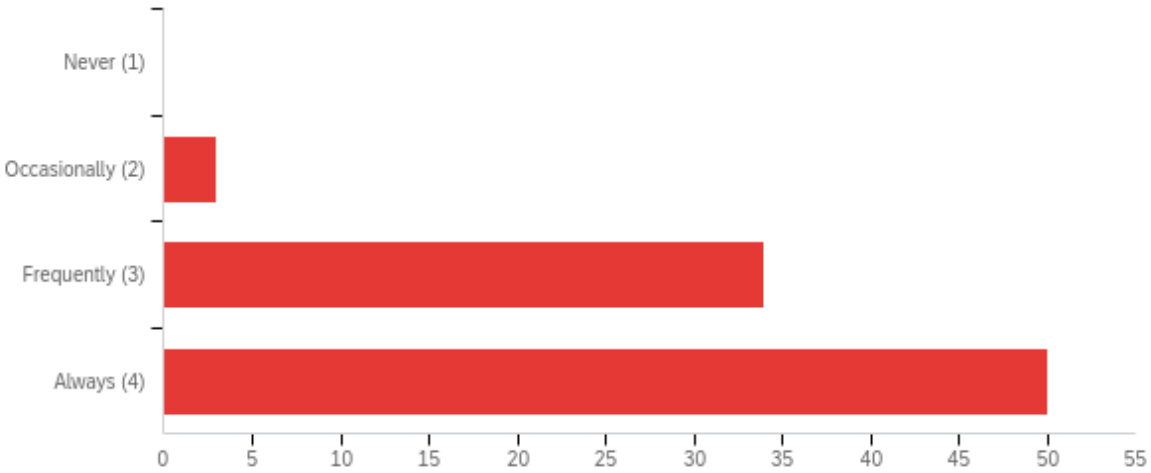
34. Do you feel that integrating client's cultural values and perspectives is important during the occupational therapy process?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Competence Skills	2.00	4.00	3.76	0.50	0.25	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	3.45%	3
3	Frequently (3)	17.24%	15
4	Always (4)	79.31%	66
	Total	100%	84

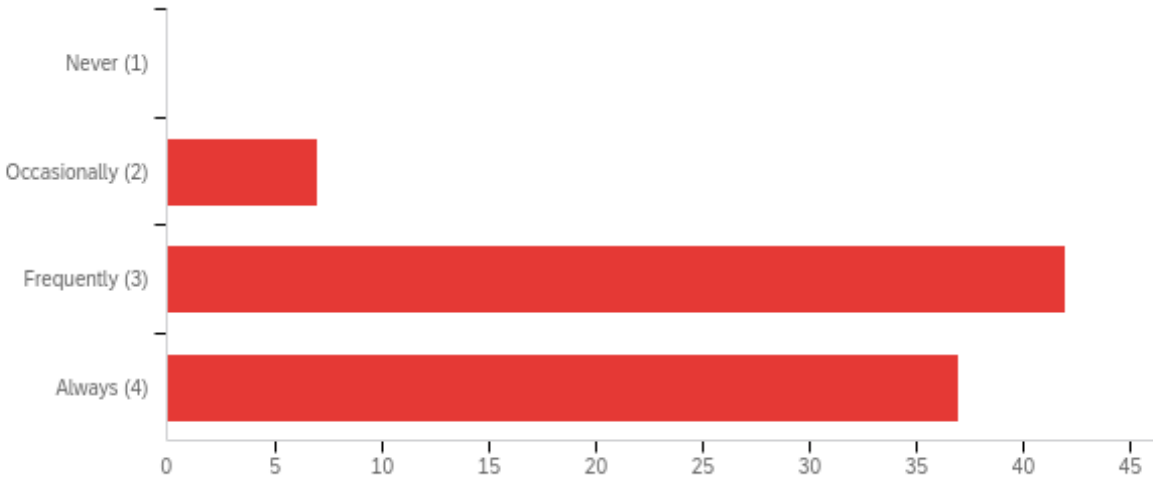
35. Do you think that you can act respectfully in cross-cultural situations to other cultural values and beliefs?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Competence Skills	2.00	4.00	3.54	0.56	0.32	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	3.45%	3
3	Frequently (3)	39.08%	34
4	Always (4)	57.47%	47
	Total	100%	84

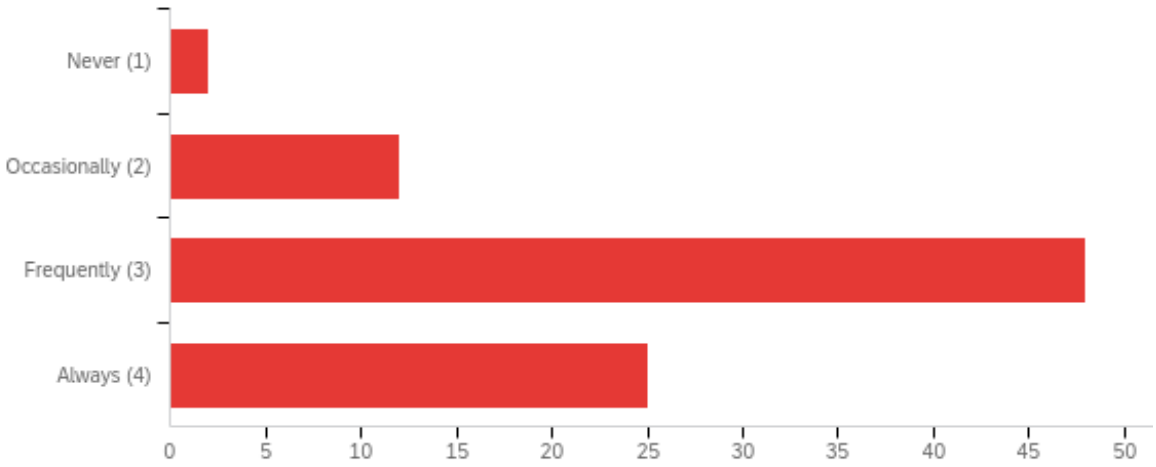
36. Are you able to effectively communicate and engage appropriately with clients and coworkers who interact in ways that are different from your own?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Competence Skills	2.00	4.00	3.35	0.62	0.39	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	8.14%	7
3	Frequently (3)	48.84%	40
4	Always (4)	43.02%	37
	Total	100%	84

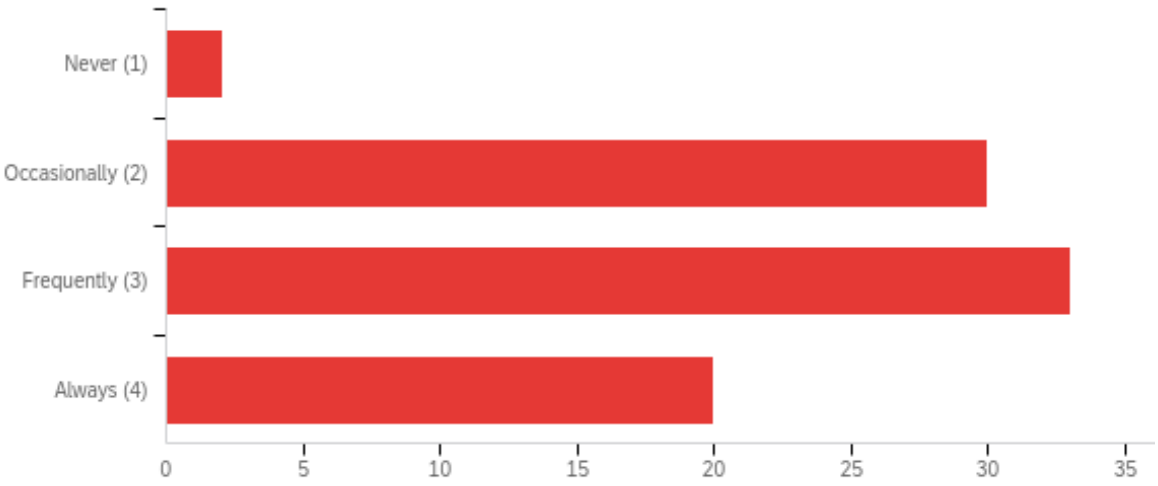
37. Can you effectively intervene if you observe any racist or discriminatory manner behavior with clients?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Competence Skills	1.00	4.00	3.10	0.71	0.51	84

#	Answer	%	Count
1	Never (1)	2.30%	2
2	Occasionally (2)	13.79%	12
3	Frequently (3)	55.17%	45
4	Always (4)	28.74%	25
	Total	100%	84

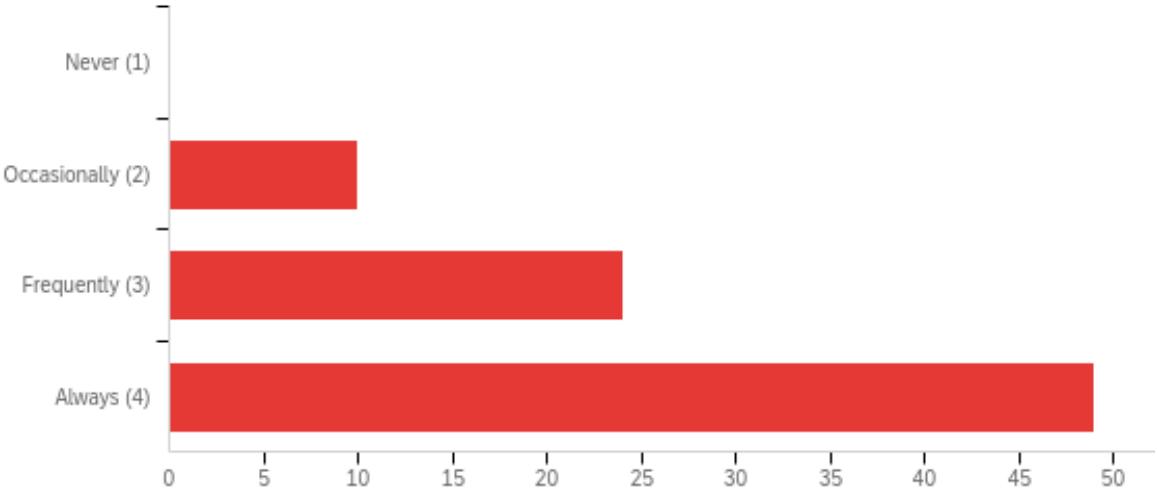
38. Do you ask about acceptable behaviors, courtesies, and expectations that are unique to the clients' cultural values?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Competence Skills	1.00	4.00	2.84	0.81	0.66	85

#	Answer	%	Count
1	Never (1)	2.35%	2
2	Occasionally (2)	35.29%	30
3	Frequently (3)	38.82%	33
4	Always (4)	23.53%	20
	Total	100%	85

39. Are you aware that cultural humility is an ongoing life-long learning process, and where to get resources to enrich your cultural knowledge and skills? (Please describe.)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cultural Competence Skills	2.00	4.00	3.47	0.70	0.49	84

#	Answer	%	Count
1	Never (1)	0.00%	0
2	Occasionally (2)	12.05%	10
3	Frequently (3)	28.92%	25
4	Always (4)	59.04%	49
	Total	100%	84

APPENDIX B – Executive Summary

Introduction

As diversity in the U.S. population increases (U.S. Census Bureau, 2020), health care must incorporate the variations of different components of the U.S. multidimensional culture on micro, meso, and macro levels, including but not limited to, race, ethnicity, gender identity, socioeconomic status, geographic location, beliefs, spirituality, and physical and mental abilities (Watters et al., 2016; Centers for Disease Control and Prevention [CDC], 2020). Occupational therapy (OT) supports clients' health and well-being by their participation and engagement in meaningful occupations. Health, illness, and occupation are viewed by the client's lens of his or her cultural values and perspectives, therefore, it is an essential tenet of OT to include culture in every domain of OT practice (American Occupational Therapy Association, 2020).

Cultural humility is a framework for lifelong learning process of self-reflection and self-evaluation, through learning not only about others' cultures but also about one's own culture and examining how that affects one's own views, biases, and assumptions. Through the cultural humility framework lens, every individual is a complicated and multidimensional being who shares with others his or her own cultural identity that has to be respected and valued. It is creating accountability on individual and organizational levels for clients from different backgrounds and perspectives (Agner, 2020; Grenier et al., 2020).

The Problem

It has been solidly established in the evidence-based literature that integrating the client's cultural values in culturally appropriate health care services improves the client's health and well-being as well as the quality of health care outcomes (Dubbin et al., 2013; Harrison et al., 2019; King et al., 2015). There is not strong evidence in the literature about the connection between the lack of cultural humility, inclusion, diversity, and equity knowledge and skills in the clinical reasoning and professional performance for health care providers in the United States, and how that impact health outcomes; client satisfaction, and adherence to the intervention plans in health care; and increase health care disparities (E. Brown et al., 2011; Grenier et al., 2020; Oosman et al. 2019). The main barriers of building effective and meaningful rapport with clients from different backgrounds and perspectives are a lack of knowledge and skills about the appropriate ways of approaching the client to ask about culture, lack of including culture in health care, lack of health literacy, and language barriers (Harrison et al. 2019; King et al., 2015).

The Solution – Program Proposal

The level of readiness of OT professionals to implement cultural humility needs to start during the OT students' academic education. Occupational therapy students need to be equipped with the necessary tools and experiences to build confidence and an inclusive approach as agents of change within the OT scope of practice (Agner, 2020). The vision behind creating this educational guide was driven by the intent of filling the gap between the theoretical and the practice-oriented frameworks relating to cultural

sensitivity and cultural responsiveness in OT scope of practice.

Building Cultural Bridges: Inclusion, Diversity, and Equity in the Academic Learning (IDEAL-OT), is an evidence-based educational guide for OT curricula. The main objective of this guide is to create an authentic and experiential cross-cultural immersion education for OT students based on evidence from the literature and from a cross-sectional survey of OT students and professionals inquiring about the level of cultural integration in their OT programs, and how that affects their practices in the OT profession. IDEAL-OT is an educational tool that can be imbedded in an existed curriculum, rather than creating a new curriculum or changing the course sequences in the OT programs. It includes evidence-based materials to be used by the OT educators through the curriculum, allowing knowledge and skills transfer to the OT students. This guide was designed using the Constructivist theory through the lens cultural humility in order to facilitate multicultural knowledge and skills transferring through the most effective and efficient ways for adult lifelong learners in OT.

IDEAL-OT includes three phases of implementation, starting with a self-discovery process in phase one. Phase one uses self-reflection and self-evaluation to help students discover their self-concept through their culture and how they see the world within their own perception (Agner, 2020; Grenier et al., 2020). This phase includes peeling layers of societal stereotypes and implicit biases within each student to start the cultural awareness journey for themselves and for others. Phase two includes building the multicultural knowledge foundation based on the previous knowledge of each student through the active learning, knowledge articulation, knowledge co-construction, and

systematic reflection (Schell & Schell, 2008). Students in this phase will start forming the concept of cultural humility within the OT scope of practice, while connecting that with the social and occupational justice domains, and servant leadership approach. Phase three includes the experiential cross-cultural immersion experiences in authentic contexts to implement what students learned through the ongoing growth and learning process about their own culture and the cultures of others. In this phase students will be in direct involvement with people from diverse backgrounds and perspectives. This will allow the students to start building self-efficacy in cultural humility and to critically and professionally think and conceptualize the factors that contribute to the clients' culture in health care (Cabatan & Grajo, 2017). During this phase students will also be part of advocacy acts to influence stakeholders to correct unfair situations affecting specific population or group of individuals (Oosman et al., 2019).

The three phases in IDEAL-OT do not have a clear cut or standardized order. They might overlap sometimes and alternate based on the courses sequence, the teaching style, and the vision and mission of each academic program. The guide acts as a manual for the educators to check the boxes that each student in OT has to achieve before graduation. This ensures that the student is aware of how to continue his or her personal and professional growth afterward in social and occupational justice and advocacy.

Outcomes

Focusing on embedding inclusion, diversity, and equity in the OT curricula support the holistic approach in OT practice, by taking into considerations the whole individual and every factor that may affect his or her health and well-being (Agner, 2020;

AOTA, 2020b; Oosman et al., 2019). This would fill huge gaps in health care, such as the health disparities; social determinants of health; life expectancy; rural areas health status; clients' satisfaction; health care costs; social and occupational injustice in health care; and much more (CDC, 2020). Integrating the client's culture is an essential part of the intervention plan in OT by creating a global perspective and worldview, improve the clinical and professional reasoning and the professional behavior for OT students (Agner, 2020).

IDEAL-OT outcomes indicate how OT students will demonstrate cultural awareness on personal and professional levels by different tools, such as the therapeutic use of self; and how to build a knowledge foundation of multicultural education that will be translated into skills in the OT practice.

Measuring the effectiveness of IDEAL-OT is essential to establishing this program as: (a) powerful and holistic in addressing cultural awareness, attitude, knowledge, and skills for OT students, (b) an inclusive approach with their clients in providing high quality care, and (c) effective in assisting current students through their life span to be engaged in meaningful occupations that respect and include their cultural identity.

Feasibility

IDEAL-OT will be embedded in OT programs' curricula in the United States. The majority of the educational guide's funding support will be part of the OT programs' personnel, facilities, equipment and budgets. The experiential and the community-based learning experiences of the multicultural education in the program will be covered by

grants that support the academic learning and inclusion, diversity equity in academia.

Conclusion

OT students who will be part of an inclusive multicultural education in the OT scope of practice are culturally responsive by active listening and effective communication skills without building assumptions; aware of their own culture and cultures of others; have inclusive approach that represent and respect all individuals; and are accountable to social and occupational justice (Agner, 2020; Cabatan & Grajo, 2017). This experience would take the OT profession specifically and health care generally into higher level of efficacy, professionalism, and excellence.

APPENDIX C – Fact Sheet

BOSTON UNIVERSITY

Building Cultural Bridges: Inclusion, Diversity, and Equity in Academic Learning-Occupational Therapy (IDEAL-OT)

Nancy Damrah MSHS, OTR/L, CLT
OTD Candidate

IDEAL-OT is an evidence-based educational guide for occupational therapy (OT) curricula in the entry-level OT programs in the U.S. to build, integrate, and sustain inclusion, diversity, and equity in OT education through the cultural humility lens.

Introduction to the Problem

- According to the U.S. Census Bureau by 2050, there will be a historic shift in the U.S demographics; racial and ethnic minorities will be the majority of the U.S. population (U.S. Census Bureau, 2020).
- Health care system does not represent the diverse population of the U.S. (Agner, 2020).
- Limited research exists on integrating inclusion, diversity, equity, and cultural humility within the OT education, which lead to lack of cultural awareness, attitude, knowledge, and skills for OT professionals.
- Failing to integrate client's culture in the OT process leads to compromised client-centered approach, decreased client's engagement, and increased health care disparities gap, which impact negatively on the client's health and well-being status, and health outcomes (Agner, 2020).

Figure 1: https://family.lovetoknow.com/cultural-heritage-symbols/why-is-culture-important-impact-people-society

Cultural Humility in OT Practice is a lifelong learning-oriented approach, where OT professionals explore and critic self-awareness and self-reflection; examine and address power differentials, and holding institutions accountable, while being change agents for social and occupational justice for all (Tervalon, & Murray-García, 1998).

IDEAL-OT Objectives

The objectives of this guide include providing an evidence-based resource to OT educators to strengthen the concepts of inclusion, diversity, equity, and cultural humility in their academic programs; and preparing OT students to implement cultural humility framework in OT practice. IDEAL_OT was designed based on the *Constructivist Theory*, where each individual is actively involved in the process of learning and knowledge construction through two forms of knowledge translation; on individual cognitive level, and social interactive level in authentic contexts by:

- Preparing OT students to build cultural bridges by being aware of their own views, perspectives, and biases through exploring the concept of metacognition.
- Articulating and co-constructing multicultural knowledge.

- Practicing cross-cultural immersion experiences in experiential authentic contexts.
- Practicing systematic reflections while experiencing different definitions of health and illness in different cultures (Schell, B. & Schell, J., 2008; Agner, 2020).

IDEAL-OT Components

This educational guide includes three phases through in- and off-campus experiences:

Phase 1: The cultural and self-awareness through a metacognition and self-discovery process for OT students' internal dispositions and personal experiences, and the sensitivity towards their own cultural elements and cultures of others.

Phase 2: Students will continue the ongoing learning process through forming the multicultural knowledge foundation about diversity, equity, and inclusion within the cultural humility, and social and occupational justice constructs.

Phase 3: The experiential learning phase that includes authentic cross-cultural immersion experiences to serve diverse populations. Additionally, implementing the servant leadership approach and advocacy to be agents of change through a process involvement or policy adjustment for social and occupational justice.

Figure 2: https://stockton.edu/diversity-inclusion/cultural-competence-humility.html

Outcome and DEI Statement

Students will demonstrate and practice OT within the cultural humility lens successfully by improving their self-efficacy in serving diverse populations and meet the client's culturally individualized needs, and advocate for individuals with limited opportunities as global citizens, agents of change, and lifelong learners.

Resources

- https://thinkculturalhealth.hhs.gov/clas
- https://www.minorityhealth.hhs.gov/
- https://www.aota.org/practice/practice-essentials/dei/diversity-equity--inclusion-toolkit-resource-library
- https://www.aota.org/practice/practice-essentials/dei/dei-toolkit-word-bank

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