

Winnie Dunn: What if Mother Nature is Nudging us toward Health Equity?

Tuesday 27 October 2020, 10 a.m.

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| <b>Abstract</b> | <p>Although it is human nature that makes us THINK we are in charge, it is actually MOTHER NATURE that has her way. Covid-19 has been a wake-up call to humanity to pay attention to evidence, activate our creativity and rise to the challenge of providing effective care to everyone. So, what does this mean for OT? WE will consider 2 factors here.</p> <p>FIRST, like everyone else, we <b>get comfortable with the ways we do</b> things, even when there is evidence to suggest a new way is warranted. We have people come to our work settings and have them do contrived activities when evidence indicates that authentic settings and activities create more impact on their lives. We give families ‘homework’ when their actual lives are already rich with therapeutic opportunities.</p> <p>SECOND, <b>health &amp; education service systems</b> favor some over others. Perhaps it is costs, but it can also be distance, familiarity with options or availability of other resources that can tip the balance for certain individuals and families.</p> <p>Covid-19 has disrupted both our ways of providing care and with the service systems that provide the scaffolding for that care. This disruptive period has opened space for us to think again about possibilities that have always been available, even possibly better, but that required the effort of changing.</p> <p>In this session we will discuss some of the ways that the disruption of Covid-19 has moved us toward health equity. We will discuss how telehealth makes services available to everyone as an effective health delivery approach. We will also discuss how our ways of knowing those we serve has expanded our ways of supporting them. We will use sensory processing as one example of our knowledge and practices expanding to meet people where they are and want to be.</p> |
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Tuesday 27 October 2020, 11.30 a.m.

**Abstract**

Telehealth delivery of wheelchair and seating assessment (T'WAS) has been proposed for over 20 years, yet limited research evidence on the effect or process for T'WAS assessment (Graham, Boland, Grainger, & Wallace, 2019). A recent stakeholder consultation on New Zealander's views on T'WAS for those with complex needs identified that such a service was positively anticipated by wheelchair users, health professionals and service managers (Graham et al., 2018). While culturally distinct perceptions were observed for Māori, findings did not support assumptions about the impact of T'WAS on relationships and quality of care. Robust training of health professionals was raised across stakeholder groups as a key consideration in the success of the service.

This workshop invites delegates to participate in a 'sandpit' session to explore the form that a T'WAS service might take, in light of this stakeholder consultation particularly in relation to training requirements, the experience of the wheelchair user, and culturally competent delivery of care.

**Learning Outcomes**

At the completion of this workshop participants will have:

- Explored the potential future of telehealth delivery of wheelchair and seating assessment
- Engaged in professional discussion of the delivery of key features of wheelchair and seating assessment through telehealth delivery.
- Examined the cultural implication of tele-delivery of a T'WAS service
- Identified opportunities for considering tele-delivery of care in their own service environment.
- Teaching/Learning Methods
- Direct (didactic) teaching of evidence-to-date on telehealth wheelchair and seating assessment internationally and within Aotearoa.
- Small group discussion
- Case-based discussion

Lucy Charles and Arul Hamill: Practice evolutions during and post Covid-19. How we meet and match children and families where they are.

Wednesday 28 October 2020, 10 a.m.

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| <b>Abstract</b> | <p>We will share with you our reflections on how we are meeting and matching children and families where they are at during and post Covid-19.</p> <p>We will share some of the frameworks and approaches that underpin our way of thinking. Reflecting on the worldwide influences such as the Sustainable Development goals (United Nations), World Health Organisation, International Classification of Functioning, Disability and Health (ICF), Hauora, CanChild F-Words for Childhood and Coaching approaches and how these underpin our practice? This also includes The F-words Life Wheel which is an approach and a way of thinking that facilitates conversations, interactions, engagement and goal setting for children and their families to enable them to have a voice. What does this mean in practical terms to us as Occupational Therapists?</p> <p>What does our practice look like now? How would we like it to look? What changes can we make in our practice? How can we form partnerships between families and therapists? How can we provide children with a voice? And how do we establish what is important to the child and family during this changing climate, given that their perspective and capacity has been changing daily? And what this evolution looks like in our practice?</p> <p>The medical profession have textbooks and families have stories. How do we listen to the child and family's story and how do we empower families on their own journey without throwing out the textbooks or our clinical reasoning?</p> |
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Wednesday 28 October 2020, 11 a.m.

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| <b>Abstract</b> | <p>Prior to Covid-19 occupational therapy was for the most part, a hands-on profession. Interest in Telehealth in occupational therapy in New Zealand was minimal. With Covid-19 we had to learn very quickly how to operate under a broader Telehealth framework. While aspects of Telehealth - phone, text were used, video was rarely used.</p> <p>During lockdown, Waitemata DHB i3 innovations team installed Zoom licences. Therapists were supported individually and through on-line discussion groups. Clinical note portal was updated to include phone and video as direct contacts to align with MoH. Our Paediatricians completed a study on the use of Telehealth with largely positive outcomes. Numerous benefits of a Telehealth approach to whānau and tamariki were realised while therapists battled through learning about technology, and learned how to deliver therapy on-line. Challenges using Telehealth were realised as therapists found this approach more intense and exhausting than face to face contact.</p> <p>Client feedback gathered by Paediatricians and the team on Telehealth was largely positive.</p> <p>We learned that a whānau centred approach with meaningful participation can be achieved with Telehealth, planning for a Telehealth appointment is crucial, a coaching approach works well with therapists improving coaching skills through Telehealth. Therapists often preferred to work from home due to less distractions in an office base.</p> <p>The future: Good quality Wi-Fi connection is essential. Easier to navigate secure software to share photos and videos is needed. Therapists want the option to work from home, develop skills in Telehealth, maintain face to face contact, and have opportunities to integrate Telehealth into practice, improving skills and knowledge to practice in this way.</p> <p>Going forward: We need to focus more on addressing Pae Ora – healthy futures and equity for Māori – acknowledging Te Tiriti o Waitangi within a Telehealth framework. Acknowledge our whānau want choice, and a combination of contact methods. Therapists want private areas in offices to enable Telehealth and on-going support/encouragement.</p> |
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| <b>Abstract</b> | <p>As therapists we are required to reflect upon our own cultural competency, and at times this can be an uncomfortable process. However, identifying knowledge gaps and personal bias is a realistic way to acknowledge areas with opportunities for improvement.</p> <p>New Zealand has an increasingly diverse cultural mix in society, which is reflected in the people we serve out in the community. Working predominantly in Northland, there is a higher proportion of people identifying as Māori amongst our client population. Unfortunately, statistics also reveal that Māori experience significant barriers to engagement in rehabilitation.</p> <p>This presentation is a self-reflection based on a case study involving a Māori man in his 20's, who was referred by ACC following a mild traumatic brain injury as a result of a rugby tackle. Reflecting on team interactions and client outcomes, my interpretation is that a cloak of cultural invisibility was affecting progress with rehabilitation.</p> <p>In seeking a way to structure interactions so that our Māori clients may be more likely to engage, I encountered the Hui Process, which was initially developed at the University of Otago for use by intern doctors. I propose that this model is a simple and effective way to incorporate principles of cultural competency into everyday practice. By doing so, we can reduce barriers to client engagement and potentially improve the delivery of rehabilitation services, leading to better client outcomes.</p> |
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Thursday 29 October 2020, 11 a.m.

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| <b>Abstract</b> | <p>While my practice “frame works” in the Ministry of Education, have not necessarily changed over the past 20 years, the demands have certainly increased. By far the biggest need with our tamariki, is more than just developmental delay but huge amounts of dysregulated behaviours. I am convinced that change can only really happen when the adults around the student adapt and change their perspective. We see more and more children struggling to manage their emotions and become increasingly dysregulated. Teachers, teacher aides, parents and caregivers don’t have all the tools they need as well as struggling with their own frustrations. By learning about our own responses, we are more able to help those we teach, love and care for. <b>The Zones of Regulation</b> is a complete social-emotional learning curriculum, created to teach children self-regulation and emotional control.</p> <p>Over lockdown this became even more apparent as we had backward and forward conversations about the struggles teaching staff in a particular school were experiencing especially with the return to level 2. In effect lockdown put the pause on having to do “face to face”. We were able to ask what is the real need and how can we help support you? Working collaboratively with my Learning Support colleague we presented a Workshop on the Zones of Regulation. This has become a more sustainable way of implementing change from the inside out.</p> |
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[Martin Chadwick: One year on: Allied Health in the Ministry, a pandemic, associated opportunities and challenges.](#)

[Friday 30 October 2020, 10 a.m.](#)

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| <b>Abstract</b> | <p>January 2019 saw the establishment of the Chief Allied Health Professions (CAHPO) Officer in the Ministry of Health. Establishing this role has given a focal point for Allied Health and mature Allied Health professions such as Occupational Therapy. The imposition of the global Covid-19 pandemic in 2020 has given sharp contrast to the value of a strong health system and the role we all have to play. The progression of the pandemic in Aotearoa New Zealand has however highlighted the inequalities that exist. So, what is the role of Allied Health and Occupational Therapy?</p> <p>This presentation aims to review the role of the CAHPO in our current context as well as drawing on Martin's recent experience as the 2019/20 Harkness Fellow in the US which focused on the concept of Transdisciplinary practice at a system level. In doing so to look at the opportunities Allied Health can play and Occupational Therapy specifically in the ever-changing health landscape. The intention is to have participants at the end of the presentation have an improved understanding of the health landscape in Aotearoa New Zealand, as well as insights in how to frame the benefit of Occupational Therapy in meeting the needs of our population.</p> |
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Marilyn Pattison: “If you aren’t in over your head, how do you know how tall you are?”

Friday 30 October 2020, 11 a.m.

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| <b>Abstract</b> | <p>The World Federation of Occupational Therapists (WFOT) is the key international representative of occupational therapists and occupational therapy. The Federation believes that occupational therapy has a valuable contribution to make to occupational performance as it affects the health and well-being of all people.</p> <p>This presentation will examine some of the challenges faced by occupational therapists globally in the response to Covid- 19. Occupational therapists need to move beyond traditional boundaries and be leaders of progress. As occupational therapists we need to develop the capacity and power to construct our own destiny - to challenge our thinking, our constructs and our sphere of influence. Being included in the society in which we live is vital to the material, psychosocial, and political aspects of empowerment that underpin social well-being and equitable health. (WHO 2008)</p> <p>Occupational therapists’ increasing involvement in community-based rehabilitation and disaster preparedness and response - most recently the COVID 19 pandemic - is based on the concept of social entrepreneurship. Working directly with communities on projects that are meaningful to each community, having influence on local and higher health and policy makers, and working with non-government organisations (NGOs) positions occupational therapists as having a unique contribution to the goals of a civil society.</p> <p>Occupational therapists need to understand the vital role they play in what makes populations healthy. What business entrepreneurs are to the economy, social entrepreneurs are to social change. They are the driven, creative individuals who question the status quo, respond to new opportunities and refuse to give up – and remake the world for the better. We need to strive to take our rightful place as agents of social change and equity.</p> |
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