

OT Mastery

Social Determinants of Health

1. Where is the crossover between neighborhood/built environments and social/community contexts as they pertain to social determinants?

- A. There is no crossover between built environments and social/community contexts
 - B. Built environments are the physical spaces people can go to engage with others; social and community contexts are more related to how and who they engage with in those spaces
 - C. Built environments and social/community contexts are both in someone's immediate geographic area
 - D. Built environments are spaces that someone has created for themselves, and social/community contexts are more preferential spaces within those built environments
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2. Out of the five main objectives from Healthy People 2030, where do working conditions fall and why?

- A. Neighborhood/built environment; working conditions refer to the physical space where someone works, so it is considered a built environment
 - B. Education access and quality; if someone has access to quality education, they will automatically have good working conditions so this falls under education access
 - C. Economic stability; safe, appropriate working conditions are part of someone's job stability and, therefore, economic stability
 - D. Social and community context; someone's place of work is part of their local community, so working conditions fall under community wellness
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3. From a moral standpoint, why is it an OT's duty to address social determinants of health in their patients?

- A. Addressing social determinants helps someone engage in opportunities in the present and in the future, so SDOH interventions are in alignment with the true intention of healthcare
 - B. By addressing social determinants in their patients, OTs begin the ripple effect that allows their patients to help others who experience negative effects from social determinants
 - C. OTs would feel guilty about providing sub-standard care if they neglect to identify and address social determinants
 - D. Social determinants help with healthcare reform, which is within OT's scope of practice
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4. There are various frameworks OTs can use to address social determinants. What is the main way the Canadian Model of Occupational Performance (CMOP) and the Model of Human Occupation (MOHO) differ in their view of social determinants?

- A. CMOP uses a similar approach to systems theory in order to look at the interrelated nature of all societal factors; MOHO's main concepts are social justice, the environment, and

enablement

B. CMOP involves building someone's identity, having them act as their true self, and defining/redefining their values based on transformation over time, which all plays into the opportunities someone has in life; MOHO places a strong emphasis on community efforts

C. Social justice, the environment, and enablement are all central concepts in CMOP; MOHO uses an approach similar to systems theory in order to look at the interrelated nature of all societal factors

D. By weighing the potential impact of addressing SDOH along with labor intensity to encourage change, CMOP offers a guide for social determinants; MOHO focuses on service learning as a way to address determinants in the community

5. Which of the following traditional OT frameworks is NOT commonly used to structure SDOH treatment?

A. Sensory Integration Theory

B. Model of Human Occupation

C. The Occupational Adaptation Model

D. Ecology of Human Performance

6. Which of the following is an appropriate example of occupational therapy action that influences social determinants?

A. A therapist asking their director of rehab to assign one of their patients to a different therapist since she feels she cannot offer her the best treatment

B. Developing a program in a skilled nursing facility that not only allows patients to receive help from multiple disciplines at one time, but also helps them form a safe discharge plan

C. Writing detailed documentation for a patient who is need of equipment approval from their insurance company

D. Teaching a child who has cerebral palsy to use adaptive equipment while also instructing his parents with the help of a translator

7. Which of the following Healthy People 2030 objectives is not associated with a higher risk of obesity?

A. Poor neighborhood access and built environments

B. Lack of economic stability

C. Lack of access to quality education

D. Poor social and community contexts

8. What does much of the nursing research on social determinants mention?

A. Nursing research advocates for nursing professionals being involved in the design, creation, and implementation of SDOH initiatives, while also including more SDOH education in nursing programs to best get to professionals before they enter the field

- B. Nursing research mentions that SDOH are adequately addressed in nursing school curricula and that most of the disconnect is that professionals do not carry it over to practice nor do organizations stress the importance of addressing SDOH in the field
 - C. Nursing research does not mention social determinants of health, and there are major gaps in the literature regarding this topic
 - D. Nursing professionals cite using a Population Health Framework is one of the best ways to address social determinants effectively
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9. According to physical therapy research, what framework is most ideal to use when addressing social determinants due to its focus on PT roles outside of direct services?

- A. Biopsychosocial Model
 - B. Systems Theory
 - C. Population-Based Practice (PBP) Framework
 - D. Model of Human Occupation (MOHO)
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10. Are therapists who provide direct services better equipped to address downstream or upstream factors that impact social determinants, and why?

- A. Upstream factors are more within a therapist's scope of practice when providing direct services because they are structural and any therapist can address these simply by modifying the type of treatment they provide
 - B. Downstream factors are more within a therapist's scope of practice when providing direct services because these factors consist of a patient's immediate health needs (e.g. access to housing, food, medical care, education, etc.)
 - C. Upstream factors are more often addressed through direct services because they are intermediary and material, rather than based on policy
 - D. Downstream factors are more often addressed through direct therapy services because related interventions are more affordable
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11. What is the connection between adverse childhood events and social determinants of health?

- A. Adverse childhood events place individuals at a greater risk of mental health concerns, physical health conditions, and substance use disorders during adulthood, as do many social determinants of health
 - B. Adverse childhood events are not connected to social determinants of health
 - C. Adverse childhood events are another way of naming social determinants of health that only impact children
 - D. Adverse childhood events may turn into social determinants of health as a child ages
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12. A 71-year-old woman begins receiving care at a SNF after sustaining a traumatic brain injury secondary to a fall down the stairs in her home. She is expected to not return to her previous level of function by discharge, and will be moving in with her daughter-in-law and son who live in a very rural area several hours from where she currently lives. They are far from grocery stores and

the nearest town, but they grow the majority of their food on their property. What social determinant should be addressed first before this patient leaves the SNF?

- A. The treatment team should have the family complete family therapy together to ensure their living arrangement will be harmonious
 - B. The treatment team should ensure the patient is able to verbalize her needs before leaving the nursing facility
 - C. The treatment team should ensure she can get to a grocery store and cook independently before discharge
 - D. The treatment team should ensure the patient is able to access medical care from her new discharge location (either through accessible transportation in-person or virtually with a stable internet connection)
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13. Which of the following is NOT an example of OT advocacy related to social determinants?

- A. A therapist speaking with her director of rehab to get help putting together a community resources pamphlet for patients in their facility who are low-income
 - B. A therapist asking for a certain patient to be moved to a different wing since he is not progressing well in therapy
 - C. Discussing a patient's medical needs and financial situation with their insurer to assist with the approval process for durable medical equipment
 - D. An OT attends a capitol hill day with other therapists to express the need for better healthcare programming in their state
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14. A therapist working in early intervention wants to develop programming to address some of the needs she is seeing in local families she works with. What is NOT an example of a socially-inclusive program for an early intervention population?

- A. Support group for parents of color who have a child with a disability
 - B. Training immigrant parents of newborns with disabilities how to functionally position their child
 - C. Handing out books about parenting for children with disabilities
 - D. Cooking instruction for low-income parents of young children who are overly selective eaters that focuses on affordable meals and snacks
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15. Which of the following SDOH screening tools was designed specifically for veterans?

- A. Medical-Legal Partnership Screening Guide
 - B. Assessing Circumstances & Offering Resources for Needs (ACORN)
 - C. Arlington Screening Tool
 - D. The PRAPARE Screening Tool
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16. When screening a patient for social determinants, what are the best tools for a therapist to use?

- A. Occupational profile, SDOH screening, standardized assessments

- B. Just the occupational profile
 - C. Occupational profile and SDOH screenings
 - D. Standardized assessments
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17. A therapist working in an elementary school wants to put together backpacks for her students to take home at the end of the school year. The backpacks will contain tools, materials, and worksheets the kids and their parents can use to further enhance their development over the summer. These are especially recommended for children of single parents, those who are low income, and those with multiple siblings. What type of SDOH intervention is this considered?

- A. Program development
 - B. SDOH screening
 - C. Occupational therapy action
 - D. Direct services
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18. How does SDOH screening differ from standardized OT assessments?

- A. In some cases, SDOH screening is the only part of the OT evaluation whereas standardized OT assessments can never stand alone
 - B. SDOH screening most often is incorporated into the occupational profile, but it rarely takes the place of standardized assessments, as most traditional practice settings require those assessments to measure outcomes and reimburse for services
 - C. SDOH screening takes the place of standardized OT assessments, as there are times when that is more important
 - D. SDOH screening is the same as standardized OT assessments
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19. A therapist who is also enrolled in an OTD program wants to perform her capstone project on marginalized populations within her local community. She wants to develop a program to address preventive health efforts for these populations. What is the first step she should take in order to develop this program?

- A. Ask patients what they want out of the project
 - B. Conduct a needs assessment
 - C. Place the patients into various groups
 - D. Partner with a local hospital for the project
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20. Is it possible for a therapist to develop and use the same program on multiple populations?

- A. Yes, as long as each population's needs are taken into consideration and the needs assessment reflects very closely aligned priorities
 - B. Yes, as long as the therapist asks for consent from each group
 - C. No, this is considered a form of plagiarism
 - D. No, there will never be two groups that have identical health and social needs
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