OT Mastery

Social Determinants of Health

1. Which of the following is listed under the Healthy People 2030 Neighborhood and Built Environment objective, rather than under Social and Community Context?

A. Community engagement
B. Playgrounds and parks
C. Social integration
D. Racism and discrimination

---

2. Working conditions are listed under which Healthy People 2030 objective?

A. Neighborhood and Built Environment
B. Education Access and Quality
C. Economic Stability
D. Social and Community Context

---

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

---

4. Which statement accurately describes how the Canadian Model of Occupational Performance (CMOP) and the Model of Human Occupation (MOHO) relate to social determinants of health?

A. CMOP uses an approach similar to systems theory to look at the interrelated nature of all societal factors; MOHO's central concepts are social justice, the environment, and enablement
B. CMOP focuses on building identity, acting as one's true self, and redefining values over time; MOHO places a strong emphasis on community efforts
C. CMOP's central concepts are social justice, the environment, and enablement; MOHO uses an approach similar to systems theory to look at the interrelated nature of all societal factors
D. CMOP weighs the potential impact of addressing SDOH against labor intensity; MOHO focuses on service learning as a way to address determinants in the community

---

5. Which foundational OT framework holds that a contextual lens, combined with a person's strengths and skills, produces a "performance range"?

A. Ecology of Human Performance
B. Sensory Integration Theory
C. Model of Human Occupation
D. Occupational Adaptation Model

---

6. OT interventions for SDOH fall into four categories: occupational therapy action, advocacy, program development, and screening. Which of the following is an example of occupational therapy action specifically?

A. A therapist asking her director of rehab to assign one of her patients to a different therapist
B. A therapist asking a patient about their culture, researching common practices within that culture, and adjusting care accordingly
C. A therapist calling a patient's insurance company to find out why recommended durable medical equipment was denied
D. A therapist conducting a needs assessment to design a new program for residents of a skilled nursing facility

---

7. In the list of negative health outcomes for each SDOH category, which category does NOT list obesity as a potential outcome?

A. Neighborhood and Built Environment
B. Economic Stability
C. Education Access and Quality
D. Social and Community Context

---

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

---

9. According to physical therapy research by Giuffre et al. (2019), which framework helps PTs understand the various levels and types of intervention, including screening, referrals, outreach, consultation, policy development, and advocacy?

A. Biopsychosocial Model
B. Systems Theory
C. Population-Based Practice (PBP) Framework
D. Model of Human Occupation (MOHO)

---

10. Which of the following is an example of an intermediary determinant of health, rather than a structural determinant?

A. Legislative processes that affect employment
B. Access to medical care
C. Economic policies that affect housing and education
D. Political mechanisms that create inequalities between classes

---

11. What is the connection between adverse childhood experiences (ACEs) and social determinants of health?

A. ACEs are one of the most significant forms that SDOH can take in children, and they are associated with substance use disorders, mental health concerns, and physical health problems in adulthood
B. ACEs are not connected to social determinants of health
C. ACEs affect health only during childhood and have no effect on health in adulthood
D. ACEs are a type of standardized assessment used in place of SDOH screening

---

12. A 71-year-old woman is receiving care at a SNF after a traumatic brain injury from a fall down the stairs at home. She is not expected to return to her previous level of function. At discharge she will move in with her son and daughter-in-law, who live in a very rural area several hours away, far from grocery stores and the nearest town. They grow most of their own food. Based on this information, which social determinant is most important for the team to address before discharge?

A. Having the family complete family therapy together to ensure the living arrangement will be harmonious
B. Having the patient practice verbalizing her daily routine before leaving the facility
C. Ensuring she can get to a grocery store and cook independently
D. Ensuring she can access medical care from her new home, either through accessible transportation to in-person visits or virtually with a stable internet connection

---

13. Which of the following is NOT an example of OT advocacy related to social determinants?

A. A therapist working with leadership at her large healthcare system to change a standard operating procedure so all patients are screened for transportation barriers
B. A therapist asking for a patient to be moved to a different wing because he is not progressing well in therapy
C. A therapist discussing a patient's medical needs and financial situation with their insurer to help with durable medical equipment approval

D. An OT attending a Capitol Hill day with other therapists to express the need for better healthcare programming in their state

---

14. A therapist working in early intervention wants to model a new program on the Developmental Enhancement, Monitoring, and Screening (DEMS) program. Which of the following was one of the DEMS program's aims?

A. Providing free transportation for families to specialty clinics
B. Replacing school-based services for children with developmental delays
C. Training parents in strategies for in-home monitoring and maintenance of developmental concerns
D. Distributing parenting books to families of newborns

---

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

---

16. Which statement about how OTs can screen for SDOH is accurate?

A. OTs can use formal SDOH screening tools, or screening can happen more naturally while they build the occupational profile
B. SDOH screening only counts if a formal screening tool is used; information from the occupational profile cannot be used
C. SDOH screening must be completed by a social worker before an OT can address SDOH
D. SDOH screening can only take place in outpatient clinics

---

17. An OT partners with a local homeless shelter to screen residents for social determinants using the PRAPARE tool. The residents are not receiving OT services. Which type of SDOH intervention is this?

A. Program development
B. Micro-level advocacy
C. Screening efforts
D. Direct services

---

18. According to the course material, how do SDOH screening efforts relate to direct OT services?

A. Screening can only be completed after the full OT evaluation is finished
B. Screening is often seen as a step before an OT evaluation, but it can also take place without any direct services
C. Screening replaces the OT evaluation in all practice settings
D. Screening is the same as a standardized OT assessment

---

19. A therapist in an OTD program wants her capstone project to be a program for preventive health efforts with marginalized populations in her local community. What is the first step she should take to develop this program?

A. Recruit participants and begin running program sessions
B. Conduct a needs assessment
C. Place the patients into various groups
D. Partner with a local hospital for the project

---

20. Can a therapist use the same program with more than one population?

A. Yes, but only if separate needs assessments show the populations have closely related needs, and the program is modified to stay person-centered for each population
B. Yes, as long as the therapist asks for consent from each group
C. No, this is considered a form of plagiarism
D. No, the same program framework can never be used with more than one population

---

Copyright © 2026 OT Mastery

Visit us at https://www.otmastery.com