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A Guide for Occupational Therapy Partnership Experiences in Mexico

Kazumi S. Bowman

A doctoral project submitted in partial fulfillment of the requirements for

the degree of Doctor of Occupational Therapy,

St. Catherine University, St. Paul, Minnesota

December 21, 2016

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**St. Catherine University
Doctor of Occupational Therapy**

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A Guide for Occupational Therapy Partnership Experiences in Mexico

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Abstract

As occupational therapists around the world engage in global partnership activities focused on knowledge exchange to support and grow the profession, new awareness of how health professionals should engage in global health projects is emerging. Despite these trends, there are no comprehensive guidelines that help prepare occupational therapists who visit Mexico for global health projects. This paper will present the process used to develop a document inclusive of important concepts in partnership development unique to the Mexican context to prepare OT visitors for practice, volunteerism, and education. The document was developed using the Knowledge Translation (KT) framework and is based on current evidence, grey literature, and stakeholder interviews. Nine American occupational therapists evaluated the utility of the document. Results indicate that the document is a practical tool that would adequately prepare occupational therapists to prepare for partnership activities in Mexico. Development of similar guidelines for other countries using the steps described in this project is recommended to ensure thoughtful approaches to global partnerships with the goals of supporting local communities as well as promoting the occupational therapy professionalization process in host countries.

Keywords: global partnerships, guidelines, cultural humility, critical reflexivity, knowledge translation, professionalization, Mexico

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A Guide for Occupational Therapy Partnership Experiences in Mexico

Occupational therapists have a history of having engaged in global partnership activities focusing on knowledge exchanges as part of the professionalization process, and often participate in cross-border exchanges, such as inviting therapists from the Global North to the Global South for educational courses or service programs. Such global partnerships are particularly valuable to increase the clinical skills of therapists and improve local programs in the Global South; however, occupational therapy (OT) scholars have not extensively explored host countries' perceptions about these visits by foreign occupational therapists and the extent in which they promote the growth of the OT profession in the Global South (Suarez-Balcazar, Witchger Hansen, & Muñoz, 2015). Approaches to global partnerships are changing now, and occupational therapists have started to question the way they engage in global health experiences (Suarez-Balcazar et al., 2015). There is an increasing awareness that services provided without adequate consideration to host's contextual factors could potentially be harmful to host countries (Elliot, 2015), and may be unhelpful for both clients and the growth of the OT profession in host countries.

The doctoral project experience provided opportunities to learn about Mexican occupational therapists' struggles in establishing their professional status, and the difficult environment in which they practice. The valuable insights about Mexico and

Mexican OT practice from the projects include (a) different beliefs about health and disabilities by Mexican people, (b) factors enabling and hindering for the growth of OT in Mexico, and (c) views of OT professional roles perceived by Mexican occupational therapists and their desire for increased recognition in the society (Bowman, 2014a; Bowman, 2014b; Bowman, 2015). One factor that contributed to the learning was support from the occupational therapists in Mexico who served as cultural brokers. A cultural broker is a person who interprets the cultural meanings to facilitate the partnership activities in global partnership projects (Leffers & Mitchell, 2010; Nastasi & Jayasena, 2014), and they played an essential role throughout the previous doctoral projects.

Similar to other countries, Mexican occupational therapists have engaged in numerous global partnership projects in the past as part of their professionalization process. Many visits by foreign occupational therapists have had a positive impact on the growth of OT in Mexico; however, these visits inadvertently had undesirable consequences in some cases. Dr. María Cristina Bolaños, who helped this author with previous projects as a mentor, first shared her concern that the efforts by some of the foreign occupational therapists had not always contributed to the growth of the OT profession in Mexico, especially when these programs were limited to providing services to local communities, without strong emphasis on understanding local contexts and their impact on larger issues, such as overall growth of the OT profession (M. C. H. Bolaños, personal communication, n.d.). The information about these unexpected issues associated with foreign occupational therapists, and the knowledge gained from previous doctoral coursework led to the final project, the development of the guiding document for foreign

occupational therapists who visit Mexico with the intent to contribute to occupational therapy practice.

Occupational therapists who visited Mexico undoubtedly had good intentions to support both the community in need and Mexican occupational therapists. Assuming the worst of the motivations and intentions of visitors is counterproductive as a majority of them are driven by their desire to help (Glew, 2008). Similarly, developing the document or tool with the negative attitudes, such as second-guessing the intentions of their visits or hinting their inadequacy about the way visitors currently engage in partnership activities in Mexico, would not set the tone necessary for constructive changes among visitors. Additionally, proposing the discussion on sensitive issues, such as ethical concerns in global partnership activities, could be intimidating for some practitioners. Therefore, the basic ground for this project is to provide the information and strategies that enhance their approaches to global partnerships in an encouraging approach without overwhelming them.

Guidelines to educate foreign occupational therapists who visit Mexico are not currently available. The goals of this document are to (a) serve as a comprehensive tool not only for the visitors, but also for Mexican occupational therapists who receive foreign visitors, (b) facilitate meaningful partnerships building by introducing the new trends in global partnerships and the concepts important in partnership process, including cultural humility with reflexivity, (c) contribute to the new body of knowledge about global partnerships that benefits the OT global community, and (d) challenge the status quo to bring the visitors' attention from the simple act of volunteerism to address local problems in the Global South to the importance of multi-level cooperation for sustainable changes,

such as the growth of the profession. The objectives of this project were to develop a document by (a) reflecting stakeholders' opinions about global partnerships by understanding their expectations, perspectives, and needs (b) incorporating the practical information focusing on culture and contextual data about Mexico and Mexican OT practice, (c) conducting a pilot test by relevant OT stakeholders to evaluate the appropriateness of the content, (d) formatting and designing the document to reach broad audiences for dissemination, (e) reviewing the content by the stakeholders who have extensive knowledge about Mexico and Mexican OT practice, and (f) disseminating the guiding document.

Promoting the growth of the OT profession across the international boarder is one of the Centennial Vision of American Occupational Therapy Associations (AOTA; AOTA, 2006). To achieve the greater goal of the internationalization of the profession, occupational therapists need to engage in partnerships through a thoughtful approach that brings their attention to broader issues, and become aware of the fact that their involvement not only influences local problems, but also have larger sociopolitical significance. As occupational therapists continuously engage in international activities to aid other countries, collegial conversations about the best global partnership practices are needed more than ever, and promotion of a new approach to global partnerships would have critical implications for the future growth and professionalization process of OT as the global community.

Literature Review

Global partnerships focusing on knowledge exchanges have special importance for the OT profession as such exchanges contribute to the growth of the profession and the development of the body of knowledge. The critical awareness of the importance of global partnerships is now emerging in both the OT field and other health care disciplines, and a more humanitarian approach to global partnership development is recently gaining more attention. Within these premises, the idea of doing the right thing for the host country is emphasized; however, pragmatic global partnership resources that adequately prepare practitioners for global health experiences are scarce. This section will illustrate the clear needs for such a document by exploring the current literature related global partnerships and cultural humility with critical reflexivity, and examining the knowledge translation framework to develop the content of the document.

Occupational therapists in various countries have struggled to establish their professional status throughout history. This is a universal problem for the profession whether a country is considered the Global North or the Global South. Occupational therapists have struggled with limited perceptions and recognitions by the public and other medical professionals (Abu Tariah, Hamed, AlHeresh, Abu-Dahab, & AL-Oraibi, 2011; Sachs & Jarus, 1994; Taff & Hoyt, 2012), insufficient academic standards and curriculum of OT schools set by non-occupational therapists (Joubert, 2010), lack of

regulations and standards necessary to regulate the profession (Abu Tariah et al., 2011; Taff & Hoyt, 2012), and conflicts to protect their autonomy and jurisdictions from other disciplines (Colman, 1992).

The important role of contexts in the professionalization process explains some of the historical challenges occupational therapists experienced. Professionalization is defined as a dynamic process profoundly influenced by society; the ways in which the public views the profession and the methods in how the profession is regulated determine whether a group of workers could attain its professional status (Abbott, 1991; Adams, 2010; Cooper, 2012). This concept signifies the importance of understanding sociopolitical and cultural aspects of a society in an attempt to establish its professional status. In addition to the contextual influence on the professionalization process, development of the body of knowledge is considered equally important for the growth of a profession. The literature supported that the development of knowledge is necessary when establishing a profession (Gillette & Kielhofner, 1979), and the unique body of knowledge would help establish professional jurisdictions (Abbott, 199; Wilensky, 1964) and possibly facilitate professional autonomy.

Development of knowledge has been one of the priorities for occupational therapists since the inception of the profession. Historical documents confirm that occupational therapists have participated in global partnership activities through knowledge exchanges, which have contributed to the growth of the profession in numerous countries from Mexico to South Africa (Cromwell, 1977; Joubert, 2010). The recent trend, however, is that occupational therapists in the Global North commonly visit the Global South, where there is no well-established OT or when it is at an earlier stage

of professional development. The goals of these visits are to share clinical skills and knowledge with local health care professionals, and provide therapeutic services to those who are marginalized and have otherwise no access to rehabilitation services through service learning courses or volunteer projects. (Gallagher, Broderick, & Tynan, 2008; Morgan & Kinnealey, 2005; Taff & Hoyt, 2012).

Promotion of global connections has also been a critical agenda item for both World Federation of Occupational Therapists (WFOT) and AOTA (AOTA, 2006; WFOT, 2011). OT leaders around the world have shared their opinions and perspectives about the need to develop the global OT community, focusing on such activities as promotion of shared knowledge and globalization of OT evidence (Ilott, Taylor, & Bolanos 2006; Sau, 2013), knowledge exchange through international conferences (Higman, 2008), and internationalization of the profession through collaborative partnerships (O'Shea, 1997). The information suggests that global partnerships focusing on knowledge exchanges play a central role in promoting the growth of the OT profession within a global community.

Despite the interests in internationalization and continued engagement in global partnerships, AOTA and WFOT, two influential organizations promoting global connections, currently do not have any significant official guidelines that orient visiting occupational therapists about how to develop meaningful collaborative partnerships. AOTA currently does not offer any substantial guidance for international practice other than recommendations for international fieldwork and cultural competence of practitioners in a client-therapist relationship in a domestic setting (AOTA, 2016). WFOT provides some useful documentations, such as a guideline for working internationally

(WFOT, 2015), and discuss important issues such as professionalism and recruitment in international practice (WFOT, 2008; WFOT, n.d.). These documents may introduce some of the concepts integral for partnership development focusing on knowledge exchanges; however, the information is so broad and general that it may be difficult for occupational therapists to apply these recommendations to their visits and to understand the unique characteristics of host countries.

Some resources and guidelines that help prepare visitors for global partnership experiences are currently available; gaining comprehensive understanding about the country and the state of the Mexican OT profession, however, is not an easy task. Some resources only describe or recommend the types of information to be obtained and reviewed prior to visits (e.g., raising awareness about the importance of understanding hosts' history and culture) without providing the practical data of specific countries (Popplow, Sward, & Klinger, 2010; Rana, 2014). Other types of general guidelines focus on procedural aspects of the visit, such as personal safety and working visa requirements, while important concepts, including cultural diversity, are addressed as only a small component of the visit (Anderson & Bocking, 2008; Gillon, Barker, & Boggs, 2014; WFOT, 2015). Country-specific resources, providing practical sociopolitical and historical information relevant to health concerns in Mexico, are available (Krasnoff, 2013; Vela, 2011), but lack critical connections to OT practice. This fragmented information requires visitors to search for the information elsewhere, and make the search efforts impractical and unappealing when visitors are already overwhelmed with the amount of logistical preparation for their visits. Medical students who engage in global health experiences may be most prepared because of the organized pre-departure support

they receive from their university-based programs; however, seeking out information confidently and adequately is not easy for even these students (Rana, 2014). The situation is similar for occupational therapists, as information about successful engagement in global OT projects is not readily available (Popplow et al., 2010).

In addition to a lack of adequate comprehensive guidelines for global health experiences, the literature review also revealed that OT has limited published research in the areas focusing on global partnership development. The primary focus of most current research is international fieldwork experience and service learning (Humbert, Burket, Deveney, & Kennedy, 2012; Suarez-Balcazar, Hammel, Mayo, Inwald, & Sen, 2013). Other areas of research included the need to adapt the Western perspectives to the host culture through culturally competent and sensitive approaches within the clinical practice in the Global South (Al Busaidy & Borthwick, 2012; Scheidegger, Lovelock, & Kinebanian, 2010). These studies are invaluable for occupational therapists to become aware of international practice and cultural diversity issues; however, the articles focus primarily on student learning, outcomes of service projects, or promotion of culturally sensitive approaches. They neither addressed how visitors should engage in global partnerships nor how their contributions led to larger changes in host countries.

The literature review suggested a growing awareness of how health care professionals should engage in global partnerships. The support incompatible with local needs and situations does not yield successful outcomes or may even be potentially harmful in global health projects despite visitors' having good intentions to do good (Elliot, 2015; Welling, Ryan, Burris, & Rich, 2010) and these services, especially short-term projects, are negatively viewed as medical tourism that does not benefit hosts

(Suchdev et al., 2007). While host countries appreciate the opportunities for collaborative projects, skill acquisition, and improvement in training experiences, they are also voicing concerns about poorly implemented visits (Elobu et al., 2014; Kraeker & Chandler, 2013). Host countries characterized some of the visitors' services as offensive and ineffective when the services were provided without adequate understanding about the host's culture and contextual factors (Kraeker & Chandler, 2013), and they did not necessarily value all supports and projects offered by visitors (Elobu et al., 2014). These studies imply that the concepts of global partnerships are departing from their one-sided focus with the intention to do good by doing the right thing for the host countries.

Another change among the global partnership literature is its focus on the process of the global partnership (Beran et al., 2016). The literature traditionally has focused on procedural aspects of the projects and outcomes of the partnerships (Beran et al., 2016; Larkan, Uduma, Lawal, & van Bavel, 2016), which often appear as accomplishment lists or task lists because this type of literature less frequently explores how visits benefited hosts or were perceived by host countries. Consequently, the need to focus on the process of partnership development is now being promoted instead of partnership outcomes. Some of the recent global partnership models also identify relational factors as core constructs in the process of global partnership development, emphasizing such factors as the importance of enabling personal attitudes and relation building at a personal level, including friendships (Beran et al., 2016; Leffers & Mitchell, 2010; McKinnon & Fealy, 2011; Pechak & Thompson, 2009).

This movement, the interest in doing the right thing for hosts and framing global health projects beyond technical exchanges and project outcomes, may be related to

another change: a global partnership approach focusing on more humanitarian considerations. Recent years have seen an increased number of new global partnership models and ethical codes that encourage ethically, culturally, and contextually appropriate services (Crump et al., 2010; Larkan et al., 2016; Leffers & Mitchell, 2010; McKinnon & Fealy, 2011; Pechak & Thompson, 2009; Suchdev et al., 2007). The similar awareness is identified among occupational therapists, and the OT literature emphasizes more humanitarian aspects of partnerships; a development of a sense of respect and reciprocal learning, underlined with humble approaches to global partnerships (Suarez-Balcazar et al., 2013; Witchger Hansen, 2015), and humility and sensitive attitudes to cultural diversity, as the critical factor facilitating the partnership process (Tupe, Kern, Salvant, & Talero, 2015; Witchger Hansen, 2015).

The promotion of the professionalization process, which is not often discussed in the literature, also has a vital importance for host countries, and understanding its significance may greatly change the way visitors engage in partnership activities. The professionalization process is a social process which requires multi-level activities among local, state, and national levels; an effort at one level influences other levels, and constant feedback among them would contribute to the promotion of a profession (Abbott, 1991). In the Global South where a health profession is still at its earlier stage of the development or its status is not well-protected, these multi-level activities become even more important to support and facilitate the growth of the profession. One study provided that the research activities focusing on networking with different actors in the host countries resulted in more meaningful and multilevel changes (Elmusharaf et al., 2016).

Promotion of the professional growth has additional importance for the Global South. The workforce development has the potential to improve the health of people and strengthen their health systems (World Health Organization [WHO], 2006). This is ultimately the most important outcome in global health projects, and requires visitors to evaluate their effectiveness beyond the local projects for sustainability. The literature challenges the conventional approach to global partnerships, in which the visitors' attention is placed primarily on supporting local communities and their health workers through skill exchanges. It also suggests that visitors deliberately seek the ways to link their efforts with other actors in multiple agencies for OT professionalization and improved health of the public in host countries.

Global partnerships are complex, and being acquainted with broad knowledge about the host is required before visitors travel to host countries (Rana, 2014). The knowledge includes but is not limited to culture, sociopolitical and economic factors, language, ideas of health, development of the OT profession, and the needs of specific community in the host country (Kraeker & Chandler, 2013; Leffers & Mitchell, 2010; Suarez-Balcazar et al., 2013; Tupe et al., 2015; Witchger Hansen, 2015). Because health is influenced not only by medical conditions, but also by specific contexts of each country, obtaining comprehensive knowledge about the host has critical importance. For example, in the country where a health discipline does not receive sufficient national attentions, the discipline struggles to grow in terms of increasing its services and number of practitioners, and cannot effectively advocate for the need to expand its services with the public or the policy-makers (Dare et al., 2016). When visiting these countries, the knowledge about the host would help visitors align their services to national policies, so

that their efforts may likely result in successful or sustainable outcomes. Additionally, such knowledge would also be essential when establishing services relevant and meaningful for host countries (Kraeker & Chandler, 2013). These studies suggest that the knowledge about host countries is a critical factor influencing various aspects of partnership projects, including effectiveness of their services.

Another significant idea in the process of global partnerships is mutuality. The literature described mutuality as reciprocity, collaboration, and/or sharing power, entailing from working relationships to learning experiences (Leffers & Mitchell, 2010; Pechack & Thompson, 2009; Suarez-Balcazar et al., 2013; Witchger Hansen, 2015). Having the sense of mutuality is important because it brings visitors' attention to establishing such important perspectives as ensuring equality, and interests or benefit of hosts (Tupe et al., 2015; Witchger Hansen, 2015). Mutual relationships cannot be established without good communication building (Witchger Hansen, 2015), which serves as a tool indispensable in relationship, and is often characterized as honest, open, and transparent (Larkan et al., 2016; Witchger Hansen, 2015). Mutuality also closely relates to the development of sense of trust and respect, which are gradually developed in the partnership process (Beran et al., 2016; Witchger Hansen, 2015), and the sense of trust is considered one of the important factors that enable the development of effective global partnerships (Leffers & Mitchell, 2010). Development of trust and respect is not the final goal; however, it is something that needs to continue to be nurtured and cultivated as partnerships grow (Tupe et al., 2015; Witchger Hansen, 2015). Global partnerships generally require development of long-term relationships and commitment to ensure sustainable outcomes (Pechack & Thompson, 2009), indicating that the sense of

mutuality is likely to be developed in long-term relationships. Engaging with hosts by embracing these ideas described in this section is important because such an action would facilitate the development of the partnerships, which in turn becomes the foundation for successful global health projects.

Most of the literature related to global partnership development discusses the importance of the sensitive and respective approaches to cultural diversity (Elliot, 2015; Kraeker & Chandler, 2013; Leffers & Mitchell, 2010; McKinnon & Fealy, 2011; Suarez-Balcazar et al., 2013; Tupe et al., 2015; Witchger Hansen, 2015). Cultural humility with critical reflexivity may be one of the crucial approaches for global partnership development because of its focus on one's desired to learn about others with different cultural backgrounds and power relations. The literature defined that it encourages practitioners to become aware of the danger of stereotyping people with culturally different backgrounds and raises awareness about the power relations influenced by the broader contextual factors (Beagan, 2015; Chang, Simon, & Dong, 2012; Tervalon & Murray- García, 1998). The approach requires a person to have openness and continuously engage in learning about partners with different cultural backgrounds, and its strength is the basic beliefs about culture; culture is fluid, non-static, and intersectional – a person simultaneously can have multiple identities (Beagan, 2015; Loue, 2012) that are socially and culturally ascribed. The goal of cultural humility is different from other approaches to cultural diversity because it is about reaching new understanding and co-creating solutions by respecting partners as experts (Chang et al., 2012; Ortega & Faller, 2011; Tervalon & Murray-Garcia, 1998).

Power relationships are more frequently researched in relationships between client and therapists. However, becoming sensitive to power relationship and privilege is even more critical in global health projects that value mutuality and equality because such power issues are commonly present in global partnerships (Larkan et al., 2016; Hague, Sills, & Thompson, 2015; Tupe et al., 2015). Power influences every aspect of partnership development where people with different cultural backgrounds interact, from the ideological differences, such as Western vs non-Western theories (Hammell, 2013) to financial inequalities, such as funding (Larkan et al., 2016). The reflective aspect of this approach is particularly valuable because it challenges people to have deeper understanding about the way they approach their practice and belief systems in relation to the assumptions influenced by the social structures, power, privilege, and imbalances in a society, and provide the opportunities for self-examination (Kondrat, 1999; Nairn, Chambers, Thompson, McGarry, & Chambers, 2012; Tremblay, Richard, Brousselle, & Beaudet, 2013). The humble approach appears to be valuable in global partnership building that requires partners to develop a new understanding about each culture.

The literature review highlighted the need for a comprehensive guiding document that emphasizes the contemporary concepts of mutually beneficial global partnership development through a culturally sensitive approach. The document also needs to integrate practical contextual data about Mexico because such information is vital when ensuring locally relevant services and contributing to the OT professionalization process in host countries. Careful reviews were conducted to determine the effective method in how the evidence from the current literature should be presented. The literature suggested that the simple transfer of the evidence may not be ideal to encourage integration and

uptake of knowledge among practitioners, and suggested that the evidence is best provided with other forms of knowledge, such as experiential knowledge (Kitson, 2009; Lencucha, Kothari, & Rouse, 2007).

The knowledge translation (KT) framework was developed by the Canadian Institutes of Health Research (CIHR; Sudsawad, 2007), and defined as “a dynamic and iterative process that includes synthesis, dissemination, exchange, and ethically-sound application of knowledge to improve the health (CHIR, 2016, para. 4).” KT was considered the best framework for organization and dissemination of this project because it is used to bridge the gap between research and practice (Fredericks, Martorella, & Catallo, 2015; Lencucha et al., 2007). The new knowledge is built through an interactive development process, such as the contextualization and interpretation of the evidence (Kitson, 2009; Sudsawad, 2007), and the experiential knowledge of stakeholders, who are considered as partners by researchers, is incorporated in the knowledge generation process through surveys, focus groups, and key informant interviews at various stages of the process (Bosch, Tavender, Bragge, Grun, & Green, 2012; Fredericks et al., 2015; O’Brien, Wilkins, Zack, & Solomon, 2011; Rivard, Camden, Pollock, & Missiuna, 2015). The process typically includes (a) identifying problems, (b) summarizing current available evidence, (c) adapting the findings to meet the needs of specific local contexts, (d) selecting the content and format, such as visual and auditory features, and (e) evaluating the content with relevant stakeholders (Levac, Glegg, Camden, Rivard, & Missiuna, 2015; Rivard et al., 2015; Sudsawad, 2007).

KT is used to generate a broad body of knowledge, including clinical guidelines and protocols. The evidence in the conventional clinical guidelines is perceived as rigid

and not permitting alteration (Kitson, 2009); however, KT was successfully used to develop a locally relevant practice recommendation by integrating the current evidence and stakeholder input (Bosch et al., 2012). Another useful characteristic of the KT framework is its versatile platform for dissemination. The evidence suggests it is effective for online dissemination and capable in reaching potential users across international borders (Levac et al., 2015). These characteristics of KT, development of user-friendly knowledge, exploration of the experiential knowledge of multiple stakeholders, and capability in reaching broader audience, were considered critical in ensuring effective development and dissemination of the new knowledge for this project.

Approach

The sequence of the document development for this project, which modeled knowledge framework (KT), included (a) reviewing the current literature related to global partnerships, cultural humility, and critical reflexivity, (b) identifying the common topics among existing guidelines for global health projects, (c) developing the main content by contextualizing the current evidence using stakeholder interviews, (d) formatting and designing the content based on stakeholder preferences and the existing online KT modules, and (e) conducting a pilot test on the document by relevant stakeholders (Appendix A). One of the unique features of the KT framework is its nonlinear process (Sudsawad, 2007). All steps for this project was conducted concurrently, and the knowledge obtained from each step guided and influenced iteratively to create the content. The university's Institutional Review Board at St. Catherine University approved the project (Appendix B).

Step 1: Identifying the Current Literature

The literature related to global partnerships, cultural humility, and critical reflexivity was searched through CINAHL, PubMed, and PsychINFO. The evaluation of evidence in the KT process generally requires rigorous literature review strategies, such as systematic review (Bosch et al., 2013; Fredericks et al., 2015; Levac et al., 2015), and organized search was conducted to identify the best available literature under these three topics. The literature review proved a difficult process because the areas of interests were

relatively new, and research articles with a high level of the evidence were not abundant. For example, nearly half of the global partnership literature was qualitative studies, involving interviews, focus groups and case studies, while other articles were opinion pieces, such as editorial or commentary. Despite difficulties, (a) 19 articles for global partnerships, (b) eight for cultural humility, and (c) three articles for reflexivity were identified to develop the content.

Step 2: Development of the Preliminary Topics

Several online guidelines that help visitors prepare for global projects were analyzed to identify common topics. The websites of OT associations from a number of countries were searched, including Australia, Canada, Denmark, India, Israel, New Zealand, South Africa, Sweden, United Kingdom, and the U.S. These countries were chosen because they were the founding members of WFOT, attended the 1952 Preparatory Commission (WFOT, 2016), and were assumed to be in the later stage in the OT professional development and/or have interests in the internationalization of the profession. Of the 10 websites, three websites were either not available or did not provide information in English. Of the seven, only two associations provided guidelines or information relevant to international practice for non-association members. The websites of five international nongovernmental organizations (NGOs), the United Nations, WHO, the Pan American Health Organization, World Bank, and Peace Corps, were reviewed whether they offered any guidelines for global partnership and/or preparation for global health experiences in Mexico. Only two documents were readily identified as possibly relevant. Locating particular information through these websites was generally difficult because they tend to have a tremendous amount of information on various topics. Using

the online search engine, Google, two additional resources, book chapters, were identified as relevant. Some resources were available online; however, it was difficult to determine their credibility because they often did not cite references. At the end of the guideline search, seven resources were chosen to establish preliminary topics for the document (Appendix C).

Step 3: Development of the Content

Each chapter of the guiding document was developed by different types of evidence. The interview data, involving Mexican occupational therapists and health care professionals, and foreign occupational therapists, was used in different chapters of the document.

Interview guide development. A stakeholder interview was considered one of the important steps of this project because KT requires to incorporate experiential knowledge of stakeholders (Kitson, 2009; Lencucha, Kothari, & Rouse, 2007) and OT research on global partnership development is a relatively new area, which benefits from stakeholder input. An interview approach is commonly used when attempting to understand new phenomenon (Gill, Stewart, Treasure, & Chadwick, 2008), and key informant interviews were considered most suitable for this project because they are used when identifying vital knowledge and information specific to the particular community (UCLA Center for Health Policy Research, n.d.).

Two interview guides, in which questions were mostly mirroring each other, were designed for the groups of Mexican participants (both in English and Spanish) and foreign occupational therapists. Each guide was composed of four sections, and approximately 20 questions were developed to understand (a) the demographic

information; (b) participants' perceptions and experiences about global partnerships; (c) their recommendations for design, format, and distribution methods of the document; and (d) their willingness to participate as a content reviewer (Appendix D). The second section related to global partnerships, the critical component for this project, was formulated based on the OT literature, and focused on such important concepts as mutual learning and cultural diversity (Humbert, Burket, Deveney, & Kennedy, 2011; Suarez-Balcazar, et al., 2013; Witchger Hansen, 2015).

Pilot. Prior to the main interviews, a pilot test was conducted. Two participants, one Mexican occupational therapist and one foreign occupational therapist from the Global North, participated in the pilot with the goal of evaluating the quality of the interview questions. The pilot criteria for a foreign occupational therapist were a person who had experience in working in Mexico and insights about Mexican OT practice. Those for a Mexican occupational therapist were a person who engaged in international OT activities, and is/was affiliated with national OT organizations. The pilot results indicated that interview questions were designed adequately to obtain the necessary data for the document development.

Main interview. For the main interview, the inclusion criteria for the Mexican group were occupational therapists or health care professionals/administrators who previously organized foreign occupational therapists' visits or courses in Mexico. Participants were divided into three subgroups as (a) directors or coordinators of higher education institutions, (b) directors of NGOs or health institutions, and (c) members of national OT organizations. The criteria for the other group were foreign occupational therapists who visited Mexico to provide courses and chaperoned students for fieldwork

placement in Mexico. The potential candidates were chosen based on the recommendations from the project mentor, using convenience and purposive sampling (Etikan, Musa, & Alkassim, 2016). A total of 22 people were contacted, and 10 people or 45.5% participated in the interviews (Appendix E). These participants signed consent forms, an English version for the foreign group and a Spanish version for the Mexican group, and they returned the forms to this author through email. Prior to interviews, all participants received the interview guide. The interview process took approximately eight weeks, and the average length of an interview was 55 minutes. Interviews were conducted through online video conference system and/or telephone, depending on the participant, and were digitally recorded. Three out of six people in the Mexican group chose to participate in the interview in Spanish, and used the Spanish–English interpretation service during their interviews.

Data analysis. Immediately after each interview, a reflection log was recorded to identify any observations and comments that provoked reflective thoughts to support the preliminary data analysis. All interviews were transcribed, and different analysis methods were used by the section; content analysis was conducted for the sections related to demographics, design, and participation in content review while a constant comparative approach was used for the global partnership section.

Of the 10 people who participated in interviews, six were from the Mexican group (four participants out of six were occupational therapists, and two were a health care professional or administrator in community organizations in Mexico), and all four participants from the foreign group were occupational therapists. Although the experiences of the participants varied, from less than 10 years of clinical experience to

over 40 years, the data indicated that all had multiple partnership visits. The length of the partnerships varied from non-reoccurring events, such as conferences to the long-term ongoing relations for up to 20 years. The purpose of the visits most commonly mentioned by both groups was education or knowledge sharing mainly for occupational therapists or OT students in Mexico.

Six people out of the 10 participants, identified that the best format for the document was PDF (one indicated PowerPoint while three did not comment), and suggested including the concrete and practical information supported by visual materials (e.g., graphs, pictures, and charts) and the reference list. Seven people recommended that the home pages and social media of Mexican OT national-level organizations, and WFOT, as potential locations and distributors for the document. Seven out of eight Mexican and foreign occupational therapists demonstrated their interests in reviewing the content prior to dissemination.

The data in the global partnership section was analyzed following some of the basic steps of the constant comparative method applied by Boeije (2002), and the process involved (a) summarizing each interview to understand the overall message of an individual, and developing initial codes by highlighting and paraphrasing key ideas, (b) identifying themes by comparing initial codes within the group, and (c) categorizing final themes by comparing the data between two groups. Overall, participants stated their previous knowledge exchange experiences with foreign visitors or Mexican occupational therapists had been positive because of the opportunities for personal and professional growth, and program improvement. One of the critical implications was the notion that global partnerships are about more than exchanging technical knowledge, and the

participants recommended visitors understand the culture and contextual factors of Mexico and/or the factors influencing the Mexican OT practice. Knowledge about Mexico has particular importance during the preparations phase, which may alleviate the challenges associated with being immersed in the different reality. Additionally, the participants recommended that visitors have enabling attitudes, such as openness and respect for the host, and characterized some of the important concepts as (a) having good communications, (b) developing personal and professional relationships, (c) working and learning together, (d) making it relevant, and (e) dealing with language barriers (Appendix F). These themes became the basic structure of the global partnership chapter of the document as well as helping finalize appropriate topics in the chapters related to Mexican contexts and Mexican OT practice.

Adapting and integrating the evidence. The evidence-based contents need to be adapted to local contexts according to the stakeholder input (Kitson, 2009; Sudsawad, 2007), and the evidence gathered for global partnership development was adapted and organized by the interview data. For example, the interview data suggested the importance of relationship building, and the interpersonal aspect of the global partnership development was emphasized in the content. Learning objectives, integral components when developing education materials following KT (Levac et al., 2015), were developed for each section of the document, using both the evidence and the interview data (Appendix G).

Both the review of the existing guidelines and the interview data helped select the topics needed in the subsequent chapters relevant for Mexican culture and contextual factors, and the Mexican OT practice. The majority of the content in these two chapters

were primarily developed based on the grey literature. Grey literature is defined as the information or data that is provided by professional organizations or government agencies through unpublished channels, and provides valuable information, such as statistical report that are not necessarily peer-reviewed (Barratt & Kirwan, 2009). These resources were important because such document analysis is an essential qualitative approach that would provide a window into another social world (Miller & Alvarado, 2005). Describing history and culture as an outsider was a difficult task, and careful approaches were taken, including reviewing multiple resources and selecting reliable sources, such as government reports. Special efforts were made to provide the information in a neutral manner because interpretation of documents for qualitative analysis could be difficult because of socially situated meanings in such data (Miller & Alvarado, 2005). To ensure cultural and political accuracy, the content was also reviewed by the project mentor, who is a Mexican occupational therapist.

Step 4: Designing the Contents

One of the important aspects in developing the educational contents is to determine the amount of information that needs to be included in the final product by distinguishing necessary information from the ideal information (Levac et al., 2015; Plomer & Bensley, 2009). The decision was made to incorporate concepts of reflexivity in reader-friendly boxes as a question format throughout the document rather than introducing theoretical constructs as an individual section. Reflexivity within culturally diverse contexts requires a person to engage in self-examination and come up with new understanding and alternative solutions about a given situation (Chang et al., 2012; Nairn et al., 2012; Ortega & Faller, 2011; Tervalon & Murray-Garcia, 1998; Tremblay et al.,

2013). The reflective questions in the document were constructed to encourage this practice, and developed based on real-life dilemmas described during interviews and important concepts related to cultural humility, and corresponded to some of the learning objectives.

Several online modules using the KT format were examined to evaluate the readability and the useful features and design that may be helpful for this project. Some of the features from the modules were reflected into the document, and they include (a) having well-organized content with an introductory page or section that clearly explaining the goals and purposes, (b) making each paragraph short and succinct with good spacing, and (c) citing references to demonstrate that the document was grounded in evidence. Additional consideration was placed on improving the appearance of the document, and the recommendations by Plomer and Bensley (2009) and Versloot et al. (2015) were applied (a) placing the most important information at the upper left corners, (b) using images to encourage decreasing cognitive load, (c) applying the same color codes using basic colors as visual aid, (d) developing a flowchart to simplify a difficult concept, and (e) using bullet points to organize key ideas.

The 40-page document, titled *Visiting Mexico: Global Partnerships for Occupational Therapists Who Educate, Volunteer, and Work*, was completed with four chapters highlighting the following topics (a) global partnerships, (b) Mexican culture and contexts, (c) Mexican OT and their practice contexts, and (d) logistical preparation (Appendix H), and formatted into PDF suitable for web distribution as recommended by the interview participants.

Step 5: Pilot Test

KT encourages a pilot test or evaluation with intended users to further tailor the content (Levac et al., 2015; Rivard et al., 2015). The pilot test was designed as the final step for this project. A survey was developed with five close-ended questions for demographic information, and five open-ended questions to evaluate whether the information was provided effectively to enable readers to meet some of the learning objectives (Appendix I). The open-ended questions focused on understanding if the document (a) offered the unique approach in disseminating relevant information compared to existing guidelines, (b) presented the information that would lead to positive changes in future partnership activities, and (c) contained the areas requiring improvement.

Reviewers were recruited using convenience and purposive sampling (Etikan et al., 2016). The inclusion criteria were American occupational therapists who engaged in global partnerships focusing on knowledge exchanges. Previous experiences in visiting Mexico was not necessary for the pilot test. Thirteen American occupational therapists who met the criteria were contacted, and the survey and the document were sent to nine people, or 69.2% of people, who agreed to participate.

The data analysis for the pilot data followed the similar approach taken during the interview process. Quantitative analysis was used for the demographic information, and the basic qualitative analysis method provided by Noble and Smith (2014) was used for the main section. The data analysis initially focused on understanding individual statements to identify the initial themes, which were later compared and consolidated to generate the group themes. The data indicated that none of the respondents had partners

in Mexico; however, eight out of nine respondents reported that they have experience in working in Latin American countries. The respondents identified themselves either as practitioners or educators who have varying years of services as occupational therapists, from less than five years to over 20 years of experiences while more than 85% of respondents practiced as occupational therapists for over 20 years. The goals of most visits were service learning, and some engaged in global partnership activities as volunteers (Appendix J).

Outcome

The pilot data revealed three broad themes that characterized the document (a) values of the document, (b) factors influenced the learning, and (c) learning from the document (Appendix K).

Value of the Document

The challenges described by the respondents when attempting to gather in-depth information about host countries for their previous global health projects signified the benefit of this document. The respondents illustrated the challenge that accessing some pertinent information was extremely difficult because of cultural and language barriers, and some of the respondents described the common reality that visitors may inevitably obtain only the basic information necessary to make their visits (e.g., limited to the logistical aspect of their projects). Another respondent also stated that gaining sufficient understanding about hosts was a time-consuming process, possibly involving multiple visits.

Most respondents expressed positive opinions about the document, and they described their satisfaction either explicitly (e.g., it would benefit OT) or implicitly (e.g., it expanded perspectives about global partnerships). Their comments included that it would be useful for both OT practitioners and students seeking future global partnership projects in Mexico because it covered a wide range of topics that are relevant to OT

practice. The selection of the topics was adequate because the respondents reported that they were (a) similar to what they sought for their previous global partnership projects, and (b) more in-depth information than they customarily sought or were previously able to find. The majority of the respondents found the content related to Mexico (e.g., culture, history, etc.) and Mexican OT practice particularly helpful.

Despite positive feedback, some issues were identified. Two respondents stated that the breadth and depth of the document could possibly be too much for occupational therapists who begin to take on global partnership projects for the first time. One respondent, who appeared to have extensive knowledge and previous experiences in global partnerships, wished to have more in-depth information in some of the areas. These comments indicated that different levels of prior knowledge in global partnerships may influence how the respondents valued the document.

Factors Influenced the Learning

Some of the instructional strategies, structure, and design of the document were identified as aspects that enabled learning. A few respondents felt as though the introduction was effective, in that it encouraged the process of reflection. The overview of theoretical concepts presented in the first chapter about global partnerships were particularly helpful for some respondents because they facilitated their learning processes, and useful to frame some issues presented in the subsequent chapters, cultural and contextual factors in Mexico and Mexican OT practice. Almost all respondents reported the reflective questions strategically placed throughout the document as one of the helpful components (e.g., questioning what factors are putting visitors in the position of power in global partnerships in the section detailing the concept of cultural humility

with reflexivity). They also provided some of the respondents with the immediate opportunities for self-reflection. The structure of the document was described as concise, clear, and easy to read, and some of the design features, such as use of visual aids (e.g., graphs, tables, boxes, sidebars) summarizing important ideas and practical information, such as the list of pertinent organizations, was also appreciated by the respondents.

Although the majority of the comments were positive, the respondents shared some concerns about the content and made recommendations for improvement. One area that had differences in opinions was the logistical information (e.g., travel preparation). This document deliberately placed minimum emphasis on providing the logistical information because abundant of existing guidelines adequately cover the subject. Some people found this approach sufficient or would encourage visitors to focus more on other critical issues relevant for global partnership development. However, one respondent found that the information in the chapter so abbreviated that it did not provide any value. The other area where there was no consensus was the use of boxes or sidebars. One respondent felt as though the boxes or sidebars were not effective because the information was highly condensed while the other perceived that the boxes successfully conveyed some of the key ideas. One of the main constructive comments, which was made by most respondents, was the need of editing as they identified issues with sentence structures and grammatical errors in the document. The respondents recommended to include further information, and the most notable requests were to (a) consolidate the reflective questions into a one-page summary and provide it as a worksheet, and (b) include a case describing successful partnerships. Some recommendations would only require minor additions or revisions while others would involve extensive changes that

may significantly increase the content, which was considered beyond the scope of this project.

Learning from the Document

The respondents reported different types of learnings they gained by reading the document. They ranged from obtaining the practical knowledge about Mexico, understanding the theoretical concepts, and experiencing deeper personal reflective learning. The respondents appreciated learning about the country-specific data, the importance of process-based partnership building focused on personal relationships, the relationship in how the level of knowledge about the host may lead to sustainability, and the constructs essential in cultural humility with a reflexivity approach. Deeper learning included the potential to change attitudes and behaviors in future global partnership experiences: transformed awareness about the need for seeking more information prior to making the next visit and the tangible ideas and strategies that may influence the way some engage in global partnership projects.

The respondents generally expressed positive opinions of the document; however, the project objectives were only partially met. The document was an introductory tool that included both the integrated knowledge between the current evidence important for global partnerships and stakeholder input, and the practical information about Mexico necessary for OT practice, which was designed and formatted according to stakeholders' recommendations to reach broad audience. However, the document was not distributed over the Internet during the final coursework because of the lack of sufficient time to complete the content review by the interview participants.

Discussion

Overall, the author considered the project was successful because the pilot respondents indicated that the document was a practical tool that would adequately prepare foreign occupational therapists who plan to visit Mexico for global partnership projects. One of the primary goals of this project was to challenge the current global health models focusing on service delivery to think more broadly about the development of the profession in the Global South, and provide initial opportunities for dialogue among foreign occupational therapists about their impact. Therefore, the goals did not explicitly include attitudinal and behavioral changes among the users at the time this project was conceived. However, the outcome suggested that the reflective questions in the guiding document provided the opportunities for deeper learning among some respondents, and this was considered by the author as the important potential outcome from this tool. The notion that the document elicited such reflective practice has significant implications as new approaches to global projects are emerging, and this type of knowledge and deeper learning is integral for the occupational therapists who plan to engage in global partnership projects.

The project also highlighted the importance of interpreting the information when developing new knowledge. Knowledge translation (KT) requires the evidence to be interpreted by various stakeholders, so that it can be transformed into the knowledge valuable for the users (Kitson, 2009; Sudsawad, 2007). Interpreting the current evidence

using interview data or stakeholder opinions about global partnerships was one of the most important aspects of this project because it helped transform the evidence to the knowledge that can be relevant and necessary when engaging in partnership activities in Mexico. Additionally, the outcome suggested that this idea of interpretation has similar, but different importance in multi-cultural interactions and contexts. Developing the intercultural knowledge bridging the gap between the host and visitors is difficult because understanding a new concept in the culturally and linguistically different environment requires more than comprehending the literal meaning of words. This document successfully provided learning opportunities about Mexican contexts among the respondents; however, it was developed by this author, a cultural outsider to Mexico. The success may be attributed to the fact that the culturally-specific information was interpreted with the help of a cultural broker, the mentor of this project, and provided in a way that the pilot respondents could relate to their knowledge and experience as occupational therapists. This highlighted the important role of a cultural broker and similar orientation guidelines that support visitors to understand culturally different knowledge of host countries during global health activities.

The complexity of global partnership projects requires visitors to obtain a wide array of information; however, such information is dispersed in multiple locations (Popplow et al., 2010), which makes the preparation for global health projects even more challenging. One of the strengths of this document was that it provided a single source where occupational therapists could start planning for their visits to Mexico. An additional advantage of this document is its accessibility. KT challenges knowledge developers to consider the optimum method to reach the end users, instead of a formal

dissemination channel, such as a peer-reviewed journal, which is not necessarily conducive to reaching a broad audience (Fredericks et al., 2015). Wider distribution of this document beyond the participating stakeholders through the Internet is important because it ensures that many occupational therapists who are interested in visiting Mexico will be able to access the information at no cost.

Although this project identifies some benefits, there are also some limitations and challenges. Three groups of stakeholders were involved at different steps of the project (a) a pilot study to test interview questions, (b) stakeholder interviews to develop the content, and (c) a pilot test to evaluate the developed content. Most of them were recruited through non-statistical sampling, and were acquaintances of either the doctoral advisor or the project mentor. Both the small number of the samples and the personal associations of the participants and respondents (i.e., they might have had similar perspectives towards the proposed issues because of the existing personal relations) might have influenced the quality of the project. Additionally, some of the interviews needed to be conducted through a Spanish-English interpreter. The interpreter was a professional language specialist who gained knowledge about the project backgrounds and some of the OT terminologies by working with this author through previous doctoral projects; however, it was also possible that some of the important information could have been lost during the translation process. All these issues could be considered weaknesses of this project; however, the development of this document would not have been possible without the knowledge and experiences of participants and respondents, who were the experts in the global partnership projects.

One of the other challenges was that the content covered such wide areas that including all information in the document was not possible. This could potentially become a source of conflict, such as a person who is not familiar with Mexican culture could encounter intercultural problems that are more than what was described in the document. Another issue with the content is that it is developed from this author's worldview, and it is not entirely free from bias even though care was taken to ensure neutrality in selecting and synthesizing the information. People use their unique cultural lens to understand the world (Iwama, 2007), in which culture is composed of beliefs and attitudes shared among specific social groups (Hammell, 2009), and cultural values that are learned through individual experiences and interactions within social groups (Nairn et al., 2015). Hammell (2013) cautioned readers about the influence of her cultural lens and privileges in her publication about OT dominance and cultural humility. Similarly, it is important to bring readers' attention that this document was developed by this author, who was influenced by her own cultural lens and experiences, as she interpreted and understood the Mexican culture and contexts. Therefore, caution must be taken when taking on the information introduced in the document as it may not be applicable to or encompass all people and cultures in Mexico. The danger of stereotyping is always present when providing information about any cultural groups, including our own. To avoid stereotyping and biases, reflective questions were strategically placed throughout the document to encourage visitors to seek and gain new understanding and perspectives about hosts beyond the information that the document could provide.

The final limitation is its generalizability. As previously mentioned, the literature with a high level of evidence was not available for the topics of global partnerships,

cultural humility, and critical reflexivity. This problem challenges the integrity of the evidence incorporated for this project. Additionally, the evidence was specifically adopted to Mexican contexts by reflecting the opinions of the stakeholders. Highly contextualized content, together with other limitations and challenges previously described pose a question about the generalizability of the content. However, the steps involved in this project could be applied to other countries around the world, and developing similar guidelines to help support the global partnership activities among occupational therapists is recommended.

The next step involves revising the document based on the feedback from the pilot test. Once the draft is updated, a presentation will be provided to the national OT organizations in Mexico with the goals of evaluating the contents and determining the need of translating the document into Spanish. The last step is to request the participants who demonstrated interest in content review during the initial interviews, including Mexican and foreign occupational therapists, for the final review. The participation by the Mexican occupational therapists is particularly important to ensure that the document includes their extensive knowledge about OT practice in Mexico that is culturally and politically relevant, and covers the contents that are helpful for them during their future international projects. These activities are important in strengthening community buy-in as support from the national-level OT organizations in Mexico is integral to wider distribution and overall success of the project. Additionally, opportunities for a presentation to WFOT, with the emphasis on the approach in how the document was created, will be sought because of the need to develop comparable orientation documents for other countries.

Professionalization is a never-ending process which requires members of the professional group to continuously engage in the activities that facilitate its growth (Cooper, 2012). This project was grounded in the belief that global partnerships focused on knowledge exchange have the greatest potential to promote the OT profession in the global community. The time is ripe for all occupational therapists to have candid conversations about the way occupational therapists engage in partnerships, so that our efforts will be effectively transformed for the growth of the profession around the world.

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Appendix A

Approach Overview

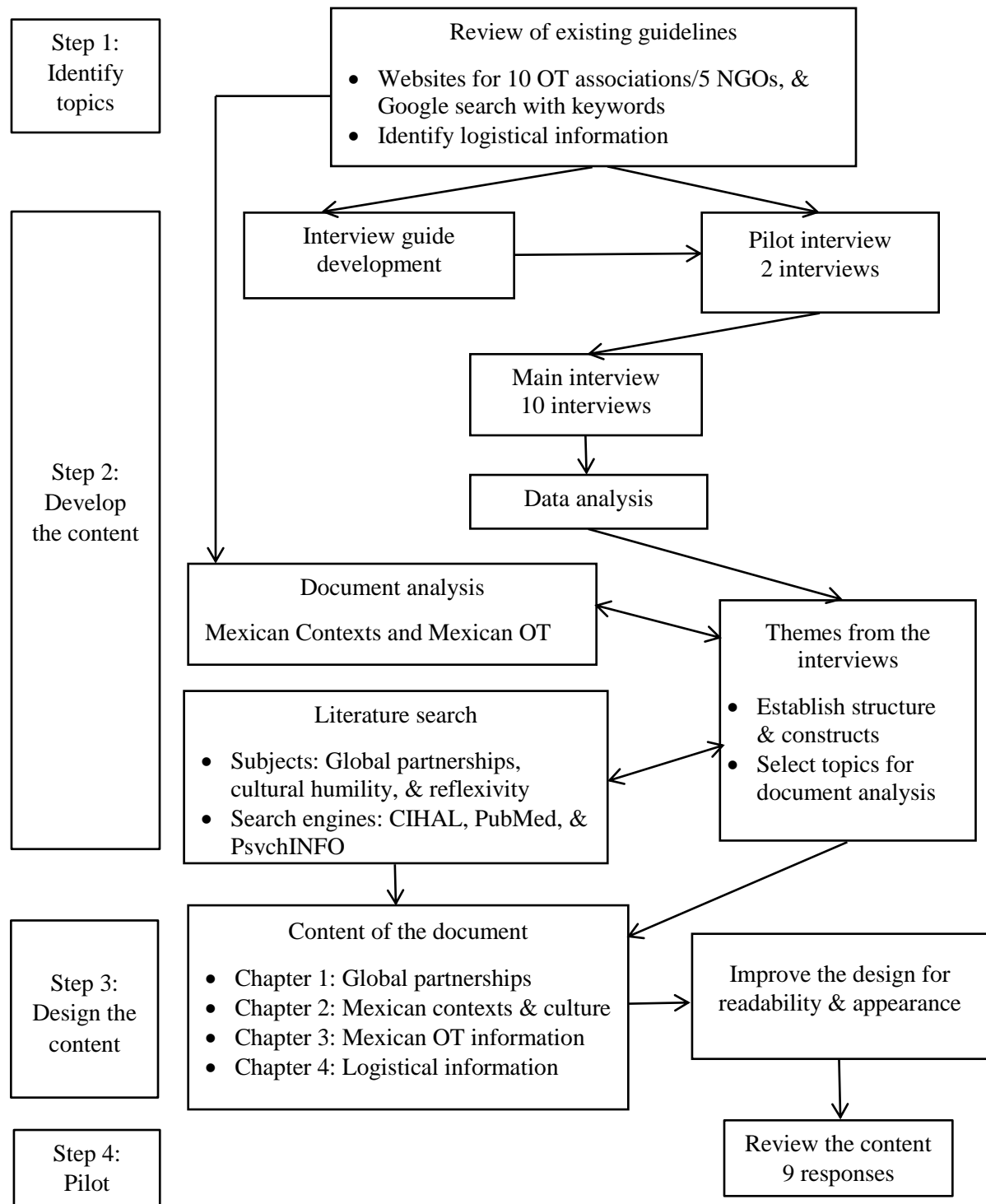


Figure 1. The step-by-step process of guideline development.

Appendix B

Internal Review Board (IRB) Related Documents

Appendix B1: IRB Approval Letter

*St. Catherine University IRB**Approval Notification*

To: Kazumi Bowman
From: David Chapman, IRB Co-Chair
Subject: Protocol #648
Date: 05/03/2016

Thank you for submitting your research proposal to the St. Catherine University Institutional Review Board (IRB) for review. The primary purpose of the IRB is to safeguard and respect the rights and welfare of human subjects in scientific research. In addition, IRB review serves to promote quality research and to protect the researcher, the advisor, and the university.

On behalf of the IRB, I am responding to your request for approval to use human subjects in your research. Two members of the St. Kate's IRB have read and commented on your application # 648: **Development of a Guiding Document for Foreign Occupational Therapists Visiting Mexico** as an expedited level review. As a result, the project was approved as submitted.

If you have any questions, feel free to contact me or email via the Mentor messaging system. Also, please note that all research projects are subject to continuing review and approval. You must notify our IRB of any research changes that will affect the risk to your subjects. You should not initiate these changes until you receive written IRB approval. Also, you should report any adverse events to the IRB. **Please use the reference number listed above in any contact with the IRB.**

This approval is effective for one year from this date, 05/03/2016. If the research will continue beyond one year, you must submit a request for IRB renewal before the expiration date. When the project is complete, please submit a project completion form. These documents are available in the St. Catherine University Mentor IRB site.

We appreciate your attention to the appropriate treatment of research subjects. Thank you for working cooperatively with the IRB; best wishes in your research!

Sincerely,

David Chapman, PhD
Co-Chair, Institutional Review Board
ddchapman@stkate.edu

Appendix B2: Recruitment Letter (Sample for Foreign Occupational Therapists)

Dear participant,

My name is Kazumi Bowman. I am an occupational therapy doctoral student at St. Catherine University. For my final project, I plan to develop a guiding document for foreign occupational therapists who visit Mexico for work and education. I am contacting you today to see whether you are interested in participating in my project as an interviewee. You were chosen because your previous visit to Mexico is considered valuable for my project.

I chose to develop the document because, though the previous doctoral projects, I came to understand the potential problems when foreign occupational therapists who visit Mexico: their unintended, and undesirable influence on the professionalization process of Mexican occupational therapy due to lack of understanding about the Mexican sociopolitical and cultural contexts.

I plan to interview both American and Mexican occupational therapists who previously engaged in international partnership, so that I have a better understanding of the factors important for developing meaningful partnership. The input from you would become the foundation for the guiding document.

Please let me know whether you would like to participate in my project. Should you have any concerns or questions, please contact me at ksbowman@stkate.edu

I am looking forward to hearing from you!

Sincerely,
Kazumi Bowman

Appendix C

Preliminary Topics Based on Existing Guidelines

Topics
<p>Chapter I: Global partnerships</p> <ul style="list-style-type: none"> • Global partnerships • Cultural humility with reflexivity
<p>Chapter II: Mexican culture and contexts^{a, b, c, d, e, f, g}</p> <ul style="list-style-type: none"> • People • Geography and climate • States and municipalities • Economy • Race & class system • NAFTA • History • Political structure • Health needs/issues/priorities • Health policies/legislation/wider developmental strategies • Health care structures • Health care schemes and rehabilitation services • Cultural values and beliefs • Mannerism/communication style • Local customs & Cultural rules • Gender and social roles • Religion • Language
<p>Chapter III: Information related to Mexican OT^{a, b, c, e, f}</p> <ul style="list-style-type: none"> • Definitions of OT • Host OT associations • Code of ethics • OT demographics • Licensing/qualification requirement of the host country <ul style="list-style-type: none"> ○ Registrations and regulatory body ○ Protected/monitoring ○ Visitors need to contact the local OT associations, or need to be registered

Topics

Chapter III: Information related to Mexican OT^{a, b, c, e, f}

- Education systems and structures
- Practice norm
 - Model of care
 - Service settings
 - Productivity
 - Autonomy
 - Boundaries
 - Attitudes towards OT
 - Attire
- Resources to take (e.g., assessment tools)
 - Use of local carpenters and artisans in the low-resource settings
 - Sustainability

Chapter IV: Logistical preparation^{a, b, d, e, f}

- Logistical preparations

Note. Preliminary topics of the guiding document were developed based on seven existing guidelines that help visitors prepare for global health projects.

^aGillon, L., Barker, C., & Boggs, D. (2014). *Working abroad: Guidance for allied health professionals*. Retrieved from <http://www.otfrontiers.co.uk/downloadable-resources/>

^bWorld Federation of Occupational Therapists. (2015). *Working as an occupational therapist in another country*. Retrieved from <http://www.wfot.org/ResourceCentre.aspx>

^cPopplow, J., Sward, K., & Klinger, L. (2010). Occupational therapy practice in international context: Creation of a dynamic learning resource for students. *Occupational Therapy Now*, 12(1), 12-14 ^dRana, G. K. (2014). Information empowerment:

Predeparture resource training for students in global health. *Journal of the Medical Library Association*, 102(2), 101-104. doi: [http://dx.doi.org/10.3163/1536-](http://dx.doi.org/10.3163/1536-5050.102.2.008)

[5050.102.2.008](http://dx.doi.org/10.3163/1536-5050.102.2.008) ^eAnderson, K., & Bocking, N. (2008). *Preparing medical students for*

electives in low-resource settings: A template for national guidelines for pre-departure training. Retrieved from [http://www.old.cfms.org/downloads/Pre-](http://www.old.cfms.org/downloads/Pre-Departure%20Guidelines%20Final.pdf)

[Departure%20Guidelines%20Final.pdf](http://www.old.cfms.org/downloads/Pre-Departure%20Guidelines%20Final.pdf) ^fPeace Corps. (2015). *The Peace Corps*

welcomes you to México: A Peace Corps publication for new volunteers. Retrieved from

<http://files.peacecorps.gov/manuals/welcomebooks/mxwb510.pdf> ^gKrasnoff, M. J.

(2013). Introduction. In M. J. Krasnoff (Ed.), *Building partnerships in the Americas: A guide for global health workers* [ebruary]. Hanover, New Hampshire: Dartmouth College Press.

Appendix D

Interview Guides

Table D1

Interview Questions and Instructions for Mexican Participants

Instructions	Questions
Demographics	
Please allow me to ask a few questions about you, so that I have better understanding about the overall characteristics of the people I am going to interview with.	What is your current primary role as an occupational therapist? For example: educator, practitioner, researcher.
	What was the purpose of having foreign visitors to Mexico? For example: a lecture, a community program, research, or something else.
	How long did the partnership last? For example: years and days.
	In what capacity, did you invite the foreign visitor? For example: as a representative of an educational institution, a professional association, or a non-governmental organization
	How long have you been working as an occupational therapist?
Global partnership	
Occupational therapy in Mexico is growing, but still has many actions need to be taken to elevate its professional recognitions and status. I came to understand that the recent increasing interest in international knowledge exchange, whether it is lectures or volunteer, has both positive and negative	Main question
	What is the most important aspects of Mexico that you think foreign occupational therapists must understand if they plan to work and teach effectively in Mexico?
	Supplemental questions

Instructions	Questions
influence for the development of the profession in Mexico. I would like to ask you about your experience and perceptions about Mexico and partnership. I am especially interested in learning about mutual learning and understanding other culture.	<p data-bbox="784 264 1421 369">Please tell me about your experience when you engaged with foreign occupational therapists for teaching and/or working.</p> <p data-bbox="784 411 1421 485">How did you prepare yourself prior to having the foreign visitors?</p> <p data-bbox="784 527 1421 600">How were your mutual partnership goals and expectations developed?</p> <p data-bbox="784 642 1421 716">Who took the initiative in developing the partnership?</p> <p data-bbox="784 758 1421 831">How did you share the responsibility of developing mutual partnership?</p> <p data-bbox="784 873 1421 905">What surprised you during the visit?</p> <p data-bbox="784 947 1421 1020">What do you wish you had known before having foreign occupational therapists?</p> <p data-bbox="784 1062 1421 1136">How were your goals and expectations met or not met?</p> <p data-bbox="784 1178 1421 1251">What is most important when you engage with your colleagues with diverse backgrounds?</p> <p data-bbox="784 1293 1421 1358">Please describe if there was a follow up or evaluation about partnership after their visits. Any other comments?</p>

Design and distributions

Some organizations provide guidelines for therapists who are interested in working abroad. The challenges of these documents are that they only provide general information and are usually limited to the “how-to” information. Through this project, I plan to develop a comprehensive guiding document for all therapists who are

What is the best method to circulate the guiding document?

Where do you think foreign occupational therapists would look for such a guideline?

What format is most suitable for the document? For example, PDF, PowerPoint presentation, website, or any other format?

Instructions	Questions
<p>interested in coming to Mexico to inform them about Mexican social and cultural contexts and core concepts in forming global partnership. It is important to understand your opinion about how best I distribute such a document in order to reach as many as occupational therapists as possible.</p>	<p>Any other comments?</p>
Content review	
<p>Because the guiding document will be integration of current literature and empirical knowledge, the content of the guideline need to be reviewed by the stakeholders.</p>	<p>Would you be interested in reviewing the content of the document?</p>

Note. This is the interview guide for Mexican occupational therapists. The interview guide for Mexican health care professionals/administrators were altered to reflect their roles (e.g., What is your current primary role as a health care professional) in the demographic section, and did not include the question in the content review section. The demographic questions were developed based on the demographic data reported in the study by A. M. Witchger Hansen, 2015, *Occupational Therapy International*, 22, p. 154.

Table D2

Interview Questions and Instructions for Foreign Occupational Therapists

Instructions	Questions
Demographics	
Please allow me to ask a few questions about you, so that I have better understanding about the overall characteristics of the people I am going to interview with	What is your current primary role as an occupational therapist? For example: educator, practitioner, researcher.
	What was the purpose of your visit to Mexico? For example: a lecture, a community program, research, or something else.
	How long did the partnership last? For example: years and days.
	Who did you partner with? For example: an occupational therapy organization, an educational institute, non-profit organization or something else.
	For whom did you provide your service to? For example: patients, occupational therapists or somebody else.
	How long have you been working as an occupational therapist?
Global partnership	
Occupational therapy in Mexico is growing, but still has many actions need to be taken to elevate its professional recognitions and status. I came to understand that the recent increasing interest in international knowledge exchange, whether it is lectures or volunteer, has both positive and negative influence for the development of	<p>Main question</p> <p>What is the most important aspects of Mexico that you think foreign occupational therapists must understand if they plan to work and teach effectively in Mexico?</p>

Instructions	Questions
the profession in Mexico. I would like to ask you about your experience and perceptions about Mexico and partnership. I am especially interested in learning about mutual learning and understanding other culture.	<p>Supplemental questions</p> <p>Please tell me about your experience when you engaged with Mexican occupational therapists for teaching and/or working.</p> <p>How did you prepare yourself prior to going to Mexico?</p> <p>Did you contact the occupational therapy organizations and educational institutions in Mexico?</p> <p>How were your mutual partnership goals and expectations developed?</p> <p>Who took the initiative in developing the partnership?</p> <p>How did you share the responsibility of developing mutual partnership?</p> <p>What surprised you during the visit?</p> <p>What do you wish you had known before going to Mexico?</p> <p>How were your goals and expectations met or not met?</p> <p>What is most important when you engage with your colleagues with diverse backgrounds?</p> <p>What do you recommend others about the way they ensure their contribution has been meaningful for the host countries?</p> <p>Any other comments?</p>
Design and distributions	
Some organizations provide guidelines for therapists who are interested in working abroad. The	What is the best method to circulate the guiding document?

Instructions	Questions
challenges of these documents are that they only provide general information and are usually limited to the “how-to” information. Through this project, I plan to develop a comprehensive guiding document for all therapists who are interested in coming to Mexico to inform them about Mexican social and cultural contexts and core concepts in forming global partnership. It is important to understand your opinion about how best I distribute such a document in order to reach as many as occupational therapists as possible.	<p>Where do you think foreign occupational therapists would look for such a guideline?</p> <p>What format is most suitable for the document? For example, PDF, PowerPoint presentation, website, or any other format?</p> <p>Any other comments?</p>

Content review

Because the guiding document will be integration of current literature and empirical knowledge (Finlayson et al., 2008; Rivard et al., 2015), the content of the guideline need to be reviewed by the stakeholders.	Would you be interested in reviewing the content of the document?
---	---

Note. The demographic questions were developed based on the demographic data

reported in the study by A. M. Witchger Hansen, 2015, *Occupational Therapy*

International, 22, p. 154.

Appendix E

Number of Participants by Groups

	Total contacted	Respondents		Participants	
		Number	%	Number	%
Mexican group					
Universities in Mexico ^a	11	6	54.6	2	18.2
NGOs ^b	4	3	75.0	2	50
Mexican OT organizations ^c	2	2	100.0	2	100
Mexico total	17	11	64.7	6	35.3
Foreign group ^d					
	5	4	80.0	4	80.0
Total of both groups					
	22	15	68.2	10	45.5

Note. Number of people who responded during the recruitment process, and who actually participated in the interview.

^a and ^c participants were occupational therapists. ^bParticipants were professionals other than occupational therapists. ^dAll participants were occupational therapists.

Appendix F

Key Concepts and Themes Emerged from Stakeholder Interviews

Key concepts	Broad themes	Categories
Situations and problems specific to Mexico	OT is not a protected profession	Anybody can call themselves or work as occupational therapists OT license is not a requirement No enforcing body allowing any visiting occupational therapists to work without work permit Lack of information about legal process when foreign visitors work
	Focus on physical rehabilitation	OT education OT practice area
	OT is a developing profession, and struggling to establish professional status	Small number of occupational therapists and OT schools Lack of recognitions Still developing Lack of professional autonomy
	Different groups of occupational therapists who may be helping or hindering the growth of OT	Not all foreign visitors contribute to the problems Political tension among different groups Motivation of the visitors
	Local perceptions about some foreign visitors who are not contributing to the growth of OT	Taking advantage of Mexico Ignore what local body requests Lack of awareness about difficult situation in Mexico
Basic considerations	Important to understand contexts	People are influenced by contexts
	Not only about OT knowledge Need pre-visit preparation	Global partnerships need more than knowing OT knowledge Efforts to understand the host is required prior to the visit

Key concepts	Broad themes	Categories
	It takes time	Takes time to develop relationships and deepen understanding
Attitudes enabling partnerships	Necessary attitudes	Open-minded without your assumptions and bias Respect the host as expert Caring for the professional growth
Actions required for partnerships	Understand the OT practice context	Understand the situations and problems specific to Mexican OT Learn and complete the legal information to work
	Understand Mexican culture and contexts	Understand Mexican culture Beliefs and perceptions based on Mexican culture Diversity Understand socio-economical, and political contexts
	Communicate well	Communicate with your partners at all stages of partnership process
	Conducive relationship	Develop relationships for ongoing support Build trust with local counterpart
	Work and learn together	Collaboration and mutual sharing
	Making it relevant	Make it relevant to the local contexts / norms Develop mutual and relevant goals and expectations Host is the expert
	Learn language or make arrangement	Need Spanish Translation service
	Follow-up after the visit	Formal evaluation Informal follow-up

Appendix G

Learning objectives and Reflective Questions

Topics	
Chapter I: Global partnerships	
Learning objectives	<ol style="list-style-type: none"> 1. Review how global partnerships contribute to the development of the profession and participants. 2. Reflect on the current shift that encourages participants to global partnerships to consider: <ol style="list-style-type: none"> a. Ethical and humble approaches greater than the presumption of doing good. b. Broad goals to promote the growth of the profession, not limited to locally-oriented services. 3. Reflect on the way you currently approach global partnerships are same or different from the concepts provided in this section
Reflective questions	<ol style="list-style-type: none"> 1. What is your current approach to understanding people with diverse cultural background same or different from cultural humility? 2. How do you ensure you are sensitive to the different culture when culture is defined fluid? 3. What are the elements placing you in the position of power in current relationships? 4. How do these basic considerations influence your planning? 5. How are your assumptions about the visit same or different from that of the host? 6. How do you ensure your contributions are relevant and benefit the host country? 7. How do your contributions influence the growth of OT in the host country?
Chapter II: Mexican culture and general contextual factors in Mexico	
Learning objectives	<ol style="list-style-type: none"> 1. Review historical, sociopolitical, and cultural aspects of Mexico. 2. Review health systems, and relevant subjects related to health and disabilities in Mexico. 3. Identify enabling and hindering factors derived from the contextual and cultural aspects of Mexico. 4. Reflect how different and/or same these contextual and cultural aspects are between Mexico and visitor's home countries.

Topics	
Reflective questions	<ol style="list-style-type: none"> 1. What are the differences between your knowledge about Mexico and the information provided here? 2. How does the information influence the way you approach your Mexican partners? 3. What are the similarities and differences in terms of health disparities compared to your home country? 4. What are the differences in rehabilitation goals between your country and your colleagues and/or clients? 5. How do you ensure you understand partner's needs when they are not explicitly express their needs? 6. How is your position as a visitor influencing the relationship building and communication?

Chapter III: Practice contexts surrounding Mexican occupational therapists

Learning objectives	<ol style="list-style-type: none"> 1. Review historical, organizational, legal, educational aspects of OT practice in Mexico. 2. Reflect on how contextual and structural factors influencing the OT practice and partnership relationships. 3. Identify enabling and hindering factors for the growth of the profession in terms of contexts and cultural aspects.
Reflective questions	<ol style="list-style-type: none"> 1. How different and similar the development of the profession compared to your home country? 2. How the physician-centered model or hierarchy may influence the partnership and patient care? 3. What are the differences in approaches in how evaluation and treatments are being provided? 4. What are the consequences of teaching and training a person who is not an occupational therapist under current practice context? 5. Who are the major OT players in the geographical areas where you are visiting? 6. What does the best support look like when considering to meet the need of local organizations while ensuring the growth of the profession?

Chapter IV: Logistical preparation

Learning objective	<ol style="list-style-type: none"> 1. Identify what need to be done for logistical preparation to ensure a safe and well-organized visit.
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Appendix H

Guiding Document

2016



(GDJ, 2015)

VISITING MEXICO

GLOBAL PARTNERSHIPS

For Occupational Therapists Who
Educate, Volunteer, & Work

KAZUMI S. BOWMAN, MOT, OTR/L

In Partial completion for Occupational Therapy Doctoral Degree at
St. Catherine University, St. Paul, MN

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RELEVANT ORGANIZATIONS AND ABBREVIATIONS

English	Spanish	Abbreviations
American Occupational Therapy Organization		AOTA
College of Occupational Therapists of Mexico	Colegio de Terapeutas Ocupacionales de México	COTEOC
General Law for People with Disabilities	Ley General para las Personas con Discapacidad	
General Law for the Inclusion of Persons with Disabilities	Ley General para la Inclusión de las Personas con Discapacidad	
Institute for Social Security and Services for State Workers	Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado	ISSSTE
Latin American Occupational Therapy Association	Confederación Latinoamericana de Terapeutas Ocupacionales	CLATO
Mexican National Occupational Therapy Association	Asociación de Profesionales en Terapia Ocupacional	APTO
Mexican Social Security Institute	Instituto Mexicano del Seguro Social	
Ministry of Education	Secretaría de Educación Pública	SEP
National Coordination Commission for the Welfare of People with Disabilities	Comisión Nacional Coordinadora para el Bienestar y la Incorporación al Desarrollo de las Personas con Discapacidad	CONADIS
National Council for the Evaluation of Social Development Policy	Consejo Nacional de Evaluación de la Política de Desarrollo Social	CONEVAL
National Institute of Statistics and Geography	Instituto Nacional de Estadística y Geografía	INEGI
National System for Integral Development of the Family	Sistema Nacional para el Desarrollo Integral de la Familia	DIF
Office of the United Nations High Commissioner for Human Rights		OHCHR
Organization for Economic Cooperation and Development		OECD
Popular Health Insurance	Seguro Popular	
Teleton Children's Rehabilitation Center	Centros de Rehabilitación Infantil Teletón	CRIT
United Nations Development Programme		UNDP
World Federation of Occupational Therapists		WFOT

INTRODUCTION

Think of a situation where a foreign occupational therapist visits your country, and he or she starts treating clients as an occupational therapist without following local regulations and/or has a professional license. Or, a foreign occupational therapist starts teaching staff at your local community centers without contacting your state and national associations. The intentions of these visitors may be good, and the services provided by them may be meeting the goals of the specific local communities or groups, but how do these actions positively and negatively influence the overall health and growth of the occupational therapy (OT) profession in your country?

"I want to go abroad to help people in need." This idea seems so simple. Most of those who visit foreign countries have good intentions to help the host country; however, OT is now questioning the way global services are being provided under the name of doing good (Suarez-Balcasar, Hansen, & Muñoz, 2015) because providing services only with the good intentions without understanding the host's unique contextual factors may potentially do harm (Elliot, 2015). In response to this new understanding, visitors may need to think:

- How will my good intentions and actions be perceived by the host?
- How will my actions lead to sustainable change?
- How will my contributions lead to the growth of the OT profession in that particular country?

These questions are important because health workforce is the foundation for improved health of all people and stronger health systems (WHO, 2006), and the degree in how OT in a given country has developed may greatly influence the health of its citizens. The WHO definition indicates the need of comprehensive systems level change, encouraging visitors to think about how their volunteerism fits (or does not fit) into a bigger picture of empowering the profession of OT in that country and to take a lasting measure to strengthen the OT profession in Mexico.

Mexico has experienced both global partnerships that lead to positive outcomes for the OT profession as well as situations similar to that depicted in the introduction. This document was developed to help prepare foreign occupational therapists visiting Mexico by providing them with pertinent information regarding partnerships, context, and OT information specific to Mexico so that they are prepared to engage in responsible and reciprocal partnerships that work toward building the profession of OT in Mexico. The document has four sections

- (a) concepts important for global partnerships;
- (b) introduction to Mexican contexts;
- (c) introduction to Mexican OT contexts; and
- (d) some information about logistical preparations

The contents of this document is reflective of the opinions of various stakeholders, including representatives of Mexican national OT associations, an educational institution, community organizations, and foreign occupational therapists who previously visited Mexico for collaboration.

My hope is that this document will become a resource for visitors as they begin to prepare for their time in Mexico as well as to contribute to the development of meaningful global partnerships that build capacity within the Mexican OT profession.

MAP OF MEXICO



(MOS, n. d.)

I. GLOBAL PARTNERSHIPS

This section will provide some of the ideas important for global partnerships, so that the visit benefits both visitors as well as host countries.

A. IMPORTANCE FOR THE PROFESSION

In recent years, global partnerships are gaining more attention among OT as they appeal to students, clinicians, and educators. International activities include, but are not limited to, student service learning, educational lectures, and volunteering. Knowledge exchange has been an essential component for the development of the OT profession in the Global North that has customarily provided support for partner countries in earlier stages of their professional development (Higman, 2008). Throughout the past 100 years of OT history, these kinds of efforts were made all over the world, from Mexico, Vietnam, to South Africa (Cromwell, 1977; Joubert, 2010; Morgan & Kinnealey, 2005). In addition to historical practice, the growth of the profession globally is now considered more important than ever as professional organizations, such as WFOT and AOTA are actively pursuing the internationalization of the profession (AOTA, 2006; WFOT, 2011).

Global partnerships are also important for both hosts and visitors who are directly involved in the process because of the opportunities to enrich both professional and personal growth. Visitors often appreciate the sensitivity and skills they gained from the experience in working in culturally different situations (Hague, Sills, & Thompson, 2015), and both the host and visiting therapists have the

opportunity to build on their clinical skills as a result of working with one another.

Summary: Importance of OT Global Partnerships

1. Historical mutual support
2. Agenda as global community
3. Benefits for all participants

Global partnerships have the opportunity to impact many facets of OT development, as they benefit both the individual practitioners as well as the profession itself. Therefore, in this document, global partnerships are broadly defined as all activities, including teaching, working, and volunteering between host and visiting occupational therapists with the goals of knowledge exchange and advancement of the profession.

B. CURRENT SHIFT IN GLOBAL PARTNERSHIPS WITH HUMILITY

There is a shift in the way health care professionals should engage in global health experiences. People have started to recognize that service provided to host countries without careful considerations often leads to failure (Welling, Ryan, Burris, & Rich, 2010), and such concerns are more prominent in short-term service activities, which have been criticized as medical tourism (Suchdev et al., 2007).

In response to these issues in global partnerships, ethical guidelines have recently been proposed for the short-term visits (Crump et al., 2010). The OT global partnership literature has also started to place emphasis on a more ethical and humble approach to global partnerships (Witchger Hansen, 2015), and cultural humility practice is being promoted among OT (Beagan, 2015; Elliot, 2015; Hammell, 2013; Suarez-Balcazar, Hansen, & Muñoz, 2015).

Visiting Mexico

Reflective Questions

1. What is your current approach in understanding people with diverse cultural background same or different from cultural humility?
2. How do you ensure you are sensitive to different culture when culture is defined fluid?
3. What are the elements placing you in the position of power in current relationships?

Cultural humility is an emerging approach, which defined as a continuing process of learning about clients or partners by respecting them as expert of their culture while focusing attention on power relations and inequalities (Chang, Simon, & Dong, 2012; Tervalon & Murray-Garcia, 1998). One of its strength is valuing the fluid and non-static nature of culture, and discourage stereotyping cultural groups (Beagan, 2015; Loue, 2012; Tervalon & Murray-Garcia, 1998;), and the approach emphasize a person to reach new understanding and perspectives with the help of partners, instead of becoming content with having the cultural knowledge of the group (Chang et al., 2012; Ortega & Faller, 2011)

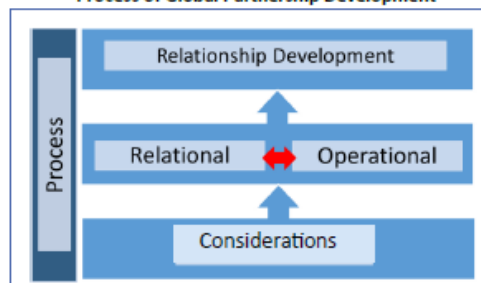
Becoming aware of power relations may become particularly important because imbalance may be seen in many aspects of global partnerships despite having quality partnerships (Hague et al., 2015). It may be seen as Western vs non-Western theoretical ideologies (Hammell, 2013), financial inequalities, such as funding (Larkan et al., 2016), and hierarchal relations in learner and teacher roles. The fact that visitors are able to make a costly trip to the host country itself may demonstrate the power and privilege on the visitor side (Cleaver, Carvajal, Sheppard, 2016). Visitors will need to be aware that the power relations may lead to tensions or problems, such as imposing cultural values, stereotyping, and entitlement (Foronda, Baptiste, Reinholdt, & Ousman, 2016). A humble approach may be important in both bridging the cultural differences and the partnership development process.

C. PROCESS OF GLOBAL PARTNERSHIP DEVELOPMENT

All aspects of global partnerships are important; however, this document will primarily focus on the components vital for the process of developing global partnerships. Focusing on the partner process may be more important than considering partnership outcomes as personal relations are considered a critical contributing factor in collaborative relationships (Beran et al., 2016; Pechack & Thompson, 2009).

The following section will introduce (a) the basic considerations, and (b) the components important for the process of partnership development. In this document the components were divided into two groups; relational and operational aspects of relationships (Larkan, Uduma, Lawal, & van Bavel, 2016) was found to be helpful to capture the complex concepts of global partnership. It is important, however, to be aware that all components have reciprocal, interdependent relationships, and both

Process of Global Partnership Development



Visiting Mexico

component groups are considered equally important without hierarchical relationships (Larkan et al., 2016).

1. BASIC CONSIDERATIONS

Visitors need to be aware of certain underlying considerations when engaging in global partnerships. They are neither the attitudes nor the actions visitors must adopt, but the standard concepts for global partnerships.

Reflective Questions

1. How do these basic considerations influence your planning?
2. How are your assumptions about the visit same or different from that of the host?

a) Global Partnership is About More Than Having Technical Knowledge

Often times, strong focus is placed on the knowledge exchange in global partnerships. However, global partnership is not only about the knowledge transfer and sharing skills (Larkan et al., 2016). Engagement in global partnership require visitors to have knowledge beyond OT expertise - from the information about making safe international travels to knowledge about the host. They are equally important in order to ensure ethical engagement with hosts, meaningful goal planning, sustainable projects, and the growth of the profession.

b) Preparation Prior to visits

Most articles encourage visitors to make adequate preparations prior to their visits, which entails from travel planning to goal setting. Preparation may include understanding history, culture, language, sociopolitical and economic factors, ideas of health and status of OT, and the needs of specific community in the host country (Larkan et al., 2016; Leffers & Mitchell, 2010; Witchger Hansen, 2015; Suarez-Balcazar, Hammel, Mayo, Inwald, & Sen, 2013). Understanding all aspects of host is not necessary, and some learnings must occur once the visitors arrive in the host country with the help of the host.

c) Sustainable Change Takes Time

Global partnerships take many forms (e.g., service learning, volunteers, etc.); however, the consensus is that the process of developing partnerships takes time, and continued relationship and

Summary:

Basic Considerations

1. More than OT knowledge
2. Pre-preparation
3. Time commitment

visits are essential for project success and sustainability (Pechak & Thompson, 2009; Welling et al., 2010). The information suggests that long-term commitment to the host county on a continued-basis results in stronger mutual partnerships. This is not to say single or occasional visits do not lead to tangible outcomes; but these outcomes tend to be shorter term in nature and are often times focused on client outcomes rather than outcomes that impact the growth of the OT profession.

2. RELATIONAL COMPONENTS

The relational components include the intangible aspects of partnerships, such as personal attributes, and elements enabling the development of partner relationships. These components are difficult to measure although partnership building is impossible without them. Some global projects were developed from informal personal encounters with foreign colleagues (Witchger Hansen, 2015) rather than formal alliances, such as formal inter-institutional projects, and some view personal attributes and relationships as the foundation for global partnerships (Leffers & Mitchell, 2010; Pechak & Thompson, 2009), and the sense of trust and respect, the integral elements of partnership process, are fostered through various partnership activities, such as good communication and sharing power (Witchger Hansen, 2015).

a) Personal Attributes

Certain personal qualities and readiness are considered enabling factors when engaging in global health experience. These attributes are described as compassion, openness to learn, desire to help (Leffers & Mitchell, 2010; McKinnon & Fealy, 2011; Witchger Hansen, 2015). Most importantly, caring and commitment to support both the clients and OT colleagues may be one of the most important elements to drive the development of the partnerships.

b) Understanding Host's Contexts

Need to understand contextual factors is paramount in partnership process. One study revealed that the host country perceived that visit by foreign health care professionals could become offensive and ineffective for all stakeholders when visitors do not have adequate understanding about host's culture and contextual factors (Kraeker & Chandler, 2013).

The knowledge about host's context also benefits the visitors. The visitor should be aware that some host countries may have very different living environments than what visitors are accustomed to. Visitors may need to be ready to be in an environment where the level of personal comfort and personal space may be different from visitor's expectations (Leffers & Mitchell, 2010). This aspect of the partnership should not be taken lightly because the different reality may be shocking (Hague et al., 2015), and being unable to adapt to the local environment may influence a visitor's capacity during their visits. Being in different contexts requires visitors to be flexible and adaptable throughout the partnership process.

c) Mutuality in Working and Learning

Mutuality in working and learning is essential in global partnerships, and is often described as reciprocity (Pechack & Thompson, 2009), collaboration (Leffers & Mitchell, 2010), and/or sharing power (Witchger Hansen, 2015). Teaching and decision-making also need to be done jointly as the host has as much to teach visitors about their culture and practice (Kraeker & Chandler, 2013). Visitors also need to have the attitude of accepting local solutions (Witchger Hansen, 2015) as

Reflective Questions

1. How do you ensure your contributions are relevant and benefit the host country?
2. How do your contributions influence the growth of OT in the host country?

Visiting Mexico

part of mutual relationship building. Mutuality plays a key role in promoting reciprocal relationships. Such an approach fosters a sense of respect among the group, which further strengthens the relationship process.

d) Common Goals

Goals reflective of the host's needs also contribute to the promotion of meaningful and reciprocal partnerships. Relevance to host's contextual factors are important in the goal planning process because good ideas without relevance to local contexts could only cause frustrations among the host (Kraeker & Chandler, 2013). Goals should be developed cooperatively, and adopted according to the changing needs during the visit (Leffers & Mitchell, 2010). The information indicates that goals should be flexible and developed mutually, reflecting the needs of both hosts and visitors.

Interdependent Components



3. OPERATIONAL COMPONENTS

The operational components are actionable items, which are the practical aspects of the partnerships (Larkan et al., 2016). Because the focus of this document emphasizes the process of partnership, only a few operational components are mentioned here. Depending on the goals of the visits, there are other operational components visitors may need to consider.

a) Communicate

Communicating with hosts is an indispensable component that move forward the partnership process. Good communication is required throughout the partnership process as lack of it may have a negative impact on the partnerships (Hague, Sills, & Thompson, 2015). Communication needs to be carefully approached because it is not only about expressing needs clearly, but also about listening to the partner (Witchger Hansen, 2015). Good communication is often described as honest, open, and transparent (Larkan et al., 2016; Witchger Hansen, 2015), and play essential role in partnership building.

b) Identify Communication Methods

Although the host contact person may communicate in the visitor's language, assuming that others in the host country also speak in the same language is not a safe assumption. English may be considered a universal language; however, it may not be useful for a day-to-day communication with all members of the host institution. It is, therefore, imperative to establish some reliable ways to communicate during the visit because language barriers influence all aspects of the visit, including the quality of the services. Learning the host language is one way to solve this problem. If this is not feasible, prior arrangement to secure interpreters and translators will be necessary. Assuming somebody at the host institution may speak in the visitor's language is not practical and may not lead to productive outcomes.

Visiting Mexico

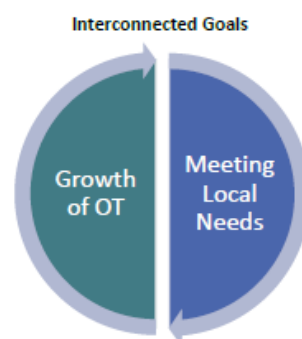
c) Evaluate and Follow-Up

Either formal evaluation or informal follow-up after the visit serve to ensure whether or not the visitor's program or activities resulted in meaningful outcomes. Evaluation is also beneficial in order to understand areas for improvement for future projects (Suchdev et al., 2007). Informal follow-up may also be useful to foster further personal relationships that may lead to future projects. Outcomes perceived by the host countries are often neglected because the focus of evaluation is generally placed on the outcomes for the visitors (Kraeker & Chandler, 2013; Pechack & Thompson, 2009), evaluating outcomes from the host perspective are of particular importance in order to develop long-term partnership relationships.

D. SUMMARY OF GLOBAL PARTNERSHIPS

Regardless of the global partnership goals (e.g., research, community projects, service learning, etc.), what is essential in partnership development is universal, that is, relationship building. Relationship development is a continuous, iterative process, where all components work interdependently. The recommendations provided here are simple, but important for future global health experiences, and visitors can use the process of global partnership development to start building their specific projects in Mexico.

Locally-oriented programs had made valuable contributions in the past, however, visits designed for larger changes, such as the growth of the OT profession, is becoming more important in future global partnership projects. Multi-level efforts, involving local host to national levels, is found to have more meaningful and profound capacity development (Elmusharaf et al., 2016), and such efforts for sustainable changes have critical implications when considering the current developmental stage of the Mexican OT profession. Cultural humility and a contextually sound approach to global partnerships will contribute to a stronger OT profession in Mexico.



II. GENERAL CONTEXTUAL FACTORS IN MEXICO

Contrary to some beliefs, Mexico is a country with a diverse population, language, and geographic features. The governmental structure is similar to that of the US, however, complex because of its difficult history. Especially in last 15 to 20 years, the country had made significant attempts towards decentralization and democratization, which are reflected in terms of improvements in systems and infrastructures to improve people's lives.

Flag of Mexico



(Gabino, 2001)

A. CLIMATE AND GEOGRAPHY

Many people may believe that Mexico is warm all year round, but it has various climate types depending on the region. Ecologically, Mexico enjoys a wide variety of landscapes, from the dry regions in the north to tropical rainforests in the south (Shaw, n.d.). These geographic differences influence the temperature and climate; the northern part of the country has cooler temperature during the winter while the south has hot weather with relatively constant temperature throughout the year (Hanratty, 1997). The two distinct seasons in Mexico are rainy and dry seasons, and depending on the region, the rainy season may be between June and October (Hanratty, 1997). During the winter months in the central Mexico (e.g., December and January in Mexico City), the temperature may drop to five to six degrees Celsius or the lower 40s in Fahrenheit (Barvezat, 2016).

B. BRIEF HISTORY

Mexico is a country with a rich history, and the historical beginning could date back a few thousand years ago. Many advanced civilizations, such as Olmecs, Maya, Teotihuacan, Toltec, and Aztec, rise and fall since before the century, which were built by native Indians of Mesoamerica (History of Mexico, 2016). One of the notable civilizations, Maya, thrived between 300 B.C. to 900 A.D. in southern Mexico (Yucatan peninsula), with their greatest achievements being sophisticated calendar and ancient

Pyramid of Chichen Itza



(Ostertag, 2006)

pyramids owing to their advanced mathematical and architectural skills (Haggerty, 1997; Maya Civilization, 2016). Another prominent native civilization, Aztec, emerged at around 1200s, which established its capital in the modern day Mexico City. The Aztec empire flourished based on the tribute system - provision of produce and precious metals by conquered cities, and a complex social stratified system, and it expanded its territories to Central America. The empire fell when Spanish conquistador, Hernán Cortés arrived in 1591 (Haggerty, 1997; History of Mexico, 2016). This was the end of

Visiting Mexico

President Benito Juárez



(Anonymous, n.d.)

Mesoamerican ruling, and the beginning of the blended culture between the native civilization and Spanish influence, and the formation of Mexican identities began since this period (Haggerty, 1997).

After Mexico achieved its independence from Spain in 1821, the country struggled to maintain a stable government until 1870s. During this 50-year period, Mexico was plagued by conflicts with foreign nations, including the Mexican-American War and French occupation of Mexico City. Under the leadership of President Benito Juárez, Mexico regained independence in 1867. Upon Juárez's death, Porfirio Díaz rose to power as the president. Although Díaz was praised to modernize Mexico into the industrial age, he was considered a dictator who ruled Mexico for over 35 years. People revolt against Díaz's ruling, and Mexico underwent yet another armed conflicts known as Mexican Revolution. Although it was difficult 10 years, the conclusion of the war brought Mexico together to establish the

draft of the first constitution of Mexico, the constitution of 1917 (Haggerty, 1997; Palazuelos & Capps, 2013).

After the revolution, Mexico entered into relatively stable periods in terms of conflicts and battles. However, the country continued to struggle establishing democratic regime. Since 1934 for proximately 70 years, Mexico was ruled and dominated by the single political party. Some of the major events during the single political party domination are economic crisis in 1980s, North American Free Trade Agreement in 1990s by President Salinas, and the Zapatista uprising in Chiapas for the right of indigenous people (Haggerty, 1997; Palazuelos & Capps, 2013).

Mexico made significant advancement in transitioning itself to more democratic and de-centralized government in last 15 years or so. This transition has started when the first non-dominant party candidate, Vincent Fox, became the president in 2000 (Palazuelos & Capps, 2013).

C. GOVERNMENT STRUCTURE

The United Mexican States or Mexico is composed of 32 federal entities. The federal government consists of three branches; (a) the executive branch, led by the president who is elected every six years, (b) the legislative branch, composed of Senate and Chamber of Deputies (its function is similar to House of Representative in the US, and (c) the judicial branch, organized at the federal and state levels, with the highest court being the Supreme Court of Justice. Under the federal system, each state has state government, which are comprise of municipalities, the local government (Brás, 1997).

Reflective Questions

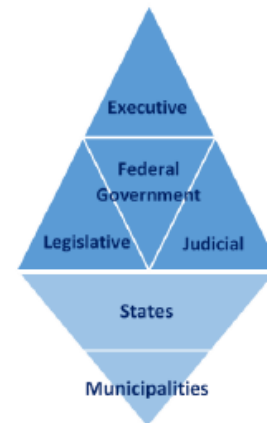
1. What are the differences between your knowledge about Mexico and the information provided here?
2. How does the information influence the way you approach your Mexican partners?

Visiting Mexico

Mexico is a democratic country that adopted the federal system for over several decades; however, the Mexican political system had been considered highly centralized authoritarian regime especially under the single political party dominance. Historically speaking, the executive branch or presidents had control over the other branches (Schiavon, 2006), and the control was so powerful, that it also extended to the state and municipal levels as they were financially dependent on the upper level government (Brás, 1997; Schiavon, 2006). This imbalance of power was characterized as the government without checks and balances (Schiavon, 2006).

The control of the president over other branches and lower-level governmental institutes has slightly decreased; however, Mexico is still struggling to progress to more decentralized system. Although these changes were positive and promoted transparency, the transition led to another challenge - the divided government; lack of centralized power promoted power struggles and insufficient cooperation among multi-political parties and federal branches. Consequently, the policy reform became a more complex process in Mexico (Álvarez Tovar, 2013). It is important to understand that the promoting policy reform or advocacy efforts in Mexico may be a more challenging process because of the complex political situation, and the process becomes even more complicated due to governmental personnel change that occurs every six years at the time of presidential election.

Government Structures



D. ECONOMY AND GROWTH

Mexico experienced some economic ups and downs in last few decades. The major downturns were the recessions in the 1980 to mid-1990s, and the 2009 recession influenced by the global economic crisis (Goodman, 1997; Villarreal, 2010). Mexico recovered from recessions (see Quick Facts); however, the recent overall economy has been only moderately growing. The current economy relies on domestic private consumptions because external environment is not necessarily favorable for the economic growth (World Bank, 2016d). The growth of manufacturing sectors may have a positive

Quick Facts:
GDP

- 2nd largest economy in Latin America
- 15 largest economy out of 195 countries

HDI

- 74th out of 188 countries
- -4 in Economic growth minus HDI

(World Bank, 2016b; World Bank, 2016c; UNDP, n.d.)

impact on the economy; manufacturing in automotive, aeronautical, and electronic industries, has noted to be especially strong in recent years (Stratfor, 2015). In addition to the manufacturing sector, tourism is also considered important for the economy (Goodman, 1997).

Human Development Index (HDI) is also used to evaluate social and health development of a given country in areas of health and longevity, education, and standard of living (UNDP, 2015). Mexico was ranked as a country with high human development (see Quick Facts), indicating that the government is working towards developing the system and infrastructure needed to support its people. On the other hand, the same UN data suggested that the wealth or the economic growth is not sufficiently

Visiting Mexico

transferred to improve people's lives. The difference between the economic growth, such as GNP and HDI is often used to measure how well the economic growth is contributing to the life of the people in the given country (World Bank, 2004). This important value for Mexico in 2014 was low, which suggested that the recent economic growth might not have been fully utilized for human development despite its improved economic status.

Health Coverage in Mexico

Providers	Industry	Funding
IMSS	Private	Employee, employer, & government
ISSSTE	Government	Employee & government
Special Programs	Military / navy, & energy	Employee & government
Popular Health Insurance	Non-salaried	Federal / state governments & participants

(Knaul et al., 2012; Hanratty, 1997; Manatt Jones Global Strategies, 2015)

of the population, are covered in employer sponsored programs; the Mexican Social Security Institute (IMSS), the Institute for Social Security and Services for State Workers (ISSSTE), or special programs for other formal employment sectors (Hanratty, 1997). In the past, the rest of the people were left without health care support (Knaul et al., 2012).

It was only after the 2003 reform, universal health care, Popular Health Insurance, became available for the people who were in the non-salaried employment sector (e.g., self-employed, etc.) (Knaul et al., 2012). The program benefited many low-income families because they are not required to make contributions if they fall under the low-income exemption (Knaul et al., 2012).

These government-based programs have a positive impact for Mexican people; however, not without problems. The programs are dictated by inflexible and fragmented service delivery - each program has its own network of facilities (hospitals, pharmacies, etc.) and providers, and patients have access to services only within the specific network (Manatt Jones Global Strategies, 2015). For example, a person who has IMSS coverage can only see a doctor within the IMSS network. This fragmented service delivery could be problematic as each program is run according to its own standards, and resources are used inefficiently among the divided programs, potentially leading to lower quality of care (Manatt Jones Global Strategies, 2015).

E. HEALTH CARE

Similar to other countries, health care issues remain to be a difficult challenge in Mexico. Unequal quality of care continues to be a problem despite Mexico's significant efforts to ensure the rights of all people and efforts in providing health coverage to all people.

1. HEALTH SYSTEM

The health care coverage and health system are characterized as unequal and fragmented, and are challenging issues in Mexico. Only a small percentage of people in the upper to middle class (Whyte, 2009) have access to private insurance, and majority of the people use the government-sponsored health programs. Those who have formal employment and their families, approximately 50%

Summary:

Most people are under the government-sponsored health programs

Visiting Mexico

2. COST OF HEALTH CARE

The health care in Mexico is relatively inexpensive (see Quick Facts), but Mexico's health care spending is rapidly increasing as the average in 1995 was only \$172 (World Bank, 2016e). The availability of health care programs and low expenditures do not mean people are spending less on their health. Compared to the OECD countries, Mexico had higher percentage of out-of-pocket medical spending; 45% of the spending were out-of-pocket in 2013 in Mexico while that of the OECD average was 19% (OECD, 2016a). Despite having the low expenditure average, the amount of expenditure may have a significant impact for the majority of the people in Mexico when considering the high poverty rate.

**Quick Facts:
Average Expenditure**
2014

Mexico \$677 US
Vs.
USA: \$9,403 US

(World Bank, 2016e)

3. RIGHTS OF PEOPLE WITH DISABILITIES

Similar to other countries, Mexico has been working on revisions and updates on the laws and regulations to protect the rights of the people with disabilities. The most fundamental of all would be the federal constitution, guaranteeing the protection of the health rights of all people of Mexico (Gutiérrez, 2014). Historically speaking, the official governmental activities to assist people with disabilities in Mexico could be traced back to as far as 1800s during the Benito Juárez's presidency, and Mexico had developed important programs and agencies to assist the people in need over the years (see Major Events).

The most significant events to protect the rights of people with disabilities were relatively recent. The 2005 General Law for People with Disabilities was established to protect the rights of the people with disabilities, which was eventually updated into the new General Law, General Law for the Inclusion of Persons with Disabilities in 2011 (OHCHR, 2014; Prieto Armendáriz & Saladin, 2012). The 2011 General Law was more significant because it has stronger emphasis on protecting the rights and inclusion of people with disabilities, and specified the monitoring agency, CONADIS, to ensure the enforcement to the law (Prieto Armendáriz & Saladin, 2012). Another important event took place when

Mexico promoted the development of the agreement to protect the rights of people with disabilities during World Conference in 2001, which resulted in the UN convention of Persons with Disabilities of 2007 (OHCHR, 2014; Schulze, 2009). Despite these efforts, effective enforcement of the law remains to be a challenging task for the Mexican government (United States Department of State, 2015).

In addition to the basic rights, accessibility is also protected by the law in Mexico. Designated parking spots and ramps for the people with disabilities are seen in many buildings in Mexico. Various laws and regulations to ensure accessibility for the

**Some of the Major Events
Rights of People with Disabilities**

1970's: National System for Integral Development of the Family (DIF) in 1970s
1990's: National Coordination Commission for the Welfare of People with Disabilities (CONADIS)
2005: General Law for People with Disabilities
2007: UN convention of Persons with Disabilities of 2007
2011: General Law for the Inclusion of Persons with Disabilities
(Prieto Armendáriz & Saladin, 2012; OHCHR, 2014;).

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people with disabilities have been mandated at multiple governmental levels (Michailakis, 1997); however, in reality, there are still many public buildings that are difficult to access because of noncompliance (United States Department of State, 2015). Additionally, many rural areas are difficult for people with mobility problems to navigate because these roads have uneven pavement or rough unpaved paths, and are not well-maintained. These problems could be seen in most of the towns and cities where the accessibility continues to be a challenge.

Top 3 Reasons for Disabilities

2014

	General Population	Elderly
1	Ambulation difficulties (64%)	Hearing (47%)
2	Visual problems (58%)	Cognition (44%)
3	Cognition (38%)	Upper extremity impairment (43%)

* Cognitive issue includes learning, memory, and attention

(INEGI, 2015a)

4. PEOPLE WITH DISABILITIES

Demographic of people with disabilities in Mexico may be similar to most countries. According to the national statistics (INEGI, 2015a), 7.2 million people reported to have much difficulty or not able to do any of the basic activities (i.e., people with disabilities) and about 15.9 million have mild or moderate difficulty performing the same activities in 2014. There were not any large discrepancies in prevalence of disabilities among genders while the older population was identified to have higher prevalence of disabilities (INEGI, 2015a). Among the people with disabilities, approximately 50% of the people received some types of assistance from either the employment-based insurance programs or the social programs (INEGI, 2015a).

5. SOCIOECONOMIC STATUS AND HEALTH DISPARITIES

Any society would have inequalities among its members owing to the differences in social and economic statuses, resulting in the marginalized group experiencing disparities. The following sections will describe the situations in Mexico according to some of the WHO definitions of contextual determinants of health (WHO, 2016).

a) Social Class

In Mexico, the socioeconomic status derived of the class has significant importance on poverty and health disparity. Generally speaking, attributing the race to wealth distribution and social class is not a common view in Mexican society (Flores & Telles, 2012; Martinez & de la Torre, 2011). Instead of focusing on race, the prevailing concept is that the society is stratified based on the class system according to one's economic power and social status in Mexico. Race may be one of the factors influencing one's educational and occupational attainment; however, other factors, such as class origin (i.e., parental occupation – children of the family with highly-regarded job and social status may attain better education and work) would play important role in social stratification (Flores & Telles, 2012).

b) Economic Inequality and Poverty

Economic inequality and poverty remain serious challenges in Mexico. Latin American countries, including Mexico, generally have high level of income inequalities although the growth rate

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Income Per Month in 2012 (US\$)

Classification	Poverty	Extreme poverty
% to the total population	36%	10%
Urban	\$177	\$85
Rural	\$113	\$60



53 million people or
46% live under poverty

(Wilson & Silva, n.d.)

of inequality in Mexico has declined in recent years (Lustig, 2015). Within this system of economic inequality, the differences in income is astounding. For example, in 2014, 64% of the wealth was generated only by top 10% of the elite population in Mexico (Credit Suisse, 2014). The middle class is growing in Mexico, and percentage of middle class and beyond has almost doubled in 2015 compared to 2000 (Credit Suisse, 2015); however, the recent economic growth is enjoyed primarily by the upper elite class (Flannery, 2013; Wilson & Silva, n.d.). The unequal distribution of the wealth is not only a problem for the people in poverty, but has pervasive effects on all people in Mexico.

Poverty may have more profound implications for the health of the poor as nearly half the population lives under poverty. The problem may extend beyond having the basic living environment, and some of the people in poverty have difficulty securing food. In 2012, nearly 20% of people experienced food poverty in that

people cannot afford food even spending their total earnings (Wilson, & Silva, n.d.). As described in the previous section, in Mexico, the income and status of employment play critical role in determining the specific health insurance program, consequentially the quality and level of health services a person could access.

c) Education

Educational attainment may play an important role in determining the income and type of work a person could attain. Mexico has been doing well with early childhood education, and the participation in the education program is nearly 100% (OECD, 2013). However, compared to other countries, Mexico has lower graduation rate beyond the age 15 group. Between 2000 to 2001, the graduation rate at upper secondary school was 47% (as opposed to the OECD average of 84%) while that of tertiary education was 23% (the OECD average of 39%) (OECD, 2013). Limited level of education attainment may be another important factor influencing health because a person's education and occupation are considered to impact a class origin, the important indicator for the social class (Flores & Telles, 2012).

d) Safe Living Environment

Safe living environment is an important factor for health. Some of the people's living conditions in Mexico, however, are less than optimal. According to the national statistics, 3.6 % of the homes had dirt floor, 26 % did not have indoor plumbing, and 6% did not have the covered drainage system in 2012 (INEGI, 2015b). The same

Reflective Questions

What are the similarities and differences in terms of health disparities compared to your home country?

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report indicated some homes did not have some of the basic appliances, such as refrigerators and washing machines (INEGI, 2015b). Without doubt, people's health will be compromised without safe living environment.

Summary:**Some of the
Determinants of Health**

1. Social class
2. Poverty
3. Unsafe living conditions
4. Low education attainment
5. Insufficient coverage & rurality
6. Indigenous population

e) Access to Health Services

Popular Health Insurance certainly increased the access for health care for those who were not previously entitled to receive health insurance coverage through employment-based social security programs. Not all the people use Popular Health Insurance as it requires voluntary participation (Knaul et al., 2012), and approximately 18 % of the population still did not identify themselves to be affiliated with any health coverage in the 2015 census (INEGI, 2015b). Although access to health service was improved by Popular Health Insurance, its coverage is limited, and the program includes only for the pre-determined interventions (Gutiérrez, 2014).

The access to quality service continues to be a problem in rural areas. For example, physicians are unequally distributed throughout Mexico, in which urban areas, such as Federal District, enjoy high density of physicians while rural areas do not (OECD, 2016a). In addition to limited access to basic care, specialty care may not be readily available in rural areas (Gutiérrez, 2014). Access to health services continues to be a problem within the segmented Mexican health care systems.

f) Cultural Factors

Although the ethnicity is not viewed as a single factor for culture, indigenous people may experience disparities at more profound level because of their language and cultural differences. Indigenous people are primarily concentrated in southern states, such as Oaxaca, Yucatán, Campeche, Hidalgo, Quintana Roo, Chiapas, Puebla, and Guerrero (INEGI, 2015b). More indigenous people live in rural areas, and their access to health services may be more limited because the areas they live is typically so marginalized that simply there is no health centers available for them (Servan-Mori et al., 2014). In addition to rurality, they may also have less favorable living environment. The 2015 census described that indigenous people lived in a home with dirt floor and without indoor plumbing at much higher rate compared to the national average (INEGI, 2015b).

Indigenous people are also challenged with a higher incident of poverty and lower education level compared to non-indigenous people. For example, nearly 80 % of them lived in poverty in 2010 (CONEVAL, 2012), and the average length of schooling among indigenous people was 5.7 years compared to 9.1 years for the national average (INEGI, 2015b).

The socially-inflicted health issues are common among the other countries; however, the information exemplified the complex nature of the challenges experienced by Mexican people. Visitors will need to have broader knowledge about the host in order to understand these sensitive issues.

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F. CULTURE

This section will introduce some aspects of Mexican culture that visitors may commonly encounter. It is important for visitors to remember that culture is fluid and simple categorization would not be sufficient to understand a person (Beagan, 2015; Loue, 2012; Tervalon & Murray-Garcia, 1998).

Generalization of a specific group may be helpful when initiating dialogues with a person with different cultural backgrounds, but should only be used as a starting point to understand the individual culture of the person.

Summary:

Culture is ever-changing, and no one person has the same culture

1. PEOPLE

The population of Mexico in 2015 was approximately 127 million people (World Bank, 2016a), and the population consists of people with diverse racial and cultural backgrounds due to its complex history. The ethnic groups include mestizo, indigenous people, Caucasian, and others (Hanratty, 1997; Demographics of Mexico, 2016). Statistically, mestizo, the people with mixed heritage between European and indigenous backgrounds, is the largest group and compose 62% of the population (Central Intelligence Agency, 2016). The ethnicities of other groups are not clear; however, they may include Arab Mexican, Afro-Mexican, and Asian Mexican (Demographics of Mexico, 2016).

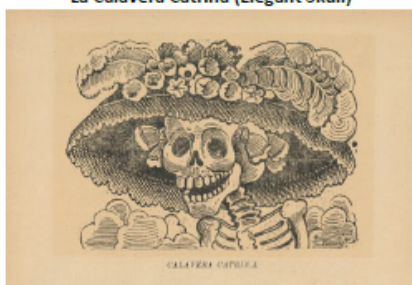
2. LANGUAGE

The dominant and official language in Mexico is Spanish; however, Mexico is a multilingual country. Approximately 93% of the people speak only in Spanish (Central Intelligence Agency, 2016), and different dialects of Spanish are spoken, depending on the region (Mackenzie, 2013). In some parts of the country, although small percentages, people communicate in indigenous languages. More than 90 indigenous languages exist, which are used predominantly in the southern states (Hanratty, 1997) where many indigenous people reside, and some of them may not speak in Spanish. It is important to note that not all the Mexican people speak in English.

3. CULTURAL VALUES AND BELIEFS

Mexico has an interesting culture blended between the native Indians and Spanish, and distinctive differences are seen among many regions in Mexican. Traditional Mexican cooking was merged with that of Europeans when Spanish arrived in 1500s, and Mexican food evolved into regional specialties over the centuries (Mexican Cuisine, 2016). Each region has its own unique products - cheese in Chihuahua to vanilla in Veracruz, and specialty dishes – *machaca* (a dish with dried meat) in the north where the livestock industry is prominent due to the dry climate, to *cochinita pibil* in Yucatán peninsula that is influenced by the Maya (Mexican

La Calavera Catrina (Elegant Skull)



(Posada, 1913)

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Cuisine, 2016). Mexican food is strongly tied to everyday life of Mexican people, such as festivals, and continue to be important part of Mexican culture (Mexican Cuisine, 2016).

**Dress with Traditional
Features of Aguascalientes**



(Linares Garcia, 2015)

Many states also have traditional clothes to represent each state. For example, one of the smallest states in Mexico, Aguascalientes, has own traditional clothing (Campos Espino, 2016) that reflect the state's embroidery industry. Each clothing is distinctively different and profoundly influenced by the history of each state (McFeaters, n. d.). Although people wear contemporary clothing every day, Mexican people, especially children who often dress up with traditional clothing during holiday celebrations, may still enjoy the opportunities to wear traditional clothes to embrace their cultural heritage.

Other important factor influencing Mexican culture is the religion as it influences people's values and beliefs. The majority of the population identify themselves with Christianity, and over 82% of the population were Roman Catholics in 2010 (Central Intelligence Agency, 2016). Similar to food and clothing, religion is ingrained in people's daily lives as Mexican people customarily attend churches and celebrate religious holidays.

a) Family System

Generally speaking, Mexican people are considered collectivists (Hofstede, n.d). Collectivists tend to value cooperation and harmony (Goncalo & Staw, 2005) over individual interests, and this characteristic may be represented in the strong values Mexican people place on their family (Hernández Pozas, 2013). Mexican people are known to take extra care to protect and sacrifice for their family because of the stronger sense of responsibilities (Santana & Santana, 2001).

Within the family dynamics, traditional gender roles maybe seen; the man as a protector and provider of the family and a woman as a caretaker (Santana & Santana, 2001). These traditional gender roles influence decision-making process, and a father would typically make important decisions for the family while mother's opinions are also respected (Santana & Santana, 2001). It may be common to see that decisions are being made as a family unit (Santana & Santana, 2001) for critical issues, such as medical decision-making. Family is central for the lives of Mexican people, and understanding the strength of the family unit and relations among each family may be important when working with a client.

b) Beliefs about Disabilities

The view on the disability for Mexican people is different from other countries. In some of the Global North where a person's independence is valued, the goals of rehabilitation may focus on enabling the person by remediating and restoring lost functions. However, in Mexico, the idea that a person becoming functional with the help of family members may be more important than functional

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independence of the individual (Santana & Santana, 2001). This view about disabilities and interdependence, when being combined with the strong value on family unit, could pose a challenge because the families sometimes may overprotect the person who is disabled. The need to protect the children and the elderly may be particularly strong due to the family responsibility and the sense of respect to the elderly, and it may be possible to see family members attempt to provide all assistance to those who have disabilities without encouraging their functional independence.

Summary:

Interdependence
within strong family unit

Additionally, religious and traditional views may influence their view on illness and disabilities. Some Mexican people may consider that the health issues is God's will and may incorporate religious approaches instead of the Western medicine (Santana & Santana, 2001; Vela, 2011). Because of the influence of the native culture, some people also take the traditional approaches; hot and cold dichotomy, *curandismo* or traditional Mexican healers, and the various concepts related to folk illness, such as *mal de ojo* or evil eye, are some of the examples (Santana & Santana, 2001; Vela, 2011). Describing all the concepts is beyond the scope of this document, however, it is important to acknowledge that these religious and traditional views are part of Mexican people's life, which should be respected and valued by visitors.

c) Gender Roles

Gender roles may be more clearly defined in Mexico, and people commonly take up on the gender-based expectations and roles (Schmitz, & Diefenthaler, 1998). These roles and expectations are seen in various settings, including the family structure, and characterize Mexico as a male dominant society. Although the roles of females in workplace have evolved and women made advancement in socioeconomic status, gender inequality is still seen today. The statistical data about Mexican woman at workplace reported that women are less likely to occupy managerial positions and make less salary compared to the male counterpart (World Economic Forum, 2016).

4. RELATIONSHIPS AND COMMUNICATION

Generally speaking, Mexican people are warm and welcoming, and most people would be very sociable and appreciative of visitor's interest in helping. Such generalization, although positive, may not accurately represent individuals as their behaviors and actions are strongly influenced by their own unique culture, values, beliefs, and experiences. Despite the danger of stereotyping, this section will explore some of the important ideas that may be helpful for the visitors when they start developing relationships with their partners.

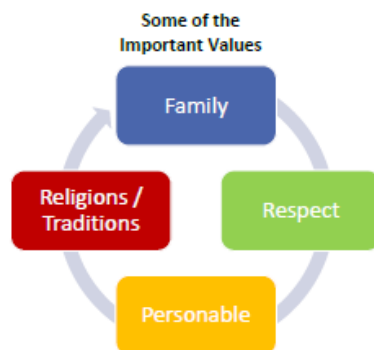
a) Personal Relationships

Mexico is a hierarchal society, and positions of individuals may influence the dynamics of the relationships. The hierarchy may be related to Mexico having high power distance, in which person in lower

Reflective Questions

What are the differences in rehabilitation goals between your country and your colleagues and/or clients?

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status is expected to accept social power inequality (Hofstede, n.d.). This means that important decisions are typically made by people in the higher hierarchy at workplace (Canada. Centre for Intercultural Learning, 2014) and a person with higher status may be respect just because of his or her position (Schauber, 2001). The hierarchical approach is deeply connected to the important Mexican value, respect or *respeto* (Schauber, 2001), and it may also be seen in personal interactions. It is important to note; however, that respect is not one-sided, and people expect that respect to be mutual (Santana & Santana, 2001; Smith, 2003). The visitors may demonstrate this by being courteous and sensitive to their partners.

Mexican people are also known to value personal connections. The collectivistic view, as previously described, has significant influence on this value and tied to personal relationship building (Hernández Pozas, 2013). For Mexican people, it is important to develop the trust and sense of caring with the backdrop of personal relationships because such connections become the foundation of formal interactions, including work or business contexts. Consequently, it is important to share personal matters, such as asking about family although getting straight to the point on business matters is considered normal in some countries (Canada. Centre for Intercultural Learning, 2014; Real Embajada de Noruega, n.d.). This value of being personable is a desired characteristic even within the hierarchal relationship, and people in higher status need to take personable approaches to their subordinates (Canada. Centre for Intercultural Learning, 2014). The same is true for clinical environment. Health care providers are regarded as an authority (Santana & Santana, 2001); however, being personable and respectful is extremely important in client - practitioner relationships (Santana & Santana, 2001; Smith, 2003).

b) Communication Style

Mexican people may be considered having a unique communication style that are related to their high context culture and contact oriented culture (Georgakopoulos & Guerrero, 2010). The seminal work by Edward T. Hall defined that people in high context culture prefer indirect communication style without direct and explicit communication (as cited in by Georgakopoulos & Guerrero, 2010). For example, reading between the lines would become more important when communicating with Mexican people as they may not necessarily say what is in their mind. Within a formal setting, it is common that communication is indirect, and people will try to avoid being viewed as confrontational by not openly disagreeing (Kopp, 2012), and this tendency may be more pronounced in hierarchal relationships

Summary:
Important Cultural Aspects to Consider

1. Family system
 2. Interdependence
 3. Gender roles
 4. Being personable and respectful
 5. Less explicit communication styles
 6. Neat appearance
-

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(Schauber, 2001). In some cases, they do not ask questions because they do not want to appear as though they don't understand in front of superiors, and may not even share opinions unless being formally asked (Canada. Centre for Intercultural Learning, 2014; Kopp, 2012; Schauber, 2001). However, indirectness does not equate with emotional affect as display of emotion is respected and considered important in Mexican culture (Canada. Centre for Intercultural Learning, 2014).

Another aspect is the close physical proximity during communication as Mexico is considered having contact oriented culture. According to the work by Hall, people in this culture tend to have closer personal space (as cited in by Georgakopoulos & Guerrero, 2010), and communication with Mexican people often involves physical contacts, such as kissing or touching. Females may greet each other by kissing on a cheek and shaking hands while males may only hug and handshake (Canada. Centre for Intercultural Learning, 2014). Even in a business setting, personal touch is common, and withdrawal of physical contact will not be well-received (Real Embajada de Noruega, n.d). However, these practice could vary depending on the contexts (social vs. business, closeness of the relationship, among different genders, etc.), and it is probably wise to observe the host's approach and follow their cues (Canada. Centre for Intercultural Learning, 2014) instead of assuming what is normal.

Reflective Questions

1. How do you ensure you understand partner's needs when they are not explicitly express their needs?
2. How is your position as a visitor influencing the relationship building and communication?

c) Appearance

Mexican people are conscious about appearance and presentation. They prefer formal and conservative dress code in a work setting (Canada. Centre for Intercultural Learning, 2014; Real Embajada de Noruega, n.d.). Dressing appropriately according to the specific context is important because people may make judgement about others based on how he or she dresses. Dressing out of contexts (wearing jeans and shorts at work) and untidiness (messy hair) is not well accepted, and the way visitors present themselves may also be equally important among other cultural characteristics.

G. SUMMARY OF MEXICAN CONTEXTS

This section explored the diverse nature of Mexico, in terms of people, language, and culture, as well as a brief history and government structure, so that visitors will become familiar with some of the important elements that may be influencing Mexican people's lives. The country has attempted to become a more democratic nation, and small measures have taken to enact the law protecting the rights of people with disabilities and provision of universal health care; however, they are not enough as the citizens continues to experience health disparities due to social and structural barriers.

Mexico has a blended culture between the native Indian culture and that of Spanish, and the people's values, beliefs, and expectations are formed by this unique culture. Understanding some of the basic concepts of their culture would be valuable when trying to decipher why and how people behave in certain way as these behaviors are dictated by their cultural norms. This document could only be able to provide extremely abbreviated information about Mexico, and it would be important to continue exploring its culture and forming new understanding about Mexico with the help of partners.

III. PRACTICE CONTEXTS SURROUNDING MEXICAN OCCUPATIONAL THERAPISTS

The following section will provide some ideas about the status and progress of Mexican OT, which may be at a similar or different stage in its professional development compared to visitors' home countries. It will be important to remember that culture of OT differs among countries, and perhaps even within the country; each OT has their unique values and views of OT that determine their actions. For example, in the United States, there are different views about what constitutes best practice or what the entry point should be for OT education (e.g., masters and doctorate). Therefore, visitors may need to be flexible to understand competing views and opinions about the directions and goals for growth, and determine the best course of action for the overall growth of the profession.

A. OCCUPATIONAL THERAPY IN MEXICO

Mexican occupational therapists are proud of their profession, and the meanings they derive from their work and the desire to serve the people in need are no different from any other occupational therapists around the world. The following section will provide some of the basic information about the professional growth, legal requirements, educational programs, and common practice areas.

1. BRIEF HISTORY

OT is not a young profession in Mexico as the history of OT could be traced back as early as 1860s during the presidency of Benito Juárez (Torices, 2012), and craft activities were provided at a psychiatric hospital by 1910 (COTEOC, 2013b) for the psychosocial rehabilitation of patients. Since this point until 1940s, the growth of the profession was somewhat stagnant although therapeutic activities were continued to be used to treat patients (Torices, 2012) mainly by nurses and handcraft teachers.

Advancement of rehabilitation medicine in 1940s also promoted the growth of OT, and the first OT school was founded under the physical therapy supervision, after the establishment of physical therapy school (Torices, 2012) Nurses became the first physical therapists and occupational therapists in 1950s (Cromwell, 1977). Since the advancement of rehabilitation medicine and establishment of the school, occupational therapists started to become more visible in the rehabilitation clinics (Torices, 2012). Mexican OT struggled with limited autonomy in establishing OT educational programs as many programs were controlled by non-OT professionals, such as physical rehabilitation doctors and physical therapists (Bolaños & Armendáriz, 2009), which significantly impacted the profession's growth.

Major Events

1910s: Use of craft activities as therapeutic medium
 1940s: Growth of physical medicine and WWW II stimulate professional growth
 1950s: Nurse becoming the first OT
 Increase in training schools during the polio epidemic
 1970s: Establishment of Asociación Mexicana de Terapia Ocupacional
 1990s: Establishment of APTO and COTEOC
 Becoming associate member of WFOT
 2000s: Becoming full member of WFOT
 (Torices, 2012; Cromwell, 1977)

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Reflective Questions

How different and similar the development of the profession compared to your home country?

Within this developmental phase, the number of occupational therapists had not grown significantly. Florence Cromwell made a few visits to Mexico from 1971 to 1971 to help Mexico improve OT practice and education programs with the request of Pan American Health Organization. By 1971, approximately 30 occupational therapists practiced in nine hospitals and rehabilitation centers in Mexico, and there were three schools of OT schools; two governmental and one private schools (Cromwell, 1977). At the time of Cromwell's visits, the

first professional association, Asociación Mexicana de Terapia Ocupacional was established (Cromwell, 1977).

The current association and regulatory body were formally founded in 1990s; APTO in 1993 (APTO, 2016a), and College of Occupational Therapists of Mexico (COTEOC) in 1999 (COTEOC, 2013a). Through the efforts by APTO, Mexico became the associate member to WFOT in 1998, and subsequently the full member in 2004 (WFOT, 2016b) after the first OT educational programs were accredited WFOT.

Historically, practice focusing on physical rehabilitation had been prevalent in Mexico; however, a movement towards incorporating OT theories into practice (occupation-based approach) was seen in the 1990s, and numerous efforts, including collaboration with foreign OT lecturers, had been made to improve the educational programs and to generate new generation of occupational therapists with new roles and identities (Bolaños & Armendáriz, 2009). Despite the difficulties, over the years, the OT profession and educational programs have grown in Mexico, with the positive impact from the international knowledge exchange that specially contributed to the development of the profession.

2. OCCUPATIONAL THERAPY ASSOCIATIONS AND RELEVANT ORGANIZATIONS

As described above, Mexico has two national OT organizations working to promote the growth of the profession. It is important to note that Mexico is a member of the Latin American Occupational Therapy Association (CLATO) that provide opportunities for networking and knowledge sharing (CLATO, 2013); however, the associations often mentioned as relevant among Mexican occupational therapists are APTO and COTEOC.

a) National Associations

Mexican National OT Association (APTO): APTO strives to promote the growth of the profession by providing courses (APTO, 2016a) and sponsoring an annual national congress. The association provides the delegate to World Federation of Occupational Therapists (APTOb).

College of Occupational Therapists of Mexico (COTEOC): COTEOC is a regulatory body registered by Ministry of Education (SEP). Its goal is to establish the standard of practice for the profession, and efforts include the development of official documentation, such as history of OT (COTEOC, 2013b) and ethical code (COTEOC, n.d.). and the standard of education, in which its format for revision of OT educational programs is being accepted by WFOT.

Useful Links

APTO:

<http://www.apto.org.mx>

COTEOC

<http://www.coteoc.org/>

* Check Facebook pages for more information

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b) State Organizations

There are not any state-level civil organizations representing each state for the national OT organizations. As described in the next section, license is granted at the federal level in Mexico. It is possible; however, regional, informal interest groups may exist.

B. DEMOGRAPHICS

Similar to other countries, OT in Mexico is a female driven profession, and 85% of Mexican occupational therapists were female in 2013 (WFOT, 2014). Despite the growth of the profession, currently, the number of occupational therapists in Mexico is very small (See the Table: Comparison of OT Demographics). The shortage is accentuated when comparing to the US data; the difference in the population is only three-fold while the number of US occupational therapists, which still has the growth potentials, is 180 times more than that of Mexico.

Comparison of OT Demographics

	Population in 2015	Number of OT in 2013
Mexico	127 million	622
US	321 million	114,240

(WFOT, 2014; World Bank, 2016a)

Additionally, the number of occupational therapists in Mexico is significantly smaller than other health care professionals. Although the data is relatively old, the data in 2000 reported that Mexico had 195,897 physicians and 88,678 nurses (WHO, 2006) while the number of occupational therapists today is less than 1,000.

C. EDUCATION SYSTEMS

Generally speaking, the Mexican education system is complex. Although there are different types of higher educational institutions, they need to be accredited by the government, and each institution has various policies while they are overseen by different administrative bodies (e.g., federal such as Ministry of Education [SEP], state ministries or other bodies, etc.) (Magaziner, 2016).

Over the years, OT education programs have grown and expanded. Currently, there are one associate degree program, 10 OT bachelor's programs, and one master's program, producing steady numbers of OT graduates each year. Currently, OT doctoral programs are not available in Mexico. Although improvement has been made over the years towards more holistic approach, the main focus on OT education tend to be physical rehabilitation in many of the institutions.

OT bachelor's programs in Mexico grant *titulo* or the degree after completing five years of study, which typically include four years of academic work and one year of fieldwork; however, there may be some variations in the length of the study. In addition to the year-long fieldwork, short-term fieldwork experiences may be offered throughout the academic coursework. For example, one program offers such clinical exposure assignments during the academic years (Centro Mexicano Universitario de Ciencias y Humanidades, n.d.).

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Occupational Therapy Programs in Mexico

Names	Locations	Type of Institution and Program		Program Length (Years)	Level and Degree Awarded	Approved by	
		Public	Private			SEP	WFOT
Instituto de Terapia Ocupacional	Mexico City		Yes	2	Master's	Yes	Yes
Benito Juárez Autonomous University of Oaxaca (UABJO)	Oaxaca	Yes		5	Bachelor's	Yes	
Centro Mexicano Universitario de Ciencias y Humanidades (CMUCH)	Puebla		Yes	5	Bachelor's	Yes	Yes
Centro Nacional Modelo (Gaby Brimmer)	Mexico City	Yes		5	Bachelor's	Yes	
Centro Nacional Modelo (Iztapalapa)	Mexico City	Yes		5	Bachelor's	Yes	
Centro de Rehabilitación y Educación Especial (Puebla)	Puebla	Yes		5	Bachelor's	Yes	
Centro de Rehabilitación y Educación Especial (Toluca)	Near Mexico City	Yes		5	Bachelor's	Yes	
Instituto Nacional de Rehabilitación (INR)	Mexico City	Yes		5	Bachelor's	Yes	
Instituto de Terapia Ocupacional	Mexico City		Yes	4	Bachelor's	Yes	Yes
Universidad de Autonomía del Estado de México (UAEM)	State of Mexico	Yes		5	Bachelor's	Yes	
Universidad Teletón	State of Mexico		Yes	5	Bachelor's	Yes	

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Names	Locations	Type of Institution and Program		Program Length (Years)	Level and Degree Awarded	Approved by	
		Public	Private			SEP	WFOT
Instituto Mexicano del Seguro Social (IMSS)	Mexico City	Yes		3	Associate's	Yes	

D. LICENSE AND QUALIFICATION REQUIREMENT

Occupational therapists are licensed professional in Mexico. Upon graduation, occupational therapists can apply to be registered at *cédula profesional* (professional license) through Ministry of Education (SEP). Candidates will apply for the registration according to the level of certification or degree they obtained; master's degree, bachelor's degree or associate degree (SEP, 2016). The government assigns a professional number unique to each applicant, and the public could verify professional license numbers through the federal web sites. Occupational therapists in Spanish is *terapeuta ocupacional*, and abbreviated as T.O. Licensed occupational therapists may use L. T. O. or Lic. in front of their names for documentation in Mexico. For example, it may appear as LT.O. Ana Maria Rodriguez Sanchez.

Useful Links

License Verification:

<http://www.cedulaprofesional.sep.gob.mx/cedula/indexAvanzada.action>

The levels of academic degrees are supposed to differentiate the professional status. For example, students who completed bachelor's degree are occupational therapists, and those who completed associate degree are OT assistants. However, both are simply called as "occupational therapists," regardless of the degree obtained, and this is a problematic situation in Mexico.

Occupational therapists in Mexico do not need to be registered with the national OT associations (WFOT, 2015) although they are registered through the federal government as previously described. At this time, there is no mandate for board examination or national-level examination in Mexico. Because state-level OT regulatory body do not exist, there is no registration requirement at the state level (WFOT, 2015).

A foreign occupational therapist, who intends to have a paid position in Mexico, must have a working visa through an employer. The most prominent visa is called FM3, and the application process requires the employer to provide a support letter (Kihn, n.d.). It is beyond the scope of this document to provide legal information, and foreign occupational therapists who are interested in obtaining the paid position must work with prospective employers to take care of legal aspect of working in Mexico. Additionally, foreign occupational therapists, who plan to have a paid position, must obtain Mexican license through SEP, and the application information could be found on the SEP website at [SEP for Foreigners](#); For those who provide unpaid volunteer services or lectures and continuing education courses, there is no requirement for neither a working visa nor license (WFOT, 2015).

Summary:

Follow appropriate legal requirements to practice according to the purpose of the visit

E. PRACTICE AREAS

Similar to current dominance in rehabilitation model within the university-level OT programs, physical rehabilitation is the most common practice areas among Mexican occupational therapists. In Mexico, the rehabilitation services are mainly provided through public services, such as IMSS and DIF. IMSS, the social security programs, is one of the important rehabilitation service providers, and the system offer its services to over 50 million people across the country (Guzmán González, 2012). DIF is another governmental agency that is available in most communities, and provide rehabilitation services to children and adults (Guzmán González, 2012).

Among physical rehabilitation services, pediatric practice is one of the popular practice areas. Teleton Children's Rehabilitation Centers (CRIT), private organizations, offer their services focusing on physical rehabilitation at their 21 centers throughout the country (Guzmán González, 2012; Teleton México, 2015). Although pediatric physical rehabilitation within a clinic setting is prevalent, occupational therapists are working in other settings, public hospitals and rehabilitation centers for adults, including IMSS and DIF, and private hospitals/centers, including specialty clinics such as brain injury clinics and neurorehabilitation clinics.

Other practice areas may include private practice, and community and mental health, although these two practice areas are not common. Some occupational therapists also take educator and researcher roles, and most of the OT programs are taught by occupational therapists while other educators in different disciplines, such as physical therapists, may be part of the educational program. Some occupational therapists may also have dual roles. For example, it is common for therapists to have their full-time position during the day, and engage in their private practice or teaching positions in the afternoon.

Reflective Questions

1. How the physician-centered model or hierarchy may influence the partnership and patient care?
2. What are the differences in approaches in how evaluation and treatments are being provided?

F. CHALLENGES FACED BY MEXICAN OCCUPATIONAL THERAPISTS

The information described in the previous sections will help visitors understand the way culture and practice of Mexican OT and OT education are influenced by contextual factors and structural barriers.

1. DIFFICULTY WITH ENFORCEMENT

Although occupational therapists are licensed professionals, there is neither a strong enforcing body to protect the title of occupational therapists from misuse by others nor will it prevent unethical conducts. For example, in Mexico, students must complete a thesis or other requirements to be awarded the degree, which is necessary for the license to practice. Students, who complete coursework, but did not complete the final requirements (called as *pasante*), will have neither the degree nor the license to practice; however, it is common for *pasante* to find employment affiliated with their specialized coursework (Magaziner, 2016). Occupational therapists are not exception to this, and there may be people who are working as occupational therapists despite not having their OT certification and license. In some instances, some people, who did not undergo formal training or

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Reflective Questions

1. What are the consequence of teaching and training a person who is not an occupational therapist under current practice context?
2. Who are the major OT players in the geographical areas where you are visiting?
3. What do the best support look like when considering to meet the need of local organizations while ensuring the growth of the profession?

academic coursework, simply call themselves occupational therapists, and provide “OT” services. These problems are originated to the fact that the profession is licensed, but not well-protected by enforcing body in Mexico.

Weak professional boundaries can be seen within clinical practice. Professional encroachment are common, and other health care professionals may use the techniques specifically designed to support the profession of OT. For example, sensory rooms are used and owned by physical therapists, but not by occupational therapists. In other case, OT was viewed as a technique, not as a profession. One Mexican nursing journal reported that a psychologist used OT as his or her intervention approach for a

health promotion group program for the elderly (Maldonado-Guzmán, Carbajal-Mata, Rivera-Vázquez, & Castro-García, 2015).

In addition to the difficulties in enforcing the law to protect the profession, there is also not a strong system to monitor the conduct of practitioners. This is perhaps because of the differences in the idea of litigation, and law suit against medical practice is not so common in Mexico. The system to report and dispute medical malpractice is available in Mexico. However, the process is overseen by the federal government agency, the *Comisión Nacional de Arbitraje Médico* or the National Medical Arbitration Commission (Tena-Tamayo & Sotelo, 2005). At the organizational level, the national OT associations currently do not have the reporting system that is available for the public to report the unethical conducts of occupational therapists.

2. CENTRALIZATION

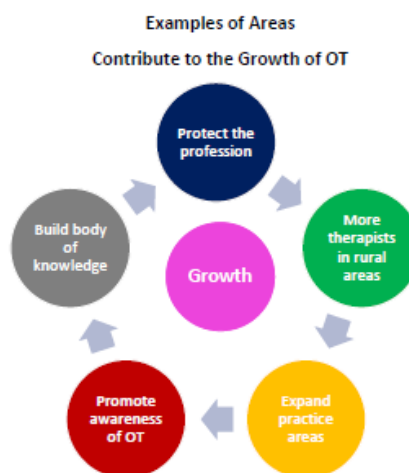
The centralization may influence many aspects of OT practice. Although the Mexican political system has transitioned to democracy, the top-down approach is still prevalent within the political context, which may make it difficult for the OT national associations to promote long-term political advocacy with ever-changing government personnel. This challenge is perhaps compounded owing to the fact that occupational therapists are dominated by female within the male-oriented society.

Unequal distribution of occupational therapists is another challenge. Many work in Mexico City and the State of Mexico, and other states, except the areas where OT schools are available, are generally struggling to recruit and maintain occupational therapists. Consequently, there are regions where no licensed occupational therapists are available in Mexico. One simplified example is that there are community centers and organizations that assist people with disabilities in rural areas and need OT expertise; yet they are unable to find any occupational therapists. These organizations may hire personnel, and train the personnel with OT techniques to compensate the deficiency, which lead to the situation that a person who were not formally and academically trained would work as occupational therapists.

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3. LIMITED PRACTICE AREAS

As described in the Health system section, DIF and IMSS are some of the important public agencies to provide rehabilitation services in Mexico. However, perhaps with the exception of Mexico City and some larger metropolitan cities, OT is often not the part of these health systems. In the cities where occupational therapists are not present or scarce, there are some instances that other health care professionals are hired in place of occupational therapists, and provide "OT" service. This situation, lack of OT presence, is not specific to rural areas, and can be seen even in a smaller metropolitan city with nearly one million inhabitants. Occupational therapists are also interested in expanding their practice areas to non-physical rehabilitation, such as mental health, geriatrics, psychology, school system, and community.



4. OUTSIDE INFLUENCE

In many countries, occupational therapists may struggle with professional autonomy under physicians who take on a gatekeeper role in the rehabilitation process. In Mexico, physicians, especially physical medicine and rehabilitation doctors, are encouraged to take on a central role in and be responsible for organizing and supervising the rehabilitation service delivery (Guzman & García-Salazar, 2014). Within the culture to respect authority, the physicians take dominant role within the provision of care, which may even influence OT plan of care. For example, under the direction of doctors, occupational therapists may not independently conduct full evaluation (e.g., functional evaluation, ROM, standardized evaluation, etc.), but have general interviews prior to OT treatment. This problem of lack of professional autonomy is not only the case with occupational therapists, but also can be seen among other allied health care professionals, such as physical therapy and nursing.

OT is not a well-recognized profession in Mexico, and not too many people know the scope of OT practice. However, people and their families/acquaintances who received the OT services in the past understand what OT could offer relatively well. Patients would not seek OT services because of the lack of understanding and visibility of OT, which in turn would contribute to the issues of limited OT practice areas (i.e., demand and supply). Additionally, this challenge also highlights the importance of the relationships with rehabilitation doctors as they may be the first health care professionals to introduce OT to the patients while their level of understanding of OT can be limited.

5. BODY OF KNOWLEDGE

Mexican OT is struggling to develop its own unique body of knowledge. There are not too many published documents delineating profession and professional identity that are written by Mexican OT organizations and are uniformly used among Mexican occupational therapists. For

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example, there is not anything equivalent to OT practice framework or scope of practice written by national OT body.

The limited availability in unique body of knowledge is similar with OT textbooks, and the OT theories and concepts from Global North are generally translated and adopted to be used in Mexico. Currently, there is not a professional journal in Mexico that is dedicated for Mexican OT scholars and practitioners to contribute and share their work.

Although the areas related to the body of knowledge is certainly a challenge for Mexico, this does not mean that Mexican occupational therapists are not working on generating own body of knowledge. The code became available in the past few years, there is the standardized assessment tools that were developed by a Mexican OT scholar, and the university-level OT educational programs are working hard to expand curricula other than the traditional curricula of physical rehabilitation. Additionally, an online OT scholarly archive, contributed by OT students, recently became available for registered users (Instituto de Terapia Ocupacional, 2014).

G. FOREIGN-BASED PRODUCTS AND FINANCIAL CONSIDERATIONS

Visitors may have more financial power compared to Mexican partners, it may be important to consider available resources, both financial and material, before deciding to introduce expensive foreign -based products. Sustainability, the socioeconomic status of clients, and financial availability of the host organizations are some of the important factors to consider when considering foreign assessment tools or assistive device, and contextual understanding and discussions with host will help this process. When indicated by the host, it may also be important to consider the use of local materials and local services, such as carpenters and handymen to fabricate the necessary items.

Key Ideas:

What does it mean for Mexican partners to have costly items when considering;

Average wage in Mexico (2015)

\$15,000 US

Vs.

Average wage in US (2015)

\$59,000

(OECD, 2016b)

What does \$150 worth of product mean for low income families?

H. SUMMARY OF THE OT PRACTICE CONTEXT

This section introduced some of the difficult issues experienced by Mexican OT. These issues are often complex and multifaceted, and visitors will need to carefully analyze each situation. The purpose of this section was to provide preliminary information, so that visitors could start seeking the ways to be part of the Mexican OT's growth, and to expand their efforts beyond transferring clinical knowledge and locally-oriented support. Every country's progress is different, and it is important to customize the way visitors approach global partnerships. This notion is especially important for Mexico that already has the infrastructure, OT schools, laws, and national organizations, supporting the growth of the profession.

IV. LOGISTICAL PREPARATION

In most cases, perhaps, what precede during the global partnership experience may be logistical preparations, such as making travel arrangement. Many of the available online documents are designed to address these aspects of the visit. Good logistical preparation is important as it could positively/negatively influence partnership building and experiences. The followings are the general topics frequently discussed among some guidelines, and each visitor will need to make arrangements specific to the goal of his or her visit. For example, if the goal is to provide a lecture in Mexico, the visitor will not need to prepare for working visa or license. If the visitor plans to obtain a long-term position, additional information, such as liability insurance, may be needed. All important aspects of the visit should be done in consultation of the host institutions and national organizations where necessary. Further readings are strongly encouraged, especially subject related to personal safety.

Topics
<p>Logistical preparations (1, 2, 4, 5)</p> <ul style="list-style-type: none"> • Make travel arrangements, such as book flights • Make living arrangement, including finding the place to stay, understanding the cost of living • Making transportation arrangement, including finding out how to get to workplace, who to pick you up at the airport • Making financial arrangement, such as understanding how to withdraw funds, opening local bank accounts, and handling tax issues within the host country and your home country • Preparing for and establishing communication arrangement, such as finding out the availability of internet access
<p>Working arrangement (1, 2, 4)</p> <ul style="list-style-type: none"> • Prepare to work <ul style="list-style-type: none"> ◦ Find jobs ◦ Understand and obtain job description ◦ Make arrangement for compensation: salary vs. volunteer ◦ Coordinate work schedule • Understand the license requirement and obtain license • Understand working visa requirement, and process necessary paperwork • Develop network and professional relationships <ul style="list-style-type: none"> ◦ Find somebody who supervise / coach / mentor your ◦ Find somebody who visited previously visited the country • Understand the professional liability insurance, and obtain if needed

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Topics
<p>Personal health (1, 2, 3, 4, 5)</p> <ul style="list-style-type: none"> • Obtain all necessary vaccine • Understand local diseases that you may be in danger of contracting • Prepare to bring necessary routine medication or find out how you will procure during the visit • Obtain health / travel insurance for yourself • Find out available local medical services • Understand daily living tips, such as safety related to drinking water and food preparation) • Ensure psychological well-being and physical health
<p>Personal safety (1, 3, 4, 5, 6)</p> <ul style="list-style-type: none"> • Take common precautions in accordance with local norm / customs • Plan for emergency • Understand local laws • Register with the government agencies, such as embassy/consulate • Make arrangement to receive travel advisory / warnings • Understand crime and violence of the area you visit
<p>Other (1, 3, 5)</p> <p>Be cognizant about the international news and host country's news, the sources may include;</p> <ul style="list-style-type: none"> ○ Access World News ○ World News Connection ○ Google News' international editions ○ WHO ○ UNICEF

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A Survey for Pilot Test

Thank you so much for taking the time to participate in my project. Please share your honest opinions about the guiding document. Your responses are valuable to evaluate the contents, and the information you provided will remain confidential.

**Upon completion, please send your form to
Kazumi Bowman, MOT, OTR/L at
ksbowman@stkate.edu**

1. How long have you been practicing as an occupational therapist?

- ☐ 0-5 years ☐ 6-10 years ☐ 11 - 20 years
☐ 20 years and above ☐ Prefer not to comment

2. What is your professional role?

- ☐ Practitioner ☐ Educator ☐ Researcher ☐ Advocacy
☐ Other ()

3. Where your partner is located?

- ☐ Africa ☐ Asia ☐ Latin America ☐ Other ()

4. What was your purpose of your partnership?

- ☐ Volunteer
 ☐ Lecture / Continuing education
 ☐ Service Learning
☐ Present at Conferences / Congresses
 ☐ Other ()

5. Do you or have you had partners in Mexico?

- ☐
- Yes
- ☐
- No

Main Questions

- 1. How same or different from the type of the information you would seek prior to your global health experience?**
- 2. Please describe how this document would or would not influence your next global health experience?**
- 3. Please list three things that were helpful about this document.**
- 4. Please list three things that you would like an improvement on this document.**
- 5. Any other comments?**

Appendix J

Demographic Information of the Pilot Test Respondents

Demographic data	
Years of service as an occupational therapist	
0-5 years	1
6-10 years	1
11-20 years	1
20 years and above	6
Professional roles ^a	
Practitioner	6
Educator	6
Location of host partners	
Latin America ^b	8
Africa	1
Other ^c	1
Purpose of visits ^d	
Service learning	6
Volunteer	3
Others ^e	2
Having partners in Mexico	
No	9

Note. A total of Nine respondents.

^aThree people responded a dual-role. ^bCountries mentioned: Jamaica, Caribbean, Ecuador, and Peru. ^cOne person indicated not applicable; however, stated the previous global health experience during the recruitment process. ^dTwo identified dual purposes.

^eOthers included working as a faculty, and not applicable; however, this person indicated the previous global health experience during the recruitment process.

Appendix K

Data Analysis Results from the Pilot Survey

Themes, categories, and codes

Challenges associated with preparation

Dilemmas

- Challenges in preparation
- Common reality

Values of the document

Justification

- Appropriate selection of the topics
- Neutral opinions

Benefit

- Practical value of the document
- Applicability of the document
- Potential benefit

Factors influenced the learning

Content

- Helpful content related to Mexico
- Helpful content related to Mexican OT
- Contrasting ideas about logistical section

Instructional approaches

- Reflective questions facilitate learning
- Global partnership section facilitates learning

Structure

- Helpful organization
- Problems with writing

Design

- Helpful introduction
- Organization list
- Other helpful design
- Contrasting ideas about summary boxes
- Appealing appearance

Themes, categories, and codes

Learning from the document

Personal learning

Importance of relationship building
Partnerships
Humility and reflexivity

Leading to future changes?

Possible attitudinal changes for future projects
Possible changes relate to actual projects
Neutral opinion

Areas of improvement

Recommendation for changes

Related to reflective questions
Examples of partnerships
Possibly minor wording changes
Possibly substantial changes or beyond the scope of the document
