AOTA’s Societal Statement on Health Disparities

It is widely recognized that disparities in health status and the availability of or access to health and social services exist in the United States. The Trans-National Institutes of Health (NIH) Work Group on Health Disparities defined the term health disparities as “differences in incidence, prevalence, morbidity, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups” (NIH, 2002, p. 7).

Health disparities result from the complex interactions among biological factors (e.g., genetics, family history), the environment (e.g., social discrimination; availability, access, and quality of health care), and specific health behaviors (e.g., smoking, alcohol abuse). Health disparities can affect population groups on the basis of gender, age, ethnicity, socioeconomic and educational status, geography, sexual orientation, and disability. Inequities in health exist when the disparities in factors are avoidable and unfair (United Nations Committee for Development Policy, 2009). Groups who have persistently experienced historical trauma, social disadvantage, or discrimination systematically experience worse health or greater health risks than more advantaged social groups (Williams, 2010).

Occupational therapy practitioners have the responsibility to intervene with individuals and communities to limit the effects of inequities that result in health disparities. Practitioners have knowledge and skills in evaluating and intervening with individuals and groups who face physical, social, emotional, or cultural challenges to participation. Further, the American Occupational Therapy Association (AOTA) supports advocacy to increase access to health services for persons in need, and efforts to lessen or eliminate health disparities are consistent with the Occupational Therapy Code of Ethics and Ethics Standards (2010) (AOTA, 2010).

References


Authors
Brent Braveman, PhD, OTR/L, FAOTA
Jyothi Gupta, PhD, OTR/L
René Padilla, PhD, OTR/L, FAOTA

The Representative Assembly Coordinating Council (RACC):
Denise Chisholm, PhD, OTR/L, FAOTA, Chairperson
Yvonne Randall, EdD, OTR/L, FAOTA
Jyothi Gupta, PhD, OTR/L
Andrea Bilics, PhD, OTR/L
Barbara Hemphill, DMin, OTR, FAOTA, FMOTA
Yvette Hachtel, JD, MEd, OTR/L
Debbie Amini, EdD, OTR/L, CHT
Mary Kay Currie, OT, BCPR
Kimberly Hartmann, PhD, OTR/L, FAOTA
Laurel Cargill Radley, MS, OTR/L, AOTA Staff Liaison

Adopted by the Representative Assembly 2006C360; revised 2011 by the RACC; revised 2013 by the RACC.

Copyright © 2013 by the American Occupational Therapy Association.