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).

Health disparities result from the complex interactions among biological factors (e.g., genetic factors, 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 persons 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 *Core Values and Attitudes of Occupational Therapy Practice* (AOTA, 1993) and the *Occupational Therapy Code of Ethics and Ethics Standards* (AOTA, 2010).

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Authors

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

The Representative Assembly Coordinating Council (RACC):
Mary F. Baxter, PhD, LOT, FAOTA, *Chairperson*
Yvonne Randall, EdD, OTR/L, FAOTA
Barbara Hemphill, DMin, OTR, FAOTA, FMOTA
Barbara Schell, PhD, OT/L, FAOTA
Janet V. DeLany, DEd, OTR/L, FAOTA
Pam Toto, PhD, OTR/L, BCG, FAOTA
Laurel Cargill Radley, MS, OTR/L, *AOTA Staff Liaison*

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