The selection of the theme for this special issue of the American Journal of Occupational Therapy (AJOT)—social justice and health disparities—supports occupational therapy’s growing interest in addressing unjust inequities that limit opportunities for participation in society. Over the past two decades, the occupational therapy literature has examined societal issues that influence occupational performance and participation (American Occupational Therapy Association[AOTA], 2006a; Kronenberg, Algado, & Pollard, 2005; Townsend, 1993, 2003; Townsend & Wilcock, 2004; Wilcock & Townsend, 2009; Wood, 1997). There also has been recent concern about health disparities within the profession and interest in framing occupational therapy’s role in addressing them (AOTA, 2006a; Bass-Haugen et al., 2005; Kronenberg & Pollard, 2006). This focus on health disparities evolved from earlier occupational therapy literature on multiculturalism, diversity, and cultural competency (Abreu & Peloquin, 2004; Black, 2002; Wells & Black, 2000). Social justice and health disparities have been integral to theory development and proposed interventions regarding the role of occupational therapy in working with communities, populations, and society at large (Bass-Haugen, Henderson, Larson, & Matuska, 2005; Baum, Bass-Haugen, & Christiansen, 2005; Dudgeon, 2009; Gupta & Sullivan, 2008; Kielhofner et al., 2008; Saffa, 2001). Related disciplines and professions, including social sciences, public health, health sciences, rehabilitation, theology, public policy, disabilities studies, and others, have made important contributions to our understanding of social justice and health disparities (Brega, Goodrich, & Powell, 2005; Giddings, 2005; Jerez & Relf, 2002; Longres & Scanlon, 2001; Nuwayhid, 2004; Smith, 2008; Sox, 2002; van Ryn & Fu, 2003; Vera & Speight, 2003; Williams & Braboy Jackson, 2005).

There is ample research on social justice and health disparities related to occupational therapy to support two special issues of this journal. However, we chose to link the two focus areas to emphasize the need for both building foundational knowledge on the topics and promoting a call to leadership and action by occupational therapy practitioners in health, education, and social services arenas.

In 2006, a panel of occupational therapy practitioners (Frank Kronenberg, Julie Bass-Haugen, Brent Braveman, and Karin Opacich) was invited to present an American Occupational Therapy Foundation (AOTF) Pi Theta Epsilon (PTE) Colloquium, “Health Disparities and Social Justice: Addressing the Needs of Marginalized Populations.” The panelists discussed the importance of understanding the historical and structural factors that contribute to health disparities and the role of occupational therapy in addressing these issues. They highlighted the need for occupational therapists to engage in advocacy and policy work to address systemic inequities and work towards social justice.

The panelists also emphasized the importance of culturally responsive and inclusive practices in occupational therapy, as well as the need for ongoing education and training in social justice and health disparities. They argued that occupational therapy has a unique role to play in addressing health disparities, particularly in working with underserved populations and in settings where access to health care is limited.

The panelists concluded by calling for occupational therapy practitioners to be proactive in addressing social justice issues and to work towards creating a more equitable and just society. They encouraged occupational therapists to engage with their clients and communities to understand their unique needs and to advocate for policy changes that can address systemic issues.

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Social Justice and Occupational Therapy

Attention to the topic of social justice by the occupational therapy profession has become an international effort. In 1993, Canadian Elizabeth Townsend delivered the Muriel Driver Lecture, “Occupational Therapy’s Social Vision,” at the Canadian Occupational Therapy Association annual conference. She noted that occupational therapy’s vision is to promote social justice by enabling people to participate as valued members of society despite diverse or limited occupational potential. The profession promotes social justice through practical approaches that enable people to develop their occupational potential. (Townsend, 1993, p. 176)

Along with Ann Wilcock, Townsend (2004) described a developing international dialogue on the relationship between occupation, justice, and client-centered practice in an article in the Canadian Journal of Occupational Therapy. In 2005, Frank Kronenberg, Salvador Simo Algado, and Nick Pollard published their edited book Occupational Therapy Without Borders: Learning From the Spirit of Survivors (Kronenberg et al., 2005). The goal of the book was to “exchange ideas and engage in a critical debate around the development and implementation of occupational therapy initiatives with marginalized populations from an occupational justice perspective of health” (Kronenberg et al., 2005, p. vi). The book included descriptions of occupational therapy interventions in Vietnam, Lebanon, Brazil, Guatemala, Japan, and other countries and cultures, with a variety of groups facing social injustices and limits to occupational participation. Among these groups were children surviving the impact of war in Kosovo, unprotected working children facing exploitation in Mexico, adults with learning difficulties in the United Kingdom, and families returning to Guatemala after years of living as refugees.

Much effort has gone into defining the term social justice and identifying the key tenets that can guide action by individuals and groups concerned with the impact social injustices have on world citizens. Braveman and Suarez-Balcazar (2009, p. 13) noted that “social justice is a broad term that encompasses several interrelated concepts, such as equality, empowerment, fairness in the relationship between people and the government, equal opportunity, and equal access to resources and goods.” The British Commission on Social Justice (1994) suggested in its report Social Justice Strategies for National Renewal that social justice is defined by four main ideas, including (1) the belief that the foundation of a free society is the equal worth of all citizens, expressed most basically in political and civil liberties, equal rights before the law, and so on; (2) the argument that everyone is entitled, as a right of citizenship, to be able to meet their basic needs for income, shelter, and other necessities; (3) the belief that self-respect and equal citizenship demand more than a meeting of basic needs—they demand opportunities and life chances; and (4) the ability to achieve the first three conditions of social justice by recognizing that, although not all inequalities are unjust, unjust inequalities should be reduced and eliminated where possible.

The term occupational justice has been used within the occupational therapy literature (Christiansen & Townsend, 2003; McIntyre & Atwal, 2005; Townsend & Wilcock, 2004; Wilcock & Townsend, 2000, 2009). Occupational justice asks us to consider the inequities that arise when participation in occupations is “barred, confined, restricted, segregated, prohibited, undeveloped, disrupted, alienated, marginalized, exploited, excluded, or otherwise restricted” (Townsend & Wilcock, 2004, p. 77). Additional terms and constructs that relate issues of justice in society to the concerns of enabling occupation in humans have been introduced and are appearing more frequently in the occupational therapy literature, such as occupational alienation, occupational apartheid, occupational deprivation, occupational marginalization, and occupational rights (Kronenberg et al., 2005; Kronenberg & Pollard, 2006; Townsend & Wilcock, 2004; Whalley-Hammel, 2008; Whiteford, 2000; Wilcock & Townsend, 2000; Zeldentryk & Yalmambirra, 2006). Table 1 offers brief descriptions of these terms.

Health Disparities and Occupational Therapy

Health disparities and health inequalities have received considerable attention in the professional and popular literature in recent years. Health disparities is the more common term in the United States, whereas health inequities and health inequalities are more prevalent terms in international arenas (Carter-Pokras & Baquet, 2002). Health inequalities have been described by WHO as having three primary features: (1) systematic with consistent patterns across a population, (2) socially produced and thus amenable to change, and (3) unfair from a human rights perspective (Whitehead & Dahlgren, 2006). There are numerous definitions of health disparities in the literature. Healthy People 2010 defined the term as “differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation” (U.S. Department of Health and Human Services, 2000a, p. 11). The National Institutes of Health defined the term as “differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the...
United States” (U.S. Department of Health and Human Services, 2000b, p. 4).

The use of different definitions for health disparities, health inequities, and health inequalities presents specific problems in measurement, research, public policy, and programming. Carter-Pokras and Baquet (2002) examined 11 different definitions of health disparities in the literature and found three approaches to defining the comparison population: nonminority or majority population, general population, or other segments of the population. They also found that the identified definition of a health disparity used by an agency provides information on its target areas for policy, research, and funding. For example, some agencies focus on disparities caused by health care access or delivery, whereas others target specific health conditions of concern.

Several approaches have been taken to describe the determinants of health disparities (Carter-Pokras & Baquet, 2002). In 1991, Whitehead proposed determinants of health that were adopted by the European office of WHO and made distinctions between two main categories of determinants of health, those that were fair and unavoid- able (e.g., natural, biological factors; freely chosen behavior that is damaging to health; temporary health advantages) and those that were unfair and avoidable (e.g., behavior that is caused by limited choices, unhealthy environments, poor access to services, natural selection). The Public Health Agency of Canada (2005) defined 12 determinants of health, including income and social status, social supports, education, employment characteristics, social environments, physical environments, personal health and coping, child development, biological and genetic factors, health services, gender, and culture. WHO (Wilkinson & Marmot, 2003) proposed that material, psychosocial, and political dimensions must all be addressed in any efforts to improve health.

Although adoption of different definitions of health disparities and related terms has posed challenges, Carter-Pokras and Baquet (2002) concluded that What should be agreed upon is that a disparity acts like a signpost—indicating that something is wrong. If a disparity is identified and described, then the health community, policy makers, and the public can become aware of it. (p. 432)

During the past decade, health disparities research, policies, and programs have focused on three primary issues: health care access, health status, and quality of care (Gamble & Stone, 2006).

Gamble and Stone (2006) concluded that eliminating disparities “is an issue of distributive justice” (p. 118) that will entail research that (1) identifies the causes of health disparities and develops intervention strategies, (2) explores the human agency causes of disparities, (3) recognizes the political structures that have authority and power to change the causes of disparities, and (4) uses moral language and passion that includes stories of injustice and oppression to develop political will and move people to action to redress disparities.

In This Issue

Eight articles related to the topics of social justice and health disparities are included in this special issue. Brent Braveman and Yolanda Suarez-Balcazar (2009) explore the application of social justice to two case examples of persons living with HIV/AIDS in their article “Social Justice and Resource Utilization in a Community-Based Organization: A Case Illustration of the Role of the Occupational Therapist.” The authors illustrate how service-oriented, community-based organizations act as brokers of human, financial, and other types of resources and the challenges faced in distributing these resources in an efficient manner consistent with social justice concepts. They also suggest how occupational therapy practitioners might assist organizations in effectively and fairly distributing resources through the application of occupational therapy—paradigmatic knowledge and skills.

Julie Bass-Haugen (2009) provides an overview of health disparities that are relevant for occupational therapy in her article “Health Disparities: Examination of Evidence Relevant for Occupational Therapy.” National survey data were used to examine variables related to occupational performance or occupational therapy services that showed evidence of disparities for different racial or ethnic groups and income or poverty levels. Differences in health and behavioral characteristics, activity profiles, home and work environments, health care experiences, and outcomes of health care services for specific groups suggest there are many opportunities for occupational therapy to contribute to the Healthy People 2010 goal of eliminating health disparities.

Susan Magasi and Joy Hammel (2009) explore the perceptions of women with dis-
abilities of their lived experiences in nursing homes in the article “Women With Disabilities’ Experiences in Long-Term Care—A Case for Social Justice.” They document implications for the study participants of living in a nursing home that were characterized by lost choice, control, and occupational engagement; social isolation; social control; the political economy of the nursing home; and active resistance to social injustice.

Anne B. Blakeney and Amy Marshall (2009) explore the relationship between water and occupations in their article “Water Quality, Health, and Human Occupations.” They used a participatory action research design to investigate the environmental degradation in Letcher County, Kentucky, and identified the impact of poor water quality on the residents’ occupations. They presented their findings in terms of occupational imbalance, occupational deprivation, and occupational alienation.

Shirley A. Blanchard (2009) explores the health disparity of obesity in her article “Variables Associated With Obesity Among African-American Women in Omaha.” This study examines the relationship among obesity, age, education, and socioeconomic status and the relationship between obesity and depression among African-American women living in Omaha, Nebraska, and identifies opportunities for occupational therapy intervention.

Susan Bazyk and John Bazyk (2009) present the findings from a phenomenological study that describe the meaning of occupational therapy groups focusing on occupational engagement, group process, and social-emotional learning for low-income urban youths attending after-school care in their article “Meaning of Occupation-Based Groups for Low-Income Urban Youths Attending After-School Care.”

Amy Paul-Ward (2009) presents findings from an ongoing qualitative participatory study that seeks to document the experiences of adolescents in foster care in her article “Social and Occupational Justice Barriers in the Transition From Foster Care to Independent Adulthood.” She provides an overview of perceived independent living and vocational service needs from the perspective of the adolescents themselves and describes several barriers that affect an adolescent’s ability to develop the skills needed to achieve independent adulthood.

Susan Cahill and Yolanda Suarez-Balcazar (2009) propose a role for occupational therapy in addressing the obesity epidemic in their article “The Issue Is—Promoting Children’s Nutrition and Fitness in the Urban Context.” They propose that occupational therapy practitioners need to work collaboratively with families, schools, and communities to address this critical issue affecting the health of our children. The authors introduce several approaches, including new roles for occupational therapy.

We learned a lot from the articles selected for this special issue, and we are confident that you will feel the same.

The Future: Promoting Justice and Health by Enabling Occupation

Although it should be acknowledged that much of the initial work on social justice and health disparities in the profession had been accomplished by our international occupational therapy colleagues, these concepts have now been embraced by scholars and practitioners in the United States. As reflected in the Centennial Vision (AOTA, 2007), there is an increased focus and concern for becoming globally connected and addressing issues of injustice as well as narrowing the gap in health status caused by health disparities.

Many opportunities for role expansion and for occupational therapy practitioners to promote health and to foster full participation in a just society exist. Just a few examples would include applying principles of universal design to foster maximum occupational participation for all; helping our aging population to successfully age in place; building healthy communities; promoting the developmental, occupational, and environmental needs of children; and developing skills and competencies to aid with disaster preparedness and relief both at home and abroad.

These opportunities also present many challenges. Occupational therapy needs to promote continued professional development of knowledge regarding the issues, entry-level and advanced skills, and competencies and practice models to guide occupational therapy intervention with communities, populations, and society at large. Our profession must establish social justice issues and health disparities as a paramount concern in all our work and demonstrate political will to make a difference through education, research, and practice. We also need to strengthen our communication strategies to work effectively with others who share concerns about social justice and health disparities.

A specific communication challenge is inherent in the terminology chosen by different disciplines and countries. We noted earlier that health disparities is the standard term used in the United States, whereas health inequities and health inequalities are more common terms outside our borders. The terms social justice and occupational justice pose a similar problem. As noted by Wilcock and Townsend (2009), it has been questioned whether occupational justice is a concept on its own. Some argue that social justice as a concept does not sufficiently address the difference between individual occupational natures and needs; they suggest that occupational justice and social justice should be thought of as separate entities so that important aspects of occupational justice are not overlooked.

Others have expressed concern about creating further gaps in communication between occupational therapy and other disciplines and contributing to prolonged confusion over “what occupational therapy is.” When other professions use the term social justice and an occupational therapy practitioner uses the term occupational justice to refer to the same situation, is that practitioner creating an artificial and unnecessary communication gap? There has been a move to adopt common interdisciplinary language in the field of rehabilitation, for example adoption and use of WHO’s International Classification of Functioning, Disability, and Health (ICF; 2008). The ICF framework, if widely adopted, could promote a common, international language that has the potential to facilitate communication and scholarly discourse across disciplines as well as across national boundaries to stimulate interdisciplinary research, to improve clinical care, and ultimately to better
inform health policy and management. (Jette, 2006, p. 726)

Resolving the communication challenges is essential to working collaboratively with others on societal issues. We need scholarship and discussion to articulate occupational therapy’s unique perspectives and identify our commonalities with other disciplines. Townsend and Wilcock (2004) claimed,

Occupational therapy is not alone in its interest in justice, nor even in occupation. Many research and practice fields have an interest in everyday life, participation, occupation, and justice, expressed in diverse ways, examples being found in adult education, community development, community psychology, law, and social work. (p. 77)

Social justice issues and health disparities are endemic and critical areas of national and global concern; their vastness is beyond the reach of any single discipline or profession, including occupational therapy. Engaging communities, professionals, researchers, educators, leaders, and policymakers from all disciplines is required to achieve our collective goals for a just society.

AOTA began exploring its role regarding the national issue of health disparities in 2005. Carolyn Baum, AOTA past president, commissioned a task force to prepare a report on health disparities to the AOTA Board of Directors (Bass-Haugen, Blakeney, et al., 2005). The action items of this report emphasized the need for commitment to eliminating health disparities at all levels of the association, specific action-oriented objectives, and designation of people and financial resources to this national priority. The AOTA (2006a) Statement on Health Disparities also provided a public statement on occupational therapy’s professional perspective. It noted,

Occupational therapy is well positioned to intervene with individuals and communities to limit the effects of health disparities on participation in meaningful occupations because of practitioners’ knowledge and skills in evaluating and intervening with persons who face physical, social, emotional, or cultural challenges to participation. (AOTA, 2006a, p. 679)

One of AOTA’s 2006–2009 strategic goals has particular relevance to social justice and health disparities issues as it seeks to demonstrate and articulate our value to individuals, organizations, and communities through three objectives:

1. Increase public understanding of the profession and its value in meeting diverse health and participation needs.
2. Support traditional occupational therapy roles and foster the development of emerging practice areas to help meet society’s health, wellness, and quality-of-life needs.
3. Engage proactively with key external organizations and decision makers to assert occupational therapy leadership in essential areas of societal need. (AOTA, 2006b)

In 2006, AOTA’s Representative Assembly approved a vision statement designed to be a road map for the future of the profession to commemorate the association’s 100th anniversary in 2017: “We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society’s occupational needs” (AOTA, 2007, p. 613).

In a little less than a decade, we will reach this milestone for the association and the profession of occupational therapy. During this period, there will be both opportunities and challenges for the profession of occupational therapy to address issues related to both social justice and health disparities. Recent initiatives have served as a springboard for presentations at the annual conferences and identification of health disparities as a focus area in education, practice, and research. This special issue furthers the engagement and contributions of occupational therapy in the areas of social justice and health disparities. ▲

References


