

# Disability and Health

## Policy Position Statement

**Key messages:**

People with disability have poorer health than the general population. They experience health inequities that are linked to discrimination, barriers to accessing services, barriers to inclusion, and are disadvantaged with respect to almost all social determinants of health.

The PHAA is committed to work with people with disability, disability networks, representative organisations and key non-government organisations to jointly advocate for a national, collaborative and multi-sectoral approach to improving health outcomes for people with disability.

**Key policy positions:**

1. People with disability have unique and distinct needs and are diverse, both in their experience of disability and with respect to the intersection of disability with other characteristics.
2. A comprehensive policy approach requires addressing the drivers of poorer health outcomes for people with disability and must be aligned with the United Nations Convention on the Rights of Persons with Disabilities and underpinned by principles of human rights, equity, inclusion and intersectionality.
3. When taking action that aims to improve the health of people with disability, there must be meaningful involvement of people with disability in the development, implementation and monitoring of policy, and in decisions that affect people with disability.
4. Nationally consistent measures to collect and report population-level data disaggregated by disability will better inform government initiatives

**Audience:**

Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

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## Disability and Health

### Policy position statement

1. This position statement should be read in conjunction with the Disability and Health background paper, which provides further supporting arguments, evidence, and data. It should also be read in conjunction with the existing PHAA policy on Health Equity.

#### PHAA affirms the following principles:

2. The PHAA recognises the diversity of people with disability and the intersectionality of disability with race, ethnicity, culture, religion, class, geographic location, gender, sexuality or other characteristics. PHAA acknowledges that people with disability often have very strong preferences for either identity-first or person-first language and the need to respect and affirm each individual person with disability's choice of language they use about themselves (1). The PHAA remains committed to inclusive language. The PHAA recognises the predominant use of person-first language when referring to people with disability on the basis that people's impairment should not be unnecessarily focussed on (1). This document uses 'people with disability' in the absence of a national consensus. The PHAA does not mean to exclude or disrespect those who prefer identity-first language.
3. People with disability have the right to attain the highest standard of health without discrimination on the basis of their disability, as enshrined in the United Nations Convention on the Rights of Persons with Disabilities (2).
4. Disability is the result of interaction between people with impairments and attitudinal and environmental barriers that hinders full and effective participation in society on an equal basis with others (2).
5. The PHAA respects the inherent dignity and worth of people with disability and recognises the importance of individual autonomy and independence for people with disability, including the freedom to make their own choices (2).
6. The PHAA advocates for the principle 'nothing about us, without us', the active involvement of people with disability in the planning of strategies and policies that affect their lives, which has been used by the Disabled Peoples Organisations as part of the movement to achieve full participation and equalization of opportunities for people with disability (3).

#### PHAA notes the following evidence:

7. The 2018 survey of Disability, Ageing and Carers reported that there were 4.4 million Australians with disability in 2018, representing 17.7% of the population (4). People with disability experience worse health than the general population and people without disability across a range of health indicators (5, 6):
  - a. The mortality rate for people using disability support services was 4.7 times higher in 2013-2018, and the rate of potentially avoidable deaths 3.6 times higher, than the general population (7)
  - b. One quarter (24%) of adults with disability rate their health as 'excellent' or 'very good', compared with two-thirds (65%) of adults without disability (6)

- c. Adults with disability are four times more likely to experience a 'high' or 'very high' level of psychological distress than adults without disability (32% vs 8%) (6)
  - d. People with disability have higher rates of modifiable risk factors for chronic disease than people without disability (6)
  - e. Almost half (47%) of adults with disability have experienced violence after the age of 15, and one fifth (20%) experienced abuse before the age of 15 (6).
8. Australia ratified the United Nations Convention on the Rights of Persons with Disabilities in 2008 (8). Whilst Australia has made positive steps towards enacting the Convention on the Rights of Persons with Disabilities, concerns have been raised by the Committee on the Rights of Persons with Disabilities over the past decade about persistent inequities faced by people with disability in Australia (9, 10).
  9. The National Disability Strategy 2010-2020 was developed to complement Australia's ratification of the Convention on the Rights of Persons with Disabilities and provided all levels of government with a high level framework of policy action areas to improve outcomes for people with disability (11). Australia's Disability Strategy 2021-2031 (12) builds on the original Strategy including with a clearer focus on monitoring and evaluation (13). The National Disability Insurance Scheme was established in 2013 and rolled out nationally from 2016 (14). However, there is growing evidence of the inequity of the Scheme, both in relation to applicants gaining access, and benefitting from available services once access has been met (15-20).
  10. The National Disability Insurance Scheme and the National Disability Strategy increased the focus on disability service, but the health of people with disability has not been fully addressed (21). Disability is most often viewed as an outcome to be prevented, and disability is conflated with poor health (21) however the poor health of people with disability is not always caused by their disability but by obstacles to accessing healthcare, discrimination and social determinants of health.
  11. The social determinants of health are key drivers of health inequities for people with disability (22). People with disability are often excluded from employment and from education through direct and indirect discrimination (23) and are disadvantaged with respect to almost all social determinants but particularly education, income, and employment (4).
  12. People with disability continue to face barriers, stigmatization, and discrimination when accessing health and health-related services (6, 24, 25). One in ten Australian people with disability reported they had experienced discrimination because of their disability (4) and in 2020-21, 37% of all complaints to the Human Rights Commission related to disability discrimination (26).
  13. Specific populations in Australia have a higher prevalence of disability including Aboriginal and Torres Strait Islander people (27), people who are incarcerated (28, 29), and refugees and asylum seekers (30). Specific populations of people with disability also experience additional disadvantage with respect to service access or utilisation, including: older people (31); women and girls (32, 33); LGBTQI+ people (34); people from culturally and linguistically diverse backgrounds (35); Aboriginal and Torres Strait Islander people (36-38); people living in rural and remote areas (17, 39); people who experience homelessness (40); and people who are incarcerated (29).
  14. In 2018, 2.65 million Australians were unpaid informal carers of people with disability and older people (4). Over 70% of primary carers were women (4). Over one third of primary carers have disability themselves (4, 41).

15. Inconsistent definitions of disability, and a lack of identifying mechanisms across data sources, limit the understanding of disability in Australia, the experience of people with disability and their engagement with mainstream services (6, 42).
16. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goals [3 – Good Health and Wellbeing](#) and [Goal 10 – Reduced Inequalities](#).

### PHAA seeks the following actions:

#### *Addressing drivers of poor health outcomes*

17. Address the drivers of poorer outcomes to improve the health of people with disability: disadvantage with respect to almost all social determinants, barriers in accessing healthcare, and discrimination on the basis of disability.
18. Advocate for meaningful involvement of people with disability in the development, implementation and monitoring of policy, and in decisions that affect people with disability ('nothing about us, without us' principle) when taking action that aims to improve health of people with disability and reduce inequities.
19. Implore all levels of government to undertake multisectoral actions with the involvement of people with disability to develop policies addressing disadvantages from social determinants of health.
20. Address action areas in Australia's Disability Strategy and National Aboriginal and Torres Strait Islander Health Plan 2021-2031 that act as social determinants of health, particularly improving meaningful employment and income for people with disability who are employed in addition to providing meaningful opportunities for employment for people with disability who are able to work.
21. Develop nationally consistent measures to collect and report population-level data disaggregated by disability to improve understanding of outcomes and experiences of people with a disability in relation to social determinants of health, service access, experiences of violence and abuse, and health, and to better inform government initiatives.

#### *Addressing concerns raised by the Committee on the Rights of Persons with Disabilities (10)*

22. Make health services and equipment accessible and affordable for all people with disability, particularly Aboriginal and Torres Strait Islander people with disability, people with disability in remote areas, people with psychosocial or intellectual disability, people with disability living in institutions, and women and children with disability.
23. Amend the NDIS accessibility and assessment process to provide equal opportunities for marginalised groups, adopt the human rights model of disability, and make more resources available and accessible.
24. Harmonise Australia's legal framework with the UN Convention on the Rights of Persons with Disabilities, including but not limited to protecting people with disability from multiple and intersectional discrimination, amending migration laws and policies to ensure people with disability do not face any form of discrimination related to migration and asylum seeking, and amending laws to enable independent monitoring of the implementation of the Convention on the Rights of Persons with Disabilities.
25. Abolish practices that violate the autonomy, independence and dignity of people with disability, including the involuntary detention of people with disability in psychiatric hospitals and the use of

medical interventions and restrictive practices, and implement a nationally consistent supported decision-making framework.

**PHAA resolves to:**

26. Advocate that Australian Governments at all levels and other stakeholders adopt the actions listed above.
27. Promote awareness in the health sector and other sectors impacting on health (e.g. housing, transportation, and justice) of inequities in access to health care for people with disability and actions to improve access.
28. Work with people with disability, disability networks, representative organisations and key non-government organisations to jointly advocate for a national, collaborative and multi-sectoral approach to improving health outcomes for people with disability.
29. Actively contribute to policy, advisory forums and consultation processes relating to disability policy and the determinants of health.
30. Embed principles of diversity, equity, inclusion and intersectionality of people with disability into all PHAA policy development, and assess the impact and implications of any planned policy action regarding people with disability.
31. Ensure the interests of people with disability are equitably represented in organisational approaches and activities.

**FIRST ADOPTED 2022**

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