

# Policy gaps in addressing the social determinants of health for Australians with disability

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# Disability and health

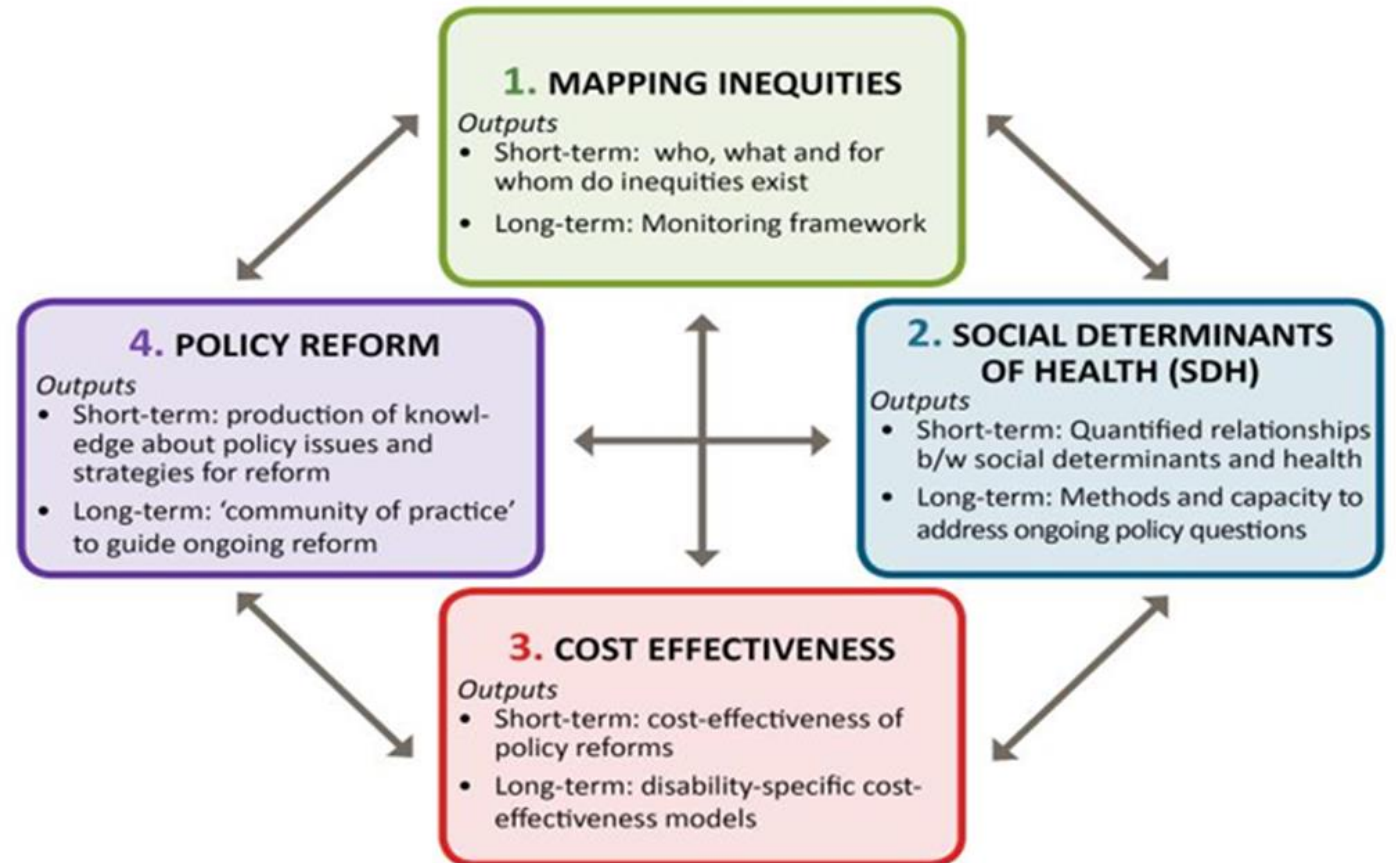
- The health of people with disability (PWD) is poorer than non-disabled people across most health outcomes
  - Including those unrelated to impairment
- Social determinants of health
  - Australians with disability fare particularly badly in global terms
  - Lowest relative income
  - One of lowest labour force participation rates
- There is a lack of knowledge on how to target social and health policies to address the SDoH for PWD



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Identify implementable  
cost-effective policy  
interventions to improve  
the health of working-age  
(15 – 64 years) Australians  
with disability



# Policy reform work program

- Policy Delphi study
- Multiple iterations of qualitative data collection with expert panel of 30 high-level and influential stakeholders in disability & health policy
- 2 rounds of interviews a year over 4 years
  - Feedback after each round
- First round of interviews focused on:
  - SDoH for PWD
  - Health inequities
  - Ideas on how policy needs to change

# Key social determinants of health



When not addressed by policy  
significant health inequities result

# Income & employment

- PWD have lower incomes than general population
- Low government benefit payments
- Lack of employment opportunities and training pathways
- Low pay for work performed by PWD
  - Australian Disability Enterprise
- Discrimination against PWD when seeking employment



*“People with a disability are often excluded from mainstream society, and remain on the margins partly because of their economic circumstances, their inability to access work or indeed meaningful work”*

# Housing

- Adequate income needed
- Lack of social housing
  - Need to be in crisis situation to access
  - Wait lists can be years
  - Contributes to homelessness – especially for people with cognitive impairments or mental illness
- Rental market issues
  - Lack of affordable rentals
  - Lack rentals with appropriate accessibility and modifications
  - Discrimination against PWD
- NDIS does not cover housing costs



# Transport & Education

- Lack of public transport for PWD in rural regions
- Public transport doesn't accommodate all physical accessibility needs
- Transport impacts access to health services, employment, social inclusion
- A lack of education which provides people with disability skills to manage their own health and situation
  - Being able to navigate the workplace and employment opportunities
  - Health literacy
- Mainstream education for PWD is not a given in Australia
  - Separation of young people with disability out of mainstream education can lead to a higher incidence of abuse





# Social exclusion

- Negative community/societal attitudes towards PWD are still prevalent
- Contributes to feelings of social isolation which has flow on effects to mental and physical health
- Also impacts other areas like employment, housing, and healthcare

*“People with disability are still othered, and dismissed, and thought of as less than...we’re by no means where we need to be with that societal attitude and that underpins everything. That underpins the way the nurses or the doctors in the health system respond to someone with a disability when they come through their doors”*

# Policy implications

- Despite increased funding & policy attention to disability (NDIS & NDS) major health inequities still exist for PWD
- Many challenges sit outside the purview of these recent policy investments i.e. housing, transport, employment & income
  - Social determinants not being addressed in the current policy environment
- Requires changes to both content of policy and how policy is produced
- Policy needs to become more connected
  - Need an overarching policy framework for disability-health
- PWD need to be consulted in a meaningful way in the policy process
- Policy recommendations need to be framed and marketed to appeal to policy makers – evidence alone is not enough – tell stories!