

Disability and health inequalities in Australia

Research summary

Addressing the social and economic determinants of mental and physical health



Introduction

Approximately one in five Australians has a disability. Disability may occur at any time in a person's lifetime or may be present from birth. Some disabilities may be obvious, while others are hidden.

Disability cuts across age, sex, race and socioeconomic background. Yet people with disabilities are rarely identified as a priority population group in public health policy and practice.

Despite the high prevalence of disability, Australian evidence regarding the health of people with disabilities is sparse. The Australian and international evidence that does exist shows that the health of people with disabilities is worse than that of their non-disabled peers across a range of health outcomes such as obesity, diabetes, oral health and mental health (WHO & World Bank Group 2011). Much is known about medical conditions that can cause disability and this is well documented in the medical literature. Many of the health differences are, however, socially determined, rather than due to particular characteristics of the disability itself (Emerson et al. 2011).

People with disabilities are more likely to live in poverty, have poor-quality or insecure housing, low levels of workforce participation and education, and be socially excluded or marginalised; they may also face violence and discrimination related to their disability and have difficulty accessing appropriate health care (WHO & World Bank Group 2011).

This report defines disability and provides an overview of information regarding the health of people with disabilities and the underlying social determinants, using the population-based data that is available.

We live in one of the wealthiest countries in the world and yet all too often people with disabilities struggle to access the very necessities of life – somewhere to live, somewhere to work. All too often they are unable to access education, health care, recreation and sport – the very things most people in the community take for granted.

National People with Disabilities and Carer Council 2009

Defining disability

Disability is a complex, contested, evolving concept. Definitions of disability are important because they can directly affect the lives of people with disabilities through, for example, eligibility criteria for programs and benefits, policies and legislation.

The *United Nations (UN) Convention on the Rights of Persons with Disabilities*, which Australia ratified in 2008, describes disability as resulting 'from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others' (United Nations General Assembly 2007).

This definition distinguishes the impairment or health condition (e.g. paraplegia) from the restrictions on participation in society (e.g. unemployment due to discriminatory recruitment practices). The restrictions on participation are not an inevitable consequence of the impairment; they are a result of unfair and avoidable barriers.

In most literature, the term *disability* is used to describe only the impairment or health condition, with little attention given to restriction in social participation that may be experienced. This results in a limited understanding of the lived experience of those who have particular health conditions or impairments.

People are disabled by society, not just by their bodies – WHO 2011

Classification of disability

The ways in which disability is classified is complex. Classification is used to distinguish people and their level of disability for monitoring purposes and to rationalise limited resources. Attention is drawn to the classification used in the reporting of Australian data so that the reader can understand the information presented in this summary.

The Survey of Disability, Ageing and Carers conducted by the Australian Bureau of Statistics (ABS) identifies all people with a disability as having health conditions or impairments that are associated with limitations or restrictions lasting six months or more, and which affect daily activities. Examples of these health conditions or impairments include incomplete use of hands or feet, difficulty learning or understanding, or in doing physical work (ABS 2010a). If someone has one or more of these limitations or restrictions, they are classified as having a disability.

The disability is then classified according to both type and severity. The four main types of disability are physical, sensory, psychological and intellectual. The severity of the disability is classified as profound, severe, moderate or mild according to the extent to which a person needs assistance with core activities (self-care, mobility and communication). For example, a profound limitation means the person is unable to do, or always needs help with, a particular activity (e.g. dressing, communicating). There are further categories for people who have a disability but do not need assistance with core activities.

This classification system has limitations because restrictions in social and economic participation are not considered to be one of the 'core activities'. This may have profound implications for decisions about who is or is not considered to have a disability (i.e. possibly excluding those with mental health conditions).

Prevalence of disability

The prevalence data below is based on analyses of the Survey of Disability, Ageing and Carers 2009. This is based on the current ABS disability classification system:

- The proportion of people reporting a disability increases with age: 7 per cent of under-15-year-olds, 15 per cent of 15–64-year-olds and 53 per cent of those aged 65 and over are classified as having a disability.
- Approximately 4 per cent of 15–64-year-olds in Australia have a severe or profound disability and 7 per cent have a mild or moderate disability (ABS 2010b).
- Physical impairments make up the largest proportion (11 per cent) of disabilities that people aged 15–64 years have.
- Among older age groups (65+ years) the most common type of disability is a physical impairment (40 per cent) followed by 'other' (25 per cent) and sensory and speech (25 per cent). Among children (under 15 years) the most common type of disability is intellectual (4 per cent) (Kavanagh & Krnjacki 2012).

Disabilities and health

Based on the limited data available, we know that the overall health of people with disabilities is much worse than that of the general population. By definition, people with disabilities must have a health condition or impairment, so a degree of difference in health status is inevitable. The difference observed, however, extends to areas of health that have no biological connection to the health condition or impairment that is associated with a person's disability.

Most of the available data is limited to adults (aged 15–64) and is usually about people with intellectual disabilities, or those with severe or profound disabilities.

The health of people with disabilities is associated with the health and wellbeing of their carers, a group shown to have the lowest wellbeing of any group in Australia (Cummins & Hughes 2007). This report, however, focuses mostly on those with disabilities.

Health outcomes

Self-reported health (among those aged 15–64 years)

- Thirty-five per cent of people with disabilities report poor or fair health (Kavanagh & Krnjacki 2012) compared with 5 per cent of people without disabilities (AIHW 2010).
- Self-reported health is worse for people with profound or severe disabilities, with 45 per cent reporting fair or poor health (AIHW 2010).

Mental health

- People classified as having a disability have, on average, poorer mental health than people who had experienced the death of spouse in the previous year (Kavanagh & Mason 2010).
- Fifteen per cent of Australian adolescents and young adults (aged 15–29) with disabilities have poor psychological health compared with 8 per cent of their non-disabled peers (Emerson & Llewellyn et al. 2012).
- About one quarter of people with an intellectual disability sought professional help for a mental health issue (e.g. from a GP, psychiatrist, public mental health service) in the past year compared with 11 per cent of the general Victorian population (Department of Health 2011).
- People with intellectual disabilities are more likely to have been diagnosed with depression than the general Victorian community (30.4 per cent compared with 19.9 per cent) (Department of Health 2011).
- Nearly 25 per cent of people with severe or profound disabilities have a high level of psychological distress compared with 5 per cent in the general population (AIHW 2010).

Chronic illness

People with disabilities are more likely to have a chronic illness than people without disabilities; they are also more likely to have early onset of many chronic conditions.

- A higher proportion of people with an intellectual disability living in rural Victoria have diabetes (12 per cent), compared with the general rural Victorian population (6 per cent) (Department of Health 2011).
- A higher proportion of people with an intellectual disability aged 18–39 years have heart disease (8 per cent), compared with the same age group in the general Victorian population (1 per cent) (Department of Health 2011).
- The prevalence of hypertension among those with profound/severe disabilities is 9 per cent, compared with 5 per cent in the general population (AIHW 2010).

Mortality

Australian data on the life expectancy of people with disabilities is very limited; however, the data that does exist suggests that people with disabilities generally live shorter lives than those without a disability.

- A Western Australian study found that life expectancy was significantly reduced for people with intellectual disabilities (Bittles et al. 2002).
- Internationally there is evidence to show that life expectancy is much lower in people with a range of different disabilities including cerebral palsy, spina bifida and multiple sclerosis (Grytten Torkildsen et al. 2008; Hutton 2006; Oakeshott et al. 2010).

Risk factors

While people with disabilities overall have worse risk factor profiles for some behaviours (e.g. smoking and insufficient physical activity) they have better profiles for others (e.g. alcohol use). However, the prevalence of some of these risk factors (e.g. alcohol use, smoking) does vary considerably by type of impairment/health condition.

- Those with a severe/profound disability are more likely to be current daily smokers (31 per cent compared with 18 per cent of the general population) and generally take up smoking at a younger age (AIHW 2010).
- Smoking rates are especially high for those with psychological disabilities, with 73 per cent of men and 56 per cent of women being current smokers (Jablensky et al. 1999).
- People with a severe or profound disability are more likely to be overweight or obese (69 per cent compared with 58 per cent of people without a disability) (AIHW 2010).
- Six- to seven-year-old Australian children with developmental delay are more likely to be obese than their typically developing peers (8 per cent compared with 5 per cent) (Emerson & Robertson 2010).
- In Victoria, people with an intellectual disability are far less likely than the general population to participate in an adequate amount of physical activity (22 per cent compared with 60 per cent) (Department of Health 2011).
- While 25 per cent of people with a severe or profound disability drink alcohol at a medium- or high-risk level, the proportion of the general population drinking at this level is higher, at 35 per cent (AIHW 2010).

- People with an intellectual disability in Victoria report lower levels of sun-protection behaviour than the general population (Department of Health 2011).
- The level of fruit and vegetable intake for those people with an intellectual disability is similar to that of people without a disability (Department of Health 2011).

Access to health services

A number of barriers prevent people with disabilities from accessing timely and effective health care. There are physical and organisational barriers, including inadequate transportation, failure to provide assistance with communication, and discriminatory attitudes among healthcare staff.

- Fewer women aged 50–69 with an intellectual disability had a mammogram in the last two years (55 per cent compared with 76 per cent in the general female population aged between 50 and 69) (Department of Health 2011).
- In Victoria, fewer women aged 20–69 years with an intellectual disability were screened for cervical cancer than women in the general population (14 per cent compared with 71 per cent) (Department of Health 2011).
- Life expectancy of people with Down syndrome in Australia has increased from 18 years in 1963 to 60 years in 2002, which can be attributed partly to a shift in public attitudes which facilitated improved access to medical care (Bittles & Glasson 2004).

Social determinants of health for people with disabilities

People with disabilities, and their carers, are among the most socially and economically disadvantaged groups in Australia. The social and economic disadvantage in which they live is a major contributor to their poor health.

Research suggests that socioeconomic disadvantage accounts for 20 to 50% of risk of poorer mental and physical health experienced by children with general intellectual impairments

– *Emerson & Vick et al. 2012*



Income and poverty

In Australia, people living with a disability have lower incomes and are more likely to live in poverty than people without a disability. Their relative income is also much worse than observed in most other OECD (Organisation for Economic Co-operation and Development) countries across a number of indicators.

- In 2003, the median personal income for people living with a disability was \$225 per week compared with \$480 for people without a disability, and the income of primary carers was \$237 compared with \$407 for people who did not have this role (ABS 2004).
- Income inequality is not only due to lower levels of education: people with disabilities have lower incomes than people without disabilities, even when they have the same levels of education (Directorate for Employment, Labour and Social Affairs 2009).
- The relative income of people with disabilities in Australia is approximately 70 per cent of those without disability. This is the lowest of all the 27 countries in the OECD. In countries such as Mexico, there are no income differences between people with and without disabilities (Directorate for Employment, Labour and Social Affairs 2009).
- In Australia, 45 per cent of people with disabilities live in poverty or near poverty, a situation that has worsened since the mid-1990s. In countries such as Sweden, people with disabilities are less likely to live in poverty than people without disabilities (Directorate for Employment, Labour and Social Affairs 2009).

Employment

The lower incomes and higher rates of poverty are driven in part by the lower employment levels of people with disabilities and their carers. Being in the paid workforce is also important for social inclusion, autonomy and decision making.

- In Australia, people with disabilities are half as likely to be employed as people without disabilities compared with the OECD average of 60 per cent (Directorate for Employment, Labour and Social Affairs 2009).
- In 2009, the unemployment rate for Australians with a disability was higher than for people without a disability (8 per cent compared with 5 per cent) (ABS 2012a).
- Within the population of people with a disability, women are less likely to be in the workforce, with a participation rate of 49 per cent compared with 60 per cent for men (ABS 2012a).
- People with a disability who are employed are more likely to be working part-time rather than full-time than those people without a disability (38 per cent compared with 31 per cent) (ABS 2012a).
- People with a disability in supported employment positions receive low wages compared with the general population. The average gross hourly wage in supported employment is \$3.61, compared with the minimum Australian wage of \$15.51 per hour (Department of Families, Housing, Community Services and Indigenous Affairs 2010).

Disability can be both a cause and consequence of disadvantage. That is, people who experience disadvantage are more likely to become disabled, while people with a disability are more likely to experience disadvantage.



Education

Higher levels of education are associated with higher levels of workforce participation and better health. People with disabilities have, on average, lower levels of education than the rest of the population across the range of impairment types.

- People with a disability are less likely to have completed Year 12 (or equivalent) at only 24 per cent of the population, compared with 46 per cent for people with no disability. This is not limited to people with an intellectual disability (ABS 2004).
- People with a disability are less likely to have a higher qualification (certificate, advanced diploma, bachelor degree or above) than people without a disability (41 per cent compared with 50 per cent) (ABS 2004).
- In Victoria in 2011, 45 per cent of students with a disability attend special schools (Department of Education and Early Childhood Development 2011).
- Children with an intellectual disability have better academic and social outcomes if they attend mainstream schools. The social impact on other children has been found to be consistently positive and the impact on academic performance is either neutral or positive (Jackson 2008).

Housing

The link between appropriate housing and health is well established, with appropriate housing defined as being affordable, suitable and secure (Mallett et al. 2011). People with disabilities are disadvantaged in the housing market and particularly vulnerable to the effects of living in inappropriate accommodation (Office of the Public Advocate, Victoria 2010).

The majority (95 per cent) of people with a disability reside in households rather than cared accommodation establishments (AIHW 2008).

Household

- The proportion of people with disabilities in public housing is double that of the general Australian population (AIHW 2008).
- It is common for people with a disability to 'fall out of home ownership' due to the costs of their disability, with 32 per cent of people with a disability who are rental tenants reporting that they used to be homeowners (with a mortgage) (Beer & Faulkner 2008).
- People with a mild to moderate disability are the most likely of all groups to be in inappropriate housing (Bentley et al. 2011), which can lead to negative health and social outcomes.



Supported accommodation

- The availability of suitable supported housing is often inadequate. In 2010, approximately 6500 people with a disability, aged under 65 years, were living in aged-care facilities (AIHW 2011).
- Supported accommodation for people with an intellectual disability is lacking, with international comparisons showing that the proportion of government-funded residential services is much lower in Australia than in England and the USA (Stancliffe 2002).
- It has been estimated that 27,800 Australians with a disability required accommodation support or respite services in 2005 but were not receiving these services (AIHW 2007).
- Lack of supported accommodation is an increasing problem as the Australian population ages, with an increased reliance on older carers, who become unable to continue providing adequate support in the home environment. In 2003, those aged 65 years and over accounted for 24 per cent of primary carers (ABS 2008).
- Adults who had been homeless in the past 10 years were much more likely to report having a disability or long-term health condition (64 per cent) compared with those who had never been homeless (37 per cent) (ABS 2012b).

People with disabilities want to live in a society where they are treated equally and with respect, dignity and importantly with equality, and not as 'poor things' nor merely as recipients of services. They do not want to be segregated as 'people with disabilities'

– National People with Disabilities and Carer Council 2009

Discrimination

Evidence suggests that experiencing discrimination can have a negative effect on a person's health both directly, by increasing stress, anxiety and the risk of mental health problems, and indirectly by reducing opportunities for employment, education and social participation (Kelaher et al. 2008; Otiniano & Gee 2012).

In 2010, young disabled Australians were five times more likely to experience multiple disadvantage (i.e. being unemployed, having low economic resources and not achieving Year 12 qualifications) than their non-disabled peers – Llewellyn et al. 2012

Legislation

- Australia ratified the *United Nations Convention on the Rights of People with Disabilities* in 2009 and thus has international obligations to ensure all people with disabilities enjoy basic human rights and fundamental freedoms (United Nations 2006).
- The *Disability Discrimination Act 1992* (Cwlth) makes it unlawful to discriminate against people with disabilities in areas such as employment, education and housing, yet considerable inequalities persist across all of these domains.
- Potential reasons for ongoing discrimination include the lack of monitoring and enforcement of the Act and a complaints process that is lengthy and costly to individuals (National People with Disabilities and Carer Council 2009).
- Despite progress being made towards all public transport in Australia being fully accessible by 2022, in 2009 1.2 million people with disabilities reported difficulty using public transport (ABS 2011a).
- Unlike most developed countries, Australian people with disabilities have no legislative rights to equipment such as wheelchairs, hoists and communication devices essential for daily living (National People with Disabilities and Carer Council 2009).

Experiences of discrimination

- One in every five complaints the Victorian Equal Opportunity and Human Rights Commission receives is from people with disabilities, making this the highest area of complaint. These complaints cover areas such as employment, education, housing, transport and access to health services (VEOHRC 2011).

- Parents with an intellectual disability are likely to experience discrimination in the child protection system and have children removed without evidence of inadequate parenting (McConnell & Llewellyn 2000).

The effects of disability are compounded for certain population groups. For example, Aboriginal and Torres Strait Islander people with disabilities experience dual disadvantage of prejudice because of their disability and racism because of their heritage – *National People with Disabilities and Carer Council 2009*

Community attitudes

In Australia, the limited research that does exist on community attitudes towards people with a disability shows that negative attitudes are the basis of discrimination and a barrier to social and economic participation.

- Submissions to consultations for the National Disability Strategy (*Shut out*) indicate the presence of strong beliefs in the community about the lack of ability of people with disabilities to engage in relationships, particularly those with an intellectual disability (National People with Disabilities and Carer Council 2009).
- A 2004 ACT survey of community attitudes towards people with disabilities found that only 40 per cent of respondents thought that people with intellectual, learning, psychological or psychiatric disabilities are able to fully contribute to society (ACT Disability Advisory Council 2004).

Violence, neglect and abuse

People with disabilities are more likely to experience violent crime. Females with intellectual disabilities are particularly vulnerable.

- Internationally, figures show that disabled adults are one and a half times more likely to experience violence than those without a disability; those with a mental illness have nearly four times the risk (Hughes et al. 2012).
- A study of domestic violence and women with disabilities living in licenced boarding houses reported that domestic violence is a daily lived experience (Attard & Price-Kelly 2010).
- A Victorian study found that more than a quarter of people reporting sexual assault were identified as having a disability (Heenan & Murray 2006). Other statistics indicate that 90 per cent of women with intellectual disabilities have been sexually abused (Frohman 2002).
- Despite legislation to protect people with disabilities from forced sterilisation, available data indicates the numbers of sterilisations far exceed those lawfully approved, with the majority of sterilisations being performed on females with an intellectual disability (Brady, Britton & Grover 2001).
- Disability hate crime is an important global issue (Sherry 2010). The experiences of disability hate crimes are currently poorly documented in Australia (VEOHRC 2010).

Virtually every Australian with a disability encounters human rights violations at some point in their lives and very many experience it every day of their lives – *National People with Disabilities and Carer Council 2009*



Social and community connections

The systemic disadvantage experienced by people with a disability limits the extent to which they can participate in the community. Segregated education and employment settings, lower employment rates and community attitudes all contribute to this.

- People with an intellectual disability reported that they were less likely to be able to get help from family, friends or neighbours than the general community, despite living, on average, longer in their area than the general population (Department of Health 2011).
- People with disabilities residing in private dwellings are more likely to live alone compared with those without disabilities (19 per cent compared with 7 per cent) (ABS 2004).
- People with a disability are less likely to visit cultural and leisure venues. In 2006, only 44 per cent of those with a severe or profound disability and 61 per cent of those with a less severe disability had attended a cinema in the previous 12 months (compared with 75 per cent for those with no disability) (ABS 2011b).

Lack of education may limit job opportunities and not having a job may limit opportunities for social connection. In this way, people's experience of disability can directly affect one area of their life, but can also have flow-on effects in other areas of their life.

Conclusions

The social and economic disadvantage in which people with disabilities live is likely to make a significant contribution to the poorer health outcomes they experience. While evidence of this association is currently limited (partly due to inadequate data), we do know that for young Australians with disabilities, the lower wellbeing and poorer psychological health is almost entirely due to their less advantageous living conditions (Emerson & Llewellyn et al. 2012).

The information in this research summary is concerning and shows that there is much room for improvement. When compared with other OECD countries, people with disabilities in Australia face greater barriers to basic opportunities such as employment and education. There are many lessons to be learnt about how to better support and empower people with disabilities, and thus improve health outcomes.

The evidence presented in this summary shows that people with disabilities experience substantial disadvantage and much poorer health outcomes than the general Australian population. Despite this, people with disabilities, who make up one-fifth of the population, are rarely identified as a priority population group in public health policy and practice. Instead, the needs of people with disabilities remains the remit of the disability service sector, marginalising disability from mainstream health and entrenching disability in a medical model of health.

There is an urgent need for people with disabilities, government, non-government organisations, advocacy groups and the Australian community to work together to improve the social and economic circumstances and the poorer health that people with disabilities experience.

VicHealth's *Strategy and Business Plan 2009-2013* identifies people with a disability as a priority population group for efforts to reduce health inequalities. As a follow-up to this research summary, VicHealth is developing a framework and evidence-based resource which will provide information to policy-makers and practitioners that will help facilitate partnerships, engage in advocacy and take action to reduce the health inequalities experienced by people with disabilities. The framework and resource are due for release in mid-2013.

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