Downward Spirals:

disability and health costs as contributors to poverty and imagining ways forward

Salute to country

Who are women with disabilities?

- Last definitive, **OLD** publicly available data
- 2003 ABS survey of Disability, Ageing and Carers
- 2009 Survey results due in June 2010
- 21% of Australian population
- More than half are women
- More than 2 million of us

WHO – 60 years ago - health

"Health is the state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is the fundamental right of every human being without distinction of race, religion, political belief, economic or social condition[i] and indispensable for the exercise of other human rights[ii]."

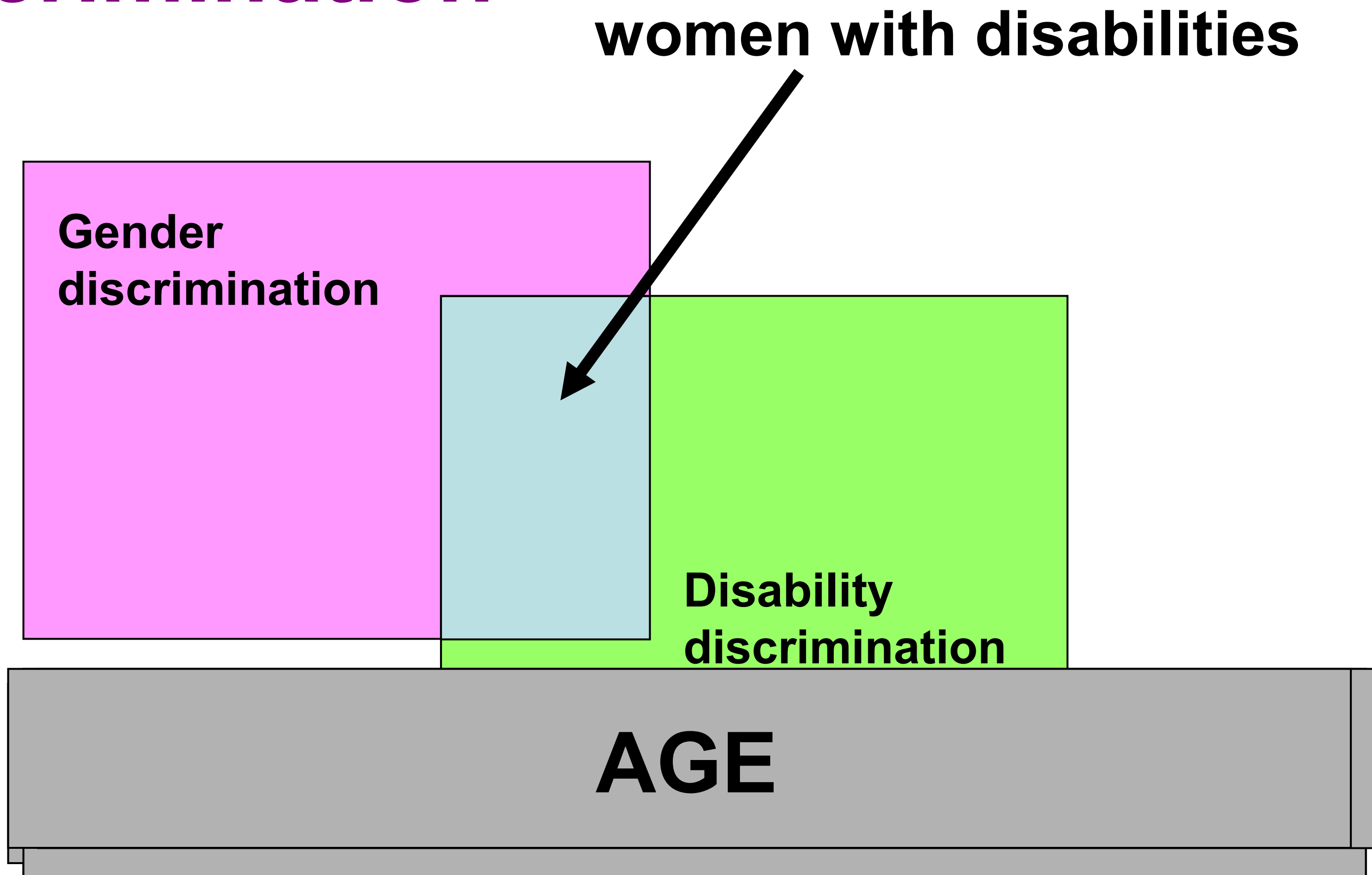
[i] See: <http://www.who.int/governance/eb/who_constitution_en.pdf>
[ii] International Covenant on Economic, Social and Cultural Rights (CESCR), General Comment 14 (1). E/C.12/2000/4.

UNDP – 30 years ago - poverty

“Poverty has many faces. It is much more than low income.

It also reflects poor health and education, deprivation in knowledge and communication, inability to exercise human and political rights and the absence of dignity, confidence and self-respect.”

Intersection of gender & disability discrimination



How poor are women with disabilities?

Employment

- double discrimination locks us out of the workforce

Workforce participation rate

- 46.9 % for women with disabilities
- 13 % points lower that of men with disabilities,
- 18% Points lower that the figure for the non-disabled women

Full time work

- 9% of women with disabilities are employed full time
- compared to 21% for men with disabilities

Part time work

- **11%** of women with disabilities have **P/T** employment
- compared to **6%** for men with disabilities

Unemployment rate

- **8.3%** for women with disabilities
- compared to **5.3%** for **non-disabled women**

We are over represented in short term, part time low paid casual jobs – not much better than a welfare payment

Employment and women with disabilities

Compared to men with disabilities:

- At university – more of us graduate
- In VET – more of us graduate
- Anything post Year 10 – more of us graduate

BUT

Gender stereotyping operates:

- more of us are in humanities & life skills courses which do not translate into employment
- Or do not translate into employment at meaningfully remunerated salary levels

Welfare Payments – inbuilt poverty

- Women with disabilities are more reliant on welfare payments

BUT

- More men are assessed as eligible for the DSP than women
- **single full Disability Support Pension** = $350 per week
- right on the 'Poverty Line'
- 64% of the National Minimum Wage (NMW),
- 30% of average weekly earnings.

BUT

- Newstart is $240 per week
- $110 per week less
- with costly job search obligations attached!

Budget challenge

- Estimated savings of $383 million over 4 years
- People with disabilities have to fail in their attempts to join the workforce,
- After failure they will be eligible to be assessed for the DSP!!

Cost of disability

- Nobody knows

Cost of assistive equipment – a few examples

- manual Wheelchair (every 5 years) = $5000,
- motorized Wheelchair = $10K plus,
- car conversion $2K to $4K (increasing with increased complex wiring in cars)
- Wheelchair van = $65K upwards
- hearing aids = $5K upwards each,
- voice readout mobile phone kit out = $3K upwards

Indirect costs – heating, taxi travel,

- Subsidy and assistance uneven across states
- mainly means tested,
- income earned is eroded by lost subsidy

complex health care needs

- Cost of health and disability monitoring medical appointments

All combine to entrench the low income and poverty and poor health

Poverty-related ill-health

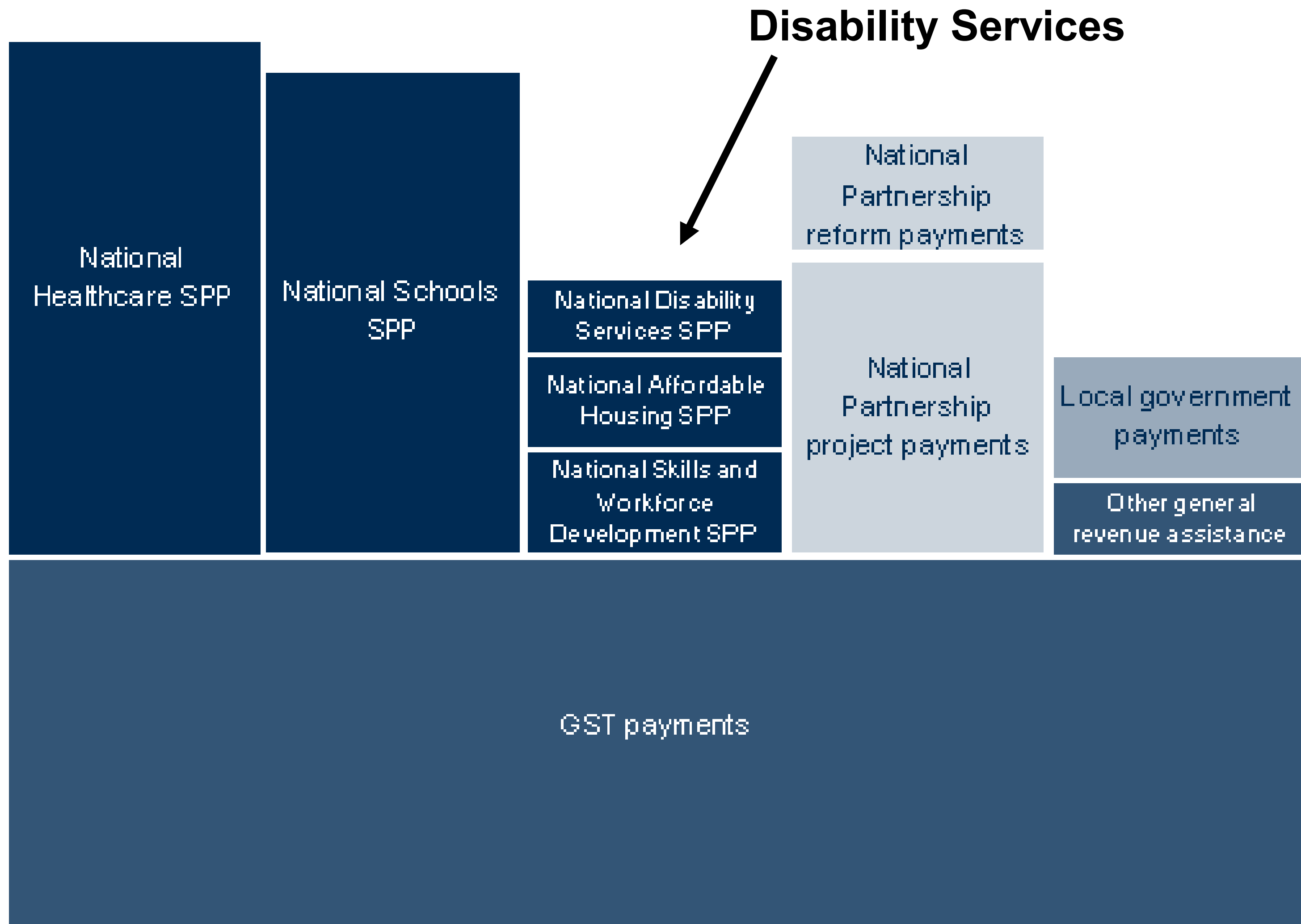
In high-income countries
80% of morbidity in adult women
is attributable to non-communicable disease (NCD)

- high incidence of NCD – in addition to primary disability
- cardiovascular conditions,
- cancers
- Mental health, neurological conditions
- substance abuse disorders and associated disabilities.

Strong correlation between poverty and poor diet.

Macro-policy effects

Figure 1: Schematic of payments to the States in the new financial framework>



National Disability Agreement says:

“people with disability should achieve:

- *economic participation and*
- *social inclusion*
- *with choice, wellbeing*
- *opportunity to live as independently as possible,*

with families and carers being well supported in their roles.”

National Health Agreement says:

"strive to eliminate differences in health status of:

- *those groups currently experiencing poor health outcomes relative to the wider community,*
- *with timely access to healthcare services*
- *based on need rather than ability to pay."*

Poverty & Economic Shock

Global Financial Crisis & women with disabilities

ACOSS figures 08-09 showed

- 19% increase in calls for assistance
- additional disability support services,
- mental health counselling,
- funding to pay bills,
- funding for additional doctors appointment

Telstra's Low Income Management Advisory Council (08-09)showed:

- 18% could not manage to pay their phone bills.
- 34% of those who sought bill assistance were recipients of the DSP
- phone became even more of an essential service,
- 50% increase in phone usage
- calls to doctors to cope with the health problems which arose,
- calls to look for work,
- contacting family, calls finding assistance services

Health is a Human Right

Special measures for women with disabilities

- Convention on Elimination of Discrimination against Women (CEDAW)
- Convention on Rights of Persons with Disabilities (CRPD)

Special measures for the poor

- International Covenant of Civil & Political Rights
- International Covenant on Economic, Social and Cultural Rights

All call for Data and Data Analysis

I call for all data to be made publicly available.

National Women's Health Policy & women with disabilities

NWHP must address

- our capacity to participate in the community
- our level of poverty
- Poverty must not be measured **JUST BY**using income levels as an indicator
- Human rights & use CEDAW as a basis
- needs of the poorest individuals as a first priority
- the need for sound evidence.

NWHP must be coordinated across governments & across government departments

Women with disabilities MUST be involved in planning, implementation, monitoring and evaluation of NWHP programs.

Human Rights Basis for Health Services

2007 joint publication from WHO & the Office of the High Commission for Human Rights

A human rights basis for health services will have these characteristics:

- *Accessible: health facilities,*
- *goods and services which are accessible to everyone without discrimination, within the jurisdiction of the state party.*

Accessibility has four overlapping dimensions:

- *non-discrimination,*
- *physical accessibility,*
- *economic accessibility or affordability, and*
- *information accessibility.*

If these elements are part of the NWHP – it will work for us:

women with disabilities