

DISABILITY AND HEALTHCARE: Intersectional access or invisible problem?

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INEQUALITIES, INCLUSION & HEALTH: DISABILITY AS A CROSS-CUTTING ISSUE

‘healthcare can be neither universal nor equitable if it is less accessible to some sections of society than it is to others’¹

“**multiple and intersecting forms of discrimination** [...] create a substantively **distinct life experience for [disabled people]**, based on factors such as sex, age, gender identity, religion, race, ethnicity, class and other grounds”²



.....
Achieving 17 Global Goals will leave no one behind

¹Swartz et al. 2011, p.6

²UNDIS, 2019, p.7

CONTEXT

Momentum behind systematized mainstreaming of disability inclusion in humanitarian and development work has increased in recent years

1. Charter on the Inclusion of Persons with Disabilities in Humanitarian Action (2016)
2. UN Security Council unanimously adopted resolution 2475 on the protection of persons with disabilities in situations of conflict (2019)
3. The first UN Disability Inclusion Strategy (2019)
4. UNCRPD – Ireland's ratification (2018)

Key issues raised:

Mainstream disability inclusion, alongside targeted measures

System wide approach to policy, action plan and accountability

Despite this, international actors often see disability as a specialist, technical area, rather than a normal part of human existence.

3 FACETS OF INVISIBILITY



Disability inclusion in situations of **conflict & disaster and development settings**



Communication disability in global health research



Disability in Irish life & advocacy campaigns

DISABILITIES IN SITUATIONS OF CONFLICT AND DISASTER

20
million

disabled people

affected by conflict, disasters & emergencies
and at higher risk in these scenarios

up to 4x higher
mortality rate
than people
without
disabilities²

vulnerable to
being left
behind when
people flee³

unable to access
assistance (incl.
minimal
mainstreaming
of disability in
response)⁴

Recent project:

Household survey across 3
locations in Northern Syria

4,865 adults
interviewed

- Average rate of disability of 30%
- Average of 31% of households with at least one disabled member
- Average of 88% of respondents with disabilities across 3 locations reported an unmet need for health services

¹OCHA, 2016

²e.g. Japan Disability Forum, 2011

³Human Rights Watch, 2015

⁴Humanity & Inclusion, 2015

DISABILITY AND DEVELOPMENT

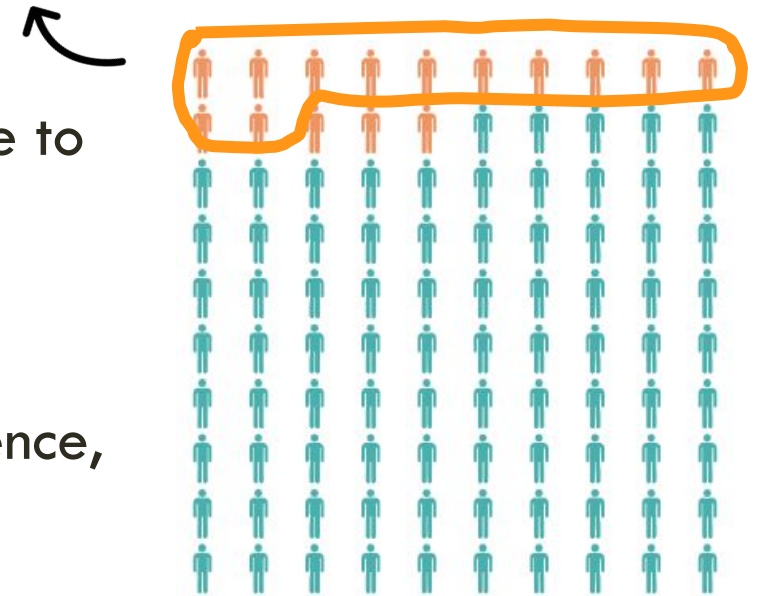
15% of the global population are disabled 1 billion people

80% of disabled people live in low and middle income countries

Disabled people are more than three times as likely to be unable to get health care when they need it

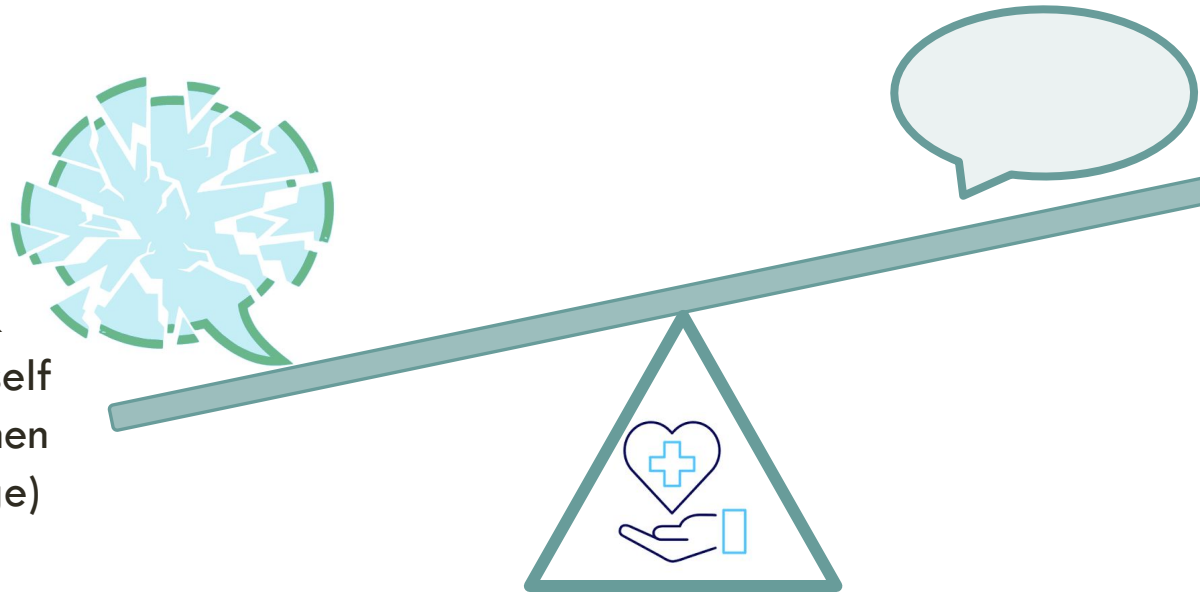
Intersects with gender: Disabled women and girls are three times more likely than disabled men to experience gender based violence, AND are also three times more likely than disabled men to have unmet healthcare needs

Intersects with poverty: WHO estimates that a disabled person is 50% more likely to suffer a disruptive health expenditure




COMMUNICATION DISABILITY, HEALTH & WELLBEING

Communication disability
(difficulty in efficiently & effectively expressing oneself or understanding others when using a preferred language)



Disability NOT involving communication

- 
- Chronic conditions¹
 - Utilization of healthcare¹
 - Difficulties in accessing healthcare¹
 - Higher risk of preventable adverse events in hospital²
 - Greater dissatisfaction with care³

¹Stranskey et al., 2018

²Bartlett et al., 2008

³Hoffman et al., 2005

DISABILITY AND ACCESS TO HEALTH IN LMICS: A PRELIMINARY ANALYSIS OF INCLUSIONARY RESEARCH METHODS

Majority of primary studies have high language & communication demands with no reported adjustments to allow for participation of people with communication disabilities

High likelihood of Implicit exclusion of those with moderate to severe communication disabilities

Missing voices = missing data = service / programming gaps?

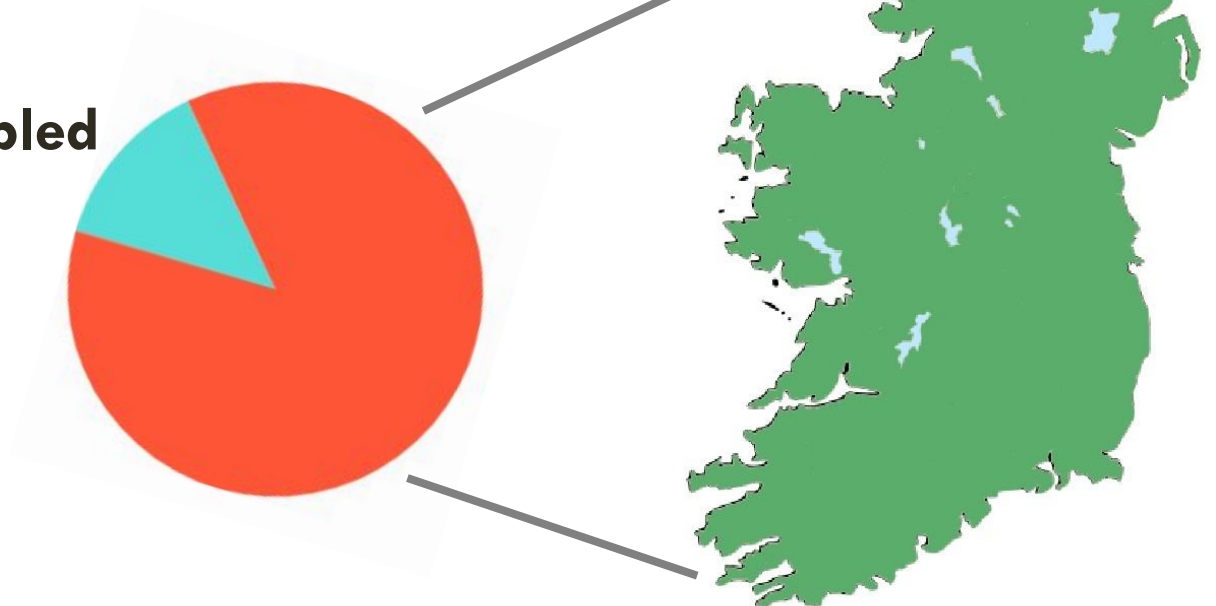
“The lack of disability-related data, including qualitative and disaggregated data, is one of the major barriers to the accurate assessment of disability inclusion across both development and humanitarian contexts” (UNDIS, 2019)

CLOSER TO HOME: DISABLED PEOPLE IN IRELAND – CENSUS 2016

13.5% of the population identify as disabled

51.6% female

49.9% of people 75 or older



Barriers to health

- Physical and environmental e.g. built environment, accessible transport
- Communication and Informational e.g. information in alternative formats, ISL interpretation
- Attitudinal e.g. disabled people don't require preventative screening like sneer tests, STI screening etc

INCLUSION & ADVOCACY: DWI AND HEALTH-RELA TED CAMPAIGNS



Reproductive Rights
Campaigns



Environmental Campaigns
(e.g. straw ban)

THANK YOU

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