Introduction
The National Disability Authority was established in 2000 to advise the Minister on issues relating to people with disabilities. The NDA has produced a number of research reports, policy documents, guidelines and standards relevant to health and welcomes this opportunity to inform the development of a public health policy framework for a healthier Ireland 2012-2020.

The National Disability Authority welcomes the view articulated in the call for submissions that there are many factors that influence health. These factors include access to health care, lifestyle choices, educational attainment, level of income and the environment in which people live.

People with disabilities can be a vulnerable group in terms of public health. They are somewhat less likely to have a healthy diet, medication can lead to weight gain and other complications, and our research shows that people with disabilities are only half as likely as others to take regular exercise. It would be important that public health initiatives would include a specific reach-out to people with disabilities.

Given Ireland’s ageing population, people with disabilities are a significant target group for a public health policy. The 2006 Census and the National Disability Study provide substantial data on demographics of disability and people with disabilities’ experiences of the social determinants of health such as housing, employment, education and transport. It is the National Disability Authority’s view that people with disabilities should have an equal opportunity to achieve positive health outcomes.

The National Disability Authority considers that health is of fundamental importance to the inclusion of people with disabilities in Irish society. This potential participation and contribution is compromised by:

- negative experiences of a range of social determinants of health
- the health impacts of disability
- inequalities in access to general health services
- poor access to health-promoting activities such as physical activity

Determinants of health
People with disabilities experience a high rate of poverty and social exclusion. People with disabilities are at double the risk of poverty of the non-disabled population. In turn, poverty is a key predictor of poor health. People who are poor are also more vulnerable to acquiring a disability in adult life.

The National Disability Authority in How far towards equality? Measuring how equally people with disabilities are included in Irish society’ (2005) drew comparisons between people with disabilities and others, drawing on official data. This highlighted that people with disabilities:

- are much more likely to leave school early and less likely to have achieved any qualifications
- are two and a half times less likely to have a job
- earn less in a job and are twice as likely to be at risk of poverty
• are more restricted in socialising outside the home, be less likely to marry and more likely to be separated or divorced

• are more likely to have difficulty with public transport

• are less likely to live in a private household, more likely to live in care and more likely to live with their parents into adulthood

• are more likely to experience poor health

• are twice as likely to take no exercise

The National Disability Authority’s publication The Experience of People with Disabilities in Accessing Health Services in Ireland: Do inequalities exist? (2005) highlighted the health impacts of disability. These include:

• Greater health risk linked to low income and absence from the labour force

• The additional costs of being disabled

• Increased incidence of other disabling conditions and illnesses

• Lack of access to acute, rehabilitative and population health services

• Barriers to accessing care. These include financial, physical access, transport, communication, and lack of information. Simple things can constitute barriers, such as appointment systems or notification of one’s turn that are not adapted to address people with vision, hearing or intellectual impairments

• Health staff may have little knowledge or understanding of disability, or may hold negative attitudes

• Experience of un-coordinated and fragmented provision, exacerbated by the involvement of multiple health and social providers

• The focus of health services is often on the individual’s primary impairment to the detriment of their wider health needs

• As men generally avail less of health services and preventive care, men with disabilities may be at a double disadvantage

Health risks for people with disabilities

People with disabilities experience a higher incidence of poor health than the general population. About 90% of non-disabled people describe their health as good or very good. This falls to just over 50% among people with disabilities (National Disability Authority (2005) How far towards equality? Table 2.2).

People with certain conditions or impairments experience specific risks and disadvantage. People with Down syndrome have a much higher risk of developing epilepsy and dementia as they age. Other groups, such as men with mental health difficulties, who are prescribed anti-psychotic medications have a higher risk of obesity, diabetes and heart attacks. Men with mental health difficulties are also at significantly higher risk of suicide.
Using physical activity as an exemplar, people with disabilities are less likely to have access to health promoting and health protecting activity. Men with disabilities are less likely to take exercise, which puts them at higher risk of illness. A study carried out in the East Coast Area Health Board showed that only one sixth of people with a learning disability and only one third of people with a physical or sensory disability had participated in physical activity in the previous week. Only 2% of people with a physical or sensory disability participated in sports on a weekly basis. The National Disability Authority’s report ‘Promoting the Participation of People with Disabilities in Physical Activity in Ireland’ (2005) recommends developing a ‘national framework for inclusive physical exercise and sport’ to ensure inclusion of people with disabilities in these activities.

The study Growing Older with and Intellectual Disability in Ireland 2011 has documented health behaviours among over 40 year olds with intellectual disabilities, as well as usage of health services and therapies. On the positive side, smoking and alcohol use are low. On the other hand, the report documents issues of overweight and obesity, and low engagement in exercise for this population. While people living in residential centres had good access to and use of medical and rehabilitative therapies, access and use of such care was lower for those living in community settings or with families. With a move away from congregated settings, it will be important to ensure that the preventive and public health needs of this population are addressed, through pro-active outreach strategies.

This report also underlined issues of polypharmacy and widespread use of psychotropic drugs.

Physical accessibility

Research by the National Disability Authority on the accessibility of buildings used by the community suggests that GP surgeries are among the most likely to have steps into them, which would constitute a barrier to wheelchair users.

Recommendations for a public health policy framework

- **Address poverty.** Promote employment of people with disabilities, and early return to work of people with acquired disabilities. Being employed also promotes good mental health

- **Prevention focused on lower-socio-economic groups.** Targeted reach out re health promotion, preventive health care to these groups; targeting mental health initiatives on disadvantaged communities

- **Focus on accident prevention** (car and work-related)

- **Promote exercise and good nutrition for people with disabilities.** Undertake targeted initiatives in these areas via disability service providers. Target information via disability organisations, in different formats e.g easy to read

- **Ensure health service facilities and information are accessible** to people with disabilities, in accordance with the Disability Act 2005

- **Employ a disability impact assessment** in the development of the proposed public health policy framework

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1 Boland, M. (2005) Health Promotion and Health Promotion Needs Assessment of people attending disability services in the HSE, East Coast Area. Doctorate of Medicine, University College Dublin
• Deliver more liveable communities for people with disabilities using the principles of Universal Design, and in partnership across public sector agencies
  • improve access to primary care facilities
  • increase access to fitness and recreational facilities
  • work with local authorities to improve outdoor space and play facilities

• Develop health promotion, health education and wellness initiatives for people with disabilities

• Include people with disabilities who live in residential and institutional care or live with their families in health programmes for the general population, such as, preventive health checks, dental care, and health promotion programmes. Make this a condition for funding disability services, and monitor achievements and gaps

• Develop programmes to reduce the incidence of secondary conditions in persons with disabilities

• Promote preventive programmes in areas where men, in particular are at risk of injury through motor accidents, and of suicide

• Invest in data and research on health issues for people with disabilities, to include:
  • analyse health statistics by gender and disability status
  • research the incidence of co-morbidity for people with disabilities
  • evaluate new interventions, technologies and programmes
  • conduct systematic reviews of research literature in health and disability
  • continuing empirical research on the characteristics of persons with disabilities, environments, health outcomes and determinants of health

• Support people with disabilities to understand and articulate their health needs

• Undertake programmes to engage people with disabilities in physical exercise, including programmes operated through disability services, and promotion of sporting activities

• Share best practice on delivering health care and population health for people with disabilities

The National Disability Authority welcomes any further opportunities to contribute to the work of the Department of Health in developing the policy framework. The National Disability Authority would be happy to meet and discuss further the issues raised in summary form in this submission.