Women with disabilities victoria
empowering women

Access to Health Services for Women with Disabilities

Women with disabilities are not able to access the health services they need to optimise their health and well-being. They are not involved in decision-making about their own health. The following outlines key socio-economic, policy and practice barriers to achieving this basic human right:

- Higher rates of **poverty** and housing stress and lower levels of education and employment are experienced by women with disabilities, compared with men with disabilities, or women without disabilities.
- Lower levels of **health knowledge** among some women with disabilities may contribute to delays in obtaining treatment and lower participation in health promotion and prevention services.
- **Health information** is not provided in a range of accessible formats for women with disabilities.
- **Primary carers and health care providers** who do not see beyond the woman's disability, who fail to recognise her holistic health needs, or who do not adjust their care and services to meet those needs, exclude women from the mainstream health services.
- **Gender based violence** is experienced by women with disabilities up to two to three times more often than women without disabilities, with lower rates of access to justice and health systems.
- Higher rates of **mental health problems** co-exist with having a disability and are exacerbated by the higher rates of violence, socio-economic factors and lack of adequate mental health support and prevention services.
- Women with disabilities remain poorly served by health services in relation to their **sexual and reproductive health** needs and entitlements. Community attitudes and perceptions of disability, sexuality and gender contribute to the lack of appropriate information and accessible services.
- Access to **health promotion** initiatives, including **screening** is as important for women with disabilities as for women in general. However these programs, including those for mammography and Pap screening, are not currently meeting their service obligations for this group of women.
- International, national and state **policies** enshrine the rights to health, freedom, respect, equality and dignity. However, **discrimination** on the basis of disability remains the most common cause of complaint in Victoria in 2009/2010. These principles need to be translated into to equitable and accessible services for women with disabilities. Significant barriers to access remain including practical, attitudinal and organisational factors.
- There is lack of Australian **research** on the health service needs of women with disabilities.

Key Areas for Action

"The idea that people with disability can be more disadvantaged by society's response to their disability than the disability itself is leading to a greater focus on policies that seek to remove these barriers." (National Draft Disability Policy, 2010-2020).

Women with disabilities experience a significant amount of discrimination, much of which is based in a lack of knowledge and sensitivity about disability among health care providers; the physical layout and paucity of appropriate equipment in health services; and a lack of appropriate policies, guidelines and information resources.

International literature and limited Australian research indicates that **equitable access and uptake** of treatment and preventative health services and full participation in **decision-making** by women with disabilities require:

- **Further research** about the barriers faced by women with disabilities in accessing health services. This includes data collection describing women's use of health services and research protocols that mandate the inclusion of women with disabilities.
- **Professional development** for health service providers that addresses attitudes and prior assumptions. Gaps in knowledge and skills have been shown to result in a reluctance to provide health services to women with disabilities. Evidence demonstrates that training by women with disabilities is most effective in improving knowledge and skills.
- **Health information** which is clear and concise with appropriate health messages about treatment, screening and lifestyle issues. **Multimedia** methods of disseminating health information are required. Use of reminders, recall systems or other mechanisms to ensure women receive the necessary information and feel included as part of the program are also required.
- **Multi-disciplinary teams and cooperation between services,** practice nurses, social workers, disability workers and others can facilitate continuity of care and advocacy. This may require the development of **inter-agency policies and procedures** such as domestic violence, sexual assault, justice, housing and health services (treatment and preventative), which respect the privacy of clients.

More accessible health services require:

- Removing **cost** as barrier to access of services through providing supports such as the free, accessible transport.
- **Physical access** including ramps, clear signage to assist navigating the environment, the building and the office, disability accessible facilities and examination table.
- **Effective communication, informed and competent staff** who are knowledgeable about the additional burdens that women with disabilities may face. Talking directly to the woman and where women do not have the capacity involving a designated family member or carer.
- **Additional time and resources,** including flexible, longer and multiple appointments if necessary to gain a full understanding of the information and health needs of women, particularly those with intellectual and communication disabilities.
- Acknowledging the important role of **carers, family and friends,** but not to the exclusion of primary decision-making resting with women themselves (except if this not possible).

A **holistic** approach to health care for women with disabilities requires services that recognise women's broader health needs beyond those related to their specific impairment, and the recognition of their **rights** to live full sexual and reproductive lives.