

Public Health Association of New Zealand
Access and Equity Policy
For People with Disabilities and Different Abilities, July 2003

The Public Health Association notes that:

- Disability is an important health issue for a significant sector of the New Zealand population. One out of every five New Zealanders report having a disability resulting in some functional and/or role limitation (1). The impact of a disability extends well beyond the individual to their whanau/family and all those they come into contact with.
- Statistics New Zealand (2002) uses the definition of disability: “ Any self-perceived limitation in activity resulting from a long-term condition or health problem; lasting or expected to last six months or more and not completely eliminated by an assistive device.” (8) Disability is the gap between personal capacity and environmental (task or role) demand (2).
- People with disabilities are a diverse group. The NZ Disability Strategy notes in the summary, “Disability is not something individuals have. What individuals have are impairments. They may be physical, sensory, neurological, psychiatric, intellectual or other impairments. Disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have.” (9)
- One out of five people live with one or more disabilities; one out of nine are dependent (need assistance to live independently or are institutionalized) and one of out 32 needs continuous or daily assistance (2).
- One in five people of Maori ethnicity has a disability, the same as for the total New Zealand population, but the disability rates for Maori adults is higher than the national average. (8) Maori have an approximately one third higher rate of dependent disability than non-Maori, partially explained by ethnic differences in socio-economic status (2).
- One fifth to one third of the burden of disability may be attributable to late effects of injury; especially road traffic injury in younger people and osteoporotic fractures following falls in older people (2).
- In the 15-44 age group injury is the major cause of disability through road traffic crashes, and occupational, sports and domestic injuries (2).
- Other causes of disability include congenital, neuromuscular, hereditary causes, cardiovascular diseases, arthritis and related musculoskeletal conditions, diabetes, depression and loss of memory, hearing loss and loss of visual acuity.
- People with disabilities are often socio-economically disadvantaged. The total personal income for working age adults with disabilities is significantly lower than for adults without a disability in New Zealand (3).

- Society may create barriers to employment or housing, thus disabling the person who has an impairment or different way of functioning. This results in increased costs for health and disability support services and restricts opportunities for education, socialization and participation.
- People's identities may encompass the notion of being differently abled (having developed other attributes through the disability). For example many deaf people regard themselves as belonging to a cultural and linguistic minority in the form of deaf culture (4).
- Current views on disability reflect the social model of disability, which conceptualizes disability as something that arises from the disadvantages people experience in relation to others because of their particular differences and characteristics (5,6).
- In this view, disability is a social responsibility. Public health is a field well positioned to promote and assume social responsibility for disability.

The Public Health Association affirms the following principles:

The Vision of the New Zealand Disability Strategy for a fully inclusive society, in which people with impairments can say they live in:

'A society that highly values our lives and continually enhances our full participation.'

The vision of a non-disabling society, as noted in the NZ Disability Strategy, will happen in a country where:

- disabled people have a meaningful partnership with Government, communities and support agencies, based on respect and equality,
- we have moved forward from exclusion, tolerance and accommodation of disabled people to a fully inclusive and mutually supportive society,
- disabled people are integrated into community life on their own terms. This means that equal opportunities are assured but individual choices are available and respected,
- the abilities of disabled people are valued and not questioned,
- interdependence is recognised and valued, especially the important relationships between disabled people and their families, friends, whanau and other people who provide support,
- human rights are protected as a fundamental cornerstone of government policy and practice,
- the diversity of disabled people, including their cultural backgrounds, is recognised, and there is flexibility to support their differing aspirations and goals,
- disabled people are treated equitably, regardless of gender, age, cultural background, type of impairment or when and how the impairment was acquired,
- community-based services ensure that disabled people are supported to live in their own communities, and institutionalisation is eliminated,
- the idea that society imposes many of the disabling barriers faced by people with impairments is widely understood and, therefore, legislation, policy and other activities enhance rather than disable the lives of people with impairments,
- the principles of the Treaty of Waitangi are recognised. (9)

The Public Health Association believes that the following steps should be taken:

- Planners and funders, and providers of public health services should provide consumer advocacy services for public health services, where relevant, and ensure that public health services comply with the Code of Health and Disability Services Consumer Rights
- Government should fully implement the NZ Disability Strategy, to achieve the strategy's fifteen objectives
- Planners and funders, and providers should ensure that there is equitable access for people with disabilities to all relevant public health services, health promotion environments, information and opportunities
- Priority should be given to providing equitable access for Maori people with disabilities to all relevant public health services, , health promotion environments, information and opportunities, including Maori specific services,
- Government, funders and planners, and providers should involve disabled people in public health initiatives through consultative and collaborative processes and be involved in research programmes when appropriate.
- Government, ACC and other agencies should take preventative measures to reduce injury or diseases such as diabetes, that can result in disability – this includes focusing on policies and strategies that emphasise the role of health determinants (such a safe housing, and education for example) in reducing vulnerability to disease and injury.
- Priority should be given for Maori-specific services and strategies to prevent or reduce injury or diseases that result in disability.
- All services should acknowledge cultural differences and provide flexibility and equity to support the aspirations and goals of disabled people. In particular, services should recognise the principles of protection, partnership and participation of the Treaty of Waitangi

Review: This policy should be reviewed in July 2006.

References:

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- (3) The National Advisory Committee on Health and Disability (1998). "The Social, Economic and Cultural Determinants of Health in New Zealand: Action to Improve Health, Ministry of Health, Wellington.
- (4) Doe, T. "Deaf Culture and Multi-Culturalism". Abilities archives, Winter 1993, Issue 17: pp.31-32. Web site:
- (5) Brown, I, Public Health and An Effective Ontarians with Disabilities Act, Ontario Health Promotion Electronic Bulletin, No 138.1, January 2000
- (6) Bach, M (1999) Current views on developmental disabilities. In I. Brown & M. Percy (Eds.), Developmental disabilities in Ontario, (pp.33-42) Toronto, ON: Front Porch Publishing.

- (7) Newsletter of the Minister of Health, New Zealand Disability Strategy, Issue 9, 27 April 2000.
- (8) The Household Disability Survey, 2001 (Website:
<http://www.stats.govt.nz/domino/external/omni/omni.nsf/outputs/household+disability>)
- (9) New Zealand Disability Strategy from the Office for Disability Issues, Ministry of Social Development, 2001