



A Critical Analysis on the Social Determinants of Health in Disabled Population

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Abstract

This paper addresses the social determinants of health affecting the disabled population. It is considered that the prevalence of disability among the general adult population is significant. Furthermore, this paper presents a comprehensive analysis to identify the key social determinants which are highly applicable to health inequities and inequalities. Correspondingly, recommendations are critically proposed and laid out to address the issues impacting the given population. The health interventions and stakeholders involved are also critically examined to provide a broader perspective on the issue.

Introduction

This paper addresses the social determinants of health affecting the disabled population. It is considered that the prevalence of disability among the general adult population is significant. Furthermore, this paper presents a comprehensive analysis to identify the key social determinants which are highly applicable to health inequities and inequalities. Correspondingly, recommendations are critically proposed and laid out to address the issues impacting the given population. The health interventions and stakeholders involved are also critically examined to provide a broader perspective on the issue.

Key Social Determinants and Health Inequalities

The research of Gartrell et.al, (2016), revealed that people with disabilities who are aware of the effects of socioeconomic inequalities, such as reduced overall well-being, poor health, and poverty, see reducing these gaps as important for improving well-being, health, and quality of living. Other three societal factors for people with impairments have additional difficulties: Disability-specific biological predisposition causes individuals with disabilities to get fewer resources, love, care, and financial support throughout their early years. Additionally, in a subsistence farming culture, where paid jobs are few and few between, it is difficult for people with disabilities to contribute to the family income. When they engage in day-to-day activities, individuals with disabilities encounter many challenges, including the severe physical limitations that they face in their environment. Below are the three key social determinants:

Health care access and quality - A study conducted by McClintock et al. (2018) found that people with disabilities and non-disabled people face significant healthcare access and quality inequalities. There has been little investigation on the recommendations of patients and clinicians to enhance health care for people with disabilities. The recommendations of patients and healthcare providers point to the need to change existing paradigms, methods, and

strategies to enhance the quality of healthcare service for people with disabilities. There is a pressing need for increased advocacy and community mobilisation.

Economic Stability- For Kaye (2010), people with disabilities confront considerable obstacles when it comes to achieving financial security. Low or unpredictable income and insufficient health insurance coverage make it difficult to make financial choices. The workforce participation of disabled people is frequently precarious since they are more likely to be engaged in reduced or seasonal occupations which are less stable.

Moreover, Krapac (2007) stated that, as a major public health concern, the emergence of common chronic illnesses resulting from temporary or permanent working incapacity is also a big economic and social burden. Thus, when the factors involving disability are examined, whether they are the variations in monetary benefits over time or the distribution of disabled persons by age or educational level, it becomes clear that disability cannot be perceived simply as a medical phenomenon.

Social and Community Context- For UNICEF (2017), the concept of disability holds that people's disabilities are created by how society is structured rather than by their physical disability or uniqueness. It explores methods of eliminating roadblocks that prevent disabled individuals from living their lives to their full potential. Disabled persons may be productive and equal members of society when obstacles are eliminated. They can exercise a sense of control over their circumstances.

Recommendation for Public Health intervention

Lollar & Crews (2003) believes that it is critical to emphasise the primary prevention of diseases linked with disability. Increasingly, the focus of public health is shifting to include persons with disabilities as essential members of society, a demographic group that requires special attention to minimize inequalities in health outcomes. Effective execution of the appropriate intervention will almost certainly result in improved quality of life outcomes, including preserving economic independence and social contacts as long as feasible.

For Horn & Kang (2012), given the wide range of educational, physical, social, and emotional requirements of these individuals, achieving a good result will need help and preparation among a vast number of participants. One of the most important aspect of a quality intervention program is individualization, which ensures that what is provided and what is required are compatible. People with various disabilities may achieve significant results via collaborative family and support from society. In Australia alone, Australian Bureau of Statistics (2018) reveals that disability is more common as individuals become older; 26.9 percent of persons aged 60-64 years have a disability, one-quarter of the population. According to the latest statistics, eight in ten individuals aged 90 and older (84.6%) have a condition.

According to Fiorati & Elui (2015), in light of the social determinants of health and the decimation of social inequalities, it is necessary to include care in a variety of local contexts, which are still characterized by challenges in gaining access to material and immaterial products and access to social opportunities, for example. Developing programs to provide comprehensive care to people with disabilities in collaboration with collaborative channels and inter-sector collaboration should result in the synchronisation of multiple levels and types of care, from primary health-care to specialized rehabilitation programs and other social supports. The social understanding of disability appears to be more consistent with the principle of integration in health, as it considers all of the factors concerning the health and social needs of people with disabilities, varying from the needs of functional rehabilitation to actions intended to reduce physical, geographic, cultural, political, and social barriers, as well as the right to unrestricted and unhindered access for people with disabilities.

Potential Stakeholders

The role of the stakeholders is crucial to ensure that the intervention programs are properly implemented. Their participation would define the outcome that would benefit disabled people. For instance, the local government can further provide extension of local health and welfare programs for people with disabilities, including the advancement of counselling and training from health and welfare centres; assistance for family units and patient groups; development of services and augmentation of welfare services for people.

Moreover, the Japanese Society for Rehabilitation of Persons with Disabilities (2015), highlighted the role of local government in the evaluation of the scheme of facilities for people with disabilities to promote the integration of amenities, taking into account type and severity of the disability, as well as maturity level, to support the effective provision of facility features within the particular communities and to precisely meet the needs of people with disabilities is being undertaken.

In a report, the Stakeholder Group of Persons with Disabilities (2017) shows that disabled people must access affordable services such as support staff, social counselling services, assistive equipment and technology, and inclusive transportation to live freely in their communities and engage in business activities. Furthermore, people with disabilities are rarely regarded as significant participants in global climate debates or activities. However, they are more at danger during catastrophes, violence, and relocation than the general public. According to the organization, a recent survey conducted by UNISDR showed that 70 percent of people with disabilities reported having no personal disaster preparation plan, and just 17 percent were aware of any disaster preparation in their area. Hence, governments around the globe must ascertain that humanitarian response assistance, such as aid distribution, transitional housing and communities, sanitation, health and mental support services, and therapy, are available to the disabled population.

Conclusion

Given the circumstances, it is logical to assume that the assistance provided to disabled persons in accessing healthcare should be enhanced. For example, the government might strengthen its policy, legal compliance, and quality control execution among its registered providers, a significant step forward. The active involvement of individuals with disabilities, their families, and service providers in providing information on the product and assistance they obtain may make quality evaluation feasible in significant part. Furthermore, by taking into account the important socioeconomic determinants of health, it may be possible for people with disabilities, such as Leo, to get access to the treatments and healthcare services required.

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