

Hidden cost of disability: What policy makers usually forget

Sir,

According to the World Health Organizations' report, 15% of the world's population live with different types of disabilities. In Iran, according to census results in 2011, 1,017,659 persons with disability (1.3/1000 general population) live with a kind of disability.^[1]

Disability not only imposes costs on welfare and health system but also it can impose costs on families with people with disabilities (PWDs). PWD faces different types of costs resulted from their disability. For researchers and policymakers, some of these costs are measurable like treatment and medicine costs, but some of them need to be more considered. These costs impose extra costs on PWD, and hence, it is important that we provide adequate supports to help meet some of these additional costs. In this article, we have identified different types of disability costs that policymakers should consider.^[2-5]

Direct costs:

- Car and home adaptations: People after a physical or an intellectual disability cannot move around easily, and hence, they have to change and remodel different parts of their apartment or car like installing a ramp to enter a house
- Equipment and supplies: In addition to common treatments and medicines, PWD needs some equipment and supplies to move, see, and hear such as wheelchairs, sticks and crutches, and hearing aids
- Goods and transportation: In many countries, PWD usually cannot use public transportation in comparison to other people, and hence, they have to pay more to use taxis and their personal car. Furthermore, some goods may be purchased just due to disability such as food, fuel, and clothing
- Long-term care: After receiving treatment services in a hospital, PWD needs rehabilitation and care services such as occupational therapy, speech therapy, and nursing care. These services often are not covered by health insurances, and PWD has to pay directly their costs.

Indirect costs:

- Education and employment: Some PWD might quit their school or job after a disability. Thus, they lose their income and have to look for another job, and

this may take a long time in many countries

- Travel and waiting time: PWD is more likely to use rehabilitation and long-term care than the general population. Thus, they spend a lot of time to travel and visit health professions.

Intangible costs:

- Biopsychosocial quality of life: These costs are related to intangible effects of disability such as pain and depression, sadness, stigma, and misconception, mental and physical limitations, or social limitations such as marriage and friendship.

CONCLUSION

In Iran like other developed countries, first, we need to identify the additional costs of disability for People with different types and severity of the disability. Here, we should use a conceptual framework to measure costs of disability properly. Second, we should promote access to services used frequently by PWD such as medicines, rehabilitation services, transportation, and adaptations. Third, policymakers should formulate policy options to support those people who cannot afford the needed services.

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Shahin Soltani^{1,2}

¹Research Center for Environmental Determinants of Health, Kermanshah University of Medical Sciences, Kermanshah,

²Department of Health Management and Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran

Address for correspondence: Dr. Shahin Soltani, Research Center for Environmental Determinants of Health, Kermanshah University of Medical Sciences, Kermanshah, Iran. Department of Health Management and Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran. E-mail: sh-soltani@razi.tums.ac.ir


REFERENCES

1. Soltani S, Hafshejani AM, Salehiniya H. Trend of disability prevalence in Iran: An evidence to improve disability data. *J Res Med Sci* 2015;20:531-2.
2. Berthoud R. Meeting the costs of disability. London: Disability and Social Policy, Policy Studies Institute; 1991. p. 64-100.
3. Drainoni ML, Lee-Hood E, Tobias C. Cross-disability experiences of barriers to health-care access consumer perspectives. *J Disability Policy Stud* 2006;17:101-15.
4. Anders B, Ommen O, Pfaff H, Lungen M, Lefering R, Thüm S, *et al.* Direct, indirect, and intangible costs after severe trauma up to occupational reintegration – an empirical analysis of 113 seriously injured patients. *GMS Psycho-Social-Medicine*, 2013.

10: p. Doc02.

5. Soltani S, Takian A, Akbari Sari A, Majdzadeh R, Kamali M. Cultural barriers in access to healthcare services for people with disability in Iran: A qualitative study. *Medical Journal of the Islamic Republic Of Iran*, 2017. 31: p. 293-299. Available from: http://mjiri.iums.ac.ir/browse.php?a_id=3757&sid=1&slc_lang=en. [Last accessed on 2017 Dec 16].

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