



**Submission to the draft
Preventative Health Action Plan 2023 – 2025
*Advocacy for Inclusion***

About Advocacy for Inclusion

Advocacy for Inclusion incorporating People with Disabilities ACT¹ is a leading independent organisation delivering reputable national systemic advocacy informed by our extensive experience in individual advocacy and community and government consultation. We provide dedicated individual and self-advocacy services, training, information and resources in the ACT.

As a Disabled People's Organisation, the majority of our organisation, including our Board of Management, staff and members, are people with disabilities. Advocacy for Inclusion speaks with the authority of lived experience. It is strongly committed to advancing opportunities for the insights, experiences and opinions of people with disabilities to be heard and acknowledged.

Advocacy for Inclusion operates under a human rights framework. We uphold the principles of the United Nations Convention on the Rights of Persons with Disabilities and strive to promote and advance the human rights and inclusion of people with disabilities in the community. Advocacy for Inclusion is a declared public authority under the Human Rights Act 2004.

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Advocacy for Inclusion acknowledges the Aboriginal and Torres Strait Islander peoples as Traditional Custodians of the lands where we live, learn and work. We respect and celebrate the diversity of individuals, including those amongst the lesbian, gay, bisexual, trans, and intersex communities and we value and promote inclusion and diversity in our communities.

¹ On March 24, 2021, Advocacy for Inclusion (AFI) officially merged with People with Disabilities ACT (PWDACT), a systemic advocacy organisation based in the ACT. Herein, reference to 'AFI' also acknowledges the values and philosophies of PWDACT.

Our Recommendations

- 1.1 The plan includes strategies, actions and investments to improve the accessibility of preventative healthcare, wellness and lifestyle services.
- 1.2 The Plan support people with disability to access low-cost health, wellness and lifestyle services, possibly with a voucher to accessible providers.
- 1.3 That Improved accessibility of preventative healthcare, wellness and lifestyle be included in the plan as a priority area.
- 1.4 That COVID-19 prevention be included in the plan as a priority area.

- 2.1 Additional investments in low-cost access to allied health services;
- 2.2 Specific targeted measures to improve access to health and allied health services that provide diagnostic and early intervention services;
- 2.3 Specific targeted measures to improve the accessibility standards of commercial wellness services.

- 3.1 The plan includes reducing transmission of COVID-19 as a focus area;
- 3.2. This focus area includes specific targeted actions such as clean air and reduction of transmission in health settings;
- 3.3 Ensuring that preventative health programs and responses are delivered in a COVID-safe way and that they reach people who continue to shield. AFI has advocated for investments in community development programs that enable people to retain their physical and mental well-being through ongoing community isolation due to underlying health conditions.

- 5.1 We recommend the development of specific actions under this area to ensure active travel infrastructure is accessible to people with disabilities across all of Canberra and that public outdoor spaces are accessible for people with disability, the frail, and the elderly across all of Canberra.

- 6.1 That the plan acknowledges the significant barriers people with disability face in accessing and maintaining healthy food options.
- 6.2 That the ACT Government implement recommendations made by joint community partners on ensuring food security for all Canberrans, including in emergency situations;
- 6.3 That the ACT Government work with Disabled Peoples Organisations to identify strategies to increase access by people with disability to healthy food.

- 7.1 We recommend keeping the access and sensory clinic open as a permanent option for people with disability to receive vaccines and allied healthcare;
- 7.2 Recommendation: Accessible vaccine promotion and accessible vaccine delivery, including via the access and sensory clinic;
- 7.3 Recommendation: The ACT Disability Health Strategy includes work to improve the accessibility of testing and screening kits using people with lived experience;
- 7.4 Recommendation: The Government provide support to people to retrofit homes for safety where this is not covered by My Aged Care or the NDIS.

The Disability Context

AFI welcomes the opportunity to provide feedback to the Preventative Health Action Plan 2023 – 2025 (the plan). We endorse the plan's aims and welcome that it has acknowledged that people with disability are a priority group. However, the content and strategies regarding people with disabilities within the plan are brief and insufficient.

Advocacy for Inclusion is highly invested in improving health outcomes for people with a disability. People with disability report poor health and well-being and poor access to health, including for reasons unrelated to impairment. In our work on health, we adopt a [social model of disability](#) which frames poor outcomes for people with disability due to structural barriers and inequality.

Preventative health action is essential for people with disability due to the increased consequences of developing a secondary or additional chronic condition. The likelihood of doing so is elevated due to systemic barriers such as poverty, transport disadvantage,

inaccessible information, spaces, places and services, and attitudes and practices that deprioritise, prevent or overshadow preventative health for people with disability. Examples include people being unable to exercise in damaged or poorly planned open spaces; being unable to afford to see a nutritionist or dietician; lacking support to prepare healthy meals; being denied or having limited access to the community; and being refused access to physical activity based on service provider assessments of risk or capacity. Under the *Convention on the Rights of People with Disability (CRPD)* article 25, people with disability have the right to "the enjoyment of the highest attainable standard of health without discrimination based on disability."

AFI recommend that this plan outline specific, targeted, measurable actions in all areas. We recommend that all areas of the plan include particular actions targeted toward each priority group, including people with disability.

AFI recommend two additional focus areas:

1. Improved accessibility of preventative healthcare, wellness and lifestyle services;
2. COVID-19 prevention should be included in the plan as a priority area due to its long-term health impacts.

Recommendations:

- 1.1 The plan outlines specific, targeted and measurable actions in detail;
- 1.2 The plan includes specific actions targeting each priority group, including people with disability;
- 1.3 That Improved accessibility of preventative healthcare, wellness and lifestyle services be included in the plan as a priority area.
- 1.4 That COVID-19 prevention be included in the plan as a priority area.

Improved accessibility of preventative healthcare, wellness and lifestyle services

This priority should incorporate additional actions and investments that directly and measurably improve access outcomes for people with disabilities. Namely:

- Additional investment in low-cost allied health services to ensure people with disabilities have access to health diagnostic tools and early interventions. This

includes further investment in improving access to health services and commercial health services for low-income people.

- Improving the accessibility of health services and allied health services that provides early identification and check-up procedures to ensure people with disabilities can comfortably engage in these services. This includes rolling out essential accessibility tools, such as height adjustable beds, hoists, spaces free of sensory noise and disabled parking, across all health services and allied services; and
- Improving the accessibility of commercial wellness services to ensure they have appropriate support for people with disabilities and are culturally sensitive.

Recommendations:

- 2.1 Additional investments in low-cost access to allied health services;
- 2.2 Specific targeted measures to improve access to health and allied health services that provide diagnostic and early intervention services;
- 2.3 Specific targeted measures to improve the accessibility standards of commercial wellness services.

Covid prevention

Any credible plan to reduce chronic disease and disease burden must address the ongoing COVID-19 pandemic and acknowledge that minimising community-based transmission of COVID-19 is critical to preventing long-term health conditions.

There are three reasons for this:

1. COVID is causing illness and mortality to people in the community, with people with disability affected at a higher rate and more severely.
2. Long COVID is a long-term health condition requiring additional preventative healthcare and rehabilitation;
3. The presence of COVID in the community and the Government's expectation that people will manage and minimise their risks leads to people avoiding places, spaces, activities and healthcare supports that would diagnose, prevent and manage other chronic illnesses. This falls unevenly on people with compromised and limited preventative health and well-being access.

COVID-19 is still present and fatal within the ACT community. AFI's White Paper on COVID and our submission to the long COVID inquiry make it clear that long COVID is a preventable long-term health condition and a cause of permanent disability, potentially impacting hundreds of thousands of Australians.

Any strategy seeking to prevent chronic disease must also be a strategy for preventing the transmission of COVID. Within the most recent reporting period,² there were [204 new cases](#) and three lives lost. We note that these numbers rely on non-mandatory self-reporting, suggesting actual case numbers may be higher. People with disability are disproportionately vulnerable to the effects of COVID-19 compared to the general population. AFI's White Paper on [COVID-19](#) outlines that people with disability are more likely to develop long-term health impacts from COVID-19 infection (long-COVID) and die from COVID infection. According to the [Australian Institute of Health and Welfare](#) (AIHW), approximately 5-10% of COVID cases become long-COVID cases.

Many of AFI's members report remaining in isolation or practising significant masking protocols to protect themselves from COVID-19.

To prevent chronic conditions for people with disability, the plan must include specific actions to reduce the spread of COVID-19 in the community and enable people with disability to access preventative healthcare and maintain health-positive activities while shielding themselves from the virus.

Recommendations:

- 3.1 The plan includes reducing transmission of COVID-19 as a focus area;
- 3.2 This focus area includes specific targeted actions such as clean air and reduction of transmission in health settings;
- 3.3 Ensuring that preventative health programs and responses are delivered in a COVID-safe way and that they reach people who continue to shield. AFI has advocated for investments in community development programs that enable people to retain their physical and mental well-being through ongoing community isolation due to underlying health conditions.

Support for children and families

AFI supports both objectives under this area and recommends the inclusion of parents with disabilities in the implementation of all future actions.

² as at 12:36pm AEDT, 14 Jul 2023

Enabling active living

AFI supports all the objectives and actions under this priority area. However, we encourage more work to be done to include people with disability in this priority area. Active modes of travel, even over short distances and enjoyment of outdoor spaces is not accessible for many people with disability, the frail or elderly.

As AFI have discussed in depth in our submission to the [shared e-scooter expansion consultation](#) improving and protecting the accessibility and safety of public spaces for people with varying levels of mobility is necessary to achieve progress across various ACT Well-being Indicators.³ Access to outdoor spaces close to the home facilitates social participation and supports individuals to engage in active and healthy lifestyles. We recommend developing specific actions under this area to ensure active travel infrastructure is accessible to people with disabilities across all of Canberra and that public outdoor spaces are accessible for people with disability, the frail, and the elderly across all of Canberra.

Other issues include:

- Poor street and urban infrastructure and social planning lead to people with disabilities, including women, feeling unsafe or vulnerable;
- Seamless paths of travel which enable people with disabilities to travel from homes to group centers;
- Poorly maintained pedestrian and bike paths present barriers to people with mobility devices;
- A lack of provision for amenities like disability and changing places toilets;
- A lack of knowledge, skills, and responsiveness among commercial providers of physical fitness and wellness services. For example, gyms that are located in the downstairs areas of shopping precincts in places like Mawson and Phillip and other wellness services found in older parts of Canberra with no disability parking, such as Deakin, Phillip, or Belconnen;
- A lack of support for non-elite community sports programs for people with disabilities;
- A lack of diversity and choice in physical and group activity options which are disability friendly.

³ [Shared-e-scooter-expansion-AFI-Submission.pdf \(advocacyforinclusion.org\)](#)

Recommendations:

5.1 We recommend the development of specific actions under this area to ensure active travel infrastructure is accessible to people with disabilities across all of Canberra and that public outdoor spaces are accessible for people with disability, the frail, and the elderly across all of Canberra.

Increasing Healthy eating

AFI appreciate the intent and acknowledges the importance of this priority area. However, we encourage more work to recognise the significant cost and accessibility factors associated with healthy eating. The preventive health action plan must address the factors preventing people from purchasing healthy foods. This includes the cost of fresh fruit and veggies and groceries.

Many people experience poor economic outcomes, financial hardship and un(der)employment and poverty.⁴ People with disability face a higher risk of poverty and a higher risk of persistent poverty. More than half of people with disability rely on government pensions or allowances as their primary source of income.⁵ This means that people with disability do not have the same purchasing power or food choices as the general population.

The price of groceries has increased markedly due to increased production costs.⁶ Fresh fruit and vegetable prices rose 8.5%, meat 8.5%, and bread and cereals 12.2%.⁷ The rising cost of living has fostered a growing reliance on food banks and similar services. Ozharvest reported in April 2023 that 31% of its clients over the last six months had never sought food relief.⁸

In their submission to the ACT Legislative Assembly's Inquiry into Cost-of-Living Pressures in the ACT, the Inner North Pantry Network highlighted that the quality of food donations they receive, upon which they are reliant, is not always high enough to be passed on to

⁴ Advocacy for Inclusion (2022) [White Paper on Income Support](#), page 3

⁵ Ibid, page 4

⁶ <https://www.news.com.au/finance/economy/world-economy/real-reason-food-prices-are-skyrocketing-as-aussies-struggle/news-story/5f01df76bd83701f845d2fc832aba0c6> Accessed 5/06/2023

⁷ Ibid

⁸ [Demand for food relief rises rapidly in ACT as more Canberrans seek cost of living respite - ABC News](#) Accessed 6/06/2023

consumers – leaving volunteers with the job of handling the food waste.⁹ The duplicate submission also highlighted that food banks are not solutions for all Canberrans because they are physically hard to access and commute to and from and cannot provide fresh products.

Many people with disability face additional cost barriers to purchasing vegetables because they rely on prechopped or preprepared produce. These products are both significantly more expensive and limited in variety. This means that what the PHAP refers to as "discretionary" energy-dense, nutrient-poor foods are often what people with disability who live in poverty are forced to rely upon.

People with disability are also over-represented in the groups of people on meagre incomes. Our White Paper on Income Support and Housing speaks to the reality of people with disability making compromises on transport, clothing, energy and food to maintain housing. Many people with disability experience poor economic outcomes, financial hardship un(der)employment, and poverty. The relationship between disability and poverty is increasingly being understood and unpacked using the Standard of Living approach. This approach accounts for the fact that disability may lead to extra costs for individuals and households with disabilities. These expenditures may relate to general items that any household may need (e.g., healthcare, food) and disability-specific items (e.g., assistive devices, rehabilitation, personal assistance, and house adaptation).

In addition to the more apparent goods and services, people with disability also face "less obvious higher costs", which tend to go unreported because the costs are "ignored, internalised, or forgotten."

Frisch (2001), for example, identified sources of costs that can be significant but generally go unreported:

- Higher prices for similar goods due to inaccessible buildings, shops, or transport;
- The inability to shop around for or take advantage of mark-downs or bargains;
- A greater reliance on more expensive or proximate, smaller convenience stores;
- Higher prices for non-basic models with added functionality.

People also make compromises to sustain their own limited 'bank' of energy and resilience, which is reduced by numerous barriers and obstacles as well as circumstances like

⁹ [Submission by Inner North Pantry Network](#) to the ACT Legislative Assembly Inquiry into Cost of Living Pressures in the ACT

precarious and casualised employment with nonstandard working hours or the demands of study. In these circumstances, cheap but filling takeaway options or microwave-ready meals are understandable. Approaches to these issues must be practical and acknowledge people's circumstances rather than judgemental.

We also note the need for quality and reliable food services in emergencies. The COVID-19 pandemic highlighted the existing and emerging challenges of supporting Canberrans who experience disadvantaged access to food relief services. For some time, organisations providing these services have been operating individually. The experience of the Canberra Relief Network demonstrated the clear need for food relief service providers, Government, community groups, corporates, and local businesses to work together to ensure food security for all community members.

People in congregate settings and nursing homes also face a lack of choice, diversity and quality in their food. These issues have been highlighted extensively, including in the Aged Care Royal Commission.

These are complex issues requiring a range of responses, including improvements to income support, funding and regulation of care providers, food relief, strategies to address food insecurity and improving ease and convenience of healthy options.

Recommendation:

- 6.1 That the plan acknowledges the significant barriers people with disability face in accessing and maintaining healthy food options;
- 6.2 That the ACT Government implement recommendations made by joint community partners on ensuring food security for all Canberrans, including in emergency situations;
- 6.3 That the ACT Government work with Disabled Peoples Organisations to identify strategies to increase access by people with disability to healthy food.

Reducing risky behaviors – smoking, alcohol, sexually transmitted infections (STI) and bloodborne viruses (BBV)

AFI are not positioned to comment on this priority area in detail. However, our preference is for measures relating to legal drugs to focus on education and incentives to reduce harm rather than measures which impose further costs, logistical barriers or ostracism on people who may be using them because of addiction or to self-medicate. Community education resources on STI's should be made accessible and produced in plain English.

Promoting healthy ageing

AFI is not the peak body for Ageing, and we would defer to submissions from the Council on the Ageing ACT and other groups representing older Canberrans for detailed feedback.

However, the likelihood of acquiring a disability increases with age, and many barriers impacting older people in maintaining their health come from acquiring an impairment.

AFI support the actions already included in the draft plan to promote healthy Ageing. We strongly encourage the promotion of vaccines and cancer screenings. In line with the recommendations from the Imagining Better report, ^{OBJ} we recommend that a concerted effort be made to ensure that vaccines and cancer and other preventative health screenings (such as the bowel cancer screening kit) are accessible for people with disability.

We recommend keeping the access and sensory clinic open as a permanent option for people with disability to receive vaccines and allied healthcare.

We also strongly endorse the action to deliver healthy homes for all ages by developing and implementing programs to improve the thermal comfort of homes. We recommend that a program of work is developed to support ageing Canberrans to retrofit their homes to be accessible. Many people lose mobility as they age, making their homes unsafe. Simple retrofitting works could make homes safe and comfortable, reducing fall risks and subsequent reliance on carers and the health care system.

Recommendations:

- 7.1 We recommend keeping the access and sensory clinic open as a permanent option for people with disability to receive vaccines and allied healthcare;
- 7.2 Recommendation: Accessible vaccine promotion and accessible vaccine delivery, including via the access and sensory clinic;
- 7.3 Recommendation: The ACT Disability Health Strategy includes work to improve the accessibility of testing and screening kits using people with lived experience;
- 7.4 Recommendation: The Government provide support to people to retrofit homes for safety where this is not covered by My Aged Care or the NDIS.

