Enabling Health Framework

KEY DETERMINANTS OF HEALTH

INCLUSIVE SOCIETY FREE FROM MARGINALISATION

Social connection
Employment
Education
Housing
Transport
Freedom from abuse, neglect and violence
Freedom from discrimination

HEALTH BEHAVIOIRS

Health system and community participation

ACCESS TO THE
ABILITY TO EXERCISE CONTROL OVER THE KEY ASPECTS OF LIFE

PEOPLE WITH A DISABILITY

GENERAL PRINCIPLES: ‘NOTHING ABOUT US WITHOUT US’

• Respect of inherent dignity and individual autonomy, including the independence of people, and their freedom to make their own choices
• Non-discrimination
• Inclusion in society
• Equality of opportunity and accessibility
• Respect for difference and acceptance of people with a disability as part of human diversity and humanity
• Gender equity

HEALTH PROMOTION ACTIONS

• Build healthy public policy across all levels of government
• Create supportive environments
• Strengthen community action
• Secure an infrastructure for health promotion
• Advocate and communicate
• Consolidate and expand partnerships for health
• Re-orient health services
• Develop personal skills

PRIORITY SETTINGS FOR ACTION

Arts
Community
Corporate
Disability sector
Early childhood
Education
Housing
Health

Justice
Local government
Private sector
Sport and recreation
Transport
Technology
Workplace

INTERMEDIATE OUTCOMES

Individual
Organisational
Community
Societal

• Strong social connection and active participation in community
• Access to inclusive and supportive educational opportunities
• Access to employment
• Access to housing
• Reduced experiences of discrimination and violence
• Access to appropriate health care
• Policies and procedures that model good, inclusive and enabling practices
• Systematic inclusion of people with a disability in policy processes
• Committed to sustaining change
• People with a disability are employed, appropriately remunerated and supported
• Safe, supportive and inclusive environment
• Mutual respect and valuing of diversity
• Committed to sustaining change
• Meaningful inclusion of people with a disability

LONG-TERM BENEFITS

Individual
Organisational
Community
Societal

• Empowerment of individuals
• Self-esteem and pride
• Alleviation of poverty and socioeconomic inequities
• Freedom from discrimination and violence
• Improved health and wellbeing
• Control/ability to make decisions about determinants of own health
• Increased sense of belonging
• Freedom from discrimination and violence
• Effective programs that support the participation of all

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Enabling Health

Taking action to improve the health of people with a disability

SUMMARY OF KEY LEARNINGS ABOUT ACTIONS THAT WILL CONTRIBUTE TO A BETTER FUTURE FOR PEOPLE WITH A DISABILITY

In Australia, many of the differences in health status between people with a disability and people without a disability are not a result of medical conditions or impairments (e.g. paraplegia), but are a consequence of societal barriers (both attitudinal and environmental) that hinder the fair and effective participation of people with a disability in community life.

Enabling Health challenges the notion that people with a disability should naturally have worse health than their peers without disability.

Promising interventions have been identified in the resource to address the socially produced causes of ill health experienced by people with a disability. The following is a recapitulation of practical steps that can be taken to address the health inequities experienced by people with a disability.

ADDRESSING THE KEY SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH

Access to employment People with a disability have lower employment levels and lower income levels than people without a disability. Elements that make up best practice in providing employment opportunities and carrier progression for people with a disability include:

• understanding the positive psychological and economic benefits of employment on people with a disability;
• creating and advocating across all of government and across sectors to increase employment opportunities, including the integration of services;
• involving people with a disability in identifying appropriate employment, in relation to issues and in improving the development of employment policy and practice;
• implementing supportive policies and practices within workplaces to build cultures in which diversity is valued.

Social connection and community participation

The importance of social connection and community participation as determinants of health is widely documented. Genuine inclusive practice requires:

• providing equitable access to economic resources, such as transport, housing and open employment;
• offering and supporting community-based options for living;
• developing clear policies on social inclusion, including definitions that are aligned to genuine participation models, not just presence or visibility;
• training staff in understanding skills and facilitating inclusion and self-determination;
• acknowledging the role of staff as facilitators of friendship support, by planning opportunities, developing skills and implementing strategies around friendships and informal relationships;
• redesigning support services to include social participation as a key performance indicator.

Health behaviours (alcohol, tobacco, physical activity and nutrition)

People with a disability generally have worse profiles in regards to physical activity and nutrition. The development of positive health behaviour patterns with people with disabilities, including those living in supported accommodation services, is influenced by:

• modelling of healthy behaviours by staff and family;
• developing tailored prevention programs, specific to individual needs;
• promoting the benefits of exercise in terms of social interaction;
• involving people with a disability in the development and delivery of programs;
• empowering people with a disability to understand their choices and related health behaviours, including access to information, individual goal setting and opportunities to practice;
• using peer mentors throughout programs, and providing follow-up;
• overcoming barriers such as lack of family support, inadequate transport, inaccessible environments and financial hardships.

Address to the health system

People with a disability can find it difficult to engage in the health system. The barriers faced by some people with a disability when accessing the health system can be reduced by:

• providing practical information to healthcare needs and health promotingbehaviours, including health screening;
• being flexible around the timing and duration of consultation appointments;
• providing training to healthcare staff and professional development for current staff that covers topics of knowledge, confidence and communication;
• educating people with a disability about their rights and employing health advocacy to promote the health rights of people with a disability, and the obligations of government to meet the needs of people with a disability in this area;
• empowering people with a disability to self-manage their health with full support of community health organisations;
• enabling the establishment of a relationship with regular GPs;
• ensuring support workers are well trained in maintaining adequate medical records.

Self-determination

Self-determination has historically and systemically been denied to many people with a disability. Genuine access to choice and decision making can be ensured by:

• enabling people to live more independently with access to community-based services;
• facilitating the delivery of more specialised services where opportunities for making choices can be routinely provided;
• providing opportunities for people with a disability to receive higher education and to transition to genuine work opportunities;
• incorporating instruction in self-determination and problem-solving skills within the school curriculum;
• skillling staff in how to promote choice and empowerment;
• teaching autonomous behaviours such as independence, risk assessment and safety skills;
• encouraging goal setting and action planning along with teaching self-monitoring and self-evaluation of actions;
• facilitating self-advocacy skills, including assertiveness and effective communication skills.

BEST PRACTICE HEALTH PROMOTION PRINCIPLES FOR WORKING WITH PEOPLE WITH A DISABILITY

Nothing about us without us

• Respect for inherent dignity and individual autonomy – choice and independence
• Non-discrimination
• Inclusion in society
• Equity of opportunity and accessibility
• Respect for difference and acceptance of people with a disability as part of human diversity and humanity
• Gender equity

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