



GENERAL PRINCIPLES: 'NOTHING ABOUT US WITHOUT US'				HEALTH PROMOTION ACTIONS			
<ul style="list-style-type: none"> <li>Respect of inherent dignity and individual autonomy, including the independence of people, and their freedom to make their own choices</li> <li>Non-discrimination</li> <li>Inclusion in society</li> </ul>	<ul style="list-style-type: none"> <li>Equality of opportunity and accessibility</li> <li>Respect for difference and acceptance of people with a disability as part of human diversity and humanity</li> <li>Gender equity</li> </ul>	<ul style="list-style-type: none"> <li>Build healthy public policy across all levels of government</li> <li>Create supportive environments</li> <li>Strengthen community action</li> <li>Secure an infrastructure for health promotion</li> </ul>	<ul style="list-style-type: none"> <li>Advocate and communicate</li> <li>Consolidate and expand partnerships for health</li> <li>Re-orient health services</li> <li>Develop personal skills</li> </ul>				
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	Community	Societal	Community	Societal
<ul style="list-style-type: none"> <li>Strong social connection and active participation in community</li> <li>Access to inclusive and supportive educational opportunities</li> <li>Access to employment</li> <li>Access to housing</li> <li>Reduced experiences of discrimination and violence</li> <li>Access to appropriate health care</li> </ul>	<ul style="list-style-type: none"> <li>Policies and procedures that model good, inclusive and enabling practices</li> <li>Systematic inclusion of people with a disability in policy processes</li> <li>Committed to sustaining change</li> <li>People with a disability are employed, appropriately remunerated and supported</li> </ul>	<ul style="list-style-type: none"> <li>Safe, supportive and inclusive environment</li> <li>Mutual respect and valuing of diversity</li> <li>Committed to sustaining change</li> <li>Meaningful inclusion of people with a disability</li> </ul>	<ul style="list-style-type: none"> <li>Inclusive and enabling policies, legislation and programs that support the health and wellbeing of people with a disability</li> <li>Strong leadership</li> <li>Social norms and practices that support the inclusion of people with a disability in all aspects of society</li> <li>Reduced inequalities in determinants of health</li> </ul>	<ul style="list-style-type: none"> <li>Safe, supportive and inclusive environment</li> <li>Mutual respect and valuing of diversity</li> <li>Committed to sustaining change</li> <li>Meaningful inclusion of people with a disability</li> </ul>	<ul style="list-style-type: none"> <li>Inclusive and enabling policies, legislation and programs that support the health and wellbeing of people with a disability</li> <li>Strong leadership</li> <li>Social norms and practices that support the inclusion of people with a disability in all aspects of society</li> <li>Reduced inequalities in determinants of health</li> </ul>	<ul style="list-style-type: none"> <li>Safe, supportive and inclusive environment</li> <li>Mutual respect and valuing of diversity</li> <li>Committed to sustaining change</li> <li>Meaningful inclusion of people with a disability</li> </ul>	<ul style="list-style-type: none"> <li>Inclusive and enabling policies, legislation and programs that support the health and wellbeing of people with a disability</li> <li>Strong leadership</li> <li>Social norms and practices that support the inclusion of people with a disability in all aspects of society</li> <li>Reduced inequalities in determinants of health</li> </ul>
LONG-TERM BENEFITS							
Individual	Organisational	Community	Societal	Community	Societal	Community	Societal
<ul style="list-style-type: none"> <li>Empowerment of individuals</li> <li>Self-esteem and pride</li> <li>Alleviation of poverty and socioeconomic inequities</li> <li>Freedom from discrimination and violence</li> <li>Improved health and wellbeing</li> <li>Control/ability to make decisions about determinants of own health</li> <li>Increased sense of belonging</li> </ul>	<ul style="list-style-type: none"> <li>Freedom from discrimination and violence</li> <li>Effective programs that support the participation of all</li> </ul>	<ul style="list-style-type: none"> <li>Freedom from discrimination</li> <li>Freedom from violence</li> <li>Equity of health outcomes</li> <li>Improved productivity</li> </ul>	<ul style="list-style-type: none"> <li>An inclusive and enabling society that provides equal opportunity for all people to fulfil their potential</li> <li>Respect for people with a disability</li> <li>Equity of life expectancy between people with a disability and all people</li> </ul>	<ul style="list-style-type: none"> <li>Freedom from discrimination</li> <li>Freedom from violence</li> <li>Equity of health outcomes</li> <li>Improved productivity</li> </ul>	<ul style="list-style-type: none"> <li>An inclusive and enabling society that provides equal opportunity for all people to fulfil their potential</li> <li>Respect for people with a disability</li> <li>Equity of life expectancy between people with a disability and all people</li> </ul>	<ul style="list-style-type: none"> <li>Freedom from discrimination</li> <li>Freedom from violence</li> <li>Equity of health outcomes</li> <li>Improved productivity</li> </ul>	<ul style="list-style-type: none"> <li>An inclusive and enabling society that provides equal opportunity for all people to fulfil their potential</li> <li>Respect for people with a disability</li> <li>Equity of life expectancy between people with a disability and all people</li> </ul>

## 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 full 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 snapshot of practical steps that can be taken to address the health inequities experienced by people with a disability.

### 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
- Equality of opportunity and accessibility
- Respect for difference and acceptance of people with a disability as part of human diversity and humanity
- Gender equity

### 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 career progression for people with a disability include:

- understanding the positive psychosocial and economic benefits of employment on people with a disability
- collaborating 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 resolving 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.

#### Freedom from discrimination

Experiencing discrimination can have a negative effect on a person's health. This can be addressed by:

- looking at culturally appropriate and innovative arts projects to raise awareness of the contributions of people with a disability to society
- including reasonable adjustments as part of core standards for all service provision, providing accessibility to all people with a disability
- raising self-awareness of discrimination among people with a disability, which will result in decreased vulnerability
- providing people with a disability with the confidence and practical tools to help them respond to discrimination
- consulting with people with a disability to design services that meet individual and varied needs.

#### Access to transport

Affordable, reliable and safe transport influences health and wellbeing. Transport can be made more inclusive by:

- establishing minimum service levels across all types of public transport and enforcing compliance, particularly around physical access and access to communication devices
- launching an urban planning system that takes into account the geographic location of people with a disability and their need for accessible, reliable and affordable, safe and welcoming transport options
- including people with a disability in policy and planning decisions relating to transport
- increasing awareness of disability among transport providers to improve accessibility for people with a disability.

#### Access to housing

The link between appropriate housing and health is well established. Greater outcomes for housing can be ensured for people with a disability by:

- creating opportunities for people with a disability to participate fully in the housing market, including ownership initiatives, private rental opportunities, support for independent living and appropriate access to respite to provide families with adequate support to enable accommodation within the family home
- trialling social housing innovations that involve dispersed housing within communities as an alternative to traditional supported accommodation arrangements
- developing and implementing universal design principles to new housing developments, and enforcing legislation and compliance with existing building codes, guided by governments.

#### 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.

#### Freedom from violence, neglect and abuse

People with a disability are more likely to experience violence. A holistic approach to preventing violence should include:

- cross-sectoral action between disability services, women's service providers and health service providers
- legislative reforms aimed at reducing health inequities experienced by people with a disability
- combining tailor-made, evidence-based prevention programs with broader mainstream programs
- approaches that bridge divisions between services and people with a disability to address attitudes, lack of knowledge, incorrect perceptions and physical inaccessibility.

#### Access to education

Higher levels of education are generally associated with better health. Access to education for people with a disability can be ensured by:

- implementing inclusive education strategies to generate more effective outcomes for students with a disability, such as developing inclusive policies within mainstream settings, providing adequate and appropriate resources to support genuine inclusion, and ensuring that health, education and disability sectors work collaboratively
- increasing the capacity of current and future teachers to teach students with a disability through ongoing professional development opportunities and enhancing student teacher training in inclusive education techniques
- improving the successful inclusion of people with a disability into Vocational Education and Training (VET) by developing effective transition planning and pathways
- improving the uptake of university offers by offering flexible pathways into and through university degrees, and a firm commitment to supporting people with a disability to reach their learning goals.

### ADDRESSING THE KEY CONTRIBUTING FACTORS TO HEALTH

#### 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 behaviours of 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 inclusion
- 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 practise
- using peer mentors throughout programs, and providing follow-up
- overcoming barriers such as lack of family support, inadequate transport, inaccessible environments and financial hardships.

#### Access 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 holistic attention to healthcare needs and health-promoting behaviours, including health screening
- being flexible around the timing and duration of consultation appointments
- providing training to trainee 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 governments 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 systematically 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 individualised 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
- skilling 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.