



Draft ACT Preventative Health Action Plan 2023-25

ACTCOSS Submission

actcoss@actcoss.org.au

actcoss.org.au

02 6202 7200

ABN 81 818 839 988



About ACTCOSS

ACTCOSS acknowledges Canberra has been built on the land of the Ngunnawal people. We pay respects to their Elders and recognise the strength and resilience of Aboriginal and/or Torres Strait Islander peoples. We celebrate Aboriginal and/or Torres Strait Islander cultures and ongoing contributions to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) advocates for social justice in the ACT and represents not-for-profit community organisations.

ACTCOSS is a member of the nationwide COSS Network, made up of each of the state and territory Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS's vision is for Canberra to be a just, safe and sustainable community in which everyone has the opportunity for self-determination and a fair share of resources and services.

The membership of the Council includes the majority of community-based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

ACTCOSS advises that this document may be publicly distributed, including by placing a copy on our website.

Contact Details

Phone	02 6202 7200
Address	Weston Community Hub, 1/6 Gritten St, Weston ACT 2611
Email	actcoss@actcoss.org.au
Web	actcoss.org.au
CEO	Dr Devin Bowles
Policy Officer	Avan Daruwalla

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Acronyms

ABS	Australian Bureau of Statistics
ACCO	Aboriginal Community Controlled Organisations
ACDC	Australian Centre for Disease Control
ACT	Australian Capital Territory
ACTCOSS	ACT Council of Social Service Inc.
AFI	Advocacy for Inclusion
AIHW	Australian Institute of Health and Welfare
ATODA	Alcohol, Tobacco, and Other Drugs Association
BBV	Blood Borne Virus
CHN	Capital Health Network
DEA	Doctors for the Environment Australia
FARE	Foundation for Alcohol Research & Education
FASD	Fetal Alcohol Spectrum Disorder
HCCA	Health Care Consumers Association
MHCCACT	Mental Health Community Coalition ACT
MHF	Mental Health Foundation
STI	Sexually Transmitted Infection
WWDACT	Women with Disabilities ACT



Executive Summary

In the midst of cost of living and housing crises, the ACT community faces significant challenges to long term health outcomes. The strategic implementation of preventative health actions will be vital in addressing the social and environmental determinants of health and preventing irreparable damage to the health and wellbeing of Canberrans.

This submission to the consultation highlights ACTCOSS' key concerns regarding the necessary inclusion of the social and environmental determinants of health in the Preventative Health Action Plan 2023-25. Our feedback highlights the importance of addressing the underlying causes as well as negative health outcomes of poverty, insecure housing and accelerating climate change.

Alongside these major threats to the health of the entire community, the community sector has noted particular vulnerabilities for already marginalised cohorts, particularly people experiencing poverty, Aboriginal and/or Torres Strait Islander peoples and people with disability. Cohorts at a higher risk of chronic disease require specialised supports and preventative health strategies including dedicated funding for expert community organisations. Likewise, the health threats associated with climate change require thoughtful care and consideration to be adapted into useful actions in the plan.

A primary recommendation of this report is recognising and investing in the community sector given the high and complex demands of community organisations to provide preventative health initiatives and services. In particular, the role of the community sector in providing preventative mental health services is key to relieving heavy pressure on the public healthcare system.

The submission also identifies the community sector's main areas for improvement within the five identified priority areas, including addition of mental health and wellbeing strategies, redressing inaccessible public spaces and modes of active travel, and implementation of recommendations to alleviate cost of living pressures. ACTCOSS encourages the ACT Government to take this Action Plan as a strategic opportunity to redress inequity and harness the knowledge and experience of the community sector.

The likely effective life of the Action Plan will be approximately two years. It should include details on the creation of the next Preventive Health Strategy and associated Action Plans. To optimise the effectiveness of forthcoming strategies, they should cover longer periods of time and have greater capacity to address emerging health challenges.



Summary of recommendations

Overarching Values

The Preventative Health Action Plan 2023-25 should:

- Acknowledge the key role played by the community sector in preventative health
- Act as a clear guide for the community sector to forecast and coordinate community sector contributions to preventative health, particularly in relation to the ACT Government
- Prioritise additional relevant populations, including people experiencing poverty, Aboriginal and Torres Strait Islander people, and people with disabilities
- Better alignment of priorities and actions with Canberrans concerns and the burden of disease
- Have more clearly defined, more readily evaluated actions, potentially through the inclusion of an evaluation plan
- Include a section on developing the next Preventative Health Strategy and Action Plans, including timelines, consultation processes and broadening the potential scope of the Strategy
- More concretely respond to the growing preventative health challenges of climate change and mental ill-health

Priority Area Recommendations

The Preventative Health Action Plan 2023-25 should include:

Supporting children and families

- Implementation of perinatal wellbeing supports based on the strategies of the [Maternity in Focus Plan 2022-32](#)
- Engagement of perinatal mental health support organisations to provide preventative health supports
- Commitment to provision of accessible, healthy housing that is climate change adaptable
- Funding and promoting preventative health programs run by ACCOs
- Targeting initiatives across the action plan to the needs of Aboriginal and/or Torres Strait Islander communities and ensuring that implementation is proactively culturally safe, accessible and available



- Increased focus on collaboration and co-design with community organisations
- Funding of community mental health organisations
- Greater focus on community sector outreach services and collaborative trauma-informed treatment and support teams

Enabling active living

- Making physical spaces and public transport accessible for people with disability
- Acting on the physical and mental health impacts of climate change
- Addressing air-quality, particularly in the aftermath of bushfires
- Considering additional options for heat and smoke refuges, such as EGM and gambling-free clubs or ceasing gambling and alcohol services in clubs used as refuges
- Enabling wellbeing and mental health programs centred around nature
- Passing the legislation to introduce the Right to a Healthy Environment in the *ACT Human Rights Act 2004*
- Climate education, and development of new strategies and approaches in collaboration with local environmental organisations
- Building public campaigns to raise awareness of climate impacts as well as providing tangible opportunities for community participation in climate mitigation strategies
- Undertaking targeted analyses of the changing health needs of vulnerable populations facing the harshest impacts of climate change
- Exploring creative approaches to improving public understanding of the relationship between personal health and the physical environment
- Directly addressing the barriers that Aboriginal and/or Torres Strait Islander peoples face in accessing healthy lifestyles
- Culturally sensitive services and targeted health promotion for Aboriginal and/or Torres Strait Islander peoples

Increasing healthy eating

- Implementation of recommendations made in the [Inquiry into Cost of Living Pressures in the ACT Final Report](#)
- Specificity around actions targeting healthier food within the home
- Connecting parents to nutritional education within the first 1000 days
- Continuing the ACT's recently piloted free meals in schools program



- Subsidising the cost of healthy foods for people with disability and those struggling with cost of living
- Acknowledgement of the additional hidden costs of disadvantage and social drivers of food choices
- Improved accessibility and availability of food banks in the ACT
- Growing partnerships with private industry to prevent and redistribute food waste
- Funding community organisations to set up community food gardens
- Funding for foodbank freight and delivery costs
- Investigating establishment of a foodbank distribution centre in the ACT
- Exploring the feasibility and desirability of setting up an ACCO-led bush tucker kitchen garden

Reducing risky behaviours

- Collaboration and increased communication with community sector service providers
- Avoiding amalgamation of STIs and BBVs given the potential spread of misinformation and ongoing stigmatisation
- Education of healthcare professionals around sensitivity and awareness of risk factors for vulnerable populations including members of the LGBTIQ+ community.
- Specifying supports for people with FASD
- Addressing impacts of online alcohol orders and home delivery
- Reducing stigma and discrimination for people with drug dependence
- Continuing the CanTEST Health and Drug Checking Service and highlighting ongoing progress on drug decriminalisation in the ACT
- Clear indications of the intersecting clinical health strategies and other relevant strategies in effect

Promoting healthy ageing

- Clarifying the parameters of the healthy ageing section
- Retrofitting and improvement of accessibility of social and affordable housing to ensure safety for residents as they age
- Early prevention efforts for workplace injuries and mental ill-health associated with workplace stressors may
- Early vaccination and cancer screening promotion in advance of high-risk periods or eligibility



- Implementation of targeted actions to combat loneliness and isolation
- Investing in and expanding the capacity of Health ACCOs to provide free health screening for Aboriginal and/or Torres Strait Islander people
- Reflection of the major barriers to health for people with disability
- References to the prevention of COVID transmission
- Implementing recommendations from the [ACTCOSS Report: Imagining Better](#) including using lived experience to inform services and infrastructure, and conducting consumer testing preventative health care resources with people with disability
- Acknowledgement of the inefficiencies and prohibitive costs of the healthcare system that leave people with disabilities at a higher risk of developing further chronic conditions



Introduction

The ACT Council of Social Service (ACTCOSS) welcomes this opportunity to provide feedback on the Draft ACT Preventative Health Action Plan 2023-25. ACTCOSS' primary areas of input surround the need for investment in the health needs of low income and disadvantaged Canberrans in acknowledgement of the social and environmental determinants of health.

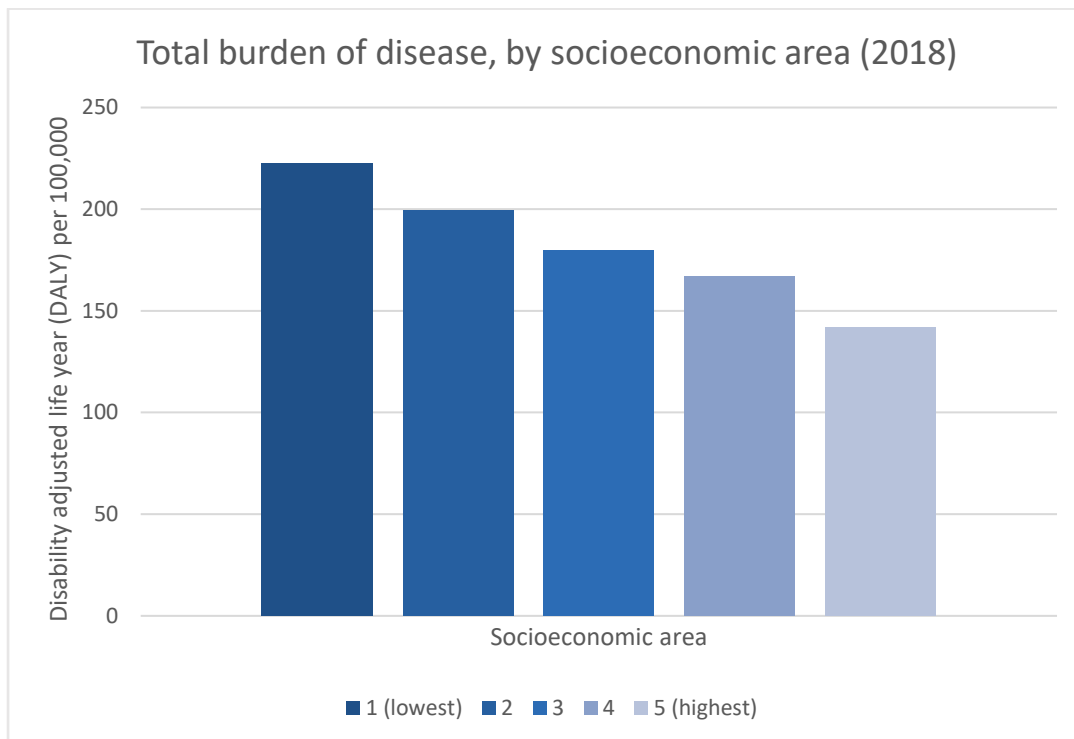


Figure 1: Total burden of disease, by socioeconomic area in Australia, 2018.¹

Given the disproportionate burden of disease experienced by marginalised Canberrans including the most socioeconomically disadvantaged peoples, the action plan should focus its effort on this group. The Australian Institute of Health and Welfare found that in 2018, the burden of disease (measured using the 'disability adjusted life year' to estimate total burden of health loss) was 1.6 times higher for people living in the lowest socioeconomic areas than those living in the highest socioeconomic areas.²

We are pleased to see the creation of the action plan as well as the draft's focus on priority areas including children and active travel. Likewise, the opportunity for co-design processes with service users and the community sector is very promising. Those areas of support and investment in community sector organisations are also a

¹ Australian Institute of Health and Welfare, [Health across socioeconomic groups \(Figure 4\)](#), AIHW, 7 July 2022, accessed 24 July 2023

² AIHW, [Health across socioeconomic groups](#).



positive step, and we would encourage further work in this space to capitalise on the sector's strong knowledge and experience in the preventative health space. The community sector plays a leading role in delivery of preventative and sub-acute services in the ACT. This includes a wide range of services addressing the social and environmental determinants of health, as well as services which address specific health issues, including mental health and alcohol, tobacco and other drug (ATOD) dependency. The action plan should reflect the community sector's current role and leverage its substantial potential to delivery further benefits.

Forty percent of Canberrans have a long-term health condition,³ and forty percent of chronic illness is preventable.⁴ The community sector has a major role to play in facilitating service access and alleviating pressure on the ACT acute health system including hospitals and acute mental healthcare. The ACT Government's approach to preventing chronic illness and other ill-health should include investments that enable the community sector to provide systemic intervention.

The creation and implementation of this action plan also poses a unique opportunity to reflect on the evidence base surrounding social and environmental determinants of health, including housing, poverty, and climate impacts. There is a strong desire within the community for this plan to take a detailed, action-based approach and this will require meaningful engagement with the inequities that are leaving some people at a much higher risk of chronic illness.

At present, the action plan is lacking coordination of the community sector which could be significantly improved by replicating the approach taken in the [ACT Drug Strategy Action Plan 2022 - 2026](#). The Drugs Strategy Action Plan includes highly actionable and specific measures and actively clarifies the roles and responsibilities of the community sector in enabling these actions. Further, with the ACT Government's recent focus on program co-design, we are hopeful that this action plan will offer opportunities for the community sector to share public resources and responsibility.

While developing this submission we consulted with Advocacy for Inclusion (AFI), Asthma Australia, Alcohol, Tobacco, and Other Drugs Association (ATODA), Cancer Council, Capital Health Network (CHN), Directions Health, Foundation for Alcohol Research & Education (FARE), Health Care Consumers Association (HCCA), Hepatitis ACT, Landcare ACT, Meridian ACT, Mental Health Community Coalition ACT (MHCCACT), Mental Health Foundation (MHF), and Women with Disabilities ACT (WWDACT). Consultations with the community sector have informed our focus on recommending an actionable fit-for-use plan that recognises the social and environmental determinants of health.

In developing this draft, the ACT Government should ensure empowerment of the voices of marginalised community members – particularly: people experiencing

³ ABS, [Region summary: Australian Capital Territory](#), ABS website, n.d., accessed 24 February 2023.

⁴ Australian Institute of Health and Welfare (AIHW), [One-third of disease burden caused by modifiable risk factors](#) [media release], AIHW, 18 August 2021, accessed 17 March 2023.



poverty, Aboriginal and/or Torres Strait Islander peoples, people with disability, and members of the LGBTQIA+ community.

Key Issues

A Greater Role for the Community Sector

Recommendations

- Acknowledge the key role played by the community sector in preventative health
- Act as a clear guide for the community sector to forecast and coordinate community sector contributions to preventative health, particularly in relation to the ACT Government
- Have more clearly defined, more readily evaluated actions, potentially through the inclusion of an evaluation plan
- Include a section on developing the next Preventative Health Strategy and Action Plans, including timelines, consultation processes and broadening the potential scope of the Strategy

The plan would benefit greatly from an increased focus on collaboration and co-design with community organisations which we know are core to preventative health and community wellbeing. As a primary workforce that will be delivering preventative health strategies, the community sector would like to see a greater commitment to partnering and to the governance for the plan's implementation. One of the benefits of the action plan will be to help coordinate efforts across a diverse system. Its capacity to do this for the community sector is limited when that sector has limited visibility in the document. An action plan should also help distribute limited resources as effectively as possible. This often means prioritising services provided by the community sector.

For example, in the mental health sector, provision of psychosocial support services has been demonstrated to offer a 38% reduction in the number of people hospitalised due to mental ill health.⁵ However, funding of community mental health organisations is not encapsulated within the action plan.

The community sector is also an invaluable resource in the ACT Government's approach to supporting individuals and communities who are unable to access mainstream services due to accessibility, affordability, cultural or social concerns. Including more actions that support the work of community organisations to conduct outreach services and collaborative trauma-informed treatment and support teams are essential to inclusion of vulnerable peoples in the plan.

⁵ Productivity Commission, [Inquiry report - Mental Health - Productivity Commission \(pc.gov.au\)](https://www.pc.gov.au/inquiry/mental-health-report), Productivity Commission, Australian Government, 2020, accessed 17 April 2023.



Closing the Gap – Aboriginal and/or Torres Strait Islander Health

Recommendations

- Prioritise additional relevant populations, including people experiencing poverty, Aboriginal and Torres Strait Islander people, and people with disabilities

Aboriginal and/or Torres Strait Islander people are much more likely to experience chronic illness than non-Indigenous people in Australia.⁶ We are aware chronic disease response accounts for the greatest healthcare expenditure in the ACT. By directly addressing the barriers Aboriginal and/or Torres Strait Islander people face in accessing healthy lifestyles, the ACT Government could improve long term health outcomes. Culturally sensitive services and targeted health promotion are essential to enabling support and access.

We strongly endorse the measure in the action plan to reduce Aboriginal and/or Torres Strait Islander smoking rates and hope this will be matched by new investment. This is one of the single most important steps the Government can take in closing the health gap. Given the considerable size of the health gap, we encourage investment in the preventative health initiatives. These include funding and promoting preventative health programs run by Aboriginal Community Controlled Organisations (ACCOs). In addition, targeting initiatives across the action plan to the needs of Aboriginal and/or Torres Strait Islander communities and ensuring implementation is proactive, culturally safe, accessible and available would enable the plan to improve health outcomes other than those related to tobacco use.

Further, the action around promoting vaccination and cancer screening in the community requires specific engagement with the Aboriginal and/or Torres Strait Islander community. Early health screening including for cancer and diabetes is essential to managing and treating chronic illness. In recent years, the proportion of Indigenous Australians receiving annual health checks nationally has decreased to 27.2% in 2020-21, while the ACT rate is substantially lower at just 17.5%.⁷ The costs of accessing screening can be prohibitive, and many Aboriginal and/or Torres Strait Islander people in Canberra are forced to rely on Aboriginal Health Services to discretionarily provide free screening, which they are not funded for. We would like to see the government investing in and expanding the capacity of Health ACCOs to provide free health screening to improve preventative health outcomes for Aboriginal and/or Torres Strait Islander people.

⁶ P Breadon, L Fox, O Emslie, [The Australian Centre for Disease Control \(ACDC\): Highway to health](#), Grattan Institute, 2023, accessed 17 March 2023.

⁷ Australian Institute of Health and Welfare, [Indigenous health checks and follow-ups, Geographic variation](#), AIHW, 19 August 2022.



Misalignment with Canberrans Concerns and Evidence of Burden of Disease

Recommendations

- Better alignment of priorities and actions with Canberrans concerns and the burden of disease

We also note that the areas of focus within the plan appear to be misaligned with the market research produced highlighting the ACT community's primary concerns. The [ACT Community Survey on Prevention](#) highlighted that mental health and access to health care services were the top concerns in terms of preventing long-term health issues, noting that the latter is out of scope for this action plan. Obesity, diabetes, and climate change rank equal third. In contrast, STIs were the lowest ranked community response.

With survey results clearly indicating the mental health and healthcare service access are the “clear top concerns for Canberrans”, the absence of actions relating to either priority in the plan is incongruous. Community concerns are echoed by the fact that mental illness is the leading cause of chronic disease in the ACT.⁸ We have also seen 10% of Canberrans declare a long-term mental health condition in the 2021 Census, representing the second highest rate in Australia.⁹ Mental health objectives are largely absent from the plan and are directly applicable to much needed actions under each identified priority area.

Climate Change

Recommendations

- More concretely respond to the growing preventative health challenges of climate change and mental ill-health

The draft action plan notes climate change as a health risk, which we commend. However, there is an opportunity to see this better reflected in specific actions. Climate change has and will continue to have many broad-ranging impacts on our physical and mental health, including through indirect impacts such as “changes in the spread of disease, air pollution, food insecurity and malnutrition, involuntary migration, displacement and conflicts”.¹⁰ A rapidly changing climate is accelerating negative impacts on the environmental determinants of health including limiting clean

⁸ ACT Health, [Chief Health Officer's Report 2020 Healthy Minds](#), ACT Health, 2020, accessed 17 April 2023.

⁹ Australian Bureau of Statistics, [Health: Census, 2021 | Australian Bureau of Statistics \(abs.gov.au\)](#), Australian Bureau of Statistics, 2021, accessed 17 April 2023.

¹⁰ Climate Council, [Climate change is a “medical emergency” according to new global health report.](#), Climate Council, 25 June 2015, accessed 25 July 2023.



air and access to safe drinking water, increasing food insecurity and causing damage to natural disaster vulnerable infrastructure.¹¹

Climate change is regularly cited as the “greatest risk to global health in the 21st century” however, the level of action ascribed in the plan is not commensurate with this profound threat level.¹² Acting on climate change is one of the greatest opportunities we have to improve public health. The Government should utilise research that has found that public will to reduce emissions increases when climate change is framed as a health issue.¹³ Building public campaigns to raise awareness of climate impacts as well as providing tangible opportunities for community participation in climate mitigation strategies is essential preventative action.

We know that vulnerable people will be most affected by climate impacts, particularly children, older people, those in rural and remote areas, Aboriginal and/or Torres Strait Islander peoples, people on low incomes and pregnant people. The tertiary effects of climate change including increasing food prices and resultant undernutrition do and will continue to disproportionately burden people on low incomes.¹⁴ Further, the focus on climate adaptation strategies, rather than mitigation strategies is set to further reinforce the health gap between Aboriginal and/or Torres Strait Islander people and non-Indigenous Australians.¹⁵ Undertaking targeted analyses of the changing health needs of vulnerable populations facing the harshest impacts of climate change will be imperative to acting on these threats.

Climate change also poses major threats to mental health and wellbeing without any dedicated supports available. Climate impacts have been linked to emotional distress, anxiety, depression, grief and suicidal behaviour.¹⁶ We would also like to see investments in actions to address the connection between climatic events and mental disorders in the forms of ecoanxiety, ecoguilt, ecopsychology, ecological grief, solastalgia and biospheric concern.¹⁷ Investments in climate education, and a climate-resilient mental health sector will need to be coupled with development of new strategies and approaches in collaboration with local environmental organisations.¹⁸ There are also opportunities to explore creative approaches to improving public understanding of the relationship between personal health and the physical environment.¹⁹

¹¹ World Health Organization, [Climate change and health](#), WHO, 30 October 2021, accessed 25 July 2023.

¹² D Bowles et al., [Climate change and health in Earth's future](#), Earth's Future, 9 December 2013.

¹³ TA Myers et al., [A public health frame arouses hopeful emotions about climate change](#), Climatic Change, 28 June 2012.

¹⁴ D Bowles, [Climate Change and Health Adaptation: Consequences for Indigenous Physical and Mental Health](#), Annals of Global Health, 27 November 2015.

¹⁵ Bowles, [Climate Change and Health Adaptation](#)

¹⁶ World Health Organisation, [Why mental health is a priority for action on climate change](#), WHO, 3 June 2022, accessed 25 July 2023.

¹⁷ P Cianconi et al., [The Impact of Climate Change on Mental Health: A Systematic Descriptive Review](#), Frontiers in Psychiatry, 6 March 2020

¹⁸ Doctors for the Environment Australia, [How Climate Change Affects Mental Health in Australia](#), DEA, 7 October 2021.

¹⁹ A Watson et al., [Creative Approaches to Health Information Ecologies](#), University of New South Wales, 19 July 2023.



In the ACT we also have an important opportunity to pass legislation enacting a Right to a Healthy Environment within the *ACT Human Rights Act 2004*. The ACT's commitment to being a human rights jurisdiction should be reflected in protections recognising the intrinsic relationship between human wellbeing and our environment.

Inclusion of People with Disability

Recommendations

- Prioritise additional relevant populations, including people experiencing poverty, Aboriginal and Torres Strait Islander people, and people with disabilities

People with disability face major barriers to accessing comprehensive healthcare including preventative health actions. Compared with 65% of people without disability, only 24% of people with disability in Australia experience very good or excellent health.²⁰ Additionally, in order to achieve the same standard of living as those without disability, people with disability in Australia need an increase of between 19% and 102% (dependent on disability severity) to their adult-equivalent disposable income.²¹ The major barriers to health for people with disability are not reflected in the actions of the plan.

In particular, we note a lack of reference to the prevention of COVID-19 transmission which poses serious chronic illness threats to immunocompromised people with disability. We would also encourage inclusion of recommendations from the [ACTCOSS Report: Imagining Better](#) which highlight the opportunities for improved access, choice and control for people with disability navigating health services in the ACT. In particular, the Report highlights the need to use lived experience to inform service and infrastructure, and conducting consumer testing preventative health care resources with people with disability.

Improving inclusion of people with disability in the plan will also require an acknowledgement of those people already living with disabilities and chronic conditions, and at an increased risk of further health challenges. We would also endorse input from WWDACT highlighting the healthcare system's inefficiencies and prohibitive costs that leave people with disabilities at a higher risk of developing further chronic conditions.

²⁰ Australian Institute of Health and Welfare (AIHW), [People with disability in Australia 2022: in brief, catalogue number DIS 72](#), AIHW, 5 July 2022, accessed 25 July 2023.

²¹ B Vu et al., [The costs of disability in Australia: a hybrid panel-data examination](#), Health Economics Review, 14 March 2020.



Housing and Poverty

Recommendations

- Prioritise additional relevant populations, including people experiencing poverty, Aboriginal and Torres Strait Islander people, and people with disabilities

Preventative health is an ideal space for strategy to target the social and environmental determinants of health, including socioeconomic position, housing and homelessness and social inclusion. Preventing chronic illness in the ACT will require that the ACT Government take initiative to ensure poverty alleviation and access to affordable, accessible, healthy, and safe homes.

We welcomed the significant investments in housing and homelessness in the 2023-24 ACT Budget and would encourage the ACT Government to capitalise on this community success by connecting healthy housing to outcomes in this plan.

For many vulnerable populations in Canberra, poverty is a severely limiting factor in achieving healthy outcomes and presents major barriers to many of the actions outlined throughout the plan. To ensure that the impacts of poverty are being appropriately considered and responded to, we would strongly encourage the inclusion of recommendations made in the [Inquiry into Cost of Living Pressures in the ACT Final Report](#) within the actions of the plan.

Responses to Priority Areas

Supporting children and families

Recommendations

- Implementation of perinatal wellbeing supports based on the strategies of the [Maternity in Focus Plan 2022-32](#)
- Engagement of perinatal mental health support organisations to provide preventative health supports
- Commitment to provision of accessible, healthy housing that is climate change adaptable
- Funding and promoting preventative health programs run by ACCOs
- Targeting initiatives across the action plan to the needs of Aboriginal and/or Torres Strait Islander communities and ensuring that implementation is proactively culturally safe, accessible and available
- Increased focus on collaboration and co-design with community organisations
- Funding of community mental health organisations
- Greater focus on community sector outreach services and collaborative trauma-informed treatment and support teams



We are pleased to see the ACT Government prioritising children and families in the action plan, particularly given the reinforcement of cyclical disadvantage perpetuated by poor childhood health.

Actions focused on perinatal wellbeing were a notable omission from the plan, particularly given the government's recent investments in perinatal mental health screening and data-collection. The need for specific, measurable actions in this domain is underscored by the plan's focus on the first 1000 days. Embedding the strategies of the [Maternity in Focus Plan 2022-32](#) within the objectives of the Action Plan will ensure that holistic approaches are taken for the maternity system. Further, community organisations providing perinatal mental health supports should be engaged to enable appropriate implementation of preventative strategies.

We have also heard a strong preference from the sector that actions surrounding housing be included in this priority area to reflect those major impacts of unsuitable housing on the health and wellbeing of families in the ACT. As a social determinant of health, quality of housing has serious implications for physical and mental health outcomes of families and children. We also know that difficulties accessing appropriate housing are going to continue to be exacerbated by the need for climate change adaptation. By coupling the ACT Government's recent investments in social and affordable housing with investments in a just energy transition, the availability of appropriate and healthy housing in the region will improve. These improvements will of course need to be coupled by sustained and significant ongoing investments.

Enabling active living

Recommendations

- Making physical spaces and public transport accessible for people with disability
- Acting on the physical and mental health impacts of climate change
- Addressing air-quality, particularly in the aftermath of bushfires
- Considering additional options for heat and smoke refuges, such as EGM and gambling-free clubs or ceasing gambling and alcohol services in clubs used as refuges
- Enabling wellbeing and mental health programs centred around nature
- Passing the legislation to introduce the Right to a Healthy Environment in the *ACT Human Rights Act 2004*
- Climate education, and development of new strategies and approaches in collaboration with local environmental organisations
- Building public campaigns to raise awareness of climate impacts as well as providing tangible opportunities for community participation in climate mitigation strategies
- Undertaking targeted analyses of the changing health needs of vulnerable populations facing the harshest impacts of climate change
- Exploring creative approaches to improving public understanding of the relationship between personal health and the physical environment
- Directly addressing the barriers that Aboriginal and/or Torres Strait Islander peoples face in accessing healthy lifestyles
- Culturally sensitive services and targeted health promotion for Aboriginal and/or Torres Strait Islander peoples



The promotion of active travel is highly commendable, however there is also an opportunity to prioritise inclusion and accessibility for people with disability in approaches to active travel and recreation. Making physical spaces and public transport accessible is key to ensuring that they are fit for use for all members of our community. By acknowledging that people with disability and/or mobility issues face specific barriers to active living, the plan can better specify objectives to address those barriers.

Further, we would encourage specificity around actions such that the plan ensures meaningful consideration of the priority population cohorts identified in the 'emerging challenges in prevention' section. Additionally, the burden of financial barriers needs to be specifically addressed as a limiting factor in the health of Canberrans on low incomes.

By recognising the health impacts of climate change, the plan can better accommodate for long term solutions to health risks. In particular, Asthma Australia have highlighted the opportunity to address air-quality within active living, particularly in the aftermath of natural disasters, including bushfires. The use of community clubs as heat and smoke refuges is only a partial solution to community safety during severe weather events, given the significant risks of gambling harm (especially when exacerbated by alcohol use) in these spaces. We would encourage consideration of additional options for heat and smoke refuges, such as gambling-free clubs or ceasing gambling and alcohol services completely in clubs used as refuges. We share deep community concerns about enabling unhealthy spaces as essential infrastructure. Concerns around air-quality also lead back to the need for actions around healthy housing including proper ventilation.

Enabling active living is also a great priority area for acting upon nature connection or 'contact with nature' as a preventative health measure.²² Investment in wellbeing and mental health programs centred around nature is an important and cost-effective step in the context of rising eco-anxiety.²³ We would likewise support the inclusion of an action surrounding passing the legislation that implements the Right to a Healthy Environment in the *Human Rights Act 2004*.

Increasing healthy eating

Recommendations

- Implementation of recommendations made in the [Inquiry into Cost of Living Pressures in the ACT Final Report](#)
- Specificity around actions targeting healthier food within the home
- Connecting parents to nutritional education within the first 1000 days

²² C Maller et al., [Healthy nature healthy people: 'contact with nature' as an upstream health promotion intervention for populations](#), Health Promotion International, 22 December 2005.

²³ DTC Cox et al., [Doses of Nearby Nature Simultaneously Associated with Multiple Health Benefits](#), International Journal of Environmental Research and Public Health, 9 February 2017.



- Continuing the ACT's recently piloted free meals in schools program
- Subsidising the cost of healthy foods for people with disability and those struggling with cost of living
- Acknowledgement of the additional hidden costs of disadvantage and social drivers of food choices
- Improved accessibility and availability of food banks in the ACT
- Growing partnerships with private industry to prevent and redistribute food waste
- Funding community organisations to set up community food gardens
- Funding for foodbank freight and delivery costs
- Investigating establishment of a foodbank distribution centre in the ACT
- Exploring the feasibility and desirability of setting up an ACCO-led bush tucker kitchen garden

The proposed actions for addressing unhealthy eating do not equate to the scale of the cost of living crisis in the ACT. We would appreciate greater specificity around actions targeted healthier food within the home, in addition to improved access to community gardens. Whilst research to understand the prevalence of food insecurity will be valuable, we also need to see actionable strategies implemented in the short term to improve access to healthy food. This could include linkages to the first 1000 days and positive parenting by enabling nutritional education for people engaged with supports during this period. It would also be beneficial to include the ACT's recently piloted free meals in schools program in the actions of this plan.

The demographics of people struggling with cost of healthy food includes people on low incomes, disability pensioners, aged care pensioners and those on Jobseeker. Recently, due to cost-of-living pressures, the number of families with one or two employed adults experiencing food insecurity has significantly increased. Rising costs of healthy products disproportionately fall to women and carers, without sufficient interventions to subsidise these costs for vulnerable peoples.

The price of food increased by 18% between December 2017 and December 2022 in the ACT, well above overall CPI.²⁴ Increases to the cost of essential items have disproportionately impacted on low-income Canberran households and resulted in rapid increases to the food insecure population. Food insecurity can exacerbate unhealthy eating habits when vulnerable people prioritise calorie intake over micronutrients, causing ill health.

Acknowledgement of the additional hidden costs of disadvantage and social drivers of food choices requires action to remedy inequity. Improving the accessibility and availability of food banks in the ACT is an important step, as well as expanding partnerships with private industry to prevent and redistribute food waste. Likewise we would support inclusion of actions recommended in the [Inquiry into Cost of Living Pressures in the ACT Final Report](#) including funding for community organisations to set up community gardens, funding for foodbank freight and delivery costs, and investigating establishment of a foodbank distribution centre. We would also be

²⁴ ACT Council of Social Service, [2023 ACT Cost of Living Report](#), ACTCOSS, 22 June 2023, p 5.



interested in seeing the government explore the feasibility and interest in establishing an ACCO-led bush tucker kitchen-garden.

Further, we are concerned that there is a lack of actions to respond to the inaccessibility and unaffordability of fresh and healthy foods for many people with disability. We know that disability can lead to extra costs for household and disability-specific items, with a standard of living research approach often finding that a person with disability would need to spend significantly more money to achieve a similar level of wellbeing to those without disability.²⁵ Further, the long-term implications of labour burdens and time poverty associated with sourcing healthy (and accessible) food options can reinforce inequality and food insecurity for women, carers and people with disability.²⁶

Reducing risky behaviours

Recommendations

- Collaboration and increased communication with community sector service providers
- Avoiding amalgamation of STIs and BBVs given the potential spread of misinformation and ongoing stigmatisation
- Education of healthcare professionals around sensitivity and awareness of risk factors for vulnerable populations including members of the LGBTIQ+ community.
- Specifying supports for people with FASD
- Addressing impacts of online alcohol orders and home delivery
- Reducing stigma and discrimination for people with drug dependence
- Continuing the CanTEST Health and Drug Checking Service and highlighting ongoing progress on drug decriminalisation in the ACT
- Clear indications of the intersecting clinical health strategies and other relevant strategies in effect

We are pleased to see the draft include a focus on building improved linkages between specialist community organisations and sexually transmitted infection (STI) and blood borne virus (BBV) service providers. This model of collaboration and increased communication could be replicated in other sections of the plan which involve community sector service provision.

We echo Hepatitis ACT's concerns about the amalgamation of STIs and BBVs given key differences between infections within the two categories including the causes, risk factors, and treatments. To prevent the potential spread of misinformation and ongoing stigmatisation, BBVs and STIs should not be referred to collectively. Further, we encourage the extension of health promotion and education campaigns to include education of healthcare professions around sensitivity and awareness of

²⁵ S Mitra et al., [Extra Costs of Living with a Disability: A Review and Agenda for Research](#), Disability and Health Journal. 15 April 2017.

²⁶ L Ringhofer, [Time, labour, and the household: measuring "time poverty" through a gender lens](#), Development in Practice. 9 May 2014



risk factors for vulnerable populations including members of the LGBTIQ+ community.

The [ACT Drug Strategy Action Plan 2022 - 2026](#) highlights that the Preventative Health Action Plan should cover prevention measures for Fetal Alcohol Syndrome (FASD) as well as e-cigarette use among younger people. The action plan should thus include specific and measurable strategies to address these issues, including supports for people with FASD. Furthermore, we would encourage the action around 'investigating options for addressing impacts of online alcohol orders and home delivery' to shift from an investigative objective to an implementation objective given the breadth of existing harm-reduction evidence.

Promoting healthy ageing

Recommendations

- Clarifying the parameters of the healthy ageing section
- Retrofitting and improvement of accessibility of social and affordable housing to ensure safety for residents as they age
- Early prevention efforts for workplace injuries and mental ill-health associated with workplace stressors may
- Early vaccination and cancer screening promotion in advance of high-risk periods or eligibility
- Implementation of targeted actions to combat loneliness and isolation
- Investing in and expanding the capacity of Health ACCOs to provide free health screening for Aboriginal and/or Torres Strait Islander people
- Reflection of the major barriers to health for people with disability
- References to the prevention of COVID transmission
- Implementing recommendations from the [ACTCOSS Report: Imagining Better](#) including using lived experience to inform services and infrastructure, and conducting consumer testing preventative health care resources with people with disability
- Acknowledgement of the inefficiencies and prohibitive costs of the healthcare system that leave people with disabilities at a higher risk of developing further chronic conditions

We are unsure the parameters of healthy ageing referenced in this priority area but are supportive of the actions particularly surrounding thermal comfort of homes and energy hardship programs. Other actions around housing would also be well placed in this section, particularly retrofitting and improvement of accessibility of social and affordable housing to ensure safety for residents as they age. We support promotion of cancer screening and vaccination in the workplace. More detail would be helpful, particularly regarding which workplaces would be targeted and how these programs would be incentivised. Supporting physical and mental health in the workplace begins at any age that a person is participating in the workforce, and the action plan would be best placed to acknowledge this. Chronic health issues associated with workplace injury or practices such as sitting or standing for extended periods may occur or begin to develop early in life and may only be prevented through practices formed before the accident or health issue arises. Similarly, mental ill-health associated with workplace stressors may be cumulative, and prevention efforts



should include young workers. Similarly, vaccination is an essential component of early preventative health care and cancer screening promotion is likely to be most effective when public promotion begins in advance of high risk periods or eligibility.

Conclusion

The draft Preventative Health Action Plan 2023-25 is a strong start. However, ACTCOSS welcomes the opportunity for more collaboration with the ACT Government to produce better health outcomes for vulnerable and marginalised community groups.

actcoss@actcoss.org.au

actcoss.org.au

02 6202 7200

ABN 81 818 839 988

