



preventive health strategy

2025-2027

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Summary

Preventive health is key to staying healthy and detecting health problems early on, before they cause other issues or become more difficult to treat.

Aruma's Preventive Health Strategy provides a pathway for reducing chronic disease and improving health for Aruma's participants.

As well as addressing the key modifiable behaviours of unhealthy eating, physical inactivity and substance misuse, the Strategy focuses on improving health service access and engagement and ensuring effective monitoring and support for chronic conditions.





Goal: To increase the proportion of Aruma participants who adopt health-promoting behaviours, engage in preventive healthcare, and effectively manage established chronic conditions.

Objectives

Aruma's participants will receive services in health-promoting environments and will be enabled and empowered to make the best possible decisions about their health and wellbeing. Where harms from unhealthy behaviours have already occurred, they will be supported to access early detection and intervention services to reset pathways and minimise ongoing harm.

Scope

Aruma's Preventive Health Strategy will predominantly focus on adult participants who access Aruma's home and living services. However, staff from other service lines will be included in organisational wide social marketing and educational initiatives. Relevant initiatives may also feature in the life skills building program to be facilitated through Aruma Community Support services.

This Strategy is targeted in nature and not intended to address the broad range of social determinants of health, which are the wider set of forces and systems shaping the conditions of daily life and influencing health inequities. Initiatives progressed under this Strategy will generally be restricted to health literacy, personal skills development, and improving access to primary health care.

Need for action

Almost half of Australians are estimated to have one or more of the most common chronic conditions. Many of these conditions share common risk factors that are largely preventable or treatable, including poor diet, insufficient physical inactivity, overweight and obesity, tobacco smoking, and other biomedical risk factors such as high blood pressure ⁽¹⁾. People with intellectual disability experience even greater health disparities relative to the general population. This includes:

- Substantially higher rates of chronic physical and mental health conditions, including a higher prevalence of multiple co-morbidities;
- More than twice the rate of avoidable deaths;
- Under-diagnosis of chronic and acute health conditions;
- Under-representation of consultations with GPs addressing physical and preventive health issues;
- Significantly less likely to be prescribed preventive health medications;
- Higher prescription of psychotropic medication, even after allowing for elevated incidence of mental illness;
- Much higher rates of potentially preventable hospitalisation;
- Lower life expectancy than people in the general population ⁽²⁾.

Additionally, people with intellectual disability generally have higher rates of some modifiable health risk factors and behaviours than people without disability, such as overweight and obesity.

This is related to genetic/chromosomal conditions (such as Down syndrome) but is also significantly influenced by lifestyle factors with people with intellectual disability being more likely to have poorer diets, be less physically active, and lead more sedentary lifestyles relative to the general population ^(3, 4, 5). They can also experience challenges to modifying risk factors when they:

- Have concomitant physical disabilities or mobility issues;
- Are reliant on assistance by others with their diet and physical activity;
- Take psychotropic medication which increases appetite and exacerbates the effects of alcohol;
- Have inadequate uptake of health screening and surveillance and/or there is a lack of reasonable adjustments made by health professionals to accommodate their communication and disability features;
- Have generally lower levels of health literacy and difficulty advocating for themselves in healthcare settings;
- Are often excluded from population-focused health education efforts and health promotion programs ^(5, 6, 7).

This underscores a pressing need for Aruma to prioritise a comprehensive and coordinated approach to addressing the preventive health needs of the people they support, particularly with respect to modifiable risk factors related to diet and physical activity, and timely and appropriate access to preventive healthcare.



Principles

The preventive health programs and activities underpinned by this Strategy will:

- Appropriately balance Aruma's duty of care to participants with their right to autonomous decision making and dignity of risk ^(8, 9).
- Balance the expectation that staff will role model health-promoting behaviours for participants with their right to exercise lifestyle choices.
- Be evidence-based and adapted to the cognitive and communication needs of participants as required to promote inclusion ⁽¹⁰⁾.
- Optimise the use of available technologies (such as Telehealth) to promote efficiency and address access barriers ⁽¹¹⁾.
- Embrace a co-design and iterative approach, facilitating the active involvement of participants in the design and provision of appropriate educational support ⁽¹²⁾.
- Employ a supported decision making approach to promote self-determination by building participants' confidence and capacity to make informed decisions and engage in health-promoting behaviours ⁽⁹⁾.
- Utilise tailored and participatory teaching and learning modalities, including multi-sensory approaches that support active learning and maximise engagement ^(12, 13).
- Be comprehensively focused on addressing the range of factors that impact on preventive health ⁽¹⁴⁾.
- Be evaluated for impact to support continued refinement and contribute to the evidence base and systemic advocacy efforts.



Approach

The socio-ecological model is a useful framework to understand the multifaceted and interrelated factors influencing health behaviour for people with intellectual disability ⁽¹⁴⁾. It comprises five levels as outlined in Table 1.

Table 1.

Individual Level	Interpersonal Level	Organisational Level	Physical Environment/ Community Level	Public Policy Level
Supporting Aruma's participants through primary, secondary and tertiary prevention activities.	Building the health literacy of Aruma's workforce to enable role modelling and health education.	Improving implementation of health-promoting policies Creating health-promoting settings.	Fostering supportive alliances with health professionals and community partners / addressing service access and engagement barriers.	Engaging in systemic advocacy and research partnerships to improve social policy.

Approach



Individual level activities will span the prevention continuum as outlined in Table 2.

Table 2 - Levels of individually focused preventive health

Primary Prevention	Activities to reduce risk factors and the likelihood of disease development. This includes health education and personal skills development programs, as well as engagement with social marketing campaigns to raise awareness, motivate and influence healthy behaviours.
Secondary Prevention	Emphasises early disease detection and prompt intervention to minimise its progression. Activities include the administration of routine risk assessments, and supporting participants to engage in annual health assessments, dental check-ups, and health screening programs.
Tertiary Prevention	Managing chronic disease effectively to prevent complications or further damage. This includes supporting Aruma participants to access specialist medical and allied health services, carefully adhering to health management plans, and monitoring for and promptly addressing signs of health deterioration.

Health promotion interventions that consider multiple socio-ecological levels achieve the greatest health improvements ^(3, 9, 15), and therefore programs and activities progressed under Aruma's Preventive Health Strategy will assume a multi-faceted approach. Activities will occur on a spectrum, ranging from broad reaching educative initiatives, to targeted programs based on localised needs analysis and identified risks.

This will include activities to promote the health literacy of participants ⁽¹⁶⁾ and empower support staff with knowledge and skills to create health-promoting environments ^(17, 18, 19). There will also be a sustained effort to integrate healthy lifestyle interventions such as nutrition and physical activity programs into the organisational culture and participants' everyday lives rather than being stand-alone programs that often realise short-term benefits ^(14, 15).



Focus Areas

Poor dietary habits and inadequate physical activity are modifiable risk factors that underpin a range of chronic diseases in people with intellectual disability, including obesity, type 2 diabetes, cardiovascular disease, stroke, certain cancers, and musculoskeletal problems ⁽⁴⁾. Poor dietary intake can also negatively impact on psychosocial health and wellbeing ⁽²⁰⁾, promote chronic constipation ⁽²¹⁾, and result in dental and oral health problems that can be associated with dysphagia ⁽²²⁾. In turn, dysphagia can result in further nutritional concerns, and lead to complications such as aspiration and choking when there is inconsistent compliance with texture modification, oral hygiene, and monitoring recommendations ^(23, 24, 25).

Consequently, improving nutrition, increasing engagement in physical activity, and improving compliance with dysphagia management plans will be key focus areas for Aruma's Preventive Health Strategy. Preliminary initiatives to address these focus areas have been identified and aligned to the socioecological framework for preventive health and further activities will be developed in response to stakeholder consultation and needs analysis.



Monitoring Performance

A logic model has been created to provide a high-level overview of the goals and activities associated with Aruma's Preventive Health Strategy and the expected results. It outlines the intended progression from intervention to outcomes and underpins the proposed evaluation plan.

The logic model is depicted in **Figure 1**.



Related strategies and plans

Aruma is committed to upholding the rights of the people we support, including their right to stay healthy and well and to access timely and appropriate healthcare services. This is underpinned by Article 25 of the Convention of the Rights of Persons with Disability. Aruma's Preventive Health Strategy will advance this commitment by providing a roadmap of tangible actions that will realise health improvements for our participants. This will contribute to achieving organisational priorities outlined in Aruma's Strategic Plan, namely:

- **Include** - Enabling people with a disability to live inclusive, self-determined lives so they can live the life they want.
- **Support** - Continuously improving the quality of our support services so they are consistently safe, effective, person-centred and connected.

Aruma's Preventive Health Strategy also proactively responds to recommendations by the Disability Royal Commission to address preventive healthcare access and improve the health and wellbeing of people with disability. It also corresponds with priorities and activities outlined in the [National Roadmap for Improving the Health of People with Intellectual Disability 2021-2031](#).

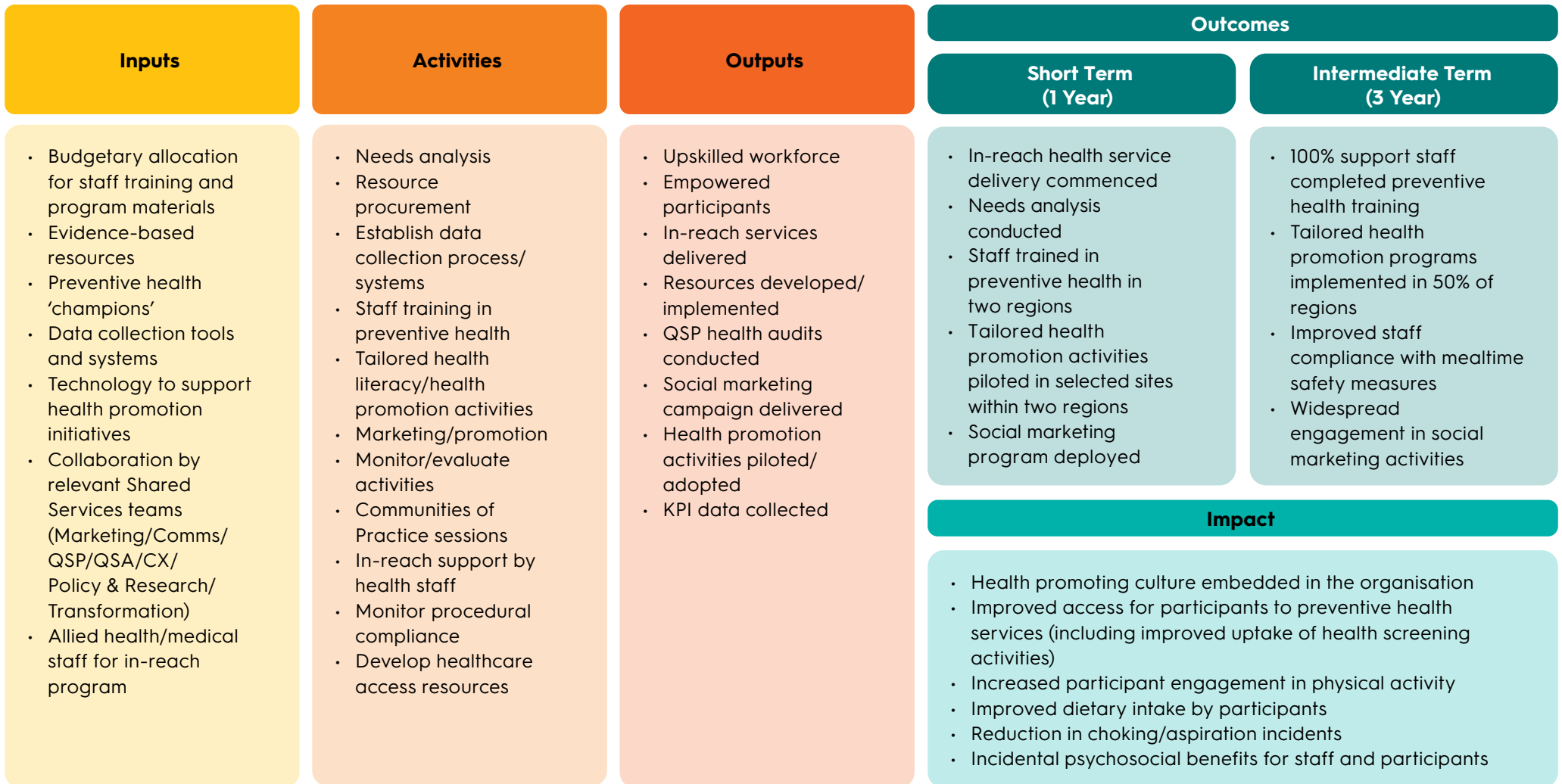
Further, Aruma's Preventive Health Strategy is aligned with and informed by various national strategies which address the preventive health needs of Australians more broadly:

- [National Preventive Health Strategy 2021-2030](#)
- [National Strategic Framework for Chronic Conditions 2017-2025](#)
- [Australia's National Oral Health Plan 2015-2024](#)
- [National Obesity Strategy 2022-2032](#)



Figure 1 – Logic model of Aruma’s Preventive Health Strategy

GOAL: To improve the health and wellbeing of Aruma’s participants through increased adoption of health promoting behaviours, improved access to preventive healthcare, and effective management of established chronic conditions.



Assumptions:

- Staff and participant interest/engagement in preventive health activities
- No competing priorities or major disruptions to program activities (e.g., pandemic, widespread organisational restructuring, etc)
- Budgetary/funding support available for frontline staff engagement in training/health promotion activities

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