

Exclusion from Primary Healthcare: A barrier to the National Disability Strategy implementation

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The National Disability Strategy delineates six main **outcome areas** that are associated with the principles of the United Nations Convention on the Rights of Persons with Disabilities [1]. The extension of this strategy into an improved version (beyond 2021) faces an important barrier to its implementation, based on our findings on the experiences of **Frail, Homebound and Bedridden Persons (FHBP)**. FHBP are Australians who live with complex, incapacitating, and debilitating illnesses or injuries that unify them under one crucial characteristic: being trapped and **unable to leave home** [2, 3]. Our studies highlight the exclusion and marginalisation that FHBP routinely encounter, affirming that the healthcare system has been designed around **the exclusory requirement of physical attendance** [2, 3, 4]. Such a requirement represents a barrier that must be overcome. These are **some of the solutions we found via our participatory research approach** [2, 3, 4].

Telehealth and virtual care

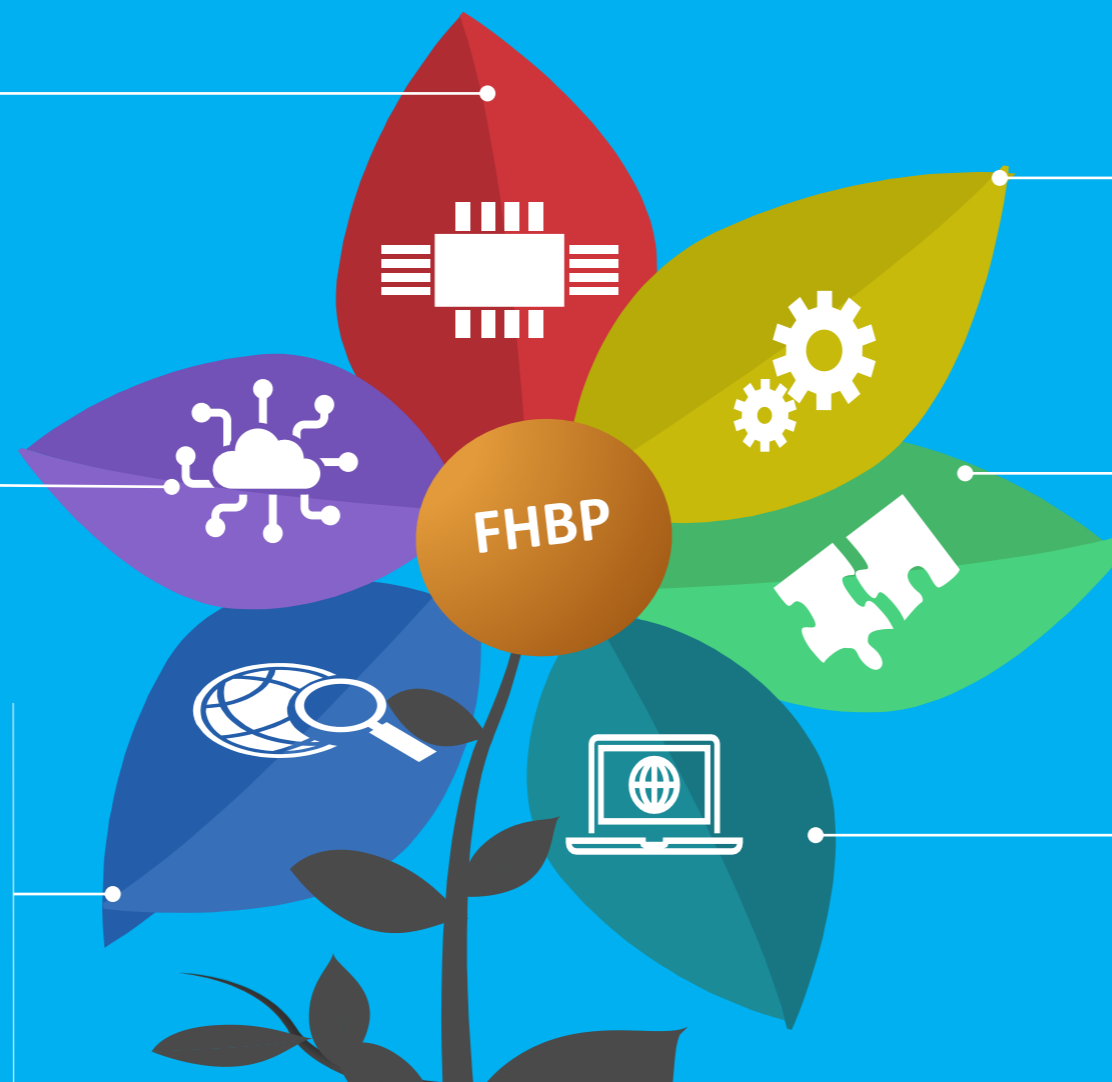
Outcome 6 Health and wellbeing—health services, health promotion and the interaction between the health and disability systems; and overall wellbeing and enjoyment of life.

Technological solutions, e.g. apps, online platforms, robots

Outcome 5 Learning and skills—early childhood education and care; schools, further education, and vocational education; transitions from education to employment; and life-long learning.

Social prescription via technology

Outcome 4 Personal and community support—inclusion and participation in the community; person-centered care and support provided by specialist disability services and mainstream services; and informal care and support.



Access to community care and rebates

Outcome 3 Economic security—jobs; business opportunities; financial independence; adequate income support for those not able to work; and housing.

Access to legal services

Outcome 2 Rights protection, justice, and legislation—statutory protections, such as anti-discrimination measures; complaints mechanisms; advocacy; and the electoral and justice systems.

Education for health practitioners and all service providers about FHBP' needs

Outcome 1 Inclusive and accessible communities—the physical environment, including public transport, parks, buildings, housing, digital information, and communications technologies; and civic life, including social, sporting, recreational and cultural activities.

References:

1. Department of Social Services (2010-2020) National Disability Strategy 2010–2020, Canberra, ACT, Department of Social Services.
2. Buchanan, R. (2018). "Just Invisible" Medical Access Issues for Homebound/Bedridden Persons. Accessed on the 20/06/2019.
3. Pinero de Plaza, M.A. Beleigoli, A. Mudd, A. Tieu, M. Lawless, M. McMillan, P. Feo, R. Archibald, M. Kitson, A. (2020) "Not well enough to attend appointments: Telehealth versus health marginalization". (Accepted -Open access IOS Press series) Studies in Health Technology and Informatics. (Thursday, 3 September 2020 6:00 PM).
4. Penelope McMillan., María. A. Pinero De Plaza., Ricky Buchanan., Alline Beleigoli., Michael Lawless., Mandy Archibald., Alexandra Mudd., Alison Kitson. "Consumer Leadership: Collaborative partnerships in individual health care, services and systems". CHF Summit 2021: Shifting Gears (Accepted on 20/11/2020).



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