



Tasmanian Council of Social Service Inc.

TasCOSS response to Draft Long-Term Plan for Healthcare in Tasmania 2040

May 2023



**INTEGRITY
COMPASSION
INFLUENCE**

About TasCOSS

TasCOSS's vision is for one Tasmania, free of poverty and inequality where everyone has the same opportunity. Our mission is two-fold: to act as the peak body for the community services industry in Tasmania; and to challenge and change the systems, attitudes and behaviours that create poverty, inequality and exclusion.

Our membership includes individuals and organisations active in the provision of community services to Tasmanians on low incomes or living in vulnerable circumstances. TasCOSS represents the interests of our members and their service users to government, regulators, the media and the public. Through our advocacy and policy development, we draw attention to the causes of poverty and disadvantage, and promote the adoption of effective solutions to address these issues.

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Introduction

TasCOSS welcomes the opportunity to respond to the exposure draft of the *Long-Term Plan for Healthcare in Tasmania 2040* ('the Draft Plan'), recently released for consultation by the Department of Health ('the Department').

As the peak body for the community services industry in Tasmania, many of our member organisations support Tasmanians with their physical and mental health needs and provide frontline health and allied services, including aged care services, disability support and counselling. We advocate for policies and reforms to support not only our members who engage in this work, but all Tasmanians who access community health care. TasCOSS also advocates for Tasmanians on low incomes, who face additional barriers to accessing quality healthcare and are often impacted by intersecting drivers of disadvantage, including (but not limited to) housing instability, low health literacy and living with stigma and/or discrimination.

The Draft Plan outlines the action areas for the Tasmanian Government's long-term reform agenda, *Our Healthcare Future*. The Department states these reforms are, 'focusing on securing a sustainable health system that is connected and balanced to meet the health needs of Tasmanians across the acute, subacute, mental health and primary health sectors'.¹

In responding to the Draft Plan, we refer to our earlier submission to the Our Healthcare Future consultation,² in which we identified three key improvement areas: better community care, modernising Tasmania's health system, and planning for the future. We also made several recommendations which have been included as an Appendix to this submission.

Whilst we support many of the proposed measures in the Draft Plan, TasCOSS remains concerned there is insufficient focus on health promotion and the prevention of physical/mental ill-health. We also believe the Draft Plan must recognise and address underlying factors which are driving existing inequalities in both health outcomes and access to healthcare; in particular, we highlight the existing and ongoing inequalities in digital literacy and access, and urge the Government to consider the implications of the digital divide when planning health programs and initiatives. Finally, we make several recommendations to better value and support our healthcare workforce.

Background

We know that health is a high priority issue for all Tasmanians – in our consultations around the state discussing the components of a good life,³ communities consistently stressed the importance of good physical and mental health. Throughout our consultations, one phrase emerged again and again: "Health

¹ Tasmanian Government, Department of Health, Long-Term Plan for Healthcare in Tasmania: Exposure Draft (March 2023), 8.

² TasCOSS, Submission to Department of Health in relation to Our Healthcare Future (February 2021).

³ [A Good Life: A Wellbeing Framework for Tasmania](#) is a project undertaken by TasCOSS, based on a number of community consultations throughout Tasmania which posed the question, "what do you need to live a good life?" The project identified key priorities for Tasmanians, which has allowed TasCOSS to identify goals, targets and descriptors for engaging in policy development and advocacy.

is everything.” However, Tasmanians continue to experience poorer health outcomes than Australians in other jurisdictions. Recent data shows Tasmanians have:

- the lowest rates of self-reported excellent/very good health⁴ and below the national average;⁵
- the highest rates of multiple chronic conditions;⁶ and
- high rates of adverse lifestyle risk factors for chronic disease.⁷

Health outcomes are much worse for Tasmanians on low incomes, with those from disadvantaged communities more likely to have self-reported fair/poor health, suffer multiple chronic conditions, experience preventable health conditions (such as type-2 diabetes), or be at risk of premature death.⁸

Our most recent consultations with communities across the state also showed that health inequalities are continuing to worsen, particularly with the added pressures of cost of living increases. We have heard from community members who cannot access adequate healthcare or medication due to financial stress, or who struggle to access the support services they need in remote or regional locations, where both health services and public infrastructure – such as public transport – are extremely limited. TasCOSS is concerned that without targeted intervention and Government support, our health system will remain inaccessible for those Tasmanians who are most in need.

Preventative health measures

Our response to *Our Healthcare Future* highlighted the importance of prevention and early intervention in responding to the health needs of Tasmanians, their families and communities. As we noted in our submission, ‘a shift from reaction to proactivity – from healthcare to promotion of health and wellbeing, prevention of ill health and disease, and promotion of health literacy – will be vital to achieving meaningful changes in health outcomes for all Tasmanians, but particularly Tasmanians on low incomes and facing compound inequities’.⁹

TasCOSS supports the inclusion of action items in the Draft Plan targeting preventative health measures, which include: prioritising preventative health throughout the Department of Health, supporting priority populations and population-based priority setting (to identify and respond to key issues specific to community needs). However, we believe the Draft Plan does not go far enough in prioritising preventative health measures, and that more direct actions and targets are needed.

One example is the area of preventative health information. The Draft plan includes the following:

Action 2.4.5 – Increase the dissemination of preventative health information

- Using digital health platforms to improve health literacy and give people access to trusted health information that is relevant to them
- Work with our partners such as libraries to reduce barriers to digital literacy, by improving access to computers, private spaces and data

⁴ ABS National Health Survey 2017-18, First Results, Table 2.3, age-standardised.

⁵ Tasmania 52.5%, whereas the national average is 57.2%.

⁶ ABS National Health Survey 2017-18, First Results, Table 33.4.

⁷ TasCOSS, Submission to Department of Health in relation to *Our Healthcare Future* (February 2021), 6.

⁸ *Ibid.*

⁹ *Ibid.*, 25.

- Providing tailored and actionable information to primary healthcare providers, community groups, and social service providers
- Use of peer approaches to disseminate preventive health messages (e.g. mental health, drug and alcohol, parents and families, carers and schools).

Whilst TasCOSS supports the above measures and action items, we are concerned they are insufficient to adequately address the health literacy needs of Tasmanians. Firstly, whilst the expansion of digital platforms for information and preventative education is positive, the impact of the expansion will be significantly limited due to low levels of digital literacy and access across the State (this issue will be explored in more detail further below). Secondly, we note that alongside the provision of information to primary healthcare providers, TasCOSS research (based on consultation with communities across the state) highlights the importance of education and training in relation to health literacy for service providers, as well as for consumers and communities. As noted in our report on a recent health literacy project,¹⁰ ‘providers and consumers suggested that service providers would benefit from greater support and training opportunities’,¹¹ including greater opportunities for co-design of services and collaboration with community members.

Health literacy information has also been explored in research from Swinburne University,¹² which used the Tasmanian data from the Australian Bureau of Statistics (‘ABS’) Health Literacy Questionnaire,¹³ and grouped Tasmanians according to their responses to the different dimensions of health literacy.¹⁴ The largest group from the research indicated they understand health information well but find it difficult to appraise or evaluate information. This group also try to proactively engage with healthcare providers and find the right health care, but do not always feel supported by their healthcare providers.¹⁵ We therefore believe the Draft Plan should include broader recommendations for training for healthcare staff – as well as providing ‘tailored and actionable information’, they should be equipped to engage effectively with consumers to ensure they are able to accurately evaluate the information they receive.

We also encourage the inclusion of broad measures to increase opportunities for health literacy across the whole community, not only healthcare providers. Recent research shows there is a need to embed health literacy training and information both the secondary school curriculum, as well as in all university

¹⁰ Sierzant, C and Zell, S, TasCOSS. ‘Health Literacy Project 2020-21: Action Research Report’ (July 2021).

¹¹ Ibid, 63.

¹² Elmer, S, Cheng, C, & Osborne, R, ‘Optimising Health Care for Tasmanians’ (2022), Swinburne University of Technology.

¹³ According to the Swinburne research, the Health Literacy Questionnaire is, ‘a person-centred, multidimensional instrument used around the world and has been linguistically and culturally adapted in many languages and settings. The HLQ data are used to create profiles of the lived experiences of people when they are attempting to engage with health information and services’ – ibid, 4.

¹⁴ The nine domains are: Feeling understood and supported by healthcare providers; Having sufficient information to manage my health; Actively managing my health; Social support for health; Appraisal of health information; Ability to actively engage with healthcare providers; Navigating the healthcare system; Ability to find good health information; Understand health information well enough to know what to do – see <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-health-literacy/latest-release#about-the-health-literacy-survey>.

¹⁵ Elmer, S, Cheng, C, & Osborne, R, ‘Optimising Health Care for Tasmanians’ (2022), Swinburne University of Technology, 34-37.

health courses, to promote health literacy within the general population.¹⁶ There is also a need for programs which work to empower those groups already experiencing marginalisation from mainstream health services, such as Tasmanians with disability or Aboriginal Tasmanians, to promote awareness, understanding and application of health-related information and services.

TasCOSS also strongly believes that preventative health measures will not be effective without action to address the underlying factors contributing to current disadvantage in relation to health outcomes and access to health services (to be explored further below). Our recent Budget Priorities Statement (BPS), *Wellbeing First: A budget proposal to ease the cost of living and invest in the long-term wellbeing of Tasmanians*,¹⁷ contains a number of recommendations to address health and wellbeing across several areas, including housing, food and energy, which all directly impact the physical and mental health of Tasmanians. Without action to address these underlying factors which are contributing to ongoing health disadvantage in our state, we are concerned the Draft Plan will be ineffective in adequately addressing the preventative health needs of our community. We therefore strongly recommend the Draft Plan include measures for a whole-of-government response to tackle existing inequalities and promote wellbeing.

Addressing the underlying drivers of poor health/access to services

TasCOSS considers the Draft Plan will not address current inequalities in health without also including strategies to address the underlying causes contributing to ongoing disadvantage. As outlined in previous submissions, Tasmanians – particularly those on low incomes – experience inequalities in health outcomes, as well as inequalities relating to accessing health services.¹⁸ These inequalities, otherwise known as the social determinants of health, include poverty, housing and access to public or community services. Difficulties in accessing appropriate services are a result of multiple factors, including (but not limited to):

- Unaffordable primary care and a dearth of bulk-billing GPs;
- Unaffordable prescription medication;
- Unavailable or unaffordable diagnostic or specialist services, particularly in regional areas;
- Unavailable or unaffordable dental, mental and allied health care;
- Lack of rural and regional outreach services;
- Limited public transport options; and
- Confusing and complex systems which are difficult to navigate or understand.

¹⁶ Mather, CA, Douglas, T & Jacques, A, 'Health literacy of undergraduate health profession students in Australia: A comparison of the island State of Tasmania and Other Australian universities' (2018) Kontakt, accessed at https://kont.zsf.jcu.cz/artkey/knt-201804-0012_health-literacy-of-undergraduate-health-profession-students-in-australia-a-comparison-of-the-island-state-of-t.php

¹⁷ TasCOSS, 'Budget Priorities Statement - Wellbeing First: A budget proposal to ease the cost of living and invest in the long-term wellbeing of Tasmanians' (2023-2024), <https://tascoss.org.au/wp-content/uploads/2022/12/TasCOSS-2023-24-Budget-Priorities-Statement-%E2%80%94-Wellbeing-First.pdf>

¹⁸ TasCOSS, Submission to Department of Health in relation to Our Healthcare Future (February 2021), 6-12.

The above factors are compounded for many Tasmanians experiencing vulnerability and disadvantage, including Tasmanians with a disability, Aboriginal Tasmanians, younger and older Tasmanians, and people who live with stigma and discrimination (such as LGBTQIA+ Tasmanians).¹⁹

TasCOSS urges the Government to include measures to address existing inequalities as part of the Draft Plan. For example, the Draft Plan could also include measures relating to transport, including expanded options to assist patients to access specialist services. In making this recommendation, we note the initial findings of a forthcoming report exploring transport disadvantage in Tasmania,²⁰ which will call for a major increase in investment for improved public transport across Tasmania, utilising the principles of universal design and active transport and land use planning, as well as collaboration with diverse users and communities with transport disadvantage to effectively design services that are fit for purpose and inclusive.²¹ We also recommended the inclusion of initiatives developed with and for existing community organisations (such as Neighbourhood Houses) to identify and address the needs of particular communities and ensure health services are appropriate and effective.

TasCOSS also takes this opportunity to highlight that, without Government intervention to address the rising rates of poverty in Tasmania, many services (including health) will remain inaccessible for those who are currently the most vulnerable. As noted in our recent BPS, there are a number of policy levers at the Government's disposal which would have a direct and significant impact on the lives of those experiencing financial hardship – these measures include creating more affordable housing solutions, providing targeted food relief, and implementing initiatives to reduce electricity costs.²² We also strongly recommend the Tasmanian Government support ACOSS' Raise the Rate for Good campaign and advocates to the Australian Government to raise the rate of income support payments so that recipients can afford the basics for a good life.

Digital inclusion and health services

The Draft Plan includes an action area specifically targeting digital technology to ensure it can better support healthcare needs.²³ This includes the expansion of services such as telehealth and remote monitoring, as well as improved digital infrastructure (such as integrated, electronic medical records). Whilst we support the development of initiatives to increase access to services and to better support health practitioners, TasCOSS also highlights that Tasmanians experience the highest levels of digital exclusion in the country, which will impact their ability to access and/or receive the same benefit from digital or electronic health services and initiatives.

¹⁹ Ibid, 12-18.

²⁰ Stafford, Lisa, Social Action and Research Centre, Anglicare Tasmania, 'Trips Not Made: Addressing Transport disadvantage experienced by disabled people and young people in Tasmanian's outer urban and regional communities (forthcoming).

²¹ Ibid, 12.

²² TasCOSS, 'Budget Priorities Statement - Wellbeing First: A budget proposal to ease the cost of living and invest in the long-term wellbeing of Tasmanians' (2023-2024), 6-7.

²³ Action Area 5. Enabled by Digital Technology and Infrastructure – Tasmanian Government, Department of Health, Long-Term Plan for Healthcare in Tasmania: Exposure Draft (March 2023), 62-68.

Tasmania is the most digitally excluded state in the country, with a digital inclusion score that remains well below the national average.²⁴ Tasmanians on low incomes lag behind the state average in both access to digital services and digital ability, with data showing that Tasmanians on low incomes have poorer digital ability than the state average, and areas of low internet access correlating to the state's areas of highest relative socio-economic disadvantage.²⁵

Those Tasmanians who are unable to access or use digital technology, are further disadvantaged as access to mainstream community and government services (including education, work opportunities, and information about programs) is moved online. This disadvantage extends to accessing telehealth services, as the ability to transmit images and video is a crucial component of healthcare for many conditions.

TasCOSS has previously explored the relationship between poor health literacy and digital exclusion, as well as the correlation between existing disadvantage and limitations in digital access and ability. For example, Tasmanians residing and/or working in remote areas are facing particular limitations:²⁶

- Access is particularly poor in Burnie and North-West Tasmania, where people also have the lowest quality of internet technology and the smallest data allowances;
- Affordability is also the lowest in North-West Tasmania, although southern Tasmania receives the lowest value for expenditure;
- Digital ability is where the biggest gap between Tasmania and the national average can be found, with a 4.9 point gap (47.1 versus 52)
 - in the North-West, this gap is 15.7 points;
 - For Tasmanians on the lowest incomes, the gap is 18.1 points;
 - For older Tasmanians, the gap is 21.4 points.

As per our recent research, '[l]ow-income households recorded the lowest overall inclusion score in Tasmania. An obvious barrier for low-income households is affordability. TasCOSS reports that low-income households are forced regularly to make choices between things that many households consider as essential, such as paying rent and bills, buying food, and putting petrol in the car. The upfront and ongoing costs associated with digital access can be one of the first to go to make way for these more immediate needs'.²⁷

TasCOSS strongly believes that more needs to be done to address digital inequality in Tasmania, particularly in the areas of access, affordability and digital ability. Measures to address the digital divide should therefore also be included in the Draft Plan – for example, if virtual care is going to be expanded across the State, measures should be in place to ensure those who have poor or no access to the internet, or who are unable to purchase or use digital technologies such as smartphones or computers, are not unfairly excluded from programs which could be otherwise beneficial. Healthcare providers should also be aware of barriers to digital literacy and access, to ensure that processes and programs are not

²⁴ According to the Australian Digital Inclusion Index, the national average is 71.1 and the Tasmanian score is 66.0 - see <https://www.digitalinclusionindex.org.au/dashboard/National.aspx>; Thomas, J, Barraket, J, Parkinson, S, Wilson, C, Holcombe-James, I, Kennedy, J, Mannell, K, & Brydon, A, 'Australian Digital Inclusion Index: 2021' (2021), 5.

²⁵ See <https://www.digitalinclusionindex.org.au/dashboard/National.aspx> for data on Tasmania.

²⁶ Sierzant, C and Zell, S, TasCOSS. 'Health Literacy Project 2020-21: Action Research Report' (July 2021), 11.

²⁷ Ibid, 12.

contributing to exclusion. For example, many GP practices lack a practice mobile number to which patients can send photos by SMS, instead requiring patients to send photos by email – which some patients may not be able to access.

TasCOSS has previously advocated for funding for a Digital Consumer Reference Group ('the DCRG'), to better understand the needs of consumers and give voice to those who are experiencing digital exclusion.²⁸ The DCRG is an opportunity to 'bring together a broad range of digital consumers, comprising of stakeholders representing government, industry, community and consumers with a lived experience of digital exclusion',²⁹ who will advise the Tasmanian Government on issues including:

- barriers to digital inclusion;
- gaps in access, affordability and digital literacy programs across the state;
- the coordination and effectiveness of current government programs designed to address digital inclusion;
- realistic goals and targets to lift digital inclusion levels; and
- initiatives, measures and priority areas for investment to boost digital inclusion outcomes for Tasmanian consumers.

We also believe the DCRG could play a key role in exploring and addressing existing barriers to health services for Tasmanians across the State.

TasCOSS has also previously highlighted the impact of the digital divide on the wellbeing of Tasmanians and made a series of recommendations for how digital exclusion could be addressed.³⁰ These recommendations include:

- the introduction of a Tasmanian Government telecommunications concession for low income households;
- the development of a government program linking agencies, community organisations and social enterprise, to supply end-of-life devices for refurbishment and distribution to digitally excluded Tasmanians; and
- creating a community-based network of coaches and peer workers to support priority groups to develop and improve digital literacy.

Valuing the healthcare and social assistance workforce

TasCOSS supports the inclusion of measures in the Draft Plan which aim to deliver an enabled, supported, flexible and valued workforce. This is particularly pertinent given industry expansion, with over 11,000 jobs added to the community services industry in Tasmania over the past five years.³¹ Looking ahead, we anticipate an additional 4,000 workers in healthcare and social assistance will be

²⁸ TasCOSS, 'Budget Priorities Statement - Digital Consumer Reference Group: A consumer-led partnership to improve digital inclusion outcomes in Tasmania' (2022-2023).

²⁹ Ibid, 4.

³⁰ TasCOSS, 'Budget Priorities Statement - Wellbeing First: A budget proposal to ease the cost of living and invest in the long-term wellbeing of Tasmanians' (2023-2024), 32-33.

³¹ "Tasmania Industry Sector of Employment," *Informed Decisions*.

needed by 2024 to keep our population healthy, safe and well.³² Recent research on our community services industry has also demonstrated the ongoing and significant challenges in service delivery through crises such as COVID-19 and the cost of living crisis.³³

Through the Tasmanian Workforce Coordination Project - which brings together the four sectors of aged care, disability, education and care, and social services - TasCOSS and our partners are taking a whole of industry response to addressing the workforce challenges in Tasmania. Our aim is to ensure the healthcare and social assistance sectors have the necessary workforce for the delivery of services that achieve positive client outcomes.³⁴ To achieve this aim, structural changes are needed to keep the healthcare and social assistance workforce operational and engaged, including but not limited to, the recommendations below.

Housing supply

The need for affordable housing extends to healthcare workers, and a lack of suitable accommodation has been identified by our sector as a barrier to recruitment. In the first three months of 2023, six managers from community service organisations across the state have reported to the Workforce Coordination Project that they are unable to recruit Allied Health staff due to a lack of suitable, available and affordable housing.³⁵ This is an issue that affects recruitment and retention of healthcare and social assistance professionals and is particularly acute in regional areas. We strongly recommend the prioritisation of appropriate, affordable and secure housing for healthcare staff in the areas and regions in which there is demand for workers.

Fair pay and conditions

TasCOSS strongly believes systemic change is needed to address identified, complex issues within our community sector workforce, including burnout, overwork and poor morale. Work conditions and remuneration, as well as development and leadership opportunities, play an important role in establishing and maintaining a vibrant and engaged workforce.

Average weekly earnings for the healthcare and social assistance workforce in Tasmania are below the national average, reflecting both the gender pay gap (given the majority of workers are female) and the relative social value placed on the healthcare and social assistance workforce.

Successive governments have not improved, in real terms, the social value as measured by wages and conditions. The long overdue recent pay increase of 15% for aged care workers is a welcome acknowledgement of the need to improve the value we place on this workforce and to attract new entrants into it. Similarly, wages for healthcare and social assistance professionals in Tasmania should be

³² TasCOSS, "A Community Services Industry Built for Tasmania's Future: Community Services Industry Plan 2021-2031," accessed November 19, 2022, https://issuu.com/tascoss7/docs/community_services_industry_plan_2021-2031_final.

³³ For example, see ACOSS, Australian Community Sector Survey, 'At the precipice: Australia's community sector through the cost of living crisis' (April 2023), accessed at <https://www.acoss.org.au/acss-april-2023/>.

³⁴ Workforce Coordination Project, <https://tascoss.org.au/projects/industry-plan/workforce-coordination/>.

³⁵ Information provided by community services managers between January and March 2023 in workforce development conversations with staff from the Workforce Coordination Project.

increased to at least the national average as soon as possible, to ensure the recruitment and retention of talented workers.

TasCOSS also recommends the Government invests in strategies to promote ongoing training and development opportunities throughout the community sector, to promote staff wellbeing, improve job satisfaction and impact retention rates. A full assessment of current training needs and gaps are needed to ensure training pathways are tailored to the actual needs of the workforce, while providing ongoing learning opportunities for professional development. We recommend the inclusion of measures to identify needs, as well as to develop and promote place-based training and development initiatives across the sector.

Conclusion

The Draft Plan, and the implementation of the action items included therein, is an opportunity to address existing inequalities in health access and outcomes across the state. TasCOSS strongly encourages the Government to include more targeted actions to address the issues we have outlined above, to promote the health and wellbeing of all Tasmanians, and promote the inclusion of those who are likely to be marginalised from healthcare services or experience poorer health outcomes. TasCOSS recommends the inclusion of whole-of-government measures to address underlying inequalities which contribute to health disadvantage, as well as initiatives to improve our health services and support our healthcare workforce.

Recommendations

- Include support and training opportunities for health service providers and staff in relation to health literacy;
- Include measures to address community-wide health literacy;
- Include whole-of-government actions to address underlying factors contributing to disadvantage in access and outcomes, including poverty, housing and transport – these include:
 - o creating more affordable housing solutions
 - o providing targeted food relief
 - o investing in improved public transport design and infrastructure across the state
 - o implementing initiatives to reduce electricity costs
 - o a commitment from the Tasmanian Government to support ACOSS' Raise the Rate for Good campaign;
- Include measures to include patients with limited digital access or skills in health programs to ensure people are not excluded from services;
- Ensure healthcare providers are aware of barriers to digital literacy and access and offer alternatives where needed;
- Fund the Digital Consumer Reference Group to advise the Tasmanian Government on issues relating to digital inclusion;

- Include measures to promote digital inclusion, such as:
 - o the introduction of a Tasmanian Government telecommunications concession for low income households
 - o the development of a government program linking agencies, community organisations and social enterprise, to supply end-of-life devices for refurbishment and distribution to digitally excluded Tasmanians
 - o creating a community-based network of coaches and peer workers to support priority groups to develop and improve digital literacy;

- Engage in structural change to keep the healthcare and social assistance workforce operational and engaged, including:
 - o appropriate, affordable and secure housing for healthcare staff in areas of demand
 - o greater investment in fair pay and conditions
 - o increase wages for healthcare and social assistance professionals in Tasmania to at least the national average
 - o improve training pathways for healthcare and social assistance staff, tailoring training to the needs of particular communities and developed in partnership with local organisations and supports.

Appendix

Summary of recommendations – ‘Our Healthcare Future’

Recommendation 1: All Tasmanian healthcare reform initiatives should:

- Acknowledge existing inequities in health *outcomes* and in *access* to all elements of healthcare systems, including primary, specialist, mental, dental, and allied health care, diagnostic services, and social support services such as drug and alcohol services.
- Have equity in health *outcomes* and in *access* to all elements of healthcare systems, including primary, specialist, mental, dental and allied health care, diagnostic services, and social health support services such as drug and alcohol services as explicit objectives.

Recommendation 2: All improvement and reform areas in Our Healthcare Future be revisited to include an explicit focus on health promotion and prevention of ill health and disease.

Recommendation 3: Greatly increase the Department of Health’s focus on affordable health promotion, ill health and disease anticipation and prevention, and early detection and intervention, as well as recovery and rehabilitation:

- Delivered through holistic, integrated primary, mental, oral, dental, allied and diagnostic health services.
- With care coordination for clients with complex conditions and needs.
- Delivered as close as feasible to clients’ homes and supported by transport and child care.
- With good information sharing and warm handovers when clients move between communities.
- With rapid access to specialists and to community- and home-based programs, including equipment and modifications.
- Including services and programs that are concerned with supporting people to better manage their own health.
- Integrated with social support services to address the social foundations of health.

Recommendation 4: To build health promotion, prevention of ill health and disease, and increased health literacy, the Tasmanian Government should:

- Encourage Tasmanians to think of themselves as healthcare decision-makers, not simply passive consumers.
- Engage individuals and communities in identification and co-design of health promotion/prevention/literacy needs, mobilisation to address these needs, and design and delivery of programs.
- Ensure that programs address health-related behaviours, beliefs, experiences and emotions.
- Ensure that initiatives include social support.

Recommendation 5: The Tasmanian Government should:

- Make available, at little to no cost, devices and other resources needed to empower disadvantaged Tasmanians, and the Tasmanian community sector that supports them, to access digital healthcare and information.

- Expand the roll-out of community-level digital literacy initiatives, including coaching and mentoring, to empower digitally excluded Tasmanians to access digital healthcare and health information.
- Extend Tasmania's concessions scheme to include telecommunications.

Recommendation 6: All consumer engagement mechanisms, at the individual, community and health systems levels, be developed through co-design with consumers, carers and communities.

Recommendation 7: The Tasmanian community sector should be included in the capital investment planning process for new facilities providing holistic co-location of medical and social services.

Recommendation 8: The Tasmanian Health Workforce Strategy 2040 be updated to reflect the need for a workforce that provides healthcare that is culturally safe, sensitive to the priorities and needs of diverse groups, and strongly trauma-informed.

Recommendation 9: Further place-based consultations directly with individuals and communities are needed on:

- Barriers to accessing healthcare services, including primary, mental, dental, allied, and diagnostic health services.
- Service gaps, needs and wishes.
- Specific models of community care arising from this first stage of consultations.

Recommendation 10: To underpin the Our Healthcare Future process and to support the better health outcomes envisaged by reforms, the Tasmanian Government should as a matter of urgency develop and adopt a Health in All Policies approach, framework and action plan.