



Tasmanian Council of Social Service Inc.

---

# SUBMISSION TO THE 20-YEAR PREVENTIVE HEALTH STRATEGY

MAY 2025



INTEGRITY  
COMPASSION  
INFLUENCE

## About TasCOSS

---

TasCOSS' 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.

Please direct any enquiries about this submission to:

**Adrienne Picone**

**Chief Executive Officer**

**Phone Number:** (03) 6231 0755

**Email Address:** [adrienne@tascoss.org.au](mailto:adrienne@tascoss.org.au)

## Contents

<b>About TasCOSS .....</b>	<b>2</b>
Introduction .....	4
1. The critical importance of preventive health for Tasmania .....	4
2. TasCOSS's work addressing the social determinants of health .....	6
3. Recommendations for operationalising the Strategy .....	7
3.1 Focus the Strategy on the social determinants of health.....	7
3.2 Cultivate a cultural shift towards preventive health across all sectors .....	8
3.3 Institutionalise a preventive health approach in government .....	9
3.4 Take a health equity approach to prevention across the life course .....	11
3.5 Treat communities and the community services industry as partners.....	12
3.6 Embed robust funding, governance and accountability mechanisms .....	15
4. Conclusion .....	16
5. Recommendations .....	16

## Introduction

**TasCOSS welcomes the opportunity to make a written submission to the consultation for the 20-Year Preventive Health Strategy 2026-46 ('the Strategy'). The comments made here build on the views TasCOSS expressed at our Key Informant Interview with the Tasmanian Department of Health in April 2025.**

TasCOSS commends the Tasmanian Government for putting forward a visionary and long-term preventive health strategy for Tasmania. In the Discussion Paper, preventive health has been conceived broadly and reflects a sound understanding of the social and economic drivers of health inequities and poor health outcomes.

TasCOSS is generally supportive of the stated vision, aims and focus areas outlined in the Discussion Paper although we note that the Strategy is very ambitious, as evident both in its aims and enablers, and its 20-year duration. In this submission, we have focused on recommending measures to be taken by the Government to operationalise the Strategy so that it:

- Significantly improves health outcomes and health equity in Tasmania;
- Views the Tasmanian community services industry and communities as genuine partners in preventive health; and
- Is both sustainable and responsive over the long-term.

We welcome the opportunity to discuss this submission further and to stay engaged with the design and implementation of the 20-Year Preventive Health Strategy.

### 1. The critical importance of preventive health for Tasmania

As detailed in the Tasmanian Government's Discussion Paper, Tasmania faces significant challenges for health and wellbeing, including:

- Higher rates of chronic disease among lower socioeconomic populations;
- An ageing population;
- Geographic disparities in health outcomes between rural, regional and urban areas;
- Limited access to preventive health services in many communities;
- Entrenched disadvantage affecting health literacy and outcomes;
- Higher rates of risk factors including smoking, obesity, and alcohol consumption;

- Challenges in accessing affordable, healthy food in many communities; and
- Housing stress and homelessness.

Tasmania has high levels of socioeconomic disadvantage which is mirrored by significant health inequities experienced by vulnerable groups. This inequity is evident in terms of both access to healthcare and in health outcomes. A recent report by the World Health Organization (WHO), *World Report on Social Determinants of Health Equity*, highlighted the critical role of the social determinants of health for achieving health equity. These determinants include:

- **Economic systems** – income inequality, taxation systems, labour markets, industry policy, financial systems and commercial determinants.
- **Social infrastructure** – universal and social policies and public services.
- **Structural discrimination** – racism, gender inequality, class privilege.<sup>1</sup>

In recent years, and as reflected in the Discussion Paper, researchers and policymakers have expanded on the social determinants of health, adding additional determinants:

- **Environmental** – the natural and built environments where people live, work and play.
- **Legal** – taking a human rights approach to preventive health, and more specifically, regulating products to reduce the risk of health harms.<sup>2</sup>

In terms of implementation, the WHO has observed that across the world, progress by governments on tackling the social determinants of health has been insufficient and they have emphasised the need for more committed action by governments to improve health equity: “sustained progress in health equity requires **political will and action** to tackle the structural social determinants of health equity, as well as the daily conditions of life”.<sup>3</sup> The daily conditions of life include:

- Early childhood development, support for adolescents, education;
- Social connection;
- Work and employment;
- Food environments;

---

<sup>1</sup> World Health Organization (2025). ‘World Report on Social Determinants of Health Equity’, World Health Organization: Geneva. <https://www.who.int/publications/i/item/9789240107588>

<sup>2</sup> Marks, L. et al. (2020). ‘Current and future trends in chronic disease prevention research: Thematic analysis of grey and scientific literature’, April, The Australian Prevention Partnership Centre, Sax Institute: Sydney. [https://preventioncentre.org.au/wp-content/uploads/2020/05/Future-of-Prevention-Report\\_Final-29042020.pdf](https://preventioncentre.org.au/wp-content/uploads/2020/05/Future-of-Prevention-Report_Final-29042020.pdf)

<sup>3</sup> World Health Organization (2025). Op cit.

- Housing and amenities (e.g. water, sanitation and energy); and
- Transport.<sup>4</sup>

TasCOSS is advocating here for the Strategy to be grounded in a commitment to addressing the social determinants of health and the daily conditions of life experienced by Tasmanians, extending well beyond any focus on individual health behaviours.

## 2. TasCOSS's work addressing the social determinants of health

As detailed in our Strategic Plan 2021-26, TasCOSS's purpose is to address poverty and inequality: **Together, we challenge and change the systems, behaviours and attitudes that create poverty, inequality and exclusion to ensure all Tasmanians have equal opportunity to live a good life.**<sup>5</sup> As the peak body for the community service industry in Tasmania, our diverse and valued member organisations are central to our work.

TasCOSS plays an active role in enabling collective effort by the community services industry to address the social determinants of health. Illustrative examples of our work in this space include:

- Sector support for improve child sexual safety and wellbeing through culture and system change: [tascoss.org.au/projects/coi-implementation-project/](https://tascoss.org.au/projects/coi-implementation-project/).
- Advocacy for more social housing and homelessness services: [tascoss.org.au/state-of-housing](https://tascoss.org.au/state-of-housing).
- Advocacy for reducing harm from Electronic Gaming Machines: [tascoss.org.au/election-2024-poker-machines](https://tascoss.org.au/election-2024-poker-machines).
- Advocacy with ACOSS and other COSSs nationally to Raise the Rate of working age income support payments: [raisetherate.org.au](https://raisetherate.org.au).
- Advocacy for equitable household energy policy and programs: [tascoss.org.au/wp-content/uploads/2025/03/TasCOSS-Submission-to-2025-Regulated-Retail-Electricity-Pricing-Investigation-Draft-Report-Final](https://tascoss.org.au/wp-content/uploads/2025/03/TasCOSS-Submission-to-2025-Regulated-Retail-Electricity-Pricing-Investigation-Draft-Report-Final).
- An information hub for the Tasmanian community about what help is available – FindHelpTas: [findhelptas.org.au](https://findhelptas.org.au).
- Sector support and development initiatives to support Commonwealth Home Support Program (CHSP) service providers with adjusting to reforms in the in-home aged care system: [tascoss.org.au/projects/chsp](https://tascoss.org.au/projects/chsp).

---

<sup>4</sup> World Health Organization (2025). Op cit.

<sup>5</sup> TasCOSS (2021). 'Strategic Plan 2021-2026', Tasmanian Council of Social Service Inc: Hobart. <https://tascoss.org.au/wp-content/uploads/2022/03/TasCOSS-Strategic-Plan-2021-2026-Updated-2024.pdf>



In addition, TasCOSS also delivers two health-specific projects:

- Smoke-Free Communities Project, which aims to decrease nicotine rates amongst community service organisation clients and staff: [tascoss.org.au/projects/smoke-free-communities](https://tascoss.org.au/projects/smoke-free-communities).
- Health Literacy Project, which aims to increase awareness of health literacy and improve organisational health literacy within the community services and health care industries in Tasmania: [tascoss.org.au/projects/health-literacy](https://tascoss.org.au/projects/health-literacy); and [hellotas.org.au](https://hellotas.org.au).

### 3. Recommendations for operationalising the Strategy

#### 3.1 Focus the Strategy on the social determinants of health

TasCOSS notes that the Strategy, as outlined in the Discussion Paper, has been conceptualised in very broad terms and is therefore very ambitious in its scope, as well as its duration. By way of illustration, the list of determinants in the Discussion Paper has eight overarching determinants and 51 diverse factors for health equity, ranging from blood pressure to access to secure housing to cultural safety.

This broad scope is consistent with economist Amartya Sen's view:

*Health equity cannot be concerned only with health, seen in isolation. Rather it must come to grips with the **larger issue of fairness and justice** in social arrangements, including economic allocations, paying appropriate attention to the role of health in human life and freedom. Health equity is most certainly not just about the distribution of health, not to mention the even narrower focus on the distribution of health care. Indeed, **health equity as a consideration has an enormously wide reach and relevance**.*<sup>6</sup>

The broad scope taken by the Discussion Paper is appropriate and reflects best practice approaches taken internationally which seek to reshape entire health, social, economic, environmental and legal systems for preventive health rather than focusing on individual behaviours or health care delivery. At one level, this is a particular strength of the Strategy, but this approach also poses potential risks. With so much in scope, consideration needs to be given to how the Strategy is going to maintain a distinct identity as a *health* initiative. One means of focusing effort would be to identify two-three key areas which can be directly linked to health outcomes and then prioritise these areas for around three-five

---

<sup>6</sup> Cited in Case, A. & Kraftman, L. (2024). 'Health inequalities', *Oxford Open Economics*, Vol. 3, Issue Supplement 1, p. i500. <https://doi.org/10.1093/ooec/odad060>

years of the Strategy, before moving on to other areas worthy of attention. For example, VicHealth's preventive health work is currently focused on three areas: food systems, commercial and economic systems; and neighbourhood and built systems.<sup>7</sup>

Another consideration is, if most things the government is already doing – such as providing public transport, delivering health services, and legislating for environmental safety – are included in the scope of preventive health, how will the government ensure that delivering the Strategy is viewed as a significant shift away from business-as-usual?

One possible technique is to build into the Strategy one or more well-funded, comprehensive and community-based 'flagship' preventive health initiatives which demonstrate to all stakeholders, including the general public, the kind of far-reaching, beneficial changes to health which can be generated by preventive health measures. For example, a scaled-up healthy food initiative, building on current initiatives, could engage communities through childcare centres, schools and aged care settings, combine community-level activities with legislative change to regulate healthy food choices, and be complemented by a community education campaign.

### 3.2 Cultivate a cultural shift towards preventive health across all sectors

Particularly since the pandemic, Governments all over the world are struggling to meet the growing needs of their citizens, especially in relation to health, disability, ageing and economic disadvantage. With costs increasing rapidly alongside burgeoning demand for services, governments are often acting in a reactive manner and just trying to keep up, rather than taking additional proactive action to stem the growth in need. The reasons for this include chronic underfunding of services, departmental silos that prevent joined-up approaches, and short electoral cycles that mean short-term results are often prioritised over more far-reaching, long-term solutions to health and social problems.<sup>8</sup>

One pathway out of this bind is for governments to commit to deep-seated cultural change and explicitly prioritise prevention in their policies, funding and activities. This entails:

- Greater consideration for long-term outcomes and impact in government policy and spending.
- A greater focus on strengthening the fundamental assets of people and communities (e.g. health, wellbeing, social capital, etc).

---

<sup>7</sup> VicHealth (2025). 'About health promotion', VicHealth: Melbourne. <https://www.vichealth.vic.gov.au/about-us/about-health-promotion>

<sup>8</sup> O'Brien, A., Curtis, P. & Finch, D. (2025). 'The preventative shift: How can we embed prevention and achieve long term missions, a Demos – Health Foundation Discussion Paper', February, Demos: London.



- A rebalancing of resources towards people, services and infrastructure that are preventive.<sup>9</sup>

To drive a demand for cultural change, a necessary foundational piece of work for the Strategy is to ensure that all stakeholders – including not-for profits, non-government organisations and the commercial sector – share a common understanding of what preventive health is and what it is not. Importantly, this need for clarity extends to the Tasmanian community. In order to effectively engage communities and generate demand from Tasmanians for preventive health efforts by government, the Strategy needs to communicate about preventive health in an accessible and inspiring way to all Tasmanian communities, especially reaching disadvantaged people and those with low literacy levels. A communication campaign for the Strategy could be informed by the success of two Tasmanian campaigns which are strengths-based and have achieved excellent reach across the community: Brand Tasmania; and St Luke’s “healthiest island on the planet.”<sup>10</sup>

### 3.3 Institutionalise a preventive health approach in government

Internationally, precedent with introducing preventive health strategies is concerning. Over many years, Ministers in the UK have been calling for greater preventive efforts, including in health prevention, but without effecting much change to policy or practice.<sup>11</sup> Arguably, this has happened because successive UK Governments, much like other governments around the world, have struggled to effectively institutionalise prevention policy: “the logic of preventive health is sound – but turning this into policymaking *action* has proved very difficult in practice.”<sup>12</sup>

This situation underlines the critical importance of closing the gap between enthusiastic intent and real-world practice in the form of implementable policies and programs. To achieve this in the Tasmanian context, the Government will need to undertake additional, in-depth design work for the Strategy, making and justifying specific choices about:

- How to define the preventive health problem in Tasmania;
- Which interventions to support;
- When to intervene in people’s lives; and

---

<sup>9</sup> O’Brien, A., Curtis, P. & Finch, D. (2025). Ibid.

<sup>10</sup> <https://tasmanian.com.au/brand-tasmania/>; and <https://www.stlukes.com.au/healthiest-island/imagine>

<sup>11</sup> Denny, E.S., Boswell, J. & Cairney, P. (2024). ‘Unlocking the potential of preventive policy’, October, UK in a Changing Europe, Kings College London: London. <https://ukandeu.ac.uk/unlocking-the-potential-of-preventive-policy/>

<sup>12</sup> Boswell J., Cairney P. & Denny, E.S. (2019). ‘The politics of institutionalizing preventive health’, *Social Science & Medicine*, 228, pp. 202-210. <https://doi.org/10.1016/j.socscimed.2019.02.051>

- How to connect prevention to other, complementary government aims.<sup>13</sup>

One means of institutionalising prevention in the Tasmanian context is to build on current partnerships between government and non-government organisations to collaborate on delivering local, community-informed prevention initiatives, rather than rolling out one-size-fits-all statewide programs. Demonstrating local effectiveness will support the Strategy as a whole, because it will underline how prevention efforts are effective for addressing health problems, responsive to local needs and cost-effective.

Additionally, TasCOSS notes that the Strategy includes the aim of achieving a better fit between the Tasmanian health system and people's needs. While including this aim in the Strategy reflects a laudable systems approach to preventive health, it does pose risks which need to be managed. Health care systems are notoriously difficult to reform, and they tend to consume escalating financial and labour resources over time. Health care system failures can be highly visible and attract demands for immediate solutions, as evidenced by the much-photographed phenomenon of ambulance ramping at the Royal Hobart Hospital. These acute issues risk displacing resources and attention away from longer-term, slow-burn health problems such as the growing chronic disease burden.

Further design work for the Strategy will need to take this into account, guarding against the majority of effort and funding being drawn towards the higher-profile and urgent-needs clinical health sector at the expense of prevention work with Tasmanian people, families and communities. One way to manage this risk would be to clearly delineate between preventive health efforts and clinical care, and then embed this into the Strategy's processes and systems, such as through legislated commitments to preventive health, intra-departmental and cross-sectoral preventive health working groups to break down siloed ways of working, and Treasury rules to ringfence funding for long-term community-based preventive efforts.

Another mechanism to institutionalise preventive health efforts is through establishing dedicated a preventive health agency which is legislated, funded and situated within the broader 'institutional architecture' of government, and designed to coordinate resources, provide leadership and momentum, and influence decision-makers.<sup>14 15</sup> Established with tri-partisan political support in 1987, the Victorian Health Promotion Foundation (VicHealth) was the world's first health promotion foundation and is a particularly

---

<sup>13</sup> Boswell J., Cairney P. & Denny, E.S. (2019). Op cit.

<sup>14</sup> Boswell J., Cairney P. & Denny, E.S. (2019). Op cit., p.2.

<sup>15</sup> O'Brien, A., Curtis, P. & Finch, D. (2025). Op cit.

successful example of this model.<sup>16</sup> As well as delivering highly successful SunSmart and smoking campaigns, VicHealth carries out a diverse mix of activities, including health promotion, funding for research into preventable diseases, advice to government and media about health promotion, and interventions with communities. Their work with Victorian communities includes providing co-working spaces for community organisations, and conducting community visits and co-designs around the state.<sup>17</sup>

TasCOSS recommends that the Tasmanian Government consider establishing such a body for Tasmania as a key measure for operationalising the Strategy.

### 3.4 Take a health equity approach to prevention across the life course

TasCOSS affirms the intent of the five focus areas outlined in the Discussion Paper. However, we note that two of the focus areas are critically important to the Strategy and could instead be treated as cross-cutting strategies which inform work undertaken under all of the Strategy's focus areas: **1. Strengthen prevention across the life course**; and **2. Take a health equity approach**. Turning these two focus areas into cross-cutting strategies or ways of working, rather than separate focus areas, would strengthen their influence as key underpinning principles that can inform the rollout of the entire Strategy.

#### Strengthen prevention across the life course

Early childhood experiences profoundly shape lifelong health outcomes. Investment in the first 1,000 days of life offers the greatest potential return on investment in preventive health. Initiatives delivered under the Strategy could include:

- Universal access to nurse home visiting programs for new parents.
- Enhanced parenting support programs, particularly for vulnerable families.
- Expanded early intervention services for developmental concerns.
- Universal access to quality early childhood education.
- Integrated service hubs combining health, education, and family support.

As well, in taking a life course approach, the Strategy should reflect an explicit recognition that Tasmania's population is ageing rapidly, and will continue to do over the next two decades. The Strategy should emphasise that preventive health measures are effective and meaningful at all life stages, including older age.

---

<sup>16</sup> VicHealth (2023). 'Our history', VicHealth: Melbourne. <https://www.vichealth.vic.gov.au/about-us/our-history>

<sup>17</sup> VicHealth (2023). Op cit.

## Health equity

An effective preventive health strategy must explicitly aim to reduce health inequities between population groups, not simply improve average health outcomes. This requires targeting resources proportionately to need and addressing the structural barriers that create and maintain health inequities. Initiatives delivered under the Strategy with a specific focus on health equity might include:

- Disaggregating health data to identify disparities by socioeconomic status, gender, geography, cultural background, and other relevant factors.
- Setting specific targets for reducing health inequities.
- Delivering universal services with additional supports for those with greater needs.
- Addressing financial, geographic, cultural, and systemic barriers to accessing preventive services.
- Make preventive health a culturally safe and trusted experience for all Aboriginal people.

## 3.5 Treat communities and the community services industry as partners

### Community voice and co-design

Effective preventive health initiatives must be developed with not for the communities they aim to benefit. Too often, well-intentioned preventive health programs fail because they do not reflect community priorities, strengths or contexts. Methods for incorporating community voice and co-design into the rollout of the Strategy include:

- Establishing community reference groups with diverse representation to guide implementation.
- Creating pathways for ongoing community feedback and adaptation of initiatives.
- Providing resources for community-led preventive health initiatives.
- Ensuring representation from priority populations in decision-making bodies.
- Recognising and valuing lived experience alongside professional expertise.

### Partnerships with the community services industry

Effective preventive health strategies implemented in Australia, including for skin cancer prevention and HIV prevention, featured coordinated action carried out over a long period of time, characterised by formal partnerships and shared decision-making with non-

government organisations and communities, underpinned by ongoing public education and communication.<sup>18</sup>

Further to feedback TasCOSS provided during our Key Informant Interview, we would like to emphasise the significant value offered by the community services industry in Tasmania for shaping and operationalising this Strategy. The community services industry employs around 23,000 people around Tasmania and consists of “a network of responsive and connected local service systems that supports communities across the state.”<sup>19</sup>

The community services industry is part of the care economy, delivering services that provide care and support to people of various ages and abilities, including:

- Childcare;
- Emergency relief;
- Residential aged care;
- Disability support services;
- Mental health services;
- Housing and homelessness services; and
- Child safety and family support.

As the peak body for community services, TasCOSS is in a unique position to harness the collective experience and practice wisdom of the sector to deliver both time-limited projects and ongoing operational support across the life of the 20-year Strategy. TasCOSS sees the community services industry as critically important to achieving health and wellbeing outcomes for Tasmania, because:

*Community services organisations and the services they provide, support thousands of Tasmanians on their paths to more stable, healthy lives where they have equal opportunity to participate socially and economically in all that our state has to offer. At its best, the community services industry delivers public value by supporting and empowering individuals and communities, **ultimately enabling more Tasmanians to experience a ‘good life’** – including through improved health, social inclusion, security and resilience. The industry also facilitates a stronger civil society so that people who experience disadvantage are able to participate in community life.*<sup>20</sup>

---

<sup>18</sup> Department of Health (2021). ‘National Preventive Health Strategy 2021-2030’, Department of Health: Canberra.

[https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030\\_1.pdf](https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf)

<sup>19</sup> TasCOSS (2021). Industry and Minister’s message, Minister Jeremy Rockliff, ‘Community Services Industry Plan 2021-2030’, p.3

<sup>20</sup> TasCOSS (2021). Industry and Minister’s message, Alexander McKenzie, President TasCOSS Board, ‘Community Services Industry Plan 2021-2030’, p.2

The community services industry is well-placed to provide critical support to the roll-out of the Strategy and ensure it reaches all Tasmanians, including communities who are hard to reach or excluded due to geographical location, discrimination and stigma, or disadvantage. Our industry has a wealth of long-standing local relationships with a diverse mix of Tasmanian communities. As well, our industry is highly responsive, adaptive, collaborative and innovative – characteristics which were on full display during our collective response to the COVID-19 pandemic.

Obviously, preventive health extends far beyond the traditional health sector. Effective prevention requires genuine collaboration across government departments, non-government organisations, businesses, and communities. This potential could be harnessed through various mechanisms embedded into the Strategy, such as:

- Establishing formal governance structures for cross-sector collaboration.
- Creating shared outcomes frameworks that align incentives across sectors.
- Developing joint funding mechanisms for collaborative initiatives.
- Building workforce capacity for collaborative approaches.

Specific activities delivered by the community service industry under the Strategy could include:

1. **Community-level awareness raising** about the breadth of preventive health – beyond more well-known initiatives of immunisation and cancer screening.
2. **Community-level evidence gathering** for preventive health, including mapping of local service gaps and health conditions, to inform the design and delivery of initiatives under the Strategy.
3. **Community-level outcomes measurement** to capture lessons learnt and successes in health prevention at the local level.
4. **Innovative, community-led place-based initiatives** for health prevention which benefit from local expertise and networks.
5. **Community service organisations and service workers working as ‘champions’ or ‘partners’** who can bridge trust for people who may not usually engage with government health services or preventive health activities.
6. **Expanding current partnerships and developing new cross-sectoral partnerships** between government and the community services industry, incorporating not-for-profit and for-profit organisations.



### 3.6 Embed robust funding, governance and accountability mechanisms

#### Sustainable funding models

Preventive health initiatives are often characterised by short-term, project-based funding that risks sustainability and impact. A genuine commitment to prevention requires investment models that reflect the long-term and highly collaborative nature of this work and should include:

- Committing significant funding to the Strategy, demonstrated by establishment of a dedicated Prevention Fund with guaranteed funding amounting to at least 5% of the overall health budget.
- Implementing long-term (five-year), flexible core funding agreements for community services organisations delivering preventive health activities.
- Ensuring funding models, including grant programs, support community capacity-building and sustainable community initiatives.
- Creating incentives for local government and private sector investment in preventive health.
- Developing innovative funding mechanisms such as social impact bonds for health prevention.

#### Governance and coordination

Effective implementation requires clear governance arrangements that support cross-sector collaboration and maintain a focus on prevention despite competing priorities. Coordination efforts should focus on ensuring the Strategy is fully integrated with and supportive of state and federal preventive health strategies and frameworks, including the 'National Preventive Health Strategy 2021-30', the 'Tasmanian Child and Youth Wellbeing Framework', the 'Older Tasmanians Action Plan 2025-29' and the next 'Tasmanian Food Security Strategy' among others.

Consideration should also be given to:

- Developing formal partnership agreements between government and the community services industry.
- Expanding and implementing local prevention networks supported by local government processes.
- Setting up accountability mechanisms for cross-government action, including expectations on all government departments to contribute to preventive health.

## Targets and measurement

Clear targets and regular measurement are essential for accountability and to guide ongoing review and rolling re-design of the Strategy over its 20-year life. These measures could include:

- Establishing specific, measurable targets for health outcomes and health equity.
- Developing community-level data collection systems that capture social determinants of health and equity issues at the local level.
- Reporting regularly on progress against targets in accessible and inspiring way.
- Including qualitative and community-defined measures of success.
- Investing in research to evaluate and highlight innovative approaches and disseminate best practice.

## 4. Conclusion

Through this Strategy, we have the opportunity to create significant improvements in health and wellbeing for all Tasmanians. TasCOSS believes that a truly effective 20-Year Preventive Health Strategy must move beyond a focus on individual behaviors to instead address the social, economic, structural, environmental and legal drivers of health inequities. By addressing these determinants and the conditions in which people are born, grow, live, work, and age, we can create lasting improvements in health outcomes in Tasmania while reducing the need for expensive acute care interventions.

We emphasise that preventive health is not simply the responsibility of the health sector but requires a whole-of-government and whole-of-community approach. TasCOSS and our member organisations are committed to working collaboratively with government and other stakeholders to develop and implement the Preventive Health Strategy to ensure that it addresses the needs of all Tasmanians, but especially those experiencing poverty and disadvantage.

## 5. Recommendations

TasCOSS makes the following recommendations for the Strategy:

1. Focus the Strategy on the social determinants of health and daily conditions of life, while maintaining a strong focus on achieving significant change to health outcomes.
2. Cultivate a cultural shift towards preventive health across all sectors.

3. Institutionalise a preventive health approach in government by embedding it into Tasmanian Government legislation, systems and structures.
4. Take a health equity approach to prevention across the life course.
5. Engage communities and the community services industry as partners in health prevention.
6. Embed robust funding, governance and accountability mechanisms into the Strategy to supports its sustainability and responsiveness over time.