



Tasmanian Council of Social Service Inc.

The Health Revolution: 20-Year Preventive Health Strategy Exposure Draft

February 2026



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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.

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Executive Summary

TasCOSS commends the Department of Health for its ambitious commitment to preventive health and acknowledges the comprehensive consultation processes that have shaped the Exposure Draft of *The Health Revolution: 20-Year Preventive Health Strategy 2026-2046* ('the Strategy'). We recognise several strengths of the Strategy, including its long-term commitment to prevention. However, we are concerned that key elements are not yet defined, and in our view, these must be decided and publicly outlined before the Strategy commences.

In our view, the Department of Health needs to undertake the following foundational work on the Strategy:

- Clarify governance arrangements and accountability;
- Ensure adequate and protected funding, including a prevention agency;
- Further embed health equity into the Strategy;
- Prioritise early action on critical areas for prevention;
- Enhance community and lived experience leadership; and
- Expand the role of community services and health organisations.

Additionally, we have identified opportunities to further improve the Strategy by:

- Strengthening the Strategy's commitment to women's health
- Strengthening the Strategy's commitment to preventing child sexual abuse
- Strengthening the Strategy's commitment to Closing the Gap;
- Clarifying the language of the Strategy and reconfiguring some of its sub-pillars.

In conclusion, TasCOSS notes the Exposure Draft for the Strategy is aspirational and strengths-based, envisaging a very healthy future for Tasmania. To achieve this vision, the Strategy must be backed by clear governance, defined accountability, sustained funding, and a strong focus on health equity.

TasCOSS has outlined 30 recommendations for consideration by the Department of Health.

Note: Responsible and limited use of AI was employed to support the preparation of this document.

Introduction

TasCOSS welcomes the opportunity to provide feedback on the Exposure Draft of the Strategy. And we commend the Department of Health for its ambitious commitment to preventive health, and acknowledge the comprehensive consultation processes that have shaped this draft of the Strategy.

Our submission reflects TasCOSS's core mission to challenge and change the systems, behaviours, and attitudes that create poverty, inequality, and exclusion in Tasmania. As the peak body for the community services industry, TasCOSS is key partner in delivering preventive health outcomes and can play a coordinating role for the community services industry. Alongside non-government health organisations, community service organisations deliver much of Tasmania's health prevention activity and bring deep expertise in working with people and communities experiencing disadvantage.

The Strategy represents a significant opportunity to transform health and wellbeing in Tasmania. Its long-term vision and recognition of the social determinants of health are strengths. However, the breadth of the Strategy creates risks. Without clear priorities, funding and accountability, it may struggle to move from aspiration to action.

In this submission, we offer constructive feedback to strengthen the Strategy, generate improved health equity outcomes, and maximise impact for Tasmanians experiencing disadvantage. If the Strategy is to make Tasmania “the envy of the world”, it needs to commit to substantial funding and resources, robust governance and coordination mechanisms, a supportive authorising environment and decisive action from the earliest point of its rollout.

This submission builds on our three submissions to the previous rounds of consultations for this Strategy: a standalone TasCOSS submission, a joint submission with the Change 4 Health coalition, and a second joint submission with Change Lead Organisations for the final implementation of the Commission of Inquiry Recommendations, of which TasCOSS is one.

Overall assessment

TasCOSS acknowledges the Strategy has several strengths, including that it:

- Has been genuinely informed by comprehensive consultation processes at multiple stages of its development.
- Takes a whole-of-government approach, emphasising the importance of coordinated effort across all portfolios.
- Includes health equity as a pillar, thereby embedding into the Strategy a commitment to addressing the social determinants of health and the structural drivers of health inequity.
- Makes a 20-year commitment, operationalised through four-year plans, which supports long-term, sustainable change extending beyond electoral cycles.

However, the Exposure Draft does not yet provide enough clarity about decisions, priorities or accountability. As currently written, it reads more as a statement of ambition than a fully developed strategy. Strategy is fundamentally about making choices about what you will do and, just as importantly, what you will not do, so that limited resources are focused on the few priorities that create the greatest advantage. Without clear decisions, the Strategy risks becoming a grand aspiration that spreads efforts too thinly and fails to differentiate itself from other government activities or drive results for a healthier Tasmania.

Significant work needed on the Strategy

Clarify the governance structure and accountability

An effective governance model for this ambitious and complex Strategy is critical to its success. TasCOSS is disappointed that in the Exposure Draft, the governance model and authorising environment have been deferred to separate toolkits, leaving critical questions unanswered about who has decision-making authority, coordination with other Tasmanian Government departments, and how the Strategy will be authorised to deliver on its vision.

Additionally, TasCOSS has participated in several online consultations on the Exposure Draft, and it appears that many actions in the draft Action Plans have been developed by the Department of Health without close collaboration or consultation with other relevant Government agencies, which poses a significant risk to the intention of the Strategy to be a whole-of-government initiative.

Accordingly, TasCOSS recommends that the Department of Health:

1. Clearly identify the Minister and department with ultimate accountability for the Strategy.
2. Commit to establishing a statutory preventive health commission or authority with multi-partisan support to ensure the Strategy survives future electoral cycles. This body should have explicit legislative backing, dedicated budget allocation authority, power to require reporting from all government agencies and be obliged to report annually to Parliament.
3. Engage in robust and high-level consultation and coordination with other departments to revise draft Action Plans to avoid duplication and incompatibility with other Tasmanian Government strategies. This whole-of-government work is foundational to the success of the Strategy and should not be postponed.
4. Articulate whole-of-government obligations requiring all agencies to demonstrate consideration of preventive health impacts in Budget submissions and policy proposals, including through health impact statements.

Ensure adequate and protected funding

The Strategy commits to developing a funding model but provides no information about the level of investment, which risks tokenistic underfunding, thus crippling its effectiveness.

A recent Sax Institute report into funding and resourcing mechanisms for long-term strategies commissioned by the Tasmanian Department of Health notes that, rather than focusing on guiding principles, the key enablers of an effective preventive health strategy are instead “the tangible tools, systems, and processes, such as governance, leadership and expertise, that make those principles operational, with funding and resourcing playing a central role”.¹ The Sax Institute’s report concludes

¹ The Australian Prevention Partnership Centre (2025). [Funding and Resourcing Mechanisms for Longterm Strategies](#), A Centre of Sax Institute, September.



that “blended approaches, such as pooled budgets combined with place-based resourcing and central coordination, are particularly effective”.²

TasCOSS recommends the Department of Health commits to developing several funding mechanisms for the Strategy, including:

5. Articulating a clear, workable definition of health prevention which differentiates it from acute health services and other non-health government-funded activities, to underpin spending decisions and ensure funding accountability.
6. Setting minimum investment levels for the implementation of the Strategy. We recommend immediately dedicating 5% of the health budget to prevention activities; and committing to gradual, further increases to reach 10% of health spending by Action Plan 3.
7. Establish a dedicated, protected Prevention Fund quarantined from spending on acute health services. This fund should allocate funding in four-year cycles aligned with the Strategy’s Action Plans, and indexed to inflation and population growth.
8. Introduce a new place-based community health grants program that builds on the significant success of the Healthy Tasmania grants program, to foster the capacity of the community services industry to collaborate with the community to achieve preventive health outcomes for disadvantaged Tasmanians.
9. Introduce cross-portfolio funding mechanisms where budgets from multiple government agencies are pooled to fund initiatives addressing shared outcomes, as outlined in the Sax Institute’s report.³
10. Develop social impact investment partnerships to leverage additional funding from philanthropic and private sources for cross-sectoral prevention initiatives.⁴

Further embed health equity into the Strategy

A clear commitment to health equity is reflected in one of the Strategy’s pillars (“healthy foundations and equity”) and one of its guiding principles (“fairness and inclusion for all”) but the Strategy could have additional mechanisms to ensure that the most disadvantaged Tasmanians benefit the most.

To further strengthen the equity framework of the Strategy, TasCOSS recommends the Department of Health:

11. Introduce an Equity Impact Assessment Tool as part of the Prioritisation Framework. Proposed actions could be assessed for their impact on reducing health inequalities, with weighting toward initiatives that close equity gaps.
12. Set measurable equity targets in the Evaluation Framework, such as reducing the health gap between highest and lowest income cohorts of the population.
13. Establish an independent Equity Advisory Group with representation from people with lived experience of disadvantage to provide ongoing oversight and advice.

² The Australian Prevention Partnership Centre (2025). [Funding and Resourcing Mechanisms for Longterm Strategies](#), A Centre of Sax Institute, September.

³ Ibid.

⁴ Ibid.

Prioritise early action on critical areas

The Exposure Draft proposes a gradual or “snowball effect” approach and an intention to focus the first four-year Action Plan on setting up governance structures for the Strategy. TasCOSS is concerned this approach defers urgent action and risks losing important political momentum and community support for the Strategy. There is need to roll out some high-profile and impactful prevention activities very early in the life of the Strategy, both to address immediate harms and build on existing community momentum for health prevention, alongside system-building activities.

The Exposure Draft states that Action Plan 1 will “start on the high burden areas that Tasmanians said matter most, where the evidence is strong, and the work is ready to begin”. The early work of the Strategy will also include creating a Prioritisation Framework to ensure “choices aren’t rushed, hidden, or based on the needs of those who shout the loudest”. TasCOSS suggests these two commitments could be balanced by choosing actions to proceed with immediately in Action Plan 1, while the Prioritisation Framework is being developed.

There is strong international evidence about both the primary drivers of poor health outcomes for disadvantaged communities and what works in health prevention.⁵ Informed by this evidence, and to align with the focus areas of the *National Preventive Health Strategy 2021 – 2030*, TasCOSS recommends the Department of Health:

14. Commit to early action on four preventive health priorities for Tasmania:

- **Smoking cessation** – to continue recent commitments in this area given its significant impact on Tasmanians living on low incomes.
- **Vaccination** – to respond to the ongoing decrease in vaccination rates nationally and the significant risks to babies, children and older people.
- **Early childhood nutrition** – to address increasing rates of childhood obesity, poor dental health and links with socioeconomic status.
- **Early screening** – to potentially achieve downstream acute health care savings if the Government can reach people not engaged in regular screening.⁶

To operationalise these priorities, TasCOSS recommends that, once the Department of Health decides its 2026–2028 priorities for public health, it works closely with community organisations that already have trusted relationships with disadvantaged, excluded or ‘hard-to-reach’ Tasmanians. With the right training and support, community service industry workers can share with clients some prevention messages on these four priorities and help them access preventive health services.

Enhance community and lived experience leadership

While community consultation for the design of the Strategy has been robust, mechanisms for ongoing community leadership for the rollout of the Strategy are unclear. It is concerning that, as acknowledged in the Exposure Draft, the Department of Health has not yet consulted with several key groups of community stakeholders.

⁵ Department of Health (2021) [National Preventive Health Strategy 2021-2030](#), Australian Government.

⁶ Ibid.

To address this, TasCOSS recommends the Department of Health:

15. Urgently conduct targeted consultations with key population groups who have not been effectively engaged during initial consultations, including women's health groups, Aboriginal and Torres Strait Islander people, people experiencing homelessness, newly arrived migrants and refugees, young people in out-of-home care, and people in custodial and detention settings.
16. Establish Regional Prevention Councils around the state, with genuine decision-making authority over local priorities and funding allocations for preventive health activities.
17. Embed lived experience expertise into the Strategy's governance structures, with fair remuneration for lived experience contributions, training and support for participation, and clear pathways from consultation to decision-making roles.
18. Create community co-design processes for each Action Plan.
19. Resource community-led initiatives directly with communities, as well as through community services organisations.
20. Ensure all consultation and engagement processes are accessible for people with disabilities, low literacy, culturally and linguistically diverse backgrounds, and people who are digitally excluded.

Expand the role of the community services industry and health organisations

There is an obvious role for the community services industry and non-government health organisations to assist with implementation of the Strategy.

As the peak body for the community services industry, and with trusted and established networks, TasCOSS (working alongside its members) can assist by:

- Representing the community services industry in governance arrangements such as steering committees.
- Facilitating forums and discussions that connect Department of Health staff with targeted community organisations and community members.
- Distributing health prevention communication campaigns through our networks and targeting particular cohorts of disadvantaged populations.
- Collecting community service industry feedback on the rollout of the Strategy in a sensitive and considered manner.

TasCOSS also highlights the need to include the community services industry workforce in the health prevention team outlined in pillar 5, sub-pillar 3 of the Strategy. Natural synergies could be achieved by upskilling and educating the community services industry workforce to deliver health prevention activities, achieving preventive health goals while working with their clients and local communities.

Non-government health organisations can also play a significant role in implementing the Strategy. As noted in Change For Health’s submission to the earlier consultation phase for the Strategy in May 2025, there is an obvious opportunity for the Strategy to harness the considerable expertise, practice wisdom and reach of Tasmania’s health non-government organisations, not-for-profits and private providers for guiding Actions Plans, implementing communication campaigns, delivering prevention activities and engaging communities. As a coalition of health organisations working in Tasmania, Change For Health is well placed to lead the contribution from this sector.

TasCOSS recommends the Department of Health:

21. Embeds into the Strategy a larger role for the community services industry and health organisations reflecting the value of their expertise, practice wisdom and networks.

Additional work to strengthen the Strategy

Strengthen the Strategy's commitment to women's health

While the Strategy includes the guiding principle of “inclusive design for every gender”, TasCOSS is concerned the Strategy is lacking a gender lens, including acknowledgement of the role of sex and gender as determinants of health and wellbeing, especially for women, girls and people assigned female at birth. The Strategy should include tailored preventive health approaches to address the different health inequities faced by all genders, including prevention of family violence and violence against women and girls.

TasCOSS recommends the Department of Health, in a first for Tasmania:

22. Develop a dedicated Women's Health Strategy, developed in close consultation with Women's Health Tasmania and other key stakeholders, including Tasmanian women and girls.

Strengthen the Strategy's commitment to preventing child sexual abuse

The 20-Year Preventive Health Strategy provides a critical platform to recognise and address child sexual abuse as a core preventive health issue. Child sexual abuse is not only a criminal justice or child protection concern; it is a profound public health issue with lifelong physical, psychological and social consequences. The evidence is clear that child sexual abuse is associated with increased risks of mental illness, substance misuse, chronic disease, suicide, homelessness and contact with the justice system.⁷ A preventive health framework that does not explicitly address child sexual abuse leaves a significant driver of poor health outcomes insufficiently addressed.

To meaningfully embed child sexual abuse within a preventive health agenda, the Strategy should clearly articulate it as a priority area across primary, secondary and tertiary prevention. Primary prevention requires population-wide education about consent, respectful relationships, grooming behaviours and harmful sexual behaviours, alongside strengthening institutional safeguards. Secondary prevention requires early identification of risk factors, targeted interventions for children and families experiencing vulnerability, and robust responses to harmful sexual behaviours in childhood. Tertiary prevention requires accessible, trauma-informed therapeutic services to mitigate the long-term health impacts of abuse and prevent re-victimisation or escalation of harm.

Importantly, positioning child sexual abuse within a preventive health framework supports integration across portfolios. Effective prevention requires alignment across the whole of government and between health, education, out-of-home care, youth justice and community services. It requires workforce capability uplift, strong information-sharing arrangements, child-safe institutional cultures and sustained investment in therapeutic supports. Clear governance arrangements, shared outcome measures and transparent reporting on child sexual abuse prevention indicators would strengthen accountability and system coherence.

⁷ See, for example: Scott JG, et al. (2023). “The association between child maltreatment and mental disorders in the Australian Child Maltreatment Study”. *Medical Journal of Australia*. <https://onlinelibrary.wiley.com/doi/full/10.5694/mja2.51870>.

This approach is also consistent with the Tasmanian Government's commitments arising from the Commission of Inquiry (COI). The COI emphasised the need for whole-of-government coordination, strengthened safeguarding systems, workforce capability, transparent reporting and sustained therapeutic supports. Embedding child sexual abuse prevention explicitly within the Strategy provides a mechanism to operationalise these commitments within a coherent, accountable public health framework. It also aligns with TasCOSS' recommendation that the Strategy include clear cross-agency coordination mechanisms to ensure prevention efforts are integrated, measurable and sustained.

Finally, prevention of child sexual abuse as a health issue must centre the voices of children, young people and victim-survivors. Co-design, community education and accessible pathways to support are essential components of a public health response. Framing child sexual abuse as a preventable driver of long-term health harm reinforces the imperative for early, sustained and system-wide action.

Embedding child sexual abuse prevention explicitly within the Strategy would align with a rights-based, survivor-centred approach and significantly enhance Tasmania's capacity to improve long-term health and wellbeing outcomes for children, young people and the broader community.

TasCOSS recommends the Department of Health:

23. Clearly articulate child sexual abuse as a priority area in the Strategy across primary, secondary and tertiary prevention.
24. Ensure prevention of child sexual abuse is delivered through formal cross-agency coordination mechanisms, consistent with the COI recommendations and in genuine partnership with the community services industry.
25. Centre the voices of children and young people and victim survivors of child sexual abuse in co-design, community education and pathways to support as part of the rollout of the Strategy.

Strengthen the Strategy's commitment to Closing the Gap

TasCOSS is disappointed the Exposure Draft for the Strategy was released without the sub-pillar for "Aboriginal and Torres Strait Islander health" being completed. By releasing the document for public comment without this content, it demonstrates that the Tasmanian Government is still inclined to focus on its own timelines rather than respect or embrace cultural ways of knowing, doing and being. Contributions to structural change, consistent with self-determination and the rights of Tasmanian Aboriginal people cannot and should not be rushed, especially on the back of the intergenerational trauma the Tasmanian Aboriginal community has endured due to systemic discrimination.

The Strategy is an opportunity for Tasmania to more closely align with the national Closing the Gap framework, particularly the four Priority Reforms agreed under the National Agreement. While the Strategy recognises the importance of Aboriginal leadership and community voice to drive meaningful change in health inequities experienced by Aboriginal Tasmanians, it would be strengthened by explicitly embedding the Closing the Gap framework as a structural foundation rather than as a parallel commitment. Preventive health must acknowledge the gap in health outcomes is not a result of individual behaviour, but of systemic inequity, intergenerational trauma and the ongoing impacts of colonisation. A preventive approach that does not centre these structural drivers risks reinforcing deficit narratives rather than advancing justice and self-determination.

TasCOSS recommends the Department of Health:

26. Consults with the Tasmanian Aboriginal community and engages in co-design for the sub-pillar of “Aboriginal and Torres Strait Islander health”, before finalising the Strategy document.
27. Embed the Closing the Gap architecture into the Strategy as a structural foundation rather than as a parallel commitment.

Refine the language of the Strategy and reconfigure some sub-pillars

Language and metaphors used

The metaphors used in the Exposure Draft to describe elements of the Strategy need to be clarified. As it is currently written, the words “pillars”, “ingredients” and “mixing bowls” evoke two quite different metaphorical objects, a bridge and a recipe, which is confusing for the reader. Additionally, we note the word “sub-pillars” is not widely used in technical documents or by the general community.

TasCOSS recommends the Department of Health:

28. Redraft the metaphorical language used in the Exposure Draft of the Strategy.

Tone and language used in the Strategy and supporting documents

The companion or pillar documents are very lengthy but lack useful information about exactly what is going to be done, making them hard to digest and not very informative. While the tone of them is friendly and presumably aimed at a general audience, at times, they unfortunately veer into attempts at humour or quirky turns of phrase which are unsuited to strategy documents. These companion documents appear to be lengthy lists of commitments or aspirations but do not say how these commitments – many of which will require radically different ways of working for the Tasmanian Government – are to be achieved.

TasCOSS recommends the Department of Health:

29. Exclude the companion documents in the suite of finalised documents for the Strategy.

Configuration of the pillars and sub-pillars

There is an opportunity to refine the structure of the Strategy by reducing the overall number of sub-pillars and minimising the risk of fragmentation of effort.

TasCOSS recommends the Department of Health:

30. Revise some sub-pillars to reduce their overall number and minimise fragmentation of effort across pillars, including:
 - Combine the sub-pillar of “safe digital spaces” with the sub-pillar of “digital inclusion” and move this from “healthy environments and places” to “healthy foundations and equity”.
 - Rename or remove the sub-pillar of “healthy settings and places” as it is too general to be useful.
 - Add an additional sub-pillar about health for migrants and refugees.
 - Combine the sub-pillar “healthy food environments” with “food security and affordability”.
 - Move the sub-pillars of “healthy beginnings and strong families” and “youth wellbeing and healthy pathways to adulthood” to the pillar of “healthy foundations and equity”.

Conclusion

TasCOSS notes the Exposure Draft for the Strategy is highly aspirational and strengths-based, envisaging a very healthy future for Tasmania brought about by whole-of-government efforts to be carried out over two decades. To deliver on this ambitious vision and to stand the test of time, it is critically important that the Strategy is robust enough to withstand election cycles, fiscal risks to the State Budget, changes of Ministers and Premiers, and competing priorities.

In this submission, TasCOSS has made 30 recommendations to ensure the Strategy can deliver on its ambitious vision. Primarily, the Strategy needs to be supported by sound governance; operate in a favourable authorising environment within the Tasmanian Government; attract sizeable, ongoing and protected funding; and fully embed health equity within the Strategy. Importantly, the Strategy also needs to be improved by strengthening its commitment to women and girls, prevention of child sexual abuse, and Closing the Gap.