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20-Year Preventive Health Strategy Team
Tasmanian Department of Health
consultation@health.tas.gov.au

Dear Colleagues

Thank you for the opportunity to provide feedback on the exposure draft of the [20-Year Preventive Health Strategy](#) ('the Strategy').

The RACP would first like to commend the Department for producing a strong and well-considered Strategy. The community-informed design process, the breadth of consultation, and the clarity, readability and accessibility of the document are all evident.

The Strategy presents a compelling long-term vision for preventive health in Tasmania, particularly in its articulation of a multi-decade commitment to prevention. The pillars and principles are excellent in their breadth and in their focus on the system-wide and environmental factors shaping preventive health, and will provide strong guidance to the Strategy as it is implemented over time.

We welcome the Strategy's emphasis on:

- evidence-based action
- recognition of the social determinants of health
- prevention as both a health and an economic imperative.

We are also pleased that the Strategy reflects many of the suggestions we provided in our submission.

We look forward to the forthcoming Action Plans and their toolkits, which will operationalise the Strategy and provide further detail on the proposed initiatives, measurable targets, and mechanisms for how initiatives may be modified or expanded over time.

Sustained and accountable investment is needed for effective delivery

We strongly encourage the inclusion of a transparent long-term, dedicated, sustainable and protected funding framework to support the Strategy and preventive health over time. Clear commitments regarding the percentage of health spending that will be directed to prevention over the life of the Strategy would enhance clarity and accountability.

The funding arrangements must be protected over the life of the Strategy, to ensure prevention remains a sustained priority and that funding is not vulnerable to reallocation in future. The [National Preventive Health Strategy](#) commits to at least 5% of total health spending being dedicated to preventive health by 2030.

We also encourage consideration of legislative levers and cross-sector policy change to provide structural, system-wide support for the Strategy. This could be accompanied by a public communications campaign and/or behavioural change strategy to support the health literacy of the Tasmanian population, and ensure that all Tasmanians are supported to understand, access and act on preventive health opportunities that improve their long-term wellbeing. This could include commitments such as those suggested by the RACP's [Switch Off the Junk](#) campaign, including regulatory restrictions on unhealthy food marketing to children and the appointment of a Chief Paediatrician.

Effective prevention requires strong, forward-looking workforce planning

The Strategy must address the importance of comprehensive, long-term health workforce planning to successful preventive health measures over time.

Effective preventive health relies on having the right workforce capacity, skills and distribution in place, as prevention cannot be scaled or sustained without a system that is staffed, supported and capable of meeting future demand. Preventive health strategies must be aligned with broader workforce planning to ensure prevention, early intervention and chronic disease management are delivered as part of a coherent, whole-of-system approach.

The Strategy should acknowledge current health system pressures including chronic understaffing, long waitlists and increasing service demand, and outline how the health workforce will be supported to deliver both preventive and acute care effectively. This requires forward planning across all medical and allied health specialties, with particular attention to the future need for specialist doctors as Tasmania's population ages and the prevalence of complex chronic conditions rises. Strategic workforce modelling will be essential to ensure sufficient capacity across geriatrics, paediatrics, cardiology, respiratory medicine, endocrinology, rehabilitation medicine and other specialties integral to managing long-term health conditions.

The Strategy should also explicitly recognise [the role of public health physicians](#) and other physician disciplines as key components of the preventive health workforce, contributing specialist expertise in population health, policy development, and system coordination.

We welcome future opportunities for collaboration on these critical workforce issues to support preventive healthcare, consistent with our earlier [submission](#).

Building a resilient, future-ready workforce requires investment in training pathways, support for multidisciplinary teams, and strong attraction and retention strategies tailored to rural, regional and remote contexts.

Need to consider challenges faced by regional, rural and remote communities

In addition, workforce planning must account for the unique challenges facing regional, rural and remote communities in Tasmania, including limited access to specialist services, difficulties attracting and retaining clinicians, and the need for sustainable, place-based models of care.

Preventive health strategies that do not address these workforce realities risk widening existing health inequities between metropolitan and non-metropolitan communities.

We recommend that the Strategy consider:

- Building sustainable regional, rural and remote physician training pathways, including establishing basic physician training networks and funding generalist training in regional, rural and remote areas.
- Attracting and retaining physicians in regional, rural and remote areas by providing comprehensive relocation support to assist physicians and trainee physicians with housing, childcare, partner employment, community integration, and transport costs.
- Supporting the recruitment, training, and retention of Aboriginal and Torres Strait Islander physicians in regional, rural and remote areas through culturally safe training pathways, targeted scholarships, rural placements, and ongoing mentorship and support.
- Investing in innovative, integrated models of care to strengthen physician workforce sustainability and improve access, continuity and quality of care in regional, rural and remote areas, including scaling up integrated care models, strengthening digital health infrastructure, and providing practice supports (such as AI scribes).

Strengthening key areas of prevention

Several key areas of prevention would benefit from further development within the Strategy. These include:

- further development and expansion of the life-course and early-years approaches, including in relation to childcare, parenting supports, and early childhood interventions as part of the “Healthy Beginnings and Strong Families” sub-pillar.
- deeper consideration of the environmental determinants of health as part of the “Healthy Environments and Places” pillar, including climate resilience and adaptation, decarbonisation, resilience planning and responses to environmental hazards.
- a stronger focus on food security, including in relation to food systems and the four pillars of food security as outlined in our earlier [submission](#).
- strengthening digital health and data infrastructure, health literacy initiatives, and Indigenous data governance and sovereignty.

Finally, we recommend that forthcoming Action Plans articulate clear initiatives across primary, secondary and tertiary prevention with specific targets and mechanisms to measure progress over time. Where appropriate, the RACP would welcome the opportunity to contribute our members’ expertise to the development of the forthcoming Action Plans.

Social connection and community belonging is important for health

We support the inclusion of the sub-pillar related to ‘Belonging, connection and resilience’. We encourage the Strategy to recognise the critical role that social connection, meaningful relationships and community belonging play in health and longevity. Loneliness is increasingly understood as a significant public health issue, contributing to poorer physical and mental health outcomes. Supporting Tasmanians to build and maintain strong social networks, through community-building initiatives, supportive environments, and place-based programs, is an essential part of a comprehensive approach to preventive health.

Mental and emotional health and wellbeing are critical to health

It is excellent to see that mental health and wellbeing is included as a sub-pillar of the Strategy. It will be important for actions under the Strategy to include adopting a trauma-informed lens that recognises the long-term health impacts of trauma, adversity and intergenerational stress, particularly for Aboriginal and Torres Strait Islander peoples, and ensures services are safe, responsive and culturally informed.

Accessible and affordable psychological support must also be prioritised, particularly for vulnerable groups and those in regional, rural and remote communities who often face additional barriers to care.

The Strategy must also aim to foster environments that promote mental wellness and are conducive to the prevention of mental illness, by recognising the importance of and creating interventions around:

- family and parenting support, including education and the prevention of violence and trauma
- relationships, social connection, belonging and inclusion
- agency, identity, empowerment, and a sense of purpose
- spiritual wellbeing and connection
- cultural identity and connectedness
- school and community participation
- support and education around emotional and mental health, including through schools and workplaces
- psychological safety, including recognising how environmental stressors and the social determinants of health (such as economic security, housing, employment, education, food security, access to transport, equal opportunity, and the fulfilment of fundamental rights and freedoms) impact our ability to be psychologically safe.

Integrating mental health promotion, early intervention and accessible treatment options within the broader prevention agenda will also be essential to improving long-term health outcomes for all Tasmanians.

Priority populations, fairness, equity and diversity should be included in Action Plans

We commend the Strategy for including a pillar about health foundations and equity, along with principles around fairness, inclusion and embracing diversity.

Building on the Strategy's existing focus, the Strategy and Action Plans should strengthen the emphasis on priority populations, especially Aboriginal and Torres Strait Islander people, and clearly outline how each pillar and action area will address the needs of these groups. Examples of such priority populations include migrants and refugees, rural and remote communities, low-income households, people living with a disability (reflecting the social model of disability), LGBTQ+ communities, individuals with low digital access, older people, children and young people, and those experiencing mental illness.

Action Plans should incorporate measurable equity targets, including reductions in chronic disease prevalence gaps and population-level outcomes, such as access to walkable neighbourhoods.

Planning proactively for the health needs of older Tasmanians is critical to preventive health

We advocate for greater emphasis on preparing the health system for Tasmania's rapidly ageing population. Over the next two decades, the proportion of older people living with multiple chronic conditions and complex care needs will continue to increase, placing significant pressure on the health system, aged care system, and community support services.

To ensure the Strategy can deliver its intended long-term benefits, it is essential that the health system is adequately resourced and supported to meet this demographic shift. This includes planning for increased service demand, strengthening integration between the health and aged care systems, and investing in models of care that enable older Tasmanians to remain healthy, independent and connected to their communities for as long as possible.

Governance and accountability are critical for successful implementation

The Strategy demonstrates a commendable commitment to independent review. We propose embedding scheduled, recurring independent review cycles across the 20-year life of the Strategy to monitor implementation and drive accountability.

The Strategy's emphasis on multi-sector collaboration and a Health in All Policies approach is particularly important, as is the commitment to inclusivity and cultural sensitivity. The Strategy's impact would be strengthened by additional detail of the proposed cross-government structures, funding arrangements, governance and accountability mechanisms that will be critical to support the Strategy. We suggest locating overall coordination of the Strategy within the Tasmanian Department of Premier and Cabinet to ensure effective collaboration across key portfolios such as health, housing, transport, education, justice, child protection, food systems and more. We recognise that many of these elements will be addressed in the Action Plans and look forward to reviewing them, given their critical role in operationalising the Strategy.

Final comments

Thank you again for the opportunity to contribute to this important work. We look forward to seeing the first Action Plan and the final version of the Strategy.

If you would like to discuss any of these matters further, please contact Ms Madelyn Smith, Senior Policy & Advocacy Officer and Ms Jessica Falvey, Policy & Advocacy Officer, at policy@racp.edu.au.

Yours sincerely,



Dr Theresa Naidoo
Chair, RACP Tasmanian Committee