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RACP Submission to the Tasmanian 20-Year Preventive Health Strategy consultation

May 2025

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 22,200 physicians and 9,800 trainee physicians, across Australia and Aotearoa New Zealand.

The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine.

Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients, the medical profession and the community.

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We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

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Executive Summary

The RACP welcomes the opportunity to provide feedback on the [20-Year Preventive Health Strategy Discussion Paper](#) ('the Discussion Paper').

The 20-Year Preventive Health Strategy ('the Strategy') is an important investment to create a healthier environment in which all Tasmanians can thrive and maximise their health and wellbeing across their life course.

The RACP recommends that the Strategy should focus on:

1. Systems change, including a health-in-all-policies approach.
2. A holistic approach, which incorporates a health equity lens and addresses the determinants of health.
3. Tasmania's jurisdictional profile, workforce, and its interactions with the determinants of health.
4. Safeguarding the long-term success of the Strategy, including dedicating at least 5% of the health budget to prevention.
5. Addressing all aspects of the preventive health continuum.

We detail the bases for these recommendations below.

We also offer specific feedback on the proposed aims, focus areas, and enablers detailed below.

Key Recommendations

The RACP recommends that following principles and priorities underpin the Strategy:

1. The strategy should focus on systems change, including a health-in-all-policies approach

The Strategy needs to focus on systems change and target the physical, built, policy, social, cultural, and economic environment.¹ Individual health choices are made in the context of these broad determinants of health. These factors can encourage or discourage individuals choices that are conducive to good health and the prevention of illness and disease.

The Strategy should balance the importance of prevention on an individual level, such as empowering people through education and incentivising sustained behaviour change, with a stronger focus on system-wide change. Specifically, the Strategy should prioritise system-wide and systemic change to the health environment to optimise prevention efforts. Using a systems approach to address the broad determinants of health is essential to developing effective policies to address the system-wide change needed to prevent non-communicable diseases.² The Strategy should clearly distinguish between interventions designed to influence individual behaviours and those that target the systemic conditions needed to enable and sustain healthy behaviours.

A focus on system-wide change requires a multi-agency, whole-of-government and health-in-all-policies approach.³ This is crucial given that the Strategy identifies determinants of health that lie beyond the remit of the health system, for example, environmental determinants of

¹ See, for example, Craike M., Klepac B., Mowle A., Riley T. (2023) Theory of systems change: An initial, middle-range theory of public health research impact, *Research Evaluation*, Volume 32, Issue 3, 603-621 <https://doi.org/10.1093/reseval/rvad030>

² [WHO-EURO-2022-4195-43954-61946-eng.pdf](#)

³ RACP, Position Statement on Obesity: Actions to prevent obesity and reduce its impact across the life course (2018) <https://www.racp.edu.au/docs/default-source/advocacy-library/racp-obesity-position-statement.pdf>

health. The RACP's [Health-In-All-Policies Position Statement](#) outlines support for a health-in-all-policies approach to comprehensively address the social determinants of health and reduce health inequalities.⁴

To support a health-in-all-policies approach, the Strategy must outline an effective governance framework with clear accountabilities for different sectors of government. It should clearly demarcate roles and responsibilities across government departments and agencies, including identifying lead agencies and supporting or enabling agencies. To ensure that the aims of the Strategy can be achieved, the governance framework needs to ensure buy-in from all relevant agencies and include mechanisms to review how effectively the commitments to health-in-all-policies and health equity are being upheld. This will require early and ongoing cross-government engagement. The Action Plans should clearly outline deliverables, time horizons, and practical means of making all sectors of government accountable to the health-in-all-policies commitment.

The Strategy should also outline how each focus area will be supported by a health-in-all-policies approach and health equity approach.⁵

2. The Strategy should prioritise a holistic approach, health equity lens and the determinants of health

RACP members have expressed strong support for the Discussion Paper's focus on health equity and the determinants of health.

A holistic approach to preventive health is important. It is critical that preventive health is seen to be more than just preventing ill health but that it also supports and enables Tasmanian communities to thrive and optimise their health. Health policies directed at prevention should be supported by holistic policies that address social, economic and environmental determinants of health. These policies should promote and enable social, psychological and mental wellbeing, including financial security and strong connections with family, friends, community, the workplace, and Country.

Research by the World Health Organisation ('WHO') shows that the social determinants of health can influence a person's health more than their genes or the actual health care provided to them.⁶ In addition to factors like income, education, employment and job insecurity, work conditions, food security, housing and the built and natural environment, the WHO identifies social inclusion as a key social determinant of health.⁷ Good relationships have been shown to keep people happier, physically and emotionally healthier, and living longer.⁸

The Strategy should strengthen the commitment outlined in the Discussion Paper to the mental and psychological wellbeing of Tasmanians by addressing the need to improve access to mental health services. It should also explicitly recognise the need to build and support strong, healthy relationships as a key social determinant of health in addition to those identified on page 12 of the Discussion Paper (biomedical, social, structural, environmental, cultural, technological, economic and commercial).

⁴ RACP, Health in All Policies Position Statement (2016) [health-in-all-policies-position-statement.pdf](#)

⁵ See RACP, Health in All Policies Position Statement (2016) [health-in-all-policies-position-statement.pdf](#)

⁶ World Health Organisation, Social Determinants of Health https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

⁷ World Health Organisation, Social Determinants of Health https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

⁸ Harvard Medical School and Massachusetts General Hospital, Harvard Study of Adult Development <https://www.adultdevelopmentstudy.org/>

Poverty should also be identified as a critical determinant of health (see the RACP's previous advocacy in its [Submission to the Draft National Preventive Health Strategy](#)⁹). The cultural determinants of health in the Discussion Paper should also acknowledge key factors specific to the health and wellbeing for Aboriginal and Torres Strait Islander peoples, including self-determination and empowerment, participation in cultural life and activities, and access to traditional lands.¹⁰

The determinants of health identified in the Discussion Paper should also be explicitly discussed in every focus area of the Strategy. The Action Plans should identify which social determinants each action relates to and influences.

The Strategy should include a stronger focus on health equity and ensure that this is reflected in each focus area. The Strategy should also prioritise the wellbeing of priority populations, as well as Aboriginal and Torres Strait Islander Tasmanians and those experiencing poverty and/or socioeconomic disadvantage. Health equity, currently the fifth focus area in the Discussion Paper, should be elevated as the Strategy's top priority. Leading with a health equity lens is particularly important in Tasmania, given the greater levels of health inequity across the state.

3. The Strategy should focus on Tasmania's jurisdictional profile, workforce, and its interactions with the determinants of health

The healthcare system in Tasmania faces unique jurisdictional challenges, including a dispersed and aging population, geographic isolation, health inequities among different population groups, and a high prevalence of chronic disease and long-term mental health conditions. The Strategy should specifically address how these factors impact preventive health and intersect with the broader determinants of health. The health equity focus area would also benefit from a stronger focus on supporting health outcomes for Tasmanians living with disability, noting the overlap between chronic health conditions and disability.

Some of the common preventable conditions that the Strategy could focus on include diabetes, hypertension, smoking- and vaping-related health conditions including cancer and heart and lung disease, stress-related mental and physical health conditions, mental health conditions including depression and anxiety, conditions related to brain health, and developmental issues in children.

There are a number of identified barriers to accessing preventive health services in Tasmania, such as costs of travelling to access care, especially for those in regional areas, lack of education or misinformation, and workforce shortages or long waitlists to access care. The Strategy should aim to combat these barriers as identified priorities.

Tasmania faces significant workforce shortages and challenges related to the distribution of its workforce. A key enabler to improve preventive health in Tasmania is having a strong, sustainable health workforce to deliver the right care, at the right time, and in the right place. The strength of the healthcare system and its ability to manage acute health issues is another key enabler. The links between the determinants of health and the level of access that individuals have to the healthcare system should also be noted.

The Strategy and its Action Plans must outline how it will support Tasmania's regional workforce to deliver effective acute and preventive care. The Tasmanian Government should

⁹ RACP, Submission on the Draft National Preventive Health Strategy (2021) [RACP Submission on the Draft National Preventive Health Strategy](#)

¹⁰ See Australian Institute of Health and Welfare National Indigenous Australians Agency, Aboriginal and Torres Strait Islander Health Performance Framework – Summary Report (2024) [Aboriginal and Torres Strait Islander Health Performance Framework - Summary report - AIHW Indigenous HPE](#)

seek to learn from the on-the-ground insights of clinicians working rurally to identify gaps in prevention and healthcare delivery. The Strategy should explicitly acknowledge the importance of a robust workforce and optimally functioning health system as a key enabler of prevention. Timely, accessible care is preventive in nature.

The Strategy should expand and deepen its focus on child health. Given its long-term timeframe and population-wide goals, it is essential to prioritise giving children the best start possible in life. Maximising the health and developmental outcomes of children from the earliest stages including the antenatal period is a highly effective way to tackle health inequities and minimise preventable health conditions across the life course.¹¹

The Strategy should be developed in close partnership with Tasmanian Aboriginal and Torres Strait Islander peoples and organisations. It should respectfully reflect and draw on Aboriginal and Torres Strait Islander peoples' knowledge, culture, lifestyle, and connection to Country and community. The recognition statement in the Discussion Paper should be further strengthened and embedded throughout the Strategy and its Action Plans. Aboriginal and Torres Strait Islander knowledge and leadership should be a guiding principle behind all aspects of the Strategy, alongside a strong health equity lens.

4. The Strategy must safeguard its long-term success, including dedicating at least 5% of the health budget to prevention

The timeframe of the Strategy represents a long-term commitment to maximising the health and wellbeing of Tasmanians. The Strategy will need to be flexible and adaptive enough to respond to new developments in prevention and population health and wellbeing over the life of its term. It must also balance this with clear accountability and two-yearly reporting cycles. Getting this balance right provides a much better chance at future-proofing the Strategy and achieving its core vision.

The Strategy, and its ongoing funding and implementation, must be safeguarded. The Strategy must be preserved across changing political cycles and different social, cultural and economic landscapes. In particular, the Strategy must be supported by dedicated, sustainable and guaranteed funding and human resourcing over its life. This funding should be transparent and publicly reported.

In line with the National Preventive Health Strategy,¹² the Tasmanian Government should commit at least 5% of its annual health budget to preventive health activities over the life of the Strategy. Current investment in public health is significantly below this threshold. Dedicating at least 5% of health funding each year to prevention is critical to improving the health outcomes of Tasmanians and realising the Strategy's long-term aims and vision.

The communication tools that accompany the Strategy should contain digestible explanations that educate the public on the importance of the Strategy and why it is vital to invest in preventive health. This should also be accompanied by investment in education to provide individuals with the tools to make informed choices about their health and to optimise their wellbeing.

¹¹ Australian Government Institute of Health and Welfare, Australia's Children (2022) [Australia's children, The health of Australia's children - Australian Institute of Health and Welfare](#)

¹² Australian Government Department of Health and Aged Care, National Preventive Health Strategy 2021-2030 (2021) [National Preventive Health Strategy 2021-2030 | Australian Government Department of Health and Aged Care](#)

5. The Strategy should target all aspects of the preventive health continuum

The Strategy should clearly define and differentiate between all levels of prevention across the preventive health continuum – primordial, primary, secondary, and tertiary prevention, while also acknowledging the important role of quaternary prevention. Each type should be defined in terms of its purpose and contribution to improving population health.¹³

The accompanying Action Plans should include targeted interventions across each level of the preventive health continuum, clearly identify the category of prevention each initiative addresses, and outline accountabilities for delivering on each type. The Strategy should emphasise primordial prevention, while balancing primary, secondary and tertiary interventions to ensure a comprehensive, equitable, and sustainable approach to preventing, disease, detecting issues early, and delivering effective care.

Feedback on the proposed aims of the Strategy

The proposed aims of the Strategy are a positive foundation to guide preventive health in Tasmania over the next 20 years.

The aims could be strengthened by having a greater focus on sustainability and health, in terms of healthcare system sustainability, workforce sustainability, environmental sustainability, sustainable food and water security, and also in terms of the demographic changes that Tasmania is experiencing and will experience over the next two decades. In 2021, one in five Tasmanians were 65 or over.¹⁴ It has been projected that one in four Tasmanians will be aged 65 years or over by 2030,¹⁵ and that nearly one in three Tasmanians will be aged 65 years or over by 2060.¹⁶

Tasmanians have higher rates of chronic conditions compared to other states and territories in Australia, including arthritis, asthma, cancer, osteoporosis and heart, stroke and vascular disease.¹⁷ There are also higher rates of disability reported in Tasmania, with 30.5% of the population reporting at least one disability compared to 21.4% of the national population.¹⁸

Investment in health infrastructure must be planned and accounted for over the life of the Strategy to meet the needs of an aging population, particularly as the prevalence of chronic disease continues to rise. Prioritising investment in preventive health now will deliver substantial long-term economic and social benefits by improving health outcomes and reducing future healthcare demand.

The proposed aims could more clearly convey that the strategies and conditions that are implemented today will directly influence the costs of healthcare in the future, at the individual, community and societal levels. The Australian Federal Government has estimated that for

¹³ See White F., Application of Disease Etiology and National History to Prevention in Primary Care: A Discourse (2020) *Med Princ Pract* 29(6), 501-513 [Application of Disease Etiology and Natural History to Prevention in Primary Health Care: A Discourse](#) | Medical Principles and Practice | Karger Publishers and Kisling L. A., Das J. M., Prevention Strategies (2023) National Centre for Biotechnology Information [Prevention Strategies - StatPearls - NCBI Bookshelf](#)

¹⁴ Tasmanian Government Department of State Growth, Tasmania's Population Policy: Appendix – Population Strategy – Demographic Data and Related Tasmanian Government Strategies (2022) https://www.stategrowth.tas.gov.au/policies_and_strategies/populationstrategy/appendix

¹⁵ Tasmanian Government Department of Premier and Cabinet, Strong, Liveable Communities: Tasmania's Active Ageing Plan 2017-2022 (2017) https://www.dpac.tas.gov.au/_data/assets/pdf_file/0025/237184/Strong_Liveable_Communities_-_Low_Res.pdf

¹⁶ Tasmanian Government Department of State Growth, Tasmania's Population Policy: Appendix – Population Strategy – Demographic Data and Related Tasmanian Government Strategies (2022) https://www.stategrowth.tas.gov.au/policies_and_strategies/populationstrategy/appendix

¹⁷ Australian Bureau of Statistics, Chronic conditions (2018) <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/chronic-conditions/latest-release>

¹⁸ Primary Health Tasmania, Snapshot of Priority Populations in Tasmania (2024) [Snapshot-of-priority-populations-in-Tasmania.pdf](#)

every \$1 invested in preventive health today, \$14.30 is saved in healthcare and other costs in future.¹⁹

The Strategy could also identify that, although its impacts may not be immediate, the long-term economic benefit is itself an important outcome. This message could also be included in any communications strategy or educational materials developed alongside the Strategy, to help increase public awareness of the cost effectiveness of prevention.

Feedback on the proposed focus areas of the Strategy

First Focus Area: Create and strengthen safe and healthy food environments

The RACP supports the importance of the Strategy's first focus area, to create and strengthen healthy food environments. The Strategy's life course approach should emphasise the importance of nutrition in supporting healthy development from pre-conception and early childhood through to healthy aging. The Strategy and its Action Plans should include specific mechanisms to ensure healthy foods (especially vegetables, fruits and wholegrains) are the easier, more affordable and most accessible default options for all Tasmanians.

The Strategy would benefit from a stronger emphasis on the four pillars of food security, including:

- Food availability, namely sufficient supply in terms of the quantity, quality and diversity of food. This requires sustainable and productive farming practices, ethical and efficient supply chains, and the equitable and sustainable management of natural resources. The availability and utilisation of arable land, and environmental preservation and improvement, support food availability.
- Food access, building on what the Strategy already covers, to emphasise the importance of sufficient nutritious food physically, economically, geographically, and through education and knowledge.
- Food utilisation, which refers to how well a household transforms the food it accesses into the body's use and absorption of the nutrients in food. This depends on the diversity and nutrition of food within a household, food safety and preparation, storage, eating practices, food distribution, and food loss.
- Food stability, which covers having a state of ongoing food security and a socioeconomic safety net to support individuals during transitory or long-term food insecurity.²⁰

At present, the Strategy primarily focuses on food access. Access is a prominent aspect of food security, particularly for priority populations including rural and remote communities and those living below the poverty line. However, the Strategy and its Action Plans would benefit from explicitly addressing each of the four pillars of food security.

The Strategy's health-in-all policies approach should require that all relevant government agencies consider how its policies and programs impact food environments and food security. This includes considering how their respective policies or programs incentivise or disincentivise access to fresh, nutritious and affordable food, preserve arable land and food production, and enable effective supply chains and food distribution.²¹

¹⁹ Australian Government Department of Health, Health Protection, Preventive Health and Sport Budget 2023-24 <https://www.health.gov.au/sites/default/files/2023-10/health-protection-preventive-health-and-sport-budget-2023-24.pdf>

²⁰ Australian International Food Security Research Centre, Food Security and Why It Matters [Food security and why it matters | Australian International Food Security Centre](#)

²¹ See, for example, NSW Health, Healthy Built Environment Checklist: A Guide for Considering Health in Development Policies, Plans and Proposals (2020) [healthy-built-enviro-check.pdf](#)

Creating a healthy food environment requires policy interventions to limit the availability and desirability of energy-dense, nutrient-poor foods, and increase the accessibility and desirability of healthy foods. The Strategy should commit to regulating the cost of unhealthy foods to reflect the true cost to society in terms of its contribution to population ill-health and future healthcare delivery. Fresh fruits and vegetables should be subsidised and supported to maximise accessibility.

The Discussion Paper notes that the Strategy “might” commit to regulating food and alcohol marketing near settings and environments commonly accessed by children and young people, including digital environments. The regulation of advertising for unhealthy food and alcohol options should be included in the Strategy. This accords with RACP paediatricians’ longstanding calls for increased regulation of the rampant advertising of junk food to children through the [RACP’s Switch Off the Junk campaign](#).²² Note the [RACP’s recent support for the South Australian ban on junk food advertisements on public transport](#) and call for other jurisdictions to follow suit.²³ The ACT has also prohibited junk food advertising on buses.²⁴ The recent [RACP submission to the Federal Parliamentary Inquiry into Diabetes](#) has further noted the evidence linking unhealthy advertising of junk food to the obesity epidemic and called for better, fit-for-purpose advertising regulations.²⁵

The Discussion Paper aptly notes that food choices are influenced by factors such as food affordability, mental health conditions, the food choices of those around us, resource limitations, food environment changes, health and wellbeing, social influences, and motivation and preferences. The potential for the Strategy to “reduce exposure to unhealthy food and drinks” should be made into an explicit commitment to shape the advertising environment in a way that limits the oversaturation of unhealthy foods to children and adults. This should include supporting revisions to Health Star Ratings through the Food Ministers Meetings to make the system mandatory and give greater weight to sugar content.²⁶ It should also include the regulation of supermarket shelf placement, and regulation of advertising on television, social media, in the physical environment (e.g. on buses and billboards). The Strategy and Action Plans should focus on policies to improve each pillar of food security and ensure this is supported by broader policies to assist Tasmanians living in poverty, for example, policies aimed at providing housing security.

As the RACP has advocated for in its [Position Statement on Obesity](#),²⁷ optimising the food environment should also incorporate a tax on sugar-sweetened beverages (SSBs). The evidence is clear that SSBs and excessive sugar intake generally can contribute to weight gain, obesity, and a range of adverse health conditions.²⁸ The Tasmanian Government should support the imposition of a sugar tax through the Food Ministers Meeting and Health Ministers Meeting, and request that the revenue generated by an SSB tax is funnelled into preventive health initiatives nation-wide and in Australian states and territories.²⁹

²² RACP, Kids Catch Up Campaign: Switch Off the Junk <https://kidscatchup.org.au/switch-off-the-junk/>

²³ RACP, Paediatricians welcome South Australia’s junk food ads ban, call on others to follow suit (2025) <https://www.racp.edu.au/news-and-events/media-releases/paediatricians-welcome-south-australia-s-junk-food-ads-ban-call-on-others-to-follow-suit>

²⁴ The Obesity Evidence Hub, Policies to reduce children’s exposure to unhealthy food marketing (2025) [Policies to reduce children’s exposure to junk food advertising | Obesity Evidence Hub](#)

²⁵ RACP, Submission to Parliamentary Standing Committee on Health, Aged Care and Sport Inquiry into Diabetes (2023) https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-the-parliamentary-standing-committee-inquiry-into-diabetes.pdf?sfvrsn=8344d41a_4

²⁶ RACP, Position Statement on Obesity: Action to prevent obesity and reduce its impact across the life course (2018) <https://www.racp.edu.au/docs/default-source/advocacy-library/racp-obesity-position-statement.pdf>

²⁷ RACP, Position Statement on Obesity: Action to prevent obesity and reduce its impact across the life course (2018) <https://www.racp.edu.au/docs/default-source/advocacy-library/racp-obesity-position-statement.pdf>

²⁸ See RACP, Evidence Review: Action to prevent obesity and reduce its impact across the life course (2018) Appendix 1: Rationale for a tax on sugary drinks in Australia and New Zealand <https://www.racp.edu.au/docs/default-source/advocacy-library/racp-obesity-evidence-review.pdf>

²⁹ RACP, Position Statement on Obesity: Action to prevent obesity and reduce its impact across the life course (2018) <https://www.racp.edu.au/docs/default-source/advocacy-library/racp-obesity-position-statement.pdf>

Tasmania can also consider alternative mechanisms to encourage healthy consumption. Local government authorities can shape their communities in ways that limit access to fast-food outlets and enable easier access to fresh, local produce. Hospitals and schools can also support local producers by prioritising fresh, local, and primarily plant-based foods as the first or default option on menus. The current Healthy School Lunch Program³⁰ is an excellent example of a food-focused intervention which has flow-on effects for student wellbeing and learning.

Second Focus Area: Reduce and eliminate exposure to harmful products and behaviours

The RACP has long supported policies aimed at the reduction of alcohol-related harms, tobacco-related harms and gambling-related harms. Specifically, the [RACP supports the introduction of minimum unit pricing \(MUP\)](#), which sets a floor price for a defined unit of alcohol.³¹ A unit of alcohol cannot be sold for less than the minimum price as set by the state or territory. The Strategy should strongly consider the implementation of a MUP for alcoholic beverages, and other sensible interventions including restrictions on trading hours, supply reduction measures (e.g. challenging inappropriate liquor licencing or caps on the number of licenced premises in a community), funding for alcohol treatment services, policies to prevent Foetal Alcohol Spectrum Disorders (FASD) including through education to prevent FASD and provide early diagnosis and intervention, and more.³²

From a health equity lens, alcohol and other drug treatment services should also be combined with real and persistent efforts to reduce socioeconomic inequities which may be driving or contributing to alcohol or drug abuse.³³

The [RACP has also called for a whole-of-government approach to protecting young people from the harms of using tobacco and related products such as e-cigarettes](#).³⁴ The Strategy should specifically include non-nicotine containing e-cigarettes in its policy interventions and state tobacco control legislation to tighten their sale, promotion and appeal to younger generations.³⁵

The Strategy should also consider the recommendations of the [RACP Position Statement on Achieving a Health Focused Approach to Drug Policy in Australia and New Zealand](#), especially its call to implement a range of measures to reduce adverse childhood experiences and trauma in the community, and its emphasis on the need for trauma-informed, evidence-based practices.³⁶

Finally, the Strategy should recognise gambling disorder as a health priority, introduce legislation to end gambling advertisements on television and online platforms, and invest in multidisciplinary evidence-based treatment models. The RACP and Royal Australian and New

³⁰ Tasmanian Government, New schools join the Healthy School Lunch Program (2024) <https://www.premier.tas.gov.au/latest-news/2024/october/new-schools-join-the-healthy-school-lunch-program>

³¹ RACP, The high cost of cheap alcohol https://www.racp.edu.au/docs/default-source/policy-and-adv/alcohol/racp-factsheet-on-minimum-unit-pricing-on-alcohol.pdf?sfvrsn=d4f8f71a_10

³² RACP and the Royal Australian and New Zealand College of Psychiatrists, Alcohol Policy (2016) [The RACP and RANZCP Alcohol Policy](#)

³³ RACP, Submission to the Australian Parliamentary Inquiry into the health impacts of alcohol and other drugs in Australia (2024) [RACP Submission to the Australian Parliamentary Inquiry into the health impacts of alcohol and other drugs in Australia](#)

³⁴ RACP, Submission to the Draft National Tobacco Strategy 2022-2030 (2022) [RACP Submission to the Draft National Tobacco Strategy 2022-2030](#)

³⁵ RACP, Submission to the Draft National Tobacco Strategy 2022-2030 (2022) [RACP Submission to the Draft National Tobacco Strategy 2022-2030](#)

³⁶ RACP, Position Statement: Achieving a health-focused approach to drug policy in Australia and Aotearoa New Zealand (2024) [Position Statement – Achieving a health focused approach to drug policy in Australia and Aotearoa New Zealand](#)

Zealand College of Psychiatrists have significant expertise in this area, having recently released a [joint position statement on prevention and treatment of gambling-related harm](#).³⁷

Third Focus Area: Improve our environments for health and wellbeing

The focus on environmental health is important, especially the vision for safe and accessible public transport and walking and cycling infrastructure in Tasmania to connect people to amenities, public spaces and cultural facilities. This focus should be strengthened in the Strategy through specific commitments and policy interventions that reshape built environments to support population-wide health.

Accessible public transportation, urban planning, active transport and active recreation are key mechanisms³⁸ to shape the urban environment in a way that makes it viable for individuals to make healthier choices as part of everyday living. The Strategy should prioritise walkability (including safe, well-maintained and well-lit sidewalks, pedestrian crossings and walking trails), bike-ability, tree canopy cover,³⁹ as well as well-designed and easily accessible parks, schools, grocery stores, farmers' markets, community gardens, workplaces, libraries, gyms, sport centres and most of all, health care services and professionals. Consideration should be given to implementing mechanisms that would make pools, gyms, sports and other exercise-based recreational activities cheaper and more accessible to the public. These interventions can discourage sedentary lifestyles and promote active living and social cohesion. Access to health clinics and pharmacies promotes early detection and prevention.

As part of the commitment to a health-in-all-policies approach,⁴⁰ the Strategy and its Action Plans should outline actions focused on promoting physical activity, active transport, use of public transport, affordable and accessible housing, access to education and employment opportunities, as well as quality safe, open and green/blue spaces.⁴¹

The Strategy should explicitly acknowledge the need to design and build homes and workplaces that are resilient to climate change, making them more energy efficient and affordable to heat and cool. The Tasmanian Government can influence standards for housing design in a way that promotes health. Achieving this requires cross-government action and a commitment to implementing a health in all policies approach, which should be clearly embedded in the Strategy and its Action Plans. The Better Placed initiative in New South Wales is an example of a Department of Planning policy that centres health in planning policy.⁴²

The third focus area should be expanded to include the elimination of harmful exposures. This includes reducing exposure to biological and chemical agents, airborne allergens, air pollution, water pollution, noise pollution, heavy metal soil contamination and other land contamination, and more.⁴³ It should also be broadened to include not only the improvement of our existing environment but also its protection. Tasmania's natural landscape is precious to the mental and physical wellbeing of many Tasmanians, including Aboriginal and/or Torres Strait Islander

³⁷ RACP and the Royal Australian and New Zealand College of Psychiatrists, Joint Position Statement: Prevention and treatment of gambling-related harm (2024) [Position Statement on Prevention and Treatment of Gambling Related Harm](#)

³⁸ RACP, Position Statement on Obesity: Action to prevent obesity and reduce its impact across the life course (2018) <https://www.racp.edu.au/docs/default-source/advocacy-library/racp-obesity-position-statement.pdf>

³⁹ Feng, X. Navakatikyan, M., Eckermann, S. and Astell-Burt, T. (2024) Show me the money! Associations between tree canopy and hospital costs in cities for cardiovascular disease events, Environment International, Vol 185 (March) <https://www.sciencedirect.com/science/article/pii/S0160412024001442?via%3Dihub>

⁴⁰ RACP, Health in All Policies Position Statement (2016) [health-in-all-policies-position-statement.pdf](#)

⁴¹ See, for example, NSW Health, Healthy Built Environment Checklist: A Guide for Considering Health in Development Policies, Plans and Proposals (2020) [healthy-built-enviro-check.pdf](#)

⁴² NSW Planning, Better Placed: An integrated design policy for the built environment of New South Wales (2023) [Better Placed](#)

⁴³ See, for example, RACP and the Australian Faculty of Occupational and Environmental Medicine, Environmental Medicine Working Group Review Paper (2012) https://www.racp.edu.au/docs/default-source/about/afoem/afoem-environmental-medicine-working-group-review-paper.pdf?sfvrsn=4ea12c1a_4

people. Adding “protection” makes it clear that the preservation of the environment is an important enabler of good health.

It is commendable that the Discussion Paper’s third focus area explicitly acknowledges the importance of addressing climate change through Tasmania’s Climate Change Action Plan,⁴⁴ and recognises the deep knowledge and leadership of Tasmanian Aboriginal peoples in caring for Country through sustainable environmental management practices.

Action on climate change, including decarbonising the health system and building its climate resilience, is an important means of safeguarding population health. Climate change contributes to the preventable disease burden including heat stress illnesses, cardiovascular disease, infectious gastrointestinal disease, physical trauma, malnutrition, psychological stress, vector-borne disease, and other epidemic illness.⁴⁵ Tasmania is also impacted by environmental degradation and biodiversity loss, including the impacts of native forest logging and the declining health of coastal ecosystems.⁴⁶ These changes have flow-on effects on access to food and water, air and water quality, and social displacement, which in turn influence physical and mental health and wellbeing.

The [RACP’s Position Statement on the Health Benefits of Mitigating Climate Change](#) outlines key mitigation strategies to reduce greenhouse gas emissions and outlines the evidence supporting the link between those strategies and improved health outcomes.⁴⁷ Healthcare systems must also be sustainable and climate resilient to meet future health needs.⁴⁸ Adequately mitigating climate change should be a key enabler of the Strategy.

Greater emphasis is also needed in the Strategy on adaptation to the inevitable health impacts of climate change. While the Discussion Paper includes important adaptation related actions such as promoting food security and active transport, it does not adequately address the need for infrastructure and services to protect vulnerable populations from extreme weather events. This includes planning for and investing in facilities that provide safe shelter during heatwaves, floods, and storms. Strengthening the health system’s climate resilience must include both mitigation and comprehensive adaptation measures to ensure equitable protection for those most at risk.

Fourth Focus Area: Strengthen prevention across the life course

The RACP strongly supports Discussion Paper’s emphasis on a life course and holistic approach to health and wellbeing in Tasmania, including its recognition of the impact of mental health, psychosocial supports, and loneliness on health outcomes.

While the fourth focus area briefly addresses the influence of early childhood on health and development, there is an opportunity to significantly expand and strengthen this focus.⁴⁹ It is important for the Strategy to address the issue of developmental vulnerability and

⁴⁴ Renewables, Climate and Future Industries Tasmania, Climate Change Action Plan 2023-25 (2024) https://recfit.tas.gov.au/what_is_recfit/climate_change/action_plan

⁴⁵ RACP, Climate Change and Health Position Statement (2016) https://www.racp.edu.au/docs/default-source/advocacy-library/climate-change-and-health-position-statement.pdf?sfvrsn=5235361a_10

⁴⁶ See Tasmanian Planning Commission, State of the Environment Report 2024 (2024) <https://www.planning.tas.gov.au/other-resources/state-of-the-environment/state-of-the-environment-report-2024>

⁴⁷ RACP, The Health Benefits of Mitigating Climate Change Position Statement (2016) https://www.racp.edu.au/docs/default-source/advocacy-library/health-benefits-of-mitigating-climate-change-position-statement.pdf?sfvrsn=3d34361a_10

⁴⁸ RACP, Environmentally Sustainable Healthcare Position Statement (2016) https://www.racp.edu.au/docs/default-source/advocacy-library/environmentally-sustainable-healthcare-position-statement.pdf?sfvrsn=2834361a_9

⁴⁹ RACP, Submission on the Draft National Preventive Health Strategy (2021) https://www.racp.edu.au/docs/default-source/advocacy-library/submission-on-the-draft-national-preventive-health-strategy.pdf?sfvrsn=a407ff1a_4

developmental and behavioural problems and their impact on health.⁵⁰ This is particularly the case given the 20-year time horizon of this Strategy.

The [RACP submission to the recent Tasmanian Inquiry into the Assessment and Treatment of Attention-Deficit/Hyperactivity Disorder \(ADHD\) and Support Services](#)⁵¹ provides expert advice on the importance of supporting children's developmental outcomes, and the importance of early intervention.⁵² The [RACP Position Statement on the Importance of the Early Years](#)⁵³ highlights that investing in the early years is a cost-effective means of tackling long-term health conditions and health inequity.

A stronger focus on children's health in the Strategy would align with the life course approach in this focus area, and support prevention from as early as pre-conception. Given Tasmania's declining birth rate which has fallen from 2.0 births per woman in 2013 to 1.51 in 2023,⁵⁴ the Strategy should prioritise investment in promoting the health and wellbeing of children and families in Tasmania to ensure long-term population health and sustainability.

RACP members report that the most common conditions they treat in children facing adversity in Tasmania are developmental and mental health related. There is a need to provide greater support for struggling families, and to strengthen child safety services when families cannot provide a safe environment. The Strategy must also outline a preventive approach that addresses the social determinants of health and ensures children and families have the conditions necessary for healthy development and wellbeing.

Additionally, the fourth focus area briefly addresses the importance of prioritising immunisation in Tasmania. This section would benefit from acknowledging the post-COVID-19 context of immunisation, where vaccine misinformation, disinformation, hesitancy and fatigue are increasing prevalent. The Strategy and its Action Plans should directly address these challenges and work to overcome barriers to immunisation, especially barriers related to access and misinformation. This is one of many areas in preventive health where RACP members can offer expert advice to Government, particularly where the RACP is currently undertaking work on an updated position statement on immunisation.

Fifth Focus Area: Take a health equity approach

The RACP strongly supports the health equity approach outlined in the fifth focus area. Given its critical importance for Tasmania, the RACP recommends that healthy equity should be the Strategy's first focus area. Compared to the rest of Australia, Tasmania has the lowest proportion of people living in the most advantaged areas (4.6%) and the highest proportion of people living in the most disadvantaged areas (37%).⁵⁵ Health inequity in Tasmania results in a social gradient whereby poorer, disadvantaged populations experience worse outcomes.⁵⁶

In addition to health equity being a focus area of the Strategy, the RACP considers that health equity should also be a core principle that underpins every aspect of the Strategy. A health equity lens should include a focus on improving the health and wellbeing of Aboriginal and

⁵⁰ RACP, Submission on the Draft National Preventive Health Strategy (2021) https://www.racp.edu.au/docs/default-source/advocacy-library/submission-on-the-draft-national-preventive-health-strategy.pdf?sfvrsn=a407ff1a_4

⁵¹ Parliament of Tasmania, Inquiry into the assessment and treatment of ADHD and support services <https://www.parliament.tas.gov.au/committees/house-of-assembly/standing-committees/government-administration-committee-b/inquiries/inquiry-into-assessment-and-treatment-of-adhd-and-support-services>

⁵² RACP, Submission to Standing Committee on Government Administration B's Inquiry into the assessment and treatment of ADHD and support services (2024) [RACP submission](#)

⁵³ RACP, Early Childhood: The Importance of the Early Years Position Statement (2019) <https://www.racp.edu.au/docs/default-source/advocacy-library/early-childhood-importance-of-early-years-position-statement.pdf>

⁵⁴ Australian Bureau of Statistics, Births, Australia (2024) [Births, Australia, 2023 | Australian Bureau of Statistics](#)

⁵⁵ Australian Bureau of Statistics, Census of Population and Housing: Reflecting Australia – Stories from the Census, Socio-Economic Advantage and Disadvantage (2016) [2071.0 - Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016](#)

Torres Strait Islander Tasmanians, as well as priority population groups including Tasmanians living in poverty or facing socioeconomic disadvantage, children, older Tasmanians, and Tasmanians who live in rural and remote areas.

Aboriginal and Torres Strait Islander knowledge and leadership must inform a health equity approach and underpin the Strategy.⁵⁷ This will increase cultural safety and community-led input into the Strategy and ensure that the Strategy learns from Aboriginal and Torres Strait Islander perspectives on the interaction between health, relationships, community, kin and Country.

It is encouraging to see that the role of culture in health is addressed as part of the health equity focus area, and to see a strong focus on the cultural health and wellbeing of Aboriginal and Torres Strait Islander peoples in Tasmania. The Strategy should continue the Discussion Paper's focus on the cultural determinants of health. In particular, the Strategy should commit to the following suggestions outlined in the Discussion Paper:

- Empower Aboriginal and Torres Strait Islander communities to develop their own solutions and decision-making.
- Acknowledge the strength of Aboriginal peoples in Tasmania and their way of knowing and doing, including following through on the Tasmanian Government's responsibilities under the National Agreement on Closing the Gap.⁵⁸
- Continue the work and the outcomes of the *Improving Aboriginal Cultural Respect Across Tasmania's Health System – Action Plan 2020-2026*.⁵⁹

The Strategy should also commit to and expand on the proposed actions outlined in the Discussion Paper relating to universal health care, the improvement of health literacy, improvement of access to timely and quality care, improvement of access to equitable services and infrastructure (including in relation to infrastructure that supports Tasmanians living with disabilities), policies to improve educational attainment, and policies to improve employment opportunities and financial security.

Feedback on the proposed enablers of the Strategy

The RACP supports the proposed enablers outlined in the Discussion Paper, including the commitment to a whole-of-government and whole-of-community approach in Enabler 1. The Strategy should explicitly include a health-in-all-policies approach as part of this enabler.

In relation to Enabler 4, robust accountability mechanisms over the length of the Strategy will be critical to its success. Regular, transparent progress reporting should be embedded as a core component of Enabler 4. The frequency of reporting and its link to the Action Plans should be clearly defined in the final Strategy and should be at least biannual. This will ensure progress is tracked, responsibilities are upheld, and the Strategy remains focused and effective over time.

The siloed and centralised nature of service delivery in Tasmania, combined with governance and regional workforce challenges, often hinders timely and appropriate care for those most in need. The enablers of the Strategy must support service delivery in local communities

⁵⁷ See RACP, Aboriginal and Torres Strait Islander Health Position Statement: The RACP's role in improving Aboriginal and Torres Strait Islander Health (2018) [racp-2018-aboriginal-and-torres-strait-islander-health-position-statement.pdf](#)

⁵⁸ See Australian Government Department of Health and Aged Care, National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care (2025) <https://www.health.gov.au/topics/aboriginal-and-torres-strait-islander-health/reporting/nkpiis>

⁵⁹ Tasmanian Government Department of Health, Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020-2026 (2021) https://www.health.tas.gov.au/sites/default/files/2021-12/Improving_Aboriginal_Cultural_Respect_Across_Tasmania%27s_Health_System_Action_Plan_2021-2026.pdf

wherever possible to improve accessibility, reduce costs, and minimise travel-related emissions and congestion.

The RACP notes that funding for innovative programs is often too short-term to deliver the lasting, generational change required. Insecure funding models also contribute to high staff turnover, as skilled professionals seek alternative ongoing employment, which can undermine the effectiveness of these programs. Funding for the Strategy must therefore be dedicated, sustainable, and guaranteed. This funding must be protected over the next two decades and across a changing political, social and economic landscape to enable the Strategy to achieve its vision. This is contemplated in Enabler 2 and is the major focus of Enabler 3. It is essential to include the commitment to “enable long-term funding cycles to facilitate consistency, sustainability, and quality improvement” from Enabler 3 in the final Strategy and to outline the approach to do so.

Enabler 7 appropriately recognises the importance of building a skilled workforce to advance preventive health in Tasmania. Addressing workforce shortages and maldistribution is essential to achieving this goal. The Strategy plays a critical role in managing future workforce pressures and has the potential to drive long-term cost savings across the health system. To secure clinician engagement and ensure sustainable impacts and lasting improvements, the Strategy must address the workforce challenges unique to Tasmania. This includes targeted investment in a strong public health workforce, particularly given that Tasmania currently has only 18 active public health specialists.⁶⁰

Enabler 8 focuses on consumer and community empowerment in order to drive impactful research and prevention. Two proposed key actions which should be included in the final Strategy are to “support Tasmanians to prioritise and manage their own health and that of their loved ones”, and to “provide capacity building to improve the skills and confidence of community to actively and safely participate in decision-making processes”. Building individual capacity to make health-conscious decisions should be a central focus of this enabler. This can be achieved through system, government, and environmental changes that support and enable healthy choices. It is also an opportunity to prioritise education and empowerment, particularly for priority populations. The Strategy should focus on improving health literacy to promote informed health behaviours and highlight the value of prevention at both individual and government levels. Education efforts must aim to support long-term behavioural change and give individuals greater ownership of their health, alongside system-wide reforms that make healthy choices accessible and achievable.

Closing Comment

We welcome the consideration of the RACP’s recommendations and look forward to working together to strengthen preventive health in Tasmania.

For further information or to engage with the RACP, please contact Madelyn Smith, Senior Policy and Advocacy Officer or Jessica Falvey, Policy and Advocacy Officer, of the RACP Policy and Advocacy team via policy@racp.edu.au.

We look forward to hearing from you and working further with the Tasmanian Government on these and other important healthcare issues.

⁶⁰ Internal RACP data, Australasian Faculty of Public Health Medicine as at 14 May 2025.