

27 February 2026

Dale Webster
Secretary Department of Health
GPO Box 125
HOBART TAS 7001
By email to: consultation@health.tas.gov.au

Dear Secretary,

Re: The Health Revolution – 20-Year Preventive Health Strategy

I welcome the opportunity to provide comment on the exposure draft of *The Health Revolution – 20-Year Preventive Health Strategy* (the draft strategy).

The commitment to a preventive health strategy with a lifespan of 20 years represents an incredible opportunity to develop and deliver a positive and long-term approach to supporting the physical, mental, emotional and social well-being of all Tasmanians, including children, infants and future generations.

A bold preventive health strategy must recognise that preventive health is about far more than preventing disease.¹ Rather, as the draft strategy acknowledges, it is about shaping everyday environments to provide every Tasmanian with the opportunity to flourish. Aspects of prevention rely on the effectiveness of our health system, certainly, but also on the cohesion and health of our natural environment, our water, our climate, our roads, our public spaces, and our local communities. Simply put, our preventive health strategy requires a whole-of-Tasmania approach.

We therefore need a preventive health strategy that truly realises the revolutionary scale of its ambition, is inclusive, future-focused and appropriately resourced. We already know the social and financial costs of late intervention, not only in the health sector, but also in our child safety, out-of-home care, youth justice and education systems. It is important then that we are clear on our goals – what and how we will do better for all children (and those who care for them) – while also empowering them, through improved health literacy and participation, as developing experts in their own lives.

¹ World Health Organisation (WHO) *Constitution* (22 July 1946), accessed 26 February 2026
<<https://www.who.int/about/governance/constitution>> Note: in the preamble, the WHO defines health as: “[a] state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.



I understand that extensive statewide consultation has been undertaken to inform the development of the draft strategy involving engagement with several individual experts, organisations and community members (including young Tasmanians).² However, their contributions and priorities remain largely opaque in the draft strategy as presented.

While the final strategy should rightly be a whole-of-government imperative,³ it should not be created to be owned by government alone; rather, it must be a whole-of-community strategy, for all Tasmanians, including children and young people, to rally behind. While I have confidence this is the intention of the draft strategy, for Tasmanians generally to also have confidence that the strategy is informed by, and to be owned by, the broader community, it must clearly acknowledge, engage with and respond to the voices of individuals, community groups and organisations consulted.

Following review of the draft strategy, I am left with questions about its status and that of the associated action plans, and it is difficult to make detailed comment in the absence of key information, including data, clear policy directions, targets, accountabilities and the evaluation and learning framework mentioned in passing in the draft. Through engagement with the project team, my office received a suite of supplementary documents providing significantly more information about the five “pillars” in the draft strategy. However, the status of those documents is ambiguous, and it is not entirely clear to me how some or all of the information contained in those supplementary documents will be reflected in the final strategy and action plans, if it is included at all.

Furthermore, the draft strategy demonstrates limited awareness of or interaction with current preventive health strategies (including the *National Preventive Health Strategy 2021-2030*) and limited or no apparent connection with existing Tasmanian health strategies,^{4,5} or reviews⁶ already intended to contribute to better health outcomes for Tasmanians.⁷ This

² Tasmanian Government, [20-Year Preventive Health Strategy round 1 consultation summary report](#) (October 2022)

³ Tasmanian Government [The Health Revolution: 20-Year Preventive Health Strategy exposure draft 2026-2046](#) (17 December 2025) ('Preventative Health Strategy') p7

⁴ Department of Health *Healthy Tasmania Five-Year Strategic Plan 2022-2026* (March 2022) <https://www.health.tas.gov.au/sites/default/files/2022-03/Healthy_Tasmania_Five-Year_Strategic_Plan_2022%E2%80%932026_DoHTasmania2022.pdf>

⁵ Department of Health *Strategic Priorities to enhance health services for children and young people including decreasing sub-specialty paediatric waiting lists 2025* (Report, November 2025), <https://www.health.tas.gov.au/sites/default/files/2025-11/strategy_to_reduce_sub-specialty_paediatric_waiting_lists_0.pdf>. Interestingly, this strategic priorities document includes reference to development of a 20-year health preventive health strategy that focuses on children and young people. It notes at page 15 that the first action plan under the preventive health strategy, “will focus on prevention from the social determinants of health and current risk factors, through to primary and secondary prevention, and will consider a range of focus areas around health literacy and education, early intervention and screening, and mental health and wellbeing”.

⁶ See Jose K., et al., 'Healthy Tasmania Five-Year Strategic Plan Research and Evaluation. Report 2: Interim (2024) *Menzies Institute for Medical Research, University of Tasmania* <https://www.health.tas.gov.au/sites/default/files/2024-12/utas_menzies_healthytas_interim_report_2024_web_0.pdf>

⁷ I acknowledge that the draft strategy indicates a review of current policies will form a part of Action Plan 1 2026-2030 (page 30). I also support ongoing work during the life of the strategy to ensure it supports a joined-up approach, serves to fill current or emergent gaps, and helps to reduce fragmentation of effort across government and community service delivery.



strategy should clearly articulate how it will ‘shift the dial’ in conjunction with others (or where others have not).

There is little, if any, discussion about budget and funding allocation for preventive health measures to achieve any goals set through the strategy. The Tasmanian Government should match or improve on the commitment made in the *National Preventive Health Strategy 2021-2030*⁸ to increase investment in preventive health to 5% of total health expenditure across state and territory governments by 2030.

While not intended to be exhaustive, I also take the opportunity to suggest consideration of the following three ideas as work progresses to further develop the draft strategy. First, the strategy should be grounded in child-rights principles; second, the strategy should reframe health literacy as an enabler, not as a “sub-pillar”; and third, the strategy should recognise and facilitate ongoing collaboration with local and national expert stakeholders, including those in the fields of children’s and public health.⁹ Together, these changes will help ensure the Tasmanian community can have confidence in the rigour and appropriateness of the strategy as a response to local health challenges and opportunities. Each of these suggestions are discussed further below.

Respecting, protecting and fulfilling the rights of children

Maximising the well-being of children through positive health strategies is our civic and moral duty. A bold long-term preventive health strategy must seek to actively create the conditions in which Tasmanian children can thrive.

When we make smart early investments into the health and well-being of children and young people, Tasmanian communities reap the rewards. Whether through direct provision, or by facilitating access to various health resources¹⁰ - such as Child and Family Learning Centres established to “partner with families and communities to improve the health, well-being and learning of children from pregnancy to five years”¹¹ – we can reduce healthcare costs, while improving economic¹², educational and other wellbeing outcomes for young Tasmanians.

To ensure the Tasmanian Government further realises its obligation to respect, protect and fulfil the rights of every young Tasmanian,¹³ it should work to develop a coherent preventive, and holistic¹⁴ health strategy that is informed by, and upholds, the rights of children. Under

⁸ Commonwealth of Australia as represented by the Department of Health (2021) (page 9) https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf

⁹ Committee on the Rights of the Child *General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)* (CRC/C/GC/15, 17 April 2013) (*General Comment No 15*) para 4.

¹⁰ *General Comment No 15* (n 7) para 71

¹¹ Department for Education, Children and Young People *Child and Family Learning Centres (CFLCs)* (Webpage, 28 May 2025) accessed 24 February 2026 <<https://www.decyp.tas.gov.au/learning/early-years/child-and-family-learning-centres-cflcs>>

¹² Anathapavan J et al., *Prevention Pays: Investing in Australia’s health and economic future* Australian and New Zealand Journal of Public Health 49(6) <<https://doi.org/10.1016/j.anzjph.2025.100283>> accessed 19 February 2026

¹³ Commissioner for Children and Young People (Tas) *Making Rights Real* (Conceptual Plan, 2025) (*Making Rights Real*) <<https://childcomm.tas.gov.au/everyone/major-programs/making-rights-real>>

¹⁴ *General Comment No 15* (n 7) para 2



the [United Nations Convention on the Rights of the Child](#) (UNCRC) each Tasmanian child,¹⁵ without discrimination,¹⁶ has the right to access the highest standard of health, disease screening and prevention, and timely access to intervention.¹⁷ Further, the UNCRC states that health, including preventive health, is not a question of survival, but requires positive actions made in the best interests of children,¹⁸ to ensure they thrive physically, cognitively, and socially.¹⁹

Despite typically being healthy, children continue to experience high levels of potentially preventable hospitalisations (see 'Data Snapshot' below), signalling the ongoing need for early and ongoing preventive health strategies. As children grow, they experience different developmental milestones that build upon previous stages and influence their health trajectories.²⁰ The strategy should explicitly recognise how failure to allocate sufficient resources in preventive health programs for children may translate into broader, life-long health challenges later in life.

Data Snapshot

- According to the Australian Institute of Health and Welfare, around 1 in 17 hospitalisations across Australia in 2022-2023 were considered preventable²¹ for a range of reasons.
- Young Australians age 5-9 show the highest rate of potentially preventable hospitalisations due to dental conditions with 12.1 (per 1,000 potentially preventable hospitalisations) recorded in 2023-2024.²²
- According to annualised data between October 2024 and September 2025, between 83.5% (Meander-Valley / West Tamar) and 96.1% (Brighton) of 1 year-old Tasmanians were fully immunised according to national immunisation schedules.²³

The strategy should embed the principles of the UNCRC by positioning children's rights as the foundation for policy development, rather than as supplementary considerations. A strong, evidence-informed, long-term preventive health strategy would give Tasmania the

¹⁵ United Nations Convention on the Rights of the Child Article 1: Definition of a Child

¹⁶ United Nations Convention on the Rights of the Child Article 2: Non-Discrimination

¹⁷ United Nations Convention on the Rights of the Child Article 24: Health, Water, Food and Environment

¹⁸ United Nations Convention on the Rights of the Child Article 3: Best Interests of Children

¹⁹ *General Comment No 15* (n 7) para 12

²⁰ *General Comment No 15* (n 7) para 20

²¹ Australian Institute of Health and Welfare, *Potentially preventable hospitalisations in Australia by small geographic areas: 2017-28 to 2022-23* (Report, 28 May 2025) accessed 13 February 2026 <<https://www.aihw.gov.au/reports/primary-health-care/potentially-preventable-hospitalisations-2017-2023/contents/potentially-preventable-hospitalisations>>

²² The AIHW defines three broad categories of potentially preventive hospitalisations including: vaccine preventable, acute conditions where earlier non-hospital intervention may have reduced the need for hospitalisation, and chronic conditions where appropriate behaviour modification and / or lifestyle changes and timely non-hospital care work to prevent deterioration and reduce likelihood of hospitalisation <<https://www.aihw.gov.au/hospitals/topics/admitted-patient-safety-and-quality/potentially-preventable-hospitalisations>>

²³ Australian Government Department of Health, Disability and Ageing *TAS childhood immunisation coverage data by SA3* (Webpage), accessed 26 February 2026 <<https://www.health.gov.au/resources/publications/tas-childhood-immunisation-coverage-data-by-sa3?language=en>>



platform to progressively fulfil obligations under the UNCRC, while maximising the developmental potential of every child. By embedding supports for healthy behaviours through programs to boost health literacy from the earliest years, and ensuring systems can identify and respond to issues identified early in life and early in the emergence of a problem, Tasmania could raise a generation that is the strongest, smartest, and healthiest in Australia.

Children and young people, under the UNCRC, have a right to express their views freely in all matters affecting them and have their views given due weight²⁴; they also have the right to seek, receive and impart information and ideas of all kinds.²⁵

I understand from officer level discussions that children and young people are considered a priority population in the current phase of consultation on the draft strategy. It is encouraging to hear that young Tasmanians will have an opportunity to provide specific feedback on the draft strategy. This is also a positive step toward ensuring the rights of children and young people will be further considered in the draft strategy as it develops.

However, children and young people are currently not included as a cohort in the section titled 'Who do we need at the table and who will do what'.²⁶ A child-rights respecting strategy that is accountable to those it is intended to benefit, would include commitments to ongoing communication and consultation, opportunities for participation, and incorporation of feedback received from children and young people. I encourage establishment of ongoing engagement mechanisms for children and young people as experts in their own lives, guided by child rights-based²⁷ and child-centred²⁸ participation processes.

Improving Tasmania's health literacy is central to enabling health prevention

Health literacy is an important determinant of health, playing an essential role in the health-related behaviours of Tasmanians and the way in which they interact with their health care and associated systems. The World Health Organisation (WHO) defines health literacy as:

*"...representing the personal knowledge and competencies that accumulate through daily activities, social interactions and across generations. Personal knowledge and competencies are mediated by the organisational structures and availability of resources that enable people to access, understand, appraise, and use information and services in ways that promote and maintain good health and well-being for themselves and those around them."*²⁹

Naturally, this definition applies to the needs of all Tasmanians, regardless of age.

²⁴ United Nations Convention on the Rights of the Child Article 12: Respect for Children's Views

²⁵ United Nations Convention on the Rights of the Child Article 13: Sharing Thoughts Freely

²⁶ *Preventative Health Strategy* (n 2) p39

²⁷ Australian Human Rights Commission *Children's right to participate* (Webpage, 27 March 2025) accessed 26 February 2026 <<https://humanrights.gov.au/resource-hub/by-resource-type/publications/children-and-youth-rights/guides/the-right-to-be-heard>>

²⁸ Queens University Belfast *Enabling the Meaningful Participation of Children and Young People Globally: The Lundy Model* (Webpage) accessed 26 February 2026 <<https://www.qub.ac.uk/Research/case-studies/childrens-participation-lundy-model.html>>

²⁹ World Health Organisation *Health Promotion Glossary of Terms 2021* (Webpage) accessed 13 February 2026 <<https://iris.who.int/server/api/core/bitstreams/96da8799-4938-4d66-b171-04770ed4b243/content>>



Health Literacy in Younger Australians

According to the ABS Health Literacy Survey (2021)³⁰, young people³¹ say they have sufficient information to manage their own health, however the survey goes on to show that around 1 in 5 young people don't feel confident appraising health information. This indicates that access to health information alone is not enough. Instead, we must do more to assist young Tasmanians as well as their parents and their communities to develop their skills to engage with health information and empower them to make choices that support their health.

When individuals have increased health literacy, they are better equipped to navigate complex systems, are more likely to make appropriate decisions and establish preventive behaviours and take steps to address the determinants of health (see 'Health Literacy in Younger Australians' above). These links have been discussed by the World Health Organisation which stated:

"...improving people's access to understandable and trustworthy health information and their capacity to use it effectively, health literacy is critical to both empowering people to make decisions about personal health, and in enabling their engagement in collective health promotion action to address the determinants of health"³².

In the draft strategy, health literacy is positioned as a "sub-pillar" under the broader pillar of "Healthy foundations and equity."³³ However, given its critical role in shaping how children, families, communities, and systems understand, access, and act on health information, health literacy should be reframed as a key 'enabler' across all domains of planning and action. Elevating health literacy to this level would reflect its function in addressing the determinants of health, and demonstrate that improving it requires co-ordinated commitment from policy makers, governments, organisations, and the community, and not only from individuals navigating the health system.³⁴

Utilising and acknowledging experts will build community confidence

Developing a 20-year preventive health strategy is a rare opportunity where a government can shift from reactive policy to bold, forward-looking action that strengthens the foundations of well-being for all Tasmanians. By inviting collaboration across the whole community, and

³⁰ Australian Institute of Health and Welfare *Australia's youth: Health Literacy* (Webpage, 25 Jun 2021) accessed 13 February 2026 <<https://www.aihw.gov.au/reports/children-youth/health-literacy-for-young-people>>

³¹ These questions were asked of young people 18-24 at time of responding.

³² World Health Organisation (WHO) *Health Literacy* (Webpage, 22 December 2025) accessed 13 February 2026, <<https://www.who.int/news-room/fact-sheets/detail/health-literacy>>

³³ *Preventative Health Strategy* (n 2) p25

³⁴ World Health Organisation (WHO) *Health Literacy* (Webpage, 22 December 2025) accessed 13 February 2026, <<https://www.who.int/news-room/fact-sheets/detail/health-literacy>>



ensuring the voices of young Tasmanians are central in creating and adopting change, we can improve outcomes for all, and build a healthier Tasmania for generations to come.

As mentioned, while I am aware there has been considerable consultation with the Tasmanian community, it is not entirely clear how their specific contributions have been woven into, and have informed, the draft strategy as currently presented. This could be remedied through the inclusion of appropriate referencing in support of assertions made through the draft strategy.

Similarly, while the document refers to the examination of relevant data, there is no summary of, or reference to, what this data might be, what goals might appropriately be set, and how expertise (including lived and living expertise) will contribute to the evaluation and continual monitoring of progress through the life of the strategy as a result.

Conclusion

I encourage the Tasmanian Government to further the rights of children and young people, through the development of a preventive health strategy that is child rights-based³⁵ and informed by child-centred principles.³⁶

Listening to and acting upon the things that children and young people tell us are important is fundamental to upholding their rights. It is also fundamental to tackling complex problems that affect our entire community. That which impacts upon childhood reaches far into adulthood.

Now, more than ever, the Tasmanian Government must act to ensure that the processes and practices of government agencies, non-government organisations generally funded by government, and the broader Tasmanian community, are resourced and supported to uphold the rights of children and young people.

I would welcome future conversations and opportunities to review and provide feedback on materials as your department continues with the drafting of this important strategy.

Yours sincerely

Isabelle Crompton

Interim Commissioner for Children and Young People

cc: *The Hon Bridget Archer MP, Minister for Health, Mental Health and Aging*

cc: *The Hon Jo Palmer MLC, Minister for Children and Youth*

³⁵ *Making Rights Real* (n 11) see section 3.1 for a general overview of child-rights based approaches

³⁶ *Making Rights Real* (n 11) see Information Box 1 (p18) for information on child-centred approaches