

Submission:

20-Year Preventive Health Strategy (Exposure Draft)

1. About COTA Tasmania

The Council on the Ageing (Tas) Inc (COTA Tasmania) is the state peak body representing older Tasmanians. We are an independent, not-for-profit organisation working with and for older people, and with the wide range of organisations that support them.

For more than 60 years, we have been the leading voice for older Tasmanians, promoting positive attitudes to ageing, advancing social inclusion, and championing the rights, interests, and value of people as they age.

We listen to the experiences of older Tasmanians, analyse emerging issues, and provide independent advice to Government, service providers, and the broader community.

COTA Tasmania works across three main areas:

- policy and advocacy,
- information and education, and
- community programs and partnerships.

2. Why this matters

Tasmania's demographics make prevention policy unusually consequential – and, as a result, “healthy ageing” must be central to the success of a 20-year preventive health strategy.

Tasmania has the oldest population profile in Australia, and population ageing will shape health demand and wellbeing outcomes for decades. ⁱ

At the 2021 Census, Tasmania's median age was 42 years, around four years older than the national median, and the population profile is projected to continue to age over time. In 2023, around 21% of Tasmanians were aged 65 and over - a much larger share than in most jurisdictions. ⁱⁱ

This is not a marginal issue: around one in five Tasmanians are aged 65 and over, and this share is growing. Older Tasmanians are diverse, including older Aboriginal Tasmanians and many older people born overseas. Their needs, strengths and risks are not captured by a single “65+” label.

An ageing population is not just about increasing service demand; it is about how people live. Preventive health settings that support mobility, social connection, confidence, safe and age-friendly public spaces, accessible transport, and navigable services are the difference between older Tasmanians remaining well and independent, or experiencing avoidable deterioration that increases acute demand and costs.

For this Strategy to succeed, the implementation architecture must ensure that older people are both visible and measurable.

If outcomes are reported only at whole-population level (or in a single “65+” bucket), Tasmania risks missing the very cohort whose experiences will most shape the State’s health and wellbeing outcomes over the next two decades.

A strong, age-aware prevention agenda will benefit everyone: it supports healthier communities, reduces avoidable harm, and helps keep health services sustainable.

3. Overall position

COTA Tasmania welcomes the exposure draft of Tasmania’s 20-Year Preventive Health Strategy and strongly supports the intent to shift the system toward planning for wellness, not just responding to illness. We also welcome the commitment to implement the Strategy through rolling four-year action plans, commencing from 1 July 2026.

COTA’s central message is that healthy ageing must be hardwired into the Strategy’s implementation architecture - governance, funding, action plans, reporting, and community engagement - not added as a discrete program at the margins. Tasmania’s demographic profile makes this essential to the Strategy’s success.

We support the Strategy’s broad framing across the determinants of health, and we encourage Government to strengthen the delivery test: stable funding, clear cross-portfolio accountability, measurable targets, and transparent public reporting.

COTA also welcomes the move toward a more action-oriented implementation approach for healthy ageing. In this submission, we focus on the healthy ageing action areas that should be prioritised early, the critical design elements needed to make them effective for older Tasmanians, and the areas that require stronger treatment in implementation planning.

4. Key expectations

COTA Tasmania expects the Strategy to:

- Embed a healthy ageing / age-friendly framework as the Strategy spine, to connect actions across life stages, places and portfolios.
- Create a public prevention/wellbeing dashboard with age-disaggregated measures (beyond 65+), regional breakdowns, and equity indicators.
- Strengthen governance and accountability that survives election cycles (clear cross-portfolio ownership, annual reporting, and an implementation mechanism that can coordinate, integrate and fill gaps).
- Fund prevention like it matters: reduce short-term grant churn, provide multi-year resourcing for place-based initiatives, and be transparent about prevention investment.
- Establish a Healthy Ageing stream in Action Plan 1 (2026–2030) with practical, measurable actions focused on falls prevention at scale; social connection and belonging as prevention infrastructure; transport and access as enablers of prevention; age-friendly places (including seniors’ exercise parks and safe walkable environments); navigation supports and non-digital access pathways; prevention and response to elder abuse (including better data and lived-experience programs); and oral health as prevention.

5. Comments on the draft Strategy

5.1 What COTA supports in the draft Strategy

- A shift to prevention across the life course, recognising that health outcomes are shaped by social and environmental conditions, not only by clinical care.
- Whole-of-community ownership, including collaboration with local government, service providers, community organisations and communities.
- An emphasis on equity, including the experience of Tasmanians living in rural and remote locations and communities facing access barriers.
- A commitment to implementation through four-year action plans, which provides a practical vehicle to prioritise, sequence, and measure change.

5.2 What needs strengthening

- ***Implementation - walk the talk***

Older Tasmanians are experienced in seeing strategies that are strong on vision but weak on delivery.

The final Strategy should specify how Government will translate aspiration into practical change: who is accountable, what will be funded, how progress will be measured, and how communities will be engaged throughout implementation.

- ***Connection between pillars and a true life-course approach***

The Strategy's pillars and sub-headings should be better connected, so the public (and implementing agencies) can see how actions reinforce one another over time.

COTA supports strengthening a life-course approach that explicitly names culture and respect across generations, including how we value older people and tackle ageism.

The Strategy should make clear that healthy ageing is not a stand-alone issue: it is built through prevention and respect across the lifespan.

- ***Co-design, lived experience, and trusted voices***

Community trust and engagement are central to prevention. COTA supports stronger, better-resourced lived experience involvement — not advisory arrangements that meet infrequently without influence.

People with lived experience of ageing, discrimination, isolation, disability, family violence, and elder abuse must be engaged in ways that are meaningful, sustained and properly supported, including through community champions and trusted voices.

- ***Communication that people can actually use***

A prevention strategy only works if people understand it.

COTA recommends visual summaries and plain language across the Strategy and action plans; clear what changes for me explanations; and communications that use trusted channels and community settings, not only government platforms.

6. Priorities and sequencing for Healthy Ageing actions

COTA broadly supports the emerging healthy ageing action architecture. The key issue now is not whether there are enough broad action areas, but whether they are prioritised appropriately and designed in ways that are practical, inclusive, and measurable for older Tasmanians.

6.1 Recommended early priorities for Action Plan 1

COTA recommends that the first four-year action plan give early priority to the following healthy ageing action areas:

- Statewide age-disaggregated data and reporting.
- Social connection, intergenerational participation and anti-ageism.
- Safe, affordable and accessible mobility.
- Lifelong learning, digital inclusion and non-digital access pathways.
- Protecting and promoting environments for older people to flourish, including prevention and response to elder abuse.
- Modernisation of integrated care models for older people, with a strong focus on navigation and coordination.

6.2 Supported actions

- COTA strongly supports the proposed statewide project to strengthen the collection and publication of age-disaggregated data. This is foundational. Without it, the Strategy will not be able to identify service gaps, monitor outcomes properly, or make older Tasmanians visible within the prevention agenda. Data should be disaggregated beyond a single “65+” category and reported publicly.
- COTA strongly supports the action areas focused on reducing ageism, promoting positive ageing, and supporting intergenerational learning and community activities that build connection and reduce age stereotypes. These should be treated as core prevention infrastructure, not optional social add-ons.
- COTA strongly supports the proposed action on safe, affordable, and accessible mobility. This should be an early priority because transport and access are among the most immediate barriers to participation in preventive health, social activity, and community life for older Tasmanians.
- COTA supports the proposed action on lifelong learning and digital inclusion. This should be prioritised early, but must explicitly include non-digital pathways. Prevention information and service access cannot become digital-by-default if the Strategy is to remain equitable for older people.
- COTA strongly supports the proposed action area focused on protecting and promoting environments for older people to flourish. Prevention and response to elder abuse should be an early priority because safety, dignity, and freedom from violence are core preconditions for health and participation.
- COTA supports the proposed action to improve and modernise integrated care models for older people. This work should begin in Action Plan 1, with a strong focus on navigation, coordination, functional ability, and accessibility.

6.3 Critical design components

For these priority areas to make a practical difference for older Tasmanians, Action Plan 1 should include the following design elements:

- Community-led and inclusive social participation opportunities, including local, low-cost, inclusive opportunities for connection through arts, volunteering, walking groups, shared-interest activities and intergenerational programs.
- Transport for participation, not only medical transport, including flexible local transport, disabled parking, venue accessibility, safe footpaths, crossings, lighting and pedestrian safety.
- Hard-copy information and supported access pathways, including phone and in-person support and practical assistance to help older people engage confidently with services.
- Navigation support as a prevention enabler, including one-stop access points, warm referrals, single intake where appropriate, and practical coordination.
- Falls prevention and strength-based programs, including structured strength and balance programs, chair-based and adaptive options, allied health and home modification pathways, and community-based prevention education.
- Safe, age-friendly public environments, including safe walking routes, seating, lighting, accessible toilets and other age-friendly infrastructure. Seniors exercise parks are one useful example of a visible, place-based initiative that supports movement, confidence and connection.
- Elder abuse prevention informed by lived experience, including stronger data collection and public reporting, safer complaint pathways, and support for people who fear retaliation.

6.3 Areas needing stronger treatment in implementation planning

COTA considers the following areas to need stronger visibility or clearer articulation within the current healthy ageing action structure:

- Falls prevention should be made explicit in early implementation.
- Navigation support should be named as a design priority in its own right, rather than left implicit within integrated care.
- Oral health should be explicitly recognised as a preventive health issue for older Tasmanians within integrated care and healthy ageing implementation.
- The action structure should more clearly recognise transport for participation, local flexibility, and built-environment access issues as practical enablers of prevention.
- Meaningful outcome reporting must go beyond a single older-age category if it is to inform service design and accountability.

7. Funding, governance, and accountability (the delivery test)

A 20-year strategy requires stable, transparent delivery settings.

COTA recommends the final Strategy clearly states how prevention investment will be sustained over time; reduces short-term grant cycles that undermine continuity and local capacity; commits to transparent public reporting on prevention investment and outcomes; and establishes a public dashboard with age-disaggregated measures and regional breakdowns.

COTA also supports the Strategy explicitly treating communities and the community sector as genuine partners in prevention, including through longer-term commissioning and place-based resourcing where appropriate.

8. Consultation, community engagement, and implementation integrity

In addition to funding and governance settings, COTA considers consultation, engagement, and implementation integrity to be critical to the credibility and delivery of the Strategy.

COTA Tasmania supports meaningful community engagement as essential to effective preventive health policy. However, Tasmania is currently operating in a context of high consultation volume, growing fatigue, and low confidence that well-packaged action lists will translate into delivery.

COTA highlights four risks that must be actively managed in implementation:

- **“Shelf documents”**

Many past reports and strategies have not been fully actioned due to resource constraints, changing priorities, or limited political follow-through. This contributes to growing community scepticism that the next strategy will be different.

- **Duplication and fragmentation**

The preventive health agenda overlaps substantially with other current strategies and reform programs.

From a community perspective, the landscape resembles a Venn diagram: many central themes recur across multiple documents, while specialist issues sit at the edges. Without explicit mapping, there is a risk of duplication, inconsistent messaging, and missed opportunities to combine effort and funding across portfolios.

- **Consultation fatigue and mistrust**

High volumes of consultation—particularly when not coordinated across government—create fatigue and reduce participation, especially among older Tasmanians and small community organisations who are repeatedly asked to contribute without seeing outcomes. Consultation processes that are not clearly linked to decision-making can unintentionally erode trust.

- **Re-badging existing activity**

A particular implementation risk in long-term strategies is superficial relabelling of existing initiatives as if they were new responses to new outcome targets. This can create the impression of progress without genuine change in intensity, reach, equity impact, or outcomes.

To address these risks, COTA recommends a whole-of-government coordination function (ideally centrally located, such as in DPAC) to:

- coordinate consultation planning
- map common themes across strategies
- align and sequence actions, and
- support consistent measurement and public reporting.

An updated and endorsed whole-of-government community engagement framework would support these outcomes and rebuild confidence that engagement leads to delivery. Over time, this approach will benefit all agencies by improving governance, reducing waste and duplication, and ensuring public resources are directed to measurable outcomes.

9. Conclusion

COTA Tasmania welcomes the exposure draft and supports Tasmania’s long-term prevention ambition.

We urge Government to ensure the final Strategy and Action Plan 1 make older Tasmanians visible in implementation design, resourcing, and reporting.

A prevention strategy that delivers for older people will deliver for everyone: strengthening local places, building connection, improving access, and reducing avoidable harm and acute demand.

COTA would welcome the opportunity work with the Government to discuss Action Plan 1 priorities for older Tasmanians, including Healthy Ageing measures, co-design mechanisms, and practical, costed initiatives.

ⁱ www.stategrowth.tas.gov.au/policies_and_strategies/population-strategy/appendix

ⁱⁱ www.dpac.tas.gov.au/divisions/cpp/community-policy-and-engagement/older_persons/a-respectful%2C-age-friendly-island-older-tasmanians-action-plan-2025-2029/A-Respectful-Age-friendly-island.pdf