COTA TASMANIA

Rethink ageing

20-Year Preventive Health Strategy 2026-2046 – Submission

MAY 2025

Age is a number, not a use-by date.

Contents

We look forward to a time where age is not seen as a barrier, but instead as a positive contributor to the unique fabric of lutruwita, Tasmania.

About COTA Tasmania

COTA Tasmania (Council on the Ageing [Tas] Inc) is a not-for-profit organisation, operating as a peak body for a wide range of organisations and individuals who are committed to encouraging our community to think positively about ageing. This involves promoting and encouraging social inclusion and championing the rights and interests of Tasmanians as they age. We have been the leading voice of older Tasmanians for more than 60 years.

Our Mission: We challenge ageism and promote the rights, interests and value of all Tasmanians as they age.

Our Vision: Tasmania is a place where all people are treated with respect, kindness and dignity, and where ageing is a time of opportunity, contribution and celebration.

COTA Tasmania acknowledges with deep respect the resilience and knowledge of the palawa people, the traditional custodians of lutruwita, Tasmania. We value the wisdom of Aboriginal elders past and present and the role they play in continuing to care for Country.

We value the diverse voices of older Tasmanians, and we learn from their experiences.

Background

H.E.A.R Consultation – 2021-22

In 2021, COTA Tasmania accepted an invitation from the Tasmanian Government "to travel across Tasmanian communities to listen and hear from individuals, groups and organisations about what was important to them in staying safe, healthy and connected as they [aged]."[1] We titled the consultation 'Healthy, Engaged and Resilient' (or 'H.E.A.R'); and the Outcome Report was released publicly in 2022.[2] The consultation aimed to:

- improve the opportunity for a diverse range of older Tasmanians at different stages of the ageing process to have their voice heard and participate in policy development;
- increase the evidence base the Tasmanian Government can draw on to support older Tasmanians; and
- value the lived experience of Tasmanians as an important voice and consideration when planning future health and social policies.

[1] Healthy, Engaged and Resilient (H.E.A.R) Consultation Outcome Report, p.10. See: cotatas.org.au/wp-content/uploads/sites/3/2022/11/HEAR-Consultation-Outcome-Report-FINAL-WEB.pdf

[2] Excerpt from H.E.A.R Consultation Outcome Report: "We wanted the consultation to be accessible, trusted and easy to participate in. Design for the consultation played on the acronym **H.E.A.R** to reflect what COTA wanted to do **– listen, hear** and r**espect** Tasmanians' experiences and views. We hoped to understand what factors help people to age well and maintain their *Health*, ability to *Engage* with others in their local community and through this, [build] *Resilience.*" Ibid.

Many of the topic areas covered in the H.E.A.R consultation are relevant to the 20-Year Preventive Health Strategy consultation, and we have drawn upon excerpts from the H.E.A.R Outcome Report throughout this submission.[3]

Demographics and age-based projections for Tasmania[4]

Tasmania's ageing population presents both opportunities and challenges that require proactive and strategic planning. We can expect to live longer, healthier lives and we all have a role to play in making decisions that will support us to age well. It is important to recognise that many inequalities experienced by Tasmanians do not disappear as they age; in fact, some may worsen over time. By 2050, nearly one-third of Tasmania's population is expected to be aged 65 and over and currently 40.8% of Tasmanians are over the age of 50.[5]

This demographic shift necessitates infrastructure that not only meets the immediate needs of older people but also anticipates future demands to ensure sustainable, age-friendly communities. In Tasmania, several of our Local Government Areas (LGAs) are now in 'hyper ageing', where 21% or more of the population is 65 or older.[6]

This submission – our approach

In this submission, we have incorporated strategies and suggestions that we proposed in previous reports and submissions. We have also included input from members of our staff, Board, and Tasmanian Policy Council (TPC), a subcommittee of the COTA Tasmania Board.

This submission complements the verbal submissions made by Brigid Wilkinson (CEO) and Alexis Martin (Policy and Executive Support) in our Key Informant Interview in February 2025, alongside written feedback and advice provided to Alysia Brown, George Clarke and Eloise Day from the Tasmanian Department of Health.

1. What does a healthy, active life mean to you and your community?

COTA Tasmania asked a similar question in conversations with older people (individuals and groups) as part of the H.E.A.R consultation. The question we asked was: "*What does being actively engaged in life as you age mean to you*?" The key themes that emerged were:

- Social interaction.
- Independence – physical health and mobility, and mentally in decision making.
- Choice – available options and respect for these choices.
- Sense of meaning and purpose.

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[3] The full Outcome Report and a condensed Summary Report are available at: Community Consultations & Partnerships - COTA Tasmania

[4] Content in this section as per COTA Tasmania's Budget Priorities Statement 2025-26, p.3. Submission available at: COTA-Tasmania-Community-Consultation-Submission-2025-26.pdf

[5] Source: Australian Bureau of Statistics. 2021 Census data.

[6] Source: Tasmania Department of Treasury and Finance. 2024 Population Projections for Tasmania by LGA area.

- ❖ Participation – in community, with family and friends, in work / learning / volunteering.

Here is a selection of the responses we received.[7]

What does being actively engaged in life as you age mean to you?

"Doing what I can to keep fit enough to continue doing the activities I enjoy. Keeping in contact with family and friends. Having a sense of purpose. Maintaining my own home."

"Being able to make my own choices."

"Being able to do what I do now. Getting around easily, being part of community groups, meaningful employment, no discrimination."

"Legs that work… and a brain that works… no pain."

"Feeling useful and included. That the physical landscape is designed to include all and there are lots of low cost, no cost social, art activities."

"Getting out and about, meeting friends, staying positive, playing bowls, exercise classes, BEING KIND!"

"Being able to go from A to B. Good covered / weather protected public transport. Choices – social activities."

"The ability to do things for myself."

"Having supportive friends, including younger people; being physically active; participating in community, having at least one passionate interest."

"A sense of purpose, a reason for living."

"Maintaining autonomy, continuing to learn, health and fitness."

"Continuing my identity as an Aboriginal woman connected to land, collecting foods that I grow, keeping healthy in body and mind."

"Waking up each morning wondering what exciting thing will happen that day."

"Mixing with people of different ages."

"Being able to exercise, able to undertake hobbies, able to move about the community safely and independently."

COTA Tasmania's President, Ingrid Harrison, identified similar priorities in her submission to the 20-Year Preventive Health Strategy consultation, as follows:

- Maintaining independence and dignity.
- Staying connected socially and emotionally.

[7] Quotes from COTA Tasmania's H.E.A.R Outcome Report, pp 30-31.

- Continuing to learn and grow.
- Having access to comprehensive healthcare.
- Participating actively in community life.
- Maintaining physical and mental well-being.
- Feeling valued and supported regardless of age.

2. Are the focus areas appropriate for the next 20 years? Why or why not?

The five proposed focus areas consist of two relatively specific areas (1 and 2) and three broader areas (3, 4 and 5). Each proposed focus area has merit, backed up by the relevant evidence; however, we are unsure that this mix is going to provide an effective, coherent roadmap for meaningful change and sustained investment in preventive health. Also, it is not clear to us how the Tasmania Statement 2021(re-signed in January 2024) fits within the overall Strategy.[8]

We are concerned that the focus areas do not go far enough to address the health and wellbeing challenges experienced by many older people (including age-based discrimination, or 'ageism', and elder abuse[9]), or support active ageing across the life course. A sample of specific feedback from our staff and TPC members is included in the text box below, and we offer recommendations for consideration in our response to Question 4.

Comments from staff and TPC members

Focus Area 1

"Older Tasmanians are not represented clearly in the suggested aims. I'm not sure that the suggested actions would address the barriers older people necessarily face accessing fresh, affordable, healthy food choices - particularly when there are other comorbidities or other non-medical factors - I'm thinking transport, resources etc."

Focus Area 2

"Focus area 2 around reducing and eliminating exposure to harmful behaviours could go further. It only mentions violence as one of the risk factors to using harmful products. In the 'What we will do' section there is a focus on safeguarding children and young people from harms but not older people

[8] From Department of Premier and Cabinet (DPAC) website:

> **Tasmania Statement re-signed**
>
> On 30 January 2024, the Premier and the Minister for Health, joined with Mr Graeme Lynch AM, then Chair of the Premier's Health and Wellbeing Advisory Council, to re-sign the Tasmania Statement – Working Together for the Health and Wellbeing of Tasmanians. The Tasmania Statement, originally signed in 2019, is a commitment to collaboration on long term solutions to address the social and economic factors that influence health. It recognises that Tasmania's open spaces, diverse communities and strong relationships are key to supporting continued improvements in health and wellbeing. The Statement was updated in 2021 to directly reference the impact of climate change and poverty on health and wellbeing.

See: https://www.dpac.tas.gov.au/divisions/policy/premiers_health_and_wellbeing_advisory_council#:~:text=Tasmania%20Statement%20re%2Dsigned&text=It%20recognises%20that%20Tasmania's%20open,poverty%20on%20health%20and%20wellbeing.

[9] "Elder abuse is associated with a range of detrimental health outcomes, including increased hospitalisation and increased likelihood of existing health issues worsening, or developing a different health issue." Source: Know the effects | Elder Abuse Prevention Unit

specifically. I think the action around online harms doesn't go far enough and financial abuse is one of the most prolific abuses in Australia."

Focus Area 3

"Focus area 3 needs to include reference to the Lifelong Respect Strategy [and include elder abuse prevention] in the 'Ways we might do this' section."

Focus Area 4

"Focus area 4 is about prevention across the life course and mentions children and families but only mentions healthy ageing in [the] limited context of the social determinants of health. For example, environments and social connection. Lifelong Respect and safety touches on all the determinants of health. [I suggest adding to the] What we will do section: that the government will promote and fund programs that support lifelong respect and prevent the abuse of older people, including linking prevention and early intervention programs for children, young people and families to health outcomes across the life course. This is good governance and value for money, because the government [investment] in early childhood intervention should be able to be tracked along the life course."

"Focus area 4: health technologies – given the examples of health technologies provided I would love to see a focused intervention (what we will do) for older people in this space."

Focus area 4: Sleep loss – [...] I would like to see a stronger recognition of the impact this has on older people. [Referring to the causes as] 'easily treatable' I think glosses over the challenges that many older people face – it's much more complex than is implied and much more of an endemic in the older population. I suspect many – including health professionals – just accept it as the norm, which we definitely should not!"

Focus Area 5

"Focus area 5 – Health equity approach removes older people as a priority group, [which] they were in the previous Plan. This is [unwarranted] given the statistic used at the beginning of the Discussion Paper – that 1 in 4 people in Tasmania will be aged 65+ years by 2050. What is missing in the 'What we will do' section is: Take action to address lifelong respect and end the abuse of older people through the A Respectful, Age-Friendly Island: Older Tasmanians Action Plan 2025-2029."

3. Are the enablers appropriate for the next 20 years? Why or why not?

We agree, in principle, that the enablers are appropriate – with the proviso that good intentions must be supported with meaningful actions and substantial investment. We support the use of a systems approach in the Strategy[10] and encourage ongoing dialogue and collaboration with The Australian Prevention Partnership Centre[11] to ensure that systems principles are embedded into all primary prevention plans, research, programs and initiatives, and problem-solving processes.[12]

[10] As per proposed Enabler 1.

[11] See: https://preventioncentre.org.au/about-us/

[12] "The Prevention Centre aims to provide health decision makers with the best evidence to inform their policies and programs. We want to provide the evidence and tools for a comprehensive systemic approach to preventing chronic health problems, which includes working in the health system as well as in sectors outside of it, such as in schools, food production and retailing, and urban planning." See link at Footnote 11 above.

4. Do you have any example actions that could be considered under each focus area and enabler?

Older people are more likely to suffer complex health problems. These require particularly well-co-ordinated and focused services that are fully mindful of the broad range of impacts on human ageing. Many older people do not experience an easy or timely transition into tertiary service provision. This can arise because they did not receive appropriate attention in the primary health sector, or it may be as a result of poorly targeted care when in hospital.[13]

General recommendations

(i) Include central/overarching frameworks for the Strategy.

For example, the World Health Organization's Eight Domains of Age-friendly Cities and Communities (AFCC) could be used. These are also known as the Eight Domains of Liveability. The domains depicted in the image below.[14]

The WHO states that:

> Our physical and social environments are major influences on how we experience ageing and the opportunities it brings. Creating age-friendly environments enables all people to age well in a place that is right for them, continue to develop personally, be included, and contribute to their communities while enabling their independence and health.
>
> Developing age-friendly cities and communities is a proven way to create more age-friendly environments – for everyone. Age-friendly cities and communities improve access to key services and enable people to be and do what they value.[15]

We note that liveability is included in the current Five-Year Plan as part of *Focus Area 8 – Climate Change and Health*:

> Liveability means living in communities that are safe, inclusive and environmentally sustainable, with affordable housing and easy access to places of work, schools, public open spaces, shops,

[13] Dr. Alexandre Kalache in *The Longevity Revolution: Creating a society for all ages* (2013, p.40). See: Kalache_Report_compressed.pdf

[14] Source: https://semaaa.org/funding-community/age-friendly-communities/

[15] Source: National programmes for age-friendly cities and communities

health and community services and recreation. A liveable community also has convenient public transport and infrastructure to support walking and cycling. As Tasmania grows, we have an opportunity to plan our communities in a way that creates healthy, sustainable, liveable and connected spaces.[16]

All these aspects are critically important for improving health and wellbeing outcomes in Tasmania.[17]

The focus on strengthening prevention across the life course (Focus Area 4) is commendable but, in our view, this focus area should be underpinned with an evidence-based guiding framework. Dr Alexandre Kalache's 'Life Course' approach to active ageing across the lifespan could be valuable for this purpose. In 2012-2013, the South Australian Government at the time engaged Dr Kalache to develop a comprehensive framework to guide the State's planning and policy development. His findings and detailed recommendations were published in a report titled *The Longevity Revolution: Creating a society for all ages*.[18] Clarence City Council also used Dr Kalache's model as a central framework in the *Age Friendly Clarence Plan 2018-2022*, stating that "[b]eing able to have and maintain positive emotions, engagement and relationships with others, meaning and accomplishment, and good health within our functional capacity, over our life-time, is the essence of a life course approach."[19] Seven sets of Dr Kalache's South Australian recommendations concern health, all of which could be considered and adapted for Tasmanian purposes.

(ii) Articulate and implement targeted actions to minimise the risk of 'postcode lottery' and financial exclusion.

If the Strategy is to be effective in terms of improving primary prevention outcomes in Tasmania, it is vital that everyone has access to health and wellbeing programs, services and initiatives, irrespective of their location and financial status. The 'cost of living crisis' is important to consider here. The 6th Australian Healthcare Index (AHI) survey and report published in 2024 indicated that among respondents:

- 75% [...] said cost of living increases had impacted their healthcare decisions
- 60% [were] delaying GP/doctor visits
- 53% [were] delaying dental treatment
- 32% [were] postponing a diagnostic test or scan
- 28% [were] skipping buying needed medicine; and
- 26% [were] delaying mental health support.[20]

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[16] Healthy Tasmania Five-Year Plan 2022-2026, p.36. See: health.tas.gov.au/sites/default/files/2022-03/Healthy_Tasmania_Five-Year_Strategic_Plan_2022–2026_DoHTasmania2022.pdf

[17] COTA Tasmania has lobbied successive Tasmanian Governments to invest more substantially in age-friendly communities. Our most recent Budget Priorities Statement (2025-2026) is available at: COTA-Tasmania-Community-Consultation-Submission-2025-26.pdf

[18] This report is available at: Kalache_Report_compressed.pdf

[19] *Age Friendly Clarence Plan 2018-2022*, p.7. See: Age-Friendly-Clarence-Plan-2018-2022.pdf

[20] Source: Cost of living pressures having 'concerning' impact on Australians' healthcare decisions, finds new Australian Healthcare Index | Healthengine Press Center Blog

In our view, targeted actions to support access and minimise risk of exclusion should be included in the Strategy or alternatively, set out in a complementary document.

(iii) Demonstrate a continuous, non-siloed approach by linking focus areas and enablers to previous preventive health strategies and aligning the 20-Year Strategy for Tasmania with the Tasmania Statement (2021) and the National Preventive Health Strategy.

Storytelling can be powerful, as we point out in our response to Question 9 below. In the context of a continuity approach to primary prevention, storytelling means providing clear, engaging information about previous preventive health strategies – including relevant successes, challenges, and any unintended outcomes. Focus areas, enablers and corresponding actions in the 20-Year Strategy should include, where applicable, brief commentary about:

- links to previous strategies;
- any changes of direction based on learnings from previous strategies; and
- alignment with the National Preventative Health Strategy.[21]

We encourage reinvigorated commitment to the Tasmania Statement (2021), and implementation of an outcomes measurement framework to accompany it.

(iv) Articulate clear markers of success, within and across different age groups.

The current Healthy Tasmania Strategy document includes markers of success for each area of focus, using Plain English wording, i.e. "We will know we've been successful when [...]." We encourage the continuation of this approach in the new Strategy, ensuring that markers of success reflect different needs and priorities across the lifespan.

(v) Summary of other recommendations – from our Key Informant Interview (February 2025)

- Consider implementing a non-partisan Charter of Commitment to sustained preventive health action and investment.
- Create meaningful incentives for communities, groups, research organisations and councils to develop collaborative, place-based health and wellbeing initiatives.[22]
- Commit to increased investment in community health services and programs, including falls prevention programs.[23]

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[21] In our view, providing this narrative and context will encourage 'buy in' and help to reduce the likelihood of engagement/consultation fatigue.

[22] Preventive health initiatives and programs need the support of local organisations and infrastructure – which means that councils have a key role. The Tasmanian Government will need to step in and support this, to avoid the postcode lottery scenario – in which some councils will have capacity to fund and support local initiatives, but others will not. A COTA Tasmania staff member commented: "Not all [councils] have access to a good rate payer base or the skills and knowledge to apply for grants. LGAT needs to be more proactive in working with councillors and the Federal government to ensure communities across Tasmania are able to access funds equitably in regions that need it the most."

[23] Falls are the number one cause of accidental injury in older Australians. As our population ages, numbers of falls (and fall-related hospitalisations) will increase. The following statistics are from the Health Direct website:

- one in four people aged 65 years and over have at least one fall per year;
- falls are often due to gradual physical changes that affect the way we move, and/or hazards in and around the home;

- Minimise the use of short-term grants.[24]
- Set up mechanisms for obtaining and publishing disaggregated data.[25]

Other actions

Along with the recommendations offered above, please see H.E.A.R consultation points and suggestions set out in response to Question 5 below. We also take this opportunity to highlight two recommendations we made in our Budget Priorities Statement 2025-26, as follows:

Social connection grants – intergenerational programs and activities[26]

Social isolation and loneliness have serious consequences for longevity, health and well-being. In older age, social isolation and loneliness can increase the risks of cardiovascular disease, stroke, diabetes, cognitive decline, dementia, depression, anxiety and suicide.

The Ending Loneliness State of the Nation report 2023 showed loneliness to impact one in six Australians, with those who are lonely 5.2 times more likely to have poorer wellbeing as a result. Connecting with new people and groups as they age is often harder due to mobility and health issues that may impact confidence; lack of suitable transport options; limited family networks nearby; and difficulties knowing where to find out about local activities and groups.

Investing in social connection programs and supports (and ensuring clear and accessible information is available about these) is vital in minimising further social isolation among older Tasmanians.

Recommendations

- Implement an annual grants program to support community-led creative events and initiatives that provide sustainable ways to reduce social isolation for older Tasmanians. A focus for these grants to be on intergenerational connection and community capacity building. This grant scheme could be modelled on the NSW Health Connecting Seniors grant program.
- Ensure that the application process for this program addresses transport considerations, to ensure accessibility for all participants.

- falls can cause hip fractures and other serious injuries, which may lead to long stays in hospital and negative long-term impacts in terms of health and mobility; and
- six out of ten falls occur in and around the home.

Source: https://www.healthdirect.gov.au/falls

[24] There are many community services, organisations and groups around the State that have a direct impact on health and wellbeing outcomes for Tasmanians. Some of these exist for the primary purpose of complementing and supporting health-related programs and services. Alongside this, there have been new health initiatives that have started then ceased within a few years, which means there is not enough time to measure impact. In our view, longer grant timeframes and commitments are required to maximise the health and wellbeing outcomes for individuals and communities.

[25] We urge the implementation of disaggregated data sets across all Tasmanian Government data collection methods, to enable better modelling, analysis, and planning. Currently, most demographic data collection platforms include a '65 years and above' age box option. The needs and experiences of people aged 65+ years are varied, diverse and unique, and should not be grouped homogenously. We suggest five-year age range options across the lifespan, and we have raised this topic in the past (e.g. in Population Health consultations) as part of our advocacy work.

[26] See COTA Tasmania's Budget Priorities Statement (2025-26), p.11. Submission available at: COTA-Tasmania-Community-Consultation-Submission-2025-26.pdf

Seniors exercise parks in all Local Government Areas (LGAs) across Tasmania[27][28]

With the successful launch of the Seniors Exercise Park in Clarence in November 2024, the first of its kind in our State, we applaud the Tasmanian Government for providing funding for this initiative and supporting the health and wellbeing of older people in local communities. Designed in accordance with age-friendly principles, these parks offer the opportunity for older people to stay active, connect within their communities, and be visible in ways that could help dispel ageist views and attitudes.

"With the cost-of-living increasing under continued interest rate hikes, we want to ensure that no Tasmanian, young or old, misses out on an opportunity to be active and connected within their community." – State Government 2030 Strong Plan

Recommendations

- Consideration of a costed plan to create an exercise park for older people in all LGAs across Tasmania.
- Commitment to work with National Research Ageing Institute on the design and evaluation of new parks developed across Tasmania.

Lastly, some suggestions offered by staff, Board and TPC members are set out below.

Focus area actions

Increasing the availability and accessibility of:

- Mobile health screening units.
- Telehealth consultation services.
- Personalised health risk assessments and subsidised wearable health monitoring devices.
- Subsidised fitness programs.
- Food delivery services.[29]

Note:

A TPC member highlighted the potential for unintended negative outcomes, and the importance of being alert to this and implementing contingency plans and actions where necessary. In response to Focus Area 2, for example, they cited research indicating that some women "frequent gambling places as a way to [escape] abuse' and commented that "unless alternative venues are available [for women to access], be aware that changes made (like opening hours) to gambling establishments may [...] have a flow-on negative impact of increased DV abuse and violence."

[27] Ibid, p.12.

[28] Earlier this year, VicHealth released a document titled *Active Spaces: Messaging tips*, which provides useful guidance for "making places such as school grounds, parks, sport and recreation facilities and town/suburban public spaces more welcoming and inclusive of more people" (p.3). See: Active Spaces: messaging tips — Common Cause Australia

[29] A TPC member commented: "Provide financial support to those home delivery services like 'Kinky Kale' that delivers fresh, locally grown produce to regional, remote and rural [Tasmanians] at a cost. Promote, establish and fund community food delivery programs like 'Waterbridge Food Co-Op' to increase their delivery area of low-cost meals and fresh food to remote and rural locations at no additional cost to the customer. Establish food delivery services in New Norfolk, Bothwell and other remote and rural areas around Tasmania linked in with any Online Access Centre and/or Community Centre. If there isn't one, make it a local [Council] responsibility to engage one for their constituents."

Enabler actions

- Facilitating regular health forums.
- Resourcing/supporting Peer health advocate training, community mentorship initiatives, and Lived Experience (LE) initiatives.[30]
- Facilitating collaborative policy development workshops.
- Increasing the availability of hard-copy information to reduce the likelihood of exclusion for people who live in an area with limited or no internet or cannot afford devices and/or internet access plans, and/or are not confident to navigate web-based information.[31]

5. What services and actions are important for your community's health and wellbeing?

Participants in the H.E.A.R consultation identified affordable, accessible primary prevention services as being vitally important for individual and community health and wellbeing. For the purpose of this submission, we offer a selection of relevant excerpts from the Outcomes Report.

Excerpt 1[32]

What we need:

Preventative holistic health care that is efficient, in my local area as much as possible, and supports me to maintain my own health and choices.

How:

1. Expand availability of rural GPs in all regions.
2. Increase the level of investment in preventive and rehabilitative health infrastructure and services that will target the needs of Tasmanians at various life stages and contribute to healthy ageing, with a focus on decreasing wait lists for Occupational Therapy and Physiotherapy.
3. Continue to offer telehealth options to those who wish to use them (where clinically appropriate), extending this as first option provided for pre-elective surgical and specialist appointments for people living in remote rural areas.
4. Advocate for a [National] Seniors Dental Benefits Scheme to enable older Tasmanians to access affordable and subsidised dental care.
5. Continue with the increased rate of funding to patient transport and the new Community Paramedic program.

* Please read in conjunction with health recommendations in our submission to Our Healthcare Our Futures.[33]

[30] For example, COTA Tasmania's 'Older Voices for Change' Lived Experience Advocates program is the first of its kind in Australia. Our Lifelong Respect Coordinator commented: "We need to acknowledge and respect impactful actions happening from the community up - not directed from the top down but funded from the top down. Then we will see real and meaningful impacts and outcomes that are sustainable."

[31] A TPC member commented: "Provide brochure stands, posters and brochures [at] each Community Centre and Hall throughout Tasmania with current information relating to medical services, screenings, events (local and council area), activities, health, support services, local services, amenities and tourist information. The 'Where, What, When, Who and Why' of the area." They also suggested better use of community noticeboards, to "give the residents things to [be] proud of and involved in."

[32] H.E.A.R Consultation Outcome Report, p.57.

[33] Submission available at: 1604-COTA-Our-Healthcare-Future-Submission.pdf

Excerpt 2[34]

What we need:

Equal access to community life to enhance our wellbeing and social connection.

How:

1. Trial Social Prescribing initiatives across the State, providing place-based support networks that enable people to access information, advice and connection to non-clinical services which address the wider social economic factors that impact on a person's health and wellbeing. Social prescribing is being trialled across Australia and has been implemented in the United Kingdom with success under the Universal Personalised Care [Action Plan].
2. Ensure [both electronic and non-electronic communication channels] are used by Government to provide information to communities and ensure these meet the diverse language needs of our population.

[...]

4. Investigate compiling a directory of localised community print and online publications that draw on local knowledge from Local Councils and groups. Such a resource will ensure a streamlined process of disseminating information and also prove valuable for future consultations and community development initiatives.

Excerpt 3[35]

What we need:

Reliable affordable public and community transport options that support me to get from A to B.

How:

1. Increased funding and support to community transport providers to ensure this service is available and sustainable in all regions of Tasmania.
2. Work with older Tasmanians, local Councils and bus operators to identify service gaps in public transport routes and safety concerns.

[...]

4. Investigate the potential for free bus travel for older Tasmanians, as is currently offered in several other Australian States (Western Australia, South Australia).[36]
5. Work with local Councils to ensure bus shelters are more prevalent, accessible, age friendly and fit for purpose in all regions across Tasmania.

Excerpt 4[37]

Low-cost strength and exercise options in my area.

How:

[...]

2. Work with local Councils to invest in age-friendly infrastructure that enables older Tasmanians to exercise safely in their local communities. Infrastructure includes walking and cycling tracks, warm water pools and appropriate heating.

[34] H.E.A.R Consultation Outcome Report, p.61.

[35] Ibid, p.63.

[36] This can be viewed as both a cost-of-living measure, and a health and wellbeing initiative.

[37] H.E.AR Consultation Outcome Report, p.67.

In our Budget Priorities Statement 2025-2026, we listed the following topic areas that continue to be raised when we consult and interact with older people in Tasmania:[38]

- Consistent and timely GP access – in all regions.
- Falls prevention – both ongoing programs and printed supports.
- Live Well Live Long programs funded in all regions – this proactive program supports older Tasmanians to learn and interact with local services to plan ahead for their later years.
- Digital inclusion – supports to navigate health and other services are needed and should be embedded into programs across Tasmania.
- Mental wellbeing supports – targeting the specific needs of older people, including life transition and grief and loss.[39]
- Life stages planning – support increased initiatives and printed resources that focus on life and estate planning highlighting the importance of the four key documents (Will, Advanced Care Directive, Enduring Guardian and Enduring Power of Attorney).
- Exercise and physical health – commitment to fund the Ticket to Wellbeing program beyond the ongoing trial of 2024-2026.

We noted that:

> These require focused effort and planning, and appropriate resourcing. A commitment to explore and invest in social prescribing models alongside dedicated funding in the above would have significant impacts on the wellbeing and health of older Tasmanians and should be included within the 20-year Preventive Health Strategy development.[40]

Important services and actions identified recently by our staff, Board and TPC members include:

- Accessible mental health supports and social support opportunities.
- Preventive health screenings.
- Social connection programs.
- Nutrition guidance.
- Food and pharmaceutical delivery and food bank services.
- Reliable and affordable community transportation options.
- Opportunities to have input into local council plans.

6. What is already working well in your community or sector?

We dedicated a section of the H.E.A.R Outcome Report to consultation findings about what was working well, based on conversations and surveys. The key themes were:

- a strong sense of community;
- localised services, accessibility and climate;

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[38] COTA Tasmania Budget Priorities Statement 2025-2026, p.13. Submission available at: COTA-Tasmania-Community-Consultation-Submission-2025-26.pdf

[39] To this, we would add loneliness and ongoing social isolation – particularly for older Tasmanians in rural and remote areas.

[40] COTA Tasmania Budget Priorities Statement 2025-2026, p.13.

- volunteering provides a sense of purpose;
- hospital staff, local pharmacists and GPs are well-regarded;
- community transport [services] and subsidised taxi [scheme] are highly regarded; and
- Service Clubs, Men's Sheds, Neighbourhood Houses, local clubs and libraries – place-based legends.

A selection of excerpts from the Outcome Report is set out below.

A strong sense of community[41]

Trust and knowledge of neighbours and the community were strong influences on one's ability to age well, especially the older participants of group discussions that linked having lived in a certain area for a long time to a sense of safety.

"If it wasn't for community, we wouldn't be here" – community participant

"Our community looks out for one another" – community participant

"We know and trust each other" – survey respondent

"People always happy to lend a hand, support their community, band together" – community participant

Local groups and fundraising projects were often cited as examples of how community members had supported one another and continued to provide a sense of companionship and support. Finding creative ways to support one another during COVID 19 lockdowns showcased the sense of support and community spirit alive across the state.

In several regions we visited, people spoke of moving to the area to retire without knowing anyone but doing so for the 'feel' they had about the community and of reaping the rewards of this with a sense of connection and inclusion.

Localised services, accessibility and climate[42]

Having the essential services and shops close to your home and being able to safely walk around was core to a sense of ease and staying independent. Some people spoke of the fear of losing this as a higher level of services and supports move to the online space and their wish to keep face to face interaction.

[…]

Climate change was a regular topic of conversation at community conversations and considered the 5th top priority area for investment. People often spoke of their concern for their children and grandchildren and the impacts climate change will have on them in the years to come.

[41] H.E.A.R Consultation Outcome Report, p.43.

[42] Ibid, p.44.

Volunteering provides a sense of purpose[43]

In the communities we visited volunteering was often spoken about in terms of the social connection and sense of purpose it provided. Services run by volunteers were highly regarded but many commenting on concerns around sustainability and what would happen if the service was unable to keep going. 33.80% of our survey respondents indicated they currently volunteered within their communities, including boards and committees alongside Landcare, library, and community associations.

"*We all contribute, it's about service, a sense of supporting others*" – community participant

"Volunteering... is good for health, you feel like you've achieved something" – community participant

By 2030, it is predicted that there will be a shortfall of 40% for volunteers. Intergenerational volunteering programs that support succession planning and skills sharing can be seen as a strategy to safeguard volunteering within our communities, while simultaneously creating a space to challenge ageism and forge greater understanding.

Volunteering by its nature provides the volunteer with a deeper connection to their community, as was often expressed in the consultation data, and the benefits to those who volunteer can therefore be seen then as a preventive health measure. A recent USA study found that volunteering approximately [two hours per week] was associated with reduced risk of mortality and physical functioning limitations, higher physical activity, and several beneficial psychosocial outcomes. The growing older adult population possesses a vast array of skills and experiences that can be leveraged for the greater good of society via volunteering with volunteering activities also having the potential for being prescribed to support healthy longevity.

[43] Ibid, p.45.

Hospital staff, local pharmacies and GPs are well regarded[44]

Survey respondents rated the level of health information provided to them by health professionals as accessible and in ways they could understand (92.4%) but also commented that this can vary dependent on the professional or how busy they are. In all locations we visited people regarded hospital staff highly, valuing the care and support provided at times of need and discussed the evident pressure both the acute and primary care sectors are under.

The importance of local pharmacies for health advice and support was appreciated, with many delivering medications and taking the time to explain things to their customers.

"My GP explains things in simple terms and ensures I understand everything before leaving" – survey respondent

However, some respondents continued to have poor experiences in this area.

"I have the distinct feeing that at my age (84) doctors and specialists don't really care that much!" – survey respondent

"Sometimes I don't understand all the fancy words" – survey respondent

Health literacy and support to understand and navigate health systems are therefore still an important factor and needed to empower Tasmanians to be in control of their health issues.

Community transport and subsidised taxi[s] are highly regarded[45]

The loss of independence that occurs when you can no longer drive was clearly expressed in both survey responses and conversations. Having to rely on others added to this feeling of loss and the additional burden of mental load to arrange alternatives, if they were available.

"When you can no longer drive, has a big impact on your independence and reliance on others" – community participant

Community transport was highly valued and in community discussions the availability of this was varied. For rural areas there was a deep concern about sustainability of community transport due to reliance on volunteers. People valued subsidies for taxi [services].

Filling the gaps: the importance of Service Clubs, Men's Sheds, Neighbourhood Houses, local clubs and libraries – place-based legends[46]

Having inclusive spaces to meet each week and connect with like-minded people was extremely important in every region we visited. The sense of being part of something bigger than yourself or your immediate family provided a greater sense of wellbeing and was considered even more important in later years.

[44] Ibid, p.46.

[45] Ibid, p.46.

[46] Ibid, p.47.

People spoke of neighbourhood houses, men's sheds, dining with friends, service clubs, local craft and bushwalking groups and sporting clubs as key groups within community that enabled them to age well by providing new skills, socialisation and a place of inclusion.
"Local sports clubs - wonderful spirit and camaraderie, and helps keep people active" – survey respondent

"*Having a sense of accomplishment from designing and making things at the shed whilst also making friends has a positive impact - create spaces like this in every town, so all Tasmanians can be afforded this opportunity as they age"* – community participant

"Local centres like this that offer low-cost activities, food and friendly support - a place that is welcoming" – community participant

Libraries were not only a place to borrow books or join in a group activity, but they were also increasingly discussed in relation to the support provided for technology and in running community engagement activities. [...]

COVID-19 raised the profile of place based locally run groups and programs and showed them to be agile, adapting their support and turning to much needed outreach and delivery at a time of crisis. People in rural areas spoke of local groups going above and beyond, supporting the installation of minor adaptations as a solution to the increased wait lists for OT assessments. While this adaptability is to be commended, the need should be addressed within existing health service provision, not provided by a community group due to a service gap.

In COTA Tasmania's Budget Priorities Statement 2025-26, we expressed our support for the Tasmanian Government's "development of the Aged Care Collaborative and the Tasmanian Frailty Network, which aim to create stronger partnerships and processes between older people, residential care facilities and the Tasmanian Health Service, predominately acute hospital settings."[47] We noted that "[these] working groups are increasing collaboration, innovation and care while creating efficiencies and supporting older people to access the appropriate care in a timely way."[48]

In response to this consultation, one of our regional TPC members commended the positive outcomes being achieved by the Health Action Team Central Highlands (HATCH), a model which could be implemented in other municipalities. The Central Highland Council's *Plan for the Health and Wellbeing of Central Highlands Residents 2020-2025* provides the following overview of HATCH:

> HATCH is a volunteer community-led organisation which supports community participation in the development, delivery and review of health services to meet current and future health and wellbeing needs of the Central Highlands community. HATCH's specific purpose in applying for Highlands Healthy Connect (HHC) funding is to 'create a healthier community that is more active, makes better food choices, participates in community life, and has developed new skills and positive social connections.'[49]

[47] COTA Tasmania Budget Priorities Statement 2025-2026, p.13.

[48] Ibid.

[49] Wording by Fae Robinson Futures – see Appendix section, p.5. Plan available at: 7.0-Health-Wellbeing-HATCH.pdf

Lastly, the Ticket to Wellbeing voucher program, launched in 2024, has provided cost of living relief alongside the opportunity for physical activity and social connection for older Tasmanians. Vouchers worth $100 can be used for gym memberships, physical activity classes and membership fees for clubs and sporting associations and the first years' allocation was exhausted within just ten weeks of the program opening. As stated in our Budget Priorities Statement 2025-26, we urge the Tasmanian Government to fund the Ticket to Wellbeing program beyond the initial trial period.[50]

7. How can we improve or redesign our current preventive health initiatives?

We encourage the Tasmanian Government to release easy to find, easy to understand information about the successes and challenges associated with current preventive health initiatives, including clear guidance about which initiatives are likely to continue beyond the lifespan of the *Healthy Tasmania Five-Year Strategic Plan 2022–2026*. This will provide individuals, communities and non-health sector organisations the crucial updates they need to respond to this question meaningfully.

8. How can we make sure preventive health initiatives are inclusive and respect cultural values and practices?

We offer the following suggestions for inclusive and respectful planning, engagement, and service delivery.

- Provide primary health advisory committee opportunities – ensuring that application and appointment strategies support diversity of membership (including people from First Nations and Culturally and Linguistically Diverse backgrounds/communities, people with disabilities, and people who identify as LGBTQIA+).
- Offer Community Champion opportunities across the State.
- Provide multilingual resources in both electronic and hard-copy formats.
- Ensure that programs and initiatives are adaptive and accessible to all, acknowledging that extra service/support options (e.g. health navigation services) are often needed to achieve this.
- Seek out and respond to ongoing input and suggestions from government agencies and non-government organisations, e.g. community houses, food hubs/pantries, Health Consumers Tasmania, Mental Health Family and Friends, Migrant Resource Centre, Multicultural Council of Tasmania (MCOT), Working It out, Online Access Centres, Rural Alive and Well (RAW), CWA, Men's Sheds, Lived Experience Australia, Engender Equality, TasCOSS, Mental Health Family and Friends, medical and Allied Health service providers, researchers, Tasmania Police, and LGAT.
- Maintain Health Consumers Tasmania (HCT) as the as the peak independent body for health consumers across Tasmania.

[50] COTA Tasmania Budget Priorities Statement 2025-2026, p.13.

9. What are the best ways to keep you informed about preventive health initiatives?

Website recommendations

The established Healthy Tasmania webpage, which is located within the Tasmanian Department of Health website, could be reconfigured to expand its primary audience. We note that at the present time, the overview explains that the site is "the home of information and resources for health and community workers."[51] We are aware that other webpages within the Department of Health site are geared towards other target groups (e.g. 'Healthy Kids', 'Healthy Young People', 'Healthy Ageing'); however, it appears that Healthy Tasmania is the page that is most clearly linked to the *Healthy Tasmania Five-Year Strategic Plan 2022–2026*. On the basis of the webpage's wording and content, it is unclear to us whether this dedicated page will continue beyond 2026. We suggest that it should be retained and, as already mentioned, the audience should be extended to include interested Tasmanians of all ages and backgrounds.[52]

The Healthy Tasmania Stories section of the webpage, which includes written articles and video recordings, is an excellent way to share information about local health and wellbeing initiatives. We support the rationale for storytelling (see below) and draw upon these goals and principles in our own project and program work.

> Stories help us share information and learn from each other's experiences of community health and wellbeing work. Stories bring data and statistics to life and help us to experience the information, rather than just consume it. Stories help us see cause and effect relationships and make meaning of the work we are doing and what we are learning from it. Stories create human connections. They touch our emotions and thoughts so that we feel connected to the story, and the storyteller.[53]

Positive stories about grassroots initiatives are likely to inspire others to consider what might be possible in their communities, which could lead to collaborative ventures to start their own health and wellbeing initiatives.

The Healthy Tasmania webpage could also be used for publishing progress updates on 20-Year Preventive Health Strategy goals and initiatives. In our view, providing clear and accessible information about successes, challenges and revised strategies is a vitally important way to:

- build community trust and confidence in whole-of-government approaches to primary prevention;

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[51] See: https://www.health.tas.gov.au/healthy-tasmania

[52] Victoria's Primary Prevention website offers users a choice about what content they click on, under the banner "Choose where you want to create change." The homepage messaging positions community health and wellbeing as a shared mission, as follows: "We have an ambitious vision for the state of Victoria: a vision of a Victoria free of the burden of avoidable disease and injury, so that all Victorians can enjoy the highest attainable standards of health, wellbeing and participation at every age. To make this happen though, we need a united effort - across government, across communities, across schools, health services and businesses. We all have a role to play in improving the health and wellbeing of Victorians." See: https://prevention.health.vic.gov.au/

[53] See: Healthy Tasmania stories | Tasmanian Department of Health

- encourage participation in activities, initiatives and future consultation opportunities; and
- encourage collaborative ventures and cross-community information sharing (as opposed to siloed venues that may result in unnecessary duplication of efforts).

Other communication outlets

It is critical that information about public health initiatives, progress updates and research/engagement opportunities are available in both electronic and non-electronic formats, to maximise reach and ensure that no one is excluded based on device ownership and/or internet access or connectivity. Relevant communication outlet suggestions from our staff, Board and TPC members include:

- Advertising campaigns (radio, television, and social media).
- Brochures and posters.
- Community information sessions.
- Peer and Lived Experience (LE) networks.
- Community newsletters – both hard copy and electronic.
- Dedicated Healthy Tasmania e-news that covers topics of interest for people of all ages, across metropolitan, regional and remote areas of Tasmania.

10. How can we make sure our strategy adapts to changing health needs and environments over the next 20 years?

We encourage the Tasmanian Government to:

- plan with Tasmanian demographics in mind;[54]
- engage in periodic, focused consultation with community members and sector stakeholders;[55]
- scan continuously for initiatives being trialled or implemented in other jurisdictions (including overseas), with view to assessing whether these could be adapted for Tasmanian purposes; and
- seek ongoing, collaborative input from The Australian Prevention Partnership Centre.[56]

11. How can government play a coordinating role?

Questions 11 and 12 are addressed jointly below.

[54] We concur with this statement in *Tasmania's Population Policy* (2024, p.7): "[The Tasmanian Government's success depends on understanding and preparing for future population change, with the aim of ensuring it is both beneficial and sustainable." See: ACTIVE_-_Tasmanias_Population_Policy_2_July.pdf

[55] In our view, consultation should include:

- provision of updates about progress made, highlights/achievements, and challenges and barriers (both predicted and unforeseen); and
- provision of ideas and strategies for people to expand and build upon, to prevent against consultation fatigue.

[56] See: https://preventioncentre.org.au/about-us/

12. How can we foster collaboration between government agencies, non-government organisations (NGOs) and the private sector to improve preventive health efforts?

We discussed these aspects at our Key Informant Interview in February 2025. We offer the following brief, complementary points.

We would welcome reflective analysis about:

- how the detailed governance model outlined on pages 37-38 of the current Plan has worked in practice;
- whether there were any specific components (see p.37) that have not been implemented, and if so, the reasons for this; and
- which specific components are likely to be retained as part of the 20-Year Plan.

In our view, critical coordination aspects include:

- Commitment to positive and constructive leadership.
- Commitment to putting the lived experience of Tasmanians at the front and centre of the Strategy.[57]
- Implementation of clear, detailed governance and coordination frameworks.
- Development and implementation of targeted strategies to ensure that regional and remote areas are supported and reduce the risk of 'postcode lottery' – as discussed in our response to Question 4 above.[58]
- Commitment to ongoing, independent review/audit of governance and coordination processes and outcomes.

A TPC member who lives in a regional/rural area offered the following suggestions for effective collaboration:

> Identify, promote, reward and recognise Community Champions, whether that is a service, an organisation, [a] council or an individual. [Implement] consultation and co-design measures. Invite and involve [communities and stakeholders] and encourage them to participate. Make sure that there are incentives and benefits for them to engage [...]. Remove any barriers to their participation [or] else you're just wasting their valuable time.

More broadly, we suggest that effective collaboration will require a visionary plan; clear frameworks for action, problem-solving and governance; and substantial, sustained investment in primary prevention across the whole State.

[57] We emphasised this priority in our Budget Priorities Statement 2025-26 (p.13).

[58] See Question 4 above: General Recommendations (ii) and (v).

13. What changes in laws or regulations are needed to support long-term preventive health initiatives?

Law reform in the area of primary prevention is not within our scope of expertise or practice, so we will not propose any legislative amendments for consideration. However, we are happy to consider and make comment about proposed amendments in future, as a community sector stakeholder.

14. What funding mechanisms should be put in place to sustain preventive health efforts over the next 20 years?

> *Access to quality health care is fundamental and for older Tasmanians: it helps them live independently and stay engaged with their communities. However, Tasmania's health system already struggles to keep pace with demand, and as the population continues to age, this strain will only increase. Planning must prioritise local healthcare options, streamlined service delivery, and technological innovations like Telehealth to ensure timely, equitable access, particularly in rural and regional areas.*[59]

In our view, one of the first priorities should be scoping the health policy and funding terrain, i.e. where the State has come from, where it is now, and where it needs to go. As we emphasised in our 2025-26 State Budget Submission, "[with the cohort of people aged over 85 years] expected to triple in size [over] the next 30 years, our State requires urgent scoping and mapping of the required health, aged and social care resources and workforce as [these will be] the largest area[s] of need and workforce demand."[60]

Primary prevention funding should be:

- tied closely to population demographics and projections; and
- reviewed continuously, in ways that are not tied to election cycles.

All initiatives and programs must be evidence-based, and funding agreements should incorporate robust evaluation frameworks that are not onerous or excessively time-consuming.

Closing comments

We take this opportunity to reiterate all the overarching recommendations offered in COTA Tasmania's *Our Healthcare Future Submission* (2021).[61]

COTA Tasmania believes that Tasmania must:

- adopt a whole-of-government approach to health and increase investment in preventative health initiatives that will help to prevent unnecessary hospitalisations and take pressure off the tertiary health care sector;

[59] COTA Tasmania Budget Priorities Statement 2025-26, p.4. Submission available at: COTA-Tasmania-Community-Consultation-Submission-2025-26.pdf

[60] Ibid, p.13.

[61] See *Our Healthcare Future Submission*, p.3. Submission available at: 1604-COTA-Our-Healthcare-Future-Submission.pdf

- incorporate a broader vision of health and wellbeing and invest more in health literacy and new approaches to providing access to health supporting services in regional areas;
- acknowledge and address all aspects of the digital divide when introducing consumer facing technology such as telehealth and digital health records[62];
- invest in technology to deliver compatible systems for sharing patient information that will ensure privacy [and develop consistent policies around data sharing and access];
- ensure that upon leaving hospital there is adequate and appropriate hand-over and continuation of care to ensure full rehabilitation;
- recognise the role of the consumer in the whole process from policy development right through to system design and operation and implement processes for co-design and meaningful inclusion; and
- deliver a health system that is accessible to all Tasmanians and is understood by all in our community.

We acknowledge that everything we have proposed requires significant financial investment. However, a 'spend to save' mentality is critical, in our view. In closing, we draw on this excerpt from the *National Preventive Health Strategy 2021-2030*:

> Australians in good health are better able to lead fulfilling and productive lives, participating fully in their community, in their education and/or in their employment. The benefits of this are experienced system-wide with decreased disease burden leading to a reduction in the pressures on our health and aged care systems, and economic benefits demonstrated by an increase in Australia's gross domestic product (GDP). In 2017, the Productivity Commission conservatively estimated that the GDP could be increased by $4 billion per year if the health of people in fair or poor health was improved.[63]

We urge visionary thinking, planning and funding, with the goal of making Tasmania an age-friendly place to live where all residents are supported to be healthy, and to thrive.

[62] "In addition to user skills we also need to address access to equipment and the cost of internet access and usage". Ibid. This aspect is particularly relevant in regional and remote areas.

[63] See *National Preventive Health Strategy 2021-2030*, p.5. Strategy available at: National Preventive Health Strategy 2021-2030