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Dear Sir/Madam

## **Stroke Foundation's response to the Tasmanian Government's *20-Year Preventive Health Strategy 2026-2046 exposure draft***

Stroke Foundation is a national charity that partners with the community to prevent stroke, save lives and enhance recovery. We do this through raising awareness, empowering health professionals to deliver high quality, best-practice care to stroke patients, facilitating research, and supporting survivors of stroke. We advocate for better systems, processes and resources to help health professionals deliver world class stroke care.

Tasmania has the highest per capita incidence of stroke nationally.<sup>1</sup> There are more than 11,000 survivors of stroke living in Tasmania,<sup>1</sup> many living with an ongoing disability, and national modelling suggests their number is growing.<sup>1</sup>

In Tasmania, for strokes that occurred in 2023, the economic impact on the state economy will be \$385 million over a lifetime, which equates to \$342,000 per person.<sup>1</sup> Of the \$385 million in lifetime costs, \$141 million of this was healthcare costs, including \$110 million in hospital costs and \$10 million in road ambulance costs.<sup>1</sup>

More than 80 percent of strokes can be prevented.<sup>2</sup> We know that one of the key modifiable risk factors for stroke is high blood pressure. Importantly, 117,200 Tasmanians are living with high blood pressure,<sup>1</sup> and many don't know it. In addition, 47,600 Tasmanians are daily smokers and 56,200 have high cholesterol,<sup>1</sup> putting them at an increased risk of stroke.

Stroke prevention remains the most effective means of reducing the impact of stroke in Tasmania and saving lives. Therefore, as the voice of stroke in Australia, Stroke Foundation applauds the Tasmanian Government's commitment to action to prevent and reduce chronic conditions, as outlined in the *20-Year Preventive Health Strategy 2026-2046 (the Strategy) exposure draft*.

### **Opportunities to strengthen the Strategy**

Stroke Foundation is broadly supportive of the Strategy's vision, pillars, sub-pillars and principles; however, we acknowledge that the long-term nature of the Strategy's vision may bring challenges in terms of its implementation. We have identified a number of opportunities to strengthen the Strategy, outlined below, including in relation to the funding and governance models, which may also help to maintain consistent momentum and engagement over its 20-year timeframe.

It is also important to note that there are a number of sub-pillars and associated goals in the Strategy (e.g. prescribing patterns associated with antimicrobial resistance or safe digital spaces etc.) where the Federal Government, rather than the Tasmanian Government, has jurisdiction, and including these may pose a risk to the success of the Strategy.

### *The funding model*

The exposure draft states that a funding model will be built to sit alongside the Strategy; however, greater transparency is needed around how the Tasmanian Government plans to fund the work of the Strategy. Stroke Foundation believes that a realignment of health funding in Tasmania to ensure a greater investment in prevention, which will require a long-term, bi-partisan commitment, will be essential to achieving the objectives of the Strategy. In Australia, spending on preventive health as a proportion of all health spending is 2.3 percent, compared to around 5 percent for countries with comparable health systems such as Canada, New Zealand and the United Kingdom.<sup>3</sup> As part of the National Preventive Health Strategy 2021-2030, the Australian Government has committed to increasing investment in preventive health to 5 percent of total health system expenditure by 2030. Similarly, the Western Australian Government has committed to increasing funding for prevention to 5 percent of the health budget by 2029. A similar commitment by the Tasmanian Government to a dedicated proportion of health expenditure for prevention will be critical in driving the shift to a prevention-focused approach, and ensuring the success of the Strategy.

### *The governance model*

The exposure draft states that a governance model will be created to sit alongside the Strategy; however, greater transparency is needed around who will provide the independent oversight needed to keep the Strategy on track. Stroke Foundation believes that in order to maintain consistent momentum and engagement over the 20-year timeframe of the Strategy, it is critical the Tasmanian Government establish an independent, 'Preventive Health Strategy Taskforce', with a broad-based membership. This will include representation from key health, community sector, and non-government organisations with a footprint in Tasmania, including Stroke Foundation, as well as consumer, and First Nations and CALD community, representation. The Taskforce should drive the development of the action plans for each 4-year period of the Strategy, that will provide a clear and comprehensive summary of how the Strategy's objectives will be achieved.

We are glad to see the Strategy acknowledge that prevention is a team effort, and that 'no single agency, organisation, or department can manage this alone'. Rather, the adoption of a 'Health in All Policies', whole-of-government approach is needed to ensure efforts to improve preventative health better address the social determinants of health.

### *SMART (Specific, Measurable, Achievable, Relevant and Time-bound) targets*

The exposure draft includes sub-pillars (e.g. healthy food environments, tobacco and nicotine products etc.), each accompanied by a specific goal describing what life will look and feel like in Tasmania once prevention is working well for that sub-pillar; however, these goals lack SMART targets. The inclusion of SMART targets in the Strategy is critical to ensuring its progress can be monitored and evaluated appropriately. Where possible, these targets should be aligned with those included in the [AIHW National Preventive Health Monitoring Dashboard](#), *National Preventive Health Strategy 2021–2030*, and *National Obesity Strategy 2022–2032*, for consistency of reporting and to allow benchmarking with national data.

### *The current health and prevention landscape in Tasmania*

The Strategy would be strengthened by the inclusion of a brief (1-2 page), high-level summary covering the current state of health in Tasmania, the current areas of policy focus and progress to date, as well as the specific challenges (from a national and local context) that the Strategy is seeking to address.

### *Tasmanian Government policy, regulatory and legislative levers*

The Strategy would be strengthened by the inclusion of a more detailed discussion of the policy, regulatory and legislative levers that are available to the Tasmanian Government. For example, Tasmania has the second highest rate of daily smokers in Australia at 11.3 percent, compared with 8.3 percent nationally,<sup>4</sup> and tobacco smoking is Tasmania's single most preventable risk factor for poor health outcomes. Over the last 25 years, Tasmania has implemented a range of legislative reforms designed to reduce tobacco use. In addition, innovative legislation that would have seen Tasmania leading Australia in new tobacco control policies, including bills to raise the minimum age for purchasing tobacco and tobacco products to 21 years, and phase out tobacco sales to anyone born after the year 2000, have failed,

despite strong public support.<sup>5</sup> With the implementation of the Strategy, there is an opportunity for Tasmania to lead the way, and continue with legislative reforms in this area, including exploring age-based laws to reduce the uptake of smoking.

### *The role of collaboration*

The successful implementation of the Strategy will require collaboration across all levels of government, as well as non-government and community organisations, the health and food industries, and many other key stakeholders. Importantly, in signing the 'Tasmania Statement', the Tasmanian Government has committed to intersectoral collaboration on long-term solutions to address the social and economic factors that influence health, in order to improve the health and wellbeing of Tasmanians. The Strategy requires more detail on the role of collaboration and mechanisms for leveraging collaboration, drawing on existing examples such as the Tasmanian Tobacco Control Coalition, Tasmanian Public Health Research and Action Coalition, Tasmanian Active Living Coalition, Premier's Health and Wellbeing Advisory Council and Change for Health Alliance.

## **Summary**

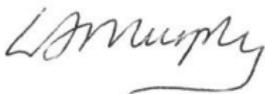
Preventing stroke is the most effective means of reducing the impact of stroke in Tasmania, and Stroke Foundation welcomes the Tasmanian Government's commitment to the Strategy, which acknowledges that effective prevention strategies require a long-term, sustained investment. We are proud to be partnering with the Tasmanian Government in the delivery of programs that support the Strategy's vision and goals, and are delivering effective primary and secondary stroke prevention in the Tasmanian community.

A strong foundation has been established with the delivery of the *F.A.S.T. (Face, Arms, Speech, and Time) Community Education* program, the *Living Well After Stroke* secondary prevention program, the *StrokeLine Navigator Service*, and the *StrokeLink* program which is focused on driving better quality stroke treatment and care. These programs are proven community interventions and are great examples of prevention initiatives that work.

Stroke Foundation welcomes the opportunity to build on the important work already being undertaken in the state. We have highlighted opportunities to strengthen the Strategy and look forward to working with the Tasmanian Government to facilitate its progress.

Thank you for the opportunity to provide feedback as part of this consultation.

Yours sincerely



**CEO  
Stroke Foundation**

## References

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4. Australian Institute of Health and Welfare. 2024. National Drug Strategy Household Survey 2022–2023, AIHW, Australian Government.
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