

25/02/2026

Feedback on Exposure Draft: The Health Revolution

To whom it may concern,

I participated in the round 1 of consultation for Tasmania's 20-year Preventive Health Strategy, representing Code REaD Dyslexia Network, via Disability Voices Tasmania's consultation workshops.

Code REaD Dyslexia Network advocates for dyslexics, dyslexia awareness, and quality literacy instruction. There is an argument that, under some circumstances, the main difference between a dyslexic and a non-dyslexic who struggles with reading, is that the former could afford an assessment, while the latter couldn't. As such, our remit is far wider than 'just dyslexics' – we recognise the heavy burden of disadvantage that is created by *anyone* not acquiring literacy.

Having read the Exposure Draft, I'm pleased by the shift from cure to prevention. However, I'm disappointed with the lack of acknowledgement that literacy receives in the draft as a preventive factor.

Learning to read and write is fundamentally vital in a literate society. While the report notes 1 in 3 dollars is spent on health, an even more startling 1 in 2 adults in Tasmania is functionally illiterate. We know that the latter statistic is implicated in the former; correlation is not causation, but the research *does* clearly show there *are* causative correlations that intersect with the pillars and goals listed in the Exposure Draft. For example:

- Page 18 refers to eliminating suicide. The link between academic struggles and mental health issues is well recognised. The DSM-5-TR notes in its entry on "Specific Learning Disorders" (i.e. including dyslexia): "In U.S. adolescents age 15 years in public school, poor reading ability was associated with suicidal thoughts and behavior compared with adolescents with typical reading scores, even when controlling for sociodemographic and psychiatric variables. In a population-based study of adults in Canada, prevalence of lifetime suicide

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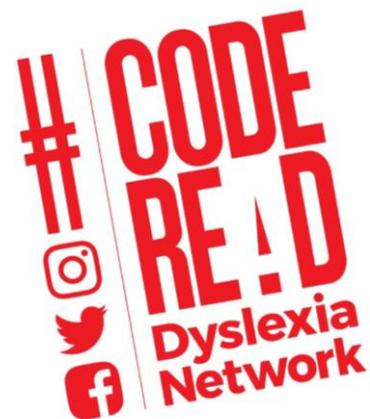
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attempts among those with specific learning disorder was higher than that among those without a specific learning disorder, even after adjustment for childhood adversities, history of mental illness and substance use, and sociodemographic factors.”

- Page 24 of the Exposure Draft states the goal that “Tasmania is a place where crime is rare because we stop harm early and give people the support they need to stay on a safer path”. The “school to prison pipeline” is a named and well-recognised phenomenon (see Distinguished Professor Pamela Snow’s presentation <https://www.youtube.com/watch?v=--EGJa31uhE>) - such is the crossover of poor academic outcomes and criminality.
- Page 25 has the goal of “Education and lifelong learning”, but the only *reading* mentioned is “helping us read the world clearly”. The sum of human knowledge cannot be accessed by “reading the world”; it is accessed by *reading text*. This 43-page text-based document ironically fails to mention the skill of reading text, once.
- Page 25 mentions the goal of health literacy, failing again to mention that written literacy is required to achieve health literacy.
- Page 26 lists the goal of “knowledge sharing and collaboration”, wherein “knowledge flows freely”. Again, such a free flow is impossible while 50% of the population is functionally illiterate.
- Page 32 introduces the creation of toolkits to sit alongside the strategy. I would speculate that the creation of these toolkits will involve, predominantly, sitting at a computer and producing textual information – which will be inaccessible to a large proportion of Tasmanians.



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In short, this document appears to have been created by people suffering from “the curse of literacy expertise”; there is an assumption that schooling leads to functional literacy, when it has failed to do so for around half of working age Tasmanians.

The Hon Bridget Archer MP’s introduction to the Exposure Draft notes “Chronic diseases like diabetes, depression and cancer are expected to cost Australia about **\$184 billion in preventable costs over the next twenty years.**” (Emphasis mine). Our report, commissioned from Equity Economics (*Saving Money by Spending: Solving Illiteracy in Australia*) notes that illiteracy costs Australia up to **\$44 billion every single year.** Keeping in mind that health is currently built around cure, not prevention, in contrast to the purpose-built system that already exists (DECYP) whose core business is supposed to be the *prevention* of illiteracy, the failure to prevent illiteracy is far more

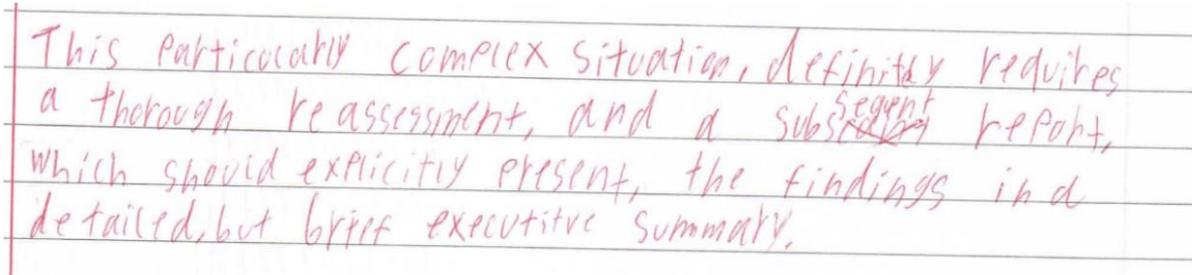
unforgivable. I would contend that the systemic failure represented by easily preventable illiteracy dwarfs any other public health failure one could name.

I would strongly recommend reviewing our commissioned report, which (as well as establishing a conservative 13-fold return on investment for structural education reform) reviews the intersections of illiteracy and crime, health, intergenerational disadvantage, employment and participation. It can be accessed here:

https://codereadnetwork.org/wp-content/uploads/2025/10/Code_REaD_NSRA_Submission-v10.pdf

I should also note that page 40 of the Exposure Draft states that “Tasmania’s researchers, universities and learning places help us understand what really works. We need them at the table because they grow the evidence, teach the people and help us learn and improve as we go.” Currently, across the country, University Education faculties are the last great bastion of resistance to effective literacy instruction. We at Code REaD continue to receive reports from recent graduates who continue to need to pay for their own post-graduation professional development, to make up for the holes in knowledge – or to correct the misinformation – that their university degrees left them with.

I sign off with a sample of work from a 12-year-old Tasmanian child who was diagnosed as a **non-verbal** autistic at a young age. With concerted early intervention, he became highly verbally expressive, and then highly literate. This is a sentence he’s written from a dictation exercise to check his spelling ability:



This particularly complex situation, definitely requires a thorough reassessment, and a subsequent report, which should explicitly present the findings in a detailed, but brief executive summary.

What doors have early intervention and literacy opened for this child? What health burden has it lifted?

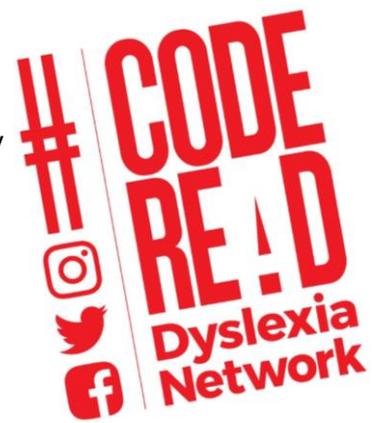
Thank you for your consideration.

Kind regards,

Marshall Roberts

Chairperson

Code REaD Dyslexia Network Australia



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