

Health and Wellbeing Queensland

# ANNUAL REPORT 2020–2021



**Queensland**  
Government

## Accessibility

### Open data

Information about consultancies, contract disclosure report, overseas travel and the Queensland Language Services Policy is available at the Queensland Government Open Data Portal (<https://www.data.qld.gov.au>). Health and Wellbeing Queensland have no data to report in the 2020–2021 reporting period.

### Public availability statement

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*Aboriginal and Torres Strait Islander peoples are advised that this publication may contain words, names and descriptions of people who have passed away.*

## Acknowledgement to Traditional Owners

Health and Wellbeing Queensland respectfully acknowledges and recognises Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of the lands, winds and waters where we live, learn and work.

We pay our respects and acknowledge the important role of Elders, past and present, for they hold the memories of the traditions, cultures and aspirations of Australia's First Nations peoples, and have taken on the responsibility to protect and promote their culture and leave a legacy for future Elders and leaders.

We acknowledge any Sorry Business that may be affecting individuals, families and communities.

We promise to be respectful, take our lead from the community and walk together with Aboriginal and Torres Strait Islander peoples, communities and organisations in our journey to better health.

We recognise that Aboriginal and Torres Strait Islander culture is rich and diverse and that we, as an agency, have a responsibility to facilitate efforts that account for this to ensure equity for all.'

We celebrate Aboriginal and Torres Strait Islander history, in particular the strength, resilience and courage which has occurred over time and now inspires current and future generations to create a healthier Queensland.

We recognise and support the Queensland Government's *Reconciliation Action Plan 2018–2021* and *Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033*.

## Recognition of Australian South Sea Islanders

Health and Wellbeing Queensland formally recognises the Australian South Sea Islanders as a distinct cultural group within our geographical boundaries. We are committed to fulfilling the Queensland Government Recognition Statement for the Australian South Sea Islander Community to ensure that present and future generations of Australian South Sea Islanders have equality of opportunity to participate in and contribute to the economic, social, political and cultural life of the State.

## Recognition of a multicultural and diverse Queensland

Health and Wellbeing Queensland recognises and supports the Queensland Government's *Multicultural Recognition Act 2016* and *Multicultural Queensland Charter (2017)* and is committed to engaging in activities that support and develop health promotion and improve the health of all Queenslanders, regardless of culture, language, faith or age. Health and Wellbeing Queensland also values and is committed to universal inclusion of Queensland's lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ+) community and supports the Queensland public sector LGBTIQ+ inclusion strategy. We pay our respects and offer our deep thanks to those who have worked to improve the health and wellbeing of LGBTIQ+ communities. Equity and inclusion will encompass and infiltrate everything Health and Wellbeing Queensland does.

We focus on chronic disease prevention by addressing underlying causes of ill health, identifying barriers to achieving optimal health and addressing needs of different communities – and we do this through the development of partnerships and the co-design of programs that meet the needs of these communities. We do this to drive change that has the potential to prevent illness and strengthen and protect wellbeing at all stages of life for all Queenslanders.

# Letter of compliance



14 September 2021

The Honourable Yvette D'Ath  
Minister for Health and Ambulance Services  
GPO Box 48  
BRISBANE QLD 4001

Email: [health@ministerial.qld.gov.au](mailto:health@ministerial.qld.gov.au)

Dear Minister D'Ath

I am pleased to submit for presentation to the Parliament the Annual Report 2020–2021 and financial statements for Health and Wellbeing Queensland.

I certify that this annual report complies with:

- The prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2019*; and
- The details requirements set out in the *Annual report requirements for Queensland Government agencies*.

A checklist outlining the annual reporting requirements is provided at pages 42–43 of this annual report.

Yours sincerely

A stylized, handwritten signature in black ink, consisting of a large loop and a trailing line.

Dr John Wakefield PSM  
Chairperson of the Board  
Health and Wellbeing Queensland

*making healthy happen*

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# Statement on government objectives for the community

The government's objectives for the community are built around *Unite and Recover – Queensland's Economic Recovery Plan*.

The objectives are long-term and can only be achieved by everyone involved working together. The objectives are:

- Safeguarding our health
- Supporting jobs
- Backing small business
- Making it for Queensland
- Building Queensland
- Growing our regions
- Investing in skills
- Backing our frontline services
- Protecting the environment

Health and Wellbeing Queensland's Strategic Plan 2020–2024 (<https://hw.qld.gov.au/about-us/performance/strategic-plan/>) aligns with the Unite and Recover plan and Health and Wellbeing Queensland has contributed to the Queensland Government's objectives to 'Safeguarding our health'.

Using a dedicated, Queensland-specific, data informed equity framework, improving the health and wellbeing of Queenslanders is possible. By avoiding hospitalisations, reducing investment waste, improving the precision of interventions and ensuring maximum engagement by consumers, demand on the health system will ease and return on investment will improve. This is the job of Health and Wellbeing Queensland.

# Year in review

## From the Board Chairperson

It is with great pride that I present the *second Health and Wellbeing Queensland Annual Report 2020–2021*.

Health and Wellbeing Queensland's (HWQld) second year of operation has been one of challenge and change as it has been for all Queenslanders.

The response to the COVID-19 pandemic in Queensland has demonstrated what can be achieved when we pull together to overcome the challenge at hand. With focused and collaborative efforts, HWQld is driving change around prevention so all Queenslanders have the chance to live a healthier life as we move through and beyond this time.

While small in size, HWQld has an especially big mandate to improve the health and wellbeing of the population and reduce health inequities. I am proud by what has been achieved in the agency's second year.

As Board Chair, I would like to take the opportunity to thank the board members for their passion, support and insights. I also thank departing 2020–2021 board members Ms Liza Carroll and Mr Preston Campbell, and officially welcome Ms Clare O'Connor in her capacity as Director-General, Department of Communities, Housing and Digital Economy. We also welcomed Mr Chris Johnson, as Chair of the Finance, Audit and Risk Management (FARM) Committee, established on 2 July 2020.

I look forward to the year ahead and Mr John Lee's appointment to the HWQld Board in his capacity as Director-General, Department of Tourism, Innovation and Sport and the strengthened opportunity for cross-agency collaboration and partnership this appointment presents.

I extend a special thanks to Dr Robyn Littlewood as Chief Executive for her passion and leadership in driving the Agency's achievements in its second year. The case for preventing chronic disease and addressing health inequities is more critical than ever and under Dr Littlewood's leadership HWQld has forged ahead during this period

and delivered on key strategies, programs and partnerships for creating a healthier and more resilient Queensland population.

HWQld is uniquely positioned to partner with local communities, across the health sector and engage with business, industry, community groups and researchers in achieving this.

Just two years old, HWQld is already creating meaningful change for Queenslanders.

One of the great programs underway is Pick of the Crop, which is about increasing opportunities for primary school students to learn about, see, taste and consume vegetables and fruit. School gardens have been established or expanded, and students have watched produce grow and incorporated it into classroom learning, tuckshops and lunchboxes.

Pick of the Crop has been embraced with enthusiasm in places such as Bundaberg, where Avondale State School students have been learning how to grow fruit and vegetables from their very own Garden Granny, who volunteers at the school. Students use produce to have cook ups at school and for their daily brain breaks and tuckshop meals. Over at Kalkie State School, the Pick of the Crop team met a Year 6 student who ate a strawberry for the first time and loved it.

This may be a long way from Queensland's high-tech, frontline treatment services, but I can't help but think about the potential impact of such simple interventions on the lives and health of our future generations.

The work of HWQld has the power to change the lives of thousands of Queenslanders and it is a privilege to be a part of it.

Yours sincerely,

**Dr John Wakefield PSM**  
Chairperson of the Board



# Year in review

## From the Chief Executive

Investing in addressing the underlying social determinants that impact healthy weight can have a huge impact on individuals, the community, health system and the economy.

Prevention is firmly on the agenda in Queensland. It is with delight that I see prevention discussed, included and prioritised. Rest assured, momentum around prevention is continuing to build and grow with relevance, credibility and prominence – and at pace. We are determined to set this up right.

The COVID-19 pandemic has taught us that *Queenslanders support Queenslanders* and we can do things quickly and with agility for each other. We are kind, resilient and loving. These and other learnings from this year have not been lost on the team at Health and Wellbeing Queensland. Upskilling in technology, efficiency through data, and understanding the depths and breadth of true efficiencies has been supported throughout this time. Making the hard decisions to remain iterative and implement changes as we continue to support such new ways of working has become business-as-usual for Health and Wellbeing Queensland.

We have been working hard on driving systems reform for prevention. Prevention is key to taking the pressure off the health system. There is simply no other long-term solution that can achieve such return on investment and true impact. By supporting system-wide data analytics, a Queensland-specific equity framework and a strong research and evaluation function, Health and Wellbeing Queensland will lead system-wide change to support better outcomes for the health of Queenslanders, whilst also driving a health economic agenda. Targeting system waste, focusing on impact and precision of support with and through our communities will deliver a more efficient, relevant and targeted response to chronic health conditions, which are establishing conditions for good health. Queensland Government's rapid and agile response to the COVID-19 pandemic has proven that system reform is possible.

Never have I been a part of something quite as positive, relevant and significant as Health and Wellbeing Queensland. I am yet to come across people who disagree with our purpose, our narrative and our agenda. Our second year has only strengthened my belief in our mission and our people. Health and Wellbeing Queensland has accepted the leadership role in tackling obesity for our people and establishing its place within the Queensland Government landscape. Chronic diseases will continue to be here, now and into the future, throughout COVID-19 recovery and beyond. More than ever before, we need a strong response to non-communicable diseases. Our mission is to curb the increase and engineer decline in these numbers, if not now, then when?

In 2020–2021, Health and Wellbeing Queensland has transitioned from a time of strong establishment to one of solid credibility and maturity. We are the 'go-to' for prevention and the accepted long-term solution to ease pressure on our tireless health system. By working together, we are already achieving more and we are just at the start of our journey.

Health and Wellbeing Queensland is Queensland's first dedicated prevention agency. We are in the unique position to reduce Queenslanders' risk factors for chronic disease, reduce health inequity and improve Queenslanders' overall health and wellbeing by contributing to the social change needed to do so. Supported by research and evidence, we have adopted a multi-sector approach to our work, drawing on expertise from public health, sport, recreation, primary care, social behaviour, marketing and many other domains.

Research has highlighted the importance of consumer and community-led work, particularly among priority population subgroups, through a co-production approach. Engaging consumers in the design and conduct of prevention work secures the relevance of the programs and ensures participation rates and will continue to facilitate the sustainability of health benefits.

Our work is different. We are consumer-led, equity-driven and evidence-informed. Our value-add is evident as we receive requests from stakeholders and academic institutions to collaborate or lead on pieces of work.



The latest 'Burden of Disease and Injury, Summary Results for Queensland' report indicated that around 15 per cent of hospitalisations in Queensland were associated with preventable risk factors such as obesity and high blood pressure, where data was available for 2015–2016.<sup>1</sup>

Partnering with community members and consumers on health and preventive health initiatives is an important way to improve people's health, address the social determinants of health and reduce health inequities. Prioritising communities through the planning, implementation and evaluation of health and wellbeing initiatives that are intended for their own people helps to ensure the initiatives are relevant, accessible, well utilised and responsive.

Without doubt, the most important event Health and Wellbeing Queensland supported in 2020–2021 was with the Torres and Cape Indigenous Council Alliance (TCICA) in Cairns on 14 April 2021. More than 60 council leaders, including 13 Mayors and Chief Executives; Ms Cynthia Lui MP, Member for Cook; and leaders from the Aboriginal and Torres Strait Islander Health Community Controlled Sector and State and Commonwealth health, who have responsibility across the region, attended. I was so pleased to present to such an experienced and respected group of leaders to launch our Gather + Grow program. Our visibility and commitment to the far north region continues to build with Gather + Grow delivered in the Cape, Torres and Lower Gulf; delivery of the Healthy Stores project; and the appointment of a Far North Queensland Program Coordinator (identified position) based in Cairns. Underscoring why our focus on the region is locked firmly, an influential leader told me, "I am 49 years old and one of the oldest leaders in my community". An all too telling marker of disadvantage.

Moving into 2021–2022, our focus is on implementation and impact. Health and Wellbeing Queensland will support a suite of prevention programs through continued partnership with agencies – My Health for Life, Deadly Choices, Queensland Country Women's Association (QCWA) Country Kitchens, Jamie's Ministry of Food, 10,000 Steps, and Healthy Tuckshop Support. We will also continue managing programs developed by our agency: Pick of the Crop, Healthy Kids Menu, lead the development of a Queensland Equity Framework, advance the health and wellbeing of First Nations Queenslanders through the Gather + Grow program, and lead a new clinical prevention agenda to focus on obesity prevention and its economic benefits for the health system.

I would like to thank the Health and Wellbeing Queensland Board for their advocacy and their relentless support. I would like to thank our Board Chairperson, Dr John Wakefield for his support and unwavering trust in our work and intentions. I'd also like to thank The Honourable Steven Miles MP, Deputy Premier and Minister for State Development, Infrastructure, Local Government and Planning; and The Honourable Yvette D'Ath, Minister for Health and Ambulance Services for their continued support in ensuring Health and Wellbeing Queensland achieves real and measurable improvements in the health and wellbeing of Queenslanders. These are leaders who understand the true value of a statutory body to the entire system.

I would also like to thank our strong executive team, our leadership team and the committed and resilient Health and Wellbeing Queensland workforce. Your support and efforts are highly valued and appreciated. Rest assured, 2021–2022 will continue to bring proof of the success of your efforts.

"I have never tried a strawberry before." A quote from a child in a regional community, surrounded by lush farms and fruit growers, yet also home to many local families, unable to afford fresh food. The introduction of the Health and Wellbeing Queensland Pick of the Crop program – which increases opportunities for children to try vegetables and fruit—is a novel way of supporting children to understand the benefits of healthy eating. This was a lovely experience for our team at Health and Wellbeing Queensland and a simple example of the impact programs like this can have.

With our partners and communities together we are:

- changing the trajectory of children's lives
- closing the gap
- supporting clinicians to do the same
- supporting change across the entire system to deliver better lives through better access for health.

We are proving what we do and why. Queensland has got this model so right and I am privileged every day to lead it. I don't take this responsibility lightly.

Yours sincerely,

**Dr Robyn Littlewood**  
Chief Executive



# Who we are

## Our establishment

HWQld was established on 1 July 2019 as a statutory health promotion agency under the *Health and Wellbeing Queensland Act 2019* (HWQld Act) to reduce the burden of chronic diseases and reduce health inequity.

We are a prevention agency and our role is to make healthy happen for Queensland. Our focus is obesity prevention, so we are targeting three key areas: nutrition, physical activity and wellbeing. Together, we drive change so all Queenslanders have the best chance to live a healthier life, no matter who they are, or where they live.

Our principal place of business is 139 Coronation Drive, Milton Green.

The main functions of HWQld, as set out in the HWQld Act, are to:

- Facilitate and commission activities to prevent illness and promote health and wellbeing.
- Develop partnerships and collaborate with other entities to further our objective or carry out our functions under the HWQld Act.
- Give grants for activities to further our objective or carry out our functions under the HWQld Act.
- Monitor and evaluate activities to prevent illness and promote health and wellbeing.
- Develop policy, and advise the Minister and government entities, about preventing illness and promoting health and wellbeing.
- Coordinate the exchange of information about activities to prevent illness and promote health and wellbeing.

As the Queensland champion of health promotion, HWQld is committed to putting people and communities at the heart of everything we do. We believe the best outcomes are achieved when we listen to the needs of communities and work with them to build the capacity of their community leaders, influencers and members to develop, expand and lead their own health and wellbeing efforts. This includes ensuring that each phase of planning, implementation and evaluation of activities is informed by the perspectives and priorities of community members that reflect the diverse Queensland population and the communities where they live.

Partnering with communities is our priority to ensure health and wellbeing initiatives are effective, relevant, accessible, well utilised and responsive. Partnering with people and communities in the planning, implementation and evaluation of health and wellbeing initiatives (developed with and for our people), can lead to greater social support and wellbeing.<sup>2,3</sup>

## Our principles

Underpinned by the Queensland Government public service values that are fundamental to all our work, our principles are:

- **Everyone** – better health is a universal human right that we will respect, protect and promote.
- **Innovative** – do things differently, accelerate and amplify new ideas.
- **Collaborative** – best results in partnership, combine and leverage skills, will and resources.
- **Ambitious** – set big targets, do whatever it takes, action today.
- **Bold** – push the boundaries, question and disrupt.

## Our vision and purpose

Our vision is that every Queenslanders achieves and sustains a healthier weight by moving more and making healthier food and drink choices.

Our purpose is to partner, to create and to amplify policy and actions that achieve real and measurable improvements for the health of every Queenslanders.

The health of Queenslanders 2020: Report of the Chief Health Officer Queensland ([https://www.health.qld.gov.au/data/assets/pdf\\_file/0019/1011286/cho-report-2020-full.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0019/1011286/cho-report-2020-full.pdf)) identified that the health system continues to face public health challenges including:

- high rates of obesity
- an increasing chronic disease burden
- disparity in the life expectancy and chronic disease burden for Aboriginal and Torres Strait Islander peoples
- the adverse effect of socioeconomic factors.

These factors, combined with a growing and ageing population, are negatively impacting the quality of life of Queenslanders, the capacity of the health system and the productivity of the Queensland economy.

The advantages of establishing HWQld as a statutory body to undertake health promotion activities are that:

- We are empowered to act as a champion for change and are well placed to coordinate efforts across diverse sectors, and foster the innovative thinking required to support individual, community and environmental changes needed to reduce health inequities.
- We can help strengthen linkages across sectors that have a role to play in illness prevention and health promotion, promote better alignment between federal, state and local jurisdictions, and increase shared responsibility across the sectors.
- We can facilitate the growing expectation for a new public health movement that focuses on building the capacity of people and communities to be a key force for social change in matters of health and wellbeing.

HWQld provides a new way of working, by investing in innovative partnership initiatives to create environments that support the health and wellbeing of Queensland communities.

## Our people

### Board

HWQld is governed by a board of seven members, including a chairperson, appointed by the Governor in Council under section 18 of the HWQld Act on the recommendation of the Minister, for terms of up to four years.

Pursuant to the HWQld Act, the board must include at least six and no more than 10 members comprised of:

- at least one and no more than four chief executive officers (Directors-General) of government departments
- six other members with qualifications and experience in areas including law, business or financial management, public health, academia, community service organisations, the not-for-profit sector or other areas the Minister considers relevant or necessary to support the board in performing its functions
- at least one of whom must be an Aboriginal person or a Torres Strait Islander.

The board provides strategic leadership, guidance and effective oversight of management, operations and financial performance and is responsible for the following functions:

- ensuring the proper, efficient and effective performance of HWQld's functions
- deciding the objectives, strategies and policies to be followed by HWQld
- ensuring HWQld complies with its legislative obligations
- any other function given to the board under an Act.

The inaugural permanent board commenced on 1 April 2020 and have completed their first year in these positions. The board met seven times during the reporting period, with all meetings offered in-person and virtually in accordance with COVID-19 social distancing restrictions.

Reporting template for *Annual report requirements for Queensland Government agencies for the 2020–2021 reporting period*  
– Section 13.3 Government bodies (statutory bodies and other entities)

Name of Government body HWQld Board					
Act or instrument	Health and Wellbeing Queensland Act 2019				
Functions	HWQld is governed by a board appointed by the Governor in Council.				
Achievements	<ul style="list-style-type: none"> <li>Approved investment proposals on the top priorities for Pick of the Crop, Remote Food Security, Boost your Community and the Early Years and Child Equity Framework.</li> <li>Approved Logan Health and Wellbeing Hub.</li> <li>Endorsed Risk Management approach and Savings and Debt Strategy.</li> <li>Approved HWQld's contribution to support the Department of Tourism, Innovation and Sport (Sport and Recreation) with the ActiveKIT.</li> <li>Approved the Prevention Program Investment Review Process to ensure value-add across a suite of program through a strategic management approach led by HWQld.</li> </ul>				
Financial reporting	<p>The FARM Committee provides independent advice, assurance and assistance to the HWQld Board in the areas of risk, control, audit, performance management and compliance frameworks.</p> <p>A financial report is provided for discussion at each board meeting to enable members to fulfil their responsibility approve annual budget and financial plans, monitor financial performance including approval of annual financial reports.</p> <p>The board acts in accordance with the <i>Financial Accountability Act 2009</i> and adheres to the Financial and Performance Management Standard 2009 and contributes to the Queensland Health budget and service delivery statements.</p>				
Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Chair	Dr John Wakefield	5	Not applicable as chief executive	Not applicable	Not applicable
Director-General Member	Ms Clare O'Connor	2	Not applicable as chief executive	Not applicable	Not applicable
Member	Mr Stephen (Steve) Ryan	7	\$15,000 per annum	\$2,000 per annum	\$17,000 per annum
Member	Emeritus Professor Ian Lowe	7	\$15,000 per annum	Not applicable	\$15,000 per annum
Member	Mrs Stella Taylor-Johnson	4	\$15,000 per annum	Not applicable	\$15,000 per annum
Member	Ms Anna Voloschenko	7	\$15,000 per annum	Not applicable	\$15,000 per annum
Member	Ms Jane Williams	7	\$15,000 per annum	\$2,000 per annum	\$17,000 per annum
No. scheduled meetings/ sessions	7				
Total out of pocket expenses	\$266.30				

## Board members

<b>Chairperson and Director-General member:</b> Director-General, Queensland Health (ex-officio)	
<b>Appointed:</b>	1 July 2019
<b>Current term:</b>	1 July 2019 to 30 June 2021
<b>Current office holder:</b>	Dr John Wakefield

Dr Wakefield possesses 30 years' experience in clinical and management roles across Queensland and is the former Deputy Director-General, Clinical Excellence Queensland, Department of Health, where he drove significant reforms in mental health, nursing and maternity services. Dr Wakefield has been actively involved in Queensland and national efforts to improve patient safety, including establishing and leading the Queensland Health Patient Safety Centre and chairing the National Open Disclosure Pilot Project. In 2011, Dr Wakefield was awarded a public service medal for services to patient safety as part of the national Australia Day Awards.

- Ms Barbara Phillips was acting Director-General, Queensland Health, and was an apology for the 28 April 2021 meeting.

<b>Director-General member:</b> Director-General, Department of Communities, Housing and Digital Economy (ex-officio)	
<b>Appointed:</b>	1 July 2019
<b>Current term:</b>	1 July 2019 to 30 June 2021
<b>Current office holder:</b>	Ms Clare O'Connor

Under the Departmental Arrangements Notice (No.4) 2020, the Department of Housing and Public Works changed names to the Department of Communities, Housing and Digital Economy. The Director-General of the former Department of Housing and Public Works remained eligible to continue as a member of the board. Ms Clare O'Connor was appointed as the Director-General, Department of Communities, Housing and Digital Economy on 20 November 2020. Ms O'Connor has over six years' experience in Director-General positions, having served in two other departments, including most recently leading the delivery of the National Disability Insurance Scheme to Queensland. She has a Bachelor of Arts and Master of Arts Public Sector Leadership and extensive experience in community and disability services, as well as progressing other transformational social service reforms.

- Meeting attendances of the former ex-officio office holders, Ms Liza Carroll and Ms Trish Woolley, are addressed in the former members section.

<b>Member:</b>	Mr Stephen (Steve) Ryan
<b>Appointed:</b>	1 July 2019*
<b>Current term:</b>	1 April 2020 to 30 June 2023

Mr Ryan is a professional board member, senior executive and educator with over 40 years' experience in strategic leadership, governance and service delivery. Mr Ryan has extensive exposure across the public, union, superannuation and not-for-profit sectors in his various roles as a secondary school teacher, a Trustee of the QSuper Board and a Director of QInvest. Mr Ryan is a Director of the Residential Tenancies Authority Queensland and Chair of its Risk and Audit Committee; he is also a Director of GROW, a national not-for-profit community-based organisation helping Australians recover from mental illness through programs of mutual support and personal development. Further, Mr Ryan was an executive member and President of the Queensland Teachers' Union.

*\* Mr Ryan was an acting board member from 1 July 2019 to 31 March 2020 and commenced as a permanent board member on 1 April 2020.*

<b>Member:</b>	Emeritus Professor Ian Lowe
<b>Appointed:</b>	1 April 2020
<b>Current term:</b>	1 April 2020 to 30 June 2022

Emeritus Professor Lowe is a highly experienced, widely published and highly awarded expert on urban development, sustainability, environmental science and public health. One of Australia's most respected environmental scientists, Emeritus Professor Lowe is an Adjunct Professor at Flinders University and the University of the Sunshine Coast, and an Emeritus Professor of Science, Technology and Society at Griffith University where he was previously Head of the School of Science. Emeritus Professor Lowe holds earned degrees from The University of New South Wales and the University of York, as well as honorary doctorates from Griffith University and the University of the Sunshine Coast. Emeritus Professor Lowe's principal research interests are in the broad area of policy decisions influencing the use of science and technology, especially in the fields of energy and environment.

## Who we are

<b>Member:</b>	Mrs Stella Taylor-Johnson
<b>Appointed:</b>	1 April 2020
<b>Current term:</b>	1 April 2020 to 30 June 2022

Mrs Taylor-Johnson has more than 40 years' experience working in the health sector and studying in the fields of behavioural science and social welfare. Mrs Taylor-Johnson was instrumental in the development of the first *Queensland Health Aboriginal and Torres Strait Islander Mental Health Policy* and holds a range of senior advisory positions in government and the not-for-profit sector, and numerous board directorships including with the Institute for Urban Indigenous Health (IUIH), Queensland Aboriginal and Islander Health Council and Health Workforce Queensland. Throughout her career Mrs Taylor-Johnson has held leadership roles and chair positions which have provided the opportunity to build on the further establishment of the Murri Independent Community School in Brisbane, Queensland Trachoma and Eye Health, and the development and implementation of the Queensland Police Service Aboriginal and Torres Strait Islander Recruitment Strategy.

<b>Member:</b>	Ms Anna Voloschenko
<b>Appointed:</b>	1 April 2020
<b>Current term:</b>	1 April 2020 to 30 June 2022

Ms Voloschenko is a health professional with over 30 years' experience encompassing public health, health promotion, health protection and population health. Ms Voloschenko is an independent consumer advisor and strategic planner on matters related to the health of populations and communities who live in Queensland. Throughout her career, Ms Voloschenko has been involved in the development of major public health and health promotion campaigns which included community education and associated workforce both nationally and at a state level. For many years, Ms Voloschenko has championed health issues including health literacy and challenges facing culturally and linguistically diverse Queenslanders. She also advocates for equity and inclusion for all. As a result of her efforts, Ms Voloschenko was awarded an Outstanding Individual Achiever Award by Multicultural Queensland in 2019.

<b>Member:</b>	Ms Jane Williams
<b>Appointed:</b>	1 April 2020
<b>Current term:</b>	1 April 2020 to 30 June 2023

Ms Williams is an experienced registered nurse and holds qualifications in management, community service coordination and rural and remote health. Since 1992, Ms Williams has worked in rural and remote areas of Western Queensland and continues to practice as a wellness nurse at the Barcaldine Medical Centre, caring for people with chronic disease and mental illness. Living and working as part of a rural and remote community has provided Ms Williams with valuable insights into the issues and challenges facing these communities. Ms Williams is the Chair of HHB Chairs Forum and also holds a number of key board appointments with Central West HHB, Queensland Music Festival, CheckUP, Royal Flying Doctors Service (Queensland) Foundation, Queensland Mental Health and Drug Alcohol Advisory Council and Central West Rural Wellness Network.

## Former members

<b>Director-General member:</b>	Director-General, Department of Housing and Public Works (ex-officio)
<b>Former office holder:</b>	Ms Liza Carroll
<b>Meetings attended:</b>	1

- Ms Carroll was the Director-General, Department of Housing and Public Works, until 16 October 2020, when she resigned from the position. Ms Carroll attended all meetings held during the term of her ex-officio appointment.

<b>Director-General member:</b>	Acting Director-General, Department of Housing and Public Works (ex-officio)
<b>Former office holder:</b>	Ms Trish Woolley
<b>Meetings attended:</b>	1

- Ms Trish Woolley was the acting Director-General, Department of Housing and Public Works from 17 October 2020 to 19 November 2020 and attended 1 out of 2 board meetings held during the term of her ex-officio appointment.

<b>Former office holder:</b>	Mr Thomas (Preston) Campbell
<b>Term of appointment:</b>	1 April 2020 to 24 November 2020
<b>Meetings attended:</b>	1

- Mr Thomas (Preston) Campbell was a board member from 1 April 2020 to 24 November 2020 and attended 1 out of 2 board meetings held during the term of his appointment.



## Executive Leadership team

HWQld's Executive Leadership team is responsible for delivering the agency's legislative requirements within a compliant corporate governance framework and for providing strategic and operational guidance and comprises:

- **Chief Executive:** Dr Robyn Littlewood
- **Chief Operating Officer:** Mr Mark Tuohy
- **Executive Director:** Ms Gemma Hodgetts

### *Chief Executive, Dr Robyn Littlewood*

The Chief Executive Officer (CEO) reports directly to the board, directs the overall efficient, effective and economical administration and guides the strategic direction of HWQld. The CEO is responsible for the day-to-day administration of HWQld, including management and performance of the CEO's functions in accordance with the HWQld Act. Dr Littlewood was appointed pursuant to section 32 of the HWQld Act by the Governor in Council, with the approval of the Board, for a four-year term commencing 18 November 2019.

Dr Littlewood is a highly experienced paediatric clinical dietitian with more than 20 years' experience. Dr Littlewood is also a leading advocate for health promotion, particularly in the area of children's nutrition and obesity prevention, and is an experienced leader, researcher, academic and educator. Dr Littlewood believes every Queenslanders has the right to better health, no matter where they live, and is confident Queensland can be a global leader in obesity reduction by shifting the dial to create real change. Dr Littlewood holds a Postgraduate Diploma in Nutrition and Dietetics from the Queensland University of Technology (QUT), Master of Medical Science, Doctor of Philosophy (PhD) in childhood nutrition and Graduate Certificate in Executive Leadership from the University of Queensland (UQ) and is completing a Master of Business Administration.

Prior to commencing as CEO, Dr Littlewood was a member of the inaugural interim HWQld Board and held director roles in health services research and dietetics at the Queensland Children's Hospital, Children's Health Queensland Hospital and Health Service (CHQHHS). Dr Littlewood holds a range of national and Queensland clinical and academic positions in paediatric obesity prevention and nutrition and is highly respected, having been an invited speaker at state, national and international conferences and having published over 100 international papers, many of which are published in Q1 journals.

Dr Littlewood has worked extensively across all levels of paediatric obesity prevention, nutrition and dietetics, including as General Manager of Child Health in Life and Disease Dietetics (ChildD), where she led the first national paediatric dietetics training course in Australia, alongside Dietitians Australia, responsible for training hundreds of paediatric dietitians across Australia (still running today).

Dr Littlewood has held other influential roles including Co-Chair of the Queensland Child and Youth Clinical Network and Conjoint Associate Professor in Nutrition, Human Movement and Nutrition Science at UQ, converting to an Adjunct Professor prior to her commencement as Chief Executive. Dr Littlewood was also a Board Director with Dietitians Australia (Dietitians Association of Australia at the time) and has held a range of professional and occupational memberships on advisory and consultative bodies focusing on child health and obesity prevention, health system improvement and consumer collaboration.

### *Chief Operating Officer, Mr Mark Tuohy*

The Chief Operating Officer leads the business, corporate governance and service delivery functions and drives the day-to-day delivery of organisational performance. A strong focus of this role includes the oversight of business planning and continuous improvement to deliver the highest standards of operations and corporate governance, aligned with the strategic directions of HWQld.

Mr Tuohy is a qualified lawyer with approximately 16 years' experience working as a solicitor in private practice and as a government lawyer, including as an in-house lawyer with Queensland Health. Mr Tuohy is a graduate of the Australian Institute of Company Directors and has extensive experience in governance and compliance in a government and health context.

Prior to his appointment as Chief Operating Officer, Mr Tuohy was Director of the HWQld Implementation Team established as part of Queensland Health's Rapid Results Program, where he coordinated the accelerated activities required to ensure HWQld's commencement of operations on 1 July 2019.

Mr Tuohy's management and operational experience includes undertaking a variety of other senior roles in Queensland Health, including as Cabinet Legislation and Liaison Officer, and Directors roles in Legislative Policy, the Mental Health Branch and the Office of Health Statutory Agencies – a role providing support and advice to the then Deputy Premier, Minister for Health and Minister for Ambulance Services and the Director-General Queensland Health, in relation to health portfolio statutory agencies, including the monitoring of key governance compliance requirements and application of whole-of-government policy and legislation.



### Executive Director, Ms Gemma Hodgetts

The Executive Director leads the planning, direction and controlling of HWQld's business and is responsible for providing strategic and tactical advice, direction and support to the Chief Executive and the organisation to ensure the delivery of key functions, and seeks to identify, develop and implement new opportunities. This is achieved through the building and fostering of relationships with key stakeholders and sectors with a commitment to collaborative and effective partnerships to implement evidence-based, sustainable solutions. The Executive Director leads the consultation and facilitation of executive information and provides expert advice with respect to executive government processes including cabinet, parliamentary and ministerial liaison.

Ms Hodgetts has a Master of Business Administration, qualifications in business and policy analysis and over 20 years' experience in governance, operations, media strategy, compliance and risk, process improvement and management. Ms Hodgetts joined HWQld as the Executive Director in February 2020, prior to which she held positions including Senior Director and Acting Executive Director, Office of the Director-General, Department of Health. Through these roles, Ms Hodgetts led the provision of strategic advice and service delivery for several Ministers for Health and Ambulance Services and Directors-General, Queensland Health.

Prior to her time with Queensland Health, Ms Hodgetts held positions including Director, Office of the Coordinator General, Department of State Development and senior strategic advisory roles with the Department of Community Safety and the Office of the Minister for Police, Corrective Services and Emergency Services.

### Organisational structure and workforce profile

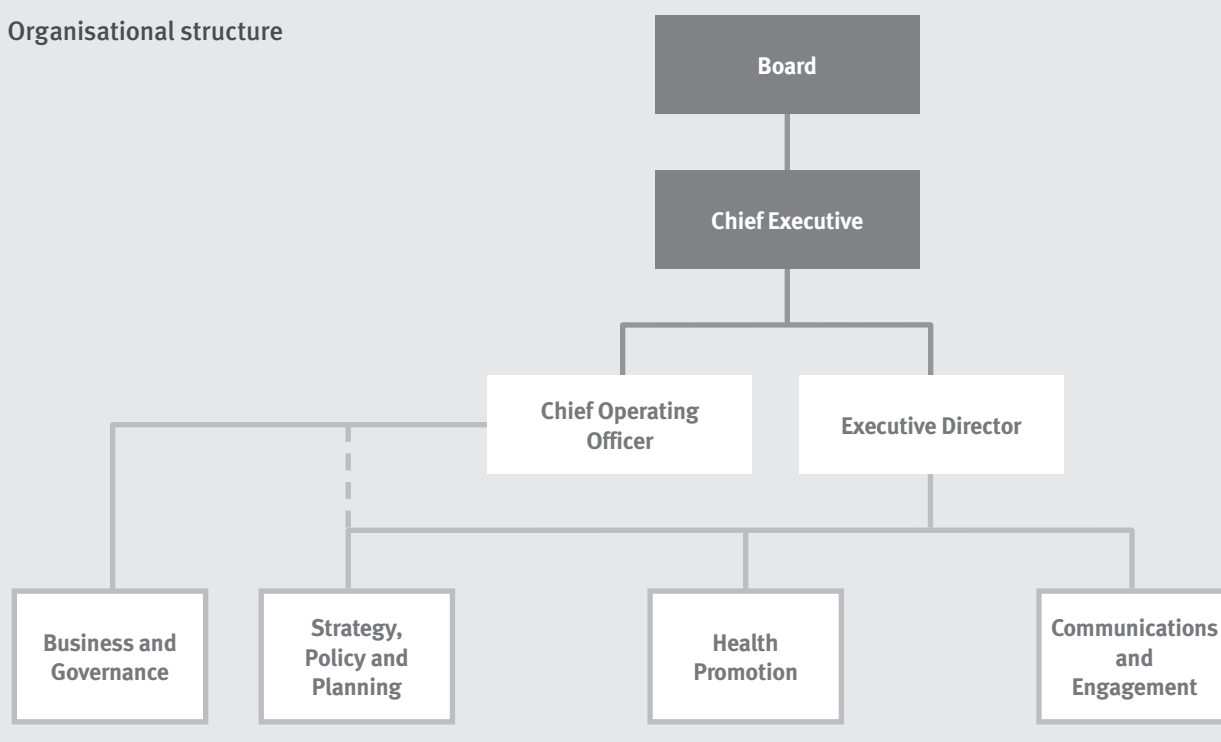
HWQld has developed its organisational structure to be agile and flexible and reflect the core expertise and skills necessary for HWQld to undertake its functions. We have a diversely skilled workforce that includes nurses, dietitians, public health nutritionists, health promotion officers, research fellows, policy experts, strategic communications specialists and administration officers, all helping to deliver on HWQld's objectives to drive positive and innovative change to improve the health of all Queenslanders.

As at 18 June 2021, HWQld had an establishment of 43.89\* full-time equivalent (FTE) positions, with a head count of 47 people including full-time, part-time and temporary employees. The HWQld workforce profile has expanded from establishment and planning activities in 2019–20 to implementation delivery in 2020–2021.

Our workforce is primarily permanent with 72 per cent of FTEs employed in permanent roles and 28 per cent of FTEs employed on a temporary basis. Women make up 88 per cent of employees and 76 per cent of managerial positions (being positions at or above Administration Officer 7 level).

\* MOHRI FTE data for fortnight ending 18 June 2021.

#### Organisational structure



## Our objectives and measures

### Our objective is to make healthy happen.

HWQld builds partnerships and co-designs strategies with Queensland communities that drive population change focused on healthy weight. As outlined in our inaugural *Strategic Plan 2020–2024*, approved by the board in June 2020, we are committed to driving our work through the three key strategic pillars of population, prevention and partnership.

**Population:** Our population approach focuses on creating environments that support healthier options at all stages of life and for priority populations. We are driven to ensure better health is achieved across the entire Queensland population. We are for everyone.

**Prevention:** Our role in prevention is to empower and activate people, organisations, communities and governments to create the conditions that will prevent people from getting ill in the first place and keep them healthy.

**Partnership:** We will support the health promotion activity, capacity and direction of our partners by providing access to resources and expertise to scale-up and leverage evidence-informed and innovative approaches.

Our *Community Partnering Strategy* supports a planned approach to ensure HWQld's activities are informed by, or co-designed with, community. This will ensure activities are inclusive, accessible, culturally respectful and relevant for the diverse populations across Queensland and that they collectively contribute to systems change and reducing health inequities.

Our strategic objectives, performance measures and strategies are guided by all three strategic pillars, with the most closely associated pillar indicated as follows:

**Figure 1:** Overview of HWQld's vision, purpose, principles, objectives, performance measures, strategic pillars and strategies

<i>Pillar: Population</i>	
Performance measure	Strategies
<i>Strategic objective: Address social determinants that contribute to health inequity</i>	
<ul style="list-style-type: none"> <li>Actions implemented to reduce barriers to healthy living for priority populations affected unequally by overweight and obesity.</li> </ul>	<b>Empower people and communities</b> <ul style="list-style-type: none"> <li>Stimulate community-led initiatives and policy in Aboriginal and Torres Strait Islander communities to supply healthy food and promote healthy eating and physical activity, with a focus on remote food stores;</li> <li>Build prevention capacity and support concerted efforts, targeting hearts and minds within our communities to lead their own health and wellbeing efforts and build on positive changes made during COVID-19, deliver Boost your Community small grants and provide an online platform for communities to share learnings; and</li> <li>Deliver a whole-of-school and whole-of-system healthy eating program to increase students' consumption of vegetables and fruit.</li> </ul>
<i>Strategic objective: Make healthier options the easier options where Queenslanders live, learn, play and work</i>	
<ul style="list-style-type: none"> <li>Healthy weight interventions implemented in partnership with communities, schools, workplaces and health services;</li> <li>Improved availability, accessibility and acceptability of healthy food and physical activity options, especially in remote areas; and</li> <li>Collaborative health and wellbeing policy, funding models and actions embedded across sectors.</li> </ul>	<b>Strengthen policy</b> <ul style="list-style-type: none"> <li>Influence the national and state policy agenda and initiatives across sectors, including the National Obesity Strategy and Our Future State;</li> <li>Deliver actions to support <i>Activate! Queensland 2019–2020</i>, the Queensland Walking Strategy, Queensland Cycling Strategy and Growing for Queensland;</li> <li>Develop and deliver policy options to reduce the marketing and sale of unhealthy food including introducing awards for healthy children's menus; and</li> <li>Develop a Queensland Equity Framework and position statements to guide investment for Queensland on healthy communities and places, early life and children, work health and wellbeing, and food security.</li> </ul>

Pillar: Prevention	
Performance measure	Strategies

*Strategic objective: Empower Queenslanders to live a healthier life*

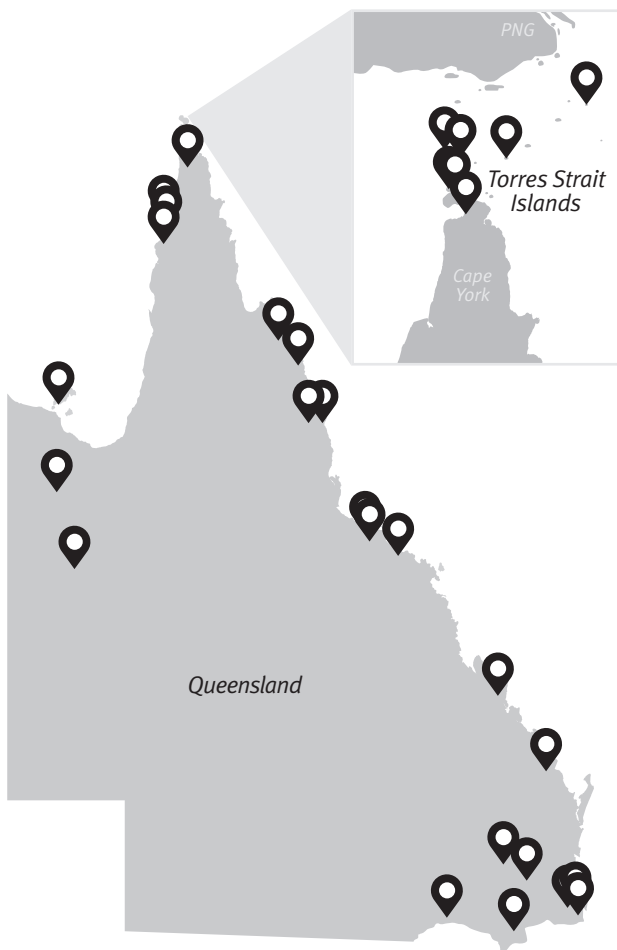
<ul style="list-style-type: none"> <li>Increased healthy behaviours in Queenslanders, including healthy eating and physical activity; and</li> <li>Increased capability, opportunity and motivation amongst communities for healthy behaviours.</li> </ul>	Build prevention capacity
	<ul style="list-style-type: none"> <li>Support, empower and facilitate the collective success of all our partners in delivering best-practice prevention initiatives and policy;</li> <li>Lead an alliance of organisations committed to improving the lives of Queenslanders to facilitate coordination, create a collective of prevention offerings and build momentum for health and wellbeing;</li> <li>Empower health, social and other care providers to have a greater prevention focus through delivery of prevention-specific training and resources; and</li> <li>Implement a funded program mix that enhances behaviour change strategies, innovative service delivery, reach and access to healthy lifestyle and capacity building programs and policy.</li> </ul>

Pillar: Partnerships	
Performance measure	Strategies

*Strategic objective: Build partnerships and co-design strategies (targeting hearts and minds) that drive population change focused on healthy weight in Queensland communities*

<ul style="list-style-type: none"> <li>Increased engagement with communities, partners, health consumers and other stakeholders to develop a shared agenda;</li> <li>Connections made between people, communities, innovation, investment, communication and decision making; and</li> <li>Knowledge developed and shared with researchers, organisations, and communities that contributes to healthy weight.</li> </ul>	Research and invest
	<ul style="list-style-type: none"> <li>Generate novel, population, community and other robust research evidence to enhance prevention and health promotion practices;</li> <li>Grow and bolster state, national and global research partnerships to advance prevention and health promotion research activities;</li> <li>Develop alternative funding models to influence investment to create co-benefits across communities and sectors, driving impact and population-level results; and</li> <li>Apply an iterative implementation science approach and evaluation frameworks to capture the collective impact of our preventive policy and actions, forming a sustainable, Queensland-specific healthy weight research collaborative.</li> </ul>
	Engage
	<ul style="list-style-type: none"> <li>Extend our brand awareness, visibility and reach of our message to Queenslanders;</li> <li>Build and enable a physical activity and healthy eating culture, leveraging the collective strengths of all partner entities;</li> <li>Form purposeful partnerships, positive working relationships and open channels of communication with key stakeholders, including communities and health consumers;</li> <li>Develop a strategy for community and consumer engagement;</li> <li>Engage families, organisations and communities through digital media to inspire, motivate and influence healthy eating and active lifestyles; and</li> <li>Recognise and reward existing best-practice prevention initiatives.</li> </ul>

# What we've been doing



HWQld's activities, informed by our digital intelligence, ensure access for the vast metropolitan, rural and remote locations across the whole of Queensland. The map (left) provides an outline of some of the locations HWQld's activities and initiatives reached in 2020–2021, noting the full span of our activities, including prevention programs, ECHO Learning Series, alliance organisations, spreads across the entire state.

Public health is where many of our opportunities to prevent illness begin, with activities like:

- empowering people and communities – targeting opportunities to make healthy happen
- advancing the health and wellbeing of First Nations Queenslanders
- leading a new clinical prevention agenda – creating a greater focus on obesity prevention in the health system
- delivering evidenced-based and responsive social marketing – reaching the right people with the right message
- engaging with university academics and researchers – enhancing prevention and health promotion practices.

Our future health system will include more precision around investment in equity of access and outcomes for vulnerable groups, increased accountability, and a greater role in shaping preventive health and provision for all communities.

# Our contribution to Queensland's economic recovery

HWQld is committed to supporting the *Queensland Government's Economic Recovery Plan* and has actively applied a savings and debt strategy to contribute to the objectives of *Queensland Government's Saving and Debt Plan*.

Achieving our objectives will contribute to the Queensland Government's priority of safeguarding our health by supporting the health, wellbeing and resilience of our diverse communities.

As part of our Equity Strategy in response to a legislative remit to reduce health inequities, HWQld is committed to supporting the Queensland Government's economic recovery by fast tracking the development of the first Queensland-specific equity framework.

Enhancing the drivers of equity can strengthen savings by reducing the economic costs associated with inequity in health and other quality of life outcomes. For example, New South Wales (NSW) Government's *Forecast Future Outcomes Report*, defined six vulnerable population groups estimated to have the poorest future social and fiscal outcomes. Just seven per cent of this study population made up 50 per cent of the total future support cost (\$54 billion, up to age 40) for NSW services.

Leveraging cross-agency commitment to work together and create equitable solutions for stemming cycles of disadvantage, the *Queensland Equity Framework* will provide a data-driven process and tangible actions to support Queensland organisations and government to make the most informed decisions about investment.

The Queensland Equity Framework applied will ensure the right initiatives are identified for the right communities at the right time. This will lead to less waste, more precision and greater impact towards positive health and social outcomes of our population.

Vital to long-term economic recovery is improving the health and wellbeing of Queenslanders. Chronic disease prevention can reduce personal, family and community impacts, ensure a healthier workforce and boost economic performance and productivity.<sup>4</sup>

The *Health and Wellbeing Queensland 2020–2024 Strategic Plan* sets the direction, priority areas and vision that every Queenslanders achieves and sustains a healthier weight by moving more and making healthier food and drink choices. Investment in obesity prevention has demonstrated a return of up to \$6 for every \$1 invested.<sup>5</sup> Our work will provide better forecasting and visibility for services and organisations to guide future health investment and contribute to a more efficient health system—a critical step in constraining future health expenditure and increasing the Queensland Government's ability to continue to adapt and implement effective policy, services and infrastructure.

HWQld is working in new ways with a focus on prevention, by investing in contemporary projects generated by local community partnerships, supported by evidence and consumer advice to create environments that support the health and wellbeing of Queensland communities. By implementing ways of working that require trust, innovation, partnership and an element of risk-taking.

HWQld is doing this in the following ways:

- 1. Review of all programs and initiatives, applying a Theory of Change evaluation criteria to everything we create and deliver.** All prevention programs have been reviewed through an independent process, resulting in a strategic management approach to ensure ongoing robust alignment and assessment. Programs are informed by research and evaluation to support targeted delivery of services at optimum cost and are focused on priority populations to optimise return on investment and relevance to the Queensland community.
- 2. Matched funding partnerships (doubling our investment).** HWQld has made an economic decision to invest in activities that can leverage partnerships, return matched investment or provide significant in-kind return. We actively leverage partnerships to bolster the return on investment for every new HWQld initiative, bringing additional resources to the prevention agenda from program partners and other sectors. HWQld has recently applied this model when forming agreements with UQ and also with the Brisbane South Primary Health Network (PHN).

# Population

**Population.** Every Queenslanders has the right to good health. This includes every single person in Queensland, no matter who they are or where they live. We are driven to ensure better health is achieved across the entire Queensland population. We listen to the voices of people across the many diverse communities of Queensland, recognise and celebrate diversity and are committed to using our unique knowledge and skills to embrace cultural differences and needs.

Yet, we are cognisant Queenslanders are not achieving good health.

Our population approach focuses on creating environments that support healthier options at all stages of life and for priority populations, including people living with disadvantage, regional and remote communities and Aboriginal and Torres Strait Islander peoples.

## This is what we know about Queensland's population

Over the past decade, the growth rate was the third highest of all Australian jurisdictions. Queensland's population was estimated at 5.2 million in 2021 and is projected to reach 5.7 million by 2026.<sup>6</sup> The latest Australian Bureau of Statistics report indicated Queensland's population had a median age of 39.6 years (the national median is 37.4), compared to South Australia which had the oldest population (45.2 years) and Northern Territory which had the youngest (31.4 years).<sup>7</sup>

In 2016, there were approximately 221,000 First Nations people living in Queensland, representing 4.6 per cent of the Queensland population, which makes Queensland's population of First Nations people the second largest after NSW, and the second highest proportion after the Northern Territory.<sup>8</sup> While First Nations Queenslanders generally have a younger age profile, the proportion of older people is gradually increasing.<sup>8</sup>

The prevalence of overweight and obesity in Queensland was at 66 per cent for adults and 25 per cent for children in 2017–2018, similar to the national average. Overweight and obesity are among the leading risk factors, accounting for 8.4 per cent of the total burden in Disability-Adjusted Life Years (DALYs) nationally in 2015.<sup>9</sup>

A total of 114,400 episodes of care and 305,000 patient days among Queensland hospitalisations were associated with overweight and obesity in 2015–16. The leading conditions of these hospitalisations were coronary heart disease, type 2 diabetes, chronic kidney disease, osteoarthritis, and gallbladder and bile duct disease.<sup>9</sup>

Nationally, the estimated healthcare costs attributable to obesity ranged from \$1.5 billion to \$4.6 billion per year (reported in 2016–2017 dollars). The corresponding annual costs from productivity loss due to obesity ranged from \$0.84 billion to \$14.9 billion.<sup>9</sup>

Evidence shows that patients with obesity have nearly twice the risk of complications and mortality from COVID-19, with higher risk of intensive care unit admission and poorer outcomes for COVID-19<sup>10,11</sup>. Patients with overweight and obesity admitted to a hospital for COVID-related pneumonia, despite their younger age, required more frequent mechanically assisted ventilation and access to intensive care units, than healthy weight patients.<sup>12</sup>

The burden on the healthcare system could be alleviated if more Queenslanders maintained a healthy weight. Predictive modelling has demonstrated there could be 2,200 fewer new cancer cases if all Queenslanders maintained a healthy weight. However, preventing excessive weight gain continues to be a challenge for many Queenslanders, as well as Australians, given the overweight and obesity prevalence has remained high over the past decade.<sup>9</sup>

Western Queensland has the highest prevalence of obesity amongst all PHNs (see Figure 2, page 18).

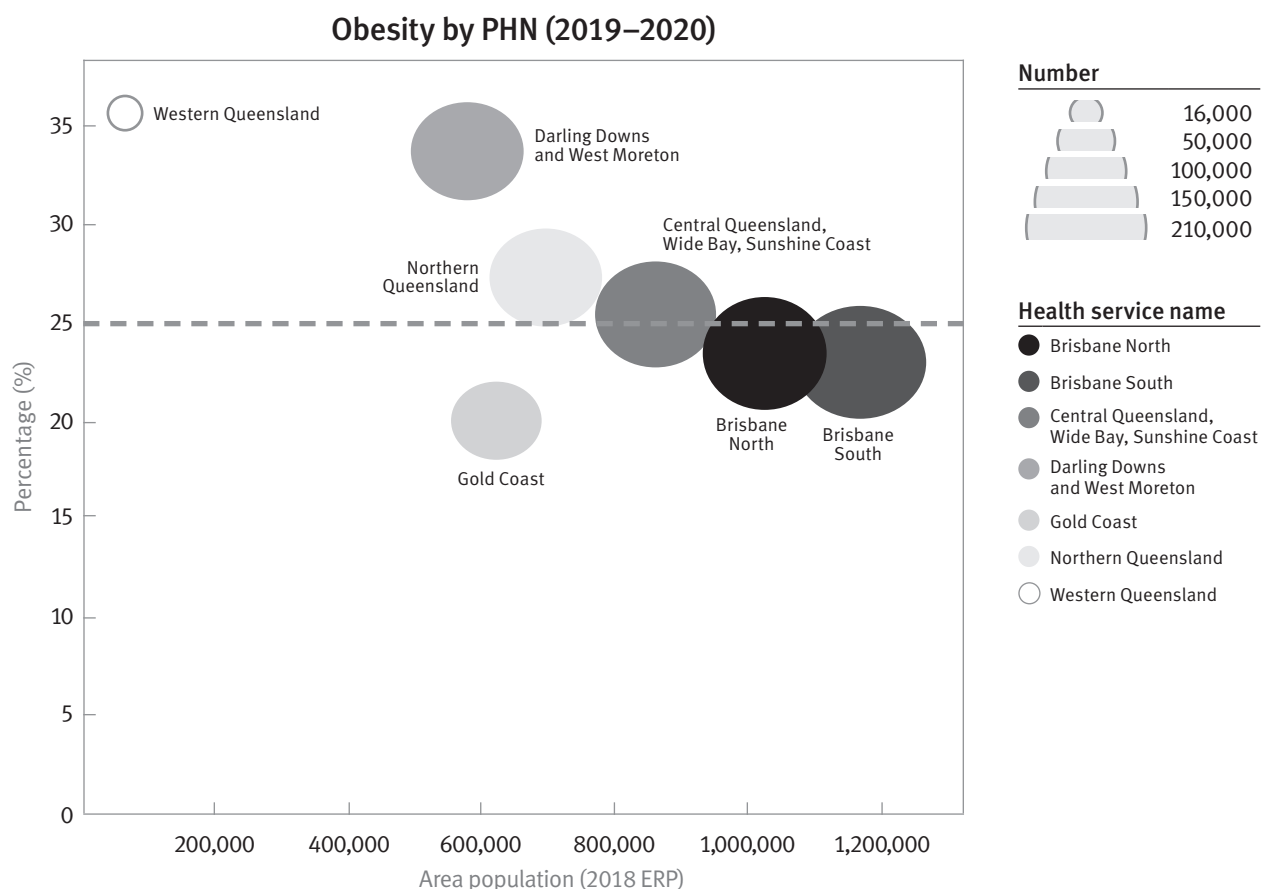
The Australian Health Survey (2011–2012) and the National Nutrition and Physical Activity Survey indicated that most Queenslanders did not meet the daily recommended serves for any of the five food groups outlined in the Australian Dietary Guidelines. Instead, Queensland children and adults are consuming ultra-processed foods and drinks that are energy dense and nutrient poor.<sup>9</sup>

More recent, but less comprehensive data from the National Health Survey (2017–2018) showed that the majority of Queensland adults did not meet the daily recommended serves for vegetables (93 per cent) and/or fruit (49 per cent). When combining the observations of daily fruit and vegetables consumption, 95 per cent of Queensland adults did not meet the recommendations. Around one in two (48 per cent) Queensland adults consumed either sugar sweetened drinks or diet drinks at least once per week, while one in three (31 per cent) Queensland adults consumed sugar sweetened drinks at least three days a week.<sup>14</sup>

In 2017–2018, the proportion of Queensland adults (51 per cent) aged 18–64 years who undertook 150 minutes or more of exercise in the past week was lower than the national average (55 per cent). Around 84 per cent of Queensland adults did not meet the 2014 Australia's Physical Activity and Sedentary Behaviour Guidelines. Forty two per cent of adults described their day at work as mostly sitting, with much smaller numbers of adults who described their day at work involves mostly standing (20 per cent), walking (21 per cent) and heavy labour or physically demanding work (16 per cent).<sup>14</sup>



Figure 2. Percentage of Queensland population with obesity by PHN<sup>13</sup>



Queensland is a state of cultural and social diversity with 22 per cent of the population born overseas, and 14 per cent of households speaking a language other than English at home.<sup>9</sup> 16.5 per cent of families are single parent families with children and 11 per cent of individuals identifying as LGBTIQ+.<sup>15</sup> In 2018–19, around 20 per cent of Queenslanders were living in areas of greatest disadvantage and a further 19 per cent reported having a disability.<sup>9</sup> 285,000 people reported living with a severe or profound disability.<sup>9</sup>

Generally, Queenslanders can expect to enjoy long and relatively healthy lives, however, disparities across population groups remain. For instance, **Queensland children living in disadvantaged areas have 2.4 times greater risk of developing obesity compared to children living in advantaged areas.**<sup>16</sup> The latest Australian Institute of Health and Welfare report, *Australia's health 2020*, highlighted that people living in rural and remote and/or lower socioeconomic areas, people living with a disability, and Aboriginal and Torres Strait Islander peoples experience higher rates of illness, hospitalisation and premature death, compared to other Australians.<sup>17</sup>

Obesity prevention has always been important for population health and wellbeing, but the risk of severe COVID-19 complications and its adverse impact on disadvantaged population groups is now another compelling reason to focus on the health and wellbeing of Queenslanders.

The significant role played by policy change and implementation in health promotion and prevention is the reason HWQld is well positioned to make a positive impact to the lives of Queenslanders. Understanding our population demographics is necessary to inform our work, supporting the achievement of our strategic objectives.



# Prevention

**Prevention** is key because it works. One-third of the disease burden in Australia is preventable.<sup>18</sup> If Australians lived in a healthy weight range, diabetes would be reduced by 53 per cent, coronary heart disease by 25 per cent and stroke by 22 per cent.<sup>19</sup>

A large part of the improvements in the health of Queenslanders over recent decades can be attributed to success in reducing risk factors such as smoking, high blood pressure and physical inactivity. In Queensland, 90 per cent of the decline in all-cause death rates (meaning the overall population death rates) over the past decade was associated with declining rates of lifestyle-related chronic diseases.<sup>20</sup>

Preventive actions, when implemented well, are more effective, less expensive and have a greater population impact than treating and managing chronic disease, such as obesity. Chronic diseases are the biggest contributor to premature death and disability in Australia.<sup>21</sup> Obesity and dietary risks are the second and third largest contributors to loss of health in Queensland, respectively.<sup>9</sup>

In Queensland, it is estimated that obesity-related illness cost the Queensland healthcare system \$756 million in 2015. Living with overweight or obesity can reduce life expectancy by up to 10 years. The total financial impact of overweight and obesity on the Queensland economy was estimated to be \$11.2 billion.<sup>22</sup> Studies have shown that for every dollar invested in preventive health interventions, there is a median return on investment of \$14.00.<sup>23</sup>

HWQld has prioritised prevention actions for focused investment based on equity, data, evidence and impact potential—this includes preventive health programs, partnerships and clinical prevention. Development of position statements on the influential areas of early life/children and workers/workplaces will ensure collaborative and community-led prevention activity encompasses the full breadth of policy, environment and individual practice actions required to ensure the sustainable outcomes.

# Partnership

**Partnership.** Great things happen when we work together, when many are involved, and we are all part of the solution. Using 'place' as the basis for health and social supports creates immediate links to a community's strengths; it makes it easier to recognise and value community diversity, while organising a consistent system across many groups. Better information about the characteristics of the people being served, shared among those delivering

services is central to succeeding with this approach. It has the potential to reduce healthcare costs over time as communities increasingly support their own health and wellbeing.<sup>24</sup> Collaborative research and action across government at the state level, and across jurisdictions and portfolios at the national and global levels, is particularly important for addressing the social, environmental and economic determinants of health.

# How we've done it

## Empowered people and communities

### Key achievements

- **Equity** – Harnessing of cross-government commitment to reducing inequities for Queensland recovery, growth and resilience by leading the development of a Queensland Equity Framework for system-wide use to guide policy, practice and value-based investment.
- **Programs** – Delivery of 10 prevention programs, novated from Queensland Health, totalling \$22.1 million (exclusive of GST) that focus on healthy lifestyle programs and build health promotion and prevention capacity. In 2020–2021, these programs reached over 575,000 Queenslanders through program participation.
- **Schools** – Close engagement with school communities and local farmers through Pick of the Crop, a pilot school nutrition program bringing schools and farmers together to increase opportunities for children to consume vegetables and fruit, in Bowen, Bundaberg and Logan.
- **Financial Support** – Contribution of \$1 million in funding to ActiveKIT a partnership with the Department of Tourism, Innovation and Sport (Sport and Recreation) which encourages innovation within the active industry to get more Queenslanders moving across all sectors.

## Reduced inequities

Achieving equity for Queenslanders is fundamental to all we do at HWQld. Our health outcomes are closely linked to the conditions in which we live, work, learn and play; factors such as socioeconomic position; disability status; access to health services; social supports and the built and natural environments.

Queensland's COVID-19 recovery has presented us the opportunity to understand and change the structural and systemic barriers that affect people who start surrounded by circumstances that don't support the best start in life.

HWQld is strengthening integrated, equity-focused policy and practice approaches through development of the action-oriented Queensland Equity Framework to guide precision decision making across sectors, ensuring fit-for-purpose actions that meet the needs of those they are intended to support, as well as achieve savings and debt recovery targets.

The Queensland Equity Framework will comprise key components including:

1. **A conceptual framework:** to plan collective action with identified leverage and entry points.
2. **A package of mechanisms for change:** example high-impact actions covering the full continuum of options, from macro-level policies and strategies, to programs and initiatives, to service-level improvements.
3. **Equity assessment tools:** a lot of what needs to be done is not new, complex or costly, yet tools to help guide equity decisions can help recalibrate current efforts and inform new ones.
4. **Data intelligence:** connecting equity-sensitive indicators with existing data sets to inform decisions, with potential to grow and gather momentum over time.
5. **Partnership governance approach:** to leverage system leadership and drive action across government, non-government, industry and on-the-ground organisations to bring together talent and experience for implementing multidisciplinary solutions.

The development of the Framework combines evidence reviews and key policymaker consultation to create responsive solutions and processes for genuine shared decision making. HWQld is working with Queensland Government Departments and Agencies, with many expressing support for the Queensland Equity Framework and involvement in a Partnership Governance Group.

## Our preventive health programs and partners

During this reporting period, HWQld supported 10 statewide preventive health programs which has empowered Queenslanders to live a healthier life by increasing capability, opportunity and motivation within communities for healthy behaviours.

Seven programs are healthy lifestyle programs that support those seeking to improve their lifestyle and at-risk consumers, and the remaining three programs focus on building health promotion and prevention capacity within schools, junior sporting clubs and within a volunteer organisation.

### Deadly Choices

Deadly Choices (<https://deadlychoices.com.au>) is the preventive health and community engagement strategy of the IUIH. It aims to empower Aboriginal and Torres Strait Islander people to make healthy choices for themselves and their families, including to eat healthy food, exercise daily and quit smoking. A suite of preventive health programs is offered including Deadly Choices Healthy Lifestyle Program, DCFit, cooking and Nutrition Program, Community and Sporting Events, Leadership Camps and Social Marketing and Social Media Campaigns. This period the program delivered 798 Deadly Choices Healthy Lifestyle Programs which resulted in 8,535 participants completing the program. In addition, 130 community and sporting events were conducted and 11 DCFit programs were delivered. A total of 2,615 Health Checks were also completed as a result of Deadly Choice Healthy Lifestyle Program activities.

The Broncos, Cowboys and Titans Partnership provides the foundation for Deadly Choices to extend its health promotion and messaging reach across Queensland in order to influence healthy behaviour changes in Aboriginal and Torres Strait Islander Queenslanders. The Partnership is a significant enabler for successful delivery of the Deadly Choices Healthy Lifestyle Program by supporting the tradition of linking sport (including high profile sportspersons as role models/ambassadors) with health outcomes for Queensland's Aboriginal and Torres Strait Islander people. One of the major campaigns during the current period was the Health Check competition. This competition required all entrants to undertake a preventive health check at their local Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSIICHO). Once they had completed their health check, they were eligible to receive a Deadly Choice Health Check shirt, featuring the logo and branding of our partner National Rugby League (NRL) clubs. These shirts were available at all Deadly Choices partnered ATSIICHOs.

Deadly Choices leveraged off its heavy social media following to promote this competition. As a result, approximately 26,000 health checks were completed during this campaign over the period January–June 2021.

Throughout the 2021 NRL season, current and former Broncos, Cowboys and Titans players were involved in the following partnership events and/or activities:

- Videos featuring players for our Deadly Choices online platforms. These videos included key health messaging in line with Deadly Choices initiatives/programs.
- Cairns Touch Football Carnival (April 2021)
- Community event in Mareeba (April 2021)
- Social media campaigns, general health messaging, podcasts and pre-recorded video messaging.

### My health for life

My health for life (<https://www.myhealthforlife.com.au>), delivered by Diabetes Queensland and the Healthier Queensland Alliance, is a statewide diabetes and chronic disease prevention program aimed at identifying Queensland adults at high risk of developing preventable chronic disease and providing them with access to lifestyle modification interventions to reduce their risk through healthy eating, physical activity, quitting smoking and maintaining a healthy weight.

In 2020–2021, the program supported 2,191 Queenslanders to complete a *My health for life* program, with participant retention rates maintained at 74 per cent. Biometric and behavioural changes\* achieved by participants included an average of 1.9kg decrease in body weight, an average of 2.7cm decrease in waist circumference; the proportion of participants eating sufficient fruit increased from 55 per cent to 74 per cent; and the proportion of participants eating sufficient vegetables increased significantly from 12 per cent to 27 per cent. In addition, the proportion of participants that met physical activity guidelines increased from 46 per cent to 56 per cent; and 61 per cent of participations had decreased their health risk score six months after completing the program.

A modified eligibility criteria trial undertaken in remote First Nations communities located in Cape and Torres Hospital and Health Service (HHS) has demonstrated positive preliminary results, leading to the trial being extended to five selected Aboriginal and Torres Strait Islander Provider organisations across Queensland aimed at growing learnings for future program engagement within First Nations communities.

*\*Biometric outcomes were determined using a paired t-test and behavioural changes were determined using a McNemar's test at T1 and T3, January 01 to June 30 2021.*

### *Country Kitchens*

The Country Kitchens program (<https://www.qcwacountrykitchens.com.au>), delivered by the QCWA, is aimed at improving food and nutrition literacy amongst regional, rural and remote Queenslanders through building the health promotion capacity of the QCWA and its volunteer members. In 2020–2021 there were 189 QCWA volunteer members registered as QCWA Country Kitchens Branch Facilitators and 87 of them completed 144 training activities to build skills and capacity. During the COVID-19 lockdown in 2020, the delivery of the Country Kitchens Facilitator training program was adapted to an online format to ensure that training continued to be offered to Branches and members, even when there were ongoing challenges experienced in relation to COVID-19 restrictions. There were 578 healthy eating and healthy lifestyle initiatives, ranging from recipe promotions and healthy eating showcases to hands on nutrition workshops and cooking skills classes, delivered by the trained QCWA Country Kitchens Branch Facilitators. These trained facilitators and their Branches established partnerships locally with approximately 80 organisations to help deliver many of these health promotion activities in their communities.

### *Jamie's Ministry of Food*

Jamie's Ministry of Food (<https://www.jamiesministryoffood.com.au>), delivered by The Good Foundation, is a community-based food literacy program aimed at improving the health of participants by educating, empowering and inspiring them to love and enjoy cooking nutritious food from scratch. The program targets all Queenslanders aged 12 years and over with a focus on low socioeconomic population groups, groups at risk of chronic disease, young people, Aboriginal and Torres Strait Islander peoples, people living with a disability, and communities in areas of need (socioeconomically disadvantaged, rural, regional and remote areas). During 2020–2021, more than 2,500 Queenslanders attended a Jamie's Ministry of Food course or event. Participation from the priority groups was very high across all delivery modes, including the Ipswich Centre, Mobile Kitchen, Outreach Program and online. Of the participants, 66 per cent held concessions, 19 per cent identified as Aboriginal or Torres Strait Islander peoples, and 62 per cent were young people (12–29 years), exceeding all targets set in terms of participant reach. The interactive online model developed early in 2020, in response to COVID-19, increased the program's reach and access to a wider Queensland population, particularly those in rural and remote communities. The online program was delivered virtually to 11 community locations and 12 community groups and organisations across the state, resulting in 475 Queenslanders participating virtually. This online delivery also allowed for seamless adaptation to the ever-changing COVID-19 situation and offered face-to-face delivery during COVID-19 lockdowns.

### *10,000 Steps*

10,000 Steps (<https://www.10000steps.org.au>), delivered by the Central Queensland University aims to raise awareness and increase participation in physical activity by encouraging the accumulation of incidental physical activity as part of everyday living. The program targets Queensland adults, with a focus on workplaces and communities. Strong promotion, advocacy and community engagement created very high (80 per cent) awareness of the 10,000 Steps program in Queensland, and this period saw almost 13,000 Queensland individuals newly registered, exceeding targets by 29 per cent. COVID-19 resulted in a spike in workplaces seeking positive initiatives to help connect staff and encourage them to look after their mental and physical health. High workplace tournament and health challenge registrations of more than 270 Queensland organisations from all industry categories have persisted this period (exceeding targets by 42 per cent) as workplaces continue to place value on the health and wellbeing of their workforce. Highlighting the desire for healthy communities and environments that are conducive to walking, 42 Queensland community organisations, across 35 local government regions implemented community-based strategies, such as walking signage and community tournaments to increase physical activity in their communities.

### *Heart Foundation Walking*

The Heart Foundation Walking program (<https://walking.heartfoundation.org.au>), delivered by the National Heart Foundation, promotes the incorporation of more movement into Queenslanders' lives, and supports wellbeing and participation in the local community. It is Australia's largest free walking community, with volunteer-led groups catering for all ages and abilities. In 2020–2021 there were 2,550 new group walkers and 95 new walking groups, resulting in over 10,800 active Queensland participants in over 300 walking groups (as at 30 June 2021). Almost 100 new walking groups, supported by 150 new walk organisers, and 25 new local co-ordinator volunteers were recruited, with an 84 per cent group retention rate, and 95 per cent participant retention rate (at 6 months). Delivery of community level awards, rewards and recognition assists with goal setting and motivation, and community activation activities supported regional priority areas, including partnerships with local Torres Strait Island organisations to incentivise physical activity in the region.

### Healthy Tuckshop Support

The Healthy Tuckshop Support program (<https://qast.org.au>), delivered by the Queensland Association of School Tuckshops, supports Queensland school tuckshops, convenors, volunteers and parent organisations to supply healthy food and drinks to Queensland students, in line with the Queensland Government's Smart Choices Healthy Food and Drink Supply Strategy for Queensland Schools. The program was designed to achieve program improvement; program delivery; promotion and a pandemic response. In 2020–2021, more than 25 network meetings were held, reaching tuckshops across the state, with a total of 133 participants from 88 schools. 28 new recipes and 8 menu planning factsheets or videos were produced and published online. An audience of 195,860 was reached through online and social media activities; and 38 manufacturers, suppliers or industry members were supported through the Smart Choices Nutrition Advisory Service.

In November 2020, HWQld sponsored the 2020 Recipe of the Year, with the winner announced on Queensland Tuckshop Day.

### Good Sports Healthy Eating

The Good Sports Health Eating program (<https://goodsports.com.au/programs/healthy-eating>) delivered by the Alcohol and Drug Foundation promotes healthy food and drink choices in amateur sporting clubs in Queensland. The program achieved its annual accreditation target with a total of 101 accreditations; 95 of these accreditations were at levels 2 and 3 (the most advanced of three levels) of the program. A total of 514 Good Sports Healthy Eating clubs actively participate in the program, exceeding the target of 500 clubs. The Good Sports Healthy Eating program contract was completed on 30 June 2021.

### Life Education

The Life Education program (<https://lifeeducationqld.org.au>), delivered by Life Education Queensland, provides health education that empowers children to develop the knowledge, skills, strategies and confidence to make safer and healthier choices in regard to their physical, social and emotional wellbeing. The extra-curricular school-based program is sequential, curriculum-aligned, age-appropriate and tailored to meet local school needs.

This period, the program provided health education to 89,403 Queensland pre-school and primary school children, including 3,000 children who identified as First Nations, and supported approximately 2,500 classroom and pre-school teachers to integrate nutrition and physical activity into their classroom teaching; expanded the digital platform Life Education @ Home – a customised learning management system featuring educational online health education resources to support schools and parents during COVID-19; registered more than 215 pre-school and primary schools on the Life Education @ Home platform, including many new schools in regional and remote areas of Queensland; and engaged more than 6,000 parents registered via the website and Life Education @ Home platform.

### Get Healthy

The Get Healthy Service provides information and telephone health coaching to Queenslanders over the age of 16 years to enable them to make healthy lifestyle changes regarding healthy eating, being physically active and achieving and maintaining a healthy weight. Five program options were available to Queenslanders in the reporting period, including standard Get Healthy telephone health coaching, Get Healthy in Pregnancy, Get Healthy Information Only, Get Healthy for your Mob (Aboriginal and Torres Strait Islander), and Get Healthy Diabetes Prevention, generating a total of 864 referrals, 505 program enrolments and 186 program graduations. The Get Healthy Service contract was completed on 30 June 2021. HWQld has funded a transition to disinvestment process that will support all Get Healthy Service participants to complete their program by 30 September 2021.

## Prevention Program Investment Review Process

HWQld established an independent, evidenced-based Prevention Program Investment Review Process to assess the 10 statewide preventive health programs that were novated from the Department of Health in September 2020. The aim of the review process was to assess the effectiveness of prevention program outcomes, value for money and alignment to HWQld priorities. The prevention program suite focus is to support Queenslanders to adopt and maintain healthy lifestyle behaviours, and to make healthy happen. Total committed funding for prevention programs in 2020–2021 was \$22.10 million (ex GST).

A diverse and independent statewide panel was selected to undertake the review process and included representatives from consumers, First Nations people, a HHS, a PHN, the Victorian health promotion entity and a health economist. Panel members assessed the program suite against specific criteria and generated a recommendation report for the consideration of the HWQld Board. HWQld procured independent probity advice that concluded the review process was robust, appropriately thorough and ethically sound.

HWQld Board investment decisions were communicated to program partners in March 2021, including the achievement of a consolidated prevention program budget of \$68,081,020 over three years (FY2021–2024) to develop a chronic disease prevention system encompassing a suite of high quality and evidence-based prevention programs that will support Queenslanders to live healthier lives and reduce levels of chronic disease.

Additionally, the HWQld Board endorsed a new strategic management approach for future prevention program partnerships based on three key pillars: HWQld-led governance, single-point evaluation, and communication and marketing. This new approach will streamline and strengthen the collective impact of statewide prevention programs, while enabling HWQld to provide a consistent, high-quality and collaborative support structure for program providers.

HWQld continues to work collaboratively with these program partners to ensure ongoing prevention program investment remains focused on obesity prevention activity and reducing health inequity for Queenslanders.



# Our flagship programs

## Prevention through policy

### *Obesity prevention strategies*

HWQld has advocated for strong action to support obesity prevention and reduce health inequity in national strategies.

The draft National Preventive Health Strategy (NPHS) was released for consultation in March 2021. HWQld welcomed the NPHS as a powerful opportunity for Australia to build a sustainable and equitable prevention system for the future. All strongly supported by HWQld are: the national target to reverse the rise in obesity in adults by 2030; the target to increase investment in preventive health to be at least five per cent of total health expenditure by 2030<sup>9</sup> and the requirement for a governance mechanism within government that can support sectors to work together to drive change.

HWQld called for stronger measures towards addressing the “causes of the causes” of ill health and obesity through the inclusion of specific focus areas to identify and tackle these root causes. The root causes that impact people’s health often sit outside of the health domain: from transport policies and systems that prioritise active travel; to restricting promotion of unhealthy food and drink; the promotion of healthier food and drink options in retail environments; meaningful employment and job security; and preschool education and school retention.

The draft National Obesity Prevention Strategy (NOPS) can play a key role in achieving the vision of the NPHS. The obesity related policy achievements and targets listed in the NPHS align well with the NOPS. HWQld has advocated for the NOPS to be regarded as the Blueprint for Action for the NPHS focus areas around diet and physical activity.

## Prevention supporting children – working in schools

### *Pick of the Crop*

The whole of school healthy eating program, Pick of the Crop (<https://hw.qld.gov.au/pick-of-the-crop>) was successfully launched in three pilot regions in 2020–2021, with the aim to increase opportunities for Queensland primary school students to learn about good nutrition and eat more vegetables and fruit.

Using a strengths-based approach, 35 Queensland state schools, reaching over 10,000 students, received boost funding to assist in the implementation of co-designed action plans, based on five components: connections with farmers; links with the curriculum through teaching and learning; enhancing vegetable and fruit availability in schools; parent connections; and the whole school environment.

Three local regional coordinators were employed – in Bowen (hosted by Bowen State School); in Bundaberg (contracted through the Bundaberg Fruit and Vegetable Growers Association) and in Logan (hosted by HWQld). These coordinators led the successful engagement with local schools, consulted on actions and activities already underway in schools, and supported schools in the development of robust action plans and implementation.

### Key achievements

- 21 schools engaged with 21 local farmers and businesses across the regions, supporting more than 700 students to learn how fresh vegetables and fruit are grown, including over 400 students attending the ‘Connecting Students with Agriculture’ Interactive Forum in Bundaberg in June 2021.
- 94 per cent of schools boosted or were building gardening programs.
- 74 per cent of schools enabled healthier tuckshop menus.
- 74 per cent of schools increased vegetable and fruit snack times.
- development of a program logic model and evaluation framework in partnership with the Institute for Social Science Research to inform data collection and reporting of the pilot later in 2021.

### Healthy Kids Menu

HWQld launched Queensland **Healthy Kids Menu**, a healthy eating initiative designed to improve access and promotion of healthier food and drinks for children in Queensland non-fast-food venues including cafes, restaurants, hotels, and clubs. This initiative is based on the evidence that a child's early life is an important time for healthy development and establishing foundations for future wellbeing. A series of user-friendly resources have been designed to support venues to offer healthier menu options in a practical and sustainable way. The Healthy Kids Menu webpage (<https://hw.qld.gov.au/healthy-kids-menu>) is live on the HWQld website.

COVID-19 has been challenging for the food industry with lockdowns impacting business and revenue. The Healthy Kids Menu initiative provides restaurants and cafes the opportunity for positive promotion. At a time when wellbeing is at the forefront of Queenslanders' minds, many families are actively seeking food venues with healthier options. This is also an opportunity to partner with the food industry and start to shift the paradigm about what it means to eat out in Queensland.

As part of the Queensland Healthy Kids Menu Initiative, HWQld sponsored the Healthy Kids Menu Award through Restaurant and Catering Industry Association of Australia (R&CA), as part of their Hostplus Excellence Awards in October 2020. The Award received five nominations from restaurants across Queensland and we have undertaken sponsorship of the Award for the second time in 2021.

Members of R&CA were invited to nominate for the award by submitting their menu to be graded against a set of key criteria of healthy eating for children, which included limited fried food, sugar and salt consumption, and increased fruit and vegetable consumption.

HWQld are currently recruiting venues across Queensland to get involved in Healthy Kids Menu.

### Thriving Queensland Kids Partnership – data asset

HWQld has partnered and co-facilitated Thriving Queensland Kids through the co-design of an innovative data asset that brings together deidentified and aggregated Commonwealth, Queensland Government and non-government data relevant to the health and wellbeing of Queensland children. This data asset will enable accessible, useable data that can inform decision making and targeted solution planning across sectors, to improve the health and wellbeing of Queensland children. This project is in the solution design phase and anticipates a prototype delivery in December 2021.

## Prevention through supporting First Nations communities

### Advancing the health and wellbeing of First Nations Queenslanders

First Nations Queenslanders experience greater rates of overweight and obesity, prevalence rates indicate 77 per cent of First Nations Queenslanders compared to 66 per cent of other Queenslanders are overweight or obese (2018–19).<sup>25</sup>

We are working with the Torres Strait Regional Council to train and support the Healthy Lifestyle Officers, located on the 15 Torres Strait outer islands to deliver the Keriba Way (meaning 'Our Way') healthy lifestyle program. To date the program has been delivered on Warraber and Erub Islands with 21 participants. On Warraber Island, 524 walking group sessions have been delivered across the 12-week program accounting for 1,676,600 steps.

### Key achievements

- Extensive consultation and development of the Gather + Grow Framework: A Framework to address food insecurity in remote Aboriginal and Torres Strait Islander communities in Queensland.
- Led a submission on behalf of the Queensland Government to the Federal Inquiry on food pricing and food security in remote Indigenous Communities, consulting with more than 40 stakeholders from government, non-government and communities.
- Co-funded the inaugural Torres Cape Indigenous Council Alliance Health forum in April 2021 bringing together more than 60 community leaders from 13 Torres Strait, Cape York and Gulf councils. An outcome of the forum has been HWQld's partnership with TCICA and the Local Government Association of Queensland to progress the issue of food insecurity.
- Initiated the Gather + Grow program to focus on creating change at the system- and community-levels to support communities, families and individuals to become more food secure.
- Funded Community Enterprise Queensland and the Aboriginal and Torres Strait Islander Community Controlled sector a total of \$2.1 million over three years from 1 April 2021, to engage local stores and communities to support healthy eating and community-led food security actions in the Torres Strait, Cape York and Lower Gulf.
- Partnered with the Torres Strait Regional Council to train and support the Healthy Lifestyle Officers located on the 15 Torres Strait outer islands to deliver the Keriba Way (meaning 'Our Way') healthy lifestyle program. To date, the program has been delivered on Warraber and Erub Islands to 21 participants. On Warraber Island, 524 walking group sessions have been delivered across the 12-week program accounting for 1,676,600 steps.
- Established a dedicated HWQld First Nations workforce in Far North Queensland to support First Nations leadership and coordination of community-based positions placed in the Community Controlled sector.



### Gather + Grow

Gather + Grow (<https://hw.qld.gov.au/gather-grow>) is HWQld's response to addressing food insecurity in remote First Nations communities. Chronic food insecurity is experienced by people and communities who are unable to meet their food requirements over sustained periods of time due to a range of factors such as lack of financial resources and assets. Current rates indicate that 31 per cent of First Nations people living in remote areas experience food insecurity compared to 4 per cent of non-First Nations people.

As Queensland's first prevention agency, HWQld has a leading role to drive the food security agenda. However, to fully address food insecurity, collective action is required at many levels across First Nation communities, businesses, government, community organisations, and universities. Strategies and initiatives must seek to tackle the barriers that make it difficult for First Nations people to access affordable healthy food and drinks.

HWQld prepared a submission on behalf of the Queensland Government to the *Federal Parliamentary Inquiry into food pricing and food security in remote Indigenous communities* consulting with over 40 stakeholders from government, non-government and communities in July 2020.<sup>26</sup> HWQld was also invited to provide further evidence to the Standing Committee on Indigenous Affairs at the Public Hearing in August 2020.

The submission highlighted *A framework to address food insecurity in remote Aboriginal and Torres Strait Islander communities in Queensland*, developed by HWQld to demonstrate the effort required to address food insecurity in remote First Nations communities.<sup>27</sup> The framework identified the dimensions of food security, including availability, access and utilisation at a system-, community-, family- and individual-level.<sup>28</sup> The framework was developed in consultation with several Queensland Government Departments, non-government organisations, the Aboriginal and Torres Strait Islander Community Controlled Health sector, universities and community members.

The Inquiry has resulted in 16 key recommendations, nine of which are directly linked to food security actions including local food production, improving cold and dry storage, improving cold chain supply, food safety, continuity of power and the establishment of a Remote Food Security Working Group.<sup>26</sup>

HWQld is focused on creating change at the system and community levels to support communities, families and individuals to become food secure.

HWQld is working closely with the TCICA and the Local Government Association of Queensland, with plans to develop a Remote Food Security Action Plan to find solutions responding to communities' concerns related to freight, economic development and housing – which are all contributors to food insecurity. Invitation has been extended to the National Indigenous Australians Agency to secure national, state and local government commitment to coordinated actions.

HWQld is partnering with the Aboriginal and Torres Strait Islander Community Controlled sector to deliver the Gather + Grow program in the Torres Strait, Cape York and Lower Gulf. The Gather + Grow program seeks to engage Aboriginal and Torres Strait Islander peoples in identifying community priorities and implementing community actions to improve access to healthy food and drinks.

HWQld is working to build the capacity and capability of remote food stores. With stores often the only source of food in remote communities, HWQld has prioritised the development of a partnership with Community Enterprise Queensland to build the capacity of the organisation and its workforce to create healthier food environments and boost community healthy food and drink purchasing behaviours. This partnership will support the implementation of the Healthy Stores 2020 Policy Actions and Strategies developed using a co-design approach with evidence from research, store owners and retailers.

HWQld are working with these remote store researchers from Monash University, UQ and Menzies School of Health Research in a research project to assess the impact of the implementation of this work.

The research was supported by a Remote Stores ECHO® Learning Series, run over 8 weeks, which upskilled health practitioners working in remote communities across Australia on strategies to promote healthier retail food environments. This ECHO® series supported collaborative learning and problem solving and was developed in partnership with Monash University, UQ, Menzies School of Health Research, The Arnhem Land Progress Aboriginal Corporation, Outback Stores, Centre for Rural and Remote Health and Refresh Centre of Research Excellence with over 30 Health Practitioners, Community Dietitians, Public Health Nutritionists and Nutrition Practitioners working in remote communities across Australia, including Queensland, Western Australia and Northern Territory.

The Gather + Grow program engaged local stores and communities to support healthy eating and community-led food security actions. HWQld is providing total funding of \$2.10 million over three years.

### Growing jobs and workforce

HWQld established its dedicated First Nations workforce in Far North Queensland in 2021, led by a Principal Advisor (Identified) (Brisbane), and a Nutritionist (Thursday Island) and Program Coordinator (Identified) (Cairns).

HWQld co-funded the inaugural Torres Cape Indigenous Council Alliance Health forum on 14 April 2021, which brought together over 60 community leaders from 13 Torres Strait, Cape York and Gulf councils. The forum identified food security as key priority to be addressed.

Initiatives such as the Gather + Grow program are already demonstrating the significant impacts advancing the health and wellbeing of First Nations Queenslanders can have on achieving equity. HWQld will build on, and learn from, these successes.

## Prevention through place

### Communities and place-based initiatives

Where we live, work, learn and play helps shape our options, choices and wellbeing. HWQld is developing place-based initiatives which seek to join the efforts of community stakeholders to improve the socio-economic and physical wellbeing within a defined geographical location. Often used to respond to complex, interrelated or challenging issues, such as obesity and health inequity, these initiatives are intended to be long-term partnerships characterised by shared design, shared stewardship and shared accountability for outcomes and impacts.

#### *Building a Healthy Bundaberg*

HWQld is supporting the delivery of *Building a Healthy Bundaberg (BaHB)*, a place-based initiative which crystallises the Bundaberg region's ambition to be considered among the healthiest communities in Queensland. Led by an Alliance group convened by HWQld, Bundaberg Regional Council, and the Department of Tourism, Innovation and Sport (Sport and Recreation) BaHB brings together grass-roots members of the community alongside the local council, state government agencies, educational institutions and key stakeholder groups, all with the shared goal of reducing overweight and obesity rates in the region.

The Alliance partnered with Evidn, a behavioural science organisation, to apply its evidence based behavioural systems analysis framework to delineate how overweight and obesity plays out in the community and identify the conditions needed to implement the place-based health initiative.

The work has resulted in:

- the development of a behavioural science strategy to guide the rollout of the BaHB initiative
- the creation of a monitoring and evaluation plan, instrumental for demonstrating change and evaluating the success of the initiative for improving the health and wellbeing of the Bundaberg community.

Informed by the recommendations outlined in the behavioural science strategy, HWQld is excited to support, alongside key partners locally, the implementation phase of the initiative and unlock opportunities for collaboration, capacity building, communication, and positive health change.

#### *Creating a healthy South West Region*

HWQld has supported the South West Hospital and Health Service (SWHHS) in exploring options for a collaborative approach to extending the availability of healthy food programs in the region.

The first Nutrition Collaborative Meeting was held online in December 2020 with partners including Western Queensland PHN, Maranoa Regional Council, local service providers and

colleagues from SWHHS. Key sources of intelligence about the state of nutrition in the region were presented together with an overview of HWQld and other relevant prevention strategies. Common goals were identified and attendees agreed to work towards greater collaboration and network-building to support improved nutrition and health outcomes.

Linking the SWHHS Healthy Communities Team and HWQld prevention program partners has resulted in additional funding for a Train-the-Trainer program to build capacity for the delivery of the Jamie's Ministry of Food hands-on cooking program.

Discussions have commenced to formalise the partnership between HWQld and SWHHS with a Memorandum of Understanding providing executive support for a suite of initiatives that contribute to shared outcomes. Shared initiatives will extend across HWQld supported communities, clinical prevention and First Nations work.

### Community Partnering Strategy

Consumers and community are key to all we do. As such, consumers must lead, be engaged and supported to contribute to all of our work.

HWQld developed a Community Partnering Strategy to support a planned approach to ensuring that all HWQld initiatives are:

- developed using community and consumer engagement and co-production approaches
- inclusive, accessible, culturally respectful, empowering and built with credibility and trust
- meaningful and relevant for the diverse populations across Queensland
- reflective of community priorities.

A Community Partnering Strategy provides the framework to increase engagement with communities, partners, health consumers and other stakeholders to form a shared agenda and, as such, furthers our objective to build partnerships and co-design strategies that drive population change focused on healthy weight in Queensland communities. The strategy also aligns with the National Safety and Quality Health Service Standards (second edition), Queensland Human Services Quality Framework, and Queensland Health Non-Government Organisations Performance Framework, which all call for consumer involvement or partnership activities.

Over the past 12 months, four dedicated areas where strong partnerships have been formed – and continue to build and strengthen health promotion and prevention – including, Gather + Grow (a program targeting areas of food insecurity), Boost your Community (place-based initiatives), Pick of the Crop (a school-based nutrition program), and Boost your Healthy (our response to COVID-19). All bring an increased focus on partnerships, empowerment, support and alliances.

HWQld utilises a partnership model with external partners from the community, public, not-for-profit, non-government, university and private sectors. External engagement and partnership models were actively leveraged to maximise HWQld program investment through supported co-contributions/matched funding with external partners (cash and in-kind) to boost reach and impact of the HWQld investment.

This reporting period has focused on listening to community voices about what needs to change to make healthy happen and how HWQld can best engage with the community to plan, co-design, and evaluate those changes. Using a Discussion Paper to guide the engagement process we received written feedback, held focus groups, and guided discussions with a sample of health consumers, prevention program consumers, community advocates and stakeholders who work with these groups.

Shared with those who participated in the engagement activities, a Consultation Report was produced which includes key insights and practical examples on how to engage, recruit, and support diverse community members to be involved in our work, as well as opportunities for a more collaborative approach to reaching different population groups and extending the voices of Queenslanders for greatest impact.

Community insights have been used to develop HWQld's Community Partnering Strategy which outlines the broad principles and framework for meaningful, supportive and flexible action to (in the words of stakeholders) "Galvanise the power of the community", "Build a culture of support" and "Have a structure – then let the structure go," to ensure our community partnering efforts are respectful, meaningful, engaging and make a difference.

Community partnering efforts and opportunities across the organisation have included community engagement in the development of the HWQld Acknowledgement to Country and First Nations initiatives including the TCICA Forum, Gather + Grow branding and Keriba Way healthy lifestyle program; health consumer representation on the Prevention Program Investment Review Process panel, community workshops with BaHB initiative and Indigenous Wellbeing Centre. Current opportunities include consumer representation for PRECISE Focus Groups, Boost Your Family Steering and Advisory Groups, and First 2000 days First Nation Workshop.

## Systems reform: a new clinical prevention agenda to create a greater focus on obesity prevention

### Key achievements

- Led the Statewide Paediatric Obesity Health Transformers with active participation by 80 health professionals across 10 meetings. The group showcased implementation of the Paediatric Obesity Model of Care, established a First Nations Child Health Working Group and completed statewide mapping and capacity evaluation to inform actions.
- Hosted ECHO® Childhood Overweight and Obesity Learning Series, an innovated model of interprofessional education and case-based learning to build prevention capacity. Five series were delivered with a total of 114 participants. Clinicians from 14 of the 16 HHSs attended.

HWQld continues development of sustainable linkages between clinical prevention and health promotion. These two fields share similar objectives: to promote general health and prevent disease; and integrate the health system with public health functions.<sup>29</sup>

For effective prevention, these fields and their professions require robust linkage, partnership and action.<sup>30</sup> If we can prevent effectively in the early years, we can potentially save millions in healthcare costs and thousands of health-adjusted life years in the lifetimes of our children.<sup>30</sup>

HWQld is supporting our frontline health professionals with Clinicians Hub and primary healthcare professionals are uniquely positioned to engage in routine, evidence-based primary and secondary prevention strategies.<sup>32</sup>

### Clinicians Hub

HWQld, in partnership with Queensland Health has provided ongoing input to optimise the Clinicians Hub, a digital platform for supporting clinicians to talk about, identify, prevent and manage childhood obesity. The Clinicians Hub has been viewed online over 2,000 times since 1 July 2020.

### *PRECISE – Precision support for preventing and managing childhood obesity*

This study in partnership with UQ will use co-design methodology to develop precision resources that target well-established barriers to talking about, identifying, preventing and managing childhood obesity in primary health care.

Phase 1 of PRECISE, supported by the Allied Health Professions Office of Queensland, has been completed with focus groups of multidisciplinary primary health care practitioners (PHPs) conducted to identify and prioritise current gaps and opportunities for precision resources

for childhood overweight/obesity. Co-design of identified precision resources with multidisciplinary PHPs and caregivers of children as end-users will be completed in Phase 2. Design thinking will guide a collaborative workshop to ensure the resources are relevant, user-friendly, and have the potential to be integrated into existing systems. In Phase 3, PHPs and caregivers will test the resources in real world settings and provide important feedback for refinement prior to statewide promotion and distribution.

### Health Transformers

HWQld leads the Paediatric Obesity Health Transformers, a statewide committee of 80 health professionals, to implement the Model of Care Towards Healthy Growth and Weight in Queensland Children. The committee provides statewide advocacy and leadership to implement contextualised prevention, treatment, education and research model of care initiatives in local hospitals, health services and PHNs across Queensland.

The Paediatric Obesity Health Transformers Committee was supported with active participation by 80 health professionals across 10 meetings. The group showcased implementation of the Paediatric Obesity Model of Care, established a First Nations Child Health Working Group and completed statewide mapping and capacity evaluation to inform actions.

The First Nations Child Health Working Group was established as a sub-group of the Paediatric Obesity Health Transformers Committee and has 28 members. It provides overarching governance on the statewide roll out of the Model of Care initiatives with a First Nations focus.

### Project ECHO®

Project ECHO® (Extension for Community Healthcare Outcomes) is an innovative model of interprofessional education and case-based learning to build prevention capacity. During 2020–2021, our ECHO® Learning Series delivered five series to a total of 114 participants. The HWQld Project ECHO® Hub has delivered the following series to build prevention capacity of local providers:

- *Childhood Overweight and Obesity ECHO® Series* in partnership with Children's Health Queensland and UQ. This ongoing series was successfully delivered to GPs, Clinical Nurses, Allied Health Professionals (Dietitians, Exercise Physiologists, Psychologist) Diabetes Educators and health promotion professionals. Participants were from Cooktown, Gold Coast, Mount Isa, Bungalow, Ballina (NSW), Charleville, Cairns, Highfields, Dalby, Roma, Rockhampton and metro Brisbane. HWQld is a newly registered RACGP education provider with CPD activity points available to GPs for the series through both RACGP and ACRRM.

- *Creating A Healthier Remote Stores Food Environment ECHO® Series* in partnership with Monash University, UQ, Menzies School of Health Research, Outback Stores, The Arnhem Land Progress Aboriginal Corporation, Re-fresh Centre of Research Excellence and Murtupuni Centre for Rural & Remote Health. This 8-part pilot series was delivered to public health nutritionists and dietitians working in remote communities across Queensland, Northern Territory and Western Australia.
- *A Tuckshop Menu Planning ECHO® Series* in partnership with the Queensland Association of School Tuckshops. This pilot series offered five sessions to Tuckshop Convenors throughout Queensland including Rockhampton, Sunshine Coast, Biloela, Rangeville, Proserpine, East Ayr, Ingham, and Woodcrest.

### Health and Wellbeing Centre for Research Innovation

The establishment of the Health and Wellbeing Centre for Research Innovation is in progress. This exciting collaboration will deliver key aspects of the HWQld Research Strategy through partnership between Human Movement and Nutrition Sciences at UQ and HWQld. This collaboration will generate evidence related to the implementation of key projects and programs related to the HWQld prevention agenda.

The proposed model is one of partnership and co-design: all activities will be 'joint ventures' between organisations. The Centre will also proactively invest resources to secure funding grants that assist to sustain and grow the evidence base to inform practice and policy. Mutual capability and capacity building will be a benefit, where 'real world' experience, working alongside health promotion staff, fosters prevention capability in post-graduate and higher degree research students and fellows.

### Logan Healthcare Centre

HWQld has partnered with UQ Health Care to develop and trial new models of integrated care for the prevention and management of chronic disease at the Logan Healthcare Centre. A comprehensive Lifestyle Management Program will be delivered by a student-infused allied health workforce in an environment of teaching and research.

The proof-of-concept model expands upon the successful and evidence-based 'Beacon' model, which partners the hospital specialist with GPs with interest in the area, and focuses on returning the care back to the patient's usual GP, via an advanced management plan for each individual patient, thereby diverting the individual from the tertiary care system.

HWQld will facilitate and drive community-clinical linkages through networking, coordinating and collaborating with established contacts in both the community and clinical sectors to create health care that is comprehensive, holistic, and seamlessly integrated with community supports and resources.



### Building prevention capacity in primary care

HWQld has partnered with Brisbane South PHN to create a Paediatric Obesity Prevention and Management Toolkit, as well as a series of engagement activities, webinars and coaching to support general practices to adopt the necessary changes to achieve best practice recommendations. This is an opportunity to establish an evidence-based, scalable model of general practice quality improvement to be translated across Queensland through all PHNs and enable HWQld to build prevention capacity of primary health care professionals statewide.

### Prevention through physical activity

HWQld formalised collaborative arrangements with Department of Tourism, Innovation and Sport (Sport and Recreation) to achieve shared outcomes related to strategic objectives outlined in *Activate! Queensland 2019–2029* and the *Health and Wellbeing Queensland Strategic Plan 2020–2024* through execution of a Memorandum of Understanding, signifying commitment of ongoing collaboration and partnership towards shared outcomes to:

- increase awareness on health and physical activity benefits to key cohorts across Queensland through consistent messaging and leveraging the existing regional footprint and reach of each agency
- co-design projects, programs and initiatives enabling a holistic approach that leads to improved health and wellbeing for Queenslanders
- utilise person- and community-centred service delivery approaches in sport and recreation, physical activity, and health programs
- make progress towards achieving strategic objectives for each agency and contributing to broader Queensland Government targets
- build capability and knowledge of staff in both agencies to be cross-sectoral/multi-disciplinary.

### Agency partnerships – ActiveKIT

HWQld collaborated with the Department of Tourism, Innovation and Sport (Sport and Recreation) to launch this initiative to get more Queenslanders moving. ActiveKIT (Knowledge, Innovation and Technology) is an exciting new initiative to come out of the *Activate! Queensland 2019–2029* Strategy, providing \$4.1 million in funding across 39 projects.

ActiveKIT's objective is to support innovative solutions within the active industry to increase physical activity opportunities for target cohorts and contribute to the industry's capability and resilience, supporting organisations to trial and implement new and innovative products or services that responded to key challenges. Specifically, HWQld supported financial contribution to *Challenge 1: Increase physical activity participation of Queenslanders who are insufficiently active*.

Projects funded by ActiveKIT include:

- an app to encourage office workers to make movement part of their daily routine
- physical activity programs for cancer survivors, arthritis sufferers and Queenslanders with a disability
- local government-developed, location-specific exercise opportunities for seniors, women and girls.

Over 420,000 Queenslanders are not getting enough physical activity each week, and more than 48,000 Queensland children are getting less than one hour of physical activity each day. Being part of the ActiveKIT program was an important way for HWQld to contribute to creating new ways of encouraging and enabling Queenslanders to improve their overall health.

## Prevention through communications

### Delivering evidenced-based and responsive communications and media activities to promote healthy weight

#### Key achievements

- Expanded Boost your Healthy, a digital hub providing support, inspiration and ideas to help Queenslanders stay healthy and active. In 2020–2021, Over 11,500 Queenslanders visited the Boost your Healthy website and more than 2,000 Queenslanders engaged with Boost your Healthy challenges since 1 July 2020.
- Developed and launched the *Queenslandher* campaign, a digital wellbeing campaign highlighting stories of Queensland women who rose above challenging times. Over 417,00 Queenslanders viewed the Phase One *Queenslandher* videos and over 273,000 Queenslanders engaged with the social media content.

#### Queenslandher

In 2020, as Queenslanders continued to live through the uncertainty of COVID-19, HWQld developed *Queenslandher*—a digital campaign featuring the stories of eight Queensland women, who although they have experienced tough times, rose above by focusing on their health, wellbeing and support from others.

It is well known that women have been particularly impacted by the pandemic. Compared to men, women were 74 per cent more likely to report moderate to very high levels of psychological distress<sup>33</sup> and 83 per cent were more likely to have low wellbeing.<sup>34</sup>

In Queensland, a survey of 300 women indicated that nearly all (90 per cent) found 2020 challenging, and 40 per cent of women agreed they were not doing well with their physical activity.<sup>35</sup> Out of these insights, the *Queenslandher* campaign was launched with the intent of improving the mindset of Queensland women and empowering them to rise above the challenges they faced.

Launched in early December 2020, *Queenslandher* was distributed via digital platforms including HWQld social media and website, email newsletters and stakeholder communications. Campaign assets included an overall video, featuring stories from all women, plus individual story videos on each of the women. The campaign website encouraged women from across Queensland to share their story of 2020 and provided additional links to health and wellbeing resources.

Social media results for the overall video indicated a reach of over 185,000 and over 355,000 impressions for an average cost of \$0.02 cost per result. This is 10 times more effective than the industry standard of \$0.22 per result.

Phase two of the campaign was launched on 4 June 2021 and was developed in partnership with the Queensland Rugby League (QRL), and the Women's State of Origin team. The new campaign assets included stories from three players, all of whom have had to rise above the challenges of playing competitive sport, in a male-dominated code. Working closely with the QRL enabled a strong partnership which amplified HWQld messaging and included paid social media, email updates to subscribers and shared social posts from stakeholders and current/former Queensland sportspeople. Results for *Queenslandher* phase two social media ads indicated over 1 million impressions, with the videos played over 833,000 times.

The estimated reach of all public relations activity sits at over 2,885,400 which equates to over \$1,619,000 in advertising sales rate dollar value (if we were to pay for the same reach in paid advertising).

### International Women's Day

In March 2021, HWQld celebrated International Women's Day with a gathering of almost 50 female and male Queensland leaders, to recognise and celebrate the contribution of women and girls from all our communities, and celebrate our *Queenslandhers*.

We were honoured to have in attendance as invited speakers: Dr Jeannette Young PSM, Queensland's Chief Health Officer; Dr Mellissa Naidoo, Group Chief Medical Officer and Head of Clinical Innovation, NIB Group; and Kerrie Richards, CEO, Merino Country, whose story was profiled in phase one of our *Queenslandher* campaign.

Speakers talked about what leadership looked like for them from the past 12 months, with Australian television presenter Ms Jillian Whiting as our master of ceremonies facilitating a discussion on how to best support women in leadership both personally and professionally.

Hosted at the Queensland Performing Arts Complex, it was a conversation that reflected the values of kindness, authenticity, love and support, with insights from discussions informing the development of a future HWQld Women's Strategy.

We plan to continue to acknowledge International Women's Day annually. Not only was it a valuable opportunity to hear from strong inspiring speakers, but friendships and connections were made between those who attended and our very generous supporters.

There were many positive outcomes that came from the event, and harnessing this momentum is a priority as HWQld work to ensure we contribute to the growing appetite for supportive, collaborative and equitable opportunities for all *Queenslandhers*.

### HWQld ambassador

With cooking skills recognised as one of the known barriers to healthy eating, we engaged Mr Matt Golinski, celebrity chef, as our healthy food ambassador in December 2020.

Matt is a qualified chef, and well-known identity in both Queensland and around Australia, is local to the Sunshine Coast, and has featured in numerous television, print and digital platforms sharing recipes and cooking advice. He also has a personal interest in regional foods, family health, wellbeing and nutrition.

His established profile has helped us reach new audiences and continue engagement with current audiences through a program of activities, covering personal appearances, content provision and recipe development.

With an initial focus on children and families, Matt has been involved in promoting our key programs such as the Healthy Kids Menu and Pick of the Crop, as well as providing content for our social media platforms and website including videos and recipes each month.

Matt's ambassadorship is periodically evaluated through key digital metrics including social media engagement/reach, visits to relevant content on our website, and media coverage of in-person events. A final evaluation will be conducted at the end of the 12-month period to assess outcomes and consider extension of the ambassador role.

### Reach

During this financial year, HWQld's digital presence was underpinned by our corporate website and the Boost your Healthy website: a digital hub of evidence-based health and wellbeing advice, created as a response to the COVID-19 pandemic.

Given the evidence around COVID-19 and health outcomes of those people experiencing overweight or obesity, the Boost your Healthy website continued to attract significant traffic, driven by a monthly newsletter highlighting new content in the areas of healthy eating, boosting activity and wellbeing strategies. Over 11,500 Queenslanders visited the Boost your Healthy website and more than 2,000 Queenslanders engaged with Boost your Healthy challenges since 1 July 2020.

The corporate website was expanded to include micro-sites for HWQld developed programs: Pick of the Crop, Gather + Grow, Healthy Kids Menu, Boost your Recipes, and our Queenslandher campaign. New sections were also added to highlight latest news, consultations, corporate information, ambassador Matt Golinski, a back-catalogue of newsletters and a streamlined newsletter sign up process.

All sites combined amassed more than 130,000 unique page views this financial year.

### Digital channels

To increase HWQld's brand awareness and encourage behaviour change, digital channels are used to communicate with stakeholders and community members. Social media, such as Facebook, Instagram, Twitter and LinkedIn were used to provide evidence-based health and wellbeing information to encourage Queenslanders to make healthy food and drink choices and take care of their wellbeing. In the beginning of 2020, Boost Your Healthy Billion Steps Challenge was created to maintain Queenslanders' health during lockdown, leveraging our funded partner's 10,000 Steps content, resulting in consumers logging 1,045,633,917 steps in 32 days.

Newsletters were also used to engage with our stakeholders and community members, with monthly distribution to both segments, and a month-on-month growth to the subscriber base.

### Media coverage and presentations

HWQld worked with print, radio, television and online news media to widely promote its programs, activities and messages to *Queenslanders* through proactive interviews and articles. Media coverage of HWQld initiatives included Boost Your Healthy, the Pick of the Crop pilots, Project ECHO®, and *Queenslandher*. Media and news releases were also published on the website and shared on social media and in the newsletters to support and extend their reach.

Due to restrictions on physical gatherings, HWQld used video, livestreaming and digital publishing to continue delivering content and messaging externally. Numerous Chief Executive speeches, interviews and presentations were filmed for streaming and playback at events and conferences, ensuring HWQld was represented at key forums when physical attendance wasn't an option.

## Prevention through research

### Strategic partnerships for translation of evidence into practice and policy

#### Key achievements

- Established partnerships across sectors to address obesity prevention through novel and innovative research that can inform and impact at a policy level.
- Successful grant applications supported by HWQld as evidenced by partnering with research institutions receiving significant funding to progress research in the fields of nutrition and digital solutions for preventive health.
- Contributed to seven publications (scientific journal papers and report) and two conferences around the topics of obesity, nutrition, prevention and health systems.
- Nine HWQld staff have honorary adjunct appointments with universities, and five PhD students undertaking research on HWQld projects and initiatives focusing on rural and remote health, First Nations people, and Queensland's primary schools.
- Developed an evidence-based Monitoring, Evaluation and Learning Framework that provides a robust and systematic evaluation approach to measure the impact of HWQld's actions and influence on the systems associated with obesity and health inequity.

Effective partnerships between researchers and policy makers and practitioners have the greatest potential for enhancing the quality and relevance of both research and actions in improving population health.



### Cross-sectors partnerships

HWQld is building partnerships across sectors between research academics, policy makers and health practitioners to address health inequity and obesity prevention through research. HWQld has been recognised by research academics and institutions as an important partner for collaboration.

- Nine HWQld staff currently hold honorary adjunct appointments with universities. As part of their adjunct appointment, some staff are co-supervising PhD and/or Masters students and focusing on aligning research to inform HWQld projects and initiatives.
  - An Empowering Healthy Weight Program for Rural Aboriginal and Torres Strait Islander Adolescents. (Part-time PhD candidature, 2020–2024).
  - NASHI: a co-designed, community-based, nutrition-focused program designed to reduce the risk of overweight and obesity in underprivileged adolescents through nutrition education, skill development and behaviour change. (PhD candidature, 2020–2024).
  - Creating sustainable food environments for Queensland based primary schools through the implementation of HWQld Pick of the Crop program. (PhD candidature, 2021–2024).
  - Exploring food insecurity and childhood obesity in remote First Nations communities (Part-time PhD candidature, 2020–2025).
- Enhanced prevention through integrated health care with strong links between primary, secondary and tertiary prevention, HWQld is supporting the next generation of clinician-researchers in clinical prevention and preventive care through scholarships and placement opportunities for higher degree by research. HWQld is an accredited training site for Queensland Health Public Health Medicine Training Network and will be able to receive Public Health Registrars.
- Hosted Professor Luke Wolfenden and his research teams from the National Centre of Implementation Science and the NSW Hunter New England Local Health District Population Health. It was a day of exchange, where we showcased our projects and statewide initiatives, undertook to discover synergies and opportunities to collaborate in advancing prevention across Queensland and Australia.
- HWQld facilitated an Arts and Health Exploratory workshop which brought together the Queensland Performing Arts Centre, the Queensland Symphony Orchestra, Arts Queensland, VicHealth and academic researchers across various universities and faculties in Queensland. This collaboration enabled the group to identify opportunities to share and use data in a coordinated way for future impact.

- HWQld supported 29 competitive grant proposals with 10 university and industry groups, including Torres Strait Island Regional Council, Nutrition Australia Queensland, CSIRO and universities across Queensland and Australia, such as:

- The University of Queensland
- The Queensland University of Technology
- Griffith University
- Central Queensland University
- James Cook University
- Monash University (Victoria)
- Edith Cowan University (Western Australia).

### Recognition of excellence

HWQld staff have contributed to the evidence base in the field of public health prevention and promotion, and have been recognised by peer experts nationally and internationally.

- Staff have co-authored six peer-reviewed publications, one report, and one conference abstract over the last year, covering the topic areas of paediatric obesity, nutrition, and health systems.
  - Cultural adaptation of health interventions including a nutrition component in Indigenous peoples: a systematic scoping review (<https://equityhealth.biomedcentral.com/articles/10.1186/s12939-021-01462-x>)
  - i-PATHWAY: Development and validation of a prediction model for childhood obesity in an Australian prospective birth cohort (<https://onlinelibrary.wiley.com/doi/10.1111/jpc.15436>)
  - Impact of weight management nutrition interventions on dietary outcomes in children and adolescents with overweight or obesity: a systematic review with meta-analysis (<https://onlinelibrary.wiley.com/doi/10.1111/jhn.12831>)
  - Building a Children's Health Service and System Research Strategy: development and integration in an Australian paediatric healthcare setting (<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05267-6>)
  - Specialist children's obesity management services: what makes a difference in outcomes? (<https://scialert.net/fulltext/?doi=ajcn.2020.10.20>)
  - Interventions to prevent or treat childhood obesity in Maori & Pacific Islanders: a systematic review (<https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-020-08848-6>)
  - The right care, in the right place, at the right time
    - A Policy Brief (<https://nova.newcastle.edu.au/vital/access/manager/Repository/uon:37324>).

## How we've done it

- HWQld staffer was invited as an expert panel speaker to the 2021 Closing the Gap on Indigenous Health conference with the theme: “Improving health outcomes of Aboriginal and Torres Strait Islander people through community collaboration and healthcare service coordination”.
- HWQld staffer won the Best Early Career Researcher Oral Presentation Award after presenting to an international audience at the 2020 Australian and New Zealand Obesity Society virtual conference.

**Dr Robyn Littlewood is the winner of the 2020 Queensland University of Technology Faculty of Health Outstanding Alumni Award (<https://www.qut.edu.au/news?id=169028>).**

- The Outstanding Alumni Awards recognise graduates of QUT for exceptional professional and personal achievements and contributions to the local, national, and international community. This Award recognises her work with HWQld, her leadership and her significant contributions nationally and internationally to improving the nutritional health of children.

### ***Bold and innovative***

Through a translational and policy lens that enables the rapid translation of evidence into practice and policy, HWQld seeks to transform the current research landscape by coordinating and leveraging investment to address the wicked problem of obesity for the benefit of Queenslanders.

- **Successful grant applications** supported by HWQld received significant funding to progress research in the fields of nutrition and digital solutions for preventive health.
  - *Towards Systematic Maturation of Analytics and System Redesign to Transform Healthcare and Public Health Research* Secured \$3.4 million grant funding from UQ for a project in collaboration with and led by Associate Professor Clair Sullivan (Centre for Health Services Research, UQ) to harness the potential of digital technologies for implementing effective preventive health program and policy enabling Queenslanders to be healthier. The project aims to build infrastructure to drive globally significant research, healthcare innovation and improved patient outcomes through constructing secure and robust Queensland Health's healthcare data repositories with real-time updates as foundations for a learning health care system.

HWQld has committed to provide in-kind content expertise, and leadership to support this project. HWQld will be closely involved in tasks related to the obesity use case, including prevention stakeholder engagement, data aggregation and management and descriptive and predictive analytics.

### – *Australian Research Council Training Centre for Information Resilience*

Partnered and successful in obtaining \$4.9 million from the Australian Research Council (ARC) towards the ARC Industry Transformation Training Centre for Information Resilience (CIRES) hosted at the UQ and led by Professor Shazia Sadiq. CIRES is established as a partnership across multiple universities and industry partners to build workforce capacity in Australian organisations to create, protect and sustain agile data pipelines, capable of detecting and responding to failures and risks across the information value chain. The centre aims to create transformational change in Australia's knowledge economy through research-industry partnerships that transcend disciplinary and sector boundaries.

HWQld is a partner organisation of CIRES and will benefit from the project's data platforms for analysing obesity data and linking it with clinical data from hospital care, as well as population health and community data. The partnership will explore novel approaches to large scale data linkage and curation, and the appropriate analysis of data to learn new and better models of care.

### • **Boost Your Family online platform**

HWQld is leading the development of an engaging and interactive online solution to support children and families in making lasting lifestyle changes that will help prevent obesity and other chronic diseases. It will explore a range of health and wellbeing topics, with bite-sized modules and self-paced learning to make the program flexible for busy families. By incorporating principles of co-design, the program is developed for Queenslanders, by Queenslanders – equity, accessibility and inclusion will underpin the program. The development of Boost Your Family builds on years of formative research led by our partnership with UQ, made possible by the attainment of competitive research grants.

### • **Healthy Conversations @Playgroup**

HWQld is a co-investigator for a community driven Healthy Conversations @Playgroup project funded by MRFF Preventive and Public Health Research Initiative for obesity prevention. The project is led by Professor Stewart Trost at QUT, Centre for Children's Health Research and partnering with Playgroup Queensland, Flinders University and University of Western Australia.

### *Monitoring and evaluation*

HWQld has formed a partnership with the Institute for Social Science Research at UQ to co-create a comprehensive Monitoring, Evaluation, and Learning Framework (MEL-Framework) that captures signals of system changes that contribute to health outcomes at the population level. The MEL-Framework was informed by a literature review, developed by public health researchers and practitioners, and guided by a set of underpinning principles.

The MEL-Framework is centred around a high-level 'Theory of Change' that illustrates how HWQld's actions will influence the systems associated with obesity and health inequity and contribute to population level outcomes and impacts. Four 'Systems Components' were identified to represent different parts of the system that HWQld aims to influence: Policies; Practices; Networks; and Mindsets. A 'Ceiling of Accountability' was introduced to distinguish between 'performance accountability' and 'population accountability' recognising that accountability for the higher-level population outcomes cannot be assigned solely to an organisation when addressing complex system changes. The MEL-Framework provides a pragmatic structure to operationalise the complexity of system changes into concepts that will allow for organisational strategic learning and planning, with better measures and understanding of HWQld's roles in influencing the prevention system in Queensland.

### *National Health Promotion Alliance*

HWQld has established an alliance between Australian health promotion agencies – VicHealth, Wellbeing SA (South Australia), and Healthway (Western Australia). The purpose is information exchange on agreed topics to build the knowledge and capacity of each organisation. A meeting is held every six weeks.

Topics to date have included the wellbeing economy, engaging community, funding partnerships, corporate partnerships, World Health Organisation Collaborating Centres, engagement with local governments and capability development, along with current priorities and challenges. The Alliance is also exploring opportunities for collaborative action.

# Service areas and service standards

## Health and Wellbeing Queensland

### Service area objective

To reduce health inequity and tackle Queensland's high obesity and chronic disease rates.

**Table 1:** Annual Performance Statement 2020–2021

Service standards	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
<b>Effectiveness measures</b>			
Percentage of the Queensland population who consume recommended amounts of <sup>1</sup>			
• fruits	53.7%	52.5%	53.7%
• vegetables	8.9%	8.0%	8.9%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit <sup>1</sup>			
• Persons	61.5%	58.7%	61.5%
• Male	64.8%	61.8%	64.8%
• Female	58.3%	55.8%	58.3%
Percentage of adults and children with a body mass index (BMI) in the normal weight category <sup>2</sup>			
• Adults	33.3%	32.3%	33.3%
• Children	67.5%	65.5%	67.5%
<b>Efficiency measure</b>			
Not identified			

**Notes:**

1. This is a measure of effectiveness of Queensland Government investment in prevention across a broad range of actions within health and other sectors. Estimated Actuals are from the 2020 Queensland Preventive Health Survey (QPHS) for physical activity and the 2019 QPHS for adult fruit and vegetable consumption.
2. Estimated Actuals are from the 2017–18 National Health Survey.



# Finance, risk management and accountability

## Financial performance

Our financial health at 30 June 2021 was exceptional, with assets of \$7.289 million, liabilities of \$1.883 million and total equity of \$5.406 million. Total income for the year was \$38.784 million and total expenses were \$33.813 million, finishing the year with an operating surplus of \$4.971 million. This surplus position was predominantly a result of contracts under negotiation not being finalised prior to end of financial year and the application of economic recovery principles under Unite and Recover enabling HWQld to apply savings to outer year initiatives and activity. HWQld had an operating budget of \$38.784 million, the majority of which was administered as a grant through the health portfolio (\$38.633 million), other revenue (\$0.012 million) and interest payable against cash at bank (\$0.139 million).

## Strategic workforce planning, performance and separation

In our second year of operation, much of our focus continues to be on building a sustainable robust workforce and reviewing our organisational structure and reporting lines to achieve against the strategic plan. We continue to develop corporate policies and processes including utilising whole-of-government policy and direction set by the Public Service Commission. Our staff are engaged under three specific enterprise bargaining agreements: Queensland Public Health Sector Certified Agreement (No. 10) 2019; Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 3) 2019 and Nursing and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB10) 2018 (N&M EB1, nominally expiring 31 March 2022). HWQld was a party to the negotiation of the new certified agreements: Queensland Public Health Sector Certified Agreement (No. 10) 2019 and Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 3) 2019 which were certified in the Queensland Industrial Relations Commission in August 2020.

HWQld continues to prioritise the health, safety and wellbeing of all its employees and to provide a workplace that is free from injury, illness, discrimination and harassment. Policies are in place to support a flexible workplace with flexible hours and the ability for staff to pivot in the event of direction to work remotely at short notice. Positions are located on Thursday Island and Cairns respectively and those staff are supported to work remotely in those areas. We continue to support staff to manage their work/life balance and personal commitments. Union membership is encouraged through onboarding processes.

In response to the continuing COVID-19 pandemic and subsequent directives to work from home where possible, our staff have been able to rapidly pivot using our robust network platform to stay connected and informed and continue to delivery on their roles. These contemporary platforms allow our staff to stay connected, share information, access to documents, data and meet remotely online.

Staff continue to access flexible work arrangements with 14 per cent staff working part-time. Staff and their immediate families continue to be supported by an Employee Assistant Program and were given access to the annual influenza vaccination program at no cost.

The separation rate for permanent staff during 2020–2021 was 0.02 per cent or one employee who transferred to another government department on a permanent basis. No redundancies, early retirements or retrenchments were offered or paid in 2020–2021.

## Information systems and recordkeeping

Sound records management practice is an essential element of good corporate governance. HWQld's information and records are public and corporate assets, vital both for ongoing operations and in providing valuable evidence of business decisions, activities and transactions.



HWQld uses Content Manager, an electronic document and record management system, and is committed to training staff to ensure records management practices are consistent, accurate, fit for purpose and undertaken in accordance with the requirements of the *Public Records Act 2002* and whole-of-government policy, including the Records Governance Policy and General Retention and Disposal Schedule.

### Queensland public sector ethics

The Code of Conduct for the Queensland Public Service applies to HWQld pursuant to the *Public Sector Ethics Act 1994*. Board members and staff are provided training and access to the Code of Conduct via induction processes, and mandatory training is provided by the Queensland Government Corporate Administration Agency. HWQld incorporates the principles, values and requirements of the Code of Conduct into all aspects of its work and monitors compliance with the Code of Conduct via staff performance plans.

### Human rights

As a public entity, HWQld is bound by the newly enacted *Human Rights Act 2019* and is committed to ensuring consistency of our policies, programs, procedures, practices and services with human rights.

During this period, HWQld reviewed existing policies and procedures (including local complaints management procedures and complaints registers) for compatibility with human rights and identified mandatory human rights training requirements for all staff, including dedicated staff responsible for managing human rights complaints.

HWQld is also leading the co-development of the Queensland Equity Framework which will further our legislative objective to improve the health and wellbeing of the Queensland population, and the objects of the *Human Rights Act 2019* to protect and promote human rights, help build a culture in the Queensland public sector that respects and promotes human rights and help promote a dialogue about the nature, meaning and scope of human rights.

HWQld has received no human rights complaints during this period and is committed to promoting and protecting the human rights of all Queenslanders through our decision making and actions.

### Internal audit function and external scrutiny

HWQld's internal audit function is provided by the Queensland Government Corporate Administration Agency and includes the provision of internal audit services and assistance with annual reporting, when required, such as:

- Assistance in the development of strategic and annual audit programs;
- Scoping, coordination and undertaking of audits and operational reviews;
- Attendance by invitation at FARM Committee meetings;
- Providing ongoing assistance to management in their monitoring of risks and exposures including the development of a risk management framework, training and the establishment and maintenance of a risk register; and
- Other audit and investigatory services deemed necessary.

The FARM Committee endorsed the Internal Audit Charter at its meeting held on 21 October 2020 and further endorsed the 2021–2023 Internal Audit Plan at its meeting held on 25 March 2021.

HWQld has not been the subject of external scrutiny, independent review or evaluation this reporting period.

### Finance, Audit and Risk Management Committee

The FARM Committee members are appointed by the board and membership consists of a minimum of three and no more than five members. Representatives from the Queensland Audit Office and the Queensland Government Corporate Administration Agency are also invited to each meeting to provide updates on external and internal audit activities.

The inaugural FARM Committee commenced on 2 July 2020 and members have completed their first year. The FARM met four times during the reporting period, with all meetings offered in-person and virtually in accordance with COVID-19 social distancing restrictions.

Name of Government body FARM Committee					
Act or instrument	FARM Committee Charter				
Functions	<p>The role of the Committee is to provide independent advice, assurance and assistance to the HWQld Board in the areas of:</p> <ul style="list-style-type: none"> <li>• Risk, control, audit, performance management and compliance frameworks;</li> <li>• The Board's external accountability responsibilities as prescribed in the <i>Financial Accountability Act 2009</i>, the <i>Statutory Bodies Financial Arrangements Act 1982</i> and the Financial and Performance Management Standard 2009.</li> </ul>				
Achievements	<ul style="list-style-type: none"> <li>• Endorsed 2019–20 financial statements</li> <li>• Endorsed the Internal Audit Charter and 2021–2023 Internal Audit Plan</li> <li>• Endorsed the 2021–2022 Budget Build</li> <li>• Provided the board with advice on financial governance, risk management, investment proposals, savings and debt strategy, digital strategy</li> </ul>				
Financial reporting	<p>The FARM Committee provides independent advice, assurance and assistance to the HWQld Board in the areas of risk, control, audit, performance management and compliance frameworks.</p> <p>A financial report is provided for discussion at each board meeting to enable members to fulfil their responsibility approve annual budget and financial plans, monitor financial performance including approval of annual financial reports.</p> <p>The board acts in accordance with the <i>Financial Accountability Act 2009</i> and adheres to the Financial and Performance Management Standard 2009 and contributes to the Queensland Health budget and service delivery statements.</p>				
Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Chair	Mr Chris Johnson	4	\$2,500 per annum	Not applicable	\$2,500 per annum
Member	Mr Stephen (Steve) Ryan	4	\$2,000 per annum	Not applicable	*\$2,000 per annum
Member	Ms Jane Williams	4	\$2,000 per annum	Not applicable	*\$2,000 per annum
No. scheduled meetings/sessions	4				
Total out of pocket expenses	N/A				

\* This fee is also included in the Board reporting table under the approved sub-committee fees (page 13).

## Members

Independent External Chairperson: Mr Chris Johnson	
Appointed:	2 July 2020
Current term:	2 July 2020 to 30 June 2023

Mr Johnson possesses 30 plus years' experience in the professional services industry. Mr Johnson is qualified in accountancy and is a fellow from the Institute of Charter Accountants in Australia and New Zealand as well as England and Wales. Mr Johnson is a graduate of the Australian Institute of Company Directors and also has experience at Queensland Health within the Audit and Risk Committee.

\*Mr Johnson attended all of the FARM meetings held during the reporting period.

FARM Committee member: Mr Stephen (Steve) Ryan	
Appointed:	2 July 2020
Current term:	2 July 2020 to 30 June 2023

\*Mr Ryan attended all of the FARM meetings held during the reporting period.

FARM Committee member: Ms Jane Williams	
Appointed:	2 July 2020
Current term:	2 July 2020 to 30 June 2023

\*Ms Williams attended all of the FARM meetings held during the reporting period.

# Glossary

Acronym/term	Definition
<b>ARC</b>	Australian Research Council
<b>ARRs</b>	Annual Report Requirements for Queensland Government agencies
<b>ATSICCHO</b>	Aboriginal and Torres Strait Islander Community Controlled Health Organisations
<b>BaHB</b>	Building a Healthy Bundaberg
<b>BMI</b>	Body mass index
<b>CEO</b>	Chief Executive Officer
<b>CIRES</b>	Centre for Information Resilience
<b>COVID-19</b>	Coronavirus disease pandemic
<b>CSIRO</b>	Commonwealth Scientific and Industrial Research Organisation
<b>DALYs</b>	Disability-Adjusted Life Years
<b>ECHO</b>	Extension for Community Healthcare Outcomes
<b>FAA</b>	<i>Financial Accountability Act 2009</i>
<b>FPMS</b>	Financial and Performance Management Standard 2019
<b>FARM Committee</b>	Finance, Audit and Risk Management Committee
<b>FTE</b>	Full-time equivalent employees
<b>GST</b>	Goods and services tax
<b>HHBs</b>	Hospital and Health Boards
<b>HHS</b>	Hospital and Health Service
<b>HWQld</b>	Health and Wellbeing Queensland
<b>HWQld Act</b>	<i>Health and Wellbeing Queensland Act 2019</i>
<b>IUIH</b>	Institute for Urban Indigenous Health
<b>LGBTIQ+</b>	Lesbian, gay, bisexual, transgender, intersex and queer/questioning
<b>MEL-Framework</b>	Monitoring, Evaluation, and Learning Framework
<b>NOPS</b>	National Obesity Prevention Strategy
<b>NPHS</b>	National Preventive Health Strategy
<b>NRL</b>	National Rugby League
<b>NSW</b>	New South Wales
<b>PhD</b>	Doctor of Philosophy
<b>PHNs</b>	Primary Health Networks
<b>PHPs</b>	Primary health care practitioners
<b>PSM</b>	Public Service Medal (Australia)
<b>QCWA</b>	Queensland Country Women's Association
<b>Queensland Health</b>	Department of Health and HHSs, collectively
<b>QPHS</b>	Queensland Preventive Health Survey
<b>QRL</b>	Queensland Rugby League
<b>QUT</b>	Queensland University of Technology
<b>R&amp;CA</b>	Restaurant and Catering Industry Association of Australia
<b>SWHHS</b>	South West Hospital and Health Service
<b>TCICA</b>	Torres and Cape Indigenous Council Alliance
<b>UQ</b>	The University of Queensland

# References

References 1–34: Please contact HWQId for a reference list.

# Compliance checklist

Summary of requirements		Basis for requirement	Annual report reference
<b>Letter of compliance</b>	A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	Pg ii
<b>Accessibility</b>	Table of contents	ARRs – section 9.1	Pg 1
	Glossary		Pg 40
	Public availability	ARRs – section 9.2	Inside front cover
	Interpreter service statement	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	Inside front cover
	Copyright notice	<i>Copyright Act 1968</i> ARRs – section 9.4	Inside front cover
	Information Licensing	<i>QGEA – Information Licensing</i> ARRs – section 9.5	Inside front cover
<b>General information</b>	Introductory Information	ARRs – section 10.1	Pg 3 to 5
<b>Non-financial performance</b>	Government's objectives for the community and whole-of-government plans/specific initiatives	ARRs – section 11.1	Pg 2
	Agency objectives and performance indicators	ARRs – section 11.2	Pg 13 to 14
	Agency service areas and service standards	ARRs – section 11.3	Pg 36
<b>Financial performance</b>	Summary of financial performance	ARRs – section 12.1	Pg 37
<b>Governance – management and structure</b>	Organisational structure	ARRs – section 13.1	Pg 12
	Executive management	ARRs – section 13.2	Pg 7 to 12
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3	N/A
	Public Sector Ethics	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	Pg 38
	Human Rights	<i>Human Rights Act 2019</i> ARRs – section 13.5	Pg 38
	Queensland public service values	ARRs – section 13.6	Pg 6



Summary of requirements		Basis for requirement	Annual report reference
Governance – risk management and accountability	Risk management	ARRs – section 14.1	Pg 38
	Audit committee	ARRs – section 14.2	Pg 38
	Internal audit	ARRs – section 14.3	Pg 38
	External scrutiny	ARRs – section 14.4	Pg 38
	Information systems and recordkeeping	ARRs – section 14.5	Pg 37 to 38
	Information Security attestation	ARRs – section 14.6	N/A
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1	Pg 37
	Early retirement, redundancy and retrenchment	<i>Directive No.04/18 Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	Pg 37
Open Data	Statement advising publication of information	ARRs – section 16	Inside front cover
	Consultancies	ARRs – section 33.1	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	Overseas travel	ARRs – section 33.2	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	Queensland Language Services Policy	ARRs – section 33.3	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
Financial statements	Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	Pg 66
	Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Pg 67 to 68

# **Health and Wellbeing Queensland Financial Statements**

**for the year ended 30 June 2021**

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# Health and Wellbeing Queensland

## Financial Statements 2020-21

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Notes to the Financial Statements	50-65
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Audit Certificate	67-68

## Health and Wellbeing Queensland

### Statement of Comprehensive Income for the year ended 30 June 2021

	Notes	2021 Actual \$'000	2021 Original Budget \$'000	2021 Budget Variance* \$'000	2020 Actual \$'000
<b>Income</b>					
<b>Revenue</b>					
Grants and other contributions	4	38,633	37,988	645	3,518
Interest		139	-	139	14
Other revenue	5	12	-	12	19
<b>Total Revenue</b>		<b>38,784</b>	<b>37,988</b>	<b>796</b>	<b>3,551</b>
<b>Total Income</b>		<b>38,784</b>	<b>37,988</b>	<b>796</b>	<b>3,551</b>
<b>Expenses</b>					
Employee expenses	6	5,915	4,604	1,311	1,844
Supplies and services	7	3,176	33,384	(30,208)	1,233
Depreciation	12	24	-	24	8
Service Procurement	8	23,231	-	23,231	-
Other expenses	9	1,467	-	1,467	30
<b>Total Expenses</b>		<b>33,813</b>	<b>37,988</b>	<b>(4,176)</b>	<b>3,116</b>
<b>Operating Result</b>		<b>4,971</b>	<b>-</b>	<b>4,972</b>	<b>435</b>
<b>Total Comprehensive Income</b>		<b>4,971</b>	<b>-</b>	<b>4,972</b>	<b>435</b>

\*An explanation of material variances is located at Note 19.

The accompanying notes form part of these statements.

# Health and Wellbeing Queensland

## Statement of Financial Position for the year ended 30 June 2021

		2021 Actual	2020 Actual
	Notes	\$'000	\$'000
<b>Current Assets</b>			
Cash and cash equivalents	10	6,740	539
Receivables	11	142	23
Prepayments		47	65
<b>Total Current Assets</b>		<b>6,929</b>	<b>628</b>
<b>Non Current Assets</b>			
Property, plant and equipment	12	360	116
<b>Total Non Current Assets</b>		<b>360</b>	<b>116</b>
<b>Total Assets</b>		<b>7,289</b>	<b>744</b>
<b>Current Liabilities</b>			
Payables	13	1,688	163
Accrued employee benefits	14	195	146
<b>Total Current Liabilities</b>		<b>1,883</b>	<b>308</b>
<b>Total Liabilities</b>		<b>1,883</b>	<b>308</b>
<b>Net Assets</b>		<b>5,406</b>	<b>435</b>
<b>Equity</b>			
Accumulated surplus		5,406	435
<b>Total Equity</b>		<b>5,406</b>	<b>435</b>

\*HWQld was granted relief from preparing a budgeted balance sheet in the 2020-21 SDS. Consequently, no balance sheet was presented to Parliament for the 2020-21 financial year.

The accompanying notes form part of these statements.



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## ***Health and Wellbeing Queensland***

### **Statement of Changes in Equity for the year ended 30 June 2021**

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	<b>2021</b>	<b>2020</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Balance as at 1st July 2020</b>	435	-
Operating Result	4,971	435
<b>Balance as at 30 June 2021</b>	<b>5,406</b>	<b>435</b>

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*The accompanying notes form part of these statements.*

# Health and Wellbeing Queensland

## Statement of Cash Flows for the year ended 30 June 2021

		2021 Actual	2020 Actual
	Notes	\$'000	\$'000
<b>Cash flows from operating activities</b>			
<i>Inflows:</i>			
Grants and other contributions		38,633	3,518
GST collected from customers		57	59
GST input tax credits from ATO		2,374	177
Interest receipts		139	14
Other		7	-
<i>Outflows:</i>			
Employee expenses		(5,871)	(1,764)
Supplies and services		(1,651)	(1,070)
GST paid to suppliers		(2,468)	(200)
GST remitted to ATO		(58)	(59)
Service Procurement	8	(23,231)	-
Other		(1,462)	(30)
<b>Net cash provided by operating activities</b>		<b>6,469</b>	<b>644</b>
<b>Cash flows from investing activities</b>			
<i>Outflows:</i>			
Payments for plant and equipment		(268)	(105)
<b>Net cash used in investing activities</b>		<b>(268)</b>	<b>(105)</b>
<b>Net increase in cash held</b>		<b>6,201</b>	<b>539</b>
<b>Cash at beginning of financial year</b>		<b>539</b>	<b>-</b>
<b>Cash at end of financial year</b>	10	<b>6,740</b>	<b>539</b>

The accompanying notes form part of these statements.

	2021 \$'000	2020 \$'000
<b>Reconciliation of Operating Result to Net Cash from Operating Activities</b>		
Operating surplus	4,971	435
Depreciation expense	24	8
Donated assets received	-	(19)
Changes in assets and liabilities:		
Increase in receivables	(120)	(23)
Decrease in prepayments	18	(65)
Increase in payables	1,526	163
Increase in accrued employee benefits	50	145
<b>Net cash provided by operating activities</b>	<b>6,469</b>	<b>644</b>

The accompanying notes form part of these statements.

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# ***Health and Wellbeing Queensland***

## **Notes to the Financial Statements for the year ended 30 June 2021**

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**Section 1: How We Operate - Our Agency Objectives and Activities**

- Note 1: General Information  
Note 2: Objectives and Principal Activities of Health and Wellbeing Queensland  
Note 3: Basis of Financial Statement Preparation

**Section 2: Notes about our Financial Performance**

- Note 4: Grants and Other Contributions  
Note 5: Other Revenue  
Note 6: Employee Expenses  
Note 7: Supplies and Services  
Note 8: Service Procurement Expense - Social Service  
Note 9: Other Expenses

**Section 3: Notes about our Financial Position**

- Note 10: Cash and Cash Equivalents  
Note 11: Receivables  
Note 12: Plant and Equipment and Depreciation Expense  
Note 13: Payables  
Note 14: Accrued Employee Benefits

**Section 4: Notes about Risk and Other Accounting Uncertainties**

- Note 15: Commitments  
Note 16: Contingencies  
Note 17: Events Occurring after the Reporting Date  
Note 18: Financial Risk Disclosures

**Section 5: Notes about our Performance Compared to Budget**

- Note 19: Budgetary Reporting Disclosures

**Section 6: Other information**

- Note 20: Key Management Personnel (KMP) Disclosures  
Note 21: Related Party Transactions  
Note 22: Accounting Standards Early Adopted  
Note 23: Future Impact of Accounting Standards Not Yet Effective  
Note 24: Climate Risk Disclosure

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# Health and Wellbeing Queensland

## Notes to the Financial Statements for the year ended 30 June 2021

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### 1. General Information

These financial statements cover Health and Wellbeing Queensland (HWQld), an independent statutory body established under the *Health and Wellbeing Queensland Act 2019*. The financial statements include all income, expenses, assets, liabilities and equity of HWQld. HWQld does not have any controlled entities. The entity is controlled by the state of Queensland which is the ultimate parent.

The head office and principal place of business is:

Milton Green

Ground Floor, 139 Coronation Drive

MILTON QLD 4064

For information relating to these financial statements please email [info@hw.qld.gov.au](mailto:info@hw.qld.gov.au)

### 2. Objectives and Principal Activities of Health and Wellbeing Queensland

HWQld was established on 1 July 2019 as a statutory body to improve the health and wellbeing of the population and reduce health inequities with an initial focus on reducing the risk factors that drive the chronic disease burden, such as poor nutrition, physical inactivity and obesity. HWQld has been given a mandate to develop a new way of working that requires innovation, partnerships and an element of risk taking that a statutory body is well positioned to deliver. While HWQld is accountable to government, and the broader community, HWQld is an independent agency that will work relentlessly to achieve outcomes that benefit the whole of Queensland.

### 3. Basis of Financial Statement Preparation

#### Compliance with Prescribed Requirements

HWQld has prepared these financial statements in compliance with section 39 of the *Financial and Performance Management Standard 2019*. The financial statements comply with Queensland Treasury's Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2020.

HWQld is a not-for-profit entity and these general purpose financial statements are prepared on an accrual basis (except for the Statement of Cash Flows which is prepared on a cash basis) in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities.

#### Presentation

##### Currency and Rounding

Amounts shown in these financial statements may not add to the correct sub-totals or total due to rounding.

Amounts included in the financial statements are in Australian dollars and rounded to the nearest \$1,000 or, where that amount is \$500 or less, to zero, unless disclosure of the full amount is specifically required.

##### Comparatives

Comparative information reflects the audited 2019-20 financial statements.

##### Current/Non-Current Classification

Assets and liabilities are classified as either 'current' or 'non-current' in the Statement of Financial Position and associated notes.

Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as 'current' when they are due to be settled within 12 months after the reporting date, or HWQld does not have an unconditional right to defer settlement to beyond 12 months after the reporting date.

All other assets and liabilities are classified as non-current.

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# ***Health and Wellbeing Queensland***

## **Notes to the Financial Statements for the year ended 30 June 2021**

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### **Authorisation of Financial Statements for Issue**

The financial statements are authorised for issue by the Chief Executive Officer and the Board Chairperson at the date of signing the Management Certificate.

### **Basis of Measurement**

Historical cost convention is used as the measurement basis in this financial report.

Under historical cost, assets are recorded at the amount of cash or cash equivalents paid or the fair value of the consideration given to acquire assets at the time of their acquisition. Liabilities are recorded at the amount of proceeds received in exchange for the obligation or at the amounts of cash or cash equivalents expected to be paid to satisfy the liability in the normal course of business.

# Health and Wellbeing Queensland

## Notes to the Financial Statements for the year ended 30 June 2021

	2021 \$'000	2020 \$'000
<b>4. Grants and Other Contributions</b>		
Grants from Government	38,633	3,518
<b>Total</b>	<b>38,633</b>	<b>3,518</b>

### Accounting policy

Grants and Contributions arise from non-exchange transactions where the agency does not directly give approximately equal value to the grantor. The agency's grants do not contain sufficiently specific performance obligations, the transactions are accounted for under AASB 1058 Income of Non-for-Profit Entities, whereby revenue is recognised upon receipt of the grant funding.

### 5. Other Revenue

Other Revenue	1	-
Goods & Services Received Below Fair Value	5	19
Sponsorship Received	6	-
<b>Total</b>	<b>12</b>	<b>19</b>

### 6. Employee Expenses

#### Employee Benefits

Wages and salaries	4,309	1,248
Annual leave levy	477	138
Long service leave levy	109	32
Employer superannuation contributions	555	140
Other Employee Benefits	16	-

#### Employee Related Expenses

Workers' compensation premium	21	12
Payroll tax	194	62
Other employee related expenses	234	213

<b>Total</b>	<b>5,915</b>	<b>1,844</b>
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The number of employees as at 30 June 2021, including both full time and part time employees, measured on a full time equivalent basis (reflecting Minimum Obligatory Human Resource Information (MOHRI)).

	2021 No.	2020 No.
Full-Time Equivalent Employees	44.05 ^	23.9

^ FTE data as at 30 June 2021 (based upon the fortnight ending 3 July 2021)

### Accounting policy

#### Wages, Salaries and Sick leave

Wages and salaries due but unpaid at reporting date are recognised in the Statement of Financial Position at the current salary rates. As HWQld expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts. As sick leave is non-vesting, an expense is recognised for this leave as it is taken.



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## **Health and Wellbeing Queensland**

### **Notes to the Financial Statements for the year ended 30 June 2021**

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#### **6. Employee Expenses (continued)**

##### Annual Leave and Long Service Leave

Under the Queensland Government's Annual Leave Central Scheme and Long Service Leave Scheme HWQld is levied for the cost of employees' annual leave (including leave loading and on-costs) and long service leave (including on-costs). The levies are expensed in the period in which they are payable. Amounts paid to employees for annual leave and long service leave are claimed from the scheme quarterly in arrears.

No provision for annual leave and long service leave is recognised in HWQld's financial statements as the liability is held on a whole-of-government basis and reported in those financial statements pursuant to *AASB 1049 Whole of Government and General Government Sector Financial Reporting*.

##### Superannuation

Post-employment benefits for superannuation are provided through defined contribution (accumulation) plans or the Queensland Government's QSuper defined benefit plan as determined by the employee's conditions of employment.

*Defined Contribution Plans* - Contributions are made to eligible complying superannuation funds based on the rates specified in the relevant EBA or other conditions of employment. Contributions are expensed when they are paid or become payable following completion of the employee's service each pay period.

*Defined Benefit Plan* - The liability for defined benefits is held on a whole-of-government basis and reported in those financial statements pursuant to *AASB 1049 Whole of Government and General Government Sector Financial Reporting*. The amount of contributions for defined benefit plan obligations is based upon the rates determined by the Treasurer on the advice of the State Actuary. Contributions are paid by HWQld at the specified rate following completion of the employee's service each pay period. HWQld's obligations are limited to those contributions paid.

##### Workers' Compensation Premiums

HWQld pays premiums to WorkCover Queensland in respect of its obligations for employee compensation. Workers' compensation insurance is a consequence of employing employees, but is not counted in an employee's total remuneration package. It is not employee benefits and is recognised separately as employee related expenses.

Key management personnel and remuneration disclosures are detailed in Note 20.

## Health and Wellbeing Queensland

### Notes to the Financial Statements for the year ended 30 June 2021

	2021 \$'000	2020 \$'000
<b>7. Supplies and Services</b>		
Property rental	410	265
Information technology	23	20
Minor plant and equipment	256	119
Legal fees	136	2
Supplies and consumables	159	93
Consultants and contractors	1,748	407
Corporate service charges	308	286
Communications	126	28
Sundry expenses	10	12
<b>Total</b>	<b>3,176</b>	<b>1,233</b>

#### Accounting policy - Property Rental

Payments for non-specialised commercial office accommodation under the Queensland Government Accommodation Office (QGAO) framework arise from non-lease arrangements with the Department of Housing and Public Works, who has substantive substitution rights over the assets used within these schemes. Payments are expensed as incurred and categorised within property rental.

#### Accounting policy - Short-term leases and leases of low value assets

HWQld has elected to recognise lease payments for short-term leases of low value assets as expenses on a straight-line basis over the lease term, rather than accounting for them on the balance sheet.

#### 8. Service Procurement Expense - Social Service

Service Procurement Expense - Social Service	23,231	-
<b>Total</b>	<b>23,231</b>	<b>-</b>

#### Accounting policy - Social Services Procurement Expense

Service Procurement encompasses procurement of outsourced service delivery for social services. For a transaction to be classified as service procurement, the value of goods or services received by the agency must be of approximate equal value to the value of the consideration exchanged for those goods or services. Where this is not the substance of the arrangement, the transaction is classified as a grant.

#### 9. Other Expenses

Insurance	14	4
External audit fees for the audit of financial statements <sup>(1)</sup>	22	26
Goods and services provided below fair value	5	-
Grants - Other	957	-
Sponsorships	299	-
Donations	170	1
<b>Total</b>	<b>1,467</b>	<b>30</b>

#### Audit Fees

(1) Total audit fees quoted by the Queensland Audit Office relating to the 2020-21 financial statements are \$22,500 (2019-20: \$25,750). There are no non-audit services included in this amount.

#### 10. Cash and Cash Equivalents

Cash at bank	6,740	539
<b>Total</b>	<b>6,740</b>	<b>539</b>

#### Accounting policy

For the purposes of the Statement of Financial Position and the Statement of Cash Flows, cash assets include all cash and cheques receipted but not banked at 30 June.

# Health and Wellbeing Queensland

## Notes to the Financial Statements for the year ended 30 June 2021

	2021 \$'000	2020 \$'000
<b>11. Receivables</b>		
Trade debtors	1	-
GST receivable	108	16
	<b>109</b>	<b>16</b>
Long service leave reimbursements	2	-
Annual leave reimbursements	31	7
	<b>142</b>	<b>23</b>

### Accounting policy - Receivables

Receivables are measured at amortised cost which approximates their fair value at reporting date.

### Accounting policy - Impairment of receivables

HWQld's receivables are primarily from Queensland Government agencies or Australian Government agencies. No loss allowance is recorded for these receivables on the basis of materiality. Refer to Note 18 for HWQld's credit risk management policies.

## 12. Plant and Equipment and Depreciation Expense

### Closing Balance and Reconciliation of Carrying Amount

Gross (at cost)	392	124
Less: Accumulated depreciation	(32)	(8)
	<b>360</b>	<b>116</b>
Carrying amount at 1 July	116	-
Acquisitions	268	105
Donations received	-	19
Depreciation expense	(24)	(8)
	<b>360</b>	<b>116</b>

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## Health and Wellbeing Queensland

### Notes to the Financial Statements for the year ended 30 June 2021

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#### 12. Plant and Equipment (contd)

##### Accounting policy

###### Cost of Acquisition

Historical cost is used for the initial recording of all property, plant and equipment acquisitions. Historical cost is determined as the value given as consideration and costs incidental to the acquisition (such as architects' fees and engineering design fees), plus all other costs incurred in getting the assets ready for use.

Assets acquired at no cost or for nominal consideration, other than from another Queensland Government entity, are recognised at their fair value at date of acquisition.

Where assets are received free of charge from another Government entity (whether as a result of a machinery-of-government change or other involuntary transfer), the acquisition cost is recognised as the carrying amount in the books of the other entity immediately prior to the transfer.

###### Measurement using Historical Cost

Plant and equipment, is measured at historical cost in accordance with Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector. The carrying amounts for such plant and equipment is not materially different from their fair value.

Items of plant and equipment with a cost or other value equal to or in excess of \$5,000 are recognised in the year of acquisition. Items with a lesser value are expenses in the year of acquisition.

###### Depreciation Expense

Property, plant and equipment is depreciated on a straight-line basis so as to allocate the net cost or revalued amount of each asset, less any estimated residual value, progressively over its estimated useful life to Health and Wellbeing Queensland.

*Key Judgement:* Straight line depreciation is used as that is consistent with the even consumption of service potential of these assets over their useful life to HWQld.

Depreciation rates for each class of depreciable asset (including significant identifiable components):

Class	Rate%
Plant and Equipment:	
Office Equipment	20%
Leasehold Improvement	10%

###### Impairment

All non-current physical assets are assessed for indicators of impairment on an annual basis. If an indicator of possible impairment exists, HWQld determines the asset's recoverable amount. Any amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss.

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## Health and Wellbeing Queensland

### Notes to the Financial Statements for the year ended 30 June 2021

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	2021	2020
	\$'000	\$'000
<b>13. Payables</b>		
Trade and other creditors	80	94
Accrued other supplies and services	1,608	69
Total	<b>1,688</b>	<b>163</b>

#### Accounting policy

Trade creditors are recognised upon receipt of the goods or services ordered and are measured at the nominal amount i.e. agreed purchase/contract price, gross of applicable trade and other discounts. Amounts owing are unsecured.

#### 14. Accrued Employee Benefits

Salary and wages related	21	23
Annual leave levy payable	146	92
Long service leave levy payable	28	21
Superannuation	-	9
Total	<b>195</b>	<b>146</b>

#### Accounting policy

No provision for annual leave or long service leave is recognised in HWQld's financial statements as the liability is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

#### 15. Commitments

##### Non-cancellable Operating Lease Commitments

HWQld does not have any commitments as at 30 June 2021.

#### 16. Contingencies

HWQld does not have any contingencies as at 30 June 2021.

#### 17. Events Occurring after the Reporting Date

There were no significant events occurring after balance date.

# Health and Wellbeing Queensland

## Notes to the Financial Statements for the year ended 30 June 2021

### 18. Financial Risk Disclosures

#### (a) Financial Instrument Categories

Financial assets and financial liabilities are recognised in the Statement of Financial Position when HWQld becomes party to the contractual provisions of the financial instrument.

No financial assets and financial liabilities have been offset and presented net in the Statement of Financial Position.

#### (b) Risks Arising From Financial Instruments

Financial risk management is implemented pursuant to Queensland Government and HWQld's policies. These policies provide the principals for overall risk management as well as specific areas, and seek to minimise potential adverse effects on the financial performance of HWQld.

HWQld's activities expose it to a variety of financial risks as set out in the following table:

Risk Exposure	Definition	Exposure	Measurement Method	Risk Management Strategies
Credit Risk	Credit risk exposure refers to the situation where the entity may incur financial loss as a result of another party to a financial instrument failing to meet their obligations.	HWQld is exposed to credit risk in respect of its receivables (Note 11). No financial assets are past due or impaired.	Ageing analysis	HWQld manages credit risk by proactively pursuing the recoverability of monies owed to them.  Exposure to credit risk is monitored on an ongoing basis.
Liquidity Risk	Liquidity risk refers to the situation where HWQld may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.	HWQld is exposed to liquidity risk in respect of its contractual payables reported under Note 13 Payables	Maturity Analysis	HWQld manages exposure to liquidity risk by ensuring sufficient funds are available to meet employee and supplier obligation at all times. This is achieved by ensuring minimum levels of cash are held within the bank account to match the expected duration of the various employee and supplier liability.
Market Risk	The risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.  Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in the market interest rates.	HWQld does not trade in foreign currency and is not materially exposed to commodity price changes or other markets.  Exposure to interest rate risk is limited to cash held in the CBA bank account. Refer to Note 10 Cash and Cash Equivalents.	Interest rate sensitivity analysis	HWQld does not undertake any hedging in relation to interest rate risk.  Interest rate risk is minimised through a passive investment management strategy to ensure the return of capital and at the same time, generate a return commensurate with the risk taken.



# Health and Wellbeing Queensland

## Notes to the Financial Statements for the year ended 30 June 2021

### 19. Budgetary Reporting Disclosures

This section contains explanations of major variances between the Agency's actual 2020-21 financial results and the original budget presented to Parliament.

#### Statement of Comprehensive Income

		2021	2021	2021	2020
		Actual	Original	Budget	Actual
	Variance Notes	\$'000	Budget	Variance	\$'000
			\$'000	\$'000	
<b>Income from Continuing Operations</b>					
<b>Revenue</b>					
Grants and other contributions		38,633	37,988	(645)	3,518
Interest earned		139	-	(139)	14
Other revenue		12	-	(12)	19
<b>Total Income from Continuing Operations</b>		<b>38,784</b>	<b>37,988</b>	<b>(796)</b>	<b>3,551</b>
<b>Expenses from Continuing Operations</b>					
Employee expenses		5,915	4,604	(1,311)	1,844
Supplies and services		3,176	33,384	30,208	1,233
Depreciation		24	-	(24)	8
Service Procurement		23,231	-	(23,231)	-
Other expenses		1,467	-	(1,467)	30
<b>Total Expenses from Continuing Operations</b>		<b>33,813</b>	<b>37,988</b>	<b>4,176</b>	<b>3,116</b>
<b>Operating Result from Continuing Operations</b>		<b>4,971</b>	<b>-</b>	<b>(4,972)</b>	<b>435</b>
<b>Total Comprehensive Income</b>		<b>4,971</b>	<b>-</b>	<b>(4,972)</b>	<b>435</b>

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## ***Health and Wellbeing Queensland***

### **Notes to the Financial Statements for the year ended 30 June 2021**

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#### **19. Budgetary Reporting Disclosures (contd)**

##### **Explanations of Major Variances**

##### **Statement of Comprehensive Income**

<i>Grants and other contributions:</i>	The increase in budget related to additional project funding from Department of Health. Additional funding was also provided following the September 2019 announcement of an additional \$1,250 on-off taxable, pro-rata payment as part of the Government's Public Sector Wages Policy. This was not paid until July 2020.
<i>Employee expenses:</i>	Variation relates to significant increase in FTE from 2019-20 (23.9 FTE) to 2020-21 (44.05 FTE) to implement new programs and projects during the FY.
<i>Supplies and services:</i>	Expenditure relates to reclassification of Grant funding as Service Procurement. Expenses were also less than anticipated due to project commencement and/or delivery delays and contract variations requiring reassignment of work into 2021-22 Financial Year.
<i>Service Procurement:</i>	Expenditure relates to reclassification of Grant funding as Service Procurement.
<i>Other expenses:</i>	The variation relates to grants expenditure which was originally included in the Supplies and Services Budget

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## Health and Wellbeing Queensland

### Notes to the Financial Statements for the year ended 30 June 2021

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#### 20. Key Management Personnel (KMP) Disclosures

##### **Details of Key Management Personnel**

The following details for non-Ministerial KMP reflect those positions that had authority and responsibility for planning, directing and controlling the activities of HWQld during 2020-21. Further information on these positions can be found in the body of the Annual Report under the section relating to Executive Management.

Position	Position Responsibility
Board Chairperson	Provides strategic leadership, guidance and effective oversight of management, operations and financial performance
Board Member	Provides strategic leadership, guidance and effective oversight of management, operations and financial performance
Chief Executive Officer	The Chief Executive Officer directs the overall efficient, effective and economical administration and guides the strategic direction of HWQld.
Chief Operating Officer	The Chief Operating Officer leads the business, corporate governance and service delivery functions.
Executive Director (formerly General Manager)	The Executive Director leads the planning, directing and controlling of HWQld's business.

##### **KMP remuneration policies**

The responsible Minister is the Minister for Health and Ambulance Services. Ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland's Members' Remuneration Handbook. The HWQld does not bear any cost of remuneration of Ministers. The majority of Ministerial entitlements are paid by the Legislative Assembly, with the remaining entitlements being provided by Ministerial Services Branch within the Department of the Premier and Cabinet. As all Ministers are reported as KMP of the Queensland Government, aggregate remuneration expenses for all Ministers is disclosed in the Queensland General Government and Whole of Government Consolidated Financial Statements, which are published as part of Queensland Treasury's Report on State Finances.

Remuneration policy for HWQld's Chief Executive Officer, Chief Operating Officer and Executive Director are set by the Queensland Public Service Commission as provided for under the *Public Service Act 2008*. Individual remuneration and other terms of employment (including motor vehicle entitlements and performance payments if applicable) are specified in employment contracts. Appointment to the Board is made by Governor in Council under s18 of the *Health and Wellbeing Act 2019*.

Remuneration expenses for those KMP comprise the following components:

##### Short term employee expenses, including:

- salaries, allowances and leave entitlements earned and expensed for the entire year, or for that part of the year during which the employee occupied a KMP position;
- performance payments recognised as an expense during the year; and
- non-monetary benefits - consisting of provision of vehicle together with fringe benefits tax applicable to the benefit.

Long term employee expenses include amounts expensed in respect of long service leave entitlements earned.

Post-employment expenses include amounts expensed in respect of employer superannuation obligations.

Termination benefits include payments in lieu of notice on termination and other lump sum separation entitlements (excluding annual and long service leave entitlements) payable on termination of employment or acceptance of an offer of termination of employment.

##### **Performance Payments**

No performance payments were made to the key management personnel of HWQld.

# Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2021

## 20. Key Management Personnel (KMP) Disclosures (continued)

### Remuneration Expenses

The following disclosures focus on the expenses incurred by the agency attributable to non-Ministerial KMP during the respective reporting periods. The amounts disclosed are determined on the same basis as expenses recognised in the statement of comprehensive income.

#### 2020-21

Position	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses \$'000	Non-Monetary \$'000	\$'000	\$'000	\$'000	\$'000
Chief Executive Officer	255	7	6	32	0	300
Chief Operating Officer	192	0	4	21	0	217
Executive Director (formerly General Manager)	194	7	4	21	0	226
<b>Total Remuneration</b>	<b>641</b>	<b>14</b>	<b>14</b>	<b>74</b>	<b>-</b>	<b>743</b>

#### 2019-20

Position	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses \$'000	Non-Monetary \$'000	\$'000	\$'000	\$'000	\$'000
Chief Executive Officer						
Current (18/11/2019-30/06/2020)	175	1	4	13	0	193
Former (01/07/2019-08/11/2019)	123	1	3	14	44	185
Chief Operating Officer						
Current (14/02/2020-30/06/2020)	148	0	2	7	0	157
General Manager						
Current (10/02/2020-30/06/2020)	72	1	0	8	0	81
<b>Total Remuneration</b>	<b>518</b>	<b>3</b>	<b>9</b>	<b>42</b>	<b>44</b>	<b>616</b>

# Health and Wellbeing Queensland

## Notes to the Financial Statements for the year ended 30 June 2021

### 2020-21

#### Board Remuneration

Position	Terms		Total remuneration	Out of Pocket expenses
	Date of initial appointment	Date of cessation	\$'000	\$'000
<b>Current Members</b>				
Dr John Wakefield (Chair) ^	7/09/2019		-	-
Ms Clare O'Connor ^*	20/11/2020		-	-
Mr Stephen Ryan ~	1/07/2019		18	-
Ms Stella Taylor-Johnson	1/04/2020		16	-
Ms Anna Voloschenko	1/04/2020		16	-
Professor Ian Lowe	1/04/2020		16	-
Ms Jane Williams ~	1/04/2020		18	-
<b>Former Members</b>				
Mr Thomas (Preston) Campbell	1/07/2019	24/11/2020	7	-
Ms Liza Carroll ^*	1/07/2019	31/10/2020	-	-
Ms Trish Wooley ^*	17/10/2020	19/11/2020		-
<b>Finance Audit and Risk Management Committee</b>				
Christopher Johnson ^^	2/07/2020		3	-
<b>Total Remuneration</b>			<b>94</b>	<b>-</b>

^ Officer of the Public Service - non-remunerated

~ Additional \$2,000 p.a. remuneration as member of Finance Audit and Risk Management Committee

\* This position is designated Chief Executive appointment for the Director-General, Department of Communities, Housing and Digital Economy

^^ Chair of Finance Audit and Risk Management Committee

### 2019-20

#### Board Remuneration

Position	Terms		Total remuneration	Out of Pocket expenses
	Date of initial appointment	Date of cessation	\$'000	\$'000
<b>Current Members</b>				
Dr John Wakefield (Chair) ^	7/09/2019		-	-
Ms Liza Carroll ^	1/07/2019		-	-
Mr Thomas (Preston) Campbell	1/07/2019		16	-
Mr Stephen Ryan	1/07/2019		16	-
Ms Stella Taylor-Johnson	1/04/2020		4	-
Ms Anna Voloschenko	1/04/2020		4	-
Professor Ian Lowe	1/04/2020		4	-
Ms Jane Williams	1/04/2020		4	-
<b>Former Members</b>				
Mr Michael Walsh (Chair) ^	1/07/2019	06/09/2019	-	-
Dr Robyn Littlewood	1/07/2019	25/10/2019	6	-
Dr John Pickering	1/07/2019	31/03/2020	12	-
Ms Jo Whitehead ^	1/07/2019	31/03/2020	-	-
Professor Amanda Lee	1/07/2019	31/03/2020	11	-
<b>Total Remuneration</b>			<b>77</b>	<b>-</b>

^ Officer of the Public Service - non-remunerated

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## ***Health and Wellbeing Queensland***

### **Notes to the Financial Statements for the year ended 30 June 2021**

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#### **21. Related Party Transactions**

##### ***Transactions with people/entities related to KMP***

There were no transactions with people or entities related to our KMP.

##### ***Transactions with other Queensland Government-controlled entities***

HWQld received funding from Queensland Health. The funding provided is predominately for operational requirements (refer Note 4).

HWQld transacts with the Department of Energy and Public Works for accommodation services (Queensland Government Accommodation Office) (Refer Note 7 – Property Rental).

HWQld has a service level agreement with the Corporate Administration Agency (refer Note 7 - Corporate service charges).

#### **22. Accounting Standards Early Adopted**

No Australian Accounting Standards have been early adopted for 2020-21.

#### **23. Future Impact of Accounting Standards Not Yet Effective**

At the date of authorisation of the financial report, Australian accounting standards and interpretations with future effective dates are either not applicable to HWQld's activities or have no material impact.

#### **24. Climate Risk Disclosure**

##### **Current Year Impacts**

No adjustments to the carrying value of recorded assets or other adjustments to the amounts recorded in the financial statements were recognised during the financial year.



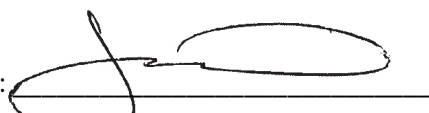
**Management Certificate  
For Health and Wellbeing Queensland (HWQld)**

These general purpose financial statements have been prepared pursuant to section 62(1) of the *Financial Accountability Act 2009* (the Act), section 39 of the *Financial and Performance Management Standard 2019* and other prescribed requirements. In accordance with section 62(1)(b) of the Act we certify that in our opinion:

- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of HWQld for the financial year ended 30 June 2021 and of the financial position of HWQld at the end of that year; and

We acknowledge responsibility under section 7 and section 11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.

Signature:



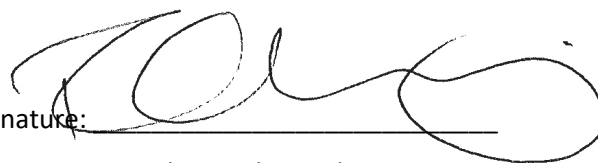
Name: Dr John Wakefield

Title: Chairperson

Date:

9/8/21

Signature:



Name: Dr Robyn Littlewood

Title: Chief Executive Officer

Date:

9/8/21

## INDEPENDENT AUDITOR'S REPORT

To the Board of Health and Wellbeing Queensland

### Report on the audit of the financial report

#### Opinion

I have audited the accompanying financial report of the Health and Wellbeing Queensland (the Commission).

In my opinion, the financial report:

- a) gives a true and fair view of the Commission's financial position as at 30 June 2021, and its financial performance and cash flows for the year then ended
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2021, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

#### Basis for opinion

I conducted my audit in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

I am independent of the Commission in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code and the *Auditor-General of Queensland Auditing Standards*.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

#### Responsibilities of the entity for the financial report

The Board is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards, and for such internal control as the Board determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

The Board is also responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless it is intended to abolish the entity or to otherwise cease operations.

### **Auditor's responsibilities for the audit of the financial report**

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of entity's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

### **Report on other legal and regulatory requirements**

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2021:

- a) I received all the information and explanations I required.
- b) In my opinion, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.



Carolyn Dougherty  
as delegate of the Auditor-General

11 August 2021

Queensland Audit Office  
Brisbane



