

ANNUAL REPORT

2021–2022



Accessibility

Open data

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 2021–2022 reporting period.

Public availability statement

Where possible, readers are encouraged to visit the Health and Wellbeing Queensland website at <https://hw.qld.gov.au/> and download the annual report at <https://hw.qld.gov.au/about-us/our-governance/annual-report/>. Health and Wellbeing Queensland's website ensures content is available to as many users as possible, including people who may use assistive technology, in compliance with the *Queensland Government's Information Standard 26: Internet*.

Where this is not possible, printed copies are available using one of the contact options below:

Physical address: 139 Coronation Drive,
Milton Green, Milton,
Queensland 4064
(entry via Little Cribb Street)

Postal address: PO Box 1419
Milton QLD 4064

General phone: 07 3234 9915 or 0467 830 979

Office hours: 9am to 5pm, Monday to Friday

General email: info@hw.qld.gov.au



Interpreter Service Statement

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding this annual report, you can contact us on telephone 13 QGOV (13 74 68) or freecall 1800 512 451 and we will arrange an interpreter to effectively communicate the report to you.

Copyright

© Health and Wellbeing Queensland 2022



Licence

This annual report is licensed by the State of Queensland (Health and Wellbeing Queensland) under a Creative Commons Attribution (CC BY) 4.0 International licence.

In essence, you are free to copy, communicate and adapt this annual report, as long as you attribute the work to the State of Queensland (Health and Wellbeing Queensland). To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

Attribution

Content from this annual report should be attributed as: The State of Queensland (Health and Wellbeing Queensland) Annual Report 2021–2022.

ISSN 2652-6336 (online)

ISSN 2652-6344 (print)

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 people, 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 first Closing the Gap Implementation Plan released in August 2021, *Queensland Government's Reconciliation Action Plan 2018–2022* 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



2 September 2022

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

Email: health@ministerial.qld.gov.au

Dear Minister D'Ath

I am pleased to submit for presentation to the Parliament the Annual Report 2021–2022 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 detailed requirements set out in the Annual report requirements for Queensland Government agencies.

A checklist outlining the annual reporting requirements is provided at pages 48–49 of this annual report.

Yours sincerely

A handwritten signature in black ink, appearing to read "S. R. Ryan".

Mr Stephen Ryan
Chairperson of the Board
Health and Wellbeing Queensland

making healthy happen

Ground Floor
139 Coronation Drive, Milton Green
PO Box 1419 Milton QLD 4064
Telephone +61 467 830 979
Website www.hw.qld.gov.au
ABN 95 443 756 818

Our Patron Her Excellency the Honourable Dr Jeannette Young PSM, Governor of Queensland

Contents

Statement on government objectives for the community	2
Year in review	3
From the Board Chairperson	3
From the Chief Executive Officer	4
Message from our Patron	6
Who we are	7
Our establishment	7
Our principles	8
Our vision and purpose	8
Our people	8
Finance, Audit and Risk Management Sub-Committee	12
Organisational structure and workforce profile	14
Our objectives and measures	16
What we've been doing	18
Why	19
Population	19
Prevention	20
Partnership	21
How	22
1. Queensland Equity Framework	22
2. Queensland Obesity Prevention Strategy	23
3. Queensland Remote Food Security Strategy	23
4. Queensland Clinical Prevention Strategy	24
Delivery	25
1. Reducing health inequities	25
2. Obesity Prevention	27
3. Remote Food Security	30
4. Clinical Prevention	31
Health promotion communications	37
Benefits and evaluation	40
Service areas and service standards	43
Finance, risk management and accountability	44
Glossary	46
References	47
Compliance checklist	48
Financial Statements	50

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 (HWQld) has contributed to the Queensland Government's objectives of 'Safeguarding our health' and 'Backing our frontline services'.

HWQld is key to the Queensland Government's commitment to reducing overweight and obesity rates, and the associated burden on the health system. As a statutory body, HWQld can leverage its unique position to work both within the health system and across sectors to influence the multiple drivers of health and wellbeing and provide significant economic benefits.

Year in review

From the Board Chairperson



I am honoured to present the Health and Wellbeing Queensland Annual Report for 2021–2022.

Firstly, on behalf of the Health and Wellbeing Queensland (HWQld) Board and the whole team at HWQld, I would like to take the opportunity to acknowledge the previous Board Chairperson, Dr John Wakefield. Dr Wakefield's commitment and guidance in establishing HWQld and his ongoing support through its infancy is greatly appreciated. The board and HWQld team extend their thanks and gratitude and wish him all the best in his future endeavours.

HWQld's third year of operation has highlighted the relationship between equity and health outcomes; emphasised Queensland's hidden food crisis in remote areas; encouraged Australians to rediscover veggies; increased availability of healthier menu options for kids; inspired workplace wellbeing; committed to investing \$68 million over three years to support prevention programs to get Queenslanders healthy, and continued the promotion of physical activity with a new emphasis following the announcement of the Brisbane 2032 Olympics and Paralympics.

HWQld works in partnerships to create and integrate solutions that will shift the environment, social, systemic, and individual factors that contribute to the obesity crisis. Informed by perspectives and priorities of community members representing the diverse Queensland population and communities where they live, HWQld has delivered on key strategies, initiatives, programs, and partnerships throughout the reporting period.

The past year saw the extension of the ex-officio appointments on the board for Directors-General from the Department of Health (Mr Shaun Drummond acting since March 2022 and previously Dr John Wakefield), Department of Tourism, Innovation and Sport (Mr John Lee) and Department of Communities, Housing and Digital Economy (Ms Clare O'Connor). We also welcomed Dr Shea Spierings as a new member to the board, who commenced in February 2022.

In addition to thanking all members of the board for their valued contributions, I would especially like to thank Dr Robyn Littlewood as Chief Executive Officer for her passion and leadership in driving the agency's achievements in its third year. The case for preventing chronic disease and addressing health inequities is increasingly evident and with Dr Littlewood's leadership, HWQld is continuing to lead the way forward with the necessary skills, knowledge, and research.

As we look to the future generation of Queensland, it is HWQld's vision to see Queenslanders establish long-term healthy habits through positive lifestyle changes and live a healthier and fairer life through eating well, moving well and feeling well.

Mr Stephen Ryan
Board Chairperson

Year in review

From the Chief Executive Officer



Health and Wellbeing Queensland is a strong and maturing public health agency taking its place across the landscape of Queensland Government.

Established three years ago, we focused on Making Healthy Happen by reducing obesity rates and driving a strong equity agenda by setting up strong foundations. Our fundamental principles were that of consumer-leadership, community-ownership, evidence-informed, research-based and collective impact. These haven't changed. In fact, embracing the underpinning principles of how we started has led us to develop into a mature, comprehensive and relevant public health agency driving health promotion, prevention activities and strong protection and policy work, in alignment with our legislation; the *Health and Wellbeing Queensland Act 2019*. We have been set up so well.

However, despite the strong beginnings, it is only with bold and visionary leadership that HWQld continues to progress. I would like to take this opportunity to thank the Queensland Minister for Health and Ambulance Services, The Honourable Yvette D'Ath MP, Board Chairperson, Stephen Ryan and all of our Board members, both Executive and non-Executive Directors, steering this work purposefully on behalf of all Queenslanders.

This leadership is not to be taken lightly as each leader has taken on a role that they hold accountable and with the passion that such an organisation needs to make its mark. I would like to thank my outstanding Executive Team, Gemma Hodgetts, Mark Tuohy and our support team, Gemma Campbell, Annie Newton and Linda Barter for their support, not as administration officers but as part of the decision-making team at HWQld. Our full Leadership Team guiding the work are engaged and proud, as are their supporting workforce, who continue to work throughout a pandemic, floods and sickness, providing seamless delivery of initiatives, leading to impact (that is measured). Their focus remains consumer and community-first and

this is unwavering. Thank you to each of you for making our journey so successful and for ensuring the right work is delivered for our population.

After three years of hard work, it is prudent to ask, "what has been done?". It is my absolute pleasure to share with you such achievements and outcomes and how we are leveraging public funding, serving Queenslanders, especially those who need it the most. This report will provide, not only the details of the work, but we can now start reporting the impact we are having. Good public health emphasises prevention. Since prevention is difficult to measure, there is usually little data to quantify success. However, our agenda has impact, data and storytelling that reassures the government sector and our population, that our agenda is not only working, it is also good value for money. Some examples include:

A. Introducing Generation Queensland (GenQ)

where every child has what they need to have the best start in life. Working with whole of government through 24 government departments and agencies and a range of advisors with lived expertise, we are laying foundations for a more equitable society. We have invested \$489,291 to understand the evidence behind inequity in Queensland and are working with partners to turn these insights into actions that all sectors can take to shift conditions for a fairer future.

B. The new *National Obesity Strategy* and Queensland's implementation of this, the *Obesity Prevention Action Plan*

which will be the first of a series of action plans to cover a 10+10 year timeframe. We have heard the voices of over 1000 community members, who have shared their insights with us. We have also engaged with 22 government stakeholders across 11 portfolios, 52 health and community organisations stakeholders, 17 industry stakeholders and six prevention program partners across the state. Insights from the engagement process thus far highlight a strong desire for a bold strategy, underpinned by equity, with evidence based and community-led actions, with a focus on children, cost of healthy food, and food security.

- C. Clinical Prevention and Health Reform** focusing on the health system's current and emerging workforce to build capability and capacity in clinical prevention. HWQld has partnered with Hospital and Health Services, Primary Health Networks, other government agencies, as well as community leaders and groups, not-for-profits, and universities to develop a statewide interprofessional clinical prevention education and training program. This will upskill health professionals and empower them to integrate prevention of chronic diseases into daily practice.
- D. Our Prevention Partners** who continue to provide an offering to consumers, but in a much more relevant and collaborative manner under a HWQld-led new strategic management approach. This approach has transformed the prevention program portfolio from a traditional funder-provider model, into an innovative and highly successful process that is driving genuine co-design amongst HWQld's six ongoing program partners. HWQld's \$22,253,902 investment in the suite of prevention programs continues to deliver increasingly innovative and engaging healthy lifestyle options, generated through the expertise of our program partners, engaging 233,178 Queenslanders.
- E. First Nations Work** Our First Nations work is critical and of top priority to HWQld. We have brought together 12 partnerships, invested \$9.48 million, impacting First Nations Queenslanders, communities and remote stores throughout the state, particularly in the Cape, Torres Strait and Lower Gulf. In addition, HWQld has partnered with eight universities and four industry partners to support building the evidence base and measuring impact in addressing food insecurity and improving retail food environments. This includes partnering on two National Health and Medical Research Council grants totalling \$3.5 million over the next four years.

Critically, our work is deep, sustainable and relevant. It is supported and evaluated by a relevant theory of change, partnered with the right sectors and collaborators with strong governance. Most importantly, everything we do is action focused. We are not waiting. We are doing.

Under its Act, HWQld also has a critical role to develop policy about preventing illness and promoting health and wellbeing. HWQld undertakes this function in support of the public health system comprising the department as system manager and the Hospital and Health Services as the primary providers of public health services. This policy function complements the medical advice that the Chief Health Officer is responsible for providing on policy and legislative matters.

We said we would do it and we have.

I would like to sincerely thank each of our passionate workforce, our strong prevention partners and supporting university collaborators, our critical friends, our health partners, our government groups, our First Nations communities, strong leaders and most of all, our consumers who are steering us in the right direction, often in their own time, because they believe in the vision.

Generation Queensland is about supporting our next generation to live a long and healthy life as this beautiful state entitles them to do.

This remains the focus of our organisation, commensurate with a very strong public health agency, driving change through the Queensland landscape for decades to come.

Every child has the right to good health. We are just making it easier for them to have exactly that.

Dr Robyn Littlewood
Chief Executive Officer

Message from our Patron



GOVERNOR OF QUEENSLAND

Message from the Governor of Queensland

When I was sworn-in as the 27th Governor of Queensland on 1 November 2021, one of my pledges was to encourage a healthy and active Queensland.

With that goal in mind, I was honoured to accept the invitation to become Patron of Health and Wellbeing Queensland and lend my support to their mission to achieve real and measurable improvements for the health of every Queenslanders.

As a former doctor and Chief Health Officer, I have long maintained a keen interest in preventive health and am proud to bring that continued focus on prevention through my support of Health and Wellbeing Queensland as the State's first dedicated prevention agency.

Through their delivery of a range of activities and initiatives designed to encourage healthier lifestyles, places and systems, Health and Wellbeing Queensland plays a significant role in informing and empowering Queenslanders to reduce their health risk, and it is pleasing to see that change is already occurring.

One such initiative is the introduction of regular health and wellbeing walks around the 14-hectare Fernberg estate - a joint initiative between Government House and Health and Wellbeing Queensland. These free community walks are just one example of the many programs being delivered to encourage healthier behaviours and lifestyles across a range of sectors.

Other commendable programs include the school-focussed 'Pick of the Crop' program and restaurant-focussed 'Healthy Kids Menu' initiative, which are actively improving access to healthy eating options for Queensland children; while the 'Gather and Grow' program is making great gains in improving affordable access to healthy food and drinks in our remote, Indigenous communities. Alongside access to a quality education, this is a vital step towards reducing the health disparities of our First Nations people.

I congratulate the Health and Wellbeing Queensland Board, executive and leadership team, staff and volunteers on the significant and meaningful change they have delivered in just three years of operation. As Patron, I look forward to continuing to support their efforts to realise a healthier future for all Queenslanders.

A handwritten signature in black ink, appearing to read 'Jeannette Young'.

Her Excellency the Honourable Dr Jeannette Young AC PSM
Governor of Queensland

Who we are



Our establishment

Health and Wellbeing Queensland (HWQld) was established on 1 July 2019, as an independent statutory body under the *Health and Wellbeing Queensland Act 2019* (HWQld Act), to improve the health and wellbeing of all Queenslanders and reduce health inequities.

We are the state's first dedicated public health agency and our role is to improve the long-term health of Queenslanders. Public health is a group of three core services under prevention, protection and promotion, which HWQld delivers through targeting risk factors of obesity, poor nutrition and low physical activity. Sustained investment in prevention and public health is needed to address the rates of chronic disease, improve wellbeing, stem growing health costs and disrupt cycles of disadvantage. HWQld is focusing on nutrition, physical activity and wellbeing to demonstrate the positive impacts prevention and strong public health can have on the population.

As an independent statutory body, HWQld:

- Achieves public health impact through coordinated efforts across diverse sectors, fostering innovation to support individual, community and environmental changes needed to reduce chronic disease and health inequities.
- Is well positioned to strengthen linkages across sectors that have a role to play in chronic disease prevention and health promotion, promote better alignment between federal, state and local jurisdictions, and increase shared responsibility across the sectors.
- Is prepared to facilitate the growing expectation for a new public health movement that focuses on building the capacity of people and communities to be a key driver for social change in matters of health and wellbeing.

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.

Using an evidence and value-based approach, HWQld has developed and invested in partnerships, initiatives and programs throughout Queensland, providing a central and coordination role to leverage skills, opportunities and resources into collaborative public health action and policy.

HWQld works in partnership with Hospital and Health Services (HHSs), Primary Health Networks (PHNs), other government agencies, as well as community leaders and groups, not-for-profits, business, industry and universities to support a consolidated and integrated focus on public health. This needs to occur within and beyond the health system to address the complex and interconnected systems that influence health, to truly improve the health and wellbeing of all Queenslanders.

The integration agenda has become a central element in the reform of the healthcare system around the world. To make the change that is needed, HWQld is working in partnership to create and integrate responsive solutions and amplify actions that will shift the environmental, social, systemic and individual factors that contribute to the obesity crisis.

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 human right that we will respect, protect and promote.
- **Innovative** – do things differently, accelerate and amplify new ideas.
- **Collaborative** – combine and leverage skills, will and resources to deliver best results in partnerships.
- **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.

With a combination of prevention, health promotion and health protection and policy, we can create environments that support health and disrupt the cycle that leads to obesity and overweight where we live, learn and work.

HWQld unites, enables and strengthens capacity of policy makers, organisations, service providers, researchers and communities to be a key force for good health and wellbeing.

Our people

HWQld Board

HWQld is governed by a board of nine members, including a Chairperson and Deputy 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 board met six 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 Health and Wellbeing Queensland 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"> • Travelled to Bundaberg for its inaugural offsite meeting and attended the 'Connecting Students with Agriculture Interactive Forum' hosted by the Bundaberg Vegetable and Fruit Growers Association • Approved Strategic Plan 2020–2024 • Approved expansion of Pick of the Crop school grants program • Approved Umbrella Research Agreement with University of Queensland • Considered and advised on HWQld's Generation Queensland (GenQ) initiative • Advised on HWQld's Pick of the Crop program • Advised on HWQld's development of Statewide Equity Framework • Advised on HWQld's Gather + Grow initiatives • Advised on the development of HWQld's Podsquad online app • Considered HWQld's contribution to Netball Queensland's Diamond Spirit program • Welcomed Dr Shea Spierings and the chief executive position of the Director-General, Department of Tourism, Innovation and Sport.

Name of Government body Health and Wellbeing Queensland Board					
Financial reporting	The Finance, Audit and Risk Management Committee provides independent advice, assurance and assistance to the HWQld Board in the areas of risk, control, audit, performance management and compliance frameworks.				
	A financial report is provided for discussion at each board meeting to enable members to fulfil their responsibility to approve annual budget and financial plans and monitor financial performance including approval of annual financial reports.				
	The HWQld Board acts in accordance with the <i>Financial Accountability Act 2009</i> and adheres to the <i>Financial and Performance Management Standard 2009</i> and contributes to the Queensland Health budget and service delivery statements.				
Remuneration					
Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Acting Chairperson, Deputy Chairperson and Member	Mr Stephen Ryan	6	\$15,000 per annum	\$2,000 per annum	\$19,000
Director-General Member	Ms Clare O'Connor	5	Not applicable as chief executive	Not applicable	Not applicable
Director-General Member	Mr John Lee	6	Not applicable as chief executive	Not applicable	Not applicable
Director-General Member	Mr Shaun Drummond	0	Not applicable as chief executive	Not applicable	Not applicable
Member	Emeritus Professor Ian Lowe	6	\$15,000 per annum	Not applicable	\$17,000
Member	Dr Shea Spierings	3	\$15,000 per annum	Not applicable	\$7,000
Member	Mrs Stella Taylor-Johnson	2	\$15,000 per annum	Not applicable	\$17,000
Member	Ms Anna Voloschenko	6	\$15,000 per annum	Not applicable	\$17,000
Member	Ms Jane Williams	6	\$15,000 per annum	\$2,000 per annum	\$20,000
No. scheduled meetings/sessions	Six board meetings were held during the reporting period being 26 August 2021, 20 October 2021, 7 December 2021, 16 February 2022, 20 April 2022, 15 June 2022.				
Total out of pocket expenses	N/A				

Board Members

Acting Chairperson and Deputy Chairperson:	Mr Stephen Ryan
Appointed:	1 July 2019
Current term:	2 August 2021 to 30 June 2023*

Mr Ryan is a professional board member, senior executive and educator with more than 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 a member 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 previously an executive member and President of the Queensland Teachers' Union.

- Mr Ryan attended all board meetings held during the reporting period and acted as the chairperson for three meetings.

**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, with appointment to the Deputy Chairperson position on 2 August 2021.*

Director-General member:	Director-General, Department of Communities, Housing and Digital Economy (ex-officio)
Appointed:	1 July 2019
Current term:	2 August 2021 to 30 June 2023
Current office holder:	Ms Clare O'Connor

Ms O'Connor was appointed as the Director-General, Department of Communities, Housing and Digital Economy on 20 November 2020. Ms O'Connor is in her eighth year as a Director-General, having led two other Queensland Government departments. Most recently, she played a key role in the Queensland Government's pandemic response, providing a range of essential frontline and support services including delivery of vital information to Queenslanders through the 134COVID, 13HEALTH and Community Recovery hotline, rollout of the Check In Qld app and Border Pass system, and critical communities, housing and homelessness services.

- Ms O'Connor attended five of the six meetings held during the reporting period.

Director-General member:	Director-General, Department of Tourism, Innovation and Sport (ex-officio)
Appointed:	2 August 2021
Current term:	2 August 2021 to 30 June 2023
Current office holder:	Mr John Lee

As Director-General, Department of Tourism, Innovation and Sport, Mr Lee is leading the Government's objectives to deliver a strong Queensland economy through championing the tourism, sport and innovation sectors.

Mr Lee oversees the delivery of Activate! Queensland 2019–2029, which is investing \$1.3 billion over 10 years to encourage more Queenslanders to join in physical activity. Through funding, collaboration, infrastructure and planning, major events, world-class venues and support for the state's elite athletes via the Queensland Academy of Sport, the outcomes of Activate! Queensland are recognised.

Mr Lee has enjoyed a highly successful career in government, tourism, sport, major events and transport. He has extensive experience in sports administration, operations, governance, asset management, venue leasing and has a detailed understanding of the private and public sectors, and is recognised for his leadership skills, strategic thinking, commercial acumen, and communication skills.

- Mr Lee attended all board meetings held during the reporting period.

Director-General member:	Director-General, Queensland Health (ex-officio)
Appointed:	1 July 2019
Current term:	2 August 2021 to 30 June 2024
Current office holder:	Mr Shaun Drummond (from 14 March 2022)

Mr Drummond has worked in the health system for more than 20 years as a Chief Executive and Chief Operating Officer, and has a deep understanding of executive health management and clinical service delivery. During his career, he has worked in the public health system in New South Wales, Victoria, Queensland and New Zealand and his professional background is in industrial relations and organisational development. Mr Drummond became Executive Director Operations of Metro North Hospital and Health Service in late 2014, before moving to the Chief Executive role in 2017. In 2021, Mr Drummond moved to Deloitte, before being appointed Queensland Health's Chief Operating Officer in January 2022, and then Acting Director-General in March 2022.

- Mr Drummond was an apology for the two meetings held during the period of his ex-officio appointment.

Member:	Emeritus Professor Ian Lowe
Appointed:	1 April 2020
Current term:	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, Ian Lowe is Emeritus Professor of Science, Technology and Society at Griffith University and an Adjunct Professor at the University of the Sunshine Coast. 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.

- Emeritus Professor Lowe attended all board meetings held during the reporting period.

Member:	Dr Shea Spierings
Appointed:	3 February 2022
Current term:	3 February 2022 to 30 June 2023

Dr Spierings is a Gaangulu man and brings his expertise in Indigenous health, community health access, health research, academia and the not-for-profit sector.

Dr Spierings is a Postdoctoral Research Fellow at the Poche Centre for Indigenous Health at the University of Queensland, investigating COVID-19 health messaging in Indigenous communities, patient centred models of care, health governance, and Aboriginal men's health.

He is also Deputy Chair of the Central Queensland, Wide Bay, Sunshine Coast Primary Health Network. In 2015, Dr Spierings was appointed by the Australian Government to serve as the Australian Youth Delegate to the United Nations. He has previously worked in various policy and community development roles and the construction industry. Dr Spierings is also a Graduate of the Australian Institute of Company Directors.

- Dr Spierings attended all board meetings held from his appointment in February 2022.

Member:	Mrs Stella Taylor-Johnson
Appointed:	1 April 2020
Current term:	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.

- Mrs Taylor-Johnson attended two of six board meetings held during the reporting period.

Member:	Ms Anna Voloschenko
Appointed:	1 April 2020
Current term:	1 April 2020 to 30 June 2022

Ms Voloschenko is a health professional with more than 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.

- Ms Voloschenko attended all board meetings held during the reporting period.

Member:	Ms Jane Williams
Appointed:	1 April 2020
Current term:	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 practise as a wellness nurse at the Barcardine 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 Hospital and Health Board Chairs Forum and also holds a number of key board appointments with Central West HHB, Health Workforce Queensland, CheckUP, Royal Flying Doctors Service (Queensland) Foundation, and Central West Rural Wellness Network.

- Ms Williams attended all board meetings held during the reporting period.

Former members

Chairperson and Director-General member: Director-General, Queensland Health (ex-officio)	
Former office holder:	Dr John Wakefield
Meetings attended:	3

Dr Wakefield was the Director-General, Queensland Health, until taking long service leave from 14 March 2022 and retiring on 30 June 2022. Dr Wakefield attended three of the four meetings held during the period of his ex-officio appointment.

Finance, Audit and Risk Management Sub-Committee

The Finance, Audit and Risk Management Committee (FARM Committee) is a subcommittee of the Health and Wellbeing Board. FARM Committee members are appointed by the board with membership consisting 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.

Members of FARM have completed their second year of service. The FARM Committee met three times during the reporting period, with both meetings offered in-person and virtually in accordance with COVID-19 social distancing restrictions.

Finance, Audit and Risk Management (FARM) Committee					
Act or instrument	Finance, Audit and Risk Management Committee Charter				
Functions	The role of the Committee is to provide independent advice, assurance and assistance to the HWQld Board in the areas of: <ul style="list-style-type: none">• risk, control, audit, performance management and compliance frameworks;• 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 <i>Financial and Performance Management Standard 2009</i>.				
Achievements	<ul style="list-style-type: none">• Endorsed 2020–2021 financial statements• Endorsed progress on the Internal Audit Charter and 2021–2023 Internal Audit Plan• Endorsed updates on Service Delivery Statement measures• Endorsed the management of information security• Provided guidance on the long-term budget position• Updated the board with advice on financial governance, risk management and cyber risk.				
Financial reporting	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.				
Remuneration					
Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Chair	Mr Chris Johnson	3	\$2,500 per annum	Not applicable	\$2,500 per annum
Member	Mr Stephen Ryan	3	\$2,000 per annum	Not applicable	*\$2,000 per annum
Member	Ms Jane Williams	3	\$2,000 per annum	Not applicable	*\$2,000 per annum
No. scheduled meetings/ sessions	Three FARM Committee meetings were held during the reporting period, being 2 August 2021, 16 November 2021, 30 March 2022.				
Total out of pocket expenses	N/A				

*This fee is also included in the Board reporting table under the approved sub-committee fees (page 9).

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 a fellow of the Institute of Chartered 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 has previously had experience at Queensland Health on its Audit and Risk Committee.

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

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

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

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

Chief Executive Officer, Dr Robyn Littlewood

The Chief Executive Officer reports directly to the board, directs the overall efficient, effective and economic administration and guides the strategic direction of HWQld. The Chief Executive Officer is responsible for the day-to-day administration of HWQld, including management and performance of the Chief Executive Officer'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 HWQld Board, for a four-year term commencing 18 November 2019.

Dr Littlewood is a highly experienced clinician with more than 25 years' experience in paediatric dietetics. Dr Littlewood is also a leading advocate for public health, particularly in the area of 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 and is leading the organisation to ensure this occurs. 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), a Master of Business Administration (James Cook University) and is a graduate of the Australian Institute of Company Directors (GAICD). Dr Littlewood currently holds three Adjunct Professor appointments with Griffith University, QUT and UQ.

Prior to commencing as Chief Executive Officer, 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 more than 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 Director, ChildD Dietetics, 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 (QCYCN) 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 Officer. Dr Littlewood was also a Board Director with Dietitians Australia (Dietitians Association of Australia at the time) and has now been awarded Fellow, Dietitians Australia in recognition of her work. She was also proud to be awarded the QUT Alumni of the year (health) 2020, 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. In August 2021, Mr Tuohy was invited to join the Queensland University of Technology as Visiting Fellow in Faculty of Business and Law, School of Economics & Finance and Centre of Behavioural Economics, Society and Technology.

Prior to his appointment as Chief Operating Officer, Mr Tuohy was Director of the HWQld Implementation Team 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 Director roles in Legislative Policy, the Mental Health Branch and the Office of Health Statutory Agencies – a role providing support and advice to the former 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 Officer 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 more than 20 years' experience in governance, operations, media strategy, compliance and risk, process improvement and management. Ms Hodgetts is also an Adjunct Senior Fellow in the Faculty of Health and Behavioural Sciences, at The University of Queensland.

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 a diverse and skilled workforce that includes nurses, dietitians, public health nutritionists, health promotion officers, research fellows, policy experts, strategic communications specialists, digital and data analysts and administration officers. This diversity of skills is both a result of, and a necessary requirement for, successful delivery of our functions and, combined with a flexible approach to managing our establishment, has allowed us to both strategically and organically adjust our workforce to meet our needs.

As at 30 June 2022, HWQld had an establishment of 52.8* full-time equivalent (FTE) positions, with a head count of 64 people including full-time, part-time and temporary employees. In 2021–2022, the HWQld workforce profile has continued to expand as we further refined our establishment to meet the needs of our implementation delivery.

HWQld's workforce is fairly evenly split between permanent and temporary with 51.9 per cent of FTEs employed in permanent roles and 48.1 per cent of FTEs employed on a temporary basis. Women make up 84.4 per cent of employees and 87.5 per cent of leadership roles (being positions that are a Senior Officer equivalent and above).

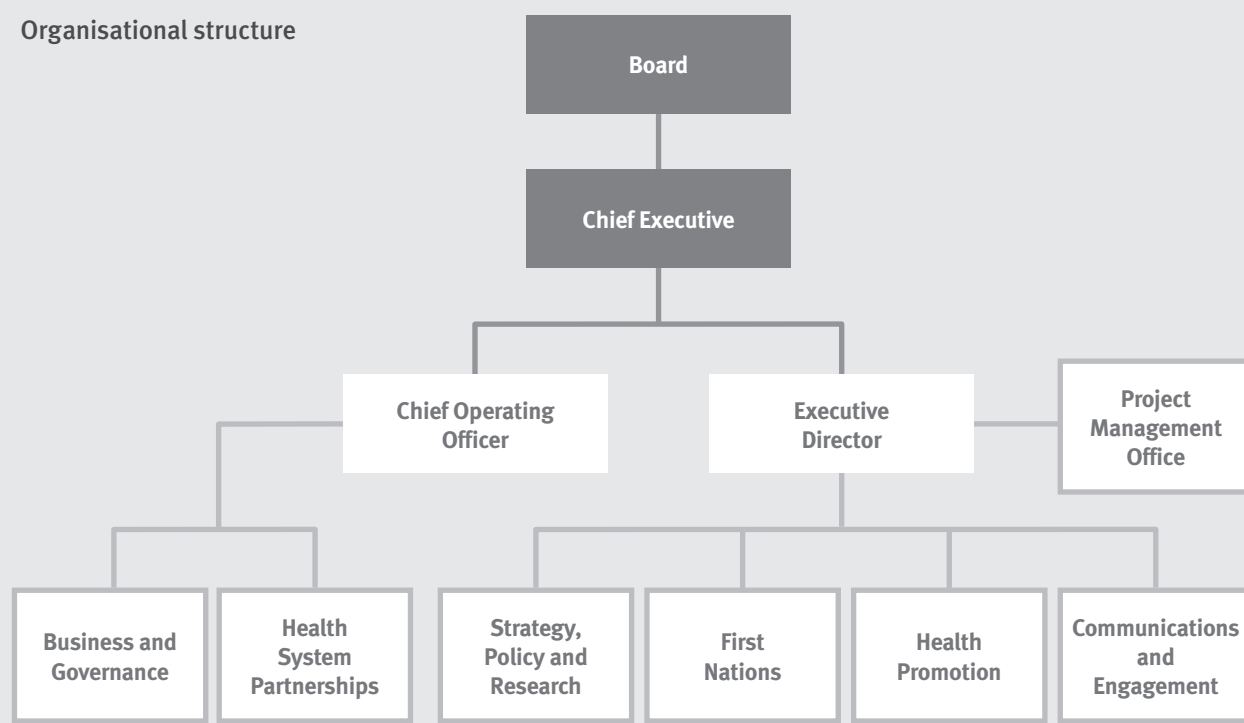
**MOHRI FTE data for fortnight ending 17 June 2022.*

The Queensland public service values guide the behaviours and decision-making of all employees.

Six teams and a Project Management Office deliver on HWQld's program of work spanning across the spectrum of prevention, in primordial, primary, secondary and tertiary prevention. The teams are as follows:

- **Business and Governance** – providing corporate services functions and ensuring that key human resources, financial, governance, business intelligence, information technology, knowledge management, performance monitoring and reporting functions are delivered across HWQld.
- **Health System Partnerships** – driving a clinical prevention agenda to support integration of chronic disease prevention in Queensland's health system and using integrative models of care, leveraging community infrastructure including statewide prevention programs, digital support, education and training underpinned by research and evaluation.
- **Strategy, Policy and Research** – providing expertise that enables the organisation and its partnerships to deliver effective, measurable and sustainable system-wide impact.
- **First Nations** – driving the health and wellbeing agenda with First Nations Queenslanders to overcome the inequities often experienced by the community.
- **Health Promotion** – developing and implementing obesity prevention strategy and actions, creating healthy food and physical activity environments, and working with schools and communities to lead their own health and wellbeing efforts.
- **Communications and Engagement** – fostering healthy social and cultural norms to support people to make healthy choices through the delivery of statewide, integrated social marketing and behaviour change campaigns, communications activities, community sponsorships and corporate partnerships.
- **Project Management Office** – providing a spectrum of services depending on the business need, including project management guidance and support, tactical positioning and implementation to ensure on time delivery of key strategic projects.

Organisational structure



Our objectives and measures

HWQld's overall objective is to make healthy happen.

HWQld recognises the importance of collaborating effectively with its partners to influence systems and drive healthy weight, focused on change for Queensland's population. Our *Strategic Plan 2020–2024* outlines our commitment to this work in the context of our three strategic pillars, namely:

- **Population:** creating environments that are equitable and support healthier options through all stages of life and for priority populations.
- **Prevention:** empowering individuals, organisations, communities and governments to create the conditions that prevent people from getting ill and that keep them healthy.
- **Partnership:** supporting our partners by providing access to resources and expertise to scale-up and leverage evidence-informed and innovative approaches.

HWQld supports the Queensland health system through the delivery of prevention, protection and promotion services for chronic diseases and has a mandate to develop a new way of working that requires true innovation, agility and an element of risk-taking to develop good public health policy that is most relevant to the changing environment – which has never been more necessary following the COVID-19 pandemic.

HWQld's program of work spans the prevention spectrum from primordial prevention to tertiary prevention and incorporates sustainable linkages between health promotion and clinical prevention. These two fields share similar objectives: to promote general health and prevent disease; and integrate the health system with public health functions.

Through its Community Partnering Strategy, HWQld continues to engage with Queensland communities to guide its activities so they are inclusive, accessible, culturally respectful and relevant. Working and co-designing with our diverse populations will collectively contribute to systems change and reducing health inequities.

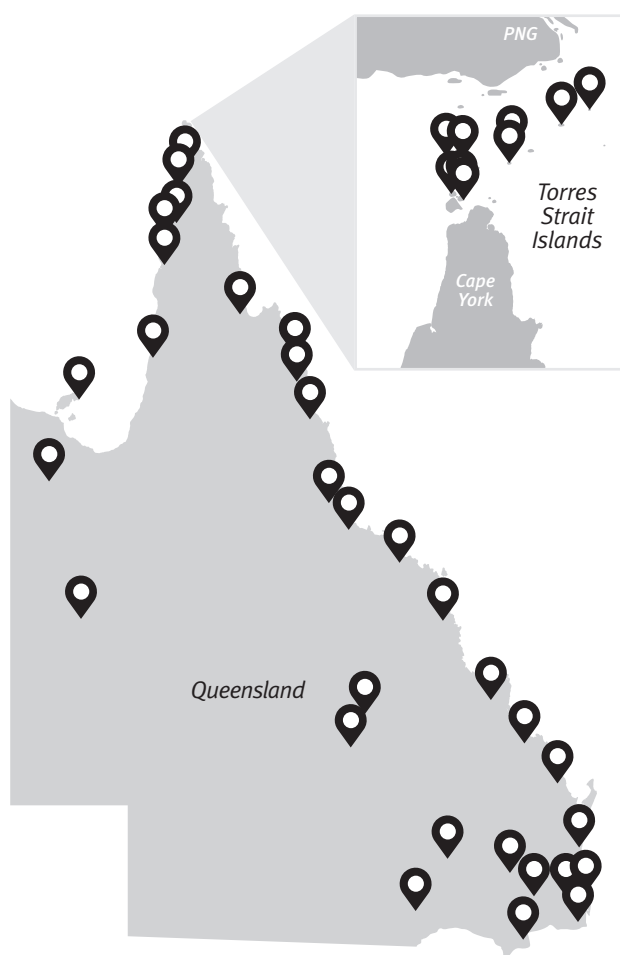
Our strategic objectives, performance measures and strategies are as follows:

Pillar: Population	
Performance measure	Strategies
<i>Strategic objective: Address social determinants that contribute to health inequity</i>	
<ul style="list-style-type: none"> • Actions implemented to reduce barriers to healthy living for priority populations affected unequally by overweight and obesity and COVID-19. 	Empower people and communities <ul style="list-style-type: none"> • Stimulate community-led initiatives 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. • 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; build community partnerships and provide an online platform for communities to share learnings. • Deliver a whole-of-school and whole-of-system healthy eating program to increase students' consumption of vegetables and fruit.
<i>Strategic objective: Make healthier options the easier options where Queenslanders live, learn, play and work</i>	
<ul style="list-style-type: none"> • Healthy weight interventions implemented in partnership with communities, schools, workplaces and health services. • Improved availability, accessibility and acceptability of healthy food and physical activity options, especially in remote areas. • Collaborative health and wellbeing policy, funding models and actions embedded across sectors. 	Strengthen policy <ul style="list-style-type: none"> • Influence the national and state policy agenda and initiatives across sectors, including the National Obesity Prevention Strategy and the Queensland Government's objectives for the Community – Unite & Recover. • Deliver actions to support Activate! Queensland, Queensland Walking Strategy, Queensland Cycling Strategy, and Growing for Queensland. • Develop and deliver policy options to reduce the marketing and sale of unhealthy food including introducing awards for healthy children's menus. • Develop an 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.

Pillar: Prevention	
Performance measure	Strategies
Strategic objective: Empower Queenslanders to live a healthier life	
<ul style="list-style-type: none"> Increased healthy behaviours in Queenslanders, including healthy eating and physical activity. Increased capability, opportunity and motivation amongst communities for healthy behaviours. 	Build prevention capacity <ul style="list-style-type: none"> Support, empower and facilitate the collective success of all our partners delivering best-practice prevention initiatives. 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. Empower health, social and other care providers to have a greater prevention focus through delivery of prevention specific training and resources. Implement a funded program mix that enhances behaviour change strategies, innovative service delivery, reach and access to healthy lifestyle and capacity building programs.

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

What we've been doing



HWQld's position to strengthen core public health services is achieved through:

- Promotion of health and wellbeing;
- Prevention of chronic diseases; and
- Protection of Queensland's population health status, related to chronic disease.

The outcomes realised under HWQld's current program of work are significant. HWQld has progressed solid, sustainable work for obesity prevention, policy and protection. HWQld has progressed this work, operationalised its outcomes and translated this for the people of Queensland – providing the right support at the right time for the right community.

The map (left) provides an outline of some of the locations HWQld's activities and initiatives reached across the state in 2021–2022, augmented by statewide access to digital resources and media.

Public health is where many of our opportunities to prevent illness and reduce health system pressures begin, with actions like:

- empowering people and communities – targeting opportunities to make healthy happen
- advancing the health and wellbeing of First Nations Queenslanders – addressing food insecurity in remote communities
- leading a clinical prevention agenda – supporting integration of obesity and chronic disease prevention across the health continuum
- supporting the health and wellbeing of children – delivering holistic healthy eating and wellbeing initiatives with schools and families
- delivering evidenced-based and responsive communications and engagement – reaching the right people with the right message, which fosters healthy social and cultural norms
- growing and bolstering research partnerships – translating prevention evidence into policy and practice.

We value strong foundations of equity, collaboration, innovation and ambition to partner, to create and to amplify policy and actions that achieve real and measurable improvements for the health of every Queenslanders.

Why

Put simply, we are working to create a generational shift that will better the lives of Queensland's children and young people, for this generation and the next to live healthier, more active lives. We call it GenQ and we want nothing less. Delivering a change to the lives of the next generation will be achieved by working together across sector, community and government to remove system barriers across health, housing, education, justice, child development and food security. By investing in system level strategies now, the foundations can be laid which will see results of a healthier generation in 10+ years' time.

HWQld's current work leading the development and implementation of a Queensland Equity Framework, Queensland Obesity Prevention Strategy and Remote Food Security Action Plan will underpin the vision for a healthier and fairer future for all.

HWQld is working with Queensland Health and the Queensland Clinical Senate on the First 2000 days program which will enable HWQld to develop family and clinician-focused solutions to support parents and children through pre-conception, pregnancy, and the first five years of life that promote positive, holistic behaviour change. A key component of this work is building prevention capacity of clinicians to support healthy behaviours of parents and young children at this critical period of growth and development.

Population

This is what we know about Queensland's population.

Over the past year, Queensland had the highest population growth rate among all Australian jurisdictions¹. Queensland's population was estimated at 5.3 million in 2022 and is projected to reach 5.8 million by 2027². The latest Australian Bureau of Statistics report indicated Queensland's population had a median age of 39.9 years (the national median is 37.8), compared to Tasmania, which had the oldest population (42.3 years) and the Northern Territory, which had the youngest (33.6 years)³.

In 2016, there were approximately 221,000 First Nations people living in Queensland, representing 4.6 per cent of the Queensland population. This makes Queensland's population of First Nations people the second largest after NSW, and the second highest proportion after the Northern Territory⁴. While First Nations Queenslanders generally have a younger age profile, the proportion of older people is gradually increasing⁴.

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 2015⁵.

A total of 114,400 episodes of care and 305,000 patient days among Queensland hospitalisations were associated with overweight and obesity in 2015–2016. The leading conditions of these hospitalisations were coronary heart disease, Type 2 diabetes, chronic kidney disease, osteoarthritis, and gallbladder and bile duct disease⁵. 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 billion⁵.

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^{6,7}. 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 patients⁸.

The burden on the healthcare system could be alleviated if more Queenslanders maintained a healthy weight. Predictive modelling has demonstrated there could be 2200 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 other Australians, given the overweight and obesity prevalence has remained high over the past decade⁵.

The National Health Survey (2017–2018) 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 poor⁹.

More recent, but less comprehensive, data from the National Health Survey (2017–2018) showed most 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) consumed sugar sweetened drinks at least three days a week⁹.

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 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 describing their day at work as involving mostly standing (20 per cent), walking (21 per cent) and heavy labour or physically demanding work (16 per cent)⁹.

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 home⁵. The proportion of single parent families is 16.5 per cent and 11 per cent of people identify as LGBTIQ+10. In 2018–2019, around 20 per cent of Queenslanders were living in areas of greatest disadvantage. A further 19 per cent reported having a disability⁵, while 285,000 people reported living with a severe or profound disability⁵.

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 areas¹¹. Almost one in five Queensland children are living in families in poverty¹². The latest Australian Institute of Health and Welfare report, Australia's health 2022, highlighted that people living in rural and remote and/or lower socioeconomic areas, people living with a disability, and First Nations Australians experience higher rates of illness, hospitalisation and premature death compared to other Australians¹³.

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 strong public health is the reason HWQld is well positioned to make a positive impact on 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.

A large part of the improvements in the health of Queenslanders over recent decades can be attributed to prevention work that has resulted 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 disease¹⁴.

One-third of the disease burden in Australia is preventable¹⁵. 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 Australia¹⁵. Obesity and dietary risks are the second and third largest contributors to loss of health in Queensland, respectively⁵.

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 billion¹⁶.

HWQld has prioritised prevention actions for focused investment based on equity, data, evidence and impact potential — this includes preventive health programs, clinical prevention, health promotion initiatives, responsive communications, research and policy. Collaborative cross-sector and community-led prevention activity encompasses the full breadth of policy, environment and individual practice actions to ensure behaviours, connections, mindsets and systems shift toward sustainable health and wellbeing outcomes.

Partnership

Great things happen when we work together, when many are involved, and we are all part of the solution.

HWQld seeks to value diversity, ask about and listen to deep knowledge, link community or partner strengths and inform decisions through understanding the characteristics of Queenslanders and their communities.

Contributing processes include:

- A Community Partnering Strategy delineating ways to reach, engage and listen to community voice to ensure initiatives reflect community priorities and are influenced by those who will benefit or be impacted the most.
- Developing a network and digital platform for shared learning and leverage in the delivery of prevention across the state.
- Convening collaborative research and action across government at the state level, and across jurisdictions and portfolios at the national and global levels, to explore new ways of working together and address the social, environmental and economic determinants of health.

The diversity of partners across government, organisations, industry, service provision, community and lived experience involved with HWQld enables connections, coordinated inputs at multiple system levels and leverage that amplifies the impact of prevention in Queensland.

This is why we've been established and why our work is critical.

How



Through a strong public health policy and protection agenda, via four strong strategic policy initiatives, we are able to deliver our work with impact.

1. Queensland Equity Framework

One of HWQld's legislated objectives is to reduce health inequity.

People live within, and are affected by, environments, policies and systems that influence how they behave, how they are perceived and what they have access to. These powerful influences are mostly out of their control. As a result, obesity, like a range of other poor health or social outcomes, is not experienced to the same extent or in the same way by all people.

HWQld recognises the same drivers of health inequity are responsible for inequitable outcomes across health, education, employment and work, financial vulnerability, housing, child development, child protection, engagement with the justice system, and domestic and family violence.

This is why HWQld is leading the development of a Queensland Equity Framework, that provides a shared goal for a more equitable Queensland. This work is creating a pathway to address inequity across Queensland in partnership with 24 government agencies and those in our diverse communities with lived expertise. Together these stakeholders will help government and non-government to determine how to make visible and remove systemic barriers, develop shared targets, rethink current systems and delivery, and action key priorities. Ultimately, this work will result in improved social conditions, maximised government investment, and people that experience better health and wellbeing outcomes – better lives.

Fundamental to the success of this work is strong governance, research and systems thinking expertise, robust evaluation methodology and data intelligence to measure impact and benefits over time. HWQld is making significant investment in all of these and learning about change in partnership with our valued collaborators.

Driving the equity agenda will be further strengthened by HWQld's role as a prescribed stakeholder for both the development and implementation of the Making Tracks Together Health Equity strategies.

The Closing the Gap targets have not been met and significant health disparities between First Nations peoples and other Australians persist. Improvements to health and wellbeing outcomes for First Nations Queenslanders require a systemic shift in the way that all levels of government, university and industry sectors respond to the intractable circumstances faced by our most vulnerable Queenslanders.

The Department of Health is funding a position at HWQld to ensure alignment and provide additional support in HWQld's role as prescribed stakeholder to the Making Tracks Together Health Equity framework.

HWQld is currently fulfilling this role through providing a considered review of and input into each of the 16 Hospital and Health Services' health equity strategies, which will be used to inform and/or strengthen system level approaches to reduce inequity both within and outside of the health system.

2. Queensland Obesity Prevention Strategy

The Honourable Yvette D'Ath MP, Minister for Health and Ambulance Services, unveiled the *National Obesity Strategy 2022–2032* on 4 March 2022, World Obesity Day, as part of the Queensland Government's commitment to reducing overweight and obesity rates. The strategy provides a national framework that will help prevent, reduce, and treat obesity in Australia.

HWQld is leading Queensland's implementation response to the *National Obesity Strategy 2022–2032*, on behalf of the Queensland Government.

HWQld is working with consumers, partners, key stakeholders, and other government agencies to co-develop a Queensland Obesity Prevention Strategy (the Strategy) and a series of Action Plans to cover a 10+10-year timeframe, from 2022 to 2042. The Strategy will guide the government in collaborative actions, to change the factors that promote unhealthy weight gain and support those living with overweight and obesity. Our bold, comprehensive approach to reduce inequity will include actions of three kinds: those based on hard evidence, others which are innovative and promising, as well as some that focus on addressing broader socio-economic determinants and environmental factors.

HWQld is also proud to be co-chairing the national working group to identify actions for Queensland that require a national approach and collaborate on joint initiatives with other states and territories.

The Strategy and Action Plan will enable Queenslanders to live healthier and more active lives by:

- Guiding a collaborative and cross-sectoral approach to change factors that promote unhealthy weight gain and to support those living with overweight and obesity;
- Being comprehensive and evidence-based focused on short, medium and long-term actions;
- Engaging with consumers and place-based organisations, particularly those from priority populations;
- Integrating with the National Preventive Health Strategy and the National Agreement on Closing the Gap;
- Aligning with and leveraging HWQld's Queensland Equity Framework and Remote Food Security Strategy and Action Plan; and
- Aligning with the Brisbane 2032 Olympic and Paralympic Legacy program opportunities.

The Action Plan will consist of a balanced mix of actions framed under the three ambitions of the National Obesity Strategy:

- Creating supportive, sustainable and healthy environments;
- Empowering people to stay as healthy as they can; and
- Accessing early intervention and supportive health care.

These will build on existing obesity prevention and treatment actions in Queensland, identify new collaborative actions, and identify gaps for future research and evaluation.

3. Queensland Remote Food Security Strategy

HWQld has been working towards a Remote Food Security Action Plan to support Queensland's remote First Nations communities. The plan aims to address systemic barriers to support communities to become food secure through a resilient and stable food system.

In partnership with the Torres and Cape Indigenous Council Alliance and the Local Government Association of Queensland, HWQld delivered a series of Remote Food Security Roundtable discussions in October 2021. These discussions included participants from government, academic, not-for-profit, private and industry sectors, who provided advice about the key areas for action, including the elements that this would be enabled by, challenged by and informed by. A report and one-page summary have been developed that describe an overview of this engagement and the outcomes.

These roundtable discussions identified the need for a Supply Chain Mapping Study, which HWQld has commissioned. The purpose of this study is to understand the risks and opportunities within remote supply chains that contribute to availability, price and quality of some foods. The study will explore how food items are sourced and inventoried and identify key stakeholders, distribution hubs, transport modes and the origin of items. It is intended that the findings will then outline intervention opportunities within the supply chain to improve the quality and price of food in remote communities.

The Action Plan will focus on community-identified priority areas related to healthy housing, freight and supply chain, local food production and economic development. It will document the specific actions required to improve food security at the system level through cross-sector collaboration and partnership. The plan will also address HWQld's activity at the community level through the Gather + Grow Communities and Healthy Stores program of work, which seeks to identify and implement locally led food security solutions across remote Far North Queensland and the Lower Gulf.

As part of Gather + Grow, HWQld has undertaken consultation with community and content experts to better understand the key issues raised at the roundtables. This has included HWQld travelling to Cooktown, Wujal Wujal, Hope Vale and Mornington Island to better understand the impact of these issues at a local level.

4. Queensland Clinical Prevention Strategy

Our health system is under ever increasing pressure with preventable chronic disease a leading contributor to the disease burden. The traditional treatment focused approach to illness and disease alone is no longer sustainable to manage the increasing impacts of preventable chronic disease. A focus on clinical prevention is a critical response to address increasing healthcare demands.

The HWQld Clinical Prevention strategy is focused on supporting the health system to prevent the onset or progression of chronic disease by bridging the gap between population health and clinical healthcare. Clinical prevention applies a systems approach to integrate prevention into routine healthcare through innovative models of care, digital integration, education and training informed by data and evidence.

Every day, thousands of Queenslanders connect with the healthcare system. Health professionals are well placed to discuss and support healthy lifestyles with their patients and identify those at risk early. Every connection is an opportunity to identify, discuss and refer their patients to appropriate prevention programs and support to 'make healthy happen'.

Inquiry – impact on Queensland public health system

HWQld welcomed the opportunity to provide a written submission to the Health and Environment Committee and to appear as a witness at the hearing for the inquiry into the provision of primary, allied and private healthcare, aged care and NDIS care services and its impact on the Queensland public health system on 11 February 2022.

HWQld was pleased to see that the report referenced and supported HWQld's three recommendations to take pressure off the Queensland public health system as 'The Future of healthcare in Queensland'.

HWQld commends the Committee on its recommendations aimed at improving access to primary and allied health care, increased investment in early intervention and preventive healthcare and the use of innovative models of care. HWQld is looking forward to a continued collaboration with the Health and Environment Committee to reduce the burden of chronic diseases on the health system, through targeting risk factors and reducing health inequity.

Delivery

Developing systems of integrated care must recognise the pathology of chronic disease starts in childhood and is conditioned by the social determinants of ill-health such as lower incomes, poorer housing, reduced educational attainment, social isolation, and poor food and physical activity systems around people. An integrated care strategy that seeks to better coordinate healthcare, around people's needs, must also combine with it a focus on prevention, protection and promotion.

1. Reducing health inequities

Agency Partnerships

HWQld has a partnership with the Department of Tourism, Innovation and Sport (DTIS), Sport and Recreation (SR), enabling us to work collaboratively and explore opportunities to further encourage healthy lifestyles. This partnership was formalised through a Memorandum of Understanding (MOU) in 2021 and renewed with minor amendments to governance arrangements in May 2022.

This partnership has resulted in sharing of knowledge and key learnings, cross promotion and information distribution, and co-designed initiatives that achieve, strengthen and amplify shared outcomes.

The MOU provides an overview of key achievements and planned initiatives resulting from the partnership to-date, including the flagship ActiveKIT initiative, joint Boost Your Healthy communications, the community led, place-based Building a Healthy Bundaberg initiative, A Better Choice (Food for Sport) Strategy and the Athlete Ambassadors program.

Community Partnering Strategy

To support Queenslanders we must better understand the unique challenges and opportunities within communities—and by communities, we mean geographic, cultural, social, sporting or otherwise. We know we must:

- Listen more, especially to those whose voices are not often heard.
- Ensure our work is empowering, inclusive and culturally respectful, and is informed or co-created by those who will benefit or be impacted most.
- Develop and deliver activities that are community-informed and demonstrated to work.
- Recognise there are many ways to engage and work with community members and that different approaches may be needed to hear different voices.

HWQld is committed to listening to and working collaboratively with consumers and communities to inform or co-design development and delivery of policies, programs and initiatives that are best suited to them and proven to work.

Examples of how HWQld has applied our Community Partnering Strategy and engaged consumers over the last 12 months include:

- Community engagement workshops and a community survey to provide input in the development of Queensland Obesity Prevention Strategy
- Co-design the Queensland Healthy Places Network and Digital Platform through surveys, interviews, and workshops involving two community voices and 166 stakeholders from local and state government; Hospital Health Services, primary health and community service providers; not for profit, professional, and academic organisations.
- More than 200 family representatives (children aged five to 12 years and parents/carers) have been actively engaged throughout the development of Podsquad, through surveys, focus groups, interviews and workshops to inform program discovery and program testing, and community member representatives on the Steering and Advisory Groups
- First Nations Roundtables
- Equity Framework
- Prevention Programs consumer representation.

In October 2021, HWQld established a Register of Community Voices of Queenslanders passionate about health and wellbeing and interested in informing our work. There are 26 Queenslanders on the register, including people who identified as living with overweight and obesity, living or caring for someone with a disability or chronic condition related to overweight or obesity, lived experience of low income or social disadvantage. Parents, physically isolated or transport disadvantaged, LGBTQ+, and culturally or linguistically diverse people are also represented.

Reasons for wanting to be involved include an interest in mental and physical wellbeing, advocating for the well-being of the community, assisting with preventative measures or enhancing professional roles. Registered participants have been engaged in amplifying the voices of different perspectives in our work including involvement in a video to raise awareness of community voices.

ActiveKIT

The flagship initiative under the DTIS MOU is ActiveKIT.

The objective of ActiveKIT is to support innovative solutions within the Active Industry to increase inclusive physical activity opportunities for Queenslanders and contribute to system-wide capability improvements.

HWQld co-invested \$1 million towards ActiveKIT Round 1, which is currently in the delivery phase with 39 projects receiving funding.

Round 1 of ActiveKIT supported organisations within the Active Industry, including startups or small to medium enterprises, to trial and implement new and innovation products or services that responded to two key challenges:

- Challenge 1: Increase physical activity participation of Queenslanders who are insufficiently active; or
- Challenge 2: Strengthen the capability of organisations within the Active Industry including financial health and workforce capability.

Total program investment in ActiveKIT Round 1 was \$4.1 million.

Building on the success of Round 1, HWQld has again partnered with DTIS to co-design ActiveKIT Round 2, investing an additional \$1 million. Total program investment in ActiveKIT Round 2 is \$4 million.

It is recognised that certain groups of the population are more insufficiently active, facing specific barriers to participation. Round 2 of ActiveKIT supports the Active Industry, startups or small to medium enterprises to trial and implement new and innovation products or services that respond to the challenge; increase physical activity participation of Queenslanders who are insufficiently active, by either;

1. Enabling opportunities for inclusive physical activity; or
2. Enabling opportunity for flexible and social physical activity.

HWQld involvement to date has included:

- Identification of Round 2 challenge including identification of target cohorts;
- Development of Program Guidelines;
- Consultation and feedback on a monitoring and evaluation plan;
- Amplified communication and engagement to promote the funding round; and
- Involvement in assessment and moderation of the funding round.

TRACTION

HWQld has partnered with TRACTION, a not-for-profit organisation working to support youth, especially young people who are facing challenges and need support, to build skills and confidence through hands-on learning projects. The partnership has bolstered TRACTION's support services by embedding into its programs a new food and nutrition component, which gives young people the opportunity to learn about, prepare and eat healthy food, alongside their other projects.

The two-year pilot program has involved HWQld's health promotion team, the research expertise of The University of Queensland, and the program insight of TRACTION staff and participants.

TRACTION's programs focus on action-based activities and recognise self-esteem, confidence and job-ready skills can come from doing, over traditional ways of learning.

Mentorship is the backbone of its programs, which include building bicycles, small engines and boom boxes (aka speakers), and permaculture. Programs are delivered at sites across the Redlands, Brisbane, the Scenic Rim, Logan, Moreton Bay, Ipswich and Gold Coast, as well as pop-up workshops across south-east Queensland.

In its bicycle building program, participants get hands-on building and customise their own bike to keep.

Out of these practical workshops, participants experience a sense of success and confidence that inspires them to consider a future of widened opportunities.

HWQld's partnership has helped young people learn about, prepare and eat healthy food, alongside their hands-on projects, empowering them to realise positive futures.

2. Obesity Prevention

Pick of the Crop

The whole-school healthy eating program, Pick of the Crop (<https://hw.qld.gov.au/pick-of-the-crop>) was successfully piloted and evaluated in 2021–2022, providing Queensland primary school students with opportunities to learn about, taste and eat more vegetables and fruit during the school day.

One hundred schools were invited to participate in the program across Bowen and Burdekin, Bundaberg and Wide Bay and Logan areas, with 63 joining and implementing school-led actions to promote vegetables and fruit. Pick of the Crop school actions had a potential reach of more than 17,800 students.

Participating schools received boost funding to implement a local School Action Plan across five components: farmer and food connections; links with the curriculum through teaching and learning; enhancing vegetable and fruit availability in schools; parent connections; and healthy school environments.

HWQld's implementation partners supported hosting of a regional coordinator at each of Bowen State School, Children's Health Queensland and Bundaberg Fruit and Vegetable Growers.

A key strength of Pick of the Crop is the autonomy for schools to implement and tailor activities to meet their specific needs, contexts and resources.

Schools were affected by COVID-19 lockdowns and floods during 2021–2022, resulting in fewer parent connection activities and visits to local farms.

Pick of the Crop has received exceptionally strong media interest across the participating regions.

Quotes illustrating the success of the program include:

- *"Pick of the Crop has been an enjoyable experience for everyone at our school including the staff, students and parents. Everyone looks forward to it. I think it's the satisfaction that they are part of it, that they are contributing to it and that they get a lot of say in what they do ... Pick of the Crop has been a positive project for our school."* (School Principal)
- *"What worked much better in our school were those opportunities that teachers found to weave in fruit and vegetable content to the curriculum and ways to align content with units as opposed to adding on additional content."* (Head of Curriculum)
- *"As a result of Pick of the Crop, I have noticed that students are much more willing to try different fruit and vegetables."* (School Principal)

Healthy Kids Menu

The Healthy Kids Menu (<https://hw.qld.gov.au/healthy-kids-menu/>) initiative supports hospitality venues to offer more healthy food and drink options for families with children dining out in Queensland. In 2021–2022, six venues participated in the initiative. Key achievements in 2021–2022 included:

- development of a promotional video to support the Healthy Kids Menu initiative, now hosted on the HWQld Healthy Kids Menu website
- The Courier Mail published a story in January 2022 outlining ‘Brisbane’s best healthy kids’ menu cafes’. This was based on the principles of Healthy Kids Menu and content provided by HWQld.

HWQld has collected insights from the food industry and consumers to inform the initiative via:

- Placement of two students from Griffith University School of Nutrition and Dietetics. The students conducted interviews with 12 industry stakeholders to explore their perspectives of healthier food and drinks in relation to kids’ menus. Key themes highlighted by the food industry included: cost, consumer demand, perceived role of the industry, intrinsic motivation, perceived importance of children’s menus, demographics, health literacy, education, financial incentives, promotion and utilisation of adults menu items. HWQld will continue to build its understanding of target audience through market research and participating in research conducted by Griffith University.
- Market research on consumer insights relating to parents’ perspectives of healthier food environments for hospitality venues, sport, and schools. First results will be available in August 2022.
- Collaboration on a Griffith University project exploring the impact of COVID-19 on the restaurant industry, through a series of surveys and interviews. Questions were included in the survey and interviews about the perceived importance of healthier options, to help understand industry demand and guide the future direction of the project.

HWQld sponsored the Restaurant and Catering Industry Association Healthy Kids Menu Award for the second time in 2021. The HWQld Chief Executive Officer attended the Awards ceremony on 8 November 2021 and presented the Healthy Kids Menu Award to Baseline Café and Bar located at the Queensland Tennis Centre, Tennyson.

A Better Choice

HWQld is leading on ‘A Better Choice’ (<https://hw.qld.gov.au/a-better-choice/>), a Queensland first public health approach designed to support Queenslanders to eat well by improving the availability and promotion of healthier food and drinks in public settings. This is being delivered through a series of ‘A Better Choice Food and Drink Supply Strategies’ that target the key out-of-home settings where Queenslanders purchase food.

A Better Choice is based on the Australian Guide to Healthy Eating and applies a traffic light system to classify food and drinks according to their nutritional value.

Queensland Healthcare Facilities are the first setting to see A Better Choice implemented, with the implementation lead for the A Better Choice Strategy for Queensland Healthcare Facilities transitioning to HWQld on 1 July 2021 from the Department of Health.

A Health Service Directive: Healthier Food and Drinks at Healthcare Facilities (the Directive) directs Hospital and Health Services (HHSs) in the application of the A Better Choice Strategy, outlining mandatory requirements to ensure healthier food and drinks are sold, provided, promoted and advertised at healthcare facilities, to support staff and visitors to make choices that promote health and wellbeing.

All HHSs are required to report on compliance to the Directive annually by 31 December. Pooled 2021 data for Queensland shows that 59 per cent of food service outlets that were audited complied with the drinks targets and 50 per cent complied with the food targets within the Directive.

To support HHSs to implement the A Better Choice Strategy and achieve food and drink targets in the Directive, HWQld refreshed the resources available for HHSs, funded support services and developed consumer resources for local promotion.

During 2021–2022, HWQld invested \$98,450 in implementation support for Queensland HHSs including:

- funding a position at Statewide Food Services within Metro North Hospital and Health Services to support HHSs in implementing the A Better Choice Strategy
- providing access to FoodChecker, an online food and drink classification tool delivered by Nutrition Australia Victoria.

In 2022–2023, HWQld will expand its A Better Choice Strategy offering to sport and recreation facilities (see Food for Sport) and workplaces.

HWQld will also undertake a formal review of the Directive from July 2022. This process will include an evaluation of the Directive and consultation with HHSs and stakeholders.

Food for Sport Guidelines

Sport and recreation settings often provide food and drinks for purchase, fundraising, celebrations and participant rewards. These settings are ideal for promoting healthy lifestyles through healthy food and drink options and physical activity. Throughout 2021–2022, HWQld developed networks, collaborations and understanding to support the sport and recreation sector offer healthier food and drink options by:

- collaborating with Stadiums Queensland on opportunities to increase access to healthier food and drink in stadiums and sports centres. A campaign, highlighting existing healthier options within the stadium settings, is a promising first step being explored for 2022–23
- consultations with 10 State Level Sporting Organisations
- a survey and interviews with community and council run sport and recreation centres and local sporting clubs
- conducting market research to collect parents' perspectives on healthier food environments across hospitality, sport and schools.

A review of the Food for Sport Guidelines was completed in February 2022. Outcomes have informed the continuing development of a new Food and Drink Supply Strategy for Sport and Recreation settings, with a name change to A Better Choice Strategy – Sport and Recreation.

HWQld developed four educational videos that were jointly promoted with the Alcohol and Drug Foundation's Good Sports program on healthy eating at sport. One is targeting executive committees of community sporting clubs and the other three videos target parents. Consideration on implementation strategies of the A Better Choice Strategy – Sport and Recreation is still in development but may include DTIS assisting in promotion and consideration of any funding conditions.

Building a Healthy Bundaberg Alliance

Do Your Thing is an innovative project that has brought a raft of organisations and community groups together to encourage Bundaberg residents to 'Do Your Thing' and make healthy choices easier for everyone.

Do Your Thing is a Building a Healthier Bundaberg Alliance project, which has the goal of reducing the region's overweight and obesity rate to below the national average by 2030.

The project, launched in Bundaberg in April 2022, is led by HWQld, Bundaberg Regional Council and the Department of Tourism, Innovation and Sport, together with other peak health bodies.

Do Your Thing supports local organisations to work together to make it easier for members of the community to make healthy changes that work for them. It aims to improve access to health and wellbeing programs and services and create a one-stop resource where people can learn about ways to lead a more active, healthy life.

Do Your Thing came about after the Building a Healthy Bundaberg Alliance was established in 2020 to better understand what could be done to improve the health and wellbeing of residents.

HWQld has been working in partnership with the Alliance since that time and invested significantly in the Do Your Thing project. This started with the development of A Behavioural Science Strategy for a place-based health initiative in Bundaberg.

A key recommendation of the Strategy, developed by specialist behaviour science company Evidn, was to find an effective way of bringing together the many and diverse stakeholders who have an interest in health and wellbeing across the region.

In line with this key recommendation, a local leadership group was formed and demonstrated their commitment with the signing of a Charter at the Do Your Thing launch.

The local leadership group has commenced making behavioural commitments, outlining its obligations to support the Do Your Thing project in a joint action plan developed to better synchronise, organise, and support existing services across the region.

An initial digital platform <https://www.ourbundabergregion.com.au/do-your-thing> for the project has also been created, providing a single, but powerful, means of engaging the community.

Evidn has developed a range of monitoring, evaluation and learning tools to support the local leadership group and the Building a Healthier Bundaberg Alliance in tracking progress of the Do Your Thing project over time. Tools include a Monitoring and Evaluation Plan and Data Implementation Plan, instrumental for demonstrating change and evaluating the success of the project.

Bundaberg City Council were a successful Round 1 ActiveKIT organisation.

Creating a healthy South West Region

HWQld has continued working with South West Hospital and Health Service (SWHHS) to contribute to shared outcomes for a healthier South West region and a coordinated regional approach to obesity prevention, nutrition, and physical activity initiatives.

The partnership was formalised with a Memorandum of Understanding in August 2021. A Shared Implementation Plan has been developed and a Strategic Oversight Group established to oversee shared responsibilities and to stimulate networking, knowledge sharing and cross promotion opportunities.

A priority identified under the plan was implementing the Jamie's Ministry of Food train-the-trainer model to build local capacity to deliver practical cooking skills to address low food literacy and poor diet quality of South West residents, exacerbated by the COVID-19 pandemic. SWHHS led this initiative in partnership with The Good Foundation,

with HWQld's guidance and support. The model has enabled the training of nine community-based facilitators to deliver the Jamie's Ministry of Food hands-on cooking program. Trainees from diverse professional and cultural backgrounds, representing six community organisations, are now delivering virtual cooking programs for their communities across the region. Face-to-face delivery is planned to commence dependent on COVID-19.

Planning is under way to engage South West schools in the HWQld Pick of the Crop program; to build prevention capacity of South West clinicians through a regional Project ECHO prevention series; and to encourage uptake of the HWQld Podsquad program with a regional launch of the program planned in Roma and surrounds.

Options are being explored to strengthen foundations for a healthy regional partnership to increase access to preconception information for clinicians and consumers, increase access to prevention programs for people at high/medium risk of chronic disease, and to encourage physical activity in the workplace.

3. Remote Food Security

Gather + Grow

HWQld's Gather + Grow program (<https://hw.qld.gov.au/gather-grow/>) is a multi-strategic approach to address food insecurity in remote First Nations communities. The program provides a living example of how the principles of the Queensland Equity Framework can be applied to a health issue using a systems approach for First Nations communities. Population health approaches to planning, delivery and evaluation of policies and programs for First Nations Queenslanders that are resourced appropriately are required to Close the Gap and ensure long-term gains.

At the community level, 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 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. Over the previous 12 months, HWQld has engaged with nine communities across the Gulf, Cape and Torres Strait in the delivery of the program, including Mornington Island and Doomadgee in the Lower Gulf; Aurukun, Napranum, Kowanyama, Lockhart River and Pormpuraaw in the Cape; and Horn Island and Darnley Island in the Torres.

HWQld coordinates a community of practice for the Gather + Grow positions based in each of the community-controlled organisations. The group meets monthly online and face-to-face each quarter. Two face-to-face meetings have occurred (in October 2021 and April 2022), which have focused on topics such as research and evaluation, marketing and communications and forward planning for the year ahead (2022–2023).

HWQld is working to build the capacity and capability of remote food stores. The Healthy Stores project seeks to engage Community Enterprise Queensland (CEQ) store managers and staff to improve in-store environments to support healthy food and drink purchasing behaviour. Baseline data collection has commenced for four stores in remote North Queensland communities. The data collection has included food environment assessments using the Stores Scout App, as well as photographs of high traffic areas.

Monthly Healthy Stores research meetings with Monash University, The University of Queensland and Menzies School of Health Research partners have guided two Ethics approval amendments, and the development of a Store Action Plan template for implementation within CEQ stores. The feasibility of this Action Plan template has been tested by the Gather + Grow position within CEQ, and the ongoing close partnership with CEQ has resulted in the co-design of the Healthy Stores Project, evolving to include implementation from store managers as well as regional/general managers.

Arup's Global Challenge proposal – Market Garden

In November 2021, HWQld and Arup were successful in their joint pitch to Arup's Community Engagement Global Challenge. The Global Challenge programme seeks to solve some of the world's most intricate challenges in partnership with communities most affected by them by directing Arup's internal funding to support this work.

The funding is supporting development of a Business Case for a Market Garden on Mornington Island. Due to long, complex supply chains and lack of locally grown produce, fresh food on Mornington Island is often expensive and low in quality. This is particularly true of nutritious food that supports a healthy life. HWQld, Arup and the Mornington Shire Council are working in partnership to understand how a Market Garden could address this issue and support economic development and food security outcomes.

In May 2022, HWQld and Arup travelled to Mornington Island to consult with community leaders about their shared vision and the targeted benefits they felt would result from the project. Economic development opportunities, culture, bush tucker and medicine and affordable healthy food were all identified as opportunities the Market Garden could bring to the Island to support a thriving community.

4. Clinical Prevention

During 2021–2022, HWQld committed to investing \$68 million over three years to six prevention program providers that support community-based programs aimed at improving Queenslanders' health and wellbeing. This investment is an acknowledgement of the commitment to preventative health and creating sustainable, life changing health habits.

Healthy weight interventions are implemented in partnership with communities, schools, workplaces and health services that have improved the availability, accessibility and acceptability of healthy food and physical activity options.

The program suite supported by HWQld includes Deadly Choices, Jamie's Ministry of Food, 10,000 Steps, Queensland Country Women's Association Country Kitchens, My health for life and Healthier Tuckshops Program. These programs provide easy access to information and support on better nutrition, improved physical activity and general wellbeing to communities across the state.

Deadly Choices

- HWQld's dedicated First Nations team is working alongside the **Deadly Choices** program to align key health and wellbeing initiatives for Aboriginal and Torres Strait Islanders across Queensland.
- 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 peoples 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 638 Deadly Choices Healthy Lifestyle Programs which resulted in 6900 participants completing the program. In addition, 237 community and sporting events were conducted and 59 DCFit programs were delivered. A total of 2102 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 peoples. Throughout the 2022 NRL season, current and former Broncos, Cowboys and Titans players were involved in the following partnership events and/or activities: DC Fit, DC Radio, DC Schools Programs, Deadly Kindies Production, Traditional Games, Work it Out Production, Men's Mental Health Golf Day and various event launches, including Queensland Murri Carnival.

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. The program aims to identify and provide Queensland adults at risk of developing preventable chronic disease and providing them with access to lifestyle modification options to reduce their risk through healthy eating, physical activity, quitting smoking and maintaining a healthy weight.
- The program is now accessible to all Queensland adults in a range of modes that aim to provide the right intervention, to the right person, at the right time. A new My health for life option will now provide an important access point to engage Queenslanders who are not yet ready or unable to commit to a six-month program. This 'information only' option will provide resources and tools that will upskill and empower Queenslanders to progress along their health journey towards positive behaviour change.
- Over the reporting period, the program supported 3545 Queenslanders to complete a My health for life program, with participant retention rates maintained at 70 per cent. Biometric and behavioural changes achieved by participants included an average five per cent reduction in body weight, 55 per cent decreased their waist circumference; the proportion of participants eating sufficient fruit increased from 50 per cent to 70 per cent; and the proportion of participants eating sufficient vegetables increased significantly from 10 per cent to 20 per cent. In addition, the proportion of participants that met physical activity guidelines increased from 40 per cent to 60 per cent.
- A First Nations Delivery Strategy has been developed to inform and guide program implementation across First Nations communities and Aboriginal Medical Services, making the culturally tailored program accessible to Aboriginal and Torres Strait Islander communities across Queensland.

Country Kitchens

- HWQld joined with Queensland Country Women's Association (QCWA) Branch members to celebrate the 100th birthday of the QCWA in 2022.
- 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 FY 2021–2022, there were 206 QCWA volunteer members trained as QCWA Country Kitchens Facilitators, with 149 attendees across 32 training sessions building their skills and

capacity to deliver the program. Delivery of Level 1–3 and Level 5 of the Country Kitchens Facilitator training program is now available online to ensure that training continues to be offered to Branches and members despite ongoing challenges experienced in relation to COVID-19 restrictions. There were 952 healthy lifestyle initiatives undertaken, ranging from recipe promotions and healthy eating showcases to hands-on nutrition workshops and cooking skills classes, delivered by the trained QCWA Country Kitchens Facilitators to 12,878 Queenslanders. The facilitators and their Branches established partnerships locally with approximately 80 organisations to help deliver many of the health promotion activities in their communities.

Jamie's Ministry of Food

- **Jamie's Ministry of Food** (<https://www.jamiesministryoffood.com>), 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 the reporting period, 2058 Queenslanders attended a Jamie's Ministry of Food course or event. Participation from the priority groups was very high across all delivery modes, including at the Ipswich Concept Centre, through outreach programs and via online courses. Of the participants, 51 per cent held concessions, 11 per cent identified as Aboriginal or Torres Strait Islander peoples, and 65 per cent were young people (12–29 years), exceeding all targets set in terms of participant reach.
- The interactive online model continues to increase 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 10 community locations and 10 community groups and organisations across the state, resulting in 347 (live commencements) Queenslanders participating online.
- In April 2022, HWQld were proud to support the Jamie's Ministry of Food Ipswich Flood Relief initiative that provided 225 flood-impacted local residents with access to free cooking classes, based in the Ipswich Concept Centre. Participants were taught to cook healthy food options and made over 900 meals to take home to their families, as well as donated Tefal cooking products and a dry goods food package. The positive impact of these classes on flood-impacted participants was clearly evident in survey feedback that highlighted the significant benefits to both physical and mental health.

10,000 Steps

- HWQld joined with the **10,000 Steps** program in 2021 to celebrate the program's 20-year milestone of successfully engaging Queenslanders in healthy physical activity.
- 10,000 Steps (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 and planned 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 continues to contribute to the success of the 10,000 Steps program in Queensland. In 2021–2022 there were more than 12,300 Queenslanders newly registered and over 17,300 Queenslanders in total used the program platform to log steps. 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 implementation have persisted this period, with a total of 291 organisations newly registered (82 per cent using the program with their workplace staff) and 271 team tournaments started (49 per cent retention from long standing organisations), demonstrating workplaces continue to place value on the health and wellbeing of their workforce using programs like 10,000 Steps.
- 10,000 Steps is actively collaborating with other HWQld program partners to provide a suite of workplace initiatives that will engage Queenslanders in a range of healthy lifestyle opportunities. Highlighting the desire for healthy communities and environments that are conducive to walking, Queensland community organisations and local governments continue to engage with the program implementing strategies, such as walkway signage and tournaments to increase physical activity in their communities. This is also supported by inclusion in State Government policies including 10,000 Steps remaining as a key activity to encourage more people to walk as part of their 'everyday' in the *2022–2024 Queensland Walking Strategy Action Plan*, Action area: Building and supporting walking habits for life.
- Both HWQld and Wellbeing South Australia now currently fund the 10,000 Steps program, providing exciting collaboration opportunities to make healthy happen beyond respective state borders.

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 Queensland, as at 30 June 2022, there were 1511

new group walkers and 51 new walking groups, resulting in 11,981 active participants in 303 walking groups. The new walking groups were supported by 59 new walk organisers, and 9 new local co-ordinator volunteers, with a 97 per cent group retention rate, and 99 per cent participant retention rate (at six months).

- HWQld provided the Heart Foundation Walking program with a fully funded 12-month transition to disinvestment period that was completed on 30 June 2022.
- HWQld and the Heart Foundation will co-design a new initiative that will commence in 2022–2023.

Healthy Tuckshop Support

- The **Healthy Tuckshop Support** program (<https://qast.org.au/about-us/our-projects/healthier-tuckshops-program>), delivered by the Queensland Association of School Tuckshops (QAST), 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.
- During the reporting period, 11 network meetings were held, four face-to-face in regional areas, reaching tuckshops across the state, with a total of 95 participants from 78 schools. 35 new recipes, 23 menu planning resources, and three case studies were produced and published online. A new Healthier Tuckshops e-newsletter commenced in 2022, reaching 1739 inboxes with an average open rate of 45.73 per cent. QAST website visits hit 88,727 with the Recipes and Smart Choices calculator being the most popular pages, and 12,242 engagements were achieved through 119 Healthier Tuckshops social media posts.
- The 2021 Recipe of the Year competition was highly successful, with media coverage in the Sunday-Mail, Townsville Bulletin, Channel 7 News Townsville and local community radio. Manufacturers, suppliers and industry members were supported with eight product assessments provided through the Smart Choices Nutrition Advisory Service, a Supplier Morning Tea attracting 19 attendees, and a quarterly supplier e-newsletter with an average open rate of 42 per cent. The Healthier Tuckshops team produced two podcasts and is engaging with a range of other program partners, including the Deadly Choices program, to extend program reach in rural, remote and Indigenous communities.
- The Healthier Tuckshops team has participated in co-design of a Program Logic and Evaluation Plan to measure the extent to which the program is reaching Queensland schools, and what impact engagement is having on improving healthier tuckshop menus.

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. During this period, the program provided health education to 160,168 Queensland pre-school and primary school children, including 17,580 children who identified as First Nations, and supported approximately 6463 classroom and pre school teachers to integrate nutrition and physical activity into their classroom teaching. The digital platform, the Life Education Hub, was further expanded to provide a growing number of schools and parents with year-round access to health and wellbeing content. Over the past year, 2031 teachers from 440 primary schools and early learning centres registered on the Life Education Hub platform, and more than 10,511 parents signed up to receive Life Education's parent resources.
- HWQld provided the Life Education program with a fully funded 12-month transition to disinvestment period that was completed on 30 June 2022.

Prevention Program Collective

A new strategic management approach commenced from 1 July 2021, and has now streamlined and strengthened the collective impact of statewide prevention programs. The approach is based on three key pillars: HWQld-led governance; single-point evaluation; and communication and marketing. This enables HWQld to provide a consistent, high-quality and collaborative support structure for program providers. HWQld continues to work collaboratively with program partners to ensure ongoing prevention program investment remains focused on chronic disease prevention activity and reducing health inequity for Queenslanders.

Governance Pillar

A key component of the new strategic management approach was to initiate and implement the Prevention Program Collective (PPC) group of program partner Chief Executives. Program partners have embraced the PPC opportunity, working collaboratively toward the shared aim of supporting and guiding high-quality and best value for money prevention program service delivery across Queensland. A Queensland consumer holds the position of Co-Chair, generating realistic and powerful insight into PPC dialogue. The PPC group will guide and advise on expenditure of the prevention programs innovation fund available from 1 July 2022.

Evaluation Pillar

In July 2021, HWQld engaged the Institute of Social Science and Research (ISSR), The University of Queensland as the single evaluation partner. During this reporting period, the Strategic Evaluation Prevention Program (SEPP) team has nurtured collective learning through a genuine process of co-design, creating new and greatly enhanced methods to capture program performance statewide. The first program partner Performance Reports were delivered by ISSR to HWQld and program partners in March 2022, marking a significant and successful milestone in the evolution of the new strategic management approach.

Communication and Marketing Pillar

During this reporting period, a HWQld-led communication strategy has continued to build on the strengths of existing program partner communications and marketing activity. This approach has ensured that all program partners are now supported equitably by HWQld to develop, plan, implement and evaluate communications and marketing activities. HWQld is well placed to incorporate and guide program partner promotional activity within planned statewide campaigns and targeted place-based strategies. Establishing a prevention program partner Community of Practice group has proved a successful strategy to engage program partners in both individual and collective program promotional activity to gain maximum traction and impact.

Implementation of program partner innovation fund strategies will commence in 2022–2023, providing a unique opportunity to support emerging good practice chronic disease prevention. Additionally, program partner generated innovation fund strategies will support HWQld in embedding the Queensland Obesity Prevention Action Plan statewide.

Clinicians Hub

Clinicians Hub is a digital platform to support clinicians to talk about, identify, prevent, and manage childhood obesity. Over the last year, HWQld has sought extensive feedback from healthcare professionals and key stakeholders to identify how to optimise the Clinicians Hub as it is redeveloped to span the life course. In addition, benchmarking against international and nationally available digital platforms has allowed HWQld to plan for future capability and functionality needed for an effective clinician support tool.

Podsquad

Podsquad (previous working title was Boost your Family) is a free, play-centric web- and app-based wellbeing program that supports children and families as they build better health and lifestyle habits together. The program explores nutrition, physical activity and wellbeing topics in a highly engaging and interactive way, with a focus on family-based health promoting behaviour change.

The program has been in development throughout 2021–2022, made possible through a \$892,801 (ex GST) Commonwealth Government Health Innovation Fund. HWQld is leading the development of the program, in collaboration with research partners from The University of Queensland and a creative and digital services provider.

Co-design has been a key focus, with more than 200 families and 30 organisations participating in a range of activities including surveys, focus groups, workshops, one-on-one interviews, and governance committees. Other key activities in the period include the development of the program's strategy, learning design principles, visual identity, content (including animations, videos, mini-games, offline activities, podcast episodes, recipes) and technical infrastructure.

Initially, Podsquad will target all Queensland families with children aged five to 12 years. Priority populations include families in lower socioeconomic groups, Aboriginal and Torres Strait Islander families, culturally and linguistically diverse families, families of children with disabilities, LGBTIQ+ families, and families living in areas of greater relative disadvantage including regional and remote areas.

Podsquad addresses a gap in health services currently, there are no free, universally available services that target child obesity prevention in Queensland. Podsquad has a strong focus on prevention and early intervention. It can also serve as an adjunct to treatment and management services for children living with overweight or obesity. As such, it has the potential to support many Queensland children and families to adopt and maintain healthy behaviours and provides an evidence-based referral option for clinicians in a broad range of healthcare settings.

HWQld staff co-authored two peer-reviewed publications on the program: "What do parents and health professionals want as part of an online childhood obesity prevention program?"¹⁷ and "A rapid review of the impact of family-based digital interventions for obesity prevention and treatment on obesity-related outcomes in primary school aged children".

Queensland Healthy Places Network

The Queensland Healthy Places Network (working title) (<https://hw.qld.gov.au/queensland-healthy-places-network/>) is an exciting initiative to co-design a vibrant and practical network and digital platform to connect those who have a role to play in building healthier Queensland communities. The network aims to strengthen connections for shared learning, and build relationships and collaborative action across sectors, disciplines and regions of Queensland. The digital platform will be an interactive tool to improve access to people, resources, initiatives, and events.

HWQld received funding of \$466,155 (ex GST) in 2021–2022 from the Commonwealth Government Health Innovation Fund to co-design and build an innovative digital platform as a tool to foster collaboration and encourage delivery of evidence-informed and community-led approaches to chronic disease prevention.

An online engagement survey in September 2021 demonstrated high levels of interest from more than 180 stakeholders across southeast, regional, and remote Queensland. Stakeholders were from diverse roles within local and state government, health, and community services, academic, not-for-profit and industry organisations, and peak or professional bodies. Many wanted active involvement in designing or testing the initiative.

Feedback from the survey was used to inform the initial co-design approach, which has been led by MELD Studios, HWQld's design partner in co-designing the digital and non-digital concepts for the new network. Between December 2021 and March 2022, more than 2300 data points were gathered, analysed and synthesised. Over this period, 166 contacts were made with stakeholders during eight one-to-one interviews; 10 co-design workshops, six concept testing workshops; and two playback sessions. Participants were from different disciplines, sectors, and regions. Two community members participated from HWQld's Register of Community Voices.

Key insights, opportunities, network principles, content options and web-design concepts were provided in a snapshot report, along with recommendations for the next phase to build and test the digital prototype and co-design activities for the Queensland Healthy Place Network.

This phase will establish a Core Design Team and build co-design capability to create collaborative ways of working and provide an open and responsive approach to testing the iterative development of the preliminary digital micro-site. A design assurance program will ensure that the intent from the original co-design is maintained, while playback sessions will enable broader engagement and inform the final handover report.

Planning is under way to evaluate the establishment and maintenance of the network and digital platform.

PRECISE – Precision support for preventing and managing childhood obesity

HWQld has partnered with Brisbane South Primary Health Network 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 healthcare professionals statewide.

Health Transformers

HWQld leads the Paediatric Health Transformers, a statewide committee of more than 65 health professionals, academics and industry partners providing statewide leadership for the strategic coordination of prevention and management activities for childhood overweight and obesity.

The committee provides a forum for collective expertise to build workforce capacity for the translation of an evidenced-based approach to the prevention and management of childhood overweight and obesity. The committee hosted an inaugural showcase event in November 2021, engaging more than 50 participants from across Queensland. Leading experts showcased current evidence and strategies to support healthy growth for Queensland children, including a parent who provided valuable consumer perspectives.

Topics covered in other showcases included the development of the Queensland Obesity Prevention Action Plan, an overview from the National Health and Medical Research Council's Centre of Research Excellence in the Early Prevention of Obesity in Childhood, and a panel discussion with First Nations and consumer representation on the opportunities and challenges in the prevention and management of childhood obesity.

Project ECHO®

HWQld hosted a *Childhood Overweight and Obesity ECHO®* Learning Series in partnership with Children's Health Queensland Hospital and Health Service and The University of Queensland - an innovative model of interprofessional education and case-based learning to build prevention capacity. One series was delivered with a total of 14 participants. This series has been redeveloped based on evaluation feedback from participating clinicians, the Paediatric Health Transformers committee, primary healthcare provider surveys and the ECHO® expert panel to have a family and First Nations focus and will be relaunched in July 2022.

HWQld hosted a *Develop Skills in Early Childhood Nutrition ECHO®* Learning Series in partnership with Nutrition Australia Queensland. This four-part pilot series was delivered to 24 playgroup facilitators, family day carers, early childhood educators and centre cooks from across Queensland including Emerald, Cooktown, Caboolture, Pallara, Rockhampton, East Ipswich, Kingaroy, Cairns region and Burleigh Heads.

Logan Healthy Living

HWQld has joined a Queensland-first alliance with The University of Queensland, UQ Health Care, Metro South Health, Brisbane South Primary Health Network and Griffith University to deliver a model of integrated chronic disease care at the Logan Healthcare Centre.

Under the governance of the broader alliance, HWQld has commissioned UQ Health Care to deliver a lifestyle management program - Logan Healthy Living. The program expands upon the successful and evidence-based 'Beacon' model, which partners a hospital specialist with general practitioners with special interests (GPwSI). The program is leading healthcare reform by translating an integrated health care network for people living with or at risk of Type 2 diabetes and their GPwSI, allied health professionals and community-based prevention and lifestyle programs to prevent and treat the whole disease, keeping people well and out of hospital.

The eight-week program with regular follow up for 12 months, applies an interprofessional, student led approach to coordinated care, building the prevention capability of the current and future workforce. Research and economic evaluation are embedded within all aspects of the program to inform continuous improvement and future up-scaling.

Since the program's inception in July 2021, 241 initial assessments have been undertaken and 112 participants have completed the program; 62 student placements have been conducted for six disciplines, including dietetics, exercise physiology, exercise science, social work, physiotherapy and pharmacy. Participants are achieving significant improvements in distress in living with and managing their diabetes upon completion of the program.

Health promotion communications

Delivering evidenced-based, responsive and research driven social marketing to promote healthy weight

Key achievements

- Delivered in partnership with Outdoor Media Association and Nutrition Australia, the *Better than you remember* campaign, aimed at boosting vegetable consumption. The campaign reached more than 10.4 million Australians, including two million Queenslanders.
- Partnered with The Sunday Mail to deliver the 2021 Bridge to Brisbane fun run, attracting more than 27,000 participants. The print and digital campaign to support this event, led by Queensland Newspapers and featuring HWQld content and branding, achieved a total audience reach of 83.3 million.
- Supported the Queensland Government's 'For the love of' campaign encouraging Queenslanders to get vaccinated against COVID-19. HWQld's social media strategy, targeting priority groups and low vaccination areas, resulted in 743,452 impressions and 134,158 engagements.

Better than you remember campaign

Better than you remember was an \$8 million pro-bono campaign delivered in partnership with Outdoor Media Association and Nutrition Australia to reignite people's love of eating vegetables. A range of billboards, public transport sites and ads at bus shelters and shopping centres promoted the message to the community to think differently about how they consumed vegetables.

In market for four weeks, the campaign reached more than 10.4 million Australians, including 2 million Queenslanders, across 85 Queensland sites. The *Better than you remember* website, featuring vegetable recipes, tips and education resources, received 30,012 page views and 11,800 unique sessions during the period.

The promotion of the campaign across social media resulted in 355,000 impressions and 21,800 engagements on HWQld Facebook and Instagram channels. Media exposure of the campaign in Queensland was generated across print, digital and radio, reaching a total audience of 564,801.

A post-campaign survey of 3546 Australians in shopping centres found it was most memorable among parents with children under 15 years of age. Participants surveyed said they purchased both more and different types of vegetables after seeing the campaign.

HWQld has an opportunity to re-run the campaign in the 2022–2023 financial year.

Bridge to Brisbane partnership

HWQld was a sponsor of the 2021 Bridge to Brisbane event, an iconic community fun run that attracted more than 27,000 participants. Promotional opportunities available through this sponsorship included a series of nine full-page advertisements in The Sunday Mail and an editorial piece reaching an audience of almost 290,000. HWQld had physical activation spaces at the start of the 4.5km event, and the finish zone for all event distances. HWQld branded signage also featured on the course, primarily in the final 500 metres, and on the fruit distribution stand that all runners had to exit through at the end of their race.

This sponsorship was supported by a print and digital campaign led by Queensland Newspapers. The campaign, which featured HWQld and Queensland Government branding, achieved a total of 446 media articles, with a total audience reach of 83.3 million. Social media results included more than 2.4 million impressions, with more than 131,000 engagements.

HWQld led a complementary digital campaign, which focused on supporting first-time participants through providing nutrition and physical activity hints and tips, including stretching, hydration and pre-race nutrition. This campaign achieved more than 204,434 impressions across a 13-week period, with more than 11,500 engagements.

Junior Dash in the Torres

HWQld entered into a new sponsorship agreement with the Gold Coast Marathon, specifically to support the Junior Dash events. These are the largest races dedicated to children in Australia, attracting about 1500 entrants each year. Through this sponsorship, HWQld is poised to support hundreds of Queensland children in being healthy and active. Many participants are family members of adults running longer event distances, but there are also children who are the only member of their family to take part in the two-day running festival. While the event is held on the Gold Coast, there is an opportunity for people to take part virtually.

In 2021, HWQld leveraged an opportunity to support First Nations youth to participate virtually in the Junior Dash events. Young people from the Torres Strait were encouraged to get involved through localised, community-based fun runs and activities. HWQld supported about 200 children from the Torres Strait to participate across key locations such as Thursday Island, Poruma, Erub Island and Hammond Island. This was achieved through active engagement with local representatives from the Department of Tourism, Innovation and Sport, Torres Health, Thursday Island Deadly Runners and Torres Shire Council. These events provide a platform to deliver messaging around the value of healthy foods and physical activity, while connecting with families.

Partnerships and amplification

HWQld supported a wide range of events and initiatives to promote Queenslanders' health and wellbeing in 2021–2022, spanning sports and physical activity, wellness at work and music.

In collaboration with the Department of the Premier and Cabinet, and the Department of Tourism, Innovation and Sport, HWQld sponsored the 2021 Olympics Live program. This series of live events encouraged communities to engage with the Olympics program and aimed to drive participation in sports through the Australian Olympic Committee's '#HaveAGo' campaign. Olympics Live sites were held across 17 Queensland locations, with more than 75,000 attendees. HWQld specifically supported the delivery of Olympics Live Indigenous tour, which visited Thursday Island, Horn Island, Yarrabah and Lockhart River.

HWQld also partnered with Netball Queensland to amplify its Diamond Spirit program in regional and remote communities. Through netball, the Diamond Spirit program engages, empowers and educates First Nations girls on and off the court. The two-year partnership will help reach more First Nations girls and women across Queensland, providing culturally supportive pathways to play sport.

HWQld sponsored virtual events encouraging Queenslanders to be active. Bicyclette was a six-week online training course providing women with the skills and knowledge to ride 25 or 50km. HWQld was also a major partner of the RACQ International Women's Day Fun Run on 6 March 2022, which encouraged physical activity while raising funds for breast cancer research. The physical event was cancelled due to severe wet weather and flooding; however, people still took part virtually by running, walking or jogging in their local area.

In Central Queensland, HWQld sponsored the Springsure Mountain Challenge. Delivered through the Central Queensland Triathlon Club, this event provides a local community trail run while raising funds for local health services. The event had about 200 participants.

HWQld's reach extended to the business community, delivering a work and wellness workshop for Business South Bank and its members in 2021. HWQld is continuing to partner with Business South Bank by sponsoring networking events where members address issues and deliver important information to the business community. HWQld also partnered with Queensland Symphony Orchestra to deliver their health and wellbeing program, which aims to improve physical and emotional health through delivering music and performances to communities across Queensland.

Also amplifying the work of others, HWQld supported the Queensland Government's 'For the love of' campaign to help drive COVID-19 vaccination uptake across Queensland. HWQld published a range of posts on Facebook and Instagram and sent newsletters to consumers and stakeholders to encourage an increase in vaccinations. For social media, HWQld targeted priority groups and low vaccination areas in Queensland over six weeks, resulting in 743,452 impressions and 134,158 engagements.

Boost your Healthy during COVID-19 campaign

In January 2022, as Queensland found itself in the grip of its first wave of COVID-19 following the opening of state borders, Queenslanders were faced with another period of lockdown and school disruptions. This time, however, they also faced the threat of illness as COVID-19 cases soared. To support Queenslanders during that time, HWQld developed a new Boost Your Healthy content strategy that focused on how to look after your nutrition and physical activity while unwell or how to care for those who were.

HWQld developed more than 40 pieces of content that included tips for hydration, the importance of eating when you had lost your appetite, how to build up movement during recovery as well as tips for better sleep when unwell. Content included blogs, easy recipes, preparing healthy meals during food supply shortage, as well as checklists for COVID-19 preparedness, attracting 743,452 views on social media.

HWQld also curated content for clinicians, including regular tips in the COVID-19 Frontline communique circulated to over 39,000 health professionals around the state.

During this period, HWQld experienced an almost 100 per cent increase in Facebook engagements, while click-throughs to resources increased by a factor of 35.

Digital engagement

HWQld communicates with stakeholders and community members through a range of digital channels to increase brand awareness and make healthy happen.

Social media, including Facebook, Instagram, Twitter, LinkedIn and YouTube, was used to share expert, evidence-based information encouraging Queenslanders to make healthy food and drink choices and take care of their wellbeing.

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

HWQld's digital presence was enhanced by the corporate website, featuring micro-sites for HWQld developed programs, alongside the Boost your Healthy website and *Better than you remember* campaign website introduced in early 2022. All sites combined amassed more than 250,000 unique page views this financial year.

Media coverage and presentations

HWQld worked with print, radio, television and online news media to promote its programs, activities and messages to Queenslanders through proactive interviews and articles. Media coverage of HWQld initiatives included the Pick of the Crop program expansion, Logan Healthy Living, Healthy Kids Menu and Gather + Grow.

In response to rising cost-of-living pressures, HWQld generated a media release in June 2022 drawing on new Fruit & Vegetable Consortium data that revealed the soaring cost of fresh produce was influencing Queenslanders' vegetable consumption. This media release secured widespread metro and regional television, radio, print and online coverage, reaching a total cumulative audience of about one million Australians. The coverage highlighted HWQld's messages on healthy eating and tips for consumers on how to save on groceries and make food stretch further.

Media and news releases were published on the website and shared on social media channels and in newsletters to support and extend their reach. Numerous Chief Executive speeches and presentations were also developed to support HWQld's presence at key regional, state and national events and forums. These included the 2021 Annual Meeting of the Australian and New Zealand Obesity Society, and the Public Health Association of Australia Preventive Health Conference 2022.

Benefits and evaluation

Realising the benefits through research, innovation and evaluation

A new World Health Organisation report released in May 2022¹⁹, states that no country has successfully reversed the obesity epidemic. HWQld works at a whole-of-system approach to enable shifts in the systemic, environmental and behavioural conditions that hold the complex problem of obesity in place. This enables a range of social and economic benefits to be realised, along with obesity and health outcomes. Capturing these benefits involves tracking, measurement and evaluation that follow the enablers and signals of system change, as well as long-term population level changes to obesity rates.

Research

Cross-sector partnerships

HWQld supported 18 grant applications from seven organisations related to HWQld's core remit of obesity prevention and addressing health inequities, through physical activity, nutrition and wellbeing. Tertiary education institutions included:

- Central Queensland University (2 applications)
- Deakin University (2 applications)
- Monash University (1 application)
- Southern Queensland Rural Health (1 application)
- The Queensland University of Technology (3 applications)
- The University of Newcastle (1 application)
- The University of Queensland (8 applications).

During 2021–2022, HWQld staff delivered five lectures, two workshop sessions and one panel presentation across three universities, in the areas of nutrition policy, health promotion, public health and obesity. Staff also delivered 19 presentations across six conferences and co-authored 16 publications.

HWQld's research fellow, Dr Li Kheng Chai, has been recognised for her research and advocacy to improve the nutrition and health of children and families, receiving the University of Newcastle's 2021 Beryl Nashar Young Researcher Award, which was one of nine University of Newcastle Alumni Excellence Awards. In the 46-year history of the Awards, the University of Newcastle has recognised 180 alumni achievers for their exceptional achievements across a diverse range of industries and communities. (See the HWQld media release: <https://hw.qld.gov.au/blog/beryl-nashar-young-researcher-of-the-year-advancing-childrens-health-and-nutrition/>)

Engagements with a broad range of universities, Queensland Government agencies and other stakeholders to build and strengthen the translation of evidence to impact prevention practices and policies

As a strong supporter of student learning, HWQld has hosted several students from the tertiary education sector, where it is working to build and sustain capacity in health promotion expertise by providing 'real world' training opportunities for undergraduate, postgraduate and higher degree research students and fellows. The agency has hosted a total of 25 students, including 16 undergraduates; three postgraduates; two Industry Student Placements; and four PhD Candidates.

HWQld is an accredited training site for Queensland Health Public Health Medicine Training Network and hosted one Public Health Registrar for a six-month rotation, through the Metro North Hospital and Health Service Public Health Unit. The Registrar was supporting HWQld in Queensland's response to implementing the National Obesity Strategy 2022–2032.

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.

HWQld staff hold 14 honorary and adjunct titles across three universities, in faculties of health and behavioural sciences, biomedical innovation and medicine.

Data and innovation

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.

- A health and wellbeing digital platform – collaboration with a range of university and government partners and Children’s Health Queensland.**
 HWQld is providing strategic leadership and content expertise to inform the co-design of a Queensland digital platform that will provide access to organisations across Queensland with information related to the state of health and wellbeing across Queensland. HWQld’s role in this will ensure consideration and inclusion of the drivers that contribute to obesity and its prevention.
- Impact of obesity on the life expectancy of Queenslanders**
 HWQld is working to understand the impact of obesity on the life expectancy of the next generation of Queenslanders, and commissioned Professor Rhema Vaithianathan, an expert health economist from the Centre for Social Data Analytics, Auckland University of Technology (also an affiliate of the Institute for Social Science Research, The University of Queensland). Professor Vaithianathan and her team have been working with HWQld to examine the impact of obesity on the life expectancy of Queenslanders. Data has shown that the rate of life expectancy has been slowing in Queensland, and it is projected that the impact of obesity could reduce the life expectancy of the next generation, for the first time in over 100 years. Another study has projected that Australia’s ranking with respect to life expectancy is expected to fall from fifth to tenth position by 2040²⁰. HWQld is working towards supporting a generational shift that will better the lives of Queensland’s children and young people, for this generation and the next to live healthier, more active lives.
- The University of Queensland Digital Health Research Network**
 HWQld is a partner in The University of Queensland Digital Health Research Network which has successfully secured \$3 million in UQ Vice-Chancellor Strategic Funding to establish the SMART Project – a vehicle to enable a learning health system through accelerated and streamlined data extraction from the Queensland Health integrated electronic medical record (ieMR) for research, innovation, and operations.
- Research using telecommunications data to inform social policy**
 HWQld is providing strategic and project leadership to the Whole of Government Mobility Data Project – Evaluation of the Utility of Telecommunications Data for COVID-19. Regular meetings between government representatives and university collaborators continues, with refinement of key questions to utilise the data and evaluate the approach.

- The Health and Wellbeing Centre for Research Innovation**
 was established in December 2021. 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 of 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.
- National Health Promotion Alliance**
 The alliance initiated by HWQld with other Australian health promotion agencies – VicHealth (Victoria), Wellbeing SA (South Australia), and Healthway (Western Australia) – has continued a very useful exchange of information and progressed to collaborative action.

HWQld was pleased to host VicHealth CEO, Dr Sandro Demaio, and his team in April 2022 to learn more about how our Victorian counterparts are tackling preventive health issues and explore opportunities for partnership. Many connections were made from their visit and we hope to work with VicHealth and other health promotion agencies to drive change, create impact and tackle longstanding issues together, for the next generation.

One of the first areas for collaboration has been campaigns and messaging. Health promotion agencies have begun collaboration on physical activity campaigns and healthy food and drink policies messaging.

HWQld is supporting the Australian Research Alliance for Children and Youth in the Thriving Queensland Kids Partnership. This initiative connects, catalyses and amplifies capacity and innovation action to enable all Queensland children to have the building blocks and skills needed for life-long health, wellbeing and learning. The focus will be to facilitate the translation of science into policy and practice with initiatives aimed at children, parents, community and capacity building that weave systems together.

Measuring change

Understanding the drivers of poor health and persistent inequities and how to mediate these drivers is required in order to co-develop solutions that improve population health and wellbeing. Tackling obesity requires sustained action and strategies must be multi-faceted to achieve a significant population effect. As a result of this complexity, and to meet its strategic objectives and goals, HWQld recognises that a systems approach is required to achieve population health improvement in Queensland.

HWQld has invested in the development of a comprehensive Monitoring, Evaluation, and Learning Framework (MEL-Framework) that captures signals of system change which contribute to health outcomes at the population level.

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’ represent different parts of the system which HWQld aims to influence: Policies; Practices; Networks; and Mindsets. 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.

Service areas and service standards

Service area objective

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

HWQld works in partnership with communities, public and private sector and government agencies to drive population change that will prevent chronic disease.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Effectiveness measures			
Percentage of the Queensland population who consume recommended amounts of ¹			
• fruits	53.7%	47.5%	48.9%
• vegetables	8.9%	7.4%	7.6%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit ¹			
• Persons	61.5%	56.6%	58.3%
• Male	64.8%	58.9%	60.7%
• Female	58.3%	54.5%	56.1%
Percentage of adults and children with a body mass index (BMI) in the normal weight category ²			
• Adults	33.3%	32.3%	33.3%
• Children	67.5%	65.5%	67.5%
Efficiency measure			
Not identified			

Notes:

1. These survey measures are population measures from a representative survey sample, and as such there is a year-to-year variation. Point estimates such as these are not indicative of statistical trends.
2. The most recent available published data for BMI based on measured BMI is from 2017–2018 National Health Survey. This means the 2022–2023 BMI targets are the same as the 2021–2022 SDS BMI targets.

Finance, risk management and accountability



Financial performance

The operating result for HWQld for the 2021–2022 financial year was \$2.7 million. Total Assets were valued at \$9.3 million as at 30 June 2022 and total liabilities were \$1.1 million, with the largest single liability being \$0.9 million for payables. Total income for the year was \$40.0 million and total expenses were \$37.3 million. The majority of income is derived from administered grant payments through the Health Portfolio. Total operating expenses for 2021–2022 were \$37.3 million, the largest being Social Services Payments to providers (\$22.3 million) which accounted for 60 per cent of expenses. The second largest category was employee expenses (\$7.6 million).

Strategic workforce planning and performance

In its third year of operation, much of HWQld's focus continued to be on building a skilled workforce to deliver on the strategic objectives. HWQld employees are engaged under three specific enterprise bargaining agreements: *Queensland Public Health Sector Certified Agreement (No. 10) 2019*, nominally expiring 31 August 2022; *Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 3) 2019*, nominally expiring 17 October 2022 and *Nursing and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB10) 2018 (N&M EB1)*, nominally expired on 31 March 2022.

HWQld prioritises the health, safety and wellbeing of its employees to provide a workplace that is free from injury, illness, discrimination and harassment. Arrangements are in place to support a flexible workplace in line with the Queensland Government's policies allowing employees the ability to pivot in response to HWQld directives to work remotely at short notice. Two employees were deployed to Metro North Hospital and Health Service for a four-week period in January 2022, to provide clinical and administrative

support during a high period of COVID-19 testing. HWQld's commitment to First Nations communities in Far North Queensland was supported by a Public Health Nutritionist/Dietitian being located on Thursday Island for six months of 2021–2022 while a local presence continues with two full-time positions located in Cairns.

Employees are supported to manage their work/life balance and personal and family commitments. Employees continue to access flexible work arrangements with 20 per cent of staff working part-time. HWQld has engaged external service provider Benestar, to provide employees and their immediate families with counselling and emergency assistance as well as support for our managers. Employees were provided access to the annual influenza vaccination program at no cost.

New employees undergo a formal induction and onboarding including orientation and safety briefing—and take part in cultural capability training as part of their online mandatory training requirements. HWQld utilises a comprehensive online learning management platform, managed through Corporate Administration Agency, introduced in 2020–2021, which provides staff with access to HWQld's mandatory training, whether working remotely or in the office. HWQld aims to have an annual Performance and Development Plan in place for all employees in line with the budget system, with six monthly reviews. This process sets performance expectations for employees and provides them with the opportunity to identify learning and development opportunities. Union membership is encouraged through onboarding processes.

No redundancies, early retirements or retrenchments were offered or paid in 2021–2022.

Workforce profile data

	FTE
Total FTE for HWQld	52.8*

*MOHRI FTE data for fortnight ending 17 June 2022

Target group data¹

Gender	Number (headcount)	Percentage of total workforce (calculated on headcount)
Woman	54	84.4%
Man	6	9%
Non-binary	<5	

Diversity groups	Number (headcount)	Percentage of total workforce (calculated on headcount)
Women	54	84.4%
Aboriginal Peoples and Torres Strait Islander Peoples	<5	
People with disability	<5	
Culturally and Linguistically Diverse – born overseas	6	9%
Culturally and Linguistically Diverse – speak a language at home other than English including Aboriginal and Torres Strait Islander/Australian South Sea Islander languages	5	8%

Women in leadership roles ²	Number (headcount)	Percentage of total Leadership Cohort (calculated on headcount)
	7	87.5%

1. To ensure privacy, in tables where there are fewer than 5 respondents in a category, specific numbers should be replaced by <5.
2. Women in Leadership Roles are considered those positions that are Senior Officer and equivalent and above.

Information systems and recordkeeping

HWQld's information and records are public and corporate assets, vital both for ongoing operations and in providing valuable corporate record 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

As a health statutory agency, HWQld must comply with the *Public Sector Ethics Act 1994*, which governs ethics and conduct in the Queensland Public Service. The Code of Conduct for the Queensland Public Service is based on the ethics principles and values outlined in the Act and ensures the public service demonstrates the highest ethical standards, integrity and accountability.

All HWQld board members, sub-committee members and employees are expected to uphold the code of conduct and its applicability also extends to volunteers, students, contractor, consultants, and anyone employed in any other capacity.

Human rights

As a public entity, HWQld is bound by the *Human Rights Act 2019* and is committed to ensuring we give proper consideration to human rights in making decisions. HWQld supports the aim of *Human Rights Act 2019* to embed respect for human rights into the culture of the Queensland public sector and the objects of the Act 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.

Internal audit function and external scrutiny

HWQld's internal audit function is provided by the Queensland Government Corporate Administration Agency. The internal audit function assisted HWQld in reviewing internal controls and processes by providing an independent review and audit opinion. Reviews undertaken in 2021–2022 included: Business Continuity Planning and Disaster Preparedness and Recovery; and Budget Planning. Outcomes of these reviews highlighted process improvements and better administrative practices.

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

Glossary

Acronym/term	Definition
ARRs	<i>Annual Report Requirements for Queensland Government agencies</i>
Arup	<i>Arup International is a collective of designers, consultants and experts working across 140 countries</i>
BMI	Body mass index
CEO	Chief Executive Officer
CEQ	Community Enterprise Queensland
COVID-19	Coronavirus disease pandemic
CQUniversity	Central Queensland University
DALYs	Disability-Adjusted Life Years
DTIS	Department of Tourism, Innovation and Sport
ECHO	Extension for Community Healthcare Outcomes
FAA	<i>Financial Accountability Act 2009</i>
FARM Committee	Finance, Audit and Risk Management Committee
FPMS	<i>Financial and Performance Management Standard 2019</i>
FTE	Full-time equivalent
GAICD	Graduate of the Australian Institute of Company Directors
GST	Goods and services tax
HHBs	Hospital and Health Boards
HHSs	Hospital and Health Services
HMNS	Human Movement and Nutrition Sciences
HWQld	Health and Wellbeing Queensland
HWQld Act	<i>Health and Wellbeing Queensland Act 2019</i>
ieMR	Integrated electronic medical record
ISSR	Institute of Social Science and Research, University of Queensland
IUIH	Institute for Urban Indigenous Health
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse
MEL-Framework	Monitoring, Evaluation, and Learning Framework
PhD	Doctor of Philosophy
PHN	Primary Health Networks
QCWA	Queensland Country Women's Association
QCYCN	Queensland Child and Youth Clinical Network
Queensland Health	Department of Health and HHSs, collectively
QUT	Queensland University of Technology
SEPP	Strategic Evaluation Prevention Program
SWHHS	South West Hospital and Health Service
UQ	The University of Queensland

References

References: Please contact HWQld for a reference list.

Compliance checklist

Summary of requirements		Basis for requirement	Annual report reference
Letter of compliance	A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	Pg ii
Accessibility	Table of contents	ARRs – section 9.1	Pg 1
	Glossary		Pg 46
	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
General information	Introductory Information	ARRs – section 10.1	Pg 3 to 5
Non-financial performance	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 16 to 17
	Agency service areas and service standards	ARRs – section 11.3	Pg 43
Financial performance	Summary of financial performance	ARRs – section 12.1	Pg 44
Governance – management and structure	Organisational structure	ARRs – section 13.1	Pg 15
	Executive management	ARRs – section 13.2	Pg 13 to 14
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3	Pg 8 to 9
	Public Sector Ethics	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	Pg 45
	Human Rights	<i>Human Rights Act 2019</i> ARRs – section 13.5	Pg 45
	Queensland public service values	ARRs – section 13.6	Pg 14

Summary of requirements		Basis for requirement	Annual report reference
Governance – risk management and accountability	Risk management	ARRs – section 14.1	Pg 12 to 13
	Audit committee	ARRs – section 14.2	Pg 12 to 13
	Internal audit	ARRs – section 14.3	Pg 45
	External scrutiny	ARRs – section 14.4	Pg 45
	Information systems and recordkeeping	ARRs – section 14.5	Pg 45
	Information Security attestation	ARRs – section 14.6	N/A
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1	Pg 44
	Early retirement, redundancy and retrenchment	<i>Directive No.04/18 Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	Pg 44
Open Data	Statement advising publication of information	ARRs – section 16	Inside front cover
	Consultancies	ARRs – section 33.1	https://data.qld.gov.au
	Overseas travel	ARRs – section 33.2	https://data.qld.gov.au
	Queensland Language Services Policy	ARRs – section 33.3	https://data.qld.gov.au
Financial statements	Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	Pg 74
	Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Pg 75

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2019*

ARRs *Annual report requirements for Queensland Government agencies*



Financial Statements

for the period ended 30 June 2022

Health and Wellbeing Queensland Financial Statements 2021-22

Contents	Page no.
Statement of Comprehensive Income	52
Statement of Financial Position	53
Statement of Changes in Equity	54
Statement of Cash Flows	55
Notes to the Financial Statements	56-73
Management Certificate	74
Audit Certificate	75-77

Health and Wellbeing Queensland

Statement of Comprehensive Income for the period ended 30 June 2022

	Notes	2022 Actual \$'000	2022 Original Budget \$'000	2022 Budget Variance* \$'000	2021 Actual \$'000
Income					
Revenue					
Grants and other contributions	4	39,948	45,929	5,981	38,633
Interest		143	-	(143)	139
Other revenue	5	-	-	-	12
Total Revenue		40,091	45,929	5,838	38,784
Total Income		40,091	45,929	5,838	38,784
Expenses					
Employee expenses	6	7,649	4,512	(3,137)	5,915
Supplies and services	7	5,555	41,417	35,862	3,176
Depreciation	12	48	-	(48)	24
Service Procurement	8	22,318	-	(22,318)	23,231
Other expenses	9	1,795	-	(1,795)	1,467
Total Expenses		37,365	45,929	8,564	33,813
Operating Result		2,726	-	(2,726)	4,972
Total Comprehensive Income		2,726	-	(2,726)	4,972

*An explanation of material variances is located at Note 20.

The accompanying notes form part of these statements.

Health and Wellbeing Queensland

Statement of Financial Position for the period ended 30 June 2022

	Notes	2022 Actual \$'000	2022 Original Budget \$'000	2022 Budget Variance* \$'000	2021 Actual \$'000
Current Assets					
Cash and cash equivalents	10	7,431	539	(6,892)	6,740
Receivables	11	385	23	(362)	142
Prepayments		147	-	(147)	47
Other Current Asset		-	65	65	-
Total Current Assets		7,963	627	(7,336)	6,929
Non Current Assets					
Property, plant and equipment	12	322	116	(206)	360
Intangible Asset	13	969	-	(969)	-
Total Non Current Assets		1,291	116	(1,174)	360
Total Assets		9,254	743	(8,510)	7,289
Current Liabilities					
Payables	14	901	163	(738)	1,688
Accrued employee benefits	15	220	145	(75)	195
Total Current Liabilities		1,121	308	(813)	1,883
Total Liabilities		1,121	308	(813)	1,883
Net Assets		8,133	435	(7,698)	5,406
Equity					
Accumulated surplus		8,133	435	(7,698)	5,406
Total Equity		8,133	435	(7,698)	5,406

*An explanation of material variances is located at Note 20.

The accompanying notes form part of these statements.

Health and Wellbeing Queensland

Statement of Changes in Equity for the period ended 30 June 2022

	2022	2021
	\$'000	\$'000
Balance as at 1st July 2021	5,407	435
Operating Result	2,726	4,972
Balance as at 30 June 2022	8,133	5,407

The accompanying notes form part of these statements.

Health and Wellbeing Queensland

Statement of Cash Flows for the period ended 30 June 2022

		2022 Actual	2022 Original Budget	2022 Budget Variance*	2021 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Grants and other contributions		39,948	45,929	5,981	38,633
GST collected from customers		-	-	-	57
GST input tax credits from ATO		531	-	(531)	2,374
Interest receipts		143	-	(143)	139
Other		1	-	(1)	7
<i>Outflows:</i>					
Employee expenses		(7,768)	(4,512)	3,256	(5,871)
Supplies and services		(6,465)	(41,417)	(34,952)	(1,651)
GST paid to suppliers		(608)	-	608	(2,468)
GST remitted to ATO		(0)	-	0	(58)
Service Procurement	8	(22,318)	-	22,318	(23,231)
Other		(1,795)	-	1,795	(1,462)
Net cash provided by operating activities		1,669	-	(1,669)	6,469
Cash flows from investing activities					
<i>Outflows:</i>					
Payments for plant and equipment		(10)	-	10	(268)
Payments for intangibles		(969)	-	969	-
Net cash used in investing activities		(979)	-	979	(268)
Net increase in cash held		690	-	(690)	6,201
Cash at beginning of financial year		6,740	539	(6,201)	539
Cash at end of financial year	10	7,430	539	(6,891)	6,740

The accompanying notes form part of these statements.

	2022 \$'000	2021 \$'000
Reconciliation of Operating Result to Net Cash from Operating Activities		
Operating surplus	2,726	4,972
Depreciation expense	48	24
Changes in assets and liabilities:		
Decrease in receivables	(243)	(120)
Decrease in prepayments	(99)	18
Decrease in payables	(788)	1,526
Increase in accrued employee benefits	25	50
Net cash provided by operating activities	1,669	6,469

*An explanation of material variances is located at Note 20.

The accompanying notes form part of these statements.

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2022

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: Intangible Asset and Amortisation expense

Note 14: Payables

Note 15: Accrued Employee Benefits

Section 4: Notes about Risk and Other Accounting Uncertainties

Note 16: Commitments

Note 17: Contingencies

Note 18: Events Occurring after the Reporting Date

Note 19: Financial Risk Disclosures

Section 5: Notes about our Performance Compared to Budget

Note 20: Budgetary Reporting Disclosures

Section 6: Other information

Note 21: Key Management Personnel (KMP) Disclosures

Note 22: Related Party Transactions

Note 23: Accounting Standards Early Adopted

Note 24: Future Impact of Accounting Standards Not Yet Effective

Note 25: Climate Risk Disclosure

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2022

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

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 2021.

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 2020-21 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.

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2022

3. Basis of Financial Statement Preparation (continued)

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 period ended 30 June 2022

	2022 \$'000	2021 \$'000
4. Grants and Other Contributions		
Grants from Government	39,948	38,633
Total	39,948	38,633

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
Sponsorship Received	-	6
Total	-	12

6. Employee Expenses

Employee Benefits

Wages and salaries	5,645	4,309
Annual leave levy	533	477
Long service leave levy	141	109
Employer superannuation contributions	745	555
Other Employee Benefits	18	16

Employee Related Expenses

Workers' compensation premium	46	21
Payroll tax	332	194
Other employee related expenses	189	234
Total	7,649	5,915

The number of employees as at 30 June 2022, including both full time and part time employees, measured on a full time equivalent basis (reflecting Minimum Obligatory Human Resource Information (MOHRI)).

	2022 No.	2021 No.
Full-Time Equivalent Employees	^55.05	44.05

^ FTE data as at 30 June 2022 (based upon the fortnight ending 1 July 2022)

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.

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2022

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 (the former Qsuper defined benefits categories now administered by the Government Division of the Australian Retirement Trust) 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 21.

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2022

	2022 \$'000	2021 \$'000
7. Supplies and Services		
Property rental	449	410
Employment agency staff	35	-
Information technology	139	23
Minor plant and equipment	34	256
Legal fees	158	136
Supplies and consumables	401	159
Consultants and contractors	3,350	1,748
Corporate service charges	480	308
Communications	496	126
Sundry expenses	13	10
Total	5,555	3,176

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	22,318	23,231
Total	22,318	23,231

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	15	14
External audit fees for the audit of financial statements ⁽¹⁾	23	22
Goods and services provided below fair value	-	5
Grants - Other	874	957
Sponsorships	883	299
Donations	-	170
Total	1,795	1,467

Audit Fees

(1) Total audit fees quoted by the Queensland Audit Office relating to the 2021-22 financial statements are \$23,400 (2020-21: \$22,500). There are no non-audit services included in this amount.

10. Cash and Cash Equivalents

Cash at bank	7,431	6,740
Total	7,431	6,740

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 period ended 30 June 2022

	2022 \$'000	2021 \$'000
11. Receivables		
Trade debtors	1	1
GST receivable	184	108
Long service leave reimbursements	54	2
Annual leave reimbursements	146	31
Total	385	142

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 19 for HWQld's credit risk management policies.

12. Plant and Equipment and Depreciation Expense

Closing Balance and Reconciliation of Carrying Amount

	Plant & Equipment (at Cost)		Total	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Gross (at cost)	402	392	402	392
Less: Accumulated depreciation	(80)	(32)	(80)	(32)
Total	322	360	322	360
Carrying amount at 1 July	360	116	360	116
Acquisitions	10	268	10	268
Depreciation expense	(48)	(24)	(48)	(24)
Carrying amount at 30 June	322	360	322	360

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2022

12. Plant and Equipment (continued)

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 Health and Wellbeing Queensland.

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

<i>Class</i>	<i>Rate%</i>
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, Health and Wellbeing Queensland 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.

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2022

13. Intangible Asset and Amortisation expense

Closing Balance and Reconciliation of Carrying Amount

	Work in Progress	
	2022 \$'000	2021 \$'000
Gross (at cost)	969	-
Less: Accumulated amortisation	-	-
Total	969	-
Carrying amount at 1 July	-	-
Acquisitions	969	-
Amortisation expense	-	-
Carrying amount at 30 June	969	-

Accounting policy

Expenditure on research activities relating to internally-generated intangible assets is recognised as an expense in the period in which it is incurred. Costs associated with the internal development of the intangible assets is capitalised per AASB 138 – Intangible Assets.

	2022 \$'000	2021 \$'000
14. Payables		
Trade and other creditors	170	80
Accrued other supplies and services	730	1,608
Total	901	1,688

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.

15. Accrued Employee Benefits

Salary and wages related	-	21
Annual leave levy payable	175	146
Long service leave levy payable	45	28
Total	220	195

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*.

16. Commitments

Non-cancellable Operating Lease Commitments

HWQld does not have any commitments as at 30 June 2022.

17. Contingencies

HWQld does not have any contingencies as at 30 June 2022.

18. 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 period ended 30 June 2022

19. 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 14 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 period ended 30 June 2022

20. Budgetary Reporting Disclosures

This section contains explanations of major variances between the Agency's actual 2021-22 financial results and the original budget presented to Parliament.

Statement of Comprehensive Income

		2022	2022	2022	2021
		Actual	Original	Budget	Actual
	Variance Notes	\$'000	Budget	Variance	\$'000
			\$'000	\$'000	
Income from Continuing Operations					
Revenue					
Grants and other contributions	1	39,948	45,929	5,981	38,633
Interest earned		143	-	(143)	139
Other revenue		-	-	-	12
Total Income from Continuing Operations		40,091	45,929	5,838	38,784
Expenses from Continuing Operations					
Employee expenses	2	7,649	4,512	(3,137)	5,915
Supplies and services	3	5,555	41,417	35,862	3,176
Depreciation		48	-	(48)	24
Service Procurement	4	22,318	-	(22,318)	23,231
Other expenses	5	1,795	-	(1,795)	1,467
Total Expenses from Continuing Operations		37,365	45,929	8,564	33,813
Operating Result from Continuing Operations		2,726	-	(2,726)	4,972
Total Comprehensive Income		2,726	-	(2,726)	4,972

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2022

20. Budgetary Reporting Disclosures (continued)

Statement of Financial Position

		2022	2022	2022	2021
		Actual	Original	Budget	Actual
	Variance Notes	\$'000	Budget	Variance	\$'000
			\$'000	\$'000	
Current Assets					
Cash and cash equivalents	6	7,431	539	(6,892)	6,740
Receivables		385	23	(362)	142
Prepayments		147	-	(147)	47
Other current assets		-	65	65	-
Total Current Assets		7,963	627	(7,335)	6,929
Non Current Assets					
Plant and equipment		322	116	(206)	360
Intangible assets	7	969	-	(969)	-
Total Non Current Assets		1,291	116	(1,174)	360
Total Assets		9,254	743	(8,510)	7,289
Current Liabilities					
Payables		901	163	(738)	1,688
Accrued employee benefits		220	145	(75)	195
Total Current Liabilities		1,121	308	(813)	1,883
Total Liabilities		1,121	308	(813)	1,883
Net Assets		8,133	435	(7,698)	5,406
Equity					
Accumulated surplus		8,133	435	(7,698)	5,406
Total Equity		8,133	435	(7,698)	5,406

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2022

20. Budgetary Reporting Disclosures (continued)

Statement of Cash Flows

		2022	2022	2022	2021
		Actual	Original	Budget	Actual
	Variance Notes	\$'000	Budget \$'000	Variance \$'000	\$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Grants and other contributions	8	39,948	45,929	5,981	38,633
GST collected from customers		-	-	-	57
GST input tax credits from ATO		531	-	(531)	2,374
Interest receipts		143	-	(143)	139
Other		1	-	(1)	7
<i>Outflows:</i>					
Employee expenses	9	(7,768)	(4,512)	3,256	(5,871)
Outsourced service delivery		-	-	-	-
Supplies and services	10	(6,465)	(41,417)	(34,952)	(1,651)
GST paid to suppliers		(608)	-	608	(2,468)
GST remitted to ATO		-	-	-	(58)
Service Procurement	11	(22,318)	-	22,318	(23,231)
Other	12	(1,795)	-	1,795	(1,462)
Net cash provided by (used in) operating activities		1,669	-	(1,669)	6,469
Cash flows from investing activities					
<i>Inflows:</i>					
Payments for plant and equipment		(10)	-	10	(268)
Payments for intangibles		(969)	-	969	-
Net cash provided by (used in) investing activities		(979)	-	979	(268)
Net increase (decrease) in cash held		690	-	(690)	6,201
Cash at beginning of financial year		6740	539	(6,201)	539
Cash at end of financial year		7,430	539	(6,891)	6,740

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2022

20. Budgetary Reporting Disclosures (continued)

Explanations of Major Variances

Statement of Comprehensive Income

- | | |
|--|--|
| 1 <i>Grants and other contributions:</i> | The reduction in original budget to actual of -\$5,981 (net) refers to the approved deferral of previous allocated funding from 2021-22 FY to 2024-25 FY. |
| 2 <i>Employee expenses:</i> | Increase in FTE budget resulting FTE increase from 2020-21 FY (44.05 FTE) to 21-22 FY (55.05 FTE) to implement new programs and projects during the FY. |
| 3 <i>Supplies and services:</i> | Decrease in the Supplies and Services budget line item related to identifying service procurement, depreciation and other expenses as separate line items in the budget. The increase in Supplies and Services expenditure from 2020-21 FY to 2021-22 FY is a result of increased FTE, increased operational expenses and associated project expenses. |
| 4 <i>Service Procurement:</i> | Increase in Service procurement due to identification as a separate line item in 2021-22 FY budget. This had previously been included in Supplies and Services line item. The increase in Service Procurement expenses from 2020-21 FY to 2021-22 FY relates to HWQld increasing partnerships and contracts. |
| 5 <i>Other expenses:</i> | Increase in Other expenses due to identification as a separate line item in the 2021-22 FY budget. This had previously been included in Supplies and Services line item. |

Statement of Financial Position

- | | |
|-----------------------------------|---|
| <i>Cash and Cash Equivalents:</i> | The increase in the Cash and Cash Equivalent from 2020-21 FY to 2021-22 FY is a result of the accumulated equity surplus to date. |
| 7 <i>Intangible Assets:</i> | Expenditure on research activities relating to an internally-generated intangible asset that has been commenced in 2021-22 FY. This is noted in Note 13 against Work In Progress. |

Statement of Cash Flows

- | | |
|--|--|
| 8 <i>Grants and other contributions:</i> | The reduction in original budget to actual of -\$5,981 (net) refers to the approved deferral of previous allocated funding from 2021-22 FY to 2024-25 FY. |
| 9 <i>Employee Expenses:</i> | Increase in FTE budget resulting FTE increase from 2020-21 FY (44.05 FTE) to 2021-22 FY (55.05 FTE) to implement new programs and projects during the FY. |
| 10 <i>Supplies and Services:</i> | Decrease in the Supplies and Services budget line item related to identifying service procurement, depreciation and other expenses as separate line items in the budget. Increase expenditure in Supplies and Services relates to increased FTE, increased operational expenses and associated project expenses. |
| 11 <i>Service Procurement:</i> | Increase in Service procurement due to identification as a separate line item in 2021-22 FY budget. This had previously been included in Supplies and Services line item. The increase in Service Procurement expenses from 2020-21 FY to 2021-22 FY relates to HWQld increasing partnerships and contracts. |
| 12 <i>Other expenses:</i> | Increase in Other expenses due to identification as a separate line item in the 2021-22 FY budget. This had previously been included in Supplies and Services line item. |

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2022

21. 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 2021-22. 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	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;
- non-monetary benefits - consisting of provision of vehicle together with fringe benefits tax applicable to the benefit.
- No performance payments were made during the financial year

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 Health and Wellbeing Queensland.

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2022

21. 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.

2021-22

Position	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses \$'000	Non-Monetary Benefits \$'000	\$'000	\$'000	\$'000	\$'000
Chief Executive Officer	262	5	6	32	-	305
Chief Operating Officer	200	-	5	21	-	226
Executive Director	198	6	5	23	-	232
Total Remuneration	660	11	16	76	-	763

2020-21

Position	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses \$'000	Non-Monetary Benefits \$'000	\$'000	\$'000	\$'000	\$'000
Chief Executive Officer	255	7	6	32	-	300
Chief Operating Officer	192	-	4	20	-	216
Executive Director (formerly General Manager)	194	7	4	21	-	226
Total Remuneration	641	14	14	73	-	742

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2022

21. Key Management Personnel (KMP) Disclosures (continued)

2021-22

Board Remuneration

Position	Terms		Total remuneration	Out of Pocket expenses
	Date of initial appointment	Date of cessation	\$'000	\$'000
Current Members				
Ms Clare O'Connor ^{^*}	20/11/2020		-	-
Mr Stephen Ryan [~] #	1/07/2019		19	-
Ms Stella Taylor-Johnson	1/04/2020		17	-
Ms Anna Voloschenko	1/04/2020		17	-
Professor Ian Lowe	1/04/2020		17	-
Ms Jane Williams [~]	1/04/2020		20	-
Mr John Lee ^{^%}	2/08/2021		-	-
Mr Shea Spierings	03/02/2022		7	-
Mr Shaun Drummond (as Acting Director-General, Department of Health) [^]	14/03/2022		-	-
Former Members				
Dr John Wakefield (Chair and Director-General, Department of Health)	7/09/2019	11/03/2022	-	-
Finance Audit and Risk Management Committee				
Christopher Johnson ^{^^}	2/07/2020		3	-
Total Remuneration			100	-

[^] Officer of the Public Service - non-remunerated

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

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

[%] This position is designated Chief Executive appointment for the Director-General, Tourism, Innovation and Sport

^{^^} Chair of Finance Audit and Risk Management Committee

[#] Deputy chair from 02/08/2021

2020-21

Board Remuneration

Position	Terms		Total remuneration	Out of Pocket expenses
	Date of initial appointment	Date of cessation	\$'000	\$'000
Current Members				
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	-
Former Members				
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	-	-
Finance Audit and Risk Management Committee				
Christopher Johnson ^{^^}	2/07/2020		3	-
Total Remuneration			94	-

[^] Officer of the Public Service - non-remunerated

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

^{*} 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

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2022

22. 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).

23. Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2021-22.

24. 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.

25. 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 2022 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.



Name: Dr Robyn Littlewood
Title: Chief Executive Officer

Date: 04/08/2022



Name: Mr Stephen Ryan
Title: Acting Board Chairperson

Date: 04/08/2022

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 Health and Wellbeing Queensland.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2022, 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 2022, 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 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 entity 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 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. This is not done for the purpose of expressing an opinion on the effectiveness of the entity's internal controls, but allows me to express an opinion on compliance with prescribed requirements.
- 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 the 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 2022:

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

Prescribed requirements scope

The prescribed requirements for the establishment and keeping of accounts are contained in the Financial Accountability Act 2009, any other Act and the Financial and Performance Management Standard 2019. The applicable requirements include those for keeping financial records that correctly record and explain the entity's transactions and account balances to enable the preparation of a true and fair financial report.



8 August 2022

David Adams
as delegate of the Auditor-General

Queensland Audit Office
Brisbane

*This page was intentionally
left blank.*

