

ANNUAL REPORT 2022–23



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 (HWQld) has no data to report in the 2022–2023 reporting period.

Public availability statement

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

Acknowledgement to Traditional Owners

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

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

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

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

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

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

We recognise and support the Queensland Government's 2022 Closing the Gap Implementation Plan, Queensland Government's *Reconciliation Action Plan 2023–2025*, and *Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033*.

Recognition of Australian South Sea Islanders

HWQld 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

HWQld 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. HWQld 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 HWQld 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



30 August 2023

The Honourable Shannon Fentiman MP
Minister for Health, Mental Health and Ambulance Services
Minister for Women
GPO Box 48
BRISBANE QLD 4001

Email: health@ministerial.qld.gov.au

Dear Minister Fentiman

I am pleased to submit for presentation to the Parliament the Annual Report 2022–2023 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 52-53 of this annual report.

Yours sincerely

Mr Stephen Ryan
Board Chairperson
Health and Wellbeing Queensland

making healthy happen

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

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Year in review

From the Board Chairperson

Health and Wellbeing Queensland's commitment to making real and measurable improvements to the health of every Queenslander is evident in the Health and Wellbeing Queensland Annual Report 2022–2023. I am particularly proud of the extensive achievements of HWQld during the 2022–2023 year, and I sincerely thank all those involved in making healthy happen.

I wish to thank The Honourable Dr Steven Miles MP, Deputy Premier, Minister for State Development, Infrastructure, Local Government and Planning and Minister Assisting the Premier on Olympic and Paralympic Games Infrastructure; The Honourable Yvette D'Ath MP, former Minister for Health and Ambulance Services; The Honourable Shannon Fentiman MP, Minister for Health, Mental Health and Ambulance Services and Minister for Women; and our Patron, Her Excellency, The Honourable Dr Jeannette Young PSM, Governor of Queensland, for their continued support of this incredible agency.

I also extend my thanks to the HWQld Board for their collaborated direction and guidance and especially Robyn and her team for their passion, dedication, and commitment to finding solutions that will advance the health and wellbeing of Queenslanders.

I continue to be impressed by what has been developed and achieved in such a short period of time. A real highlight for me this past 12 months has been the Health and Wellbeing Queensland Symposium held in November 2022. The event recognised the capability, passion and commitment of Queenslanders who are working hard to drive better outcomes for their communities. It showed what we have achieved, what our aspirations are into the future, and how by coming together to work in partnership, we can change lives.

In 2022–2023, HWQld consolidated its focus on driving systemic change to address the underlying determinants of chronic ill-health prevention, delivering strong results. We recognise that by uniting people, sectors, and communities to champion a positive health agenda starting with our children, we can achieve healthier outcomes for our future generations to lead a healthier life, no matter who they are or where they live.

This annual report highlights the diverse array of initiatives that deliver on HWQld's objectives to make healthy happen as detailed in the *Health and Wellbeing Queensland Strategic Plan 2020–2023* and specifically on our commitment to enable Queenslanders of all ages and abilities to move more and make healthier food and drink choices:

- HWQld's commitment to working together with diverse communities and priority population groups to ensure our activities are reflective of the needs and priorities of the communities we serve is evident in strategies, such as Gather + Grow 2023–2032, developed to improve remote food security throughout Queensland, especially in the far north.
- From Pick of the Crop which is now providing opportunities for school students to learn about and eat more vegetables and fruit, to the development of Podsquad, a play-based wellbeing program to make learning healthy habits fun, it's clear that our GenQ vision is at the forefront of our work.
- HWQld's commitment to improving nutritional food and drink options was highlighted through the launch of A Better Choice strategy to assist sports venues, clubs and hospitality venues to provide healthy food and drink choices and regional initiatives that included promoting healthy shopping in remote food stores.
- In supporting Queenslanders to move more, HWQld is delighted to partner with government agencies for activities such as regular Governor's Walks and ActiveKIT. Proudly delivered by the Queensland Government through HWQld, and the Department of Tourism, Innovation and Sport, ActiveKIT has provided \$7.5 million for inclusive physical activity since 2020.

Over the next year, HWQld is committed to consolidating its focus and we have an incredible range of initiatives and partnerships, in particular, the Health and Wellbeing Centre for Research Innovation, to achieve this. Through our initiatives, HWQld is also positioning Queensland to build a legacy of health and wellbeing benefits for the next generation of Queenslanders, when we host the Brisbane 2032 Olympic and Paralympic Games.

As a statutory body we also recognise our unique position to work both within the health system and across sectors to influence the multiple drivers of health and wellbeing. We also acknowledge and recognise the fundamental role of our community and government and nongovernment partners in helping us to achieve our purpose of driving systems change that addresses the preventable burden of disease for a healthier and fairer Queensland. Thank you for your care and dedication.

Mr Stephen Ryan
Chairperson of the Board

Year in review

From the Chief Executive Officer

Health and Wellbeing Queensland has been in business now for four years and I think the entire state of Queensland can be truly proud of what we have achieved together. We have been set up to support the healthcare system and reduce demand and pressure for our health partners. Our remit has always focused on reducing chronic disease through a strong prevention agenda and driving equity through everything we do. This is the strongest prevention agenda we have ever had in Queensland, and I want to start by thanking the people who got us here.

Firstly, I need to thank the people of Queensland for supporting this agenda, this can't work without the co-design, engagement, and participation of our community partners. Thank you to our colleagues across industry, government and community who have driven this agenda with us. A huge thank you to our funded program partners (10,000 Steps, Deadly Choices, My Health for Life, Queensland Association of School Tuckshops Healthier Tuckshops and Queensland Country Women's Association Country Kitchen) for their support, true collaboration and respect. Our model doesn't fund. We partner and this philosophy is shared by all we partner with.

A special thank you to our First Nations leaders, communities, families, and children who have participated in much of our work. Thank you for your respect, authenticity, and enthusiasm in driving good preventative health together for many of those communities who need it the most.

HWQld has incredible leadership starting with our independent, committed and highly skilled Board. I thank my Board Chair, Mr Stephen Ryan, for his exceptional governance, leadership, and dedication through the entirety of our existence. The individual board members continue to provide the organisation with solid, integrous and well considered advice throughout all we do and I want to congratulate each and every single one of them on how they conduct themselves and lead as a Board.

The Honourable Dr Steven Miles MP, Deputy Premier, Minister for State Development, Infrastructure, Local Government and Planning and Minister Assisting the Premier on Olympic and Paralympic Games Infrastructure, who was instrumental in the establishment of Health and Wellbeing Queensland, continues to provide support and guidance to the organisation since our establishment and I want to personally thank him for that ongoing support. Thank you to the Honourable Yvette D'Ath MP, who supported the organisation throughout her tenure as Minister for Health and Ambulance Services and also to the Honourable Shannon Fentiman MP, Minister for Health, Minister for Mental Health and Ambulance Services and Minister for Women, who has supported us through her initial phases of leadership of the portfolio this year with such enthusiasm and engagement.

One of the greatest assets this organisation enjoys is the support of a truly active and supportive Patron, the Governor of Queensland, Her Excellency, The Honourable Dr Jeannette Young PSM. Dr Young should be so proud of the work of HWQld as it simply continues from her leadership as Queensland's Chief Health Officer and her relentless pursuit of a strong prevention agenda. Without this preceding legacy, this organisation would not have the visibility, credibility, or status which it enjoys today. We stand on the shoulders of giants and Dr Young is one of those who we appreciate so much.

Since establishment, we have enjoyed a stable executive leadership team. I thank Gemma Hodgetts and Mark Tuohy for the culture they create and support, the countless hours and personal sacrifice they make to ensure this organisation provides a highly supportive prevention agenda for the people of Queensland. To our directors and all staff at HWQld, I can't thank you enough for the work you do including all the (often) invisible work behind the scenes you drive to ensure we do the right work for Queenslanders, especially those who need it the most. You are the right workforce, the right people and you drive the right agenda for the right reasons. I couldn't ask for better support and I thank you genuinely so much for what you do each and every day.

This year has been about impact. Specifically, in four areas, which collectively can start to shift the dial in health outcomes. These include:

1. **Obesity** – through our leadership in the development of a Making Healthy Happen Strategy for government consideration in response to the *National Obesity Strategy 2022–2032*
2. **Food Security** – through development of our Gather + Grow 10-year Food Security Strategy for government consideration
3. **Equity** – through ongoing development of the first Queensland Equity Framework
4. **Clinical Prevention** – through strong partnership with Queensland Health, General Practitioners (GPs) and the Primary Health Networks (PHNs) to support the health system more broadly.

The impact and outcomes documented through this report have been achieved through partnerships and leveraging networks.

I want to pay particular homage to some key achievements and outcomes from this past year as these have all contributed to our success in 2022–2023:

- Starting with our Symposium in November 2022, where 400 guests attended the launch of our GenQ program of work. This was the first time Queensland data was used to predict life expectancy in this state and has started shaping our four priorities and strategies for investment.
- The *A Better Choice* Expo followed in 2023, with some brilliant discussions regarding how to create a truly healthier village in many parts of our environment including schools, healthcare settings and sports clubs.
- Our partnership with the Outdoor Media Association produced an effective Healthy Returns campaign, across 607 sites, leveraging \$8 million in positive, visible messaging across Australia that otherwise wouldn't be there.

- The establishment of our Research Advisory Committee and establishment of our GenQ Grants Program experienced 177 applications from across Queensland. I thank our incredible Research Advisory Committee and our Research Advisory Committee Chair, Ms Helen Darch, OAM, who continues to drive better outcomes and reach nationally for our work. In addition, to all our wonderful research partners, including our partnership with the University of Queensland Health and Wellbeing Centre for Research Innovation, thank you for your support and allowing us to be involved and leverage in successful research grants.
- The ever-popular Governor's Walks saw over 600 Queenslanders walk through the beautiful grounds of Government House and enjoy conversations with the Governor whilst boosting their own wellbeing as they walked.
- The support of the incredible 2022 Murri Carnival which saw over 40,000 Queenslanders enjoying physical activity, with no access to sugar, alcohol, soft drinks throughout the event (and nobody cared). It is simply the happiest place on earth, and I thank our friends at Deadly Choices, the Arthur Beetson Foundation and the Department of Tourism, Innovation and Sport for allowing us to help celebrate such an achievement for Queensland, and a sustainable event that will live on long term.
- The sponsorship of the 2km and 4km Junior Dash children's events at the Gold Coast Marathon which supported over 1000 children and young people, while the Bridge to Brisbane event saw over 25,000 people to again enjoy physical activity, acquiring the benefits of it and having fun at the same time.

A special thank you for our partnerships across the Arts sector, government partners and our national health promotion partners who have certainly had a big impact in our work and ensured we have achieved a solid, relevant agenda with exceptional outcomes.

As an organisation, we believe the work we're driving will improve the lives of all Queenslanders and most importantly the lives of the next generation.

- We want to drive health outcomes and legacy for 2032.
- We want to drive better wellbeing for all communities, for all sectors and for all Queenslanders.
- We want to drive down obesity rates, chronic disease rates and impact on equity.
- Every child has the right to good health in Queensland. We are relentless at getting there.

Dr Robyn Littlewood
Chief Executive Officer

Message from our Patron



GOVERNOR OF QUEENSLAND

Message from the Governor of Queensland

As Governor and Patron of Health and Wellbeing Queensland, I welcome this opportunity to note some of the organisation's many achievements of the past year.

I have been pleased to see a continuation of the State's already strong exercise and wellbeing ethic, with so many people seeking to lead healthier, more active lifestyles, against a seemingly opposite trend in many parts of the world.

Queenslanders are becoming better informed about how to reduce their risk of disease and other health problems, and more empowered to improve their physical and mental wellbeing. I think much of the credit for this is owed to Health and Wellbeing Queensland for its hard work and persistence in achieving your objectives of promoting a healthier population and lowering the disease cost burden to the State.

I made a pledge to Queenslanders at my swearing-in, to promote health and wellbeing among Queenslanders. I did this knowing I could count on your organisation for its partnership and support. Together in the past year, we have hosted seven community bushland walks at the Fernberg Estate, welcoming thousands of community members, partner organisations and supporters through the gates. Along the way, we've promoted such important events as International Youth Day, R U OK Day, World Health Day, and International Women's Day.

For me, another highlight of the year was presenting a welcome address at the inaugural Health and Wellbeing Queensland Symposium. I am strongly committed to the key messages around changing behaviours and ensuring our future generations live a healthier life. And I helped to launch Dance Moves, a partnership with the Queensland Ballet and Arthritis Queensland, offering an innovative online program to help people regain movement and strength through dance.

Having initially been involved in the establishment of Health and Wellbeing Queensland, during my time as Queensland's Chief Health Officer, I could hardly have imagined better stewardship and better results from your endeavours. I look forward to continuing our work together.

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

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

About HWQld

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 prevention agency, committed to creating a healthier and fairer future for Queensland. Our priority is to work with the Queensland health system to reduce the impacts of chronic disease, especially for those who unfairly experience poorer health due to circumstances that are out of their control.

We know that shifting the focus towards improving health and wellbeing, as well as optimising healthcare, is critical to creating a healthier and more sustainable future. 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. We are committed to working in partnership across government, communities, and other sectors to address the underlying factors that drive chronic ill-health through collaborative, evidence-based and community-focused action.

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 action and policy to elevate prevention.

HWQld works in partnership with Hospital and Health Services (HHSs), PHNs, other government agencies, as well as community leaders and groups, not-for-profits, business, industry, and universities to reduce the impacts of chronic disease especially for those who unfairly experience poorer health due to circumstances that are out of their control.

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 vision and purpose

Our vision is Generation Queensland (GenQ) – an intergenerational opportunity to improve the health and wellbeing of Queenslanders, especially our kids. GenQ is for every child, no matter where they live.

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.

Our principles include everyone, innovative, collaborative, ambitious and bold.

Lifestyle related behaviours are influenced by a complex mix of factors embedded into everyday life. It can also be difficult to respond to the diverse needs of a geographically dispersed population which require different solutions for different communities. To address this, the right factors need to be carefully selected to maximise impact, so HWQld engages with many sectors and works to drive systemic change across policies, practices, networks, and mindsets to address the underlying determinants of chronic ill-health.

We leverage our unique position as a statutory body to partner with government, service providers, communities, and other sectors to drive collaborative, evidence-based and community-focused action.

The Future

There are many opportunities to strengthen the way HWQld achieves the objectives of the *Health and Wellbeing Queensland Act 2019* and its remit. Although challenged by system and acute health pressures, HWQld can utilise its agility as a statutory body to create positive disruption across systems for population benefit, challenge traditional thinking and elevate prevention through national reform agendas and the Brisbane 2032 Olympic and Paralympic Games Legacy Program.

Throughout the 2022–2023 reporting period, HWQld has undertaken significant consultation with internal stakeholders and key external stakeholders to develop a new strategic plan to 2027. The new objectives will address the drivers of inequity; champion prevention; connect systems, sectors and communities; and harness evidence and innovation to create a thriving and sustainable organisation. This will require innovative performance measures and funding models and require careful management of our resources.

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 no more than 10 members comprised of:

- at least one and not more than four chief executive officers (Directors-General) of government departments
- at least one and not more than 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.

Health and Wellbeing Queensland Board	
Act or instrument	<i>Health and Wellbeing Queensland Act 2019</i>
Functions	HWQld is governed by a board appointed by the Governor in Council.
Achievements	<ul style="list-style-type: none"> • Welcomed reappointments of board members • Welcomed Mr Andrew Hopper to the board in the ex-officio appointment of Director-General, Department of Tourism, Innovation and Sport • Approved the 2022–2023 Budget • Approved GenQ Grants Program • Approved Pick of the Crop expansion to another 140 schools • Approved Deadly Choices Dolphins National Rugby League partnership • Monitored HWQld's four key GenQ strategic priorities • Monitored development and implementation of the Strategic Plan 2023–2027 • Monitored launch of Podsquad • Monitored and endorsed the HWQld Reflect Reconciliation Action Plan • Monitored the Prevention Program Investment Review Process. • Attended Australian Institute of Company Directors' Breakfast on Environmental, Social and Corporate Governance

Health and Wellbeing Queensland Board

Financial reporting	<p>The Finance, Audit and Risk Management Committee (FARM Committee) provides independent advice, assurance and assistance to the HWQld Board in the areas of risk, control, audit, performance management and compliance frameworks.</p> <p>A financial report is provided for discussion at each board meeting to enable members to fulfil their responsibility to approve annual budget and financial plans, monitor financial performance including approval of annual financial reports. A communiqué is provided to the board after each FARM Committee meeting.</p> <p>The HWQld Board acts in accordance with the <i>Financial Accountability Act 2009</i> and adheres to the <i>Financial and Performance Management Standard 2019</i> and contributes to the Queensland Health budget and service delivery statements.</p>
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Remuneration

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Chairperson and Member	Mr Stephen Ryan	6	\$35,000 per annum	\$2,000 per annum	\$39,000
Director-General Member and Deputy Chairperson	Mr Andrew Hopper	5	Not applicable as chief executive	Not applicable	Not applicable
Director-General Member, and Deputy Chairperson	Mr John Lee	1	Not applicable as chief executive	Not applicable	Not applicable
Director-General Member	Ms Clare O'Connor	5	Not applicable as chief executive	Not applicable	Not applicable
Director-General Member	Mr Shaun Drummond	6	Not applicable as chief executive	Not applicable	Not applicable
Member	Emeritus Professor Ian Lowe	6	\$15,000 per annum	Not applicable	\$15,000
Member	Dr Shea Spierings	3	\$15,000 per annum	Not applicable	\$17,000
Member	Mrs Stella Taylor-Johnson	4	\$15,000 per annum	Not applicable	\$15,000
Member	Ms Anna Voloschenko	6	\$15,000 per annum	Not applicable	\$15,000
Member	Ms Jane Williams	6	\$15,000 per annum	\$2,000 per annum	\$19,000
No. scheduled meetings/sessions	Six board meetings were held during the reporting period being 24 August 2022, 19 October 2022, 28 November 2022, 15 February 2023, 27 April 2023, 22 June 2023				
Total out of pocket expenses	N/A				

Board members

Acting Chairperson and Deputy Chairperson:	Mr Stephen Ryan
Appointed:	1 July 2019
Current term:	1 April 2020 to 30 June 2023
Deputy Chairperson:	2 August 2021 to 11 August 2022

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 had 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 also the Chairperson and a Director of the Residential Tenancies Authority Queensland and an ex-officio 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 as the Chairperson and Deputy Chairperson.

Director-General member:	Director-General, Department of Tourism, Innovation and Sport (ex-officio) and Deputy Chairperson
Appointed:	1 July 2021
Current term:	2 August 2021 to 30 June 2023
Current office holder:	Mr Andrew Hopper from 10 September 2022
Deputy Chairperson:	11 August 2022 – current

As Director-General, Department of Tourism, Innovation and Sport, Mr Hopper is leading the Government's objectives to drive economic growth and support jobs through strengthening and growing the state's tourism and innovation sectors. Through grant funding, infrastructure and planning, major events, world-class venues, and support for the state's elite athletes via the Queensland Academy of Sport, Mr Hopper is leading government support of Queensland's success in sport and active recreation. Mr Hopper has enjoyed a highly successful career in government, tourism, sport and major events. He has extensive experience in sports administration, operations, governance, asset management and venue leasing, 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 Hopper attended all board meetings held during the term of his ex-officio appointment. Meeting attendance of the former ex-officio office holder, Mr John Lee, is addressed in the former members section.

Director-General member:

Director-General, Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (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 Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts on 18 May 2023. Ms O'Connor has previous experience in Director-General positions, having served in three other departments, including most recently, Communities, Housing and Digital Economy and also led the delivery of the National Disability Insurance Scheme to Queensland. Ms O'Connor has a Bachelor of Arts and Master of Arts in Public Sector Leadership and extensive experience in community and disability services as well as progressing other transformational social service reforms.

- Ms O'Connor attended five of six 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

Mr Drummond has worked in the health system for more than 20 years as a Chief Executive and Chief Operating Officer. During his career, he has worked in the public health system in New South Wales, Victoria, Queensland and New Zealand and has a professional background 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, Acting Director-General in March 2022 and then Director-General in October 2022.

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

Member:	Emeritus Professor Ian Lowe AO
Appointed:	1 April 2020
Current term:	11 August 2022 to 30 June 2026

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

- 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. Dr Spierings is also a non-Executive Director for 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 attended three of six board meetings held during the reporting period.

Member:	Mrs Stella Taylor-Johnson
Appointed:	1 April 2020
Current term:	11 August 2022 to 30 June 2026

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 four of six board meetings held during the reporting period.

Member:	Ms Anna Voloschenko
Appointed:	1 April 2020
Current term:	11 August 2022 to 30 June 2026

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 relating 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.

Former member

Deputy Chairperson and Director-General member:
Director-General, Department of Tourism, Innovation and Sport (ex-officio)

Former office holder: Mr John Lee

Meetings attended: 3

Mr Lee was the Director-General, Department of Tourism, Innovation and Sport, until resigning on 9 September 2022.

- Mr Lee attended one board meeting held during the period of his ex-officio appointment.

Finance, Audit and Risk Management Committee

The Finance, Audit and Risk Management Committee (FARM Committee) is a subcommittee of the HWQld Board. Members are appointed by the Board with membership consisting of a minimum of three and not more than five members. Representatives from the Queensland Audit Office and the Queensland Government Corporate Administration Agency are also invited to each meeting to provide updates on external and internal audit activities.

The FARM Committee has completed their third year of membership. The FARM Committee met three times during the reporting period, with both meetings offered in-person and virtually.

Finance, Audit and Risk Management Committee

Act or instrument *Finance, Audit and Risk Management Committee Charter*

Functions The role of the FARM Committee is to provide independent advice, assurance and assistance to the HWQld Board in the areas of:

- Risk, control, audit, performance management and compliance frameworks.
- The Board's external accountability responsibilities as prescribed in the *Financial Accountability Act 2009*, the *Statutory Bodies Financial Arrangements Act 1982* and the *Financial and Performance Management Standard 2019*.

Achievements

- Endorsed the 2022–2023 financial statements
- Endorsed the management of information security including cyber security maturity
- Endorsed progress on the Internal Audit Charter and 2022–2023 Internal Audit Plan
- Monitored the External Audit Plan
- Monitored the Risk Register
- 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	\$3,000 per annum	Not applicable	\$3,000
Member	Mr Stephen (Steve) Ryan	3	\$2,000 per annum	Not applicable	*\$4,000
Member	Ms Jane Williams	3	\$2,000 per annum	Not applicable	*\$4,000
No. scheduled meetings/ sessions	Three meetings were held during the reporting period being 19 July 2022, 17 November 2022, 15 March 2023.				
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. He 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, Chair of the Department of Housing Audit and Risk Committee, a member of the Department of Energy and Public Works Audit and Risk Committee and is a past Chair of Queensland Health's Audit and Risk Committee.

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

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

**Mr Ryan attended all 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 (CEO) reports directly to the board and directs the overall efficient, effective and strategic direction of HWQld. The CEO is responsible for the day-to-day administration of HWQld, including management and performance of the CEO's functions in accordance with the HWQld Act. Dr Littlewood was appointed pursuant to section 32 of the HWQld Act by the Governor in Council, with the approval of the 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 nutrition and obesity prevention, and is an experienced leader, researcher, academic and educator. Dr Littlewood believes every Queensland 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 Bachelor of Science Undergraduate Degree from The University of Queensland (UQ), 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 UQ, a Master of Business Administration from James Cook University and is a graduate of the Australian Institute of Company Directors (GAICD).

Prior to commencing as CEO, Dr Littlewood was a member of the inaugural interim HWQld Board and held director roles in health services research and dietetics at the Queensland Children's Hospital, Children's Health Queensland Hospital and Health Service. 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 and Conjoint Associate Professor in Nutrition, Human Movement and Nutrition Science at UQ, converting to an Adjunct Professor prior to her commencement as Chief Executive. Dr Littlewood was also a Board Director with Dietitians Australia (Dietitians Association of Australia at the time) and was 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.

In 2023, Dr Littlewood was awarded the Barbara Chester Memorial Award. The award is presented to a Dietitians Australia Queensland branch member in recognition of their outstanding contribution to the profession of dietetics in Queensland. It honours the late Barbara Chester who was the driving force behind establishing the Queensland Branch of Dietitians Australia.

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 (GAICD) and has extensive experience in governance and compliance in a government and health context. In August 2021, Mr Tuohy was invited to join QUT as Visiting Fellow in the Faculty of Business and Law, School of Economics and 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 policy, 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 was invited to join UQ as Adjunct Senior Fellow in the Faculty of Health and Behavioural Sciences. Ms Hodgetts is a graduate of the Australian Institute of Company Directors (GAICD).

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 dietitians, public health nutritionists, nurses, 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 adjust our workforce to meet our needs.

As at 30 June 2023, HWQld had an establishment of 55.55 full-time equivalent (FTE) positions, with a head count of 62 people including full-time, part-time and temporary employees. The HWQld workforce profile has expanded from establishment and planning in 2019–2020 to the present focus of implementation delivery.

HWQld's workforce is primarily permanent with 63 per cent of FTEs employed in permanent roles and 37 per cent of FTEs employed on a temporary basis. Women make up 84 per cent of managerial positions (being positions at or above Administration Officer 7 level).

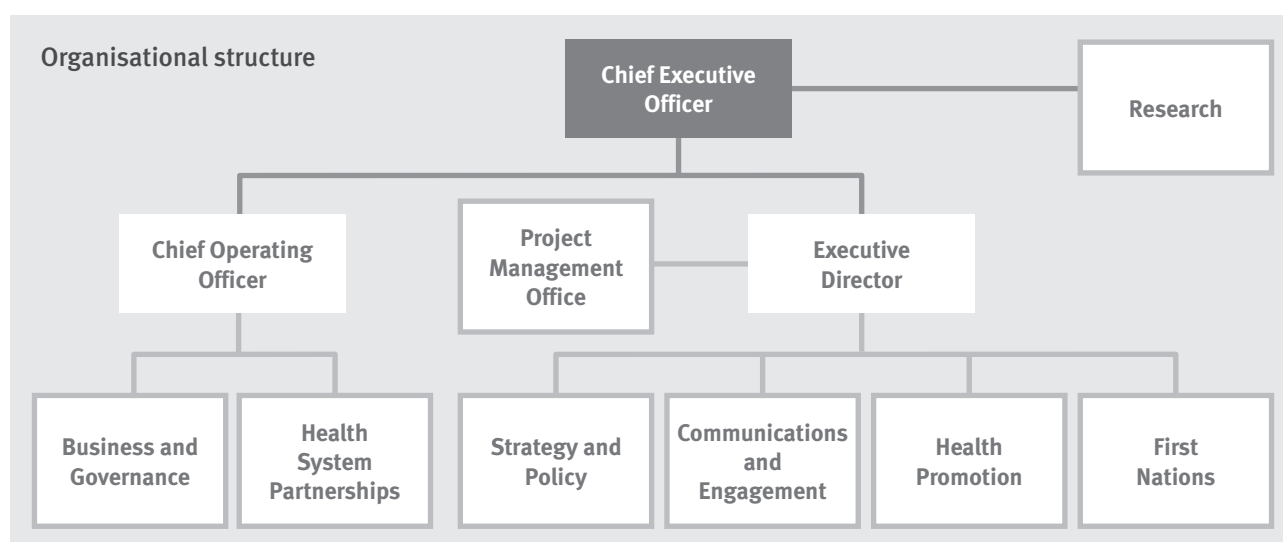
**MOHRI FTE data for fortnight ending 30 June 2023.*

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

Seven 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** – ensuring the optimal delivery of contemporary corporate services across HWQld, including financial and human resource management, contract and procurement management, information and knowledge management and support to the Board.

- **Health System Partnerships** – driving a clinical prevention agenda through the health system to support integration of chronic disease prevention in Queensland's health system using integrated models of care, leveraging community infrastructure including statewide prevention programs, digital support, education and training underpinned by research and evaluation.
- **Research** – facilitating the creation and application of a robust research evidence base coupled with a systems-based approach to inform policy, programs and investment, to generate a positive impact and improve population health and reduce health inequities in Queensland.
- **Strategy and Policy** – providing policy research, advice and implementation that enables the organisation and its partnerships to deliver effective, measurable and sustainable system-wide impact.
- **Communications and Engagement** – leading contemporary and strategic marketing, communication and engagement activities 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.
- **Health Promotion** – developing and implementing obesity prevention strategy and actions, creating healthy food and physical activity environments and working with schools and communities to empower them to increase opportunities for healthy eating and physical activity.
- **First Nations** – driving the health and wellbeing agenda with First Nations Queenslanders to overcome the inequities often experienced by the community.
- **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.



Why a generational shift?

Queensland has the highest population growth rate in Australia at 2.2 per cent, with an estimated population of approximately 5.3 million (5,354,800) in 2022¹.

- In 2022, almost two-thirds (61.9 per cent) of Queensland adults were overweight (34.4 per cent) or obese (27.5 per cent), based on self-reported height and weight². Chronic conditions make up 85 per cent of the total burden of disease in Australia³ and contribute to nearly nine in 10 deaths³. Already, half of Australians live with at least one chronic disease⁴.
- From 2004 to 2021, the percentage of adults consuming five or more serves of vegetables daily decreased by 19.5 per cent, with only 7.4 per cent of Queensland adults in 2021 meeting this daily recommendation. The rate of change varied by age group and socioeconomic status. Very few Queensland children (2.8 per cent) ate the recommended daily serves of vegetables (although one-quarter, 24.3 per cent ate three or more serves of vegetables), with recommended consumption prevalence decreasing by 44.1 per cent⁵.
- Positively, the percentage of adults meeting the guidelines for sufficient physical activity increased by 28.1 per cent from 2004 to 2012. There has been a significant increase of 15.6 per cent from 2011 to 2022 in the number of Queensland children meeting or exceeding the recommended amount of physical activity⁵.

Population sub-groups

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 Aboriginal and Torres Strait Islander peoples experience higher rates of illness, hospitalisation and premature death compared to other Australians⁶.

In the Aboriginal and Torres Strait Islander population, 65 per cent of deaths occur before 65 years of age compared to 19 per cent in the non-Indigenous population⁷. In 2016, there were approximately 221,000 Aboriginal and Torres Strait Islander peoples living in Queensland, representing 4.6 per cent of the Queensland population. This makes Queensland's population of Aboriginal and Torres Strait Islander peoples the second largest after New South Wales, and the second highest proportion after the Northern Territory⁸.

Through understanding the data, we can respond to the physical, economic, political, commercial, social and cultural determinants of health by working across sectors and population groups to shift systems that prevent, reduce and treat obesity and reduce health inequities.

HWQld are working to make healthy happen with environment, empowerment and early intervention actions to support breastfeeding, healthy eating and physical activity in schools, early childhood education and care services, sport and recreation facilities, transportation networks, retail stores, workplaces and local neighbourhoods.

The cost to the health system

Almost half (47 per cent) of Queenslanders have reported they have one or more chronic conditions, representing an increase of 40 per cent in the decade between 2007–2008 and 2017–2018, according to the latest data⁹. Overweight and obesity are among the leading risk factors, accounting for 8.4 per cent of the total burden in Disability-Adjusted Life Years nationally in 2015¹⁰.

Obesity is costing the Queensland health system \$756 million per year¹¹. Queensland leads the way in tackling the nation's obesity crisis¹¹. We are working with the health system through innovative models of care, digital integration, filling care gaps and education and training informed by data and evidence.

Under the most conservative projections, the rates of childhood overweight and obesity would have to be halved from the prevalence rate of 24.9 per cent (National Health Survey 2017–2018) to restore life expectancy to that expected by a child born in Queensland in the 1970s⁷.

The impact of obesity on the life expectancy of the next generation of Queenslanders

One in four Queensland children live with overweight and obesity¹². Obesity rates are double in children from the lowest socioeconomic areas compared with the highest¹³. Evidence indicates that 90 per cent of children who are overweight or obese, will be overweight or obese in adulthood¹⁴.

New Queensland research suggests that if we keep doing the same, it is very likely that we will have a fall in life expectancy for the first time in more than 100 years. If nothing is done to reverse obesity rates, life expectancy for children born in the decade from 2023 could drop by up to 4.1 years in the general population and Aboriginal and Torres Strait Islander children could lose up to 5.1 years, potentially widening the life expectancy gap between Aboriginal and Torres Strait Islanders and non-Indigenous Queenslanders⁷.



HWQld's bold vision is for GenQ (<https://hw.qld.gov.au/gen-q/>) which aims to create a positive and lasting generational shift towards better health and wellbeing for all Queenslanders, with a particular focus on children and young people.

GenQ vision was unveiled on 2 November 2022 at the inaugural Health and Wellbeing Queensland Symposium with more than 400 attendees from government, academia, industry and the health sector.

GenQ encompasses four key strategies and a suite of supporting activities designed to reduce inequities across the system and improve the lives of future generations including:

- **Making Healthy Happen 2023–2032:** a draft strategy for preventing obesity in Queensland, informed through extensive consultation with 1300 individuals and organisations, with the goal of changing systems to prevent, reduce and treat obesity.
- **Gather + Grow 2023–2032:** a draft strategy that aims to improve food security through community-driven solutions at individual, family, community, and system levels and will prioritise local food production, logistics and supply chain, healthy housing, and healthy communities.
- **Queensland Equity Framework:** a draft framework that aims to create a shared understanding of the underlying causes of inequitable social outcomes for Queenslanders and identifying the joined-up, systemic solutions needed for change.
- **Queensland Clinical Prevention Framework:** a draft framework in development, that brings together stakeholders across the health continuum to establish a shared agenda for integrating prevention into primary, secondary and tertiary care.

The map (left) represents the locations of HWQld's activities and initiatives across Queensland in 2022–2023, strengthened by digital resources, media campaigns and social marketing.

HWQld's answer

Delivering a change to the lives of the next generation can only be achieved by working together across government, sectors, industry and community. HWQld invests in activities and partnerships which leverage the capacity, capability and experience of partners to achieve systems-oriented improvements and outcomes. We have created a vision for the next generation of children in Queensland.

The GenQ Vision is a connected, coordinated effort to collectively shift the systems that hold obesity, food insecurity and inequities in place. HWQld is focused on four priority areas and key strategies that will enable a response which is required to address the challenge and enable healthy weight and healthy living for all Queenslanders.

We are driving collective leadership and accountability through the coordination of cross-government governance groups supporting the development and delivery of our comprehensive, equity-informed policies, strategies and actions which reflect the voice of Queenslanders. These collaborative partnerships harness the knowledge, skills and resources to deliver innovative and creative initiatives with shared value. Community partnerships amplify the collective

voice of the most impacted stakeholders to co-design and deliver initiatives which are responsive to local context. Research partnerships foster prevention research and knowledge translation. HWQld's funded partnerships enable the delivery of prevention programs with broad reach and impact in promoting the health and wellbeing of Queenslanders.

By building and nurturing connections and synergies, our diversity of partnerships is harnessing collective power to address complex health and wellbeing challenges, amplifying the impact of prevention efforts and driving sustainable and transformative change for the improved health and wellbeing of Queenslanders.

1. Making Healthy Happen

- HWQld led significant consultation throughout the reporting period to develop drafts of the Making Healthy Happen 2023–2032 Strategy, the Making Healthy Happen Action Plan 2023–2026 and the Making Healthy Happen Measuring Change Framework for government consideration and working towards being launched during 2023–2024. Together they deliver a comprehensive plan to address obesity and ease the burden on the state's health system.
- The Making Healthy Happen 2023–2032 consultation draft (the consultation draft Strategy) adopts a whole-of-system approach to prevent, reduce and treat obesity. The consultation draft Strategy outlines the Queensland Government's response to the National Obesity Strategy 2022–2032 (NOS).

- The Making Healthy Happen Action Plan 2023–2026 consultation draft (the consultation draft Action Plan) outlines the partnerships and pathway of delivery for the Strategy across three ambitions (reflecting the NOS ambitions):
 - Creating supportive, sustainable, and healthy environments
 - Empowering people to stay healthy
 - Enabling access to prevention, early intervention, and supportive healthcare.
- The consultation draft Action Plan captures the Queensland Government's existing and planned commitments over the next three years for obesity prevention, including 40 actions to be funded and delivered by 12 lead government agencies and supported by a wide range of government and non-government stakeholders.
- The consultation draft Action Plan includes several pieces of work to improve the health and wellbeing of Queenslanders, including an action to reduce the promotion of unhealthy food and drinks (including alcohol) on Queensland Government advertising spaces.
- To achieve this, the consultation draft Action Plan includes the roll-out of the revised policy, Advertising Content on Queensland Government Advertising Spaces Policy and the associated policy guideline, Queensland Government Policy Guideline: Healthier food and drinks.
- Two more action plans will be developed to support Making Healthy Happen 2023–2032, including the Making Healthy Happen Action Plan 2026–2029 to deliver bold, transformational action, and the Making Healthy Happen Action Plan 2029–2032 to amplify and scale success.
- A Steering Committee, with a membership of lead Queensland Government agencies, has been established to guide the implementation and support delivery of the consultation draft Strategy and the consultation draft Action Plan through shared decision-making, accountability and cross-government coordination.
- The Making Healthy Happen Measuring Change Framework consultation draft (the consultation draft Framework) utilises the NOS targets as an initial set of indicators. HWQld will track these national targets in Queensland and work with key government partners to develop a comprehensive Monitoring, Evaluation and Learning Plan to include further indicators and consider alignment with Service Delivery Statement targets following the public release of the consultation draft Strategy and the associated documents.
- To ensure collective reflection, learning, and evaluation, a structured approach to monitoring and reporting will be implemented. This process will allow for adjustments to the consultation draft Strategy and action plans and enhance progress towards the desired outcomes over time.
- Annual progress reports will offer a snapshot of the ongoing work and the progress being made towards the targets. Regular updates will be shared with Queensland communities through the consultation draft Strategy's website, fostering transparency and engagement.
- The consultation draft Strategy, consultation draft Action Plan and consultation draft Framework were informed by extensive consultation with people living with obesity and key stakeholders across government, non-government organisations, health, social, tertiary and industry sectors.
- The development of the consultation draft Strategy and consultation draft Action Plan incorporated the insights of 1296 individuals and organisations gathered through a variety of means including workshops, webinars, focus groups and online surveys.
- HWQld also co-chaired the NOS working group, contributing to the identification of actions for Queensland that require a national approach and enabling collaboration on joint initiatives with other states and territories.
- To create systems change, Making Healthy Happen 2023–2032 will work to purposefully impact environments, including schools, workplaces, and communities that hold the drivers of obesity in place.

Healthy schools

Pick of the Crop expands

- The whole-school healthy eating program, Pick of the Crop (<https://hw.qld.gov.au/pick-of-the-crop/>) has now been implemented by HWQld for two years and provides Queensland primary school students with opportunities to learn about, taste and eat, more vegetables and fruit during the school day.
- In 2022–2023, a total of 84 primary schools from across four education regions participated in the program, reaching 16,901 students and staff. With the inclusion of the 84 schools, the cumulative number of schools that have participated in Pick of the Crop since January 2021 stands at 108.
- A total of 48 new schools joined the program in 2022–2023, with 17 schools currently in their second year and 20 schools in their third year of participation.
- Pick of the Crop expanded to more schools across more regions of Queensland, with schools invited from the Department of Education regions of South West and Darling Downs as well as expanded areas in North Queensland (Bowen and the Burdekin), North Coast (Bundaberg, Gladstone, Fraser Coast, Maryborough and Gympie) and the South East (Logan and Redlands).
- Schools received a total of \$254,000 in grant funding to support implementation of local School Action Plans 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.

- Four HWQld implementation partners hosted regional coordinators to engage and support local schools: Bowen Gumlu Growers Association; Bundaberg Fruit and Vegetable Growers; Darling Downs Health and Children's Health Queensland. South West Hospital and Health Service invested core resources to work with their local schools under a Memorandum of Understanding with HWQld.
- A key strength of Pick of the Crop is the flexibility for schools to tailor activities to meet the local needs, contexts and resources of their community.
- During the year, regional coordinators organised diverse activities and events, including:
 - Four workshops with celebrity chef Matt Golinski, held in partnership with Bundaberg Fruit and Vegetable Growers. Students, staff and parents from schools in Bundaberg and Hervey Bay participated, learning about and preparing food for healthy dinners and lunch boxes.
 - 11 Logan schools participated in a 'Mini farmers Day' organised by Children's Health Queensland, to celebrate farmers and teach students the origins of fresh food, with 26 boxes of fruit and veggies delivered to schools.
 - Eight schools in Bowen and the Burdekin joined a 'Fruity Fiesta' celebration at the end of Term Four, 2022. Local producers supported the event by donating fresh produce for schools to get creative in raising awareness of fruit with their students.
- Pick of the Crop continues to attract significant media attention, drawing interest from various local newspapers and news outlets across the regions.

Pick of the Crop impact and evaluation

- For the 2022 evaluation of Pick of the Crop, 38 schools provided data.
- The Pick of the Crop evaluation found 313 activities were implemented across five components such as: excursions to local farms, introducing mid-morning brain breaks with vegetables and fruit, school gardening activities and designing rich learning experiences across the curriculum.
- Schools reported improvements across all program success indicators, which strengthen the longer schools remain with the program:
 - Of the respondents, 64 per cent rated the food and nutrition lessons as good or excellent, compared with 28 per cent before the program.
 - Good and excellent ratings for the availability of vegetables and fruit on tuckshop menus increased from 27 per cent to 66 per cent.
 - For student knowledge about vegetables and fruit, ratings of good or excellent increased from 10 per cent to 56 per cent, and 96 per cent reported that knowledge continued to increase during the second year of participation. A similar trend was observed for student attitudes towards eating vegetables and fruit, where ratings of good or excellent increased from 14 per cent to 63 per cent, and 88 per cent reported that attitudes continued to improve.

- Teacher ratings of good or excellent for their confidence to deliver food and nutrition lessons increased from 37 per cent to 63 per cent, with 88 per cent reporting their confidence continued to increase during the second year of participating.
- Respondents indicated 89 per cent of students' consumption of vegetables and fruit at school had increased or greatly increased.
- Of all respondents, 71 per cent perceived Pick of the Crop as a high ongoing priority for their school.
- Staff shortages, particularly due to the impact of COVID-19, was identified as the greatest barrier that negatively affected the implementation of the program. Support provided by regional coordinators, grant funding and HWQld branding were the highest reported enablers for successful implementation.
- Support for schools and teachers continues to expand, with 43 resources now available on the program webpage. Additional information is shared on the program's closed Facebook page (with 135 members) or at school term network events. This has increased the number of page views and average time spent on the program webpage.
- Feedback from schools indicates the continued success of the Pick of the Crop program:
 - *"It has been so positive for our school but also for building relationships with local farmers and suppliers."*
 - *"We have had a review of our tuckshop menu to include more items out of our garden and to adjust the menu as we produce different produce."*
 - *"The children are eating more fresh vegetables on a daily basis from our gardens."*
 - *"One student and her brother, who are heavily involved in our garden, have started eating vegetables at home because of vegetables introduced to them through our school garden. They now bring cucumbers and carrots to fruit snack every day."*

Healthy food environments

A Better Choice

- A Better Choice (<https://hw.qld.gov.au/a-better-choice/>) is a comprehensive public health approach to improve access to healthy food and drink options in places outside of the home.
- 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.
- In 2022–2023, HWQld led the implementation and expansion of the A Better Choice Strategy to improve food environments in Hospital and Health Services (HHSs) and Sport and Recreation Facilities.

A Better Choice: Hospital and Health Services

- HWQld continued to support the implementation of A Better Choice in Queensland healthcare facilities for the second year.
- The Health Service Directive: Healthier food and drinks at healthcare facilities (the Directive) directs HHSs in the application of the A Better Choice approach, 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 with the Directive by 31 December each year. In 2022, around 75 per cent of vending machines and retail outlets met the target for stocking healthy 'Green' drinks and no 'Red' unhealthy drinks. Around 50 per cent of vending machines and retail outlets met the targets for healthy food (51 per cent and 45 per cent respectively).
- HWQld, in partnership with the Department of Health, is undertaking a review of the Directive that will include consultation with HHSs.
- In 2022–2023, HWQld invested \$198,808 to support implementation of A Better Choice, including:
 - Funding a project officer at Statewide Food Services within the Metro North Hospital and Health Service.
 - Providing access to FoodChecker, an online food and drink database and classification tool, delivered by Nutrition Australia Victoria.
- HWQld formed a partnership with the Centre of Research Excellence in Food Retail Environments (RE-FRESH) at Deakin University to trial and evaluate implementation support tools for health practitioners and retailers. The randomised control trial involves five HHSs and will be operational throughout 2023.

A Better Choice: Sport and recreation facilities

- The A Better Choice Food and Drink Supply Strategy for Queensland Sport and Recreation Facilities (the Strategy) supports local sporting clubs, recreation facilities and stadiums to create a better balance in the availability and promotion of healthier food and drink options.
- The Strategy was developed in partnership with the Department of Tourism, Innovation and Sport (DTIS) and co-designed with the state's sport and recreation sector.
- The co-design process involved in-depth consultation with state sporting organisations, local sporting clubs, sport and recreation facilities, stadiums and caterers, parents, spectators, and participants across Queensland¹⁵.
- Tips and resources for creating healthier food and drink environments focus on making small achievable changes across four areas: healthy drinks; healthy snacks; healthier meals; and options beyond the menu.

- The Strategy was launched at the inaugural A Better Choice Conference and Expo on 30 May 2023. The event brought together key decision makers from healthcare, sport and recreation, and schools to celebrate successes and discuss strategies for creating healthier food and drink environments. The event attracted 287 registrations (203 attending in person and 84 virtually), and 18 sponsors and exhibitors showcasing a wide array of healthy food and drink options and services.
- A suite of online resources is available to support clubs and venues to provide, promote and advertise healthier options (<https://hw.qld.gov.au/a-better-choice/sport-and-recreation/>).
- Following the launch, a stakeholder kit containing educational resources and marketing and promotional materials was distributed to over 70 state-level sporting organisations and peak bodies to share with clubs and venues across Queensland.
- A comprehensive implementation plan will be delivered during 2023–2024.

A Better Choice: 'Pick Me' promotion

- As part of A Better Choice, the 'Pick Me' promotion is helping customers to identify healthier options in settings where food and drink is available outside of the home.
- The 'Pick Me' promotion was one of several options tested in consumer focus groups and identified as the preferred option for display in venues.
- The campaign uses values-based messaging to market healthier options based on customer values, rather than putting the emphasis on an individual's food choice.
- The campaign was trialled during the Firebirds netball season from March to May 2023 at the Nissan Arena Brisbane, and three major hospitals, to understand its impact on purchasing decisions.
- Consumer insights were gathered from 252 Queenslanders through an on-site survey to understand the noticeability and impact of the resources of influencing purchasing behaviours.
- Feedback was also gathered from retail managers to understand the feasibility of displaying the resources long term.
- Data will be collated to inform future enhancements to the 'Pick Me' materials before they are disseminated widely to hospitals and sport and recreation venues wanting to participate in 2023–2024.
- In 2023–2024, the 'Pick Me' promotion will be circulated to hospitals and sport and recreation venues that have shown an interest in participating.

Consumer research: Eating out in Queensland

- In May 2023, HWQld published an Insights Report, 'Eating out in Queensland: Understanding the drivers behind food choice'. The report was based on market research in August 2022.
- In August 2022, HWQld surveyed 1255 Queensland adults about their attitudes to eating out-of-home at restaurants and cafes, sporting clubs and stadiums, school tuckshops and hospitals.
- The research found that 85 per cent of Queenslanders eat out at least once a month and more than 50 per cent believe it is important for healthier options to be available in out-of-home settings. The biggest barriers to ordering healthier options are perceived high costs (49–59 per cent), lack of availability (40–47 per cent) and the perception that healthier food does not taste good (24–28 per cent)¹⁶.

Healthy Kids Menu

- The Healthy Kids Menu (<https://hw.qld.gov.au/healthy-kids-menu/>) is a HWQld initiative to support hospitality venues to offer more healthy food and drink options for families with children dining out in Queensland.
- In 2022–2023, HWQld sponsored the Restaurant and Catering Industry Association Healthy Kids Menu Award for the third time. The Senior Director, Health Promotion, HWQld presented the Healthy Kids Menu Award to The Farm House café in Kedron.
- In sponsoring the award, HWQld branding reached 731 event attendees.

Healthy communities

- Place-based health promotion interventions are crucial for fostering the wellbeing of individuals and communities. By involving community members in decision-making processes and addressing local needs, these initiatives empower individuals to take ownership of their health. They promote equity by tackling health inequities and addressing social determinants of health.
- HWQld has continued to lead several community-based interventions that take a systems approach to behaviour change.

Do Your Thing (Bundaberg)

- Do Your Thing (<https://hw.qld.gov.au/blog/hwqresources/case-study-do-your-thing/>) is an initiative of the Building a Healthy Bundaberg Alliance, and is supported by HWQld, the Bundaberg Regional Council and the Department of Tourism, Innovation and Sport, in collaboration with other lead health organisations.
- Do Your Thing began in April 2021 and continued in 2022–2023 to reduce the rate of overweight and obesity in the Bundaberg region to below the national average by 2030.

- Do Your Thing improves the coordination, delivery and communication of programs and services related to nutrition, physical activity, mental health and social wellbeing throughout the region, encouraging community members of all ages to make healthy choices that work for them and to set personal health goals.
- A follow-up evaluation in January 2023 showed that Do Your Thing yielded positive outcomes in the Bundaberg region including:
 - Substantial increases in community engagement and participation in health initiatives.
 - Greater connections between programs that deliver services under the initiative.
 - Improved self-reported health among participants.
- The next phase of the program is in development and is aiming to embed the principles of Do Your Thing in the community to ensure its long-term sustainability and impact.

South West Hospital and Health Service

- HWQld has maintained its collaboration with the South West Hospital and Health Service (SWHHS) to foster joint efforts to promote a healthier South West region through improved nutrition, encouraging physical activity and addressing obesity.
- A Partnerships Outcomes report shared between HWQld and SWHHS documents the achievements of this collaboration and include:
 - 17 schools in the South West region are either approved or in the process of being approved to participate in HWQld's Pick of the Crop initiative.
 - In 2022–2023, there was 100 per cent compliance with the A Better Choice Strategy across the SWHHS (an increase from 20 per cent in the previous year).
 - The region's first 'My health for life' facilitator trained and delivered programs in the region.
 - A Project ECHO® clinical prevention series was delivered targeting healthy ageing and contributed to building the prevention capacity of South West clinicians.
 - Expanding engagement of the community in the 10,000 Steps program.
- The Bundaberg and South West initiatives have both demonstrated significant positive outcomes. To share these achievements with other communities and help put healthy choices within reach of all Queenslanders, HWQld has developed ConnectingQ.
- ConnectingQ is a practical network and digital platform to enable people to connect to, share with, and learn from others about creating active and healthy Queensland communities. It was co-designed in 2022 with more than 180 people across disciplines, sectors and regions of Queensland.

- HWQld has recently completed user testing across the platform to identify and correct any final issues with functionality and to contribute to building an enhancements log for future updates to the platform.
- Content curation for the digital platform continues, and includes the identification and upload of tools, resources, grants, case studies and networking events to maximise platform impact at launch.

Healthy workplaces

- Australians spend about one-third of their lives at work. This means that where they work, the type of work conducted, and the conditions of the work environment have the potential to affect their health and wellbeing. It also presents an opportunity for workplaces to support worker health and wellbeing. Healthier workplaces not only support individual health and wellbeing but also contribute to improved engagement, morale and productivity for the organisation.
- Building a healthy workplace means acting at an individual, organisational and environmental level, along with considering the impacts of good work design on employee wellbeing.
- In 2022, HWQld partnered with the Office of Industrial Relations' Healthy Workers Unit, to develop the Healthy Workplaces (<https://hw.qld.gov.au/healthy-workplaces/>) microsite on the HWQld website. This online resource provides a wealth of information and tools to promote health and wellbeing in the workplace. Leveraging existing work conducted by the Healthy Workers Unit, the microsite aims to empower organisations to enhance employee wellbeing, develop policies that foster a culture of wellbeing and create healthier work environments.
- HWQld also supports a range of programs that empower Queenslanders to live healthier lives by increasing capability, opportunity and motivation. These programs, including 10,000 Steps and My Health for Life, engage Queenslanders in a range of healthy behaviour opportunities that are relevant in the workplace setting.
- HWQld collaborates with Queensland Government agencies involved in workplace health, safety and wellbeing to create opportunities for collective impact. The Healthy Workplaces Community of Practice, led by HWQld, plays a key role in the partnership. It serves as a forum for senior leaders from key government agencies to connect, share information and discuss workplace health, safety and wellbeing, including legislation and good work design practices. The Community of Practice was established in 2021 and has continued across 2022–2023.
- In 2023–2024, HWQld will be expanding its A Better Choice Strategy to workplaces. A Better Choice supports Queenslanders to eat better by improving the availability and promotion of healthier food and drinks in public settings. Introducing the A Better Choice Strategy across workplaces will provide further support and evidence-based guidance to organisations looking to create healthier food environments.

Reducing health inequities

Agency partnerships

- Strong partnerships across government are fundamental to HWQld's success and ability to positively influence the systems that contribute to obesity and poor health outcomes for Queenslanders.
- These collaborations facilitate the sharing of resources, expertise and knowledge, leading to more efficient and effective delivery of services.
- Strong government partnerships have played a vital role in shaping the development of the draft Making Healthy Happen 2023–2032 Strategy and the draft Making Healthy Happen Action Plan 2023–2026 for government consideration.
- HWQld has also partnered with other agencies to actively participate in their cross-government strategies. HWQld leads specific actions within the Communities 2032 Strategy, Queensland Walking Strategy 2019–2029 and the Queensland Cycling Strategy 2017–2027 and associated action plans.
- HWQld continues to build on the robust partnership with the Department of Tourism, Innovation and Sport, specifically Sport and Recreation. This collaborative effort began in 2021 and is reinforced by a Memorandum of Understanding, which serves as a solid foundation for future endeavours. By working closely with Sport and Recreation, the HWQld and DTIS Shared Initiative Plan captures key achievements and planned initiatives resulting from the partnership. These include:
 - The implementation of Round 2 of the ActiveKIT program, building on the success of Round 1, with funding for both rounds totalling \$7.5 million. In Round 2, \$3.4 million was provided for 38 projects with the aim of promoting physical activity among a larger number of Queenslanders.
 - Extending the reach of the Do Your Thing initiative through the Building a Healthy Bundaberg Alliance. This partnership comprises HWQld, DTIS, the Bundaberg Regional Council and various local health organisations. Do Your Thing has engaged more than 20,000 community members through 500 events and activities involving 58 organisations or projects.
 - Launching the A Better Choice Food and Drink Supply Strategy for Queensland Sport and Recreation Facilities to support clubs and facilities to create a better balance in the availability and promotion of healthier options.
- By working together, government agencies can leverage their collective power to address challenges, promote sustainable development and enhance the overall wellbeing of Queenslanders.

ActiveKIT

- ActiveKIT is an example of a productive collaboration between HWQld and DTIS.
- The objective of ActiveKIT is to support innovative initiatives in the active industry to increase inclusive physical activity opportunities for Queenslanders and contribute to sector-wide resilience.
- Since 2020, ActiveKIT has provided \$7.5 million over two rounds of funding.
- In Round 1 of ActiveKIT, 39 initiatives were implemented during the 2021–2022 and 2022–2023 financial years and are now complete. Their outcomes are being shared to shape future funding rounds.
- Of the total \$4.1 million program investment in Round 1, HWQld co-invested \$1 million.
- In Round 2 of ActiveKIT, a further \$3.4 million in funding was provided to deliver 38 initiatives to get Queenslanders active now and into the future. HWQld's contribution to Round 2 was \$500,000.
- Round 2 aims to support the active industry, including start-ups or small to medium enterprises, to trial and implement innovative products or services that increase the physical activity of Queenslanders who are insufficiently active, by enabling opportunities for inclusive physical activity or flexible and social physical activity.
- All Round 2 projects will be completed by 30 June 2024 and an ActiveKIT Super Round will open in May 2024.
- Through this partnership, HWQld has supported the design, implementation, and evaluation of the Nashi (Nutrition and Skills Health Initiative) Research Project with TRACTION. The project was led by a PhD student from The University of Queensland under the supervision of the HWQld Chief Executive Officer and resulted in the 'Fuel Up' program.
- The Fuel Up program curriculum builds awareness, knowledge, and skills of the importance of food and nutrition for optimal physical and mental health, and as a foundation for learning. Program pilots were integrated and delivered within TRACTION's nine-week Bicycle Build program.
- This complementary program has provided TRACTION's young participants with the opportunity to learn about, prepare and enjoy nutritious food during the series of pilots. Evaluation of the pilot outcomes were highly encouraging and reinforced our belief in the effectiveness of community-based interventions for promoting healthier lifestyles.
- TRACTION programs are delivered across seven Local Government Areas including Brisbane, Redlands, Scenic Rim, Logan, Gold Coast, Moreton Bay and Ipswich, where the Fuel Up program now has the opportunity to reach more young people across South East Queensland.
- In the reporting period, TRACTION helped 286 young people.

TRACTION

- HWQld continued its partnership with TRACTION, a not-for-profit organisation dedicated to supporting vulnerable and at-risk young people, typically aged from 12 to 15 years, who are experiencing various social, health and life challenges affecting their engagement with education and communities.
- Their evidence-informed, hands-on learning and mentoring programs aim to enhance the participants' skills, confidence and resilience and rebuild their sense of wellbeing that they need to thrive.
- TRACTION's foundation Bicycle Build Program actively engages small groups of participants to construct and personalise their own bicycle projects which they then keep. The program provides the platform for practical teamwork and leadership skills development, to elevate a young person's confidence as a learner, resulting in a sense of accomplishment and empowerment.

2. Queensland Remote Food Security

- All Queenslanders deserve access to affordable, fresh and healthy food that meets their dietary needs and cultural preferences.
- Reliable access to nutritious food and the ability to safely store, prepare and consume it, is critical to a healthy diet. Without this, poor dietary intake increases the risk of chronic health issues such as overweight and obesity, diabetes, heart disease, and poor mental health and wellbeing^{17, 18}.
- In Queensland, food insecurity is compounded by geographical isolation and colonisation among other drivers of inequity. As a result, food insecurity disproportionately impacts those living in remote areas, particularly Aboriginal and Torres Strait Islander communities. Due to these challenges, food insecurity is experienced by least 31 per cent of Aboriginal and Torres Strait Islander peoples living in remote Australia¹⁹.
- Remote food insecurity is complex and requires systemic, concerted and collective effort across government. In response, HWQld is coordinating a whole-of-system response through Gather + Grow 2023–2032 and the Gather + Grow Action Plan 2023–2026.
- Gather + Grow 2023–2032 and the Gather + Grow Action Plan 2023–2026 will deliver a comprehensive approach to shift the barriers to remote food security, through co-leadership with Aboriginal and Torres Strait Islander communities and a dedicated focus on Queensland communities with the greatest capacity to benefit – those in Far North Queensland and the Lower Gulf.
- The Gather + Grow 2023–2032 Strategy and Action Plan 2023–2026 will deliver a multi-strategic response to food insecurity through four community-identified priority areas that will reduce systemic barriers and activate local solutions:
 - Optimising logistics and supply chain performance and resilience to ensure quality, affordable, healthy food is consistently available all year round.
 - Improving the accessibility and availability of healthy food by creating supportive settings for sustainable local food production.
 - Empowering healthy communities by building awareness, capability, and environments for good nutrition.
 - Supporting healthy homes that enable the utilisation of healthy food with reliable and functional health hardware (for example, food cooking and storage facilities).
- HWQld has honoured Aboriginal and Torres Strait Islander leadership and the lived experience of food insecurity in developing Gather + Grow 2023–2032 and the Gather + Grow Action Plan 2023–2026 by facilitating ongoing engagement with communities and other stakeholders. Several years of advocacy and consultation with leaders from community, government, industry, academia and other sectors have informed deeper understanding of the complex drivers of food insecurity and how to address them in partnership.
- A collaborative approach to implementation will be supported by cross-sectoral and community-centred governance arrangements. HWQld has established a Gather + Grow Steering Committee, with representation from agencies from all levels of government who lead and support the food security agenda. Other collaborative forums and technical advisory groups will also be leveraged to ensure the development, implementation and evaluation of actions across the four priority areas is place-based and informed by content expertise and community voice.

Gather + Grow Remote Food Security

- HWQld's Gather + Grow initiative (<https://hw.qld.gov.au/gather-grow/>) represents a comprehensive program aimed at tackling food insecurity in remote First Nations communities. To help bridge the health disparity and achieve sustainable progress, population health approaches must be applied in the design, implementation and assessment of approaches that are adequately funded and specifically tailored for First Nations Queenslanders.
- HWQld has continued partnerships with the Aboriginal and Torres Strait Islander community-controlled sector to implement the Gather + Grow program across the Torres Strait, Cape York, and Lower Gulf regions. The primary objective is to create Local Food Security Action Plans by actively involving local community members in identifying priorities and preferred implementation initiatives that enhance access to healthy food and drinks. The program aims to empower and enable local communities to act and improve their overall food security.

- Three Gather + Grow public health positions within Aboriginal and Torres Strait Islander community-controlled organisations Apunipima, Mura Kosker and Gidgee Healing have continued community engagements to develop Local Food Security Action Plans. Over the previous 12 months, HWQld has engaged with 11 communities; including Mossman Gorge, Aurukun, Lockhart, Kowanyama, Mapoon, Napranum, Pormpuraaw, Mornington Island, Doomadgee, Burketown and Normanton. To date, nine Local Food Security Action Plans have been completed and progressed to the implementation phase.
- HWQld encourages a community of practice within the Gather + Grow program, which brings together the positions located within each community-controlled organisation. This group convened on a regular basis through online platforms, as well as a face-to-face meeting in February 2023. These gatherings provide an opportunity for collaboration, knowledge sharing and strategic discussions among the positions.
- As part of Gather + Grow, HWQld is actively involved in enhancing the capacity and capabilities of remote food stores through the Healthy Stores project. The primary aim of this initiative is to collaborate with Community Enterprise Queensland (CEQ) store managers and staff to create healthier in-store environments that promote and support the purchase of nutritious food and beverages. This is supported by a rigorous two and a half year Gather + Grow Healthy Stores research project in partnership with Monash University, The University of Queensland, and Menzies School of Health Research.
- Baseline Gather + Grow Healthy Stores research data collection using the Stores Scout App has continued, with a total of 22 (out of 24) stores having conducted a food environment assessment and developed a six-monthly Healthy Store Action Plan. Subsequently, 10 CEQ stores have completed a second assessment with new accompanying Healthy Store Action Plans and two of these have completed a third assessment to monitor and evaluate long-term project efficacy. Twelve store and regional manager interviews have been conducted with participating stores to determine enablers, barriers and implementation acceptability. By collecting this information, HWQld aims to gain valuable insights and establish a foundation for implementing targeted interventions and improvements within these remote food stores.
- The Gather + Grow Healthy Stores research project was featured in the Torres News and was presented at the International Congress on Obesity in Melbourne where it was warmly welcomed as a practical initiative working towards healthier food environments.
- The ongoing close partnership between HWQld and CEQ resulted in a student placement project exploring the readiness and acceptability of a Nutrition Policy for implementation across all CEQ stores. Departmental interviews and a workshop with CEQ staff identified priority areas for inclusion, that were subsequently considered in the endorsed development of a CEQ Nutrition Policy.

- As part of the Gather + Grow initiative, HWQld travelled to five communities (Injinoo, Umagico, Seisia, New Mapoon and Bamaga) in the Northern Peninsula Area to support the corporate filming of the Healthy Stores project as well as conduct community engagement with schools, the community health organisations and the local council.
- HWQld and Yarrabah Aboriginal Shire Council's shared ambition to develop a Local Food Security Action Plan resulted in the completion of two student placement projects. These included a local food environment situational analysis and community engagement to capture the lived food security issues experienced within Yarrabah. It is anticipated that these preliminary findings, in conjunction with complementary food security projects and initiatives, will inform next steps relating to the development of a Local Food Security Action Plan for Yarrabah.

Arup: Mornington Island Market Garden

- In December 2021, HWQld, Arup Australia (Arup) and Mornington Shire Council (MSC) were successful in a joint bid to the Arup International Global Challenge Community Engagement Program. In total, \$240,000 of pro-bono Arup International funding was utilised to deliver a Market Garden Feasibility Study for Mornington Island.
- Currently, fresh produce on Mornington is poor quality and unaffordable due to a long, complex and expensive supply chain to the Island. The MSC's vision for a local market garden is to provide an effective, long-term service to the community, producing fresh food, improving health and creating jobs.
- The Feasibility Study was delivered in March 2023 and identified the key inputs, resources, considerations and options to progress Mornington Island's market garden aspirations. Key components of the study included:
 - Market demand analysis, including a community survey of 43 participants (in which 98 per cent of participants indicated they would like to consume more fruit and vegetables, and 81 per cent indicated they would buy food grown at a local market garden).
 - Identification of food production systems and potential sites.
 - Business and delivery model considerations.
- The Feasibility Study recommended MSC progress its plans to deliver a market garden, with the following additional planning and engagement required: additional stakeholder consultation, identification and refinement of a business model and investment planning.
- The Feasibility Study identified the need for a staged approach, beginning with a pilot project to build the data, evidence, workforce, and partnerships required to expand local food production in the region.

- HWQld, Arup, the Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts, the Department of Housing, the Department of Environment and Science and the Department of Agriculture and Fisheries have jointly considered an approach to progress a pilot garden on Mornington Island. This advice is being considered by the Mornington Island Ministerial and Government Champions in consultation with community stakeholders to inform next steps.
- Peak Services has supported this project by delivering specialist agronomy studies through funding allocated by the National Indigenous Australians Agency. The agronomy studies have identified additional considerations for a Mornington Island Market Garden and are informing next steps for the project.
- This project is aligned with local food production actions in the draft Gather + Grow Action Plan 2023–2026.

Making Tracks Together

- Making Tracks Together – Queensland's Aboriginal and Torres Strait Islander Health Equity Framework supports Hospital and Health Services develop and implement Health Equity Strategies.
- The strategies outline the actions each Hospital and Health Service will deliver to achieve health equity, actively eliminate racial discrimination and institutional racism, and influence the social, cultural and economic determinants of health by working with Aboriginal and Torres Strait Islander organisations, health services, communities, consumers and Traditional Owners.
- As a prescribed stakeholder, HWQld has provided formal responses and support to all 16 Hospital and Health Services in the development of their First Nations Health Equity strategies and is providing advice when appropriate as HHSs develop their implementation and evaluation plans.
- The Department of Health funded a position at HWQld to ensure alignment and provide additional support in HWQld's role.

3. Queensland Equity Framework

- Inequities are unfair and avoidable yet show up continually in health, social, financial and environmental outcomes.
- HWQld has collaboratively developed a framework and guide for Queensland to address inequities and disadvantages in a systemic, proactive way.
- By creating a shared understanding of the underlying causes of inequity and identifying the joined up, systemic solutions needed for change, the social, economic, cultural, digital, commercial and environmental determinants can be shifted to better support the wellbeing of Queenslanders, communities and the state.
- The Queensland Equity Framework has been based on literature, interviews, innovative policy directions, a partnership governance group of 24 Queensland Government departments, commissions and statutory bodies and the perspectives of those with lived experience of inequity.
- Its purpose is to shift efforts from reactive, siloed and short-term solutions set within structures that perpetuate inequity, to more prevention-focused, joined up and thoughtful action and a re-balancing of structures that centralises people, fairness and wellbeing for future generations.
- The accompanying Queensland Equity Framework Guide provides an applicable tool for embedding an equity lens into policy, resourcing, joint working, mindsets and practice.
- HWQld's investment in developing the Queensland Equity Framework is facilitating robust, cross-sector solution-generation for reducing inequity (including health inequity) and enhancing our Queensland lifestyle as the state grows.

4. Clinical Prevention

Clinical prevention plays a critical role in identifying and addressing individual health risks. It involves healthcare providers acting early with interventions tailored to an individual's specific needs and risk factors. By focusing on early detection and timely intervention, clinical prevention, like early intervention at Logan Healthy Living which is stemming diabetes and promoting overall wellbeing.

- Queensland's health system is under unsustainable pressure with preventable chronic disease a leading contributor to disease burden.
- In Queensland, the burden of disease is largely attributable to non-communicable or chronic diseases associated with modifiable risk factors such as tobacco use, dietary risks, high body mass index, physical inactivity and alcohol consumption²⁰. There is a need to prioritise prevention and actively build a shared understanding and vision for prevention across Queensland.
- Clinical Prevention is the connecting function between population health promotion and the delivery of healthcare services. Clinical prevention describes the coordination of health and social care activities delivered to maintain and optimise health across a continuum of care.
- The Clinical Prevention Framework (<https://hw.qld.gov.au/clinical-prevention/>) is being developed by HWQld to support the health system and its partners to coordinate preventive healthcare.
- The Clinical Prevention Framework and road map will have an initial focus on diabetes and the First 2000 days. This will facilitate a strategic health system response to the disease burden imposed by preventable, chronic conditions posing the highest disease burden to the health system within Queensland.
- The Clinical Prevention Framework and Road Map will be released in early 2024.
- Through partnering with a creative and digital services provider, Podsquad supports children aged five to 12 years to develop healthy behaviours in the areas of nutrition, physical activity and sleep.
- Key activities for Podsquad in 2022–2023 included:
 - Completing the production of highly engaging, custom-made content including animations, podcasts, sleep soundscapes, in-app games, offline activities, and follow-along movement videos.
 - Conducting a range of co-design activities with more than 100 families, including a four-week pilot with 17 families to gain qualitative and quantitative data. Co-design activities informed a series of pre-release enhancements to further improve the app's usability, accessibility, and engagement.
 - Trialling the program with SWHHS healthcare staff. Feedback was sought from healthcare staff on Podsquad's content and messaging, its use as a supportive tool in clinical practice and suggestions for integration into the healthcare system.
 - Undertaking rigorous quality assurance and cybersecurity testing to ensure readiness for launch.
 - Working with Podsquad's key partners, UQ, Children's Health Queensland Hospital and Health Service and the Queensland Performing Arts Centre, to maximise benefits for the program through cross-sector collaboration.
- HWQld developed Podsquad to meet a need for a free, universally available service to support children living with overweight and obesity in Queensland.
- It provides families with an evidence-informed program to support them at home to set, achieve and maintain health goals and give clinicians a referral or waitlist option for children at risk of, or living with, overweight or obesity.
- Play and creativity are at the heart of everything in Podsquad. It teaches children all about healthier behaviours through animations, games, music and challenges.
- Through Podsquad, children explore the amazing world of Imago and discover its creatures, known as Epipods, each of whom represent different elements of health and wellbeing.
- The holistic approach to wellbeing, ability to adapt to the needs of each family's health goals, use of gamification and focus on habit building sets Podsquad apart from other health programs. These are the program elements that children, parents and carers, and health professionals identified as important during the co-design and research activities for the program's development.
- The program features an easy-to-use monitoring tool that creates structure and makes it easy to chart progress.

Podsquad

- Podsquad is a free, play-based wellbeing program to make learning new healthy behaviours fun for children and families.
- Implementation of Podsquad's first release was completed on 26 May 2023.
- Developed by childhood experts from HWQld, UQ and across the health sector and more than 300 Queensland families, the app is a first of its kind in Australia.

Logan Healthy Living

- Logan Healthy Living is a community focussed, person-centred and integrated approach to managing and preventing chronic diseases.
- It is delivered by HWQld in partnership with UQ Health Care, UQ, Griffith University, Metro South Health, Brisbane South Primary Health Network and Diabetes Queensland.
- Logan Healthy Living provides lifestyle management programs for the prevention and management of Type 2 diabetes. The program integrates with local primary and tertiary healthcare services and supports participant engagement with community health and wellbeing services.
- The program applies an interprofessional model supported by students to build the prevention capability of the current and future workforce.
- A robust research and evaluation framework underpins the eight-week program to inform program enhancements and serving as a rigorous model of care for upscaling.
- Logan Healthy Living successfully introduced the My Health for Life group program within its suite of programs in 2023.
- In 2022–2023, Logan Healthy Living hosted 320 initial assessments, 139 completed the program and facilitated 45 allied health student placements.
- Half of all participants achieved a reduction in weight and nearly 70 per cent of participants achieved a reduction in waist circumference.
- In February 2023 Logan Healthy Living relocated to the purpose-built Meadowbrook Medical facility co-located with the Logan Endocrine and Diabetes Services, in a local shopping precinct within walking distance of major public transport networks.
- Logan Healthy Living is an ideal model of integrated care and has attracted substantial cross-sectoral interest.

Project ECHO®

- In 2022–2023 HWQld was proud to deliver a suite of Project ECHO® (Extension for Community Healthcare Outcomes) learning series.
- Project ECHO® is an online knowledge sharing model that expands the capability of health and other professionals through engaging, interactive, conversational communities of practice.
- In July 2022 the Childhood Overweight and Obesity ECHO® series was relaunched as Healthy Kids ECHO® series following revisions to content and structure based on participant feedback and reflecting a positive framing to weight related terminology.
- Two series have been delivered with a total of 43 participants (nurses, General Practitioners, allied health professionals) across 15 HHSs.
- In February and March 2023, HWQld, in partnership with Children's Health Queensland HHS and The University of Queensland, delivered the Healthy Kids Project ECHO® series which attracted 25 multidisciplinary participants from across Queensland.
- More than half of the participants were nurses or nurse practitioners which created an opportunity to showcase their role in supporting children and families living with a higher body weight during the interprofessional case discussions.
- HWQld also hosted a re-run of the Develop Skills in Early Childhood Nutrition ECHO® series in partnership with Nutrition Australia Queensland. This four-part series was delivered to 15 early childhood educators, centre cooks and chefs and playgroup facilitators from across Queensland including Bowen, Toowoomba, Gold Coast, Tara, Cairns, Wyreema and Brisbane.
- In response to a significant number of health professionals expressing an interest to join this series, HWQld conducted a learning needs assessment to inform the development of future series.
- In partnership with SWHHS a Healthy Ageing ECHO® series has been co-designed to guide health professionals through the preventative healthcare framework and the general practice clinical guidelines to support healthy ageing and prevention of chronic disease in adults.
- The five-part series commenced on 28 June 2023 for health professionals across the South West region. The learning objectives of the series were identified through a learning needs assessment conducted in the region and align with the 2022 Local Area Needs Assessment priority areas.

Prevention program partners

Deadly Choices

- Delivered through IUIH, **Deadly Choices** (<https://deadlychoices.com.au>), has been encouraging Aboriginal and Torres Strait Islander peoples to make healthier choices since 2010.
- HWQld is proud to partner with IUIH to deliver the Deadly Choices preventive health and community engagement strategy initiative that aims to empower Aboriginal and Torres Strait Islander people to make healthy choices for themselves and their families, including to eat healthy food, exercise daily and quit smoking.
- The initiative includes the: Deadly Choices Healthy Lifestyle Campaign; DC Fit (group fitness and exercise); Good Quick Tukka cooking and nutrition program; and a range of community and sporting events, leadership camps and social marketing and social media campaigns.
- Deadly Choices also encourages Aboriginal and Torres Strait Islander peoples to complete annual health checks with their Community Controlled Health Service and engage in other complementary care to maintain and improve health and wellbeing.
 - In 2022–2023, through HWQld support and endorsement of the IUIH delivery of Deadly Choices throughout Queensland, key achievements included:
 - A series of Olympic community activation events in 2023 as part of the Queensland Academy of Sport You for 2032 program.
 - The official launch of the 2023 Queensland Murri carnival (to be held on 22–30 September 2023) on 17 March 2023.
 - The formation of new partnerships for Deadly Choices with National Rugby League (NRL) club, the Dolphins, in 2022; and the Queensland Firebirds netball franchise in 2023.
 - 510 Deadly Choices Healthy Lifestyle Programs which resulted in 5930 participants completing the program. In addition, 206 community and sporting events were conducted and 90 DC Fit programs were delivered. A total of 4012 Health Checks were also completed because of Deadly Choice Healthy Lifestyle Program activities.

Obesity Prevention funding

Deadly Choices received extra funding that enabled them to team up with HWQld and the Queensland Academy of Sport to deliver the HWQld Deadly Choices Olympic Activation Event project aligned with the You for 2032 program. A series of events were delivered in Cairns, Normanton, Townsville, Mackay, Rockhampton and Hervey Bay, Cunnamulla and Brisbane to leverage off the 2032 Olympic and Paralympic Games and to promote health and wellbeing initiatives in First Nations communities across Queensland.

The activation events were aimed at raising awareness of the Deadly Choices program and promote opportunities for Indigenous community participation in physical activity, as well as promote the health checks available through Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOs). Importantly, these events also provided the opportunity to identify and nurture budding First Nations athletes and provide support to access pathways towards the Olympic and Paralympic games.

Deadly Choices: Broncos, Cowboys, Titans and Dolphins partnership

- In 2022–2023, HWQld provided additional funding to expand the Brisbane Broncos, North Queensland Cowboys and Gold Coast Titans partnership to include the newest NRL franchise, the Dolphins, based at Redcliffe.
- The partnership continues to provide the foundation for Deadly Choices to extend its health promotion and messaging reach across Queensland to influence healthy behaviour changes in Aboriginal and Torres Strait Islander Queensland communities.
- Deadly Choices has worked closely with the Dolphins to support messaging aligned to the existing partnership. The partnership supports the tradition of linking sport (including high profile sportspersons as role models and ambassadors) with health outcomes for Queensland's Aboriginal and Torres Strait Islander peoples.
- During the NRL seasons, current and former Broncos, Cowboys, Titans and Dolphins players participated in Deadly Choices and partnership activities, including: DC Fit; DC Radio, DC Education Program, Deadly Kindies Program; DC Traditional Games; Men's Mental Health Golf Day; and launches of the Queensland Murri Carnival, Deadly Maroons campaign, Broncos DC Round and the DC Netball Carnival.

My health for life

- **My health for life** (<https://www.myhealthforlife.com.au>) is an 18-week statewide integrated health risk assessment and healthy lifestyle program, which is delivered by Diabetes Australia and the Healthier Queensland Alliance. The program aims to identify Queensland adults at risk of developing preventable chronic disease and provide them with tailored health coaching.
- The 18-week program is delivered in a range of modes providing access to lifestyle modification options to reduce chronic disease risk through healthy eating, physical activity, quitting smoking, reducing alcohol and maintaining a healthy weight.
- In September 2022, a digital version of the program was launched, providing the opportunity for Queenslanders to access quality, evidence-based resources in a self-paced online format. Recognising the importance of embedding positive health behaviour change in everyday life, the program is also being delivered in workplaces with a focus on manual industries. Additionally, tailored resources have been developed to engage families and culturally diverse communities.
- Opportunities for people who are highly motivated to enter the program are being offered at key points including in pharmacies, general practices and those on hospital waiting lists.
- The My health for life First Nations Delivery Strategy continues to guide statewide program design and delivery. A needs and gap analysis invited stakeholder input that has informed program modifications to training, group structure, resources and facilitation.
- Achievements for My health for life in 2022–2023 include:
 - 15,414 Queenslanders undertook a My health for life risk assessment.
 - 2323 completed the My health for life program participating in either personalised telehealth coaching or local face to face group-based activities, with participant retention rates maintained at 75.5 per cent.
 - Biometric and behavioural changes achieved by participants included an average 14 per cent reduction in body weight, 66.5 per cent decreased their waist circumference, the proportion of participants eating sufficient fruit increased from 49 per cent during session one to 73 per cent by session six, and the proportion of participants eating sufficient vegetables increased significantly from 9 per cent to 23 per cent. In addition, the proportion of participants that met physical activity guidelines increased from 32 per cent to 48 per cent.

QCWA Country Kitchens

- Delivered by the Queensland Country Women's Association (QCWA), the **Country Kitchens** program (<https://www.qcwacountrykitchens.com.au>), aims to improve food and nutrition literacy among regional, rural and remote Queenslanders through building the health promotion capacity of the QCWA and its volunteer members.
- In 2022–2023, there were 251 QCWA volunteer members trained as QCWA Country Kitchens facilitators, with 267 attendees across 49 training sessions to build their skills and capacity to deliver the program.
- Facilitators from 19 of the 20 QCWA divisions completed training across Levels 1–5, with more than 90 per cent of facilitators indicating they were satisfied with the training. 106 facilitators completed Level 4 training (health literacy and group facilitation skills to promote healthy eating) and/or Level 5 training (initiating and developing community partnerships, project planning and event management skills) compared with a total of 50 in 2021–2022.
- Level 6 of the facilitator Training PATHway, which focuses on advocacy, was piloted with Country Kitchens division convenors and key Country Kitchens facilitators, with the training to be rolled out more widely in 2023–2024.
- There were 1139 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 14,742 Queenslanders. The facilitators and their branches established partnerships locally with over 100 organisations helping to deliver many of the health promotion activities in their communities.
- Positive feedback from participants in the training was captured in this quote from a Country Kitchens facilitator, *"I feel overwhelmed at the thought of challenging big issues like childhood obesity and chronic ill health, but it is within my reach to influence small changes [through the Country Kitchens program] that will contribute to improving the health and wellbeing of my community."*

Jamie's Ministry of Food

- **Jamie's Ministry of Food (JMOF)** (<https://www.jamiesministryoffood.com>), delivered by The Good Foundation, was 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. The program targeted 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).
- Between 1 July and 31 December 2022, 775 Queenslanders attended a JMOF cooking skills and food literacy course or community event/cooking demonstration.
- Participation from priority groups was high across all delivery modes, including the Ipswich Concept Centre, through outreach programs and via online courses. Of the participations, 63 per cent of attendees in the Concept Centre and 33 per cent in other delivery modes were concession card holders. Of the participants in the Concept Centre 46 per cent were male, 8 per cent identified as Aboriginal or Torres Strait Islander, 6 per cent were from culturally and linguistically diverse communities and 65 per cent were young people (12–29 years).
- The interactive online program was delivered to five communities and groups this period with a targeted online program delivered for the first time in Far North Queensland. Of the online program participants, 54 per cent identified as living in areas of disadvantage.
- The 'Train the Trainer' model successfully expanded its reach to rural and remote regions, including Roma, Charleville, Maranoa and Bollon. In 2022–2023, 33 new Train-the-Trainer facilitators graduated, with 89 per cent of this group identifying as Aboriginal and/or Torres Strait Islander.
- The appointment of an external administrator to The Good Foundation in May 2023 impacted service delivery and reporting in the second half of the financial year.

Obesity Prevention funding

The Good Foundation received \$150,000 in additional funding from HWQld to amplify/enhance JMOF program activity and its alignment with HWQld's obesity prevention agenda.

The JMOF funding supported extra capacity within the organisation to increase engagement with community and corporate entities and provide greater support to community groups to secure funding to supplement program delivery costs. The focus of this activity was Far North Queensland with the securing of the first online program delivery in the region. Community organisations were supported with grant applications totalling \$65,000 that would support delivery of the program.

10,000 Steps

- The **10,000 Steps** program (10000steps.org.au) has been delivered by Central Queensland University since 2001 to raise awareness and increase participation in physical activity. Through the program's motto 'every step counts' participants are encouraged to chart incidental and planned physical activity as part of everyday living.
- 10,000 Steps delivers an interactive, behaviour change program to empower Queenslanders to increase their physical activity levels, with resources and strategies to support workplaces and communities to break down the barriers to physical activity and create healthy people and healthy places.
- In 2022–2023 there were more than 600,000 participants using the program's platform to monitor steps. Participants have achieved more than 334 billion steps since the program began in 2001, through logging their physical activity, such as walking, running and climbing stairs.
- In 2023, the 10,000 Steps program continued to make program improvements including upgrades to the technological components, such as the mobile application (app) that deliver the interactive program to increase engagement by individuals and the delivery of resources for organisations. The app allows participants to view their statistics, connect with friends, join monthly challenges and participate in team tournaments. At 30 June 2023, the latest program statistics noted the average age of participants was 41 years, 31 per cent of participants were male, 69 per cent female, 57 per cent were based in urban areas, 40 per cent regional and 3 per cent remote.
- 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. A high number of workplace registrations and tournament implementations for 10,000 Steps has continued as workplace environments settle into a changed mode, many with staff working in a hybrid office and home model. A total of 201 organisations newly registered (82 per cent using the program with their workplace staff) and 289 team tournaments started (58 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 HWQld, the Office of Industrial Relations and 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 10,000 Steps by implementing strategies such as walkway signage and tournaments to increase physical activity within their communities. State Government policies that feature 10,000 Steps as a key activity include the Queensland Walking Strategy 2019–2029 and Action Plan for Walking 2022–2024 which adopts the action of ‘Building and supporting walking habits for life’.

Obesity Prevention funding

Central Queensland University received \$150,000 in additional funding from HWQld to enable the 10,000 Steps program to upgrade its mobile application (app) through the design and development of a new iPhone and android app, providing significant expansion in the delivery modes of the program. The mobile apps now align and incorporate many key behaviour change techniques embedded within the 10,000 Steps program, providing more people with accessible, easy and free access to a physical activity behaviour change program.

The project included discovery and design phases with consumer and stakeholder feedback incorporated, delivering a mobile app with a strong foundation for future upgrades to increase engagement and continue to adapt to program improvements.

A full review of 10,000 Steps resources is also being undertaken as part of this project. Understanding how organisations use program and consumer feedback will underpin updates to the delivery of the resources, support and engagement activities provided by the 10,000 Steps program team.

Healthier Tuckshops program

- The **Healthier Tuckshops** program is a proud partnership between HWQld and the Queensland Association of School Tuckshops (QAST) (<https://qast.org.au/about-us/our-projects/healthier-tuckshops-program/>).
- The program supports tuckshops, convenors, volunteers and parent organisations to serve healthy food and drinks in line with the Queensland Government’s Smart Choices Healthy Food and Drink Supply Strategy for Queensland Schools.
- The program is available to all schools and offers free networking opportunities, online resources, and communications. In 2022–2023, Healthier Tuckshops program achievements included:
 - 24 network meetings
 - eight face-to-face regional meetings, reaching tuckshops across the state, and attracting a total of 164 participants from 108 schools
 - 20 new recipes and 11 menu planning resources
 - two case studies were produced and published online.
- The Healthier Tuckshops e-newsletter continues to be popular, reaching 1815 subscribers with an average open rate of 48 per cent. QAST website views reached 144,000 with the Recipes and Smart Choices calculator being the most popular pages, and 4141 engagements were achieved through 101 Healthier Tuckshops social media posts.
- Tuckshop Conversations is a new Facebook platform to facilitate connections and knowledge sharing between QAST members and non-members alike. This forum has been highly popular with 202 members joining in three months, 66 total posts and more than 287 comments, reflecting a high level of engagement.
- The 2022 Recipe of the Year competition was highly successful, with national and statewide media coverage across five different outlets, while more than 24,000 people were reached via social media. Views for the recipe demonstration video surpassed 4000, and more than 13,400 people viewed the winning recipe online. QAST was also included in a HWQld live interview with Channel 9’s Today show, which was held in a secondary school tuckshop promoting vegetable content in tuckshop-made meals.
- Manufacturers, suppliers and industry members were supported with six product assessments provided through the Smart Choices Nutrition Advisory Service, the A Better Choice Conference and Expo attracting five supplier attendees and a quarterly supplier e-newsletter with an average open rate of 50 per cent.
- The Healthier Tuckshops team produced two podcasts and is always looking for opportunities to engage with program partners, including the Deadly Choices initiative, to extend program reach in rural, remote and Aboriginal and Torres Strait Islander communities. The annual QAST Tuckshop Survey was disseminated in October 2022. The survey was completed by 133 people, which is the highest response to date. Respondents indicated they would like more recipes, sample menus, recipe demonstrations and case studies. Importantly, 78 per cent had made healthy changes to their menus in the previous 12 months.

Prevention program collective

HWQld continues to deliver on the Prevention Program Strategic Management Approach, based on the key pillars of HWQld led governance, evaluation and communication and marketing. The approach has enabled HWQld to value-add to chronic disease prevention practice across Queensland, improving and amplifying quality prevention program access and service delivery for Queenslanders across the state.

The Prevention Program Strategic Management Approach Governance pillar is best evidenced by the initiation and mobilising of the Prevention Program Collective group, comprising the Chief Executives of all statewide Prevention Program provider organisations. Bringing this group of chronic disease prevention service delivery experts together for the first time has enabled the Prevention Program Collective structure and function to continue to evolve. The group now represents an effective, successful, and highly respected think tank that provides guidance and advice on best practice chronic disease prevention service delivery across Queensland.

The Institute for Social Science Research (ISSR) has continued to lead the implementation of monitoring, evaluation and learning activities in partnership with prevention programs through the Strategic Evaluation of Prevention Programs project. Three visually engaging Performance Reports have now been delivered, summarising program data, insights and performance over the prior six-month period.

The success of the approach was recently presented at the Public Health Association of Australia Preventive Health Conference 2023 in Adelaide, leading to an invitation to share learnings with the NSW Ministry of Health. Program logic models have also been co-designed with each program partner and formed the basis of comprehensive evaluation plans that are now being implemented.

The close partnership established between ISSR and the program partners has led to improvements in program data systems, which will be of benefit to understanding implementation and outcomes.

HWQld continues to support the marketing and engagement activities of our funded prevention partner programs through a strategic approach that provides a central point of contact and advice and an overarching communications approvals approach.

This approach has ensured that all program partners are supported equitably by HWQld to develop, plan, implement and evaluate communications and marketing activities. HWQld is positioned to incorporate and guide program partner promotional activity within planned statewide campaigns and targeted place-based strategies.

The continuation of the established prevention program partner Community of Practice group has proved a successful strategy to engage partners in both individual and collective program promotional activity to gain maximum impact.

Through this Community of Practice, program partners have supported one another's campaigns and communications activities, in addition to supporting HWQld activities, such as regular Governor's Community Walks and activations of the HWQld supported International Legends of League events in Chinchilla and Woorabinda.

Clinician's Hub

- HWQld developed Clinicians Hub in 2019 as an online centre featuring tools and resources to support clinicians in the prevention and management of childhood obesity.
- In response to healthcare professional feedback, optimisation of Clinicians Hub is currently underway to improve usability and expand content to support prevention across the life course, with a targeted focus on the HWQld First 2000 Days program.
- HWQld has developed a nine-episode podcast series 'Clinicians Guide for Healthy Kids' to support healthcare professionals to embed prevention into their routine practice. Podcast host Dr Sam Manger (host of The GP Show podcast) and nine subject matter experts who currently work in Queensland with children and families discuss practical suggestions for clinical care.
- The podcast series is based on extensive consumer feedback completed in 2020–2021 (surveys, face-to-face interviews) that explored the content healthcare professionals are seeking in a Clinicians Hub.
- In 2022–2023 the Growing Good Habits website developed by the Queensland Children's Hospital was incorporated into Clinicians Hub.

First 2000 days

- The First 2000 days is a window of opportunity in early life to establish and support healthy behaviours among parents and their children to reduce the likelihood of poor health outcomes and associated economic impacts in the short and long term.
- HWQld contributed to the Queensland's Clinical Senate's meeting in November 2022 on The First 2000 Days: the opportunity of a lifetime, which culminated in a recommendations report endorsed by Queensland Health leadership.
- HWQld have been working with key stakeholders to identify where gaps exist to better support parents and children towards healthier lifestyle behaviours.
- HWQld has completed a comprehensive evidence review, current state assessment and mapping of preventative health activity in Queensland and nationally to inform the development of a HWQld First 2000 Days Action Plan.
- HWQld is progressing initiatives in preconception health promotion, antenatal health and wellbeing and support for women in the postnatal period following a diagnosis of gestational diabetes.

- HWQld has provided leadership on strategic committees and working groups including:
 - Queensland Child and Youth Clinical Network: a presentation at the network's A Sunny Start – Growing a Healthier Future for Queensland (The First 2000 Days) forum
 - Parents and Early Years Advisory Committee contributing to recommendations to optimise prevention opportunities within child health checks.

Prevention Model of Care pilot

- Throughout 2022–2023, HWQld has worked collaboratively with Queensland Health's Health Contact Centre (HCC) and South West Hospital and Health Service (SWHHS) to scope and design a Prevention Model of Care.
- The collaboration has resulted in mapping customisations to the existing digital, workforce and information management infrastructure of the Way to Wellness service, a prehabilitation model of care delivered through the HCC for the last four to five years, with the intent of expanding reach and accessibility of the service as a Prevention Model of Care in the community.
- The Prevention Model of Care targets the prevention and early intervention of chronic disease and aims to streamline and increase referrals and consumer uptake of statewide, evidence-based prevention programs through the health system and community settings.
- The initial access to the Prevention Model of Care is a comprehensive consumer-led digital health and wellbeing assessment with an integrated brief intervention (also available via phone), designed to build health literacy, self-efficacy, and readiness to change while minimising the burden on healthcare staff. Consumers can then receive support from phone coaches who are trained in behaviour change and motivational techniques and who also develop tailored health and wellbeing action plans and facilitate referrals to appropriate prevention programs. Upon consent, tailored action plans are sent to the consumer's chosen primary care provider, aiding continuity of care.
- Prevention programs focus on behaviour change in the areas of physical activity, healthy eating, smoking cessation, alcohol and drug support, self-management of chronic conditions and low-intensity mental health. The range of programs are delivered through a range of modes including online, phone or face-to-face meetings in the community, which increases access to care close to home.
- The Prevention Model of Care is responsive to the high burden of chronic disease in the South West region and across the state.
- Currently, prevention and referrals into prevention programs are not routinely embedded in the health system or across the community in the South West region. Barriers include low awareness of the available programs, associated eligibility criteria and referral pathways, competing priorities, workforce capacity limits and inadequate funding mechanisms to support prevention at the point of care.

- The Prevention Model of Care aligns with the first priority health need identified in the South West and Hospital and Health Service Local Area Needs Assessment 'Encouraging and enabling healthy behaviours' and is responsive to an identified high burden of chronic disease, high rates of obesity, lower average life expectancy, access barriers to primary and specialist healthcare and skilled clinical workforce shortages.
- Local health services and community organisations from the SWHHS region will be recruited to the project to test integration of the consumer-led initial access to the Prevention Model of Care in different parts of the health system and community settings.
- Implementation will adopt an exploratory, iterative approach underpinned by principles of continuous quality improvement.
- Project participants will have access to resources, education, support and peer learning to guide implementation and build local preventive health capability.

Periods, Pain, and Endometriosis Program (PPEP Talk®)

- The Periods, Pain, and Endometriosis Program (PPEP Talk®) is an initiative of the Pelvic Pain Foundation of Australia, delivered in Queensland and funded by HWQld.
- The program aims to educate secondary school students about endometriosis and pelvic pain, raise awareness, promote early diagnosis and help to create pathways to better health outcomes for all people living with pelvic pain conditions. The program was funded by HWQld for the period 1 January 2023 to 30 June 2023 to deliver the one hour, single-session PPEP Talk® in 40 Queensland state schools with secondary students during this semester.
- From January to June 2023 (school terms one and two) 67 one-hour PPEP Talk® sessions were provided to 3791 school students in years 10–12 in 50 state schools, of which 44 per cent have an Index of Community Socio-Educational Advantage score that indicates educational disadvantage.
- Pre- and post-session student surveys indicated that: 60.5 per cent of students have experienced regular severe period pain; 55.2 per cent reported their period has significantly interfered with their usual daily activities; and 29.6 per cent stated that they regularly missed school, work or other activities because of their period pain.

Enablers

1. Health promotion communications

Health and Wellbeing Queensland Symposium 2022

More than 400 representatives from across government, academia, industry and the health sector met at the Queensland Performing Arts Centre and online for the inaugural HWQld Symposium (<https://hw.qld.gov.au/symposia/>) on 2 November 2022.

The symposium highlighted the work of communities and partners we are so proud to work with, as they support the health of Queenslanders. Above all, the event recognised the capability, passion and commitment of Queenslanders who are working hard to drive better outcomes for their population.

The symposium also included the announcement of new Queensland-specific data and intelligence guiding strategic directions and opportunities with relevance to policy makers, practitioners, advocates and stakeholders, consumers, educators and community leaders.

The event was attended by Her Excellency the Honourable Dr Jeannette Young AC PSM, Governor of Queensland and the Honourable Dr Steven Miles, Deputy Premier, Minister for State Development, Infrastructure, Local Government and Planning and Minister Assisting the Premier on Olympic and Paralympic Games Infrastructure who both commended HWQld on our strong focus on public health, our work in bridging the gap between the clinical environment and prevention, and our approach to ensuring that community benefit and impact is at the heart of all we do.

The symposium featured two international speakers, who shared their work in the areas of healthy ageing and research. Professor S. Jay Olshansky, School of Public Health, University of Illinois Chicago, discussed the role that health and wellbeing has on longevity, while Professor Rhema Vaithianathan, School of Social Sciences and Public Policy, Auckland University of Technology, provided insights into the effect of obesity rates on the life expectancy of Queensland children born from 2023 onwards.

In response to this research, HWQld announced a \$3.9 million investment to support an innovative, cross-government approach focussed on helping the next generation live healthier and more active lives as part of our vision for GenQ.

GenQ includes the development and implementation of key strategies and action plans including Making Healthy Happen 2023–2032, Queensland’s response to the National Obesity Strategy; Gather + Grow 2023–2032; and the Queensland Equity Framework.

Healthy Returns campaign

Healthy Returns (<https://hw.qld.gov.au/blog/aussie-families-urged-to-buy-in-season-for-healthy-returns-as-the-school-year-commences/>) was an \$8 million pro-bono campaign delivered in partnership with Outdoor Media Association and Nutrition Australia to encourage Australian families to eat more vegetables.

With not enough Australians eating the recommended 5+ serves a day, the campaign encouraged greater vegetable consumption while acknowledging cost-of-living pressures. The 'Buy in season for healthy returns' campaign promoted and encouraged people to buy fresh, in-season, Aussie vegetables which were better value for money. Investing in seasonal vegetables will yield a healthy return not only for everyone's personal health and wellbeing but their wallet too.

In market for four weeks from 29 January to 26 February 2023, advertising space was provided across 607 sites nationally including billboards, bus stops, screens in gyms, office tower lobbies, shopping centres and GP clinics to encourage the community to eat more vegetables. For the first time, Woolworths also came onboard to support the campaign and ran the 'Healthy Returns' creative across their in-store assets.

The campaign reached more than 12.4 million Australians, including 2.4 million Queenslanders, while the media exposure of the campaign resulted in 277 media pieces across print, digital and radio reaching more than four million Australians.

The Healthy Returns website received 43,678 page views and 34,917 unique sessions during the period. The promotion of the campaign across social media resulted in 1,220,380 impressions on HWQld's Facebook, Instagram, LinkedIn and Twitter channels.

A post-campaign survey of 1223 people found that 81 per cent of people said the campaign encouraged them to purchase more vegetables and 84 per cent said it made them want to eat healthy food.

Sponsorships and partnerships

To improve the health and wellbeing of Queenslanders, HWQld works in partnership with government, health environments, the private sector and communities. In 2022–2023, HWQld supported a wide range of events and initiatives, across sports, physical activity and wellness.

HWQld partnered with the Deadly Choices program and the Arthur Beetson Foundation to support the 2022 **Queensland Murri Carnival**. The rugby league event brought together more than 40,000 people from across Queensland. Young rugby league players, together with coaches, officials, umpires and spectators came to celebrate and play community sport. In addition to being a significant

sporting event, the carnival also promotes healthy lifestyle choices and the importance of early access to primary health care services in Aboriginal and Torres Strait Islander communities across Queensland. The carnival is a sugar-, alcohol-, smoke- and drug-free environment and all players, from more than 50 teams, completed a health check before competing. HWQld met with around 1000 players and their families to discuss nutrition, healthy eating, physical activity and how children can prepare for sport and life in a series of six education sessions. HWQld also supports Aboriginal and Torres Strait Islander girls and women through our partnership with **Netball Queensland's Diamond Spirit program**. Diamond Spirit is a community engagement program, which uses netball as a vehicle to engage, empower and educate Aboriginal and Torres Strait Islander girls in remote and regional communities. The two-year partnership is helping to reach more Aboriginal and Torres Strait Islander girls and women across Queensland to provide culturally supportive pathways to play sport. The program currently operates across Far North Queensland, including the Lower Gulf and Cape regions, in addition to two dedicated school sites in Cairns and Ipswich.

As a major event partner of the Mater Foundation **International Women's Day Fun Run**, HWQld joined more than 20,000 participants in Brisbane on 12 March 2023 as they walked, ran or jogged five kilometres (km) through the river city. There were an additional 3500 virtual participants from across Queensland also getting active and raising funds for world-leading research and healthcare for women living with breast cancer. This was the second fun run HWQld has directly supported, as part of a three-year partnership between HWQld and the **Mater Foundation**.

Two other community running events that HWQld proudly supported in 2022 were the **Gold Coast Marathon and Bridge to Brisbane**. The world-class Gold Coast Marathon attracted almost 20,000 participants of all ages and abilities from around the world to participate across eight races, including the **HWQld 2km Junior Dash** and **4km Junior Dash**, which attracted 1000 children to participate. Similarly, the Bridge to Brisbane event attracted more than 25,000 participants. This iconic fun run is a fantastic opportunity to promote health and wellbeing, fitness and fun to Queenslanders. HWQld continues to proudly support both events in 2023.

HWQld also supported **The Yoga Partnership to deliver a Rural Yoga Roadshow** in southern and central western Queensland from 5–14 June 2023. The roadshow aligned with the HWQld objective of empowering Queenslanders to live a healthier life and addressed health inequities by providing more regional Queenslanders with the opportunity to access to physical activity and build social connectiveness through yoga.

HWQld also continues to support the **Queensland Symphony Orchestra** by sponsoring their Health and Wellbeing program that aims to improve physical and emotional wellbeing by delivering music programs to communities across Queensland.

Social media

HWQld engages with stakeholders and community members through digital platforms to enhance brand recognition and promote a healthy lifestyle. Utilising social media platforms including Facebook, Instagram, Twitter, LinkedIn and YouTube, HWQld shares expert and evidence-based information to inspire Queenslanders to make nutritious dietary choices, engage in physical activity and prioritise their wellbeing.

In addition to social media, HWQld distributes e-newsletters to connect with stakeholders and community members. These e-newsletters are distributed monthly to both audiences, resulting in consistent growth in the subscriber base month after month.

HWQld generated 7,307,000 impressions across all social platforms, with an average engagement rate of 2.35 per cent, at a cost per landing page view of \$1.28.

2. Impact and evaluation

Research

Research strategy

In 2022–2023, the Research Portfolio had a productive year of progress and continued to develop and strengthen research partnerships with the tertiary education and research sectors. The Research Portfolio expanded knowledge and translated research to inform best practice and use evidence to extend the field of public health in education, health promotion and chronic disease prevention.

Furthermore, our dedication to the growth and development of the next generation of public health graduates and researchers is evident through the provision of student placements and research projects, providing invaluable experiences to support them in becoming future leaders in their fields. We have also prioritised the realisation of health benefits, ensuring that initiatives through our research partnerships translate into tangible improvements in population health and wellbeing. In addition, a robust monitoring, evaluation and learning framework allows us to critically assess the effectiveness and efficiency of our projects and program, ensuring that they align with our remit of making a positive impact and deliver the most impactful preventative health for all Queenslanders.

HWQld has established partnerships through successful grants and research collaborations with universities in Queensland, across Australia and globally. By leveraging our expertise, networks and research partnerships, our focus is to deliver high impact evidence-based health outcomes. We are growing our funding, investment and collaboration and are working to deliver frameworks for research-based evaluations. We aim to have research embedded into our practices and are dedicated to ensuring our initiatives are evidence-based, relevant and impactful.

Research Advisory Committee

HWQld is supported by the Research Advisory Committee (RAC) (<https://hw.qld.gov.au/about-us/research-advisory-committee/>) which provides independent advice and recommendations to the HWQld CEO on health and wellbeing research priorities, opportunities to inform policy and practice, as well as opportunities for research partnerships and potential funding sources. HWQld leverages the expertise of the RAC to enhance the rigour of research endeavours, and through the provision of advice to the CEO on the HWQld grants program, including conduct of the applications and the assessment process and its effectiveness.

The members of the RAC possess a breadth of research expertise that closely aligns with HWQld's identified priority areas. They have established themselves as esteemed leaders in their respective fields, both nationally and internationally, garnering strong reputations. This external committee brings an objective perspective and independent scrutiny to the HWQld grants program assessment process. Their impartiality and diverse backgrounds provide a valuable safeguard, instilling confidence in the transparency and fairness of our advisory processes, with advice to support HWQld to make informed decisions that serve the best interests of our stakeholders and the wider community. The membership of the RAC includes:

- Ms Helen Darch OAM (Chair)
- Laureate Professor Clare Collins AO
- Professor Sharon Goldfeld
- Professor Dan McAullay
- Professor Anthony Okely
- Dr Robyn Littlewood (ex-officio member, HWQld)
- Dr Sandra Pavey (ex-officio member, HWQld).

Health and Wellbeing Centre for Research Innovation

The Health and Wellbeing Centre for Research Innovation (HWCRI) was established through a partnership between HWQld and The University of Queensland's School of Human Movement and Nutrition in December 2021 to boost the health and wellbeing of Queenslanders. The HWCRI is jointly funded by HWQld and UQ, with a combined total investment of \$2.4 million.

Four new staff members were recruited at the end of 2022 and early 2023.

GenQ Health and Wellbeing Grants Program

GenQ Health and Wellbeing Grants Program

The GenQ Health and Wellbeing Grants Program is part of HWQld's investment for our GenQ vision, which sees children born today experiencing better health outcomes than the generations of Queenslanders before them. The program comprises four grant schemes offering a total \$1.6 million in funding.

The grants program was launched on 23 February 2023 with Expressions of Interest (EOI) initially sought for two of the schemes, GenQ Health and Wellbeing Community Grants and Impact Grants.

The program was launched by the Honourable Yvette D'Ath MP, former Minister for Health and Ambulance Services, to generate impactful, innovative, and evidence-based ideas to improve population health and wellbeing, with a focus on infants, children and young people.

GenQ Health and Wellbeing Community Grants

The GenQ Health and Wellbeing Community Grants scheme funds Queensland community-based projects that help councils, non-government and community organisations to deliver initiatives or programs that support health and wellbeing within the community, with a focus on children and young people.

Community organisations were invited to submit an EOI in the first stage of the grants process, which closed on 23 May 2023. Interest from the community was high with community-led initiatives submitted from across Queensland. Applicants will be notified of the outcome and awards in September 2023.

Proposals included initiatives that focussed on nutrition, physical activity, wellbeing, health equity, and aimed to benefit one or more priority of at-risk populations including, infants, children and young people, Aboriginal and Torres Strait Islander peoples, and people experiencing disadvantage, living with disability or from culturally, linguistically, and spiritually diverse backgrounds, or living in rural and remote regions.

GenQ Health and Wellbeing Impact Grants

The GenQ Health and Wellbeing Impact Grants scheme leverages existing knowledge that has the potential to influence health and wellbeing promotion and practice, and lead to improved, sustainable, and equitable health and wellbeing outcomes at the population level.

Research organisations were invited to submit an EOI in the first stage of the grants process, which closed on 23 May 2023. Proposals were submitted for initiatives that focussed on nutrition, physical activity, sleep, wellbeing, health equity, and aimed to benefit one or more priority or at-risk populations (as per the Community Grants scheme).

Applicants will be notified of the outcome and awards in September 2023.

Research partnerships

Research Partnerships enable innovative and high impact transdisciplinary research to inform HWQld's program design, implementation, and evaluation to deliver the most impactful preventative health for all Queenslanders. To achieve this, HWQld collaborates with university partners across Australia to generate high quality, relevant and innovative evidence-based data to inform policy recommendations and practices to enhance chronic disease prevention and health promotion practices in Queensland.

Grant awards

A total of nine grant applications supported by HWQld were successful and awarded in the financial year 2022–23 totalling \$20.6 million in funding awarded, with a total of \$492,416 contribution from HWQld (grants administered by universities).

Grants awarded in the 2022–2023 financial year:

- **The University of Queensland 360-Kids Community Network:** Led by Professor John Cairney from UQ, the initiative aims to equip all children and young people with the foundations for optimal health and development trajectories that deliver the best opportunities in life with a research-driven community hub (UQ HERA 2.0).
- **Digital Health SMART Institute:** Led by Associate Professor Clair Sullivan from UQ, the initiative aims to enable a learning health system through accelerated and streamlined data extraction from the Queensland Health integrated electronic medical records for research, innovation, and operations (UQ HERA 2.0).
- **Co-creating tools to support transformation of the food retail environment:** Led by Dr Miranda Blake and Dr Tara Boelsen-Robinson from Deakin University, the initiative aims to adapt and implement nutrition support tools in Queensland Hospital and Health Services and assess the impact on the implementation of A Better Choice (The Australian Prevention Partnership Centre, Rapid Response Research Grant).

- **Testing healthy food retail implementation tools:** a randomised pilot: Led by Dr Tara Boelsen-Robinson from Deakin University, the initiative aims to complement the related grant to support transformation of the food retail environment (Deakin University, Nourish Network, Faculty of Health Research Capacity Building Grant Scheme, Hatch 2023).
- **Digital public health to transform obesity prevention in Queensland:** Led by Dr Oliver Canfell from UQ, the initiative aims to assess the feasibility of implementing digital public health to improve obesity policy and practice and deliver better health outcomes (2022 UQ Early Career Researcher Development: Knowledge Exchange & Translation – Kx&T – Fund).
- **Using existing digital infrastructure for the national scale-up of an effective school nutrition program to reduce population cardiovascular risk:** Led by Professor Luke Wolfenden from the University of Newcastle, the initiative aims to add to a suite of Queensland school nutrition policy and programs to promote healthy eating ((Medical Research Future Fund (MRFF) Cardiovascular Health Mission)).
- **Small Steps for Big Changes: Implementing an Evidence-Based Diabetes Prevention Program into Diverse Urban Communities:** Led by Professor Genevieve Healy from UQ, the initiative aims to support the implementation of an Evidence-Based Diabetes Prevention Program into Diverse Urban Communities (Canadian Institutes of Health Research – CIHR – Healthy Cities Implementation Science Team Grant Scheme).
- **Scaling-up the ‘Play Active’ program to improve children’s physical activity in early childhood education and care – a multi-state hybrid effectiveness-implementation trial:** Led by Associate Professor Hayley Christian from The University of Western Australia, the initiative aims to improve the physical activity levels of children across Australia (MRFF Preventive and Public Health Research Initiative 2021 Maternal Health and Healthy Lifestyles Grant Opportunity).
- **Transforming Obesity Prevention for CHILDren: A decision aid for public health policy makers (TOPCHILD-Policy):** Led by Professor Rebecca Golley from Flinders University, the initiative aims to evaluate the adoption and impact of digital platforms to increase evidence-informed public health policy decision-making to prevent childhood obesity in the first 2000 days (Ian Potter Foundation Public Health Research Projects).

Previous and continuing research partnerships and funded grants:

- **Mobility Data Project:** A partnership with seven government agencies and three universities to evaluate the utility of mobility data.
- **ARC Training Centre for Information Resilience (CIRES):** Creating value with information resilience (UQ). Mr Hechuan Wen joined CIRES as a PhD Researcher in April 2022, for the project ‘Using Data to Overcome Wellbeing Challenges Across the Life Spectrum’.
- **Data and digital:** A collaboration with the UQ Queensland Digital Health Centre for two projects: the Healthy Weight Dashboard; and Towards Systematic Maturation of Analytics and System Redesign to Transform Healthcare and Public Health.

Key areas for future impact:

- establish a community network with leading child health researchers and stakeholders focused on understanding the gaps and opportunities to address complex challenges in child health and support children with neurodevelopmental challenges.
- develop and evaluate healthy food retail implementation tools.

Education and training

HWQld is dedicated to supporting health promotion student training and placements, recognising the critical role they play in shaping the future of public health. Through partnerships with educational institutions, we offer industry placements, undergraduate placements, and research opportunities that allow students to apply their knowledge in real-world settings. A commitment to learning and improvement drives both knowledge generation from practice, and knowledge translation into policy and practice. Our agency remains committed to nurturing the next generation of health promotion practitioners, preparing them to address emerging challenges and contribute to the promotion of health and wellbeing in local communities and at a population level.

Student placements

Work integrated learning experiences (student placements) form an essential component of health professions’ education whereby students can integrate theoretical knowledge with real-world application. This experiential learning is not possible within a lecture theatre setting and provides an opportunity for students to develop their professional identity, develop additional skills and enhance their work readiness and graduate employability prospects. HWQld provides a unique workplace-based learning opportunity within health promotion, public health and clinical prevention. In doing so, we are ensuring the next

generation of clinicians and researchers have a solid grounding in chronic disease prevention. Students who have been placed with HWQld report that they have valued the diversity in experiences across the agency, learning how to translate scientific knowledge into information for the general public and the opportunity to work flexibly which balances their university and personal commitments.

In 2022–2023, HWQld demonstrated a strong commitment to student placements, by hosting 18 students from three Queensland universities. Students were from a range of health disciplines including nutrition and dietetics, public health and psychology and represented both undergraduate and postgraduate programs. HWQld is committed to the ongoing growth of student placement capacity and the diversity of students placed with our teams, both within and outside of health disciplines. We are currently introducing placements with new programs and faculties across our university partnerships to achieve this aim.

HWQld is also committed to the support of higher degree research programs and currently supports five PhD candidates whose programs of work are in alignment with the strategic priorities of HWQld. The PhD candidates are also supported by the HWQld Early Career Research Network, established in 2022. The Network meets bi-monthly and is designed as an information exchange whereby students can share progress, connect with other PhD candidates and interact with HWQld staff through invited presentations to enhance the understanding of how research practice is applied in Industry. To further enhance the opportunity to apply research skills to industry practice, we are expanding our placement program to include Industry placements for other students undertaking higher degree research programs.

University partnerships

HWQld recognises that the education of health professionals, including quality work integrated learning experiences, is dependent on strong, reciprocal partnerships between universities and industry. Of the 12 universities which have a Queensland-based campus, HWQld has active partnerships with seven of these through the delivery of student placements or contributions to classroom-based learning. Our intention is to work towards collaborative partnerships with all Queensland universities.

As evidence of HWQld's commitment to student learning across the spectrum from the lecture theatre to workplace, HWQld has delivered 10 invited lectures or workshops across three Queensland universities. This has provided an important opportunity for students to understand the applied principles of health promotion, public health and clinical prevention at an early stage in their health degree. In addition to this, 14 HWQld staff hold honorary or adjunct titles for either teaching or research purposes with Griffith University, QUT and UQ.

Brisbane 2032 Olympic and Paralympic Games

- For HWQld, the Brisbane 2032 Olympic and Paralympic Games are a once-in-a-lifetime opportunity to change the lives of the next generation and reduce inequities across systems.
- HWQld has been actively contributing to the Queensland Government's Brisbane 2032 legacy planning to ensure the games deliver lasting positive health and wellbeing benefits for our state and across Oceania. It is a part of our GenQ vision to create a better future for every child.
- In addition, HWQld will continue to work across sectors to address inequity in the lead up to 2032 and galvanise the momentum of the games.

Parliamentary Inquiries

HWQld is a strong advocate for the nationwide public health and prevention agenda and welcomes the opportunity to provide written submissions to Australian and Queensland Government inquiries and reviews.

Measuring What Matters

To support HWQld's work on influencing the state and national commitment to a wellbeing economy, HWQld prepared a submission to the Australian Treasury consultation on the 'Measuring What Matters' federal budget paper (Statement 4). HWQld's submission focused on the importance of appropriately determining what matters to Australians through a more comprehensive consultation process; not only measuring wellbeing but ensuring that the information informs government policy and decision-making processes; ensuring the quality and comparability of the data collected; and being able to disaggregate the data to provide a comprehensive picture of wellbeing for all population groups.

Australian Centre for Disease Control

Preparatory work to establish an Australian Centre for Disease Control (CDC) began with the release of a consultation paper by the Minister for Health and Aged Care. HWQld prepared a submission on the consultation paper for an Australian Centre for Disease Control in December 2022. The submission highlighted HWQld's support for the CDC to provide strong leadership for an effective and efficient national response to the prevention of chronic diseases and provide national coordination of the Australian public health sector and workforce. HWQld welcomes the Australian Government announcement of initial funding for the CDC and is looking forward to working with the CDC on key preventive health issues.

Marketing in Australia of Infant Formulas review

HWQld made a submission to the Review of the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (the Agreement). The key objectives of the Agreement are to ensure safe and adequate nutrition for babies, enable informed decisions by caregivers and the proper use of breast milk substitutes. HWQld's submission noted the current arrangements are not considered effective, are not mandatory and are limited in their scope. HWQld provided support for the position of the Australian Breastfeeding Association, which is calling for a mandatory arrangement in line with the World Health Organization's International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions.

Early Years

In April 2023, HWQld contributed to the Australian Government's development of an Early Years Strategy to shape the vision for the future of Australia's children and their families. HWQld acknowledges an Australia encourages and enables all children to reach their full potential requires systemic change across government portfolios and strong policies to foster secure and healthy environments for ideal growth, learning and development. To support improved outcomes for children HWQld recommends that the Australian Government increases investment in preventive healthcare specifically across the first 2000 days, implements regulation that supports breastfeeding, implements regulation of 'junk food' advertising for children and implements taxation of sugar sweetened beverages.

Vaping inquiry

In May 2023, HWQld provided a submission to the Legislative Assembly's Health and Environment Committee in relation to Vaping – An inquiry into reducing rates of e-cigarette use in Queensland. HWQld supports action on reducing rates of e-cigarette use in Queensland. HWQld is advocating for a strong systems' change approach shaped by the complex interplay of the social, commercial, environmental, economic and cultural determinants of health. The submission included information in relation to the work of other state prevention and health promotion agencies including VicHealth and noted the unique position of our agencies to foster collaborative efforts across government and public health agencies to ensure a coordinated, cohesive, and targeted strategy to reduce the harm of tobacco and vaping products. HWQld is continuing to monitor the inquiry and its outcomes.

Commonwealth, Olympic and Paralympic Games

In April 2023, HWQld provided a submission into a whole of government response to the Senate Standing Committees on Rural and Regional Affairs and Transport inquiry into Australia's preparedness to host Commonwealth, Olympic and Paralympic Games (the Games). The focus was on HWQld's work across key strategies and policies that are laying the foundations for more equitable legacy outcomes from the Games. Results of this inquiry are due in September 2023. HWQld will continue to work across government and look for opportunities to galvanise the momentum of the Games for better health and wellbeing outcomes.

Publications

HWQld has co-authored a total of five publications in 2022–2023. These include:

B Searle, S Staton, R Littlewood and K Thorpe. *Mealtimes in the context of poverty: Comparison of ECEC services providing food and those requiring food provided from home*. Child: care, health and development. 2023 Feb 26. Online ahead of print. <https://doi.org/10.1111/cch.13109>

- *Key finding:* Early Childhood Education and Care Services face significant barriers to realizing their potential to support child nutrition and establish positive life course trajectories of nutrition. To do so requires targeted supports that enable sufficient supply and quality of food in the context of poverty.

Chai LK, Farletti R, Fathi L, Littlewood R. *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*. *Nutrients*. 2022; 14 (22): 4837. <https://doi.org/10.3390/nu14224837>

- *Key finding:* Digital interventions have shown modest improvements in child body mass index and significant effectiveness in diet and physical activity, with emerging evidence supporting the use of social media and video gaming to enhance program delivery.

Demshenko A, Buckley L, Morphet K, Adams J, Meany R, Cullerton K. *Characterising trusted spokespeople in noncommunicable disease prevention: A systematic scoping review*. *Preventive Medicine Reports*. 2022; 29: 101934. <https://doi.org/10.1016/j.pmedr.2022.101934>

- *Key finding:* Nature of trust and credibility of policy spokespeople is dependent on the studied population and context. Trusted messengers and their characteristics in NCD-messaging must be better understood to develop and maintain the trust of the public and policy makers.

Our objectives and measures

HWQld works purposefully to connect systems, sectors, and communities to strengthen chronic disease prevention in Queensland.

HWQld's approach is underpinned by three strategic pillars outlined in our *Strategic Plan 2020–2024*:

- **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 support health and wellbeing and prevent chronic ill-health.
- **Partnership:** supporting our partners by providing access to resources and expertise to scale-up and leverage evidence-informed and innovative approaches.

HWQld is committed to working together with diverse communities and priority population groups to ensure our activities are reflective of the needs and priorities of the Queensland communities we serve. Our Community Partnering Strategy informs how we engage with communities to develop and deliver initiatives that are inclusive, accessible, culturally respectful, and relevant.

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.

Pillar: Population	
Performance measure	Strategies
<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 cross sectors, including the National Obesity 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
<i>Strategic objective: Empower Queenslanders to live a healthier life</i>	
<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 by 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.

Statement of the government's broad objectives for the community

The government's objectives for the community reflect the government's vision for Queensland and outline the plan to build future prosperity and growth across the state.

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

- Good jobs
- Better services
- Great lifestyle

Health and Wellbeing Queensland's Strategic Plan 2020–2024 (<https://hw.qld.gov.au/strategic-plan/2020-2024>) supports the Queensland Government's objectives of 'Good Jobs', 'Better Services' and 'Great lifestyle'. HWQld contributes to the sub-objectives of Backing our frontline services, Keeping Queenslanders safe, Connecting Queensland, and Honouring and embracing our rich and ancient cultural history.

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 systems to influence the multiple drivers of health and wellbeing and provide significant economic benefits. HWQld is committed to working in partnership across government, communities, and other sectors to address the underlying factors that drive chronic ill-health through collaborative, evidence-based and community-focused action.

Service areas and service standards

Service area objective:

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

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

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of the Queensland population who consume recommended amounts of ^{1,2}			
• fruits	48.9%	47.5%	48.9%
• vegetables	7.6%	7.4%	7.6%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit ^{1,2}			
• Persons	58.3%	56.6%	58.3%
• Male	60.7%	58.9%	60.7%
• Female	56.1%	54.5%	56.1%
Percentage of adults and children with a body mass index (BMI) in the normal weight category ³			
• 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 data for fruit and vegetable consumption and physical activity is from the 2021 Preventive Health Survey for persons aged 18 years and over. This means the fruit and vegetable consumption and physical activity 2023–2024 targets are the same as the 2022–2023 SDS fruit and vegetable consumption and physical activity targets.
3. The most recent available published data for BMI based on measured BMI is from 2017–2018 National Health Survey. This means the 2023–2024 BMI targets are the same as the 2022–2023 SDS BMI targets.

The SDS measures reflect the effectiveness of whole-of-government activity and the complex challenges, many of which lie outside the health system, in improving these indicators.

The current SDS measures mask the complex interplay between biology, psychology, social and physical environmental determinants related to weight and weight-related behaviour (healthy eating, physical activity). This complexity also means that obesity rates will take time to be reversed. Reversing the prevalence of obesity has not yet been achieved anywhere in the world although there has been plateauing in some countries (the first step towards reversal).

Finance, risk management and accountability

Financial performance

The operating result for HWQld for the 2022–2023 financial year was \$3.3 million. Total Assets were valued at \$12.2 million at 30 June 2023 and total liabilities were \$785,000. Total income for the year was \$41 million and total expenses were \$37.7 million. Most of the income was derived from grant payments administered through the Health Portfolio. Total operating expenses for 2022–2023 were \$37.7 million, the largest being Service Procurement payments to providers (\$22.1 million) which accounted for 58.6 per cent of expenses. The second largest category was employee expenses (\$9.3 million).

Strategic workforce planning, performance and separation

HWQld's employees are dynamic, highly engaged and agile. The workforce continues to be diverse, consisting of dietitians, public health nutritionists, nurses, health promotion officers, research fellows, communications specialists, policy and data analysts, human resource, contract, grants and finance officers.

To support the delivery of services throughout the state and across a diverse geographical area, HWQld has employees based at Cairns as part of a Far North Queensland hub.

Since commencement in 2019, HWQld has matured and continued to build capability and capacity, and in 2022–2023, HWQld conducted an internal review of functions. Following significant consultation across the workforce, resources were realigned into a refreshed organisational structure that reflects HWQld's fluid model of work to support a flexible, innovative and agile approach to service delivery.

HWQld further optimises workforce effectiveness through the utilisation of Research Fellows, and PhD, undergraduate and postgraduate students across various fields.

In 2022–2023, employees continue to access flexible work arrangements with 19 per cent of staff working part-time. HWQld engages external service provider Benestar to provide employees and their immediate families with counselling and emergency assistance. Employees were provided access to the annual influenza vaccination program.

No redundancies, early retirements or retrenchments were offered or paid in 2022–2023.

Workforce profile data

Total FTE for HWQld based upon the fortnight ending 30 June 2023, including both full time and part time employees, measured on a full-time equivalent basis (reflecting Minimum Obligatory Human Resource Information (MOHRI)) is 55.55.

Target group data¹

Gender	Number (headcount)	Percentage of total workforce (calculated on headcount)
Woman	58	92.1%
Man	5	7.9%
Non-binary	<5	

Diversity groups	Number (headcount)	Percentage of total workforce (calculated on headcount)
Women	58	92.1%
Aboriginal Peoples and Torres Strait Islander Peoples	<5	
People with disability	<5	
Culturally and Linguistically Diverse – born overseas	7	11.1%
Culturally and Linguistically Diverse – speak a language at home other than English including Aboriginal and Torres Strait Islander/Australian South Sea Islander languages	5	7.9%

Women in leadership roles ²	Number (headcount)	Percentage of total Leadership Cohort (calculated on headcount)
Senior Officers (Classified and s122 equivalent combined)	5	55.5%
Senior Executive Service and Chief Executives (Classified and s122 equivalent combined)	<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 *Public Sector Ethics Act 1994* and ensures the public service demonstrates the highest ethical standards, integrity and accountability. All HWQld board members, subcommittee members and employees are expected to uphold the code of conduct and its applicability also extends to volunteers, students, contractors, 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 consider human rights in making decisions. Equity encompasses and infiltrates everything HWQld does to promote and protect universal human rights. HWQld supports the aim of the *Human Rights Act 2019* to embed respect for human rights into the culture of the Queensland public sector and the objects of the *Human Rights Act 2019* to protect and promote human rights, help build a culture in the Queensland public sector that respects and promotes human rights and help promote a dialogue about the nature, meaning and scope of human rights. HWQld is committed to building inclusive cultures in the Queensland public sector that respect and promote human rights and diversity. HWQld received no human rights complaints during 2022–2023.

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 2022–2023 included Budget Planning, and Corporate Cards. 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	Annual Reporting Requirements
AO	Officer of the Order of Australia
BMI	Body mass index
CEO	Chief Executive Officer
CEQ	Community Enterprise Store
CDC	Australian Centre for Disease Control
COVID-19	Coronavirus disease pandemic
DC	Deadly Choices
DTIS	Department of Tourism, Innovation and Sport
ECHO	Extension for Community Healthcare Outcomes
EOI	Expression of Interest
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 employees
GAICD	Graduate of Australian Institute of Company Directors
GenQ	Generation Queensland
GST	Goods and services tax
GP	General Practitioner
HHBs	Hospital and Health Boards
HHSs	Hospital and Health Services
HWCRI	Health and Wellbeing Centre for Research Innovation, UQ
HWQld	Health and Wellbeing Queensland
HWQld Act	<i>Health and Wellbeing Queensland Act 2019</i>

Acronym /term	Definition
ISSR	Institute of Social Science Research, UQ
IUIH	Institute for Urban Indigenous Health
JMOF	Jamie's Ministry of Food
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse
MP	Member of Parliament
MRFF	Medical Research Future Fund
MSC	Mornington Shire Council
NOS	National Obesity Strategy
NRL	National Rugby League
OAM	Medal of the Order of Australia
RE-FRESH	Centre of Research Excellence in Food Retail Environments
PPEP	Periods, Pain and Endometriosis Program
PhD	Doctor of Philosophy
PSM	Public Service Medal (Australia)
QAST	Queensland Association of School Tuckshops
QCWA	Queensland Country Women's Association
QGEA	Queensland Government Enterprise Architecture Information Licensing
Queensland Health	Department of Health and HHSs, collectively
QUT	Queensland University of Technology
RAC	Research Advisory Committee
SDS	Service Delivery Statement
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 requirement		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 50
	Public availability	ARRs – section 9.2	Inside front cover
	Interpreter service statement	Queensland Government Language Services Policy ARRs – section 9.3	Inside front cover
	Copyright notice	<i>Copyright Act 1968</i> ARRs – section 9.4	Inside front cover
	Information Licensing	QGEA – Information Licensing ARRs – section 9.5	Inside front cover
General information	Introductory Information	ARRs – section 10	Pg 2 to 7
Non-financial performance	Government’s objectives for the community and whole-of-government plans/specific initiatives	ARRs – section 11.1	Pg 46
	Agency objectives and performance indicators	ARRs – section 11.2	Pg 43 to 45
	Agency service areas and service standards	ARRs – section 11.3	Pg 47
Financial performance	Summary of financial performance	ARRs – section 12.1	Pg 48
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 49
	Human Rights	<i>Human Rights Act 2019</i> ARRs – section 13.5	Pg 49
	Queensland public service values	ARRs – section 13.6	Pg 15

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	Risk management	ARRs – section 14.1	Pg 12
	Audit committee	ARRs – section 14.2	Pg 12 to 13
	Internal audit	ARRs – section 14.3	Pg 49
	External scrutiny	ARRs – section 14.4	Pg 49
	Information systems and recordkeeping	ARRs – section 14.5	Pg 49
	Information Security attestation	ARRs – section 14.6	N/A
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1	Pg 48
	Early retirement, redundancy and retrenchment	Directive No.04/18 Early Retirement, Redundancy and Retrenchment ARRs – section 15.2	Pg 48
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 78
	Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Pg 79 to 81

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 2023

Health and Wellbeing Queensland Financial Statements 2022-23

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Health and Wellbeing Queensland

Statement of Comprehensive Income for the period ended 30 June 2023

		2023 Actual \$'000	2023 Original Budget \$'000	2023 Budget Variance* \$'000	2022 Actual \$'000
	Notes				
Income					
Revenue					
Grants and other contributions	4	40,276	38,655	(1,621)	39,948
Interest		761	150	(611)	143
Other revenue	5	11	-	(11)	-
Total Revenue		41,048	38,805	(2,243)	40,091
Total Income		41,048	38,805	(2,243)	40,091
Expenses					
Employee expenses	6	9,325	8,260	(1,065)	7,649
Supplies and services	7	4,627	30,255	25,628	5,555
Grants and subsidies		222	250	28	-
Depreciation	12	49	40	(9)	48
Service Procurement	8	22,131	-	(22,131)	22,318
Other expenses	9	1,381	-	(1,381)	1,795
Total Expenses		37,735	38,805	1,070	37,365
Operating Result		3,313	-	(3,313)	2,726
Total Comprehensive Income		3,313	-	(3,313)	2,726

*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 as at 30 June 2023

	Notes	2023 Actual \$'000	2023 Original Budget \$'000	2023 Budget Variance* \$'000	2022 Actual \$'000
Current Assets					
Cash and cash equivalents	10	9,271	6,819	(2,452)	7,431
Receivables	11	668	142	(526)	385
Prepayments		-	-	-	147
Other Current Asset		-	47	47	-
Total Current Assets		9,939	7,008	(2,931)	7,963
Non Current Assets					
Property, plant and equipment	12	273	280	7	322
Intangible Asset	13	2,019	-	(2,019)	969
Total Non Current Assets		2,292	280	(2,012)	1,291
Total Assets		12,231	7,288	(4,943)	9,254
Current Liabilities					
Payables	14	485	1,689	1,204	901
Accrued employee benefits	15	300	195	(105)	220
Total Current Liabilities		785	1,884	1,099	1,121
Total Liabilities		785	1,884	1,099	1,121
Net Assets		11,446	5,404	(6,042)	8,133
Equity					
Accumulated surplus		11,446	5,404	(6,042)	8,133
Total Equity		11,446	5,404	(6,042)	8,133

*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 2023**

	2023	2022
	\$'000	\$'000
Balance as at 1 July 2022	8,133	5,407
Operating Result	3,313	2,726
Balance as at 30 June 2023	11,446	8,133

The accompanying notes form part of these statements.

Health and Wellbeing Queensland

Statement of Cash Flows for the period ended 30 June 2023

		2023 Actual	2023 Original Budget	2023 Budget Variance*	2022 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Grants and other contributions		40,276	38,655	(1,621)	39,948
GST collected from customers		-	150	150	-
GST input tax credits from ATO		(447)	-	447	531
Interest receipts		761	-	(761)	143
Other		(31)	-	31	1
<i>Outflows:</i>					
Employee expenses		(9,188)	(8,260)	928	(7,768)
Supplies and services		(4,921)	(30,255)	(25,334)	(6,465)
Grants and subsidies		(222)	(250)	(28)	-
GST paid to suppliers		174	-	(174)	(608)
Service Procurement	8	(22,131)	-	22,131	(22,318)
Other expenses		(1,381)	-	1,381	(1,795)
Net cash provided by operating activities		2,890	40	(2,850)	1,669
Cash flows from investing activities					
Net cash used in investing activities		(1,050)	-	1,050	(979)
Net increase in cash held		1,840	40	(1,801)	690
Cash at beginning of financial year		7,431	6,779	(652)	6,740
Cash at end of financial year	10	9,271	6,819	(2,453)	7,430

The accompanying notes form part of these statements.

	2023 \$'000	2022 \$'000
Reconciliation of Operating Result to Net Cash from Operating Activities		
Operating surplus	3,313	2,726
Depreciation expense	49	48
Changes in assets and liabilities:		
Decrease in receivables	(283)	(243)
Increase / (Decrease) in prepayments	147	(99)
Decrease in payables	(416)	(788)
Increase in accrued employee benefits	80	25
Net cash provided by operating activities	2,890	1,668

*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 2023

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 2023

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 2022.

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 2021-22 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 2023

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 2023

	2023 \$'000	2022 \$'000
4. Grants and Other Contributions		
Grants from Government	40,276	39,948
Total	40,276	39,948

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	11	-
Total	11	-

6. Employee Expenses

Employee Benefits

Wages and salaries	6,781	5,645
Annual leave levy	776	533
Long service leave levy	183	141
Employer superannuation contributions	901	745
Other Employee Benefits	24	18

Employee Related Expenses

Workers' compensation premium	31	46
Payroll tax	411	332
Other employee related expenses	218	189
Total	9,325	7,649

The number of employees as at 30 June 2023, including both full time and part time employees, measured on a full time equivalent basis (reflecting Minimum Obligatory Human Resource Information (MOHRI)).

	2023 No.	2022 No.
Full-Time Equivalent Employees	[^] 55.55	55.05

[^] FTE data as at 30 June 2023 (based upon the fortnight ending 30 June 2023)

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 2023

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 2023

	2023 \$'000	2022 \$'000
7. Supplies and Services		
Property rental	446	449
Employment agency staff	392	35
Information technology	148	139
Minor plant and equipment	44	34
Legal fees	114	158
Supplies and consumables	651	401
Consultants and contractors	1,606	3,350
Corporate service charges	405	480
Communications	648	496
Sundry expenses	173	13
Total	4,627	5,555

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 Energy 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	22,131	22,318
Total	22,131	22,318

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	17	15
External audit fees for the audit of financial statements ⁽¹⁾	-	23
Grants - Other	29	874
Sponsorships	635	883
Contributions	700	-
Total	1,381	1,795

Audit Fees

- (1) Total audit fees quoted by the Queensland Audit Office relating to the 2022-23 financial statements are \$25,200 (2021-22: \$23,400). These fees will be expended in 2023-24 once full services and the invoice are received. There are no non-audit services included in this amount.

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2023

	2023 \$'000	2022 \$'000
10. Cash and Cash Equivalents		
Cash at bank	9,271	7,431
Total	9,271	7,431

Accounting policy

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

11. Receivables

Trade debtors	43	1
GST receivable	457	184
Long service leave reimbursements	3	54
Annual leave reimbursements	165	146
Total	668	385

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 and Equipment at Cost

Gross (at cost)	402	402
Less: Accumulated depreciation	(129)	(80)
Total	273	322
Carrying amount at 1 July	322	360
Acquisitions	-	10
Depreciation expense	(49)	(48)
Carrying amount at 30 June	273	322

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2023

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 2023

13. Intangible Asset and Amortisation expense

Closing Balance and Reconciliation of Carrying Amount

	Work in Progress	
	2023 \$'000	2022 \$'000
Gross (at cost)	2,019	969
Less: Accumulated amortisation	-	-
Total	2,019	969
Carrying amount at 1 July	969	-
Acquisitions	1,050	969
Amortisation expense	-	-
Carrying amount at 30 June	2,019	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.

14. Payables

Trade and other creditors	232	170
Accrued other supplies and services	252	730
Accrued Revenue	1	-
Total	485	901

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

Annual leave levy payable	246	175
Long service leave levy payable	54	45
Total	300	220

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 2023.

17. Contingencies

HWQld does not have any contingencies as at 30 June 2023.

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 2023

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 2023

20. Budgetary Reporting Disclosures

This section contains explanations of major variances between the Agency's actual 2022-23 financial results and the original budget presented to Parliament.

Statement of Comprehensive Income

		2023 Actual \$'000	2023 Original Budget \$'000	2023 Budget Variance \$'000	2022 Actual \$'000
	Variance Notes				
Income from Continuing Operations					
Revenue					
Grants and other contributions	1	40,276	38,655	(1,621)	39,948
Interest earned		761	150	(611)	143
Other revenue		11	-	(11)	-
Total Income from Continuing Operations		41,048	38,805	(2,243)	40,091
Expenses from Continuing Operations					
Employee expenses	2	9,325	8,260	(1,065)	7,649
Supplies and services	3	4,627	30,255	25,628	5,555
Grants and subsidies		222	250	28	-
Depreciation		49	40	(9)	48
Service Procurement	3	22,131	-	(22,131)	22,318
Other expenses	3	1,381	-	(1,381)	1,795
Total Expenses from Continuing Operations		37,735	38,805	1,070	37,365
Operating Result from Continuing Operations		3,313	-	(3,313)	2,726
Total Comprehensive Income		3,313	-	(3,313)	2,726

Explanations of Major Variances

- Grants and other contributions:* Additional grant funding for function specific activities was received during the year. This additional grant funding was received from the Department of Health and from the Department of Tourism, Innovation and Sport.
- Employee expenses:* Employee expenses reflect an increase in staffing to align with projects and Enterprise Bargaining Agreements ratified during the year.
- Supplies and services / Service Procurement / Other expenses:* The original combined budget for supplies and services, grants and subsidies, and service procurement totals \$30.5 million. Combined actual expenditure across supplies and services, grants and subsidies, and service procurement totals \$28.4 million. The \$2.1 million variance is due to a decrease of expenditure associated with contract variations and payments associated with contract deliverables.

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2023

20. Budgetary Reporting Disclosures (continued)

Statement of Financial Position

		2023 Actual \$'000	2023 Original Budget \$'000	2023 Budget Variance \$'000	2022 Actual \$'000
	Variance Notes				
Current Assets					
Cash and cash equivalents	1	9,271	6,819	(2,452)	7,431
Receivables		668	142	(526)	385
Prepayments		-	-	-	147
Other current assets		-	47	47	-
Total Current Assets		9,939	7,008	(2,931)	7,963
Non Current Assets					
Plant and equipment		273	280	7	322
Intangible assets	2	2,019	-	(2,019)	969
Total Non Current Assets		2,292	280	(2,012)	1,291
Total Assets		12,231	7,288	(4,943)	9,254
Current Liabilities					
Payables	3	485	1,689	1,204	901
Accrued employee benefits		300	195	(105)	220
Total Current Liabilities		785	1,884	1,099	1,121
Total Liabilities		785	1,884	1,099	1,121
Net Assets		11,446	5,404	(6,042)	8,133
Equity					
Accumulated surplus		11,446	5,404	(6,042)	8,133
Total Equity		11,446	5,404	(6,042)	8,133

Explanations of Major Variances

- 1 *Cash and cash equivalents:* Cash and cash receivables increased more than the original budget due to additional unexpected grants received in 2022-23, and an underspend in supplies and services that resulted in an operating result of \$3.313 million.
- 2 *Intangible assets:* Work in Progress costs associated with the development of the 'Podsquad' Application (intangible asset) were included in the original budget for supplies and services.
- 3 *Payables:* The original budget for accounts payable reflected previously expected outstanding contract payments.

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2023

20. Budgetary Reporting Disclosures (continued)

Statement of Cash Flows

		2023 Actual \$'000	2023 Original Budget \$'000	2023 Budget Variance \$'000	2022 Actual \$'000
	Variance Notes				
Cash flows from operating activities					
<i>Inflows:</i>					
Grants and other contributions	1	40,276	38,655	(1,621)	39,948
GST collected from customers		-	150	150	-
GST input tax credits from ATO		(447)	-	447	531
Interest receipts		761	-	(761)	143
Other		(31)	-	31	1
<i>Outflows:</i>					
Employee expenses	2	(9,188)	(8,260)	928	(7,768)
Supplies and services	3	(4,921)	(30,255)	(25,334)	(6,465)
Grants and subsidies		(222)	(250)	(29)	-
GST paid to suppliers		174	-	(174)	(608)
Service Procurement	3	(22,131)	-	22,131	(22,318)
Other expenses	3	(1,381)	-	1,381	(1,795)
Net cash provided by (used in) operating activities		2,890	40	(2,851)	1,669
Cash flows from investing activities					
<i>Inflows:</i>					
Payments for plant and equipment		-	-	-	(10)
Payments for intangibles		(1,050)	-	1,050	(969)
Net cash provided by (used in) investing activities		(1,050)	-	1,050	(979)
Net increase (decrease) in cash held		1,840	40	(1,801)	690
Cash at beginning of financial year		7,431	6,779	(652)	6,740
Cash at end of financial year		9,271	6,819	(2,453)	7,430

Explanations of Major Variances

- Grants and other contributions:* Additional grant funding for function specific activities was received during the year. This additional grant funding was received from the Department of Health and from the Department of Tourism, Innovation and Sport.
- Employee expenses:* Employee expenses reflect an increase in staffing to align with projects and Enterprise Bargaining Agreements ratified during the year.
- Supplies and services / Service Procurement / Other expenses:* The original combined budget for supplies and services, grants and subsidies, and service procurement totals \$30.5 million. Combined actual expenditure across supplies and services, grants and subsidies, and service procurement totals \$28.4 million. The \$2.1 million variance is due to a decrease of expenditure associated with contract variations and payments associated with contract deliverables.

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2023

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 2022-23. 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 2023

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.

2022-23

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	263	6	7	33	-	309
Chief Operating Officer	218	-	6	23	-	247
Executive Director	204	6	5	23	-	238
Executive Director(Acting 1) (Judy Nean)	32	1	1	3	-	37
Total Remuneration	717	13	19	82	-	831

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

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2023

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

2022-23

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		39	-
Ms Stella Taylor-Johnson	1/04/2020		15	-
Ms Anna Voloschenko	1/04/2020		15	-
Professor Ian Lowe	1/04/2020		15	-
Ms Jane Williams ~	1/04/2020		19	-
Mr John Lee^%	2/08/2021		-	-
Mr Shea Spierings	03/02/2022		17	-
Mr Shaun Drummond (as Acting Director-General, Department of Health)^	14/03/2022		-	-
Finance Audit and Risk Management Committee				
Christopher Johnson ^^	2/07/2020		3	-
Total Remuneration			123	-

^ 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

% 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

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2023

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

[%] 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

Health and Wellbeing Queensland

Notes to the Financial Statements for the period ended 30 June 2023

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 . HWQld received funding from the Department of Tourism, Innovation and Sport as a co-contribution toward project specific activities (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 2022-23

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 2023 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: 09/08/2023
.....



.....
Name: Mr Stephen Ryan
Title: Board Chairperson

Date: 9/8/2023
.....

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 2023, 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 2023, 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 Standard's Boards 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.

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2023:

- 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.



17 August 2023

David Adams
as delegate of the Auditor-General

Queensland Audit Office
Brisbane

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