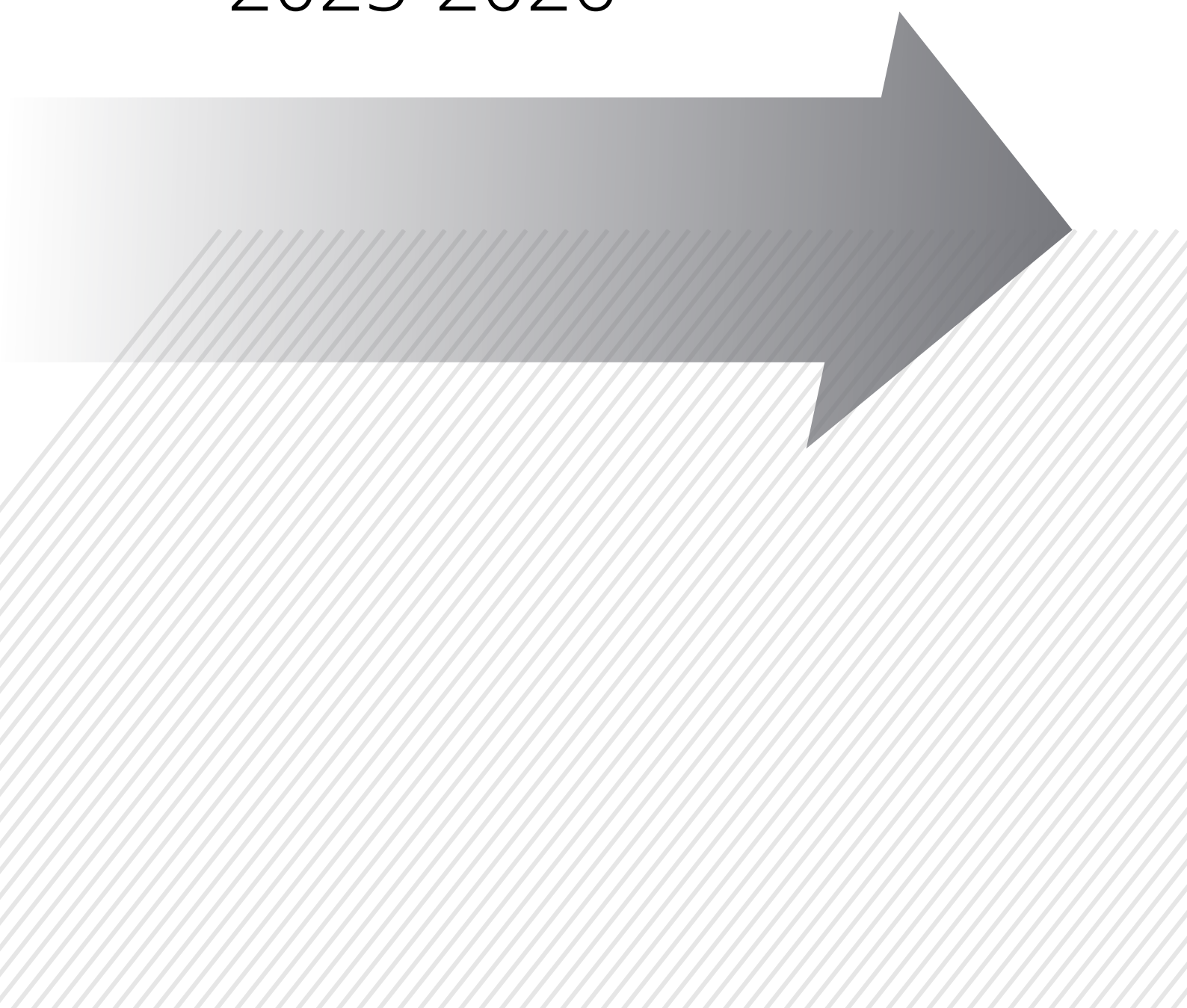


Health and Wellbeing Queensland

Annual Report

2025-2026



Accessibility

Open data

Open data information about consultancies, overseas travel, Queensland Language Services Policy, and Charter of Victims Rights 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 on consultancies, overseas travel, Queensland Language Service Policy, and Charter of Victims Rights for the 2025–2026 reporting period.

Public availability statement

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

Acknowledgement of Traditional Owners

Health and Wellbeing Queensland (HWQld) respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of the lands, waters and skies across Queensland. We pay our respects to Elders past and present and recognise their enduring connection to Country, culture, community and knowledge.

We acknowledge the strength, resilience and continuing contributions of Aboriginal and Torres Strait Islander peoples and recognise the importance of self-determination, cultural authority and community-led approaches in improving health and wellbeing outcomes.

We remain committed to listening, learning and working alongside Aboriginal and Torres Strait Islander peoples, communities and organisations to address health inequities and help create a healthier Queensland for current and future generations.

Recognition of a multicultural and diverse Queensland

We are committed to improving the health and wellbeing of all Queenslanders, regardless of culture, language, faith, age, gender, sexuality or background.

Equity and inclusion are central to HWQld's approach to chronic disease prevention. We recognise that Queensland's diverse communities bring valuable strengths, perspectives, and contributions, and we are committed to ensuring that everyone has access to the opportunities and support they need to achieve their best health.

Through partnerships, engagement and the co-design of initiatives, HWQld seeks to ensure programs and services are inclusive, culturally safe and responsive to the needs of Queenslanders, empowering individuals and communities to thrive and live healthier lives.

Letter of Compliance



27 August 2026

The Honourable Timothy Nicholls MP
Minister for Health and Ambulance Services
GPO Box 48
BRISBANE QLD 4001

Email: ministerial@health.qld.gov.au

Dear Minister Nicholls

I am pleased to submit for presentation to the Queensland Parliament the Annual Report 2025-2026 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 46-47 of this annual report.

Yours sincerely

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

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 AC PSM, Governor of Queensland

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Message from our Patron



GOVERNOR OF QUEENSLAND

Message from the Governor of Queensland

As Governor and Patron of Health and Wellbeing Queensland, I am pleased to recognise the important role the agency has continued to play in improving the health and wellbeing of Queenslanders over the past year. Through my patronage, and drawing on my background as a health professional, I have followed with particular interest the agency's focus on prevention and its efforts to encourage healthier lifestyles through practical, evidence-based initiatives across the state.

Over the past year, Health and Wellbeing Queensland has continued to build partnerships and deliver programs that respond to the diverse needs of Queenslanders, including those in rural, remote and priority communities. The 'Gather + Grow Strategy' has supported food security and nutrition in remote Aboriginal and Torres Strait Islander communities, while 'A Better Choice' is helping to create healthier food environments across the state. It is also encouraging to see the continued expansion of 'Pick of the Crop', introducing thousands of primary school students to healthy eating habits that can benefit them throughout their lives.

These initiatives reflect the agency's commitment to addressing complex health challenges through community-centred approaches and long-term prevention strategies.

During the year, I have also welcomed opportunities to promote the importance of physical activity and everyday movement. Whether through community walks, regional events or encouraging Queenslanders to enjoy the grounds of Fernberg, it has been rewarding to see strong community participation and engagement across the state.

These activities serve as a reminder that small, consistent choices can make a meaningful contribution to health and wellbeing at every stage of life.

I thank the Board, leadership team and staff of Health and Wellbeing Queensland for their ongoing work, and I look forward to continuing to support the agency in its mission to improve the health and wellbeing of Queenslanders.

A handwritten signature in black ink, reading 'Jeannette Young'.

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

Year in review

From the Board Chairperson

As Chairperson of the Board and a proud Board member since Health and Wellbeing Queensland's establishment in 2019, I have witnessed first-hand the remarkable dedication and expertise that has defined our first seven years and laid a strong foundation for an even brighter future.

As we continue to evolve and grow, our unwavering focus remains on preventing chronic disease across Queensland: building a legacy of healthier communities and a sustainable health system for generations to come.

We continue to help deliver on Queensland Government objectives by helping to reduce hospital demand through prevention programs and initiatives. We are also committed to working in partnership to address the underlying factors that drive chronic ill-health through collaborative, evidence-backed and community-focused action.

Over the past year, the agency has demonstrated its agility by adapting to shifting priorities. This has led to a stronger focus on a Regional Approach, which builds on the foundations established at Health and Wellbeing Queensland's inception: delivering impactful prevention initiatives and fostering partnerships to achieve our goals.

Through our valued prevention program partners, memoranda of understanding with Hospital and Health Services, local government and community groups, Health and Wellbeing Queensland is building a connected ecosystem designed to integrate prevention into the health system, scale evidence-based programs, and collaborate closely with communities across the state.

I am proud to share the positive impact of the programs and initiatives implemented by the state's prevention agency.

This year, data from the first two years of Diet Affordability Monitoring in Queensland was released — a cornerstone of the *Gather + Grow 2023–2032 Queensland Remote Food Security Strategy* (Gather + Grow). This strategy exemplifies the power of collective action in addressing remote food security, a critical factor in reducing chronic disease in remote communities.

We also welcomed a \$1.2 million investment by Hort Innovation into Pick of the Crop — our healthy eating initiative for primary schools. The investment and

subsequent actions build on existing efforts to positively enhance primary school students' knowledge, skills, and attitudes towards eating vegetables.

As Board Chairperson, I extend my thanks to the Honourable Timothy Nicholls MP, Minister for Health and Ambulance Services; and our Patron, Her Excellency the Honourable Dr Jeannette Young AC PSM, Governor of Queensland, for their continued support.

I am proud to have served alongside Dr Littlewood since Health and Wellbeing Queensland's establishment, and I would like to express my thanks for her strategic leadership, energy and commitment to improving the health of Queenslanders.

My role as Chairperson is supported enormously by the commitment and contributions of our Board members.

I would like to extend my gratitude to Queensland Health Director-General Dr David Rosengren, Department of Sport, Racing and Olympic and Paralympic Games Director-General Mr Andrew Hopper (Deputy Chairperson), and Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism Director-General Ms Natalie Wilde.

I also thank our non-executive directors for their knowledge, integrity, and passion, which enrich our decision-making and accountability: Emeritus Professor Ian Lowe, Ms Stella Taylor-Johnson, Ms Anna Voloschenko, Dr Shea Spierings and Ms Jane Williams.

Together, we have a shared responsibility to create the conditions that support and promote good health for all Queenslanders. This means ensuring everyone has access to the resources, services, and environments they need to live healthier lives. It's a collective effort, and by working together, we can build a healthier, stronger Queensland for generations to come.

Mr Stephen Ryan
Chairperson of the Board

Year in review

From the Chief Executive Officer

Health and Wellbeing Queensland (HWQld), the state's dedicated chronic disease prevention agency, is a significant investment in Queensland's long-term health.

Since 2019, Queensland's population has grown by more than half a million people¹, outpacing the national average. With an ageing population, rising rates of chronic disease, persistent inequity and increasing costs of care and everyday living, prevention has never been more vital, or more urgent. Queensland's future demands a health system that looks very different from its past. It also requires us to leverage opportunities for action on preventive health that lie outside the health system.

We are proud to help deliver on the Queensland Government's Objectives for the Community, with the community, paving the way for a healthier Queensland.

Prevention is critical to our health system, our communities and to individuals — from childhood to the senior years. It improves health, productivity and quality of life. Yet prevention of the past is no longer fit for purpose. The world has changed. People want personalised care, when and where they need it. At Health and Wellbeing Queensland, we call this new model of prevention 'Prevention 2.0' because it focuses on shaping comprehensive ecosystems and environments that influence health every day. It's comprehensive preventative care, leveraging the benefits of Artificial Intelligence, digital health and innovation, making a positive future for Queenslanders, on their terms. People and communities are driving the agenda and remain at the centre of all we do.

That's why we deliberately take a Regional Approach, which builds on strong, established relationships with communities, where we work with Hospital and Health Services, councils, community groups, and healthcare providers to co-design prevention solutions — the solutions that fit the region, on the terms the community deserves.

As we continue to deliver in these areas, we are also exploring opportunities to expand into new regions, assessing how to adapt and tailor our approach to meet local needs quickly and effectively — the right place at the right time. We don't wait for change. Change in health has happened and we need to be future focused in all of our work. We don't just plan, we do.

These principles are shared across the organisation. Our small but mighty workforce understands we have to leverage what we have. Our close collaboration of HWQld's Strategic Partnerships, Health Impact and Health Legacy teams is seamless. The Regional Approach represents a natural development of our commitment to working in partnership, which continues to be central to everything we do at Health and Wellbeing Queensland.

The agency's success has been shaped by the expertise and guidance of our Board, which sets our direction and ensures our efficient and effective performance, and I thank each of them, for their extraordinary skill, time and commitment to this agenda.

Our Chairperson, Mr Stephen Ryan, has been a partner since the very beginning and remains a passionate advocate for our work, and I extend my heartfelt thanks for his dedication, leadership, and governance, in a time where we have pivoted well, in response to the changing needs of the environment we live in.

I also wish to thank the Honourable Timothy Nicholls MP, Minister for Health and Ambulance Services, for his continued support and commitment to our prevention agenda.

Health and Wellbeing Queensland is also fortunate to have the support of our Patron, Her Excellency the Honourable Dr Jeannette Young AC PSM, Governor of Queensland.

Health and Wellbeing Queensland's work to deliver on its purpose is made possible through the unwavering support of our skilled and passionate staff, directors, and a dedicated and experienced executive leadership team. I would like to extend my gratitude to Deputy Chief Executive Officer Ms Gemma Hodgetts as well as Dr Sandra Pavey, Dr Simone Nalatu, Ms Joanna Munro, Ms Jennifer Kenny and Ms Nadine Dumont, who each served on the Executive Leadership team during this period. Their leadership has been instrumental in fostering a culture that truly reflects the values of our organisation.

I want to recognise the outstanding contributions of our funded prevention program partners: Institute for Urban Indigenous Health, Diabetes Australia, CQUniversity, Queensland Country Women's Association, Queensland Association of School Tuckshops, and Life Ed Queensland, who ensure that our work spans the state, reaching diverse communities, with a range of offerings.

The challenges we face are often complex and interconnected, but through partnerships across sectors and with all tiers of government, we continue to strive to improve the health outcomes of all Queenslanders both today and in the future.

Lastly, we said we would achieve impact, and we have. The following achievements are evidence of that.

This year, we have seen the positive impact of Health and Wellbeing Queensland projects and initiatives across communities throughout Queensland. Some of the agency's key highlights were delivered through work in the areas of food security, food environments and health education campaigns.

Diet cost and affordability in Queensland

- As part of Gather + Grow, Queensland's strategy to improve food security in remote Aboriginal and Torres Strait Islander communities, Health and Wellbeing Queensland led a diet cost and affordability monitoring project. The project provided insights into diet-related cost-of-living pressures across Queensland, and the areas at greatest food security risk.
- As part of the project, food basket prices (a selection of everyday food items) from over 40 regional and remote communities were compared to metropolitan prices. In 2024, the cost of healthy diets in remote Far North Queensland decreased by 24% compared to 2023, aligning more closely with costs in non-remote areas. This positive outcome is likely linked to the Queensland Remote Communities Freight Assistance Scheme. Despite this progress, many remote Aboriginal and Torres Strait Islander households continue to face food stress, spending over 25% of their income on food.
- This monitoring initiative provides essential data to inform policy development, guide future actions, and support collaboration with community and cross-sector stakeholders.

Pick of the Crop

- Health and Wellbeing Queensland's primary school healthy eating initiative Pick of the Crop (POTC) has reached 300 schools and over 70,000 students across Queensland, since it launched.
- This year POTC received \$1.2 million in funding from Hort Innovation, which will support robust evaluation of the existing program and assist the program's expansion into new regions through the Pick of the Crop Plus One research project.

A Better Choice

- Queensland's public healthcare facilities are leading the way in making healthier food and drink options more accessible for staff, visitors, and the public. Health and Wellbeing Queensland's A Better Choice strategy supports Hospital and Health Services to implement the Health Service Directive: Healthier food and drinks at healthcare facilities. The 2025 A Better Choice performance report highlights significant achievements, with 89% of retail outlets and vending machines across Mater Health and 16 Hospital and Health Services statewide now meeting healthy food and drink targets.

Healthy is Happening

- Health and Wellbeing Queensland delivered its first statewide, large-scale behaviour change campaign, Healthy is Happening, across Queensland in the first three months of 2026. The campaign, shaped by insights from a representative sample of more than 1600 Queenslanders, addressed common barriers to healthy living such as cost, time, and limited support and achieved over 7.2 million impressions.

Healthy eating campaign

- Health and Wellbeing Queensland partnered with the Outdoor Media Association (OMA) and AUSVEG to deliver the Fresh Veg, Deliciously Affordable campaign to increase vegetable consumption.
- HWQld invested \$25,000 in developing creative content. Through this strategic partnership, this was converted into a record \$12.5 million in donated advertising value to help put vegetables at the top of shopping lists and increase vegetable and fruit intake.

This is the strongest prevention agenda I have ever seen and as such, it is my pleasure to present Health and Wellbeing Queensland's annual report for 2025–2026.

Dr Robyn Littlewood
Chief Executive Officer

About Health and Wellbeing Queensland

Our vision

Making healthy happen for Queensland.

Our purpose

To address the risk factors for chronic disease, for a healthier Queensland and a stronger health system.

Our principles

- Outcomes
- Responsiveness
- Innovation
- Collaboration
- Credibility

Health and Wellbeing Queensland (HWQld) is committed to realising its vision of making healthy happen for Queensland by embedding prevention in communities and the broader healthcare system.

The agency has built strong foundations, including major cross-government strategies and impactful statewide prevention programs. HWQld is now redefining prevention to ensure its manifold benefits can be realised across Queensland's regions.

The value of prevention extends well beyond reduced pressure on acute healthcare, with chronic disease holding back the productivity growth needed to support Queensland's future prosperity.

Through strategic collaboration, HWQld addresses the risk factors for chronic disease with evidence-backed prevention policy, programs and initiatives. This approach is designed to deliver strong returns for Queensland's economy and health system, while creating a healthier future for all Queenslanders.

Opportunities and challenges

In 2025–2026, our strategic plan identified opportunities and challenges for our ambitious and innovative preventive health agenda.

We are committed to leveraging the following opportunities to make healthy happen for Queenslanders:

- **Health system reform:** Support reform across the health system to strengthen chronic disease prevention.
- **Agency responsiveness:** Utilise our agility as a statutory body to drive action for prevention, for population benefit.
- **New opportunities:** Leverage new opportunities to elevate prevention, including national reform agendas and the program to leave a positive legacy for all Queenslanders from the Brisbane 2032 Olympic and Paralympic Games.
- **Innovation and evidence:** Challenge traditional thinking by leading and supporting increased research, innovation and data intelligence.

We are also committed to addressing the following challenges to achieve our purpose:

- **Acute pressures:** The health system is under acute pressure, meaning there may be less of a focus on preventive health.
- **Complexity of prevention:** It is difficult to shift the dial on chronic diseases because so many factors influence health and wellbeing.
- **Balancing ambition with capacity:** Balancing an ambitious agenda with our capacity to deliver quality and sustainable outcomes requires careful management of our resources.
- **Innovative performance measures and models of service delivery:** Driving, evaluating and communicating meaningful change requires innovative performance measures and models of service delivery and funding.

To deliver on these commitments, in 2025–2026 Health and Wellbeing Queensland developed and implemented new ways of working.

Our objectives and measures

Health and Wellbeing Queensland (HWQld) works in partnership across government, communities and other sectors to address the risk factors for chronic disease, for a healthier Queensland and a stronger health system.

HWQld's approach is underpinned by five objectives outlined in our *Strategic Plan 2023–2027* (https://hw.qld.gov.au/wp-content/uploads/2026/01/HWQld_StrategicPlan_2023-27_March-2025-2.pdf):

- **Make a healthier Queensland:** Implement innovative solutions to improve all Queenslanders' health and wellbeing
- **Champion prevention:** Coordinate, promote and advocate for prevention to ensure sustainable outcomes
- **Drive systems change:** Work in ways that purposefully connect systems, sectors and communities to enable systems change
- **Commit to impact:** Generate and harness evidence and innovation to deliver measurable impact
- **Thrive together:** Adapt and enhance our ways of working to create a thriving and sustainable organisation.

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

Strategic objectives: Make a healthier Queensland	
Performance measures	Strategies
Initiatives are evidence informed, demonstrated through: • Use of data to prioritise efforts.	• Work with partners to implement comprehensive, data-informed actions to improve population health and wellbeing. • Collaborate to advance health equity for Aboriginal and Torres Strait Islander peoples. • Focus the delivery of evidence-informed actions to respond to population groups with the greatest capacity to benefit. • Use data and research to help target preventive health activities to reduce pressure on the health system.

Strategic objectives: Champion prevention	
Performance measures	Strategies
Prevention is prioritised and embedded across the health system and delivering intended outcomes, demonstrated through: • Promotion and coordination of prevention initiatives, programs and services. • Advocacy that drives policy change and collaboration to support health and wellbeing. • Investment in prevention initiatives, learning and development.	• Drive a policy agenda to create healthier environments where Queenslanders live, learn, work, and play. • Partner with the health system to embed prevention using innovative service delivery strategies. • Empower, inspire and engage people and communities to access evidence-based programs, resources, campaigns and initiatives. • Build prevention capability across health and other sectors through education, training and resources. • Strengthen the network of prevention stakeholders to integrate efforts and share learnings across communities and sectors. • Proactively advocate and contribute to the national prevention agenda. • Explore innovative funding models which support and incentivise prevention.

Strategic objectives: Drive systems change	
Performance measures	Strategies
The value and contribution of preventive health is communicated and understood. We have strong partnerships which deliver improved health and wellbeing outcomes, demonstrated through: • Purposeful engagement with leaders, influencers and partners. • Connections made across sectors which support collaboration, including sharing of resources, skills and data. • Robust engagement and strong partnerships with communities to shape and support action.	• Strengthen cross-sector governance and partnerships to facilitate shared action and investment in prevention. • Understand and invest in stakeholder relationships across sectors, industry and community as a vehicle for systems change and concrete action to promote the health and wellbeing of Queenslanders. • Mobilise and empower the Queensland community to build capacity and connection to drive improved health and wellbeing outcomes.

Strategic objectives: Commit to impact	
Performance measures	Strategies
There are appropriate approaches to monitoring, evaluation, learning and reporting across programs to support evidence-based decision making and action, demonstrated through: • Developing and implementing a shared and coordinated research and evaluation agenda. • Broad sharing of qualitative data, quantitative data, evaluation findings and promising practice. • Increased engagement with communities and consumers to develop, deliver and evaluate initiatives.	• Identify and share evidence to inform the delivery of impactful solutions to boost health and wellbeing. • Listen to the Queensland community, including the experience and aspirations of Aboriginal and Torres Strait Islander peoples. • Work with communities and priority population groups to co-design and evaluate local solutions that promote health and wellbeing. • Leverage the expertise of the research community to translate evidence into policy and practice. • Invest in partnerships to generate and lead evidence-based and innovative initiatives that emphasis prevention. • Deliver robust and comprehensive evaluations to measure the impact of our work.

Strategic objectives: Thrive together	
Performance measures	Strategies
We have the right organisational enablers to work on highly complex issues, demonstrated through: • A culture of continuous improvement. • Staff who are engaged, empowered and are supported to prioritise wellbeing. • A workforce that is skilled and accountable for delivery of our functions.	• Ensure efficient investment of time, expertise and resources to maximise impact for Queenslanders. • Build an inclusive workplace culture that celebrates the diversity of workforce experience, skills and perspectives that reflects the Queensland communities we serve. • Strengthen the cultural capability of our organisation and partners. • Foster a thriving workplace environment by supporting and investing in the wellbeing, capability and development of our staff.

The Queensland Government's Objectives for the Community are:

- Safety where you live
- Health services when you need them
- A better lifestyle through a stronger economy
- A plan for Queensland's future.

HWQld supports the Government's objectives of 'Health services when you need them' and 'A plan for Queensland's future'. The agency helps to deliver health services when Queenslanders need them through an evidence-based suite of free and low-cost prevention programs delivered by external partners. HWQld also delivers impactful homegrown programs and initiatives which provide Queenslanders preventive healthcare when they need it, helping to reduce hospital demand.

HWQld also contributes to the Government's objective of a plan for Queensland's future. To keep Queenslanders healthy, support productivity growth and meet future workforce demands, HWQld brings together partners across healthcare, government, education, research, community organisations and industry to create mutually reinforcing action within and beyond the healthcare system.

Health Impact

Health and Wellbeing Queensland (HWQld) is delivering high-impact prevention to reduce the burden of preventable chronic disease across the life course and ease pressure on Queensland's health system.

The Strengthening Prevention in Integrated Care Systems Framework (the Framework) underpins HWQld's commitment to collaborating with cross-sector stakeholders within and beyond the health system. The Framework's six building blocks lay the foundation for creating a sustainable prevention ecosystem, spanning individuals and communities, services, and broader systems.

Innovative models of care such as Wellness my Way, My health for life, Podsquad and Logan Healthy Living provide free, evidence-based support for chronic disease prevention and management. These programs ensure equitable access to preventive health alongside existing healthcare. Their success is built on shared leadership, collaborative funding, and a strong foundation in

evaluation and research, ensuring they are sustainable and effective.

HWQld is also committed to enhancing prevention knowledge, skills and confidence across the health workforce and other sectors. This capability is critical to embedding both proactive and opportunistic prevention into everyday practice. Clinicians Hub chronic disease resources and referral pathways, the Clinician's Guide to Women and Girls' Health podcast series, the Child and Family Health Workforce training modules, and the Project ECHO® Move and Measure It! series, showcase the breadth and accessibility of HWQld's capability building initiatives.

1. Health literacy

Podsquad

Podsquad (<https://hw.qld.gov.au/podsquad>) is HWQld's free, evidence-based wellbeing app for Queensland children aged 5–12 years and their families. The app helps children to build lasting healthy habits in nutrition, physical activity and sleep. Featuring animations and interactive games, Podsquad translates trusted health information into engaging, age-appropriate learning that builds knowledge, confidence and capability. Parents and carers are also supported with practical tools and resources to foster healthy home environments.

Podsquad expanded its reach across Queensland during 2025–2026, supporting more children and families to access health and wellbeing information through a digital platform.

- During the reporting period, 1366 new family accounts and 1800 child user profiles were created.
- Users generated more than 19,500 interactions with app content and engaged with over 360 active and completed quests.
- Podsquad remains committed to equitable access, with 11% of users identifying as Aboriginal and/or Torres Strait Islander and 45% of adult users residing outside major cities.
- Since its launch in July 2023, almost 17,200 children from more than 11,900 families have registered with the Podsquad app.

Podsquad was featured at the Queensland Clinical Senate on 24 April 2026, increasing awareness among clinical leaders and positioning the app as a trusted preventive health resource that can support families.

EmpowerHER Resources

With funding from Queensland Health, Health and Wellbeing Queensland progressed work to develop adolescent-focused consumer resources to support health conversations with adolescent girls around nutrition, physical activity and sleep.

Working in partnership with the School Based Youth Health Nursing team at Children's Health Queensland and Ethnic Communities Council of Queensland, the resources under development feature videos and posters co-designed by adolescent girls, for adolescent girls.

2. Workforce capability

Clinicians Hub

Clinicians Hub (<https://hw.qld.gov.au/clinicians-hub/>) brings together evidence-based resources and content in one location to support health professionals to deliver high-quality chronic disease prevention and management for Queenslanders.

Informed by feedback from clinicians across the health system, Clinicians Hub was enhanced to improve accessibility and navigation. Health professionals now have access to:

- **A Resource Library:** A comprehensive collation of reputable resources spanning the life course to support best-practice patient care and education.
- **Referral Pathways:** Easy access to free and low-cost prevention programs that complement usual care and further support patients.
- **Professional Development:** Learning opportunities such as podcasts and Project ECHO®, with plans to expand offerings to include training on minimising weight stigma and other emerging topics.

With funding received from Queensland Health a third podcast series was launched – Clinician's Guide to Women and Girls' Health. The nine-episode series features Queensland subject matter experts discussing preventive health and wellbeing across the lifespan of women and girls. The series launched in October 2025, with episodes released through to March 2026. The series achieved over 3500 downloads, reflecting its value to Queensland's health workforce.

Move & Measure It! Project ECHO®

The Move and Measure It! Project ECHO® series was a collaborative initiative between HWQld, The University of Queensland and Queensland Health. This five-part series was designed to support the implementation of the Physical Activity Cascade of Care within Mental Health Alcohol and Other Drugs (MHAOD) Services.

The series aimed to equip the MHAOD workforce with the skills and knowledge to deliver brief interventions to their clients that promote increased physical activity for improved health and wellbeing.

Child Health and Family Workforce Training Package

Funded through the Putting Queensland Kids First initiative, HWQld developed a Child and Family Health Workforce training package. This e-learning training package has been co-designed through collaborative partnership with Children's Health Queensland, The University of Queensland and working groups representative of the child and family health workforce across 15 Hospital and Health Services.

3. New models of community prevention

Wellness my Way

Wellness my Way (<https://hw.qld.gov.au/wellnessmyway/>) is a community-based prevention program designed to improve access to chronic disease prevention support for people living in South West Queensland, a region which experiences high rates of modifiable health risk factors. Delivered in partnership with Queensland Health's Health Contact Centre (HCC), South West Hospital and Health Service and The Health and Wellbeing Centre for Research Innovation at The University of Queensland, the program proactively connects community members with prevention initiatives to provide earlier support. The program leverages the Health Contact Centre's Way to Wellness digital health assessment and telephone coaching service, collaboratively adapted for community settings.

Evaluation of the pilot program found that the program improved consumer health outcomes. Six months after taking part, more participants were meeting fruit and vegetable intake guidelines. Positive trends were also seen in adherence to alcohol guidelines and in reducing body weight.

In its second year of implementation, Wellness my Way has:

- Supported over 400 South West residents to complete a health check and proactively engage with their health and wellbeing
- Facilitated more than 240 referrals to prevention programs and services targeting modifiable risk factors for chronic disease. Findings from the pilot period show an almost three-fold increase in referrals to South West Hospital and Health Service-delivered programs
- Strengthened collaboration and coordination across the local prevention ecosystem, creating clearer pathways to available support services and driving momentum for prevention.

Logan Healthy Living

Logan Healthy Living (<https://www.loganhealthyliving.org.au/>) is a community-centred, integrated model designed to prevent and manage chronic diseases, with a particular focus on supporting individuals living with or at risk of type 2 diabetes.

The program is delivered by UQ Health Care in partnership with Health and Wellbeing Queensland with support from additional partners including The University of Queensland, Griffith University, Metro South Health, and Brisbane South Primary Health Network.

Logan Healthy Living's flagship eight-week Lifestyle Management Program provides participants with personalised support delivered by an interprofessional allied health workforce which includes students. The program combines individual and group education sessions alongside exercise classes, empowering participants to manage their health and wellbeing.

The Lifestyle Management Program achieved the following during the reporting year:

- 306 participants
- An 8.4% increase in referrals into the program and a 29.9% increase in intake assessment completion rates
- Support for student involvement, with 87 students completing a placement with the program
- High participant satisfaction, with an average of 90.5% of participants reporting they were satisfied with the program.

My health for life

My health for life (<https://www.myhealthforlife.com.au/>) is a free, evidence-based health behaviour change program designed to support Queenslanders 18 years and over to take small, practical steps to improve their health and wellbeing and reduce their risk of developing chronic disease.

Participants begin by completing a digital health check. Those at high or moderate risk of chronic disease can then access telephone coaching or a group-based program, providing education and personalised support to improve healthy eating, physical activity, sleep and other lifestyle behaviours.

The program is delivered by Diabetes Australia in collaboration with key partners: the Ethnic Communities Council of Queensland (ECCQ), National Stroke Foundation, and the Queensland Aboriginal and Torres Strait Islander Health Council (QAIHC).

During the reporting year, key achievements included:

- Reaching more Queenslanders: Expanded eligibility to include people at moderate risk of chronic disease, alongside those at high risk, supporting earlier intervention
- Implemented and embedded an optimised telephone health coaching model, increasing coaching capacity while maintaining high standards of program quality, health outcomes, and participant satisfaction
- Launched a community-led Aboriginal and Torres Strait Islander telephone health coaching pilot to improve program access, participation, and outcomes
- Enhanced group-based program delivery for priority groups, including men, culturally and linguistically diverse communities, and workplaces
- Introduced a toll-free number (1800 00 MH4L), replacing the previous 13 RISK number, removing cost barriers and improving accessibility for Queenslanders.

These enhancements aim to expand access to chronic disease prevention support.

Between 1 July 2025 and 30 June 2026:

- 14,143 online health checks completed
- 75% participants identified as high risk and 9% identified as moderate risk
- 3053 commenced the telephone coaching or group-based program
- 70% program completion rate.

Key outcomes for program completers:

- 64% reduced waist circumference*
- 49% met physical activity guidelines*
- 17% achieved over 5% weight loss*
- 98% satisfaction rating.

* Of those who did not meet guidelines/recommendations at baseline.

My health for life continues to reach participants across all 16 Hospital and Health Services and has maintained focus on reaching people living in rural and remote areas (26% of participants), Aboriginal and Torres Strait Islander communities (5% of participants) and more disadvantaged areas (15% of participants).

Health Legacy

Health and Wellbeing Queensland (HWQld) is delivering prevention to reduce the burden of chronic disease in community settings to create a lasting legacy.

To promote physical activity, HWQld is creating opportunities for Queenslanders to move more in their daily lives. Programs like 10,000 Steps and partnerships with Life Education Queensland are encouraging active lifestyles, while engagement with stakeholders across sectors is shaping a forward agenda to reduce sedentary behaviour and support movement-friendly environments.

Through projects such as Pick of the Crop and A Better Choice, HWQld is creating healthier food environments in schools, healthcare facilities, and community spaces. Partnerships with the Queensland Country Women's

Association and the Queensland Association of School Tuckshops further empower communities to foster healthier eating habits.

Food security challenges in remote Aboriginal and Torres Strait Islander communities are being tackled through initiatives like Gather + Grow.

HWQld is also committed to advancing health equity by empowering community-led solutions and working in partnership with Aboriginal and Torres Strait Islander communities and community controlled organisations.

1. Physical activity

HWQld is committed to supporting Queenslanders to lead healthier, more active lives. Activity occurs in many forms, from incidental movement to organised sport.

HWQld undertook a comprehensive review of its physical activity programs and investments. In collaboration with the Health and Wellbeing Centre for Research Innovation at The University of Queensland, HWQld developed an evidence-based program of work to support more Queenslanders to increase physical activity and reduce sedentary behaviour.

Key opportunities highlighted to support physical activity, and decrease chronic disease include:

- Changing the environments that enable movement
- Developing capability of the broader workforce to promote physical activity
- Working in targeted settings to encourage movement
- Increasing public awareness of physical activity and building motivation to move more.

10,000 Steps

10,000 Steps (<https://www.10000steps.org.au/>) is a digital behaviour change program designed to support individuals, workplaces and communities to be more physically active. Delivered by CQUniversity, the program uses step tracking, team challenges and personal goal setting to encourage people to move more throughout their daily life.

Between 1 July 2025 and 30 June 2026, 21,601 Queenslanders actively participated in the program, with 10,962 new individuals registered and actively logging steps. Of the new participants:

- 71% were women
- 12% were aged over 45 years
- 4% identified as Aboriginal and/or Torres Strait Islander
- 30% lived in a rural or remote community
- 64% were insufficiently active at registration.

Key outcomes for the program include:

- 15.38 billion steps logged across 424 postcodes
- 100% of new active participants set a daily steps goal
- 35% of active participants recorded an average of at least 10,000 steps per day
- 30,703 downloads of the mobile app.

Workplaces were the major contributor to reach and engagement:

- 81 new organisations registered
- 191 organisations started tournaments, with a total of 264 tournaments
- 14,360 participants across 2037 teams logged over 4.4 billion steps.

Program satisfaction was strong, with 89% of individuals reporting being satisfied with the program and 86% reporting that they would recommend the program to others. The website and mobile app have also been improved to enhance user experience and system functionality, and a new Coordinator Hub launched to improve delivery of resources to the 10,000 Steps Coordinators.

Building on the success of the 10,000 Steps program, a new community challenge was developed to further inspire Queenslanders to move more in their daily lives. Designed to harness growing interest in physical activity, the challenge encourages participation at all levels, with registrations opening on 1 July 2026.

Life Education

HWQld partnered with Life Education Queensland (Life Ed Qld) (<https://lifeeducationqld.org.au/>) on the delivery of curriculum-aligned social-emotional wellbeing education to primary school students across Queensland.

Delivery included both the Talk About It and Healthy Harold programs. In consultation with Life Ed Qld, schools select modules which support children to develop knowledge, skills and confidence to make healthy and

safe choices. Support for parents, carers and teachers is also included. The programs prioritise access for Aboriginal and Torres Strait Islander children, culturally and linguistically diverse communities, students from low socio-economic backgrounds, and those living in regional, rural and remote communities. Teacher feedback was overwhelmingly positive, with 99% of surveyed teachers reporting that students gained new knowledge to support their health and wellbeing, and 100% agreeing that Life Ed Qld educators created safe and inclusive learning environments.

Recent independent evaluation by Curtin University reported Talk About It delivers measurable impact, increasing student knowledge and teacher confidence, with 82% of teachers reporting increased confidence to deliver relationships and sexuality education, 81% of parents reporting positive behaviour changes and 77% of students rating the program as amazing or good.

Between 1 July and 30 June 2026, HWQld-funded sessions reached:

- 135,631 primary school students
- 6607 teachers across Queensland.

Program delivery focused on equitable access, with:

- 65% of sessions delivered outside the Brisbane, Gold Coast and Sunshine Coast regions
- 13,639 students (10.6%) identifying as Aboriginal and/or Torres Strait Islander
- 20.1% of participating students from culturally and linguistically diverse backgrounds
- 27,313 students attending schools in educationally disadvantaged areas (ICSEA <950), representing 34% of total school delivery.

Life Ed Qld also delivered wellbeing and respectful relationships education to 9031 children aged three–four years through 314 visits to early childhood education settings and 449 visits to schools. Harold's Early Learning Adventure was launched to offer a 12-month kindergarten health and wellbeing package supporting children, educators and families.

2. Food environments

HWQld is driving statewide efforts to create healthier food environments by partnering with communities, schools, sports organisations, and Hospital and Health Services. These collaborations aim to improve access to nutritious, affordable options, enhance health literacy, build local capacity, and support sustainable change.

Pick of the Crop

Pick of the Crop (POTC) (<https://hw.qld.gov.au/pick-of-the-crop/>) engages primary school students to learn about vegetables and fruit.

Since launching in 2021, the initiative has reached 300 schools and over 70,000 students, delivering positive learning experiences and improving attitudes and motivation to eat vegetables and fruit. In 2025–2026, there were 279 schools across seven education regions participating in POTC, reaching over 63,000 students. This includes 18 schools in remote communities. HWQld supported schools by issuing \$279,000 in grant funding to 85 schools throughout the reporting period, and approved an additional 41 grant funding applications submitted prior to the round closing on 30 June 2026.

Four local implementation partners employed six regional coordinators to provide tailored support to schools, with HWQld supporting schools in Far North Queensland remote communities. Implementation partners in 2025–2026 included: Bowen Gumlu Growers Association; Bundaberg Fruit and Vegetables Growers Ltd; Children's Health Queensland Hospital and Health Service (HHS); and South West HHS. In 2025, 128 teachers completed an evaluation, with key highlights including:

- 90% reported more opportunities for students to eat vegetables and fruit at school
- Likelihood to recommend POTC to other schools was rated at 4.87 out of 5.

To support continuous improvement, the University of Newcastle's National Centre of Implementation Science provided recommendations to inform the delivery and sustainability of POTC, with changes commencing in Term 1, 2026. POTC will be further strengthened following a successful funding submission for a \$1.2 million investment by Hort Innovation to deliver a two-year research project, Pick of the Crop Plus One (POTC+1). The research will measure the impact of POTC on students' vegetable intake reported by parents.

A Better Choice

A Better Choice (<https://hw.qld.gov.au/a-better-choice/>) enhances Queenslanders' access to healthy food and drink options in key settings outside the home.

Healthcare

HWQld continues to support HHSs to implement the *A Better Choice Food and Drink Supply Strategy for Queensland Healthcare Facilities* (ABC Healthcare). Implementation of ABC Healthcare ensures that HHSs meet standards in the *Health Service Directive: Healthier Food and Drinks in Healthcare Facilities* (the Directive). Key achievements in 2025–2026 include:

- The proportion of retail outlets in HHSs meeting food and drink supply targets improved from 68% in 2024 to 86% in 2025
- Ten HHSs achieved 100% of food and drink targets, with 97% of drink vending machines and 95% of food vending machines also meeting all targets
- A public report with performance data on HHSs was released to enhance transparency and implementation
- Review of the Directive commenced in 2026, with input from HHSs. HWQld is supporting Queensland Health to undertake the review
- Ten HHSs and leaders were recognised at the 2025 A Better Choice Conference for achievements in implementing ABC Healthcare.

Sport

HWQld continues to work with partners to implement the *A Better Choice Food and Drink Supply Strategy for Queensland Sport and Recreation Facilities* to support healthier food and drink supply in the sport and recreation sector. The 2025–2026 year saw progress, with sport and recreation canteens introducing more healthy food and drink options and promoting these to players and visitors. This included four sporting clubs and venues that participated in the Pick Me for Kids pilot, which uses promotional materials to highlight healthy food and drink options.

ABC Conference

The second A Better Choice Conference was held at the Brisbane Convention and Exhibition Centre on 19 August 2025. The event encompassed a full-day conference and trade exhibition where attendees could interact with suppliers and services that support healthier food and drink supply across various settings.

The event was well-received, with 210 registrations and nine trade exhibitors showcasing healthy food options and services. 87% of delegates were satisfied with the event, rating it 4.3 out of 5, and 86% said they were likely to make changes to their healthy food and drink options.

QCWA Country Kitchens program

Country Kitchens (CK) (<https://qcwacountrykitchens.com.au/>) is a state-wide community program delivered by the Queensland Country Women's Association (QCWA). The program aims to improve food and nutrition literacy among Queenslanders, particularly those living in regional, rural, and remote areas.

Between 1 July 2025 and 30 June 2026, 67 new QCWA volunteer members were trained as CK facilitators. Additionally, 67 CK facilitators advanced through the training PATHway to achieve Level 4 training status, enabling the delivery of hands-on nutrition and food literacy workshops in schools and communities throughout Queensland. Nearly all CK facilitators reported high levels of satisfaction with the training received (95%).

During this period, CK facilitators delivered 1906 local community health activities, reaching 36,699 Queenslanders across the state, particularly in regional and rural Queensland. These activities included healthy recipe promotions, healthy eating showcases, cooking demonstrations, hands-on nutrition and cooking skills workshops, delivered in schools and community settings. The delivery of these activities was further strengthened by 200 partnerships with local organisations and community groups. The program also partnered with 58 schools to deliver cooking skills workshops with students; 22 of these were with Pick of the Crop schools.

Key achievements in 2025–2026 include:

- Ten QCWA branches have now established CK Walking Groups in rural and regional communities, utilising the 10,000 Steps program to track progress and logging over 27 million steps to date
- The CK Healthier Supermarkets Project 'Supermarket Superheroes' has expanded to engage five additional rural and regional stores, with CK facilitators partnering with stores in St George, Emu Park, Miriam Vale, Quilpie and Longreach. The initiative aims to encourage the

purchase of more vegetables and fruit in-store through a local social marketing campaign and other signage and promotion strategies. Evaluation findings from the St George store indicated that over half of customers surveyed felt the campaign encouraged the purchasing of more fruit and vegetables from the store.

Queensland Association of School Tuckshops (QAST)

The Queensland Association of School Tuckshops (QAST) (<https://qast.org.au>) continues to support tuckshops, school staff and volunteers to provide healthier food and drink options through its Healthier Tuckshops Programs.

In 2025–2026, QAST engaged 81 schools (with 200 participants), across Queensland through online network meetings or a face-to-face session in Bundaberg, Cairns or Townsville. Key achievements included:

- Expanding the suite of resources available to all Queensland schools via the QAST website with the addition of 27 new recipes and six new Healthy Tuckshop resources, generating 31,600 recipe downloads, 11,291 resource downloads and 118,000 website visits
- Increased digital engagement with a social media following of 4500, 350 video views (recorded online meetings), over 2500 newsletter recipients and videos and reels being viewed more than 15,500 times
- The 2025 Recipe of the Year competition, attended by the Queensland Premier and Minister for Veterans, the Honourable David Crisafulli MP, the Minister for Education and the Arts, the Honourable John-Paul Langbroek MP, and HWQld's Chief Executive Officer, attracted 44 entries and gained national and state media. Social media views for Recipe of the Year posts exceeded 5000 views and the winning recipe demonstration video and reel was viewed close to 1500 times
- Survey results from 102 schools showed 70% improved their menus, and 67% increased their knowledge, and confidence in offering healthier options
- QAST's Healthy Menu Planning course had 110 registrations and 66 completions, supporting sustainable tuckshop improvements and equipping participants with the tools to create long-term change
- Survey results from 102 schools showed 70% had improved their menus after utilising resources and 67% increased their knowledge and confidence in offering healthier menu options.

Through practical tools, training, and peer support, QAST continues to empower school communities to create healthier, more sustainable tuckshop menus, fostering better health outcomes for Queensland students.

3. Remote food security

HWQld continues to work with Aboriginal and Torres Strait Islander communities in Far North Queensland and the Lower Gulf to address food insecurity.

The Gather + Grow (<https://hw.qld.gov.au/gather-grow/>) initiative provides a coordinated response to improve access to affordable, healthy food, focusing on four dimensions of food security:

- **Availability** – healthy food is available in communities
- **Access** – healthy food is affordable
- **Utilisation** – healthy food is chosen and prepared
- **Stability** – these dimensions remain consistent over time.

Developed with community, government, and multiple sectors, Gather + Grow delivers in four priority areas: logistics and supply chain, local food production, healthy communities, and healthy homes.

Logistics and supply chain – enhancing food access

Remote Queensland food supply chains are lengthy and weather-affected, with fresh produce taking up to eight days and travelling approximately 4000km, compared to three days for Brisbane².

In partnership and co-funded with the Department of Primary Industries and End Food Waste Australia, we are delivering a supply chain optimisation project. By 2027, the project will map food waste and nutrition supply issues across Cairns, Cape York, and the Torres Strait to improve food security for 720,000 households and cut food waste by 5% through enhanced supply chain solutions.

Local food production – building community resilience

HWQld, Nirrvara, and the Department of Primary Industries developed the Local Food Production Readiness Assessment Matrix to help remote communities and funders make informed, culturally appropriate decisions on food production initiatives. With Queensland Health and Torres Shire Council, HWQld supported the revitalisation of the Frog Gully Community Garden on Thursday Island and established a new aquaponics system on Horn Island, expanding access to fresh food in the Torres Strait.

In partnership with the Department of Sport, Racing and Olympic and Paralympic Games, HWQld also worked with 19 discrete local government councils to plan infrastructure that improves physical activity and healthy food access. Nine councils focused on healthy food access, and 10 on sport and recreation infrastructure.

Healthy communities

Through the Pick of the Crop (POTC) Program, HWQld supports 18 schools in Cape York and the Torres Strait Islands, building food literacy among students, teachers, and families.

The Healthy Stores Project, a partnership between HWQld and Community Enterprise Queensland (CEQ), is enhancing healthier retail environments in remote Aboriginal and Torres Strait Islander communities, with these key outcomes:

- Environmental modifications implemented in 27 CEQ stores, with 21 stores participating in research showing a 10.7% increase in store healthiness
- Funding provided for a nutrition role to lead the CEQ Healthy Ways Campaign across 27 communities, with plans to evaluate its impact.

HWQld is also collaborating with Monash University and the National Indigenous Australians Agency to improve access to affordable essentials for remote First Nations households. Achievements include:

- Benchmarking 24 remote stores against National Code of Practice standards
- Supporting stores to access the Australian Government's Low-Cost Essentials Subsidy Scheme, reducing costs for 30 essential items.

Healthy homes

HWQld, in partnership with the University of the Sunshine Coast and Yarrabah Aboriginal Shire Council, piloted the Yarrabah Foodcubes Project, installing 24 Foodcubes to enhance household food security and wellbeing. The first publication, Practical Application of Ethical Research Principles: Developing and Implementing Grassroots Food Security Research With the Yarrabah Aboriginal Community (https://gecko.healthinforonet.org.au/uploads/resources/52759_52759.pdf), is available, with an impact paper in development.

4. First Nations health equity

HWQld's work is guided by the principles of self-determination, cultural respect, and shared decision-making. It aligns with the Queensland Government's commitments to health services when you need them, as well as the National Agreement on Closing the Gap and Making Tracks Together – Queensland's Aboriginal and Torres Strait Islander Health Equity Framework. As a prescribed stakeholder under Making Tracks Together, HWQld ensures our work contributes to and is aligned with broader health system and cross-government reforms.

HWQld actively reviewed the 10 Hospital and Health Service (HHS) Health Equity Strategies developed during 1 July 2025 to 30 June 2026 to support efforts to reduce health inequities experienced by Aboriginal and Torres Strait Islander peoples across Queensland. In addition, in September 2025, HWQld engaged with the First Nations Health Office on the refreshed *First Nations First Strategy Action Plan 2025–28* and is supporting this important work in the focus areas of reshaping the system and transforming care with actions related to food security and the Deadly Choices program.

Deadly Choices

HWQld continued funding the healthy lifestyle component of the Deadly Choices program (<https://deadlychoices.com.au/>), delivered by the Institute for Urban Indigenous Health. In 2025–2026, this initiative supported 28 staff and empowered communities to make healthier choices around food, physical activity, and healthcare in culturally safe ways. Key activities included:

- School-based healthy lifestyle education programs
- The Good Quick Tukka cooking education program
- Traditional Indigenous Games and Indigenous Senior Games supporting physical activity through culture, community and sporting events
- Social marketing and health promotion campaigns.

In 2025–2026, a total of 735 education programs and community events were delivered, with 51% of these outside of South East Queensland. Additionally, 6864 participants completed the education program across Queensland, with 47% of total participants coming from programs outside South East Queensland. Data from the Healthy Lifestyle Education (Senior)

and Good Quick Tukka (Senior) education programs showed high satisfaction rates and improvements in fruit and vegetable intake, physical activity, cultural identity and social and emotional wellbeing. Partnerships with Queensland NRL clubs (Brisbane Broncos, North Queensland Cowboys, Gold Coast Titans, and Dolphins) further amplified the program's impact through co-branded merchandise promoting annual health checks.

Murri Rugby League Carnival

In September 2025, HWQld once again co-sponsored the Murri Rugby League Carnival to champion the message that everyone has the right to good health. With co-sponsors the Department of Sport, Racing and Olympic and Paralympic Games and the Department of Justice, this tobacco, drug, alcohol, and sugar-free carnival, with mandatory health checks for all players, underscores our strong commitment to fostering healthy behaviours.

Improving food security in remote communities

HWQld continued to support better access to healthy, affordable food in remote communities through Gather + Grow. Working with councils, community-controlled organisations and government agencies, we are contributing to Closing the Gap priority reforms to strengthen and establish formal partnerships and shared decision-making and build the Aboriginal and Torres Strait Islander community-controlled sector.

Expanding prevention programs

HWQld also prioritised health equity through its prevention programs. Key initiatives included developing a pilot Aboriginal and Torres Strait Islander Coaching Program within My health for life, delivered by Diabetes Australia in partnership with the Queensland Aboriginal and Islander Health Council.

HWQld-funded programs supported at least 16,818 engagements by Queenslanders who identified as Aboriginal and/or Torres Strait Islander.

Frontline support and corporate operations

The agency's work to deliver health impact and a health legacy is enabled by frontline support and corporate operations functions. These functions provide support, rigour, strategic advice and communications, and vital connections to stakeholders.

1. Strategic communications

Health and Wellbeing Queensland (HWQld) delivers statewide, integrated social marketing and behaviour change campaigns, designed to reach diverse audiences and influence action around health behaviours that can prevent chronic disease.

In addition to campaigns to promote the Clinician's Guide to Women and Girls' Health podcast and Wellness my Way the following were delivered:

Healthy is Happening

HWQld's first statewide social marketing campaign, aimed at increasing healthy behaviours which protect against chronic disease, was launched on 5 January 2026 and was in-market until 29 March 2026.

It highlighted that everyday Queenslanders were already making small, positive changes to eat well, move more and increase their wellbeing, and invited all Queenslanders to join in and make lifestyle or healthy eating choices.

Healthy is Happening was delivered across diverse digital media, including out of home, programmatic TV, radio, cinema and Meta (Facebook and Instagram). The campaign achieved more than 7.2 million impressions with over 320,000 conversions.

Before the Baby Bump

The Preconception Health Promotion Trial's Before the Baby Bump campaign was piloted in the Mackay and Ipswich regions from December 2025 through to May 2026. Funded through the Putting Queensland Kids First initiative, the campaign was developed with support from Queensland Health. Its primary aim was to improve preconception health knowledge and support among consumers and health professionals.

The campaign directed consumers to a Before the Baby Bump website offering multimedia resources, downloadable checklists for men and women, and a preconception health check. Completion of the health check provided access to the My health for life program, offering up to six telephone health coaching sessions to support goal setting and behaviour change. The website also included a dedicated hub for health professionals to support preconception conversations.

The social media campaign achieved significant reach, generating over 12 million impressions over the five months. Website engagement was strong, with over 36,000 consumer views and almost 2500 visits to the health professional-specific preconception pages.

While the campaign evaluation is ongoing, the website, resources, preconception health check and coaching sessions remain available to support ongoing preconception health literacy.

Digital communications

HWQld continued to strengthen its digital communications program through a targeted, evidence-informed approach across social media, email and web channels. By delivering trusted health information and expert-led content, HWQld supported Queenslanders to make informed decisions about nutritious eating, physical activity and wellbeing.

Key achievements included:

- 37.7 million digital impressions and 4.1% engagement rate
- \$0.11 CPC (cost per click), demonstrating efficient campaign delivery
- 12,941 email subscribers and 705,994 website users accessing health information, programs and resources.

Media engagement

Media coverage generated a potential audience reach of more than 15.5 million people, amplifying key health messages and increasing awareness of evidence-based approaches to healthy eating, chronic disease prevention and community wellbeing across Queensland and nationally.

HWQld initiatives and funded prevention programs featured prominently in media coverage, including:

- Diet Cost and Affordability Monitoring (part of Gather + Grow)
- Pick of the Crop
- A Better Choice
- Wellness my Way
- Logan Healthy Living
- Community Grants
- CEQ Healthy Ways in-store healthy eating campaign.

Strategic media engagement increased the visibility of prevention initiatives and strengthened stakeholder awareness of HWQld's objectives. HWQld spokespeople were regularly featured as subject matter experts, providing evidence-informed commentary on key public health issues including:

- Chronic disease, type 2 diabetes, overweight and obesity
- Vegetable consumption
- Diet affordability and shopping habits
- Students' lunchboxes
- Food security.

2. Strategic engagement

HWQld places a strong focus on strategic partnerships to extend the agency's reach and impact. In 2025–2026, the agency collaborated with a diverse range of industries to explore innovative ways to advance the agency's purpose of improving health and wellbeing for all Queenslanders. These industries included health, pharmacy, insurance, universities, supermarkets, and finance.

HWQld engaged with Hospital and Health Services (HHSs) and local councils to expand access to health and wellbeing programs across Queensland's regions, with a particular emphasis on regional and remote areas. The agency also connected Queensland community groups with funding programs from national trusts and foundations that align with HWQld's strategic priorities.

Health Alliance

The Health Alliance is a network of Queensland's major health organisations and peak bodies uniting to address preventable chronic disease across the state. Current members include Queensland Health, Institute for Urban Indigenous Health, Diabetes Australia, Queensland Country Women's Association, Life Education Queensland, 10,000 Steps and Queensland Association of School Tuckshops.

The Alliance focuses on the prevention of chronic disease and has three core objectives:

- **Strengthening prevention:** Working together to lead, act and advocate for better health outcomes across Queensland
- **Increasing impact:** Combining different health programs and interventions to make a bigger difference for Queenslanders, starting with funded prevention programs and
- **Providing insights:** Acting as a key reference group to the Queensland Government on preventing chronic diseases.

The Health Alliance aims to create a healthier future for all Queenslanders, no matter where they live.

Sponsorships and community engagement

HWQld supports and runs events that connect communities, encourage active lifestyles and share important health messages to improve health and wellbeing for all Queenslanders, including those in regional and remote areas. Highlights included:

- **2025 Bridge to Brisbane Fun Run:** Over 37,000 people participated in this event. HWQld shared tips through newspaper articles, online ads and fresh fruit giveaways
- **Governor's Community Walks:** Monthly wellbeing walks were held at Government House in partnership with Her Excellency the Honourable Dr Jeannette Young AC PSM, Governor of Queensland. These walks were expanded to Goondiwindi and Logan in 2026 to engage more Queensland communities to stay active.

Key conferences and forums

HWQld presented on preventive health policy and programs at major regional, state, national and international forums. This supported knowledge-sharing and strengthened HWQld's reputation as a leading source of prevention expertise.

3. Strategic policy

Through its strategic policy advice, advocacy and collaborations, HWQld demonstrates how prevention delivers on economic and health priorities. HWQld provided written submissions to several Australian and Queensland government reviews of public health matters. HWQld also convened and participated in a range of collaborations that bring together key partners to advance population health at the national and state level.

Intergovernmental Prevention Forums

Prevention Agencies Chief Executive Forum

- HWQld led work with other state prevention agencies (VicHealth, Preventive Health SA and Healthway) to form the Prevention Agencies Chief Executive Forum (PACE Forum) and a supporting Prevention Agencies Senior Officer Group. A joint media release (<https://hw.qld.gov.au/blog/state-prevention-agencies-unite-to-tackle-chronic-disease-in-landmark-forum/>)

was made to announce the formation of the PACE Forum as an Australian first, enabling formal collaboration between the nation's prevention agencies to align efforts to reduce chronic disease, improve quality of life, ease pressure on the health system, and boost productivity by improving health and wellbeing.

National Obesity Strategy Officials Group

- The Deputy Chief Executive Officer HWQld is Queensland's representative on the National Obesity Strategy Officials Group (NOSOG). In 2025–2026, HWQld attended three NOSOG meetings and a workshop, supporting jurisdictions in aligning efforts to deliver on the established priorities of the National Obesity Strategy 2022–2032. Four priorities were agreed by Health Ministers in November 2023, and considerable action has been taken to progress them. The priorities are:
 - Make processed food and drinks healthier (Strategy 1.4)

- Improve nutrition information to help consumers make healthier choices at the time of purchase (Strategy 1.5)
- Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children (Strategy 1.6)
- Improve uptake of integrated models of care and referral pathways that focus on the individual (Strategy 3.2)

Submissions and advocacy

Productivity Commission Inquiry into Delivering Quality Care More Efficiently

- In September 2025, HWQld provided input to the Queensland Health submission to the Australian Productivity Commission's Inquiry into Delivering Quality Care More Efficiently. HWQld input supported reform to allow consideration of economic benefits that occur beyond the standard four-year budget forecasts and across multiple government portfolios.

Restricting Infant Formula Marketing in Australia

- HWQld provided input to the Australian Department of Health, Disability and Ageing's consultation on Restricting Infant Formula Marketing in Australia. HWQld's input, provided in April 2026, highlighted the strong evidence base demonstrating that the marketing of infant formula and toddler milks influences caregivers' infant feeding practices.

Food Regulation System

- HWQld provided input to Queensland Health as part of a coordinated cross-agency response to a number of key consultations shaping food environments for children and adults across Australia. In each case, HWQld input provided a strong public health perspective and supported a regulatory framework which makes it easier for consumers to choose healthier options.

National Food Security Strategy: Feeding Australia discussion paper

- HWQld provided a submission to the Australian Government Department of Agriculture, Fisheries and Forestry on the *National Food Security Strategy: Feeding Australia* discussion paper in September 2025. The HWQld submission focused on significant alignment between the proposed strategy and work implemented by HWQld through Gather + Grow.

Essential Goods Supply Chain Debrief 2024/25

- In July 2025, HWQld presented at a formal debrief on the lessons learnt regarding the supply for essential goods, particularly food and groceries, during disaster events in Queensland's 2024–2025 higher risk weather season. The debrief was hosted by the Department of State Development, Infrastructure and Planning, and included Queensland Government and industry representatives including the Department of Transport and Main Roads, the Queensland Police Service, Community Enterprise Queensland, Woolworths Group and the National Retail Association. HWQld presented vital learnings from the Gather + Grow program of work.

Primary Industries Prosper 2050

- HWQld engaged with the Department of Primary Industries during development of *Primary Industries Prosper 2050 – A 25-year blueprint for Queensland's primary industries* (Prosper 2050) through the Prosper 2050 Interagency Working Group and formal written submissions in July–October 2025. HWQld highlighted strategic cross-over between the aims of Prosper 2050 and HWQld's initiatives to improve food security and promote good nutrition across Queensland.

Queensland Health Systemwide Health Workforce Plan Engagement

- HWQld provided formal input into the Workforce Strategy Branch Systemwide Health Workforce Plan engagement in October 2025. HWQld's submission identified a number of ways to contribute to a sustainable health workforce in Queensland, including by reducing demand for acute healthcare services, making the most of the existing workforce by upskilling them in preventive health, and scaling successful innovative models of care such as Wellness my Way.

Liquor and Other Legislation Amendment Bill 2025 Discussion Paper

- In August 2025, HWQld provided a response to a discussion paper from the Department of Justice on the Liquor and Other Legislation Amendment Bill 2025. The HWQld response focused on recognising the impact alcohol availability has on public health and the economy in Queensland, the need for capturing community stakeholder views, the need for evaluation and ensuring support service availability to limit alcohol-related harm.

Healthy Workplaces Community of Practice

- HWQld continued to chair the Healthy Workplaces Community of Practice throughout 2025–2026. Comprising HWQld, the Public Sector Commission, the Queensland Mental Health Commission, Queensland Health and the Office of Industrial Relations, the group met five times across the year to share information, developments, and best practice for workplace health and wellbeing.

Brisbane 2032

The 2032 Olympic and Paralympic Games (the Games) present a once in a lifetime opportunity to create more active and healthy communities, embed positive behaviour change, and reap the rewards of improved health outcomes, greater productivity, and reduced pressure on the health system.

The opportunity for a positive health legacy of the Games formed one of the most important focal points of HWQld strategic policy and advocacy throughout the year.

HWQld worked closely with stakeholders across the year to harness the momentum leading up to the Games. Key achievements included liaising with the Department of Sport, Racing and Olympic and Paralympic Games, the lead agency for the coordination of the Legacy program under the *2032 Delivery Plan*, on priorities and initiatives.

HWQld also engaged with local governments, including local government areas hosting Games venues, on health and wellbeing priorities. This includes involvement in a legacy partnership group for the Gold Coast that brings together partners across industries with the shared ambition to create a meaningful health and wellbeing legacy in the lead up to and beyond 2032.

4. Research and impact

Evidence continues to be the foundation of Health and Wellbeing Queensland's (HWQld) initiatives. Over the past 12 months, we have remained committed to generating new knowledge and developing evidence-based interventions aimed at preventing and reducing the burden of chronic diseases.

Strategy for Evidence-Informed Prevention 2025–2027

HWQld commenced implementation of the Strategy for Evidence-Informed Prevention 2025–2027 (<https://hw.qld.gov.au/wp-content/uploads/2025/06/HWQld-StrategyforEvidenceInformedPrevention-A4-v6.pdf>), which focuses on:

- **Knowledge translation:** HWQld is focused on ensuring that evidence is translated into practical, actionable insights that inform policy, programs, and practice.
- **Capability building:** Strengthening the prevention workforce remains a priority. Over the past year, HWQld has developed resources and delivered training to enhance capability in evidence-based practice, research, and data governance.

- **Partnerships:** Through strong partnerships with local organisations, regional stakeholders, and the research sector, HWQld is leveraging collective expertise and resources to amplify impact.
- **Measuring change:** HWQld is committed to tracking progress and outcomes through robust data collection, evaluation, and feedback loops.

Research Advisory Committee

The HWQld Research Advisory Committee (RAC) provides independent, strategic advice on research priorities and opportunities that support HWQld's prevention agenda.

Members of the RAC included:

- Ms Helen Darch OAM (Chair)
- Laureate Professor Clare Collins AO
- Professor Sharon Goldfeld AM
- Mr Ray Kelly
- Distinguished 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) is a partnership between The University of Queensland (UQ) and HWQld. The Centre undertakes and translates prevention research to inform HWQld's programs and activities.

During this reporting period, The University of Queensland, as the lead research partner and administering institution for HWCRI, secured and administered \$1.9 million in grant and project funding to advance prevention research. Since its establishment, HWCRI has also supported 60 research students who contributed to projects aligned with HWQld priorities.

Grants

Health and Wellbeing 2025 Community Grants

The Health and Wellbeing 2025 Community Grants were launched in July 2025 to support local, partnership-based, co-designed initiatives aimed at reducing obesity, addressing health inequities and fostering healthier communities. A total of \$400,000 was awarded to fund 25 community-based initiatives.

GenQ Health and Wellbeing 2025 Accelerator Grants

The GenQ Health and Wellbeing 2025 Accelerator Grants were open to recipients awarded a GenQ 2023 Health and Wellbeing Community Grant. In late 2025, \$198,069 was awarded to expand or strengthen previously funded programs.

GenQ Health and Wellbeing Impact Grants

The two recipients of the GenQ 2023 Health and Wellbeing Impact Grants have continued to progress their research projects:

- Queensland Family Cohort (QFC) – capturing the data on GenQ 'The health and wellbeing of Queensland families'
- Assessing and supporting First Nations students' wellbeing in Queensland High Schools.

Research partnerships

During the 2025–2026 period, HWQld partnered with a number of universities on seven successful competitive grant applications awarded to the university partners, totalling \$9.58 million. For these grant applications, our agency has committed \$196,600 through in-kind support and \$208,150 in cash contributions.

These projects reflect HWQld's collaborative approach to partnering with universities and research organisations to generate new knowledge and insights that can inform prevention policy, programs, and practice.

Data and evaluation

Program data management and evaluation was strengthened in 2025–2026. A complex data solution was delivered to provide regional snapshots of HWQld's 2025 footprint across Hospital and Health Service regions, improving visibility of activities and supporting regional planning.

Prevention program performance monitoring is being transitioned in-house, enabling improved synthesis of outcomes.

Education and training

HWQld's Education and Training Program builds capability across both the emerging and existing prevention workforce in Queensland through a coordinated approach to learning, partnerships and practical experience. The program includes collaborative projects, as well as HWQld staff supervising student placements and giving guest lectures.

HWQld supported 13 students to complete placements and delivered eight guest lectures across five university partners: UQ, Griffith University, James Cook University, Queensland University of Technology and the University of the Sunshine Coast. Students contributed to key programs such as Gather + Grow, Pick of the Crop and Podsquad. During this period, HWQld welcomed its 100th student placement.

In addition, HWQld contributed to the Public Health Registrar Training Program, with a Registrar on placement helping to strengthen connections between prevention and the wider health system.

Conference presentations

HWQld staff have contributed to 17 conference presentations (10 as speakers, seven as co-authors) across 12 conferences.

List of presentations:

- Wellness my Way: A consumer-led prevention model of care
- Progressive Generalisation Risk Reductions for Data-Efficient Causal Effect Estimation

- Understanding the screening and early identification of type 2 diabetes mellitus in children and adolescents: a scoping review of guidelines and practice recommendations
- The Podsquad App: Family Perspectives from a Tertiary Paediatric Sleep Service
- Postpartum health after gestational diabetes: insights from women on a behaviour change program using digital and coaching approaches
- Utilising culturally tailored research methods to understand the acceptability of screening children for type 2 diabetes, from the perspectives of parents of Māori & Pacific Islander descent living in Australia
- A glimpse into real-world adaptation and integration of implementation strategies to scale up a healthy school lunchboxes program
- Preconception Health – what information our parents want, and from whom
- Wellness my Way: Enhancing preventive care pathways through community leadership
- Gather + Grow: A systems approach to addressing food insecurity in Far North Queensland
- “Tell me what it was like for you” – the experiences and perspectives of Australian parents when their child was diagnosed with type 2 diabetes (T2DM)
- Understanding type 2 diabetes mellitus (T2DM) among children and adolescents in Australia: listening to parents’ perspectives to identifying the barriers, enablers and acceptability of solutions to address screening and early identification
- Wellness my Way: Centring Prevention through Community-Led Connection and Trust
- Before the Baby Bump: Co-Designing Digital Preconception Health Promotion for Sustainable Prevention
- Knowledge and confidence of child health nurses to support preventive health
- Using social media as an educational tool
- Wellness my Way Empowering Rural Communities.

Publications

In 2025–2026, HWQld’s research outputs achieved strong reach and influence, with HWQld publications cited in more than 179 journal papers internationally. Over the last 12 months, HWQld staff contributed to 13 scientific journal publications.

List of publications:

- Association Between Healthy Lifestyle Behaviors and Mental Health Symptoms in Children With Autism and ADHD: A Latent Profile Analysis. <https://doi.org/10.1007/s10803-025-07064-8>
- “It Is All About Education, Isn’t It?”: Community Priorities for an Aboriginal and Torres Strait Islander Adolescent Nutrition Program. <https://doi.org/10.3390/ijerph23040461>
- Identifying Key Areas to Improve Care for Families Around the Time of Stillbirth or Neonatal Death: A Survey of Maternity Services in Australia. <https://doi.org/10.1111/ajo.70094>
- Examining health behaviour profiles among children with autism and ADHD using latent profile analysis. <https://doi.org/10.1016/j.reia.2025.202751>
- Mission and money: A scoping review of social enterprise business models as a solution to sustaining health-promoting food and nutrition-based initiatives. <https://doi.org/10.1186/s12889-025-24891-7>
- Associations Between Screen Time, Sleep Quality, Diet Quality and Food Selectivity Among School-Aged Autistic Children. <https://doi.org/10.1007/s10803-025-07064-8>
- Diet Cost and Affordability in Queensland: A Two-Year Cross-Sectional Study. <https://doi.org/10.3390/ijerph23040535>
- Mixed Methods Evaluation of “Cooking Monsters”: An Empowerment-Focussed Aboriginal and Torres Strait Islander Adolescent Nutrition Programme. <https://doi.org/10.1177/21501319261419935>
- Practical Application of Ethical Research Principles: Developing and Implementing Grassroots Food Security Research With the Yarrabah Aboriginal Community. <https://doi.org/10.1002/hpja.70169>
- Development of a digital tool to assist in monitoring compliance for a public health directive: “A Better Choice” Food and Drink Supply Strategy for Queensland Healthcare Facilities. <https://doi.org/10.1371/journal.pone.0341747>
- Send in the Squad—Podsquad! Using Design Thinking as a Framework to Develop a Public Health Promotion Programme. <https://doi.org/10.1002/hpja.70136>
- From ‘What’s This?’ To ‘I Grew It!’: Evaluation of a School Nutrition Program in Queensland, Australia. <https://doi.org/10.1002/hpja.70087>
- Qualitative exploration of an Aboriginal and Torres Strait Islander adolescent community-controlled social and emotional wellbeing program. <https://doi.org/10.1016/j.anzjph.2025.100266>

Our next steps

Health and Wellbeing Queensland (HWQld) continues to deliver its suite of evidence-based, statewide prevention programs while strengthening its focus on addressing regional and community-specific needs as we work towards building a Prevention 2.0 ecosystem to tackle chronic disease.

Delivering outcomes

Connecting Queenslanders with prevention programs, integration and delivery of prevention programs across the state's Hospital and Health Services (HHSs), and empowering councils to drive local health and wellbeing outcomes are the foundation of HWQld's next four years of work.

Regional Approach

HWQld supports regional communities by responding to their specific needs and building a comprehensive approach to strengthen regional Queensland. Our delivery spans the Gold Coast, Metro South, South West, Torres and Cape and Children Health's Queensland (CHQ) regions. Memoranda of understanding with South West, CHQ, and Torres and Cape provide a structured framework to address local health and wellbeing priorities with each HHS area. In collaboration with local councils, we work to implement tailored health and wellbeing initiatives that align with the unique requirements of regional communities.

Digital health action plan

HWQld is developing a staged approach to transforming HWQld into a digitally mature organisation, to improve health outcomes for Queenslanders, in ways that make sense to them.

Productivity of prevention

Through programs such as Logan Healthy Living, the positive impact of prevention can already be seen through fewer hospital admissions, lower emergency department presentations, and increased engagement in initiatives that drive long-term behaviour change. Beyond these health system benefits, prevention can also drive economic outcomes.

Chronic disease remains one of the leading causes of absenteeism and lost productivity. Lost labour force participation from chronic diseases is projected to cost \$63.73 billion by 2030, representing 459,000 lost productive life years³. HWQld is developing a report on the impact preventive health can have on productivity in Queensland. The report will highlight the difference population health improvements can have on the state's economy through increased output, improved participation, decreased absenteeism and presenteeism and preservation of valuable skills⁴.

By helping people stay healthier for longer, prevention keeps individuals connected to work and education, enabling them to contribute to their communities and the broader economy.

Our people

Health and Wellbeing Queensland Board

Health and Wellbeing Queensland (HWQld) is the state's chronic disease prevention agency, an independent statutory body established under the *Health and Wellbeing Queensland Act 2019* (HWQld Act).

The agency 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, for terms of up to four years.

The HWQld 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 Board has the following functions under the HWQld Act: • to ensure the proper, efficient and effective performance of HWQld's functions • to decide the objectives, strategies and policies to be followed by HWQld • to ensure HWQld complies with its obligations under the Act or another law • any other function given to the board under the HWQld Act or another Act.
Achievements	Approval of: • 2024–2025 financial statements and 2026–2027 budget • Negotiations to be conducted with Life Education Centre Foundation Queensland for extension to the Life Education program • Pick of the Crop grant funding • HWQld Strategic Plan 2023–2027 • Proposed new Service Delivery Statement measures. • Appointment of Mr Michael Dillon to Chair of the Finance, Audit and Risk Management Committee.
Financial reporting	The Finance, Audit and Risk Management Committee provides independent advice, assurance and assistance to the HWQld Board in the areas of risk, control, audit, performance management and compliance frameworks. A financial report is provided for discussion at each board meeting to enable members to fulfil their responsibility to approve annual budget and financial plans and monitor financial performance including approval of annual financial reports. A communique is provided to the HWQld Board after each Finance, Audit and Risk Management Committee meeting. The HWQld Board acts in accordance with the <i>Financial Accountability Act 2009</i> and adheres to the Financial and Performance Management Standard 2019 and contributes to the Queensland Health budget and Service Delivery Statements.

Health and Wellbeing Queensland Board					
Remuneration					
Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received (includes superannuation)
Chairperson and Member	Mr Stephen Ryan	6	\$35,000 per annum	\$2,000 per annum	\$42,000
Director-General Member and Deputy Chairperson	Mr Andrew Hopper	4	Not applicable as chief executive	Not applicable	Not applicable
	Ms Sarah Vandersee, Deputy Director-General, Corporate Services, Department of Sport, Racing and Olympic and Paralympic Games attended two of the six board meetings as proxy for Mr Hopper.				
Director-General Member	Ms Natalie Wilde	1	Not applicable as chief executive	Not applicable	Not applicable
	Ms Leata Nolan, Acting Deputy Director-General, Strategic Policy and Legislation, Women and Multicultural Affairs attended one of the six board meetings as proxy for Ms Wilde.				
Director-General Member	Dr David Rosengren	2	Not applicable as chief executive	Not applicable	Not applicable
	Ms Heidi Carroll, Executive Director, Communicable Diseases Branch, Department of Health, attended three of the six board meetings as proxy for Dr Rosengren.				
Member	Emeritus Professor Ian Lowe	5	\$15,000 per annum	Not applicable	\$17,000
Member (Until 30/9/2025)	Dr Shea Spierings	0	\$15,000 per annum	Not applicable	\$17,000
Member	Ms Stella Taylor-Johnson	6	\$15,000 per annum	Not applicable	\$17,000
Member	Ms Anna Voloschenko	6	\$15,000 per annum	Not applicable	\$17,000
Member	Ms Jane Williams	2	\$15,000 per annum	Not applicable	\$17,000
No. scheduled meetings/sessions	Six board meetings were held during the reporting period on 28 August 2025, 1 October 2025, 27 November 2025, 26 February 2026, 29 April 2026, 18 June 2026.				
Total out of pocket expenses	N/A				

Finance, Audit and Risk Management Committee

The Finance, Audit and Risk Management Committee (FARM Committee) is a sub-committee 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 met four 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 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 <i>Financial Accountability Act 2009</i>, the <i>Statutory Bodies Financial Arrangements Act 1982</i> and the Financial and Performance Management Standard 2019.				
Achievements	• Monitored the 2025–2026 budget • Endorsed the 2024–2025 financial statements • Endorsed the Internal Audit Charter and Strategic and Annual Internal Audit Plan 2025–2028 • Endorsed the FARM Charter • Monitored the External Audit Plan • Monitored the Risk Register • Monitored the Information Management Services provided by Corporate Administration Agency • 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 to approve annual budget and financial plans and 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 (includes superannuation)
Chair	Mr Chris Johnson	4	\$2,500 per annum	Not applicable	\$3,000
Member	Mr Stephen (Steve) Ryan	4	\$2,000 per annum	Not applicable	*\$2,000
Member	Mr Michael Dillon	4	\$2,000 per annum	Not applicable	\$2,000
No. scheduled meetings/sessions	Four meetings were held during the reporting period on 28 August 2025, 25 November 2025, 24 February 2026 and 16 June 2026.				
Total out of pocket expenses	N/A				

*This fee is also included in the Board reporting table under the approved sub-committee fees (page 31).

Executive Leadership Team

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

- Chief Executive Officer: Dr Robyn Littlewood
- Deputy Chief Executive Officer: Ms Gemma Hodgetts
- Senior Director – Prevention Systems (previously Senior Director – Health Promotion until 1 March 2026):
 - Dr Sandra Pavey (1 July 2025 – 28 November 2025)
 - Ms Joanna Munro (1 December 2025 – 27 February 2026)
 - Dr Simone Nalatu (2 March 2026 – 30 June 2026)
- Director – Corporate Operations: Ms Jennifer Kenny (1 July 2025 until 30 January 2026)
- Director – Research and Impact: Dr Sandra Pavey (19 March 2025 – 24 April 2026)

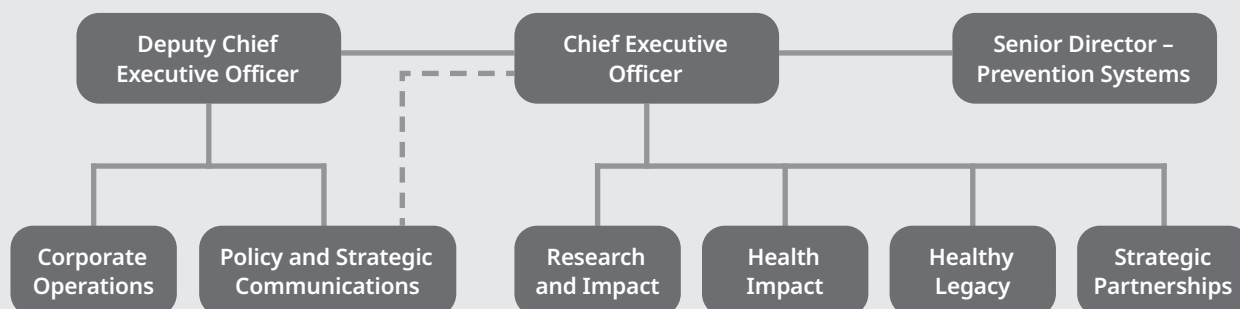
Organisational structure and workforce profile

Six functional streams deliver HWQld's programs:

- **Corporate Operations:** Delivers a range of essential support functions, including financial and human resource management, ICT and facilities management, grants administration, contracts and procurement services, and risk management. The function also provides oversight, standardisation, and support for program and project management activities, ensuring alignment with the organisation's strategic priorities.

- **Policy and Strategic Communications:** Coordinates strategic planning and whole-of-agency policy development and advocacy, aligning outputs with government priorities. Leads media engagement, statewide social marketing and campaigns to educate the community and create positive behaviour change. The team directly supports the Board, Finance Audit and Risk Management Committee and the Chief Executive, ensuring effective governance, executive services and informed decision-making and information management.
- **Research and Impact:** Leads the research and translation of evidence to inform prevention policy, programs and investment. The function supports research partnerships, evaluation, data governance and the measurement of impact to strengthen decision-making, demonstrate outcomes and improve preventive health outcomes across Queensland.
- **Health Impact:** Drives innovative models of care and strengthens workforce capability to integrate chronic disease prevention within the health system and beyond, improving outcomes for Queenslanders and the health system.
- **Health Legacy:** Leads community-based partnerships and prevention initiatives that create lasting improvements in health and wellbeing outcomes for current and future generations, with a focus on priority and regional communities across Queensland.
- **Strategic Partnerships:** Connects and collaborates with corporate, philanthropic, community and government partners to build strategic relationships that increase program impact and enable coordinated initiatives across the state.

Organisational structure as at 30 June 2026



Finance, governance and accountability

1. Financial performance

The operating result for Health and Wellbeing Queensland (HWQld) for the 2025–2026 financial year is a deficit of \$1,719,000. This deficit is offset by pre-approved access to accumulated surplus for known additional expenses.

2. Strategic workforce planning and performance

In 2025–2026, HWQld advanced its commitment to strategic workforce planning and operational agility to meet evolving priorities and deliver on strategic objectives. Insights from the 2025 Working for Queensland survey informed the development of the Modernising the Way We Work initiative, launched in September 2025. This initiative led to the implementation of a new organisational structure on 2 March 2026, developed through robust consultation with staff and unions and aligned with the Queensland Government's Employment Security Policy.

The new structure reflects operational needs, improved alignment across teams, clarification of roles and responsibilities, enhanced efficiency, and the effective delivery of Government and agency objectives.

With the implementation of the new organisational structure, the Executive and Strategic Leadership Team was also restructured to better align with HWQld's evolving priorities and future needs.

HWQld's investment in its people remains a cornerstone of its success, and recruitment practices continue to prioritise capability and cultural alignment. Flexible work arrangements, including hybrid and part-time options, remain integral to supporting employee wellbeing, work-life balance, and productivity. As of 30 June 2026, 21.5% of the workforce worked part-time, and 100% of the

workforce participated in work from home arrangements, reflecting HWQld's commitment to providing flexible working arrangements.

HWQld remains dedicated to building a workplace culture that empowers its people, supports workforce needs, drives organisational performance, and delivers meaningful outcomes for the community. The organisation operates under Queensland Public Service values, driving employee behaviour and decision-making.

Early retirement, redundancy and retrenchment

Early retirement, retrenchment and redundancy packages may be offered in limited circumstances in accordance with Queensland Government policy and the directive on supporting employees affected by workplace change. Redundancy and retrenchment are considered only where necessary and after all reasonable redeployment options have been explored.

During the reporting period, one senior officer employee received a voluntary redundancy package at a cost of \$173,742.41. No early retirement or retrenchment packages were paid during the reporting period.

Workforce profile data

As at the fortnight ending 30 June 2026, HWQld's total workforce comprised 71.1 full-time equivalent (FTE) employees, calculated in accordance with the Minimum Obligatory Human Resource Information (MOHRI) data collection. HWQld maintains a core-funded, ongoing establishment of 69 FTE positions. The additional FTE over and above the core-funded ongoing establishment as at 30 June 2026 is related to temporary positions that are funded from external sources linked to discrete projects.

HWQld's workforce spans a diverse range of functions, including corporate operations, policy and strategic communications, research and impact, and strategic partnerships. These functions enable the organisation to deliver effective governance, evidence-informed policy, research translation, community engagement, and innovative health initiatives that contribute to improved health outcomes for Queenslanders.

HWQld also benefits from a highly skilled and multidisciplinary workforce, bringing together expertise from a range of professional disciplines. Many employees bring additional qualifications and experience in areas such as epidemiology, pharmacy, physiotherapy, occupational and speech therapy, and organisational psychology, strengthening the organisation's diversity of expertise and capability.

The majority of HWQld's paid FTE workforce as at 30 June 2026 comprises Administration Officers, representing 57.8% of total FTE, followed by Health Practitioners accounting for 30.1% of total FTE. Senior Officers and Senior Executives represent 8.4% and 2.8% of total FTE respectively, providing organisational leadership and strategic direction. Nurses comprise 0.8% of total FTE providing specialised clinical expertise.

HWQld maintains a predominantly permanent workforce, supporting organisational continuity, capability and the sustained delivery of services. As at 30 June 2026, 66 employees (83.5%) were employed on a permanent basis, with 13 non-permanent employees (13.9%). This represents an approximate permanent-to-non-permanent workforce ratio of 5:1, reflecting the organisation's stability and long-term workforce planning.

Women are strongly represented on HWQld's workforce, comprising 86.1% of total staff. As at 30 June 2026, the agency had an approximate female-to-male ratio of 6.2:1.

HWQld is committed to fostering a diverse, inclusive and culturally safe workplace where employees feel respected, valued and supported to contribute. The agency promotes equitable employment practices throughout the employee lifecycle, including recruitment and development and retention, and supports flexible ways of working to meet the diverse needs of its workforce. HWQld continues to align its workforce practices with the Queensland public sector's inclusion priorities, with a focus on increasing Aboriginal and Torres Strait Islander representation, strengthening LGBTQIA+ inclusion, improving accessibility and inclusion for employees with disability, and building cultural capability across the organisation.

Target group data¹

Gender	Number (headcount)	Percentage of total workforce (Calculated on headcount)
Woman	68	86.1%
Man	11	13.9%
Non-binary	<5	
Another term		
Not disclosed		

Diversity groups	Number (headcount)	Percentage of total workforce (Calculated on headcount)
Women	68	86.1%
Aboriginal Peoples and Torres Strait Islander peoples	<5	
People with disability	<5	
Culturally and Linguistically Diverse – speak a language at home other than English [^]	<5	

Women in leadership roles ²	Number (headcount)	Percentage of total leadership cohort (Calculated on headcount)
Senior Officers (Classified, s122 and s155 combined)	5	83.3%
Senior Executive Service, High-level senior executives and Chief Executives (Classified, s122 and s155 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 are defined as those in classified roles or on s122 or s155 contracts. This data must not include salary equivalency.

[^] This includes Aboriginal and Torres Strait Islander languages or Australian South Sea Islander languages spoken at home.

3. Information systems and recordkeeping

HWQld's information and records are public and corporate assets, vital for ongoing operations and in providing valuable corporate records on 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 2023* and whole-of-government policy, including the Records Governance Policy and General Retention and Disposal Schedule.

4. Queensland public sector ethics

As a public sector entity, HWQld complies with the *Public Sector Ethics Act 1994*, which establishes the ethical principles and standards of conduct for the Queensland public sector. HWQld is committed to fostering a culture of integrity, accountability and ethical decision-making, consistent with the Code of Conduct for the Queensland Public Service.

The Code of Conduct applies to all HWQld Board and subcommittee members, employees, and anyone performing work for or on behalf of the organisation, including contractors, consultants and students.

To reinforce these expectations, all employees complete mandatory annual training on the Code of Conduct and Fraud and Corruption Awareness. This training supports employees to understand their ethical obligations, recognise and respond to fraud and corruption risks, and uphold the high standards expected of Queensland public sector employees.

5. Human rights

HWQld is committed to respecting, protecting and promoting human rights in accordance with the *Human Rights Act 2019*. Supporting Queenslanders to access health services and programs is fundamental to HWQld's work and plays an important role in promoting and protecting human rights.

During the reporting period, HWQld continued to embed human rights considerations into its day-to-day operations and decision-making processes. Human rights are routinely considered in the development of policies, programs and organisational decisions, with advice and support available to employees and decision-makers where required.

HWQld remains committed to fostering an inclusive workplace culture that respects human rights, diversity and equality. No human rights complaints were received during the 2025–2026 reporting period.

6. 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 2025–2026 included Salaries and Wages, with a review of Credit Cards undertaken through the later part of the financial year, nearing completion before year's end. Outcomes of these reviews both celebrated existing robust processes, and highlighted process improvements and better administrative practices. HWQld has not been the subject of external scrutiny, independent review, or evaluation this reporting period.

Service areas and service standards

Service area objective

To address health inequity and chronic disease by targeting risk factors, including obesity, poor nutrition and physical inactivity.

Health and Wellbeing Queensland (HWQld) works through programs and partnerships with communities, the private sector, and government agencies to drive change that will prevent chronic disease and reduce pressure on the Queensland health system.

Service standards	2025–26 Target/Est.	2025–26 Est. Actual
Effectiveness measures		
Percentage of the Queensland population who consume recommended amounts of ^{1,2}		
• fruits	47.1%	45.7%
• vegetables	6.0%	5.8%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit ^{1,2}		
• persons	57.2%	55.5%
• male	60.8%	59.0%
• female	53.7%	52.1%
Percentage of adults and children with a body mass index (BMI) in the normal weight category ¹		
• adults ³	30.1%	29.2%
• children ⁴	60.0%	58.3%
Efficiency measures		
Not identified		

Notes:

1. These survey standards are population measures from a representative survey sample, and as such there is a year-to-year variation. Point estimates such as these are not indicative of statistical trends.
2. The most recent available data for adults (18+ years) is from 2023–24.
3. The most recent available data for adults (18+ years) based on age-standardised measured BMI is from the Australian Bureau of Statistics (ABS) 2022 National Health Survey.
4. The most recent available data for children (5–17 years) based on measured BMI is from the ABS 2022 National Health Survey.

Board, FARM and key management profiles

Health and Wellbeing Queensland (HWQld) Board members

Chairperson and member:	Mr Stephen Ryan
Appointed:	1 July 2019
Current term:	1 July 2023 to 30 June 2027

Mr Ryan is a professional board member, senior executive and educator with more than 40 years' experience in strategic leadership, governance and service delivery across the public, union, superannuation and not-for-profit sectors. 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.

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

Director-General member: Director-General, Department of Sport, Racing and Olympic and Paralympic Games (ex-officio) and Deputy Chairperson

Appointed:	1 July 2021
Current term:	1 July 2023 to 30 June 2026
Current office holder:	Mr Andrew Hopper
Deputy Chairperson:	11 August 2022 to 30 June 2026

As Director-General, Department of Sport, Racing and Olympic and Paralympic Games since September 2022, Mr Hopper is leading the Government's objectives to: drive grassroots sports participation across the State; strengthen integrity and viability while maintaining high animal welfare standards in the racing industry; and ensure every part of Queensland benefits from the 2032 Olympic and Paralympic Games. Mr Hopper has extensive experience in sports administration, operations, governance, asset management and venue leasing in the public and private sector.

- Mr Hopper attended four of the six board meetings held during the term of his ex-officio appointment. Ms Sarah Vandersee, Deputy Director-General, Corporate, Department of Sport, Racing and Olympic and Paralympic Games attended two of the six board meetings as proxy.

Director-General member:	Director-General, Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism (ex-officio)
Appointed:	1 July 2019
Current term:	1 July 2023 to 30 June 2026
Current office holder:	Ms Natalie Wilde

Ms Wilde commenced as the Director-General, Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism on 22 April 2025. Ms Wilde is a distinguished leader with a career spanning over 23 years in the Queensland public sector. Her extensive experience includes developing and implementing policy reforms, particularly in areas related to economic and regional development, local government, infrastructure, property, and land use planning.

- Ms Wilde attended one of the six board meetings held during the term of her ex-officio appointment. Ms Leata Nolan, Acting Deputy Director-General, Strategic Policy and Legislation, Women and Multicultural Affairs attended one of the six board meetings as proxy.

Director-General member:	Director-General, Queensland Health (ex-officio)
Appointed:	1 July 2019
Current term:	1 July 2024 to 30 June 2028
Current office holder:	Dr David Rosengren

Dr Rosengren commenced as Director-General, Queensland Health on 1 November 2024. He is a Senior Staff Specialist in Emergency Medicine with more than 30 years' clinical and leadership experience in both public and private hospital sectors. He has undertaken executive roles overseeing the delivery and performance of acute public hospital services at a large scale.

- Dr Rosengren attended two of the six board meetings held during the term of his ex-officio appointment. Dr Heidi Carroll, Executive Director, Communicable Diseases Branch, Queensland Health, attended three of the six board meetings as proxy.

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

Emeritus Professor Lowe is a very experienced, widely published and highly awarded expert on urban development, sustainability, environmental science and public health. One of Australia's most respected environmental scientists, he is an emeritus professor of science, technology and society at Griffith University where he was previously Head of the School of Science.

- Mr Lowe attended five of the 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 is a proud Kamilaroi woman with 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 previously held 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 and the Queensland Aboriginal and Islander Health Council.

- Ms Taylor-Johnson attended all 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 40 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 in Queensland. Throughout her career, Ms Voloschenko has been involved in major public health and health promotion campaigns, which have included community education and associated training for workforce, both nationally and at a state level.

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

Member:	Ms Jane Williams
Appointed:	1 April 2020
Current term:	1 July 2023 to 30 June 2027

Ms Williams is an experienced board chair and director with a strong commitment to improving health equity and outcomes for rural, remote and First Nations communities. Based in Barcaldine, Ms Williams brings lived experience and a deep understanding of the unique challenges and opportunities facing Queenslanders outside metropolitan areas. She currently serves as Chair of the Central West Hospital and Health Service, and is a director on the board of the Royal Flying Doctor Service (Queensland Section).

- Ms Williams attended two of the six board meetings held during the reporting period.

Former members

Member:	Dr Shea Spierings
Appointed:	3 February 2022
Current term:	1 July 2023 to 30 June 2027 (until 30 September 2025)

Dr Spierings is a Gaangulu man with expertise in Indigenous health, research, and governance. Dr Spierings is a Research Fellow at the Australian Research Council Centre of Excellence for Indigenous Futures at The University of Queensland, investigating pandemic health messaging, Indigenous cultural governance, and Indigenous health. Dr Spierings is also the Deputy Chair of Country to Coast Queensland, and a former board member of the Metro North Hospital and Health Service. He has previously worked in various policy and community development roles and the construction and security industries.

- Dr Spierings attended did not attend any of the six board meetings held during the reporting period.

HWQld FARM members

Independent External Chairperson:	Mr Chris Johnson
Appointed:	2 July 2020
Current term:	1 July 2023 to 30 June 2026

Mr Johnson possesses over 30 years of 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, past Chairs of the Department of Housing, Local Government, Planning and Public Works, and 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:	1 July 2023 to 30 June 2026

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

FARM Committee member:	Mr Michael Dillon
Appointed:	4 July 2025
Current term:	4 July 2025 to 30 June 2027

Mr Dillon is a Chartered Accountant (CA ANZ) with more than 30 years of experience in finance, audit, risk management and governance across leading Australian and international financial institutions. His career has included senior roles with organisations such as Deutsche Bank, HSBC, National Australia Bank, Commonwealth Bank of Australia, ANZ, Bank of Queensland and PricewaterhouseCoopers, working across Australia, Singapore, the Philippines and the UK.

Michael has extensive expertise in financial governance, risk and control frameworks, regulatory compliance, treasury finance, and strategic financial reporting. He brings significant experience in strengthening governance practices and supporting sound financial management and accountability.

He holds a Bachelor of Commerce (Accounting and Finance) from the University of Melbourne and a Master of Applied Finance from Kaplan Professional.

- Mr Dillon attended all FARM Committee meetings held during the reporting period.

HWQld Executive Leadership Team

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 and reappointed for a further four-year term commencing 18 November 2023.

With more than 30 years' experience across clinical care, research and education, Dr Littlewood has made significant contributions to paediatric healthcare. She is recognised as a leader who challenges traditional thinking, championing innovation, research and the use of data intelligence to advance prevention and healthcare reform.

Through HWQld, Dr Littlewood is working closely with the health system to reduce the impact of chronic disease and seize new opportunities to elevate prevention, including the Brisbane 2032 Olympic and Paralympic Games legacy.

Dr Littlewood holds a Bachelor of Science, Postgraduate Diploma in Nutrition and Dietetics, Master of Medical Science, Graduate Certificate in Executive Leadership, PhD and a Master of Business Administration.

She is a Fellow of Dietitians Australia and Adjunct Professor at The University of Queensland, Queensland University of Technology and Griffith University.

Her outstanding contribution to the profession has been recognised with the Barbara Chester Award and QUT Health Alumni of the Year.

Deputy Chief Executive Officer, Ms Gemma Hodgetts

The Deputy Chief Executive Officer (DCEO) leads the planning, direction and management of HWQld's business. With more than 25 years public sector experience, Ms Hodgetts provides strategic and tactical advice, direction and support to the CEO and the organisation to ensure the delivery of key functions and seeks to identify, develop, and implement new opportunities. This is achieved through fostering relationships with key stakeholders and sectors and effective partnerships to implement evidence-based, sustainable solutions. The DCEO leads the functions of Corporate Operations and Policy and Strategic Communications including the consultation and facilitation of executive information and provides expert advice with respect to executive government processes including policy, Cabinet and Parliamentary processes, and ministerial liaison.

Ms Hodgetts has a Master of Business Administration, qualifications in business and policy analysis and more than 20 years' experience in governance, operations, media strategy, compliance and risk, process improvement and management. Ms Hodgetts is a graduate of the Australian Institute of Company Directors (GAICD) and the University of Oxford, Saïd Business School, Artificial Intelligence Programme. Ms Hodgetts is an Institute of Public Administration Australia (IPAA), Queensland Division Council Member.

Ms Hodgetts joined HWQld in February 2020, prior to which she held senior leadership, policy and governance roles within the departments of Health, State Development and Community Safety. Through these roles, she has led the provision of strategic advice and service delivery options for government. Gemma's contributions centre on system leadership in the delivery of policy and strategic advice.

Acting Senior Director – Prevention Systems, Dr Simone Nalatu

As Acting Senior Director, Prevention Systems, Dr Nalatu provides strategic leadership to advance public health, health promotion, chronic disease prevention and digital innovation across Queensland. She works collaboratively with government, the health system, and partners to strengthen prevention capability, drive system reform and improve health outcomes for Queensland communities.

With more than 20 years' experience spanning public health, research, policy and health promotion, Dr Nalatu is recognised for bringing together research, policy and practice to deliver prevention initiatives that create lasting impact. Her career has included significant contributions to improving health equity and food security for Aboriginal and Torres Strait Islander communities, reflecting her longstanding commitment to evidence-informed, community-centred approaches. She is known for building strong partnerships and translating evidence into practical solutions that improve the health and wellbeing of Queensland communities.

Dr Nalatu holds a Doctor of Philosophy (Public Health) from Griffith University and Bachelor of Health Science degrees in Public Health and Health Science (Honours) from Queensland University of Technology. She continues to contribute to nationally significant research as an Associate Investigator on multiple National Health and Medical Research Council and Medical Research Future Fund projects.

Director – Corporate Operations, Ms Jennifer Kenny

The Director of Corporate Operations is responsible for ensuring the optimal delivery of contemporary corporate services across HWQld, including: financial and human resource management; grant administration; contract and procurement services; and project and risk management.

Ms Kenny is an experienced public sector professional with over 20 years of experience in governance, policy and legislative reform, industry regulation, and ministerial, executive, and corporate services. Ms Kenny joined HWQld in 2021, before which she held a variety of leadership, policy, and governance roles in Queensland Government agencies including the departments of Transport and Main Roads, Community Safety, Queensland Corrective Services, the Public Safety Business Agency, and the Crime and Misconduct Commission. Ms Kenny completed the Queensland Health Executive Leaders Program in 2024.

Ms Kenny holds a Master of Public Administration, a Bachelor of Behavioural Science, and a Bachelor of Arts in Criminology and Criminal Justice from Griffith University.

Director – Research and Impact, Dr Sandra Pavey

The Director, Research and Impact leads Health and Wellbeing Queensland's research, evaluation, evidence translation and academic partnership functions. Dr Sandra Pavey provides strategic leadership and advice to strengthen evidence-informed prevention, demonstrate impact and ensure research and evaluation evidence informs HWQld's priorities, programs and activities.

With more than 28 years' experience across academia, research management, the non-profit sector and government health, Dr Pavey has held senior leadership roles spanning research strategy, governance, partnerships and translation. She brings together partners across government, universities, health services and community organisations to connect evidence with practice, strengthen prevention capability and support improved and more equitable health outcomes. Dr Pavey holds a PhD and qualifications in nutrition. She is an Adjunct Professor at Griffith University and an Adjunct Associate Professor at The University of Queensland.

Glossary

Acronym /term	Definition
ABC	A Better Choice
AC	Companion of the Order of Australia
AM	Member of the Order of Australia
AO	Officer of the Order of Australia
CEO	Chief Executive Officer
CEQ	Community Enterprise Queensland
CHQ	Children's Health Queensland
CK	Country Kitchens
CPC	Cost per click
DCEO	Deputy Chief Executive Officer
ECCQ	Ethnic Communities Council of Queensland
FARM	Finance, Audit and Risk Management
Foodcubes	A community-driven home gardening initiative using Australian-made raised garden beds for sustainable, high-performance food production, which is designed to strengthen household food security and wellbeing.
FTE	Full-time equivalent
GAICD	Graduate of the Australian Institute of Company Directors
GenQ	Generation Queensland
HCC	Health Contact Centre
HHS	Hospital and Health Service
HWCRI	Health and Wellbeing Centre for Research Innovation
HWQld	Health and Wellbeing Queensland
ICT	Information and Communications Technology

Acronym /term	Definition
IPAA	Institute of Public Administration Australia
MH4L	My health for life
MHAOD	Mental health, alcohol and other drugs
MOHRI	Minimum Obligatory Human Resource Information
MP	Member of Parliament
NOSOG	National Obesity Strategy Officials Group
NRL	National Rugby League
OMA	Outdoor Media Association
PACE	Prevention Agencies Chief Executive Forum
PhD	Doctor of Philosophy
POTC	Pick of the Crop
PSM	Public Service Medal (Australia)
QAIHC	Queensland Aboriginal and Islander Health Council
QAST	Queensland Association of School Tuckshops
QCWA	Queensland Country Women's Association
QFC	Queensland Family Cohort
QH	Queensland Health – Department of Health and HHSs, collectively
QUT	Queensland University of Technology
RAC	Research Advisory Committee
T2DM	Type 2 Diabetes Mellitus
TV	Television
UQ	University of Queensland

References

Please contact Health and Wellbeing Queensland 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 44
	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 7
Non-financial performance	Government's objectives for the community and whole-of-government plans/specific initiatives	ARRs – section 11.1	Pg 11
	Agency objectives and performance indicators	ARRs – section 11.2	Pg 8 to 10
	Agency service areas and service standards	ARRs – section 11.3	Pg 38
Financial performance	Summary of financial performance	ARRs – section 12.1	Pg 34
Governance – management and structure	Organisational structure	ARRs – section 13.1	Pg 33
	Executive management	ARRs – section 13.2	Pg 33 and 42 to 43
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3	Pg 30 to 31 and 39 to 41
	Public Sector Ethics	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	Pg 37
	Human Rights	<i>Human Rights Act 2019</i> ARRs – section 13.5	Pg 37
	Queensland public service values	ARRs – section 13.6	Pg 34

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	Risk management	ARRs – section 14.1	Pg 32
	Audit committee	ARRs – section 14.2	Pg 32
	Internal audit	ARRs – section 14.3	Pg 37
	External scrutiny	ARRs – section 14.4	Pg 37
	Information systems and recordkeeping	ARRs – section 14.5	Pg 37
	Information security attestation	ARRs – section 14.6	N/A
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1	34 to 35
	Early retirement, redundancy and retrenchment	Directive No.04/18 Early Retirement, Redundancy and Retrenchment ARRs – section 15.2	Pg 34
Open Data	Statement advising publication of information	ARRs – section 16	Inside front cover
	Consultancies	ARRs – section 31.1	https://data.qld.gov.au
	Overseas travel	ARRs – section 31.2	https://data.qld.gov.au
	Queensland Language Services Policy	ARRs – section 31.3	https://data.qld.gov.au
	Charter of Victims’ Rights	VCSVRB Act 2024 ARRS – section 31.4	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 73
	Independent Auditor’s Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Pg 74

FAA *Financial Accountability Act 2009*

FPMS Financial and Performance Management Standard 2019

ARRs Annual report requirements for Queensland Government agencies



Financial Statements

for the year ended 30 June 2026

Health and Wellbeing Queensland Financial Statements 2025-2026

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Statement of Changes in Equity	52
Statement of Cash Flows	53
Notes to the Financial Statements	54-72
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Health and Wellbeing Queensland

Statement of Comprehensive Income for the year ended 30 June 2026

	Notes	2026 Actual \$'000	2026 Original Budget \$'000	2026 Budget Variance* \$'000	2025 Actual \$'000
Income					
Revenue					
Grants and other contributions	4	44,385	44,686	301	53,456
Interest		1,719	1,000	(719)	1,842
Other revenue	5	5	5	-	66
Total Revenue		46,109	45,691	(418)	55,364
Total Income		46,109	45,691	(418)	55,364
Expenses					
Employee expenses	6	13,022	13,188	166	12,113
Supplies and services	7	8,271	29,306	21,035	7,062
Grants and subsidies	8	1,121	2,000	879	3,553
Depreciation	13	52	680	628	46
Amortisation	14	641	-	(641)	641
Service Procurement	9	23,558	-	(23,558)	23,677
Other expenses	10	1,163	517	(646)	281
Total Expenses		47,828	45,691	(2,137)	47,373
Operating Result		(1,719)	-	1,719	7,991
Total Comprehensive Income		(1,719)	-	1,719	7,991

*An explanation of material variances is located at Note 22.

The accompanying notes form part of these statements.

Health and Wellbeing Queensland

Statement of Financial Position as at 30 June 2026

	Notes	2026 Actual \$'000	2026 Original Budget \$'000	2026 Budget Variance* \$'000	2025 Actual \$'000
Current Assets					
Cash and cash equivalents	11	19,536	10,787	(8,749)	20,179
Receivables	12	689	560	(129)	530
Prepayments		19	-	(19)	21
Other Current Asset		-	2,867	2,867	-
Total Current Assets		20,244	14,214	(6,030)	20,730
Non Current Assets					
Property, plant and equipment	13	192	173	(19)	230
Intangible Asset	14	439	441	2	1,080
Total Non Current Assets		631	614	(17)	1,310
Total Assets		20,875	14,828	(6,047)	22,040
Current Liabilities					
Payables	15	1,040	898	(142)	633
Accrued employee benefits	16	411	314	(97)	404
Other Liabilities	17	967	1,431	464	827
Total Current Liabilities		2,418	2,643	225	1,864
Total Liabilities		2,418	2,643	225	1,864
Net Assets		18,457	12,185	(6,272)	20,176
Equity					
Accumulated surplus		18,457	-	(18,457)	20,176
Total Equity		18,457	12,185	(6,272)	20,176

*An explanation of material variances is located at Note 22.

The accompanying notes form part of these statements.

Health and Wellbeing Queensland

Statement of Changes in Equity for the year ended 30 June 2026

	2026	2025
	\$'000	\$'000
Balance as at 1 July 2025	20,176	12,185
Operating Result	(1,719)	7,991
Balance as at 30 June 2026	18,457	20,176

The accompanying notes form part of these statements.

Health and Wellbeing Queensland

Statement of Cash Flows for the year ended 30 June 2026

		2026 Actual	2026 Original Budget	2026 Budget Variance*	2025 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Grants and other contributions		44,545	44,686	141	53,302
GST collected from customers		149		(149)	115
GST input tax credits from ATO		3,154	-	(3,154)	3,356
Interest receipts		1,719	1,000	(719)	1,842
Other revenue		5	5	-	66
<i>Outflows:</i>					
Employee expenses		(13,094)	(13,188)	(94)	(12,091)
Supplies and services		(7,854)	(29,306)	(21,452)	(4,495)
Grants and subsidies		(981)	(2,000)	(1,019)	(4,157)
GST paid to suppliers		(3,395)	-	3,395	(3,106)
GST remitted to ATO		(156)	-	156	(100)
Service Procurement		(23,558)	-	23,558	(23,677)
Other expenses		(1,163)	(517)	646	(281)
Net cash provided by operating activities		(629)	680	1,309	10,774
Cash flows from investing activities					
<i>Outflows:</i>					
Payments for plant and equipment		(14)	-	14	(23)
Net cash provided by / (used in) investing activities		(14)	-	14	(23)
Net increase / (decrease) in cash held		(643)	680	1,323	10,751
Cash at beginning of financial year		20,179	10,107	(10,072)	9,428
Cash at end of financial year	11	19,536	10,787	(8,749)	20,179

The accompanying notes form part of these statements.

	2026 \$'000	2025 \$'000
Reconciliation of Operating Result to Net Cash from Operating Activities		
Operating surplus	(1,719)	7,991
Depreciation expense	52	46
Amortisation expense	641	641
Changes in assets and liabilities:		
(Increase) / Decrease in receivables	(159)	29
Decrease in prepayments	2	2,846
Increase / (Decrease) in payables	407	(264)
Increase in accrued employee benefits	7	89
Increase / (Decrease) in other liabilities	140	(604)
Net cash provided by/(used in) operating activities	(629)	10,774

*An explanation of material variances is located at Note 22.

The accompanying notes form part of these statements.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

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Section 6:	Other information
Note 23:	Key Management Personnel (KMP) Disclosures
Note 24:	Related Party Transactions
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Note 27:	Climate Risk Disclosure

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

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 2025.

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. Due to rounding, totals may not add exactly.

Comparatives

Comparative information reflects the audited 2024-2025 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 the right at the end of the reporting period 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 year ended 30 June 2026

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.

	2026 \$'000	2025 \$'000
4. Grants and Other Contributions		
Grants from Government	44,334	53,438
Contributions from Industry	51	18
Total	44,385	53,456

Accounting policy

Grants and contributions arise from non-exchange transactions where the agency does not directly give approximately equal value to the grantor. Grant funding is assessed under *AASB 15 Revenue from Contracts with Customers* and *AASB 1058 Income of 'Not-for-Profit' Entities*. Where agreements do not contain sufficiently specific performance obligations, revenue is recognised under AASB 1058 upon receipt of funding. Where agreements are enforceable and contain sufficiently specific performance obligations, revenue is recognised under AASB 15 when, or as, those performance obligations are satisfied. Funding received in advance is recognised as unearned revenue until the related obligations are met.

5. Other Revenue

Other Revenue	5	66
Total	5	66

6. Employee Expenses

Employee Benefits

Wages and salaries	9,376	8,838
Annual leave levy	967	942
Long service leave levy	222	236
Employer superannuation contributions	1,373	1,235
Other Employee Benefits	203	30

Employee Related Expenses

Workers' compensation premium	55	50
Payroll tax	585	535
Other employee related expenses	241	247

Total	13,022	12,113
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The number of employees as at 30 June 2026, including both full time and part time employees, measured on a full time equivalent basis reflecting Minimum Obligatory Human Resource Information (MOHRI).

	2026 No.	2025 No.
Full-Time Equivalent Employees	71.10	67.55

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

6. Employee Expenses (continued)

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.

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 23.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

	2026 \$'000	2025 \$'000
7. Supplies and Services		
Consultants and contractors	4,726	4,342
Supplies and consumables	1,677	993
Corporate service charges	648	567
Property rental	524	529
Information technology	200	139
Employment agency staff	157	171
Sundry expenses	125	106
Communications	124	50
Minor plant and equipment	70	89
Legal fees	20	76
Total	8,271	7,062

Accounting policy – Distinction between grants and procurement

For a transaction to be classified as supplies and services, the value of goods or services received by HWQld must be of approximately 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.

Accounting policy - Property Rental

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

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

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

8. Grants and Subsidies

Grants and Subsidies	1,121	3,553
Total	1,121	3,553

Disclosures - Grants and Subsidies

Grant and Subsidies include payments for programs such as Pick of the Crop, Research Partnerships, Community and Accelerator Grants.

9. Service Procurement Expense - Social Service

Service Procurement Expense - Social Service	23,558	23,677
Total	23,558	23,677

Accounting policy - Social Services Procurement Expense

Service Procurement encompasses procurement of outsourced social services to deliver chronic disease prevention statewide through healthy lifestyle, health education and behaviour change programs.

10. Other Expenses

Sponsorships	1,112	233
External audit fees for the audit of financial statements ⁽¹⁾	34	30
Insurance	17	18
Total	1,163	281

Audit Fees

(1) Total audit fees quoted by the Queensland Audit Office relating to the 2025-26 financial statements are \$33,500 (2024-25: \$30,420).

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

	2026 \$'000	2025 \$'000
11. Cash and Cash Equivalents		
Cash at bank	19,536	20,179
Total	19,536	20,179

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 2026.

12. Receivables

GST receivable	384	143
Annual leave reimbursements	226	197
Long service leave reimbursements	72	22
Trade debtors	7	167
Total	689	530

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 21 for HWQld's credit risk management policies.

13. Plant and Equipment and Depreciation Expense

Closing Balance and Reconciliation of Carrying Amount

Plant and Equipment at Cost

Gross (at cost)	435	469
Less: Accumulated depreciation	(243)	(239)
Total	192	230
Carrying amount at 1 July 2025	230	253
Acquisitions	14	23
Depreciation expense	(52)	(46)
Carrying amount at 30 June 2026	192	230

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

13. Plant and Equipment and Depreciation Expense (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 expensed 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 HWQld.

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

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

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

Impairment

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

14. Intangible Asset and Amortisation expense

Closing Balance and Reconciliation of Carrying Amount

	Software at cost		WIP at cost		Total	
	2026	2025	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Gross (at cost)	2,354	2,354	-	-	2,354	2,354
Less: Accumulated amortisation	(1,915)	(1,274)	-	-	(1,915)	(1,274)
Total	439	1,080	-	-	439	1,080

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*. HWQld has developed a mobile application to promote healthy habits in Queenslanders. The application is internally generated and is expected to be fully amortised by February 2027.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

	2026 \$'000	2025 \$'000
15. Payables		
Accrued other supplies and services	756	259
Trade and other creditors	284	374
Total	1,040	633

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.

16. Accrued Employee Benefits

Annual leave levy payable	263	300
Salary and wages related	70	34
Long service leave levy payable	67	65
Superannuation	11	5
Total	411	404

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*.

17. Other Liabilities

Unearned Revenue - Grant or Contribution	967	827
Total	967	827

Accounting policy

Unearned Revenue represents the amount of funds where cash has been received but specific obligations are yet to be met as required by *AASB 15 Revenue from Contracts with Customers*.

18. Commitments

HWQld does not have any commitments as at 30 June 2026.

19. Contingencies

HWQld does not have any contingencies as at 30 June 2026.

20. Events Occurring after the Reporting Date

There were no significant events occurring after balance date.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

21. 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 12). 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 15 Payables.	Maturity Analysis	HWQld manages exposure to liquidity risk by ensuring sufficient funds are available to meet employee and supplier obligations 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 liabilities.
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 11 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. HWQld does not hold any equity instruments and therefore is not exposed to price risk.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

22. Budgetary Reporting Disclosures

This section contains explanations of major variances between the Agency's actual 2025-2026 financial results and the original budget presented to Parliament.

Statement of Comprehensive Income

		2026 Actual \$'000	2026 Original Budget \$'000	2026 Budget Variance \$'000	2025 Actual \$'000
Income from Continuing Operations					
Revenue					
Grants and other contributions		44,385	44,686	301	53,456
Interest earned	1	1,719	1,000	(719)	1,842
Other revenue		5	5	-	66
Total Income from Continuing Operations		46,109	45,691	(418)	55,364
Expenses from Continuing Operations					
Employee expenses	2	13,022	13,188	166	12,113
Supplies and services	3	8,271	29,306	21,035	7,062
Grants and subsidies	4	1,121	2,000	879	3,553
Depreciation	5	52	680	628	46
Amortisation	5	641	-	(641)	641
Service Procurement	3	23,558	-	(23,558)	23,677
Other expenses	3	1,163	517	(646)	281
Total Expenses from Continuing Operations		47,828	45,691	(2,137)	47,373
Operating Result from Continuing Operations		(1,719)	-	1,719	7,991
Total Comprehensive Income		(1,719)	-	1,719	7,991

Explanations of Major Variances

- 1 *Interest earned:* Variance is a result of additional interest earned due to increasing interest rate environment for increased cash held.
- 2 *Employee expenses:* Employee expenses are underspent due to long term vacancies at the commencement of the reporting period while recruitment processes were undertaken.
- 3 *Supplies and services / Service Procurement / Other expenses:* Combined actual expenditure across supplies and services, service procurement and other expenses total \$32.99 million. The \$3.17 million variance is due pre-approved access to accumulated surplus for additional expenses not included in the original budget, such as the extension of Prevention Partner programs including the delivery of the Life Education Queensland programs.
- 4 *Grants and subsidies:* Activities budgeted as Grants and Subsidies have occurred as Supplies and Services.
- 5 *Depreciation / Amortisation:* The original depreciation budget included amortisation expenses.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

22. Budgetary Reporting Disclosures (continued)

Statement of Financial Position

		2026 Actual \$'000	2026 Original Budget \$'000	2026 Budget Variance \$'000	2025 Actual \$'000
	Variance Notes				
Current Assets					
Cash and cash equivalents	1	19,536	10,787	(8,749)	20,179
Receivables	2	689	560	(129)	530
Prepayments		19	-	(19)	21
Other current assets	3	-	2,867	2,867	-
Total Current Assets		20,244	14,214	(6,030)	20,730
Non Current Assets					
Plant and equipment		192	173	(19)	230
Intangible assets		439	441	2	1,080
Total Non Current Assets		631	614	(17)	1,310
Total Assets		20,875	14,828	(6,047)	22,040
Current Liabilities					
Payables		1,040	898	(142)	633
Accrued employee benefits		411	314	(97)	404
Other liabilities	4	967	1,431	464	827
Total Current Liabilities		2,418	2,643	225	1,864
Total Liabilities		2,418	2,643	225	1,864
Net Assets		18,457	12,185	(6,272)	20,176
Equity					
Accumulated surplus		18,457	-	(18,457)	20,176
Total Equity		18,457	12,185	(6,272)	20,176

Explanations of Major Variances

- 1 *Cash and cash equivalents:* Increase from original budget is due to the identification of function specific activities to be delivered in 2026-27.
- 2 *Receivables:* The variance is predominantly due to increased expenditure which in turn results in additional GST returned.
- 3 *Other current assets:* Original budget was based on contract milestone dates which have been since been updated. The updated milestone dates require no recognition of an end of year pre-payment.
- 4 *Other liabilities:* Grant funding for function specific activities that will now be expended in 2026-27.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

22. Budgetary Reporting Disclosures (continued)

Statement of Cash Flows

		2026	2026	2026	2025
		Actual	Original	Budget	Actual
	Variance Notes	\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Grants and other contributions		44,545	44,686	141	53,302
GST collected from customers		149	-	(149)	115
GST input tax credits from ATO		3,154	-	(3,154)	3,356
Interest receipts	1	1,719	1,000	(719)	1,842
Other revenue		5	5	-	66
<i>Outflows:</i>					
Employee expenses	2	(13,094)	(13,188)	(94)	(12,091)
Supplies and services	3	(7,854)	(29,306)	(21,452)	(4,495)
Grants and subsidies	4	(981)	(2,000)	(1,019)	(4,157)
GST paid to suppliers		(3,395)	-	3,395	(3,106)
GST remitted to ATO		(156)	-	156	(100)
Service Procurement	3	(23,558)	-	23,558	(23,677)
Other expenses	3	(1,163)	(517)	646	(281)
Net cash provided by operating activities		(629)	680	1,309	10,774
Cash flows from investing activities					
Payments for plant and equipment		(14)	-	14	(23)
Payments for intangibles		-	-	-	-
Net cash provided by / (used in) investing activities		(14)	-	14	(23)
Net increase / (decrease) in cash held		(643)	680	1,323	10,751
Cash at beginning of financial year		20,179	10,107	(10,072)	9,428
Cash at end of financial year		19,536	10,787	(8,749)	20,179

Explanations of Major Variances

- 1 *Interest receipts:* Variance is a result of additional interest earned due to increasing interest rate environment for increased cash held.
- 2 *Employee expenses:* Employee expenses are underspent due to long term vacancies at the commencement of the reporting period while recruitment processes were undertaken.
- 3 *Supplies and services / Service Procurement / Other expenses:* Combined actual expenditure across supplies and services, service procurement and other expenses total \$32.99 million. The \$3.17 million variance is due pre-approved access to accumulated surplus for additional expenses not included in the original budget, such as the extension of Prevention Partner programs including the delivery of the Life Education Queensland programs.
- 4 *Grants and subsidies:* Activities budgeted as Grants and Subsidies have occurred as Supplies and Services.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

23. 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 2025-2026. 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.
Deputy Chief Executive Officer	The Deputy Chief Executive Officer is responsible for executing the strategic direction of the organisation as determined by the HWQld Board, in conjunction with the Chief Executive Officer. This includes leading the organisation's enabling functions and services, including policy, strategic communications and corporate operations.
Senior Director - Prevention Systems (formerly Senior Director, Health Promotion)	The Senior Director - Prevention Systems provides statewide strategic system leadership and recognised subject matter expertise in health promotion and chronic disease prevention, contributing to strengthening prevention capability within HWQld and supporting the broader Queensland prevention ecosystem. The Senior Director plays a key role in shaping and advancing the prevention agenda, ensuring it aligns with HWQld's strategic priorities, including scaling digital channels and tools to make prevention programs accessible when and where they are needed, and to deliver evidence-backed integrated preventive care with Hospital and Health Services to keep people out of hospital.
Director Corporate Operations (formerly Business and Governance Director)	The Director Corporate Operations is responsible for ensuring delivery of key human resources, financial, information technology and facilities management, grants administration, contracts and procurement services and risk management. The role also provides oversight, standardisation, and support for program and project management activities, ensuring alignment with the organisation's strategic priorities. This position ceased being a member of the Executive Leadership team as of 30 January 2026.
Director Research and Impact	The Director Research and Impact leads the research and translation of evidence to inform prevention policy, programs and investment. The role supports research partnerships, evaluation, data governance and the measurement of impact to strengthen decision-making, demonstrate outcomes and improve preventive health outcomes across Queensland. This position ceased being a member of the Executive Leadership team as of 24 April 2026.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

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

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. 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 are 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.

Appointment to the Board is made by Governor in Council under s18 of the Health and Wellbeing Queensland Act 2019. The remuneration and terms of employment for policy for HWQld's Chief Executive Officer is set by Governor in Council and are equivalent to those set by the Queensland Public Sector Commission.

Remuneration policy for HWQld's Deputy Chief Executive Officer, Senior Director - Prevention Systems, Director Corporate Operations and Director Research and Impact are set by the Queensland Public Sector Commission as provided for under the Public Sector Act 2022. Individual remuneration and other terms of employment (including motor vehicle entitlements and performance payments if applicable) are specified in employment contracts and Public Service Commission Directives.

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 HWQld.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

23. 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.

2025-2026

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	291	6	7	39	-	343
Deputy Chief Executive Officer	217	6	6	28	-	257
Deputy Chief Executive Officer (Acting 1)	34	1	1	4	-	40
Senior Director - Prevention Systems	60	1	1	5	-	67
Senior Director - Prevention Systems (Acting 1)	45	1	1	7	-	54
Senior Director - Prevention Systems (Acting 2)	76	2	2	8	-	88
Senior Director - Prevention Systems (Acting 3)	76	2	2	9	-	89
Director Corporate Operations (01/07/2025 - 30/01/2026)	79	3	2	11	-	95
Director Corporate Operations (Acting 1) (15/12/2025 - 30/01/2026)	26	-	1	3	-	30
Director Research and Impact (19/03/2026 - 24/04/2026)	20	1	1	2	-	24
Total Remuneration	924	23	24	116	-	1,087

2024-2025

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	312	6	8	39	-	365
Chief Operating Officer	230	-	6	29	-	265
Chief Operating Officer (Acting)	25	1	1	3	-	30
Deputy Chief Executive Officer	211	6	5	28	-	250
Senior Director, Health Promotion	198	6	5	25	-	234
Senior Director, Health Promotion (Acting)	25	1	1	3	-	30
Business and Governance Director	148	6	4	19	-	177
Business and Governance Director (Acting)	22	-	1	3	-	26
Total Remuneration	1,171	26	31	149	-	1,377

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

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

2025-2026

Board Remuneration

Position	Terms		Total remuneration	Out of Pocket expenses
	Date of initial appointment	Date of cessation	\$'000	\$'000
Current Members				
Mr Stephen Ryan ~#	1/07/2019		42	-
Ms Jane Williams	1/04/2020		17	-
Ms David Rosengren ^**	1/11/2024		-	-
Former Members				
Dr Shea Spierings	3/02/2022	30/09/2025	4	-
Ms Stella Taylor-Johnson	1/04/2020	30/06/2026	17	-
Ms Anna Voloschenko	1/04/2020	30/06/2026	17	-
Emeritus Professor Ian Lowe	1/04/2020	30/06/2026	17	-
Mr Andrew Hopper ^%	10/09/2022	30/06/2026	-	-
Ms Natalie Wilde ^*	22/04/2025	30/06/2026	-	-
Finance Audit and Risk Management Committee				
Mr Michael Dillon	4/07/2025		2	-
Former Finance Audit and Risk Management Committee				
Christopher Johnson ^^	2/07/2020	30/06/2026	3	-
Total Remuneration			119	-

^ 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 Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism

** This position is designated Chief Executive appointment for the Director-General, Queensland Health

% This position is designated Chief Executive appointment for the Director-General, Department of Sport, Racing and Olympic and Paralympic Games

^^ Chair of Finance, Audit and Risk Management Committee

Chair of HWQld Board

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

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

2024-2025

Board Remuneration

Position	Terms		Total remuneration	Out of Pocket expenses
	Date of initial appointment	Date of cessation	\$'000	\$'000
Current Members				
Mr Stephen Ryan ~#	1/07/2019		42	-
Ms Stella Taylor-Johnson	1/04/2020		17	-
Ms Anna Voloschenko	1/04/2020		17	-
Emeritus Professor Ian Lowe	1/04/2020		17	-
Ms Jane Williams ~	1/04/2020		19	-
Mr Andrew Hopper^%	10/09/2022		-	-
Dr Shea Spierings	3/02/2022		17	-
Dr David Rosengren ^**	1/11/2024		-	-
Ms Natalie Wilde ^***	22/04/2024		-	-
Former Members				
Ms Clare O'Connor ^*	20/11/2020	31/10/2024	-	-
Ms Kathy Parton ^*	1/11/2024	21/04/2025	-	-
Mr Michael Walsh ^**	24/07/2023	31/10/2024	-	-
Finance Audit and Risk Management Committee				
Christopher Johnson ^^	2/07/2020		3	-
Total Remuneration			132	-

^ 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 Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts

** This position is designated Chief Executive appointment for the Director-General, Department of Health

*** This position is designated Chief Executive appointment for the Director-General of the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism.

% This position is designated Chief Executive appointment for the Director-General, Department of Tourism and Sport

^^ Chair of Finance, Audit and Risk Management Committee

Chair of HWQld Board

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

24. Related Party Transactions

Transactions with people/entities related to KMP

The KMP declarations identified the Metro North Hospital and Health Service as a related entity. In 2025-26, HWQld had transactions to the value of \$205,611 only (with no balances remaining at end of year) to Metro North Hospital and Health Service for services received.

The KMP declarations identified Queensland University of Technology as a related entity. In 2025-26, HWQld had transactions to the value of \$1,200 only (with no balances remaining at end of year) to Queensland University of Technology for services provided.

Transactions with other Queensland Government-controlled entities

HWQld received funding from Queensland Health, Department of Sport, Racing and Olympic and Paralympic Games, Department of Justice, and the South West Hospital and Health Service. (refer Note 4 - Grants and Other Contributions).

HWQld transacts with other Queensland Government controlled entities consistent with normal day-to-day business operations provided under normal terms and conditions.

HWQld transacts with the Department of Premier and Cabinet and Metro North Hospital and Health Service (refer Note 6 - Other employee related expenses).

HWQld transacts with the Department of Housing and Public Works for accommodation services (Queensland Government Accommodation Office), and Arts Queensland for accommodation for the HWQld Cairns Regional Office (refer Note 7 – Property Rental).

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

Insurance services are provided through the Queensland Treasury Queensland Government Insurance Fund and WorkCover Queensland.

HWQld optimises interest earning capacity through a Queensland Treasury Corporation Capital Guaranteed Investment Account.

HWQld transacts with Queensland Health, Metro North Hospital and Health Service and Department of Primary Industries (refer Note 7 – Consultants and contractors).

HWQld transacts with Education Queensland via State Schools (refer Note 8 – Grants and Subsidies).

HWQld transacts with the Children's Hospital and Health Service (refer Note 9 - Service Procurement Expense - Social Service).

25. Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2025-2026.

26. Future Impact of Accounting Standards Not Yet Effective

At the date of authorisation of the financial report, the expected impacts of new or amended Australian Accounting Standards issued but with future effective dates are set out below:

AASB 18 Presentation and Disclosure in Financial Statements

AASB 18 applies to not-for-profit public sector entities for annual reporting periods beginning on or after 1 January 2028, which will be the 2028-29 financial year for HWQld.

This standard sets out new requirements for the presentation of the Statement of Comprehensive Income, requires new disclosures about management-defined performance measures and removes existing options in the classification of dividends and interest received and interest paid in the Statement of Cash Flows. AASB 18 will only affect presentation and disclosure, it will not affect the recognition or measurement of any reported amounts.

In October 2025, the AASB released Exposure Draft ED 338 which proposed several amendments that, if legislated, would permit relief from the majority of the presentation and disclosure requirements by not-for-profit public sector entities via an explicit accounting policy choice.

HWQld will further assess the expected impacts of AASB 18 in subsequent reporting periods once the AASB issues a final amending standard and Queensland Treasury has communicated its policy intentions in respect of accounting policy choices permitted by the standard.

All other Australian accounting standards and interpretations with future effective dates are either not applicable to HWQld's activities or have no material impact on HWQld.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2026

27. Climate Risk Disclosure

The State of Queensland, as the ultimate parent of the Sunshine Department, provides information and resources on climate related strategies and actions accessible at <https://www.treasury.qld.gov.au/energy-and-climate/>

The Queensland Sustainability Report (QSR) outlines how the Queensland Government measures, monitors and manages sustainability risks and opportunities, including governance structures supporting policy oversight and implementation. To demonstrate progress, the QSR also provides time series data on key sustainability policy responses. The QSR is available via Queensland Treasury's website at <https://www.treasury.qld.gov.au/programs-and-policies/queensland-sustainability-report>

The statutory body continues to monitor the emergence of material climate-related risks that may impact the financial statements of the statutory body, including directives from Queensland Government or Queensland Treasury.

No adjustments to the carrying value of assets held by HWQld were recognised during the financial year as a result of climate-related risks impacting current accounting estimates and judgements. No other transactions have been recognised during the financial year specifically due to climate-related risks impacting the foundation.

**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 2026 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: 20 August 2026



Name: Mr Stephen Ryan
Title: Board Chairperson

Date: 20 August 2026

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.

The financial report comprises the statement of financial position as at 30 June 2026, 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 material accounting policy information, and the management certificate.

In accordance with s. 40 of the *Auditor-General Act 2009*, for the year ended 30 June 2026:

- 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.
- c) In my opinion, the financial report:
 - i. gives a true and fair view of the entity's financial position as at 30 June 2026, and its financial performance and cash flows for the year then ended
 - ii. complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

Basis for opinion

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

I am independent of the entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including independence standards)* (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 Board 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 such internal control as they determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error

- the establishment and keeping of accounts in accordance with prescribed requirements
- 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of my responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at:
www.auasb.gov.au/auditors_responsibilities/ar4.pdf

A further description of my responsibilities under the *Auditor-General Act 2009* and *Auditor-General Auditing Standards* is located at the Queensland Audit Office website at:
www.qao.qld.gov.au/audit-program/audit-standards

These descriptions form part of my auditor's report.



D J Toma
as delegate of the Auditor-General

26 August 2026

Queensland Audit Office
Brisbane

