



# Inquiry into annual and financial reports 2024–2025

## Answer to question on notice

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Asked by: Mr Shane Rattenbury MLA

Addressed to: Minister for Health

Reference: HCSD - ACT Health

Hearing: 11 November 2025

In relation to: Preventative health

Question received: 19 November 2025

Answer Due: 26 November 2025

1. What is the total amount of funding committed to preventative health programs for the ACT for 2026 and 2027, and how does this compare to the funding committed in 2024 and 2025?
2. When are you allocating funding for Healthy Canberra grants for 2025/6? What is happening to programs where the period of funding is ending?
3. For each major chronic disease risk factor (smoking, obesity, physical inactivity, harmful alcohol consumption), what measurable intermediate indicators has the government set for the ACT by the end of 2028?
4. What new health promotion campaigns or interventions are planned or commenced around these risk factors in the ACT? What budget has been allocated to each? How does the government propose to evaluate their effectiveness?

**RACHEL STEPHEN-SMITH MLA:** The answer to the Member's question is as follows:

1. Preventive health initiatives are undertaken across the ACT Government including schools, transport and workplaces as part of the routine business in these areas. Within the health portfolio, preventive health actions are delivered across a number of work streams, including immunisation, health promotion, chronic disease prevention, screening and community funded programs.

Budget within the ACTPS is generally allocated by organisational structure, unless it relates to a specific initiative or large-scale project. Some activities, such as immunisation and screening are partially or fully funded under Commonwealth agreements. As budget is not isolated for most preventive health activities, it is not possible to provide an exact figure on all preventive health. However, the below is the funding for the Healthy Canberra Grants following the use of funding to offset priority initiatives:

|                                                                                                              | 2024-25     | 2025-26     | 2026-27     | 2027-28     |
|--------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|
| <b>Healthy Canberra Grants</b>                                                                               | \$1,698,000 | \$1,010,839 | \$1,038,000 | \$1,065,000 |
| <b><i>Offset mental health programs</i></b>                                                                  | \$630,000   | -           | -           | -           |
| <b><i>Offset Aboriginal and Torres Strait Islander Alcohol and Other Drug Residential Rehabilitation</i></b> | -           | \$1,400,000 | \$1,435,000 | \$1,471,000 |

*\*Healthy Canberra Grants funding includes committed funding from previous years grant rounds*

2. The Healthy Canberra Grants funding guidelines state that:
  - a) grants are for a specific purpose and a fixed, time-limited period;
  - b) funding will not be renewed after the grant ends, and receiving a grant does not imply ongoing support from the ACT Government; and
  - c) applicants are encouraged to propose sustainable programs that can continue beyond the grant period.

The [evaluation of Healthy Canberra Grants](#) indicated 63 per cent of survey respondents said their project continued to be delivered at some capacity after the grant period, 46 per cent of projects were sustained using the organisation's own funds.

3. The ACT General Health Survey reports against a large range of indicators, including physical activity, fast food consumption, fruit and vegetable consumption, alcohol consumption and smoking status. These can be found at [HealthStats ACT - ACT Government](#).

For most chronic disease risk factors there are no ACT-specific indicators currently set, however national strategies are followed with specific indicators for certain risk factors. Locally, the Health and Community Services Directorate's (HCSD) strategic indicator reports against fruit and vegetable consumption, and the Wellbeing Framework indicators report against healthy weight.

4. Health promotion activities and initiatives are being undertaken by a number of areas across the ACT Government. The below highlights only those programs managed and funded by HCSD that are included in the funding table above.

#### Healthy Canberra Grants

There are currently 12 active grants, valued at \$2,938,222, that address the chronic disease risk factors (smoking, obesity, physical inactivity, harmful alcohol consumption).

Funded programs provide regular reports and a final evaluation using an outcomes framework, developed by HCSD, which measures community impact through outputs and outcome indicators.

As noted above, an external evaluation of Healthy Canberra Grants has been completed, and the report was made publicly available in mid-2025. The scope included 10 funding rounds that were delivered from 2018 to 2023.

#### INFANT Pilot Program

In September 2024, the ACT Government commenced a pilot of the INFant Feeding, Active play and NuTrition (INFANT) program in the ACT. INFANT is an evidence-based health literacy intervention that works with parents and caregivers to promote healthy eating, physical activity, and reduced screen time for babies from birth until two years of age.

The pilot is being delivered until December 2025 in partnership with Capital Region Community Services at a cost of \$75,000. A total of 177 parents and carers registered for the pilot, which will be evaluated in early 2026.

#### School based supports

The ACT Government continues to support ACT teachers and educators with online professional learning to develop their health promotion knowledge and support delivery of the Australia Curriculum.

New e-learning courses include:

- a) In 2023, a Year 7 and 8 Vaping, Youth and Health teacher professional e-learning was launched, followed by a Year 5 and 6 version. The courses are evaluated through post-course evaluation surveys.
- b) The combined cost of the development and implementation of the e-learning was \$231,000.

Families are also supported to bring healthy lunches to school through a healthy lunchbox flyer made available online in 22 different languages. This lunchbox flyer will be distributed in 7,000 Kindy Screening Information Packs for parents in February 2026 at a cost of \$7,000.

#### Health promotion scoping

A strategic approach to health promotion that supports evidence-based interventions and ensures responsiveness to community needs is being undertaken, using:

- a) the evaluation of existing health promotion activities; and
- b) targeted scoping work including engagement with key stakeholders, research and data analysis of emerging health trends, jurisdictional scan and alignment with broader population health objectives.

#### Smoking, vaping and alcohol support services

Through a Federated Funding Agreement (FFA) with the Commonwealth Government, the ACT will receive a total of \$1.065 million over four years to scale up Quitline and cessation services. Funding has been allocated towards recommissioning the ACT Quitline in 2024-25 to improve its

capability, including the addition of digital support options. The new service provider, Cancer Council Victoria, commenced service delivery on 1 July 2025. The ACT Quitline's effectiveness will be measured against the National Minimum Quitline Standards (NMQS). The NMQS were developed by Cancer Council Victoria as a means of ensuring Quitline meets standards that enable high quality and effective clinical care.

Also through this FFA, the ACT has funded a pilot program for a drop-in youth-targeted vaping cessation support service in the ACT, including provision of free nicotine replacement therapy to young people (where clinically appropriate). The Junction Youth Health Service will operate the service for three years, which is expected to commence by the end of 2025. The effectiveness of the pilot will be determined through specific outcome reporting requirements, which include evidence of a reduction in smoking and/or vaping behaviours, increases in knowledge about the harms of vaping, and reported improvements in physical and/or mental health amongst service users.

Approved for circulation to the Standing Committee on Social Policy

Signature:



Date:

27/11/25

By the Minister for Health, Rachel Stephen-Smith MLA