Evaluation of Healthy Canberra Grants Program

ACT Health Directorate

Final Report

February 2025

Acknowledgements

We also acknowledge the talent and artistry of Emma Walke, who designed the artwork for our acknowledgment of Aboriginal and Torres Strait Islander peoples. The design shows a story of connection to country and people, representing the breadth of work we do with Aboriginal and Torres Strait Islander communities across Australia. The colours represent the land, and the lines in between represent the water that connects us all.

This work was completed with the assistance of Mark Tournier, Katrina Rasheed and Amy Clark in the ACT Health Directorate's Health Promotion and Grants Team. We would also like to thank the many grantees and past applicants as well as key informants from the ACT Health Directorate's Health Promotion and Grants Team. We thank them for their time and insights and trust that their views are adequately represented in this report.

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Contents

Abbreviations, acronyms and common terms

ACNC	Australian Charities and Not-for-profits Commission
ACTHD	ACT Health Directorate
AOD	Alcohol and other drugs
ECEC	Early childhood education and care
HCGP	Healthy Canberra Grants Program
NPHS	National Preventive Health Strategy
PHP	ACT Preventive Health Plan

Executive Summary

EVALUATION OF THE HEALTHY CANBERRA GRANTS PROGRAM
SUMMARY OF FINDINGS

ABOUT HCGP

The HCGP offers grant funding to the community sector to improve the health of the ACT community. It is designed to fund activities that address lifestyle risk factors contributing to chronic disease and poor health outcomes.

The purpose of this evaluation is to inform the ACTHD about the extent to which the HCGP, in its current form, is delivering impactful health promotion programs and is delivering against the ACT Government's prevention priorities in the Healthy Canberra ACT Preventive Health Plan. The evaluation also identifies opportunities to improve impact on population health through the grants.

ABOUT THE EVALUATION

The evaluation covers 10 rounds occurring between 2018 and 2023.

Survey
27 grantees (35 projects)
33 unsuccessful applicants

Interviews
22 grantees
7 unsuccessful applicants

Grantee reports
35 grantees reports

Other data
Desktop research and document review
ACTHD end of grant survey data

KEY INSIGHTS

Effectiveness

77%

grantee reports provided evidence that their **project produced changes in awareness, attitudes, knowledge or behaviour**

A mix of programs and campaigns achieved reach efficiently

- Projects were delivered at an average of **$116.19 per instance of reach**
- Communications campaigns delivered at average of **$1 per instance of reach**

HCGP is delivering well on PHP priorities of **active living, healthy ageing, healthy eating and supporting children and families**

Appropriateness

The HCGP is well aligned with other ACT and National health and wellbeing policies. The cohort of funded projects have **delivered outcomes across most of relevant priority areas of the ACT Preventive Health Plan and the National Preventive Health Strategy**, as well as other policies focussed on specific issues and populations

HCGP funds a **diversity of sizes and types** of organisations, with a focus on **ACT based organisations**

Majority of applicants are **positive** about most aspects of HCGP

Sustainability

63% of projects were continued after the grant, most commonly with a reduced scope, and largely funded by the organisations' own funds (46%) (grantee survey data)

68% of grantees said HCG makes a difference to their **financial sustainability**

78% of grantees had **lasting partnerships** as a result of the grant

About the evaluation

Measuring the impact of preventive health programs is challenging. The timeframe needed to assess outcomes can be very long, and establishing causality is complex due to the many factors that interact with health and health behaviours. These challenges apply to measuring and describing the impact of the Healthy Canberra Grants Program (HCGP). This evaluation also had limitations in terms of the data available from grantee reports, which makes it impossible to measure effect size of outcomes (how many people experienced what changes, over what period of time).

Despite these challenges, we have some evidence about the outcomes the HCGP is creating. Projects funded by the HCGP are achieving changes in awareness, attitudes, knowledge and behaviour. Moreover, the observable outcomes align with the short-term and medium-term outcomes identified in the program logic (unofficial program logic[1]). This provides a strong argument for the validity of the program, supporting the assumption that if these outcomes are achieved, they will lead to the identified longer-term outcomes.

What we found

Effectiveness

HCGP is delivering health improvements for the ACT community

The HCGP funded projects are having an impact on the mechanisms of behaviour change including awareness, attitudes, knowledge, skills and confidence. While changes in awareness, attitudes and knowledge do not always lead to behaviour change, they help put people on the pathway to change. More than half of the reports reviewed provided evidence that the HCGP projects produced changes in behaviour for at least some participants. Some projects also provided evidence of improved physical health for some participants. Additionally, projects are supporting the development of community members, and community role models are emerging.

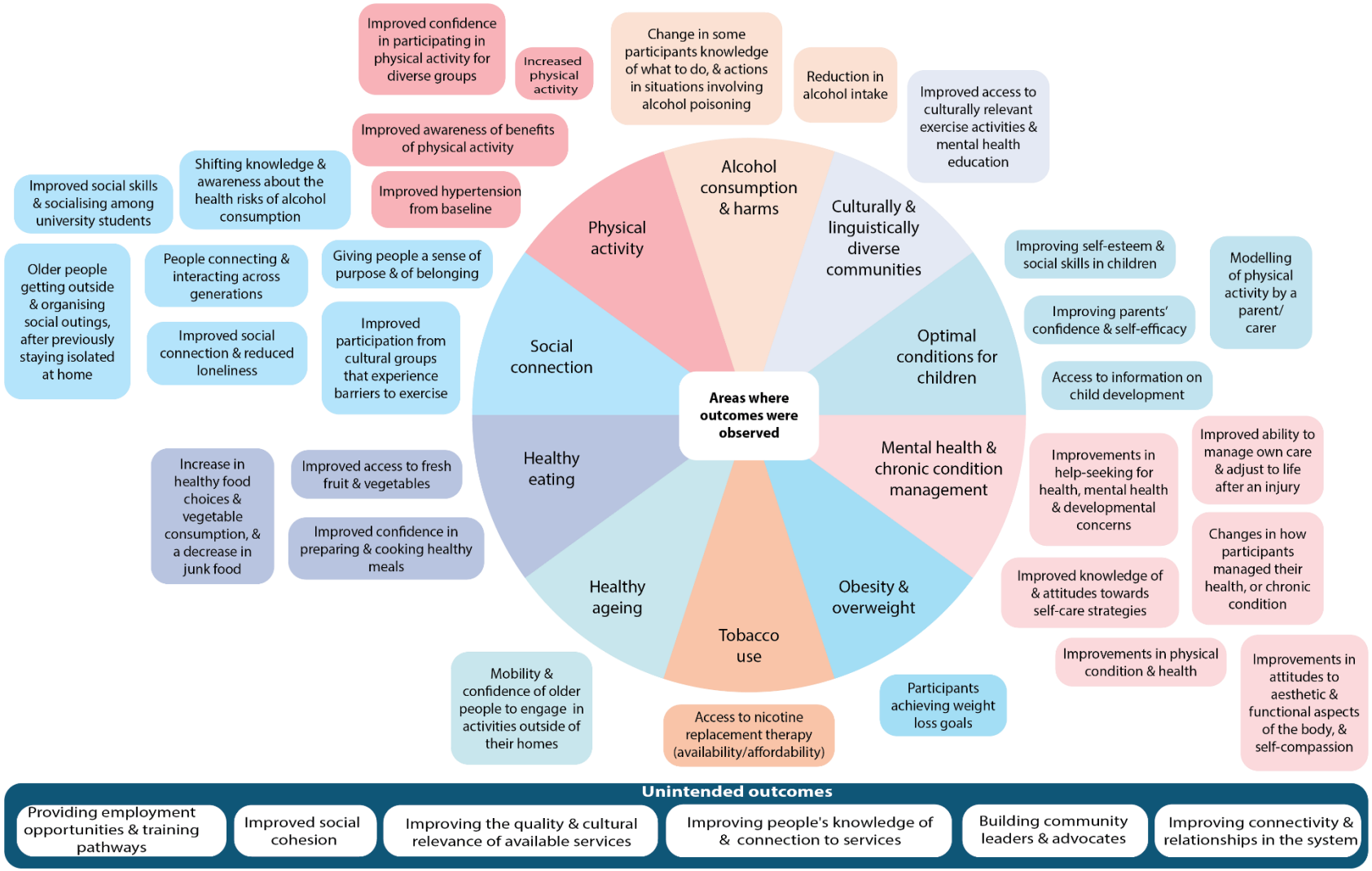
We can reasonably assume, based on behaviour change theories and literature, that longer term health impacts exist for some if not most participants of funded projects.

Benefits delivered beyond the program goals, including economic benefits

HCGP is also delivering outcomes and benefits beyond the program goals. The variety of benefits and outcomes evident in grantee reports and interviews are highlighted in Figure 1.

[1] Developed to provide context for ARTD evaluation

Figure 1 Benefits and outcomes from the cohort of funded projects



Source: Grantee reports and interviews

HCGP is also creating economic benefits.

ECONOMIC BENEFITS

Employment opportunities and training pathways

There were six grantees who, unprompted, mentioned an employment outcome for participants in interviews. This included:

- bringing young people on as casuals with an intent to provide longer-term employment after they complete their studies
- employing students part time to deliver projects
- employing people who migrated to Australia for humanitarian reasons as bilingual educators
- employing Aboriginal people as peer workers or in social enterprises
- providing work experience and employment for culturally and linguistically diverse and/or Aboriginal participants
- employment of a person with lived experience of mental illness in the arts.

Financial sustainability of the nonprofit sector

HCGP is improving the financial sustainability of grantees, with greater effect for organisations that held multiple grants.

Funded charities were more likely to experience an increase in annual revenue.

The financial sustainability of organisations in the ACT is also likely to have flow on economic effects on employment rates, given that the charity sector is a significant employer in Australia, accounting for 10.5% of the Australian workforce (comparable to the number of empoyees in construction, or retail industries).

Grantees in both targeted and general rounds are reaching and providing outcomes for priority groups

Nearly all programs within grant rounds that specified a priority population provided evidence of engaging with people from one or more priority populations. Funded projects were most likely to focus on women of reproductive age and their families, people from culturally and linguistically diverse backgrounds and Aboriginal and/or Torres Strait Islander people.

No projects in rounds that specified priority populations reported outcomes for people experiencing domestic and family violence, people with disability, people with mental illness. Similarly, few projects in rounds that specified priority populations delivered outcomes for people experiencing homelessness (1) and people in prisons (1).

Projects that included priority populations in co-design and/or project delivery were better able to reach, effectively engage with and provide relevant services to those populations.

HCGP is delivering on the priorities of the ACT Preventive Health Plan (PHP)

Each round of funded projects since 2020 is delivering outcomes in multiple PHP priority areas. Enabling active living, increasing healthy eating, supporting children and families and

healthy ageing were the main areas that programs are delivering outcomes in. As there were no reports available for review for the 2021/2022-2022/2023 Reducing Risky Behaviours round, there was limited evidence of projects delivering outcomes in the area of reducing risky behaviours (although there was some evidence from projects that tackled alcohol risk, which was a focus of several rounds).

Appropriateness

The HCGP funding priorities strongly align with evidenced preventive health needs, and current ACT PHP priorities

The ACT Health Directorate (ACTHD) is interested in how funded projects are aligned with the priority areas and goals of other policies and priorities, including:

- the ACT Preventive Health Plan 2020-2025
- the National Preventive Health Strategy 2021-2030
- The National Action Plan for the Health of Children and Young People 2020-2030
- Best Start for Canberra's Children: The First 1000 Days Strategy
- ACT Aboriginal and Torres Strait Islander Agreement 2019-2028
- ACT Drug Strategy Action Plan 2022-2026
- National Tobacco Strategy 2023-2030
- ACT Chief Health Officer's report (2022)

The HCGP priorities and population groups are well aligned with the priority areas of each of these documents and delivered outcomes across most of the priority areas.

There are some goals from these documents which are not currently addressed by HCGP in its round priorities, or for which there is little evidence that outcomes have been achieved.

Future funding rounds could also target social issues such as people experiencing domestic violence and people experiencing homelessness. While included in previous HCGP rounds, public attention and concern around these issues, their rate of increase and need for a collective response to address these complex issues continues.

The grant size is appropriate to achieve reach and outcomes

Based on comparative analysis of 6 similar health promotion grants available in Australia (Appendix 5), HCGP is one of the larger grants available for health promotion work and preventative health programs. The evidence from this evaluation shows HCGP is:

- achieving expected or better than expected reach across the majority of projects
- achieving changes in people's awareness, attitudes, knowledge and behaviours around health and wellbeing, and based on this, is likely to be achieving impacts on chronic health and improvements in wellbeing for some participants

- creating benefits beyond health including on employment
- improving the health of the service system in the ACT by encouraging partnerships and collaborations - even for unsuccessful applicants, and improving the quality and relevance to target populations of available services
- improving the capacity and financial sustainability for organisations in the ACT
- providing funding for health and wellbeing approaches with populations which are not otherwise being resourced and are of funding amounts not otherwise available for the community sector.

The reach of each project varied widely between 10 people and more than 700,000. The majority of projects were delivered at a cost of $500 per instance of reach, or below[2]. As could be expected, larger grants generally achieved a lower cost per instance of reach. The diversity of the scale of the funded projects appears to be valuable as some projects with smaller grant amounts achieved high reach and some larger grants achieved less reach.

Average cost per instance of reach was calculated, based on data from 30 grantee reports, to provide insights into how efficiently HCGP is reaching the population. Given the differences between communications campaigns and programmatic work, it was useful to look at average cost per instance of reach for each type (Table 1). The average cost per instance of reach is understandably higher for programmatic work than campaigns, and justifiably so, given it is likelier to lead to changes in behaviours than communications messaging. Combined, the programmatic work and communications campaigns achieved a low cost per instance of reach of $3.08 and had combined instances of reach of 1.7 million.

While the degree of engagement and outcomes are highly variable between projects, this data provides an indication that HCGP is achieving efficient reach into the population.

[2] Cost is not per individual, as there was not sufficient granularity in the data, but rather the frequency of times a person was reached (many people were likely reached numerous times).

Table 1 Cost per instance of reach

	Total instances of reach	Total cost	Average cost per instance of reach*
30 projects including communications campaigns	1,711,437	$5,268,616	$3.08
27 projects (excl communications campaigns)	31,169	$3,621,575	$116.19
3 communications campaigns	1,680,178	$1,647,041	$1

Source: grantee reports
** data was not sufficiently granular to provide a count of individuals reached*

Applicant experiences of the grants journey were positive

Overall, applicants were overwhelmingly positive about most aspects of the grants journey. There were some challenges experienced with applications, progress reporting and final reporting (Figure 2), and some ideas for things that could be improved (Figure 3).

Figure 2 Experiences of HCGP throughout the grants journey

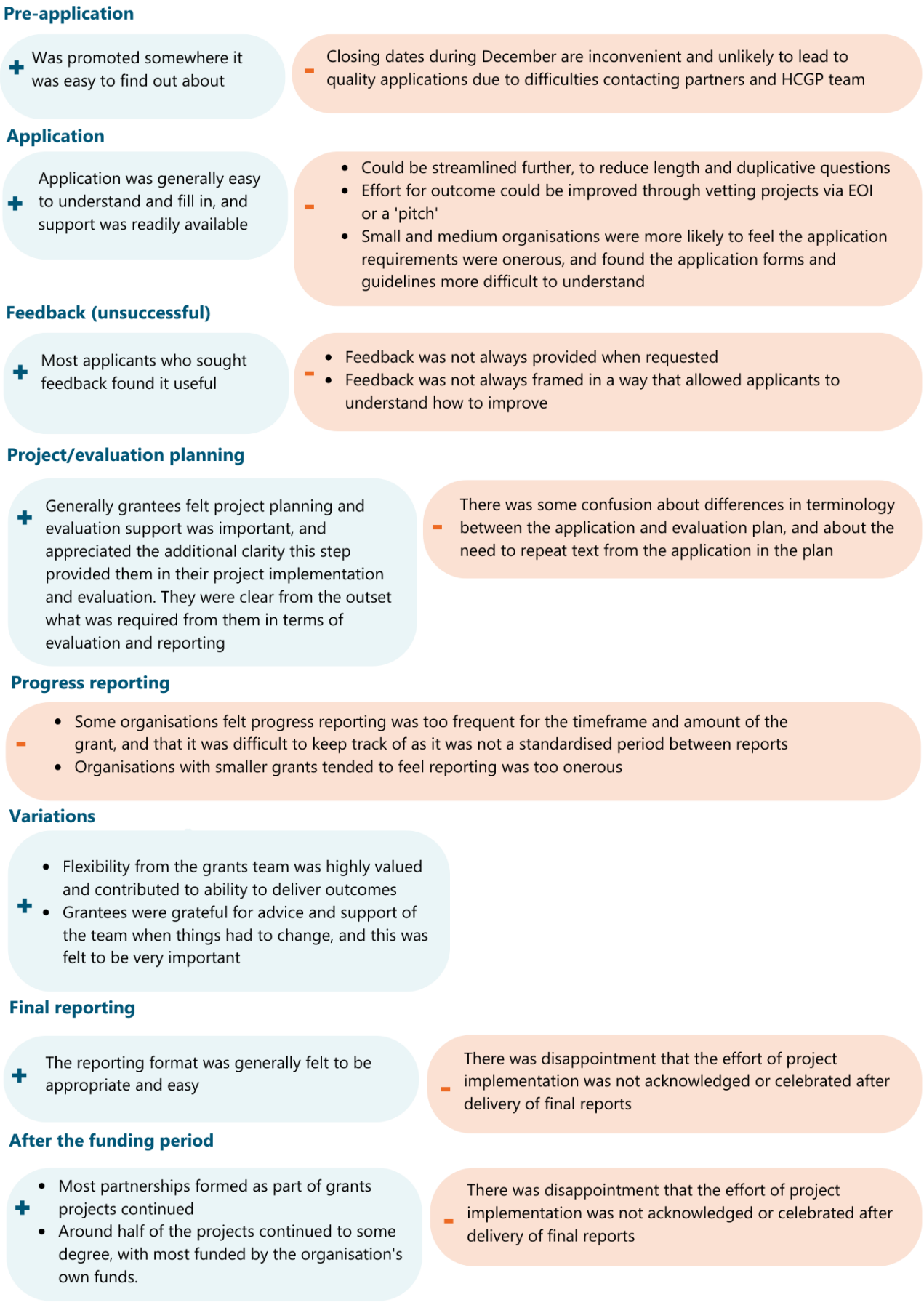


Figure 3 Grantees' ideas for improvements

Pre-application
Could be improved by providing opportunities for prospective applicants to connect and collaborate on ideas

Application
Grantees noted that they had often underbudgeted for project management, including evaluation and reporting, and that guidance on this in the application stage would be helpful

Project planning and evaluation
There was a sense this step could be streamlined, if key elements could automatically be brought across from the grant application

After the funding period
Many grantees wanted to see funding made available by the ACT HD for successful projects to continue

"The team at ACT Health were incredibly helpful throughout the entire process, from application to project acquittal."
- Grantee, survey

"The planning process was detailed and supported the delivery. It was also appreciated that there were opportunities for continuous improvement and adapting the program to respond to community needs."
- Grantee, survey

"It would be good to know what comes of the reports. Are they read, and are the benefits of the program actually recognised."
- Grantee, survey

"The requirements to write the report didn't match up with the amount of funding. Could be changed to not having to meet every time you submit a report. The reporting cycle is also weird, crosses over financial years and doesn't align with quarterly or 6 monthly – and it's a bit confusing"
- Grantee, interview

"The language on the evaluation tool does not match the language used on the application program plan. It is cumbersome and sometimes confusing trying to align these documents."
- Grantee, survey

Grants processes largely facilitate equity of access for providers, with some areas that could be improved for greater accessibility

Most applicants find it easy to access, understand and apply for the HCGP. Feedback on regular and focus rounds was similar. However smaller organisations tended to express more negative sentiment about the process than larger organisations. Organisations applying for smaller grant amounts felt the effort to apply and manage the grant was disproportionate to the grant size.

A diverse range of organisations - in terms of size, type and service footprint - received grant funding. Collectively, this enables a broad reach into diverse parts of the ACT community.

The HCGP team provides effective support for applicants and grant holders, and this supported grantees to negotiate variations in their project plans flexibly. This flexibility meant that in some cases grantee projects were more culturally responsive.

There are good structures and processes in place to support grantees, with limited barriers to application

Support from ACTHD, the size of organisation, and having held multiple HCGP grants were identified as key enablers to applying to and holding a grant. Those who held one grant found project planning assistance to be of greatest importance. Grantees who held multiple grants, found support and advice to manage variations of greatest importance.

Barriers, which largely centred around a lack of available resourcing and skills, tended to be experienced most by smaller organisations and by unsuccessful grantees.

Legacy

HCGP is improving the financial sustainability of grantees, with greater effect for organisations that held multiple grants

Grantees who held multiple grants were more likely to say each grant had impacted the financial sustainability of their organisation a great deal or considerably. Single grant holders were most likely to say it had impacted their financial sustainability only slightly. This suggests that while holding one HCGP grant may not make a large difference to an organisations' sustainability, holding multiple grants does.

Organisations continue to invest in projects 'that work' although capacity and opportunity varies

A majority (63%, n=21) of survey respondents said their project continued to be delivered in some capacity after the funded period, most with a reduced scope (48%, n=16). Only 15% (n=5) were able to continue delivering at the same or similar scale, and 15% (n=5) said their project was not able to continue at all (the remaining 21% were still within the period of their grant). The most common means of funding a program's continuation was through the organisation's own funds (46%).

Multiple grant holders are more capable of self-funding programs and successfully seeking funding from other government sources. This suggests that these organisations have improved capacity to successfully apply for grants.

Key enablers supporting the sustainability of outcomes and practice were:

- developing new standards of practice and ways of working (for example, collecting new health information, building in new screening for health issues to existing programs, or using new online platforms to increase reach)
- creating new resources
- participant relationships and networks
- investing in development of knowledge, skills and training - including capacity building of volunteers, community leaders and advocates
- organisational maturity and familiarity with grant and procurement processes
- availability of resourcing (financial and non-financial i.e. staff)
- partnerships are also largely sustainable beyond the life of the application or project for both grantees and unsuccessful applicants.

Barriers to sustainability were experienced more by smaller organisations, who reported more difficulty in sustaining projects, outcomes, and practice because of limited resources and the capacity to seek further funding.

Opportunities to support more sustainable projects

To improve sustainability, ACTHD could:

- encourage projects that incorporate capacity building (skills building or training for workforce, volunteers or community members) as this is a known factor for the sustainability of health promotion projects
- support grantees to share what they have learned with others in the sector, including other service providers, as well as those working in health prevention research
- provide some supports to grantees to better inform and prepare them for the next steps in grant and procurement processes.

Recommendations

Ultimately, ACTHD is interested in understanding whether HCGP is the best value and most impactful way to prevent chronic disease in the ACT, essentially, 'what makes this the right course of action?' This question cannot be answered directly through evaluation. It is rather a strategic question, which requires agreement from stakeholders on a range of factors (discussed in Chapter 2). However, this evaluation does provide evidence that HCGP is performing well and delivering good outcomes for the community. There are also opportunities to improve on existing processes and practices and to achieve more

sustainable and impactful programs. Our recommendations for improvements to consider, within the context of other changes (such as the use of SmartyGrants Outcomes Engine) and strategic planning cycles (such as the new ACT Preventive Health Plan). Details and a rationale for each recommendation follow.

Improving the evidence base for HCGP and funded projects

Recommendation	Rationale
Review the HCGP Monitoring and Evaluation Framework, including to: • finalise and include a program logic at program level (HCGP) and individual round level (per funding topic or priority). The logic models at round level should inform evaluation frameworks that set the scene for grantee reporting • provide a clear definition of outcomes, with examples (to ensure all involved in the program have a shared understanding of the terminology), for example: "An outcome is a change in a participant's awareness, attitude, knowledge, behaviour, or indicator of physical or mental health that can be reasonably assumed to be attributable to the program. The program's impact is how many outcomes were experienced, to what degree" • ensure the key evaluation questions (KEQs) and indicators focus on the outputs and outcomes that ACTHD can measure • identify the data that will need to be collected, and when, to measure outputs and outcomes at round and program levels • describe the approaches to data analysis that will be used to provide insights, aligned with the KEQs • identify specific indicators that will help the ACTHD understand how well HCGP is performing (i.e. describes what 'good' looks like to ACTHD) • identify the data that will need to be collected and when.	This is intended to improve the quality of evaluations conducted by each funded organisation of their projects. Further, improving the available data and ensuring the framework for analysis is focussed on what HCGP can directly influence, will make it easier to understand the overall value of HCGP, test the validity of the program logic, and identify what can be improved.
Review the HCGP grantee reporting template, to include required responses to specific questions that will enable ACTHD to: answer key evaluation questions about HCGP overall, as well as per round; to assess the validity of the program logics; and understand value for money produced by the program and each round.	This will make it easier to understand the value of HCGP overall and at a round level, to inform decisions about program improvements. The HCGP team have started work on this, using the Outcomes Engine functionality in SmartyGrants.

Practices to continue and build on

Recommendation	Rationale
Continue to provide multi-year grants with the same maximum grant amount for preventative health and health promotion The evaluation data shows the current available grant amounts and multi-year funding are creating the right conditions for organisations to achieve efficient and effective reach and outcomes in the community, both in health and wellbeing, and beyond. Continuing to provide multi-year grants with the same maximum grant amount for preventative health and health promotion can build on HCGP's achievements and outcomes.	While HCGP is of a larger amount than grants for similar work in other jurisdictions this continues to be warranted in a context in which: • there are limited other funding sources available to fund not-for-profit organisations in the ACT, especially those organisations who do not have a service footprint outside the ACT • it is achieving good reach, creating benefits within and beyond health, and improving financial sustainability for organisations.
Consider specifying that projects which engage people from the target priority population in design and delivery will be highly regarded. This could also be a part of assessment criteria.	The evidence suggests this will help to improve project efficacy and reach into priority populations and is also best-practice.
Improve on existing support for applicants and grantees The HCGP already provides good support for applicants and grantees. This could be improved by: • **Providing budgeting advice** for the grants, including to evaluate and report on projects. This could be based on collated learnings about budgeting from past grantees • **Support grantees to share their learnings from delivering the grants project**, what worked and what they would do differently next time, so others in the sector can learn from this • **Focus evaluation planning and reporting support on first-time grant holders** and making this optional for grantees who have held a HCGP grant previously • **Provide information on suitable data collection methods for evaluation (inclusive of qualitative methods), and advice on how to choose methods for key evaluation questions** • Ensure feedback provided to unsuccessful applicants is provided (if requested) and has a focus on actionable feedback. A template could be used to support this	These improvements are intended to: • reduce the amount of time HCGP staff need to spend on providing support, focusing it on areas where there are gaps, while still building capacity where this is needed • improve the quality of data provided in reports, which will make it easier to understand the value of HCGP. • improve consistency of grants administration practices • ensure application forms are streamlined.

Recommendation	Rationale
• Review the application forms to reduce any possible duplication.	

Strengthen ongoing funding mechanisms to improve program sustainability

Recommendation	Rationale
Hold a by-invitation-only grant round for organisations delivering exceptional outcomes Should budgets allow, HCGP could consider holding a by-invitation round for a 'top up' amount for organisations delivering exceptional outcomes who are nearing but not at the end of their HCGP funding term. The timing of successful notifications would need to 2-3 months in advance of the end of the HCGP funding to avoid losing staff with program knowledge and relationships due to uncertainty over contracts.	This will allow additional time and funding stability needed to improve the sustainability of projects that are showing indications that they are achieving strong outcomes, as well as improving the likelihood of achieving better outcomes and impacts. The additional time will also mean organisations have better opportunity to create the evidence that their project or activity model works, and to measure outcomes, which can take years to become evident. This improves their capacity to seek other forms of funding. Given the greater costs of start-up with a new project, this is also likely to improve the value for money of investments into programs and services, by ensuring they are not lost, only to be restarted again at a later date or by another organisation.
Clarify in all relevant communications and guidelines that grants can be used to improve the quality, accessibility or reach of existing programs or services	Rewording this section will help to overcome the perception that HCGP funds only 'new' programs and services, which can lead to existing successful programs being sidelined or ceased in order to chase funding for something 'new'. It is also intended to encourage existing mainstream services to consider how they can improve the quality of existing services for priority populations, which may be a more efficient way to achieve outcomes for these populations.
Additional options to improve sustainability: • Provide a platform for organisations with successful projects to pitch their project to representatives from ACT Government and partners (for example, Capital Health Network) • Provide information to successful grantees about the process required to seek additional funding through ACTHD commissioning processes.	This is likely to improve government actors' knowledge about what programs are operating in the community and achieving outcomes and provides opportunities to source alternate forms of funding for successful projects. This ensures equity of access to information about government processes, provides opportunities for the continuation of impactful projects.

Consider a tiered application structure

Recommendation	Rationale
Consider a tiered application structure with a simplified application form, evaluation and reporting processes for amounts under $100,000. The frequency of reporting could also be reduced for these smaller, lower risk grants.	This would improve the proportionality of effort for those applying for smaller grant amounts and reduce the amount of administration and support the HCGP needs to provide.

Explore barriers to successful application for organisations working with people experiencing homelessness and domestic and family violence

Recommendation	Rationale
Consult with organisations who work with people experiencing homelessness and domestic and family violence to uncover any barriers they experience when applying for HCGP projects.	People experiencing homelessness and domestic and family violence were less well reached by rounds which targeted priority populations. This could identify opportunities for the program to better target these groups.

Clarify which other policies and strategies HCGP needs to align with

Recommendation	Rationale
To support targeting of priority areas and future evaluations, clarify which policies and strategies it is most important HCGP align with. For the purposes of this evaluation, we assessed alignment with 8 National and ACT based strategies/policies however it is unclear which of the strategies/policies it is essential that HCGP's funding priorities addresses. Issue areas and populations covered in other strategies and plans, with which HCGP does not yet have good alignment identified were: • supporting parenting in middle years and adolescence, and target middle years to build resilience and social and emotional coping skills • support life course transitions for children and young people • promoting effective anti-bullying strategies • improving school-based responses to young people who use alcohol and other drugs (AOD) • promoting oral health for children and young people • improving collaboration between AOD services and other health services	Many of these strategies are aligned with each other, and some may be more relevant to the goals of HCGP and the ACT Government than others - so it may not be necessary to consider all of these in assessing HCGP's funding priorities, nor in conducting future evaluations around appropriateness.

Recommendation	Rationale
• school-based responses to young people who use AOD • improved supports around AOD use for people experiencing domestic and family violence.	

Additional strengthening mechanisms to consider

Recommendation	Rationale
Increase opportunities for grantees to connect with and learn from each other, including by: • holding pre-application sessions to support networking and sharing of ideas - especially for focus rounds • connecting grantees in each round in a community of practice, so they can share their learnings and find opportunities to collaborate as projects are implemented. This may not require facilitation by the HCGP team, other than in the first instance. Facilitation of the group could be shared among participants.	This will help to increase the number of collaborations and partnerships between grantees. This is likely to improve the value for money through the resources leveraged through collaborations.

Administrative changes

Recommendation	Rationale
Consider allowing applicants to expend a small percentage of funds on catering and/or reimbursing volunteers.	This was named by grantees as something that helps to improve participation and building trusting relationships, as well as a financial burden on small organisations where they are unable to use funding for this.
Where possible, provide 6 to 12 months advance notice of funding priorities to allow organisations and their partners to build the relationships and evidence to put together strong project plans.	Grantees noted the length of time needed to collaborate on a project idea, build relationships with potential partners where these didn't already exist, and to co-develop their application. This is likely to improve the quality of partnerships and project planning.
Where rounds fall at the end of the year, bring forward opening dates to early November.	Partners and HCGP staff can be difficult to contact during the December/January period. This is likely to improve the quality of applications.

Report

1. Introduction

1.1 Structure of the report

This report is an evaluation of the Healthy Canberra Grants program (2018-2024).

Chapter 1 provides an overview of the program and the evaluation.

Chapter 2 provides some background about the challenges of measuring the impact of health promotion and preventive health programs, as well as some more specific to HCGP, it also delineates what questions can be answered through evaluation, versus those that are questions of strategy.

Chapter 3 contains the key findings of the report under the domains of effectiveness, appropriateness and legacy.

Chapter 4 provides recommendations.

The Appendices contain the evaluation rubrics, alignment with other policies, detailed insights into sample, comparative grants, and the policy underpinnings of each grant round within scope for the evaluation.

1.2 Background

The policy context

The ACTHD exists to provide strategic and systems leadership, direction and action to improve the health of the ACT community and ensure the public health system meets community needs, now and into the future.

The Population Health Division leads population health policy for the ACT. It provides and commissions a range of services and programs aimed at:

- improving the health of the ACT population through interventions which promote behaviour changes to reduce susceptibility to illness
- alter the ACT environment to promote the health of the population and
- promote interventions that remove or mitigate population health hazards.

The Health Promotion and Grants unit is situated within the Population Health Division and works to deliver a range of evidence-based services and programs, including the Healthy Canberra Grants Program (HCGP), to create healthier environments and systems to support the ACT community to achieve and maintain healthier lives.

The HCGP offers grant funding to the community sector to improve the health of the ACT community and minimise their risk of developing chronic diseases. Since 2020, the grants have intended to align with and support the objectives of the Healthy Canberra: ACT Preventive Health Plan 2020-2025 (Preventive Health Plan)[3] (the PHP).

The PHP has5priority areas:

- supporting children and families
- enabling active living
- increasing healthy eating
- reducing risky behaviours
- promoting healthy ageing.

Beyond these priorities, program strategy is also informed by research data and evidence on emerging health trends and risks from other ACT Government areas.

The program

A large proportion of the burden of disease in the ACT community is the result of chronic disease conditions. The HCGP is a long running health prevention and promotion grant opportunity for community sector organisations[4]. It is designed to improve the health of the ACT community, by funding activities that address lifestyle risk factors contributing to chronic disease. Funding is available over up to 3 years for activities in the ACT for ACT residents, and most HCGP funded programs are multi-year.

Over 2018-2024, 73 grants were made, and over $12 million in funding committed. Each round has a list of funding priorities - some more broad and others specifically targeted on emerging health risks and issues. The way the HCGP is structured allows the Directorate to be responsive to emerging risk factors as they are identified in data and evidence produced by other areas of Government. The grants generally target all ACT residents; however, some rounds identify priority populations for projects to target (Table A 1Appendix 1). Specific merit criteria are developed for each round.

[3] ACT Health, 2019. *Healthy Canberra ACT Preventive Health Plan 2020-2025*. Canberra: ACT Health. Available at: https://www.act.gov.au/__data/assets/pdf_file/0018/2161242/Healthy-Canberra-ACT-Preventive-Health-Plan-2020-2025.pdf

[4] This has included, with some variations in different rounds: not-for-profit, government agencies or statutory bodies (working in partnership with a not-for-profit organisation in some years), schools, early childhood education centres or out of school hours programs. Government agencies and schools have not been eligible to apply from 2021 onwards.

Generally, grant merit criteria include:

- contribution to population level health improvements
- evidence of need
- value for money
- a population health approach
- evidence of partnerships
- program planning
- evaluation planning and
- evidence of health promotion practices and principles in design and delivery.

The types of expenses funding can be spent on are broad. Exclusions are projects that do not fit the funding priorities including:

- core business of the organisation
- primarily research focussed projects
- primarily training-based projects
- fundraising and conferences or events
- travel and accommodation (unless essential to outcome of the project)
- fees for conference and trade exhibition attendance
- applications for equipment only and capital works
- purchase of food which is not associated with a food skills or nutrition education program
- food skills/nutrition education training programs which do not contain evidence of consultation with an appropriately qualified nutritionist or dietitian
- retrospective costs.

Guidelines state applicants cannot reapply for HCGP funding for the same program and encourage applicants to demonstrate planning for program sustainability after the life of the grant.

The program was previously evaluated in 2017.

1.3 This evaluation

The **purpose** of this evaluation is to inform the ACTHD about the extent to which the HCGP, in its current form, is delivering impactful health promotion programs and is delivering against the ACT Government's prevention priorities in the Healthy Canberra ACT Preventive Health Plan.

The evaluation also identifies opportunities to improve impact on population health through the grants.

The focus of this evaluation is on outcomes and impact. However, we have also explored the grant program design and processes, applicants' experience of applying for grants and reviewed comparative grants to determine their impact on outcomes.

The evaluation **scope** includes 10 rounds that received funding from 2018 to 2023. It should be noted that a large proportion of projects within scope for this evaluation were provided with funding during COVID-19, and as a result many faced barriers to implementation and reach and had to adapt project delivery to a greater degree than during other periods.

Key evaluation questions

The evaluation aimed to answer the below key evaluation questions.

Table 2 Key evaluation questions

Domain	Key evaluation questions
Appropriateness	**1.** To what extent do the HCGP funding priorities align with the evidenced preventive health needs and current preventive health policy priorities?
	• To what extent do grant processes facilitate equity of access for providers?
	• What were the barriers and enablers for potential grantees to apply for and/or receive and expend the grant?
Effectiveness	**2.** To what extent does the HCGP deliver on its purpose to improve the health of Canberrans, by funding activities that address lifestyle risk factors contributing to chronic disease? a. To what extent did rounds with a focus on linking with priority groups reach and provide outcomes for those groups?
	3. For each round of grants, to what extent did the HCGP and funded programs deliver the priority areas of the Preventive Health Plan 2020-2025 (from the period 2020 onwards)?
	4. What other kinds of benefits and outcomes are being achieved through the grants?
Legacy	**5.** What opportunities are there to improve the grants program and population health impacts? a. What are the barriers and enablers for sustainability of programs and/or outcomes beyond the grant funding period?

Domain	Key evaluation questions
	b. What opportunities are there to improve the sustainability of programs and/or outcomes beyond the grant funding period?

Methodology and limitations

ARTD undertook a mixed methods evaluation, using the below methods to answer the key evaluation questions (Table 2).

- Survey of grantees and unsuccessful applicants
    - 33 unsuccessful applicants
    - 27 grantees (representing 35 projects)
- Interviews with grantees and unsuccessful applicants
    - 7 unsuccessful applicants
    - 22 grantees
- Review of 35 grantee reports (for breakdown of reports by round see Table A 16, Appendix 3)
- Desktop research of the grants landscape in the ACT, and of Australian grants with a health promotion/preventative health focus, available to not-for-profits
- Document review of program documentation, and relevant policy and evidence publications
- Review of ACTHD end of grant survey data

We analysed each dataset individually and compared themes and trends between datasets, including to assess whether there were meaningful differences based on:

- application status (successful or unsuccessful)
- size of organisation, using Australian Charities and Not-for-profits Commission (ACNC) definitions of:
    - small charities are those with annual revenue under $500,000
    - medium charities are those with annual revenue of $500,000 or more, but under $3 million

    - large charities are those with annual revenue of $3 million or more[5]
- whether they held one grant in the period under evaluation or multiple
- grant round type.

We drew on all data sources to assess various dimensions of project performance, using a rubric approach. This included:

- project reach
- changes in awareness, knowledge, attitudes and behaviours
- engagement of priority populations
- meaningful partnerships
- sustainability
- quality of evidence on outcomes
- benefits for cost.

Findings were presented to the HCGP team for discussion in a sense-making workshop prior to completion of this report.

Limitations

Much of the data on outcomes and reach into priority populations comes from grantee reports. The quality of data on outcomes in reports is highly variable - as is to be expected from a grants program which funds organisations with a great variability in available resources and professionalised skills, from grassroots community associations to national charities with multi-million-dollar budgets. Final reports for HCGP do not have a required format, which many grantees appreciated. However, this creates difficulties in evaluating the grants program as a whole, as there are limitations in comparable data.

While most reports provided at least claims about or some evidence of outcomes, most had better data on outputs. Many reports also lacked detailed breakdowns of who was engaged (number of participants reached or demographics) and whether participation targets were reached. There were very few reports which had used evaluation methods which allowed them to show how many participants experienced what kinds of outcomes (effect size).

Some projects in scope for this evaluation are still in progress so did not have reports or provided only interim information on outcomes and reach.

[5] Australian Charities and Not-for-profits Commission (ACNC), 2023. *Charity size*. Available at: https://www.acnc.gov.au/tools/topic-guides/charity-size

It is also important to note small samples sizes and that findings should be interpreted with caution where we have analysed data by attributes. There were few significant differences, but where there were, these are reported on.

Detailed information on data sources by round is provided in Appendix 4 Table A 16.

There are also challenges in measuring and describing the impact of preventive health programs, as well as some specific to HCGP which are described in Chapter 2.

2. Challenges in understanding the impact of HCGP

The challenges of measuring and describing the impact of preventive health programs

Measuring the impact of preventive health programs in Australia (and around the world) is challenging.

We know that preventing chronic disease is a global public health priority and that the impacts of chronic conditions are wide ranging, contributing to significant health, social and economic impacts and their association with economic disadvantage[6,7] .

We also know that chronic diseases and conditions are caused by a range of behavioural, social, environmental, biological and economic risk factors. Some of these can be modified by changing behaviours that lead to an unhealthy diet such as physical inactivity, an unhealthy diet, tobacco consumption or harmful alcohol consumption. Unhealthy built environments, food insecurity and low health literacy may also increase the risk factors associated with chronic conditions.

Finally, we know that preventative measures reduce the ill health, disability and death associated with chronic disease. They also assist to make our health system more sustainable, improve health equity and to reduce the economic burden on society more broadly. The evidence suggests that even small changes in the prevalence of the risk factors associated with chronic disease are likely to lead to a significant reduction in the health burden for individuals and the healthcare system[8]. However, a systems approach, which provides a multi-faceted approach and supports organisations and individuals to work together to address chronic disease from many different angles and in a flexible way is necessary to achieve this effectively[9].

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[6] Prevention Centre, 2024. *What is prevention?* Available at: https://preventioncentre.org.au/about-prevention/what-is-prevention/

[7] Department of Health 2021. National Preventive Health Strategy 2021-2030. Canberra: Commonwealth of Australia. https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030

[8] Prevention Centre, 2021. *The Value of Prevention: Evidence Brief* [pdf]. Available at: https://preventioncentre.org.au/wp-content/uploads/2021/10/The-Value-of-Prevention-Evidence-Brief-March-2021.pdf

[9] Prevention Centre, 2024. *What is prevention?* Available at: https://preventioncentre.org.au/about-prevention/what-is-prevention/

However, measuring the change and contribution of any one program (or group of programs) is extremely difficult, if not impossible. This is because:

- The timeframe for assessing outcomes can be very long, as many chronic diseases and health behaviours take years to develop or show change. For example, programs targeting lifestyle-related diseases - such as those related to smoking, alcohol and diet - require decades of data to show sustained health impacts.
- Preventative interventions often require a population approach to have impact, making it difficult to measure consistency in program effectiveness across diverse settings and populations.
- Establishing causality is complex. Programs may show association with improved outcomes, but isolating these effects from other influencing factors, like socioeconomic and environmental conditions is difficult. This is particularly true in community health initiatives where multiple variables can affect results. Sophisticated and expensive evaluation methodologies are required to attribute observed outcomes directly to the intervention (for example measurements of blood sugar, blood pressure or weight over time).

The challenges of measuring and describing the impact of HCGP

The challenges described in the above section are also relevant to measuring and describing the impact of HCGP on the modifiable risk factors and the health of the population of the ACT. These include:

- HCGP funds discrete projects, each of which has its own project approach, goals and desired outcomes, as well as approach to data collection and analysis. Each funded project can be assessed on its merits alone. That is, the population it targeted and whether it met its stated objectives and targets. No one program can illustrate how much it contributed to the reduction of risk factors in the entire population, or how successful HCGP as a program is at reducing these risks. Reviewing each project on its own merits as we have done with the rubric can help provide an indication of this, but not the full picture.
- The impact of funded projects cannot reasonably be expected to impact the entire population because each project only has reach into its target populations. The impacts can only be measured within the target population - the participants of each funded project. It is therefore not meaningful to look at population level health data and draw conclusions about the impact of HCGP.
- There are many different influences on population health and disease risk factors - both positive and negative - which are outside the control of the HCGP, or of the funded organisations. This means each funded project contributes towards the intended outcomes of each round of HCGP, but so do many other things. The HCGP program logic (unofficial program logic) acknowledges the limitations of what can be attributed to

HCGP. The mid-term report on the Preventive Health Plan also acknowledges the very real challenges in linking prevention interventions to outcomes and proving causal links.

- To measure reduction in many of the modifiable risk factors (for example the reduction in risk factors for children as a result of intervention with parents) requires a time period which is much longer than the funding period. The required research approach would not be feasible, cost-effective, or proportionate to the value of the grant. Any one project is unlikely to provide the answer to 'is this grant program the best way to address preventive health?'
- HCGP funds projects that try to improve health outcomes for people who are at higher risk of chronic conditions because they are overlooked, poorly understood, underserved or simply do not fit into the models upon which the system operates. This group of people are also likely to have multiple risk factors and lower health literacy. Projects that address the health needs of these people are often experimental, specific to place and population and continuously evolving, which requires a developmental approach to evaluation and relies more heavily on qualitative data.
- HCGP is funding across a range of health issue areas into a complex system with many interdependent parts. It funds projects that operate across some but not all parts of the public health pyramid, and largely in primordial and primary prevention. Policies, institutions, organisations and programs - as well as paradigms and mindsets about health - which operate in other parts of the public health pyramid and in secondary, tertiary and quaternary prevention are all also responsible for and impacting on preventive health outcomes. Preventive health is a system in which "there is increasing recognition that multilevel, multisector approaches are required for the effective and sustained prevention of complex chronic disease"[10]. A systems evaluation approach[11] provides a more suitable framework for evaluation than a traditional program evaluation approach. That is, an approach which seeks to understand the value of HCGP in terms of how it complements and interacts with other preventive health and health promotion activities and providers within the ACT. This requires a cognitive shift in thinking about how to 'value' interventions like HCGP. We have drawn on systems thinking in this evaluation, to show the value HCGP provides to health and wellbeing of people within the

[10] Wilson, A., Wuutzke, S. and Overs, M. 2014. The Australian Prevention Partnership Centre: systems thinking to prevent lifestyle related chronic illness. Public Health Res Pract. Available at: https://www.phrp.com.au/wp-content/uploads/2014/11/PHRP-25-01-APPC-07-PROOF-31Mar2015.pdf

[11] Prevention Centre, 2024. *Systems thinking*. Available at: https://preventioncentre.org.au/work/systems-thinking/

ACT, by strengthening relationships[12] between systems actors (including between grassroots level community organisations and providers of health and wellbeing services and education), and addressing gaps in resourcing for specific populations or preventive health approaches[13]. This thinking is also reflected in the opportunities identified in the recommendations, to improve information flows[14] within the system and increase the value created by projects by supporting the dissemination of lessons learned to the broader service provider community.

There are also challenges in describing the effect of HCGP as a whole as:

- while many projects counted participants or attendees, and told some anecdotal stories of change, many grantee reports did not present data on the numbers of people who had changes in awareness, attitudes, knowledge or behaviours
- many projects do not collect baseline data to enable them to demonstrate changes during the period of the project.

Addressing these gaps are key opportunities where process improvements, greater support with evaluation, and clearer advice from HCGP about what is important to measure can help to improve the quality of the evidence provided by funded projects. Better quality data will support ACTHD to make better informed decisions about what is a good proposition to fund, in terms of the likelihood of impact, and value for money.

What we can say about HCGP's likely impact

Despite limitations we have some evidence about the outcomes the HCGP is creating.

Projects funded by HCGP are achieving changes in awareness, attitudes, and knowledge. Behaviour change models tell us that these things are precursors to behavioural change - and that project participants are headed in the right direction, or that their capability and motivation to change has been reinforced. Many projects also report behaviour change of participants. Behaviour change is the closest proxy we have to tell us that there is a high

[12] In systems thinking, transforming the relationships between those who make up the system is considered to be a key leverage point for transforming the system (Kania., J., Kramer, M., Senge., 2018. The Water of Systems Change. FSG. Available at: https://www.fsg.org/resource/water_of_systems_change/)

[13] In systems thinking, a 'buffer or stabilizing stock' that creates 'material stocks' (Meadows, D.H., 1999. *Leverage points: Places to intervene in a system*. Available at: https://donellameadows.org/archives/leverage-points-places-to-intervene-in-a-system/)

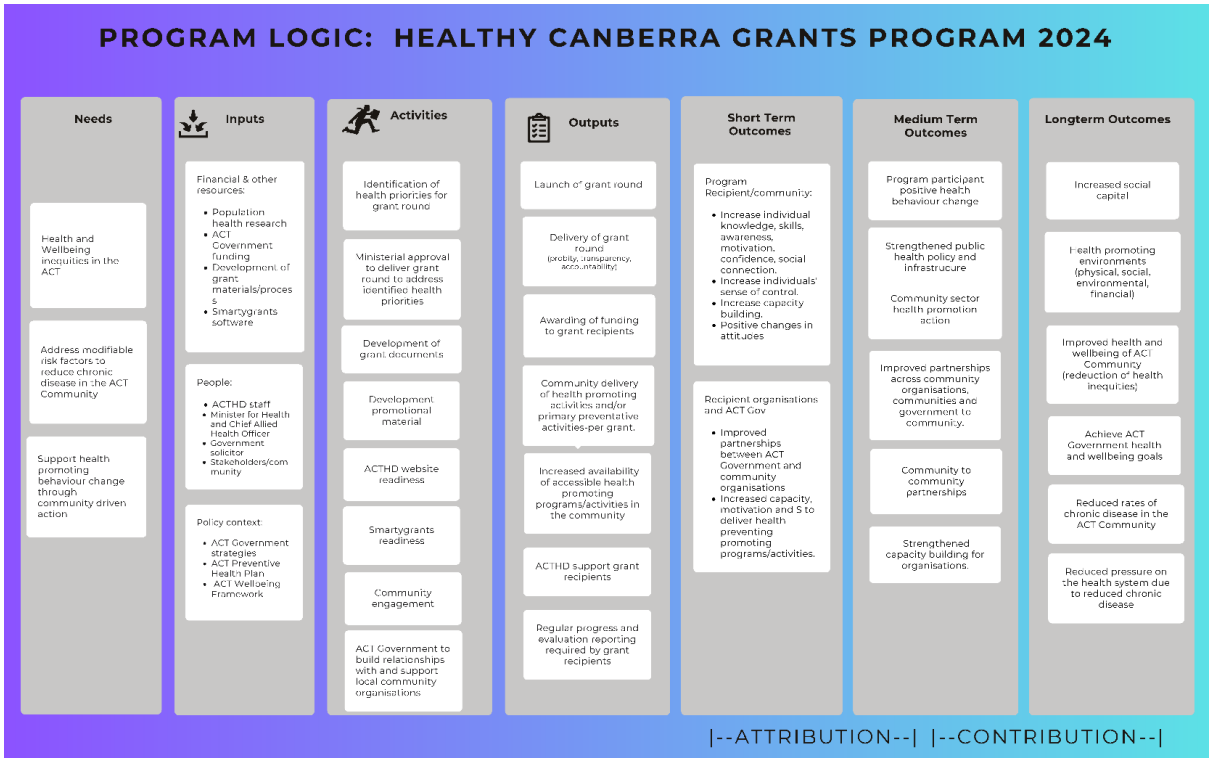
[14] Ibid

likelihood that HCGP is having an impact on modifiable risk factors (if this change is maintained over time[15]).

The observable outcomes from this evaluation align with the short- and medium-term outcomes identified in the program logic (unofficial program logic Figure 4). This provides a strong argument for the validity of the program logic, supporting the assumption that if these outcomes are achieved, they will lead to the identified longer-term outcomes. That is, it is reasonable to conclude that the HCGP contributes to reducing the risk factors associated with chronic disease among people who have participated in the program.

The longer-term outcomes are more useful to measure at a whole-of-state level, given HCGP is one contributor of many to achieving the outcomes and targets set by the ACT Government.

Figure 4 HCGP program logic (under development)[16]



It is also important for the future monitoring and evaluation of the program to understand

[15] Stenlund, S., Koivumaa-Honkanen, H., Sillanmaki, L., Lagstrom, H., Rautava, P.., Suominen, S. 2022. Changed health behaviour improves subjective well-being and vice versa in a follow-up of 9 years. Health and Quality of Life Outcomes, 20. https://hqlo.biomedcentral.com/articles/10.1186/s12955-022-01972-4

[16] Program logic was developed for the purposes of providing ARTD with an understanding of the program and has not been approved.

what the HCGP can directly influence, and therefore what can be evaluated, and what is outside of its control. The HCGP has control over the extent to which it understands what the community needs, and its inputs, activities and outputs. That is, essentially the grants program itself, its structure and format, criteria and selection, grants processes, support provided to applicants, and how it is communicated. Through this it has some control over the population targeted by projects, and what data gets reported. It is these things that we have focussed our recommendations on in this report.

Evaluation cannot answer the question of 'is HCGP the best way to deliver preventive health?'

Ultimately, ACTHD is interested in understanding whether HCGP is the best value and most impactful way to prevent chronic disease in the ACT, essentially, 'what makes this the right course of action?' However, this question cannot be answered directly through this evaluation. It is rather a strategic question, which requires agreement from stakeholders on:

- which aspects of the system can be considered relevant to the health promotion approach, for example developing systems maps to visualise all parts of the system
- which risk factors will be of focus and which groups of people will be prioritised, for example across the lifespan, priority populations
- which health promotion strategies will be adopted, for example, education and awareness, policy and legislation, environmental changes, community-based initiatives, healthcare integration, empowerment and capacity building
- what it is that HCGP is trying to achieve both explicitly - such as the health targets in the Preventive Health Plan (PHP), as well as implicitly, such as to drive better cross-sectoral coordination and partnerships in systems of wellbeing
- the values underpinning the rationale for the program, such as positive relationships with the community sector, that there are resources available to try new or community-led/co-designed approaches, and that ACT residents are provided with a range of health and wellbeing programs and activities close to where they live
- whether a grants program for the community sector is likely to deliver these things: i.e. there is logical validity that a program would deliver these things, based on the planned inputs, activities and outputs, and where the assumptions are realistic[17].

What evaluation can help to do (dependent on constraints), is to assess:

- how programs (and/or projects) are implemented (i.e. whether the grantees implement the actions they agreed to and delivered quality outputs)

[17] Hawkins, A., Bayley, S. 2024. Managing the Risk of Program Failure: Propositional Evaluation as a Tool for Risk Management. EJA.

- whether design assumptions hold up to reality
- whether the conditions created by the program are sufficient to generate the desired outcome
- how external factors have influenced program outcomes[18]
- whether system conditions are observable and if they have changed[19]

There is little utility in aiming to measure a program's contributions to longer-term or indirect outcomes if these cannot be achieved directly through its activities and outputs[20].

[18] Ibid.

[19] Hawkins, A. 2024. How I ate an elephant – evaluating systems change in bite size chunks. ARTD. Available at: https://www.artd.com.au/news/how-i-ate-an-elephant-evaluating-system-change-in-bite-size-chunks/

[20] Hawkins & Bayley, 2024.

3. Key findings

3.1 Effectiveness

HCGP is delivering on its purpose to address risk factors contributing to chronic disease

To what extent does the Healthy Canberra Grants Program deliver on its purpose to improve the health of Canberrans by funding activities that address lifestyle risk factors contributing to chronic disease?

Behaviour change to reduce the risk factors associated with chronic disease is often difficult to achieve. One small study of people changing a health habit showed it could take 18-254 days before a new habit was formed[21]. Behavioural science suggests health behavioural change is influenced by:

- awareness of a need to change
- existing norms and attitudes which conflict with health messaging
- prioritising other things
- a lack of a supportive social environment, including at interpersonal, organisational, policy or cultural levels
- difficulty and time required to form new habits, or setbacks causing return to previous habits[22,23,24].

Theories of behaviour change identify mechanisms, such as knowledge, awareness, attitudes, skills or capacities, acceptability of messaging and socioecological contexts (for example family and school environments, role models, policy environments), which can influence behaviour change[25].

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[21] Lally, P., van Jaarsveld, C., Potts, H., Wardle, J. 2009. 'How are habits formed: modelling habit formation in the real world.', *European Journal of Social Psychology*. 40(6)

[22] Prochaska, J.O., & Velicer, W.F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion,(12).* https://www.ncbi.nlm.nih.gov/pubmed/10170434

[23] 38-48 Ajzen, I. and Fishbein, M. (1980). *Understanding Attitudes and Predicting Social Behaviour*. Engelwood Cliffs, N.J.: Prentice Hall

[24] Golden, T., & Wendel, M. (2020). Public Health's Next Step in Advancing Equity: Re-evaluating Epistemological Assumptions to Move Social Determinants From Theory to Practice, *Public Health*, 8

[25] Corcoran, N (Ed). (2013). *Communicating health: strategies for health promotion*. SAGE Publications https://www.sagepub.com/sites/default/files/upm-binaries/13975_Corcoran__Chapter_1.pdf

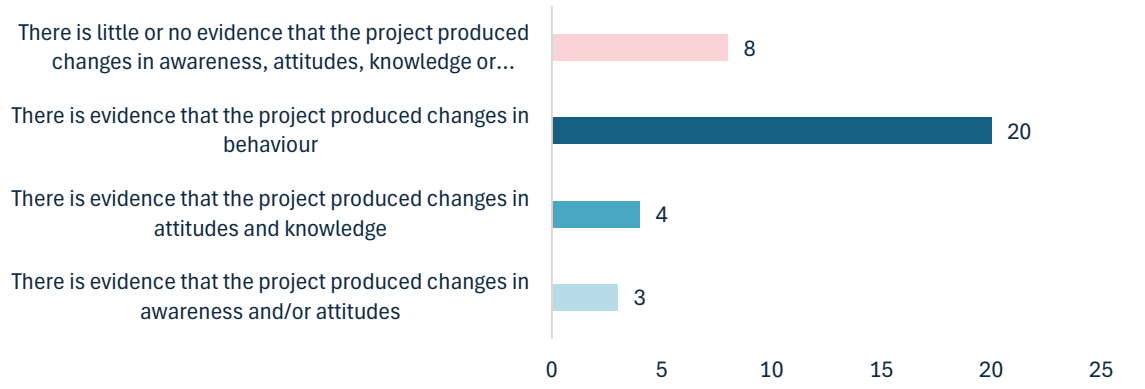
While changes in awareness, attitudes and knowledge do not always lead to behaviour change, they help put people on the pathway to change. In most cases, the projects funded by HCGP have achieved behaviour changes. Available data doesn't allow us to measure the effect size of these changes (how many people experienced the change, over what period of time), however we can reasonably assume, based on behaviour change theory and literature on the flow-on effects of different healthy behaviours, that those impacts do exist for some if not most participants of funded projects.

Evidence from this evaluation suggests that HCGP funded projects are having an impact on a wide range of behaviour change mechanisms. This includes changes to awareness, attitudes and knowledge, as well as things like self-esteem and confidence which underpin capacity for behaviour change.

More than half of the grantee reports reviewed (57%) provided evidence that their project produced changes in behaviour for at least some participants (Figure 5). Seven projects (20%) provided evidence of changes in awareness, attitudes and knowledge.

There were also some reports (23%), which lacked sufficient evidence to validate claims about changes in participants or did not address these at all. This may be a reflection of the evaluation and reporting capabilities of the funded organisations rather than their projects.

Figure 5 Reports reviewed with evidence of change in awareness, knowledge, attitudes and behaviour



Source: Grantee reports (n=35)

Grantee reports and interviews showed there are also 2 other categories of outcome:

- drivers or contributors to wellbeing (physical or mental)
- improvements in physical health.

It is significant that a number of behaviour change outcomes and improvements in physical health are observable. These outcomes from health promotion and preventative health activities take longer and are more difficult to achieve than changes in awareness, attitudes

or knowledge. Additionally, when some participants achieve behaviour change and physical health improvements, this can help to motivate others, as they provide modelling of the target behaviour and its benefits[26].

It is also positive that HCGP funded programs are impacting self-esteem, confidence and self-efficacy: the 3 main factors affecting the likelihood of behaviour change in social cognitive theory[27]. Self-esteem and confidence also contribute to wellbeing[28].

From these observable short- and medium-term outcomes, we can assume a range of likely impacts (Table 3).

[26] Rimer, B et al. (2005). *Theory at a glance*, National Cancer Institute https://cancercontrol.cancer.gov/sites/default/files/2020-06/theory.pdf

[27] Ibid

[28] Orth, U., & Robins, R. W. (2022). Is high self-esteem beneficial? Revisiting a classic question, *American Psychologist, 77*(1), 5–17. https://psycnet.apa.org/fulltext/2022-48842-002.html

Table 3 Outcomes and likely impacts on modifiable risk factors, based on existing evidence

Modifiable risk factor[a]	Number of people reached[b]	Number of projects targeting risk factor and % that achieved changes [d]	Drivers/contributors to wellbeing (physical or mental) observed across funded projects (whether they targeted this issue or this was an unanticipated benefit) (data source: reports and interviews)	Changes to awareness, attitudes, knowledge and behaviour observed across funded projects (whether they targeted this issue or this was an unanticipated benefit) (data source: reports and interviews)	Logical likely impacts
Tobacco use (PHP priority: Tobacco smoking)	Unclear	1 project Insufficient data	Access to nicotine replacement therapy (availability/affordability)	Insufficient data	Insufficient data
Overweight and obesity (PHP priority: Increasing healthy eating; Enabling active living)	11,337	8 projects Changes in behaviour 100%	Improved confidence in preparing and cooking healthy meals Improved confidence in participating in physical activity (children, parents, older people, culturally and linguistically diverse groups, people with disability)	Improved awareness of benefits of physical activity, and increased physical activity Increase in healthy food choices and vegetable consumption, and a decrease in junk food Improved participation from cultural groups that experience barriers to exercise Participants achieving weight loss goals Improved hypertension from baseline	Most projects targeted overweight and obesity through a mix of diet and exercise improvements. While these are not all the factors that impact on obesity, it is logical that some participants of these projects who experienced behaviour change would also have reduced their weight and associated risks to their health. There were also some anecdotal mentions of weight loss and improved hypertension in reports, which supports the assumption that there are likely unreported and/or yet to be realised impacts on weight, for some participants.
Poor diet (PHP priority: Increasing healthy eating)	12,675	11 projects Changes in behaviour 90% (10)	Improved confidence in preparing and cooking healthy meals Improved access to fresh fruit and vegetables.	Increase in healthy food choices and vegetable consumption, and a decrease in junk food	Changes in behaviours around diet choices, confidence and knowledge in healthy cooking and trying new foods logically will lead some participants continuing to eat more fresh food and reduce discretionary food and drink intake longer term. Health literature tells us this is likely to reduce the risk of developing chronic disease.

Modifiable risk factor[a]	Number of people reached[b]	Number of projects targeting risk factor and % that achieved changes [d]	Drivers/contributors to wellbeing (physical or mental) observed across funded projects (whether they targeted this issue or this was an unanticipated benefit) (data source: reports and interviews)	Changes to awareness, attitudes, knowledge and behaviour observed across funded projects (whether they targeted this issue or this was an unanticipated benefit) (data source: reports and interviews)	Logical likely impacts
		No evidence of change 10% (1)			
High blood pressure (PHP Priority: Promoting healthy ageing)	2		None observed	1 project mentioned 2 participants had reduced baseline measures for hypertension.	While blood pressure data was not collected by funded projects (other than anecdotally), we can assume that as some participants of projects have changed their behaviours around exercise, alcohol intake, diet, and management of other chronic diseases (such as diabetes), there is likely an impact on their blood pressure. Anecdotal mentions in one report suggest there are likely unreported and/or yet to be realised impacts on blood pressure for some participants.
Alcohol use (PHP Priority: Reducing risky behaviours)	1,692,424	8 projects Changes in behaviour 50% (4)	None observed	Shifting knowledge and awareness about the health risks of alcohol consumption Reduction in alcohol intake	There is limited evidence to show that changes in awareness or attitudes in relation to alcohol use lead to behaviour change[29]. Behaviour changes included speaking to a GP about alcohol use, and some reductions in alcohol

[29] Stead, M., Angus, K., Langley, T., et al., 2019. *What is the impact of mass media campaigns on alcohol-related behaviour and other outcomes? Findings from the review of primary studies of alcohol campaigns (review B)*. In: M. Stead, K. Angus, and T. Langley, eds. *Mass media to communicate public health messages in six health topic areas: A systematic review and other reviews of the evidence*. Southampton (UK): NIHR Journals Library. (Public Health Research, No. 7.8.) Available at: https://www.ncbi.nlm.nih.gov/books/NBK540715/

Modifiable risk factor[a]	Number of people reached[b]	Number of projects targeting risk factor and % that achieved changes [d]	Drivers/contributors to wellbeing (physical or mental) observed across funded projects (whether they targeted this issue or this was an unanticipated benefit) (data source: reports and interviews)	Changes to awareness, attitudes, knowledge and behaviour observed across funded projects (whether they targeted this issue or this was an unanticipated benefit) (data source: reports and interviews)	Logical likely impacts
		Changes in awareness and/or attitudes 25% (2) No evidence of change 2(25%)		Improved awareness of and connection with service providers	use for a small number of participants who had intensive engagement in programs which did more than provide education in isolation.
Fewer protective factors in early childhood (PHP Priority: Supporting children and families)	1,210	3 projects Changes in behaviour 33% (1) Changes in awareness and/or attitudes 33% (1) No evidence of change (1)	Improving parents' confidence and self-efficacy Access to information on child development Improving self-esteem, and social skills in children Improved confidence in participating in physical activity (children, parents) Modelling of physical activity by a parent/carer	Improved confidence in preparing and cooking healthy meals Improved awareness of and connection with service providers Increase in healthy food choices and vegetable consumption, and a decrease in junk food	Some projects achieved improved parental/carer self-efficacy and understanding of child development, including the need for physical activity and good diet. Some also connected families with other services. The literature shows correlations between parental self-efficacy and a range of positive outcomes for children[30]. We can assume that children whose parents/carers experienced a growth in self-efficacy are likely to experience better outcomes than if they were not involved in the program. We can also assume a degree of impact on participants' levels of physical activity and improvement in diet.

[30] Ma, T., Tellegen, C.L. and Sanders, M.R., 2024. The role of parenting self-efficacy on teacher-child relationships and parent-teacher communication: Evidence from an Australian national longitudinal study. *Journal of School Psychology*, 103, pp. 1-12. https://doi.org/10.1016/j.jsp.2024.02.001

Modifiable risk factor[a]	Number of people reached[b]	Number of projects targeting risk factor and % that achieved changes [d]	Drivers/contributors to wellbeing (physical or mental) observed across funded projects (whether they targeted this issue or this was an unanticipated benefit) (data source: reports and interviews)	Changes to awareness, attitudes, knowledge and behaviour observed across funded projects (whether they targeted this issue or this was an unanticipated benefit) (data source: reports and interviews)	Logical likely impacts
Sedentary lifestyle (PHP Priority: Enabling active living)	13,155	14 projects Changes in behaviour 86% (12) Changes in attitudes and knowledge 7% (1) No evidence of change 7% (1)	Improved confidence in participating in physical activity (children, parents, older people, culturally and linguistically diverse groups, people with disability) Mobility and confidence of older people to engage in activities outside of their homes Improved access to culturally relevant exercise activities and mental health education	Improved awareness of benefits of physical activity, and increased physical activity Improved participation from cultural groups that experience barriers to exercise	There was a high degree of behaviour change in this area across the projects which targeted sedentary lifestyles. We can assume that for some participants, improvements in physical activity are sustained over time. Evidence suggests that this would lead to impacts on physical and mental wellbeing, including preventing chronic disease and mental illness[31].
Risk-taking behaviours (unsafe sex, smoking, risky drinking and related harms, illicit drug use) (PHP Priority:	4,623	2 projects Changes in behaviour 50% (1) No evidence of change 50% (1)	Insufficient data	Change in some participants knowledge of what to do, and actions in situations involving alcohol poisoning,	Both projects addressed risky alcohol use among young people and associated harms through education. This led to some changes in how young people responded to others who were engaged in risky drinking. It is unclear the degree to which these projects resulted in changes in knowledge and attitudes for participants. Evidence suggests that education about alcohol in isolation from other approaches has limited effect on behaviour[32].

[31] World Health Organization (WHO), 2020. *Physical activity*. Available at: https://www.who.int/news-room/fact-sheets/detail/physical-activity

[32] Gray, D. and Wilkes, E., 2010. *Reducing alcohol and other drug related harm: Resource sheet no. 3*. Closing the Gap Clearinghouse. Available at: https://www.aihw.gov.au/getmedia/2bf0bc1c-40fc-45e9-93fd-99c05ab609f2/ctgc-rs03.pdf.aspx?inline=true

Modifiable risk factor[a]	Number of people reached[b]	Number of projects targeting risk factor and % that achieved changes [d]	Drivers/contributors to wellbeing (physical or mental) observed across funded projects (whether they targeted this issue or this was an unanticipated benefit) (data source: reports and interviews)	Changes to awareness, attitudes, knowledge and behaviour observed across funded projects (whether they targeted this issue or this was an unanticipated benefit) (data source: reports and interviews)	Logical likely impacts
Reducing risky behaviours)					This type of approach may be more important to understand in the broader context of other protective factors and available services and activities acting on demand reduction for the target population (such as intervention and treatment for families who use alcohol and other drugs (AOD), alternatives to AOD for children and young people[33], educational engagement and attainment[34], mentoring, parenting programs[35], etc.)
Insufficient management of chronic disease, including mental health[c]	3,017	9 projects Changes in behaviour 44% (4) Changes in attitudes and	Mobility and confidence of older people to engage in activities outside of their homes Improving self-esteem, and social skills in children and university students, including people with disabilities	Improved awareness of and connection with service providers Improvements in help-seeking for health, mental health and developmental concerns Changes in how participants managed their health, or chronic condition	Changes in people's knowledge of and management of their chronic disease are likely to improve their ability to self-manage and reduce escalation of disease. Improvements in attitudes towards and knowledge of how to manage mental health issues are likely to result for some in improvements in other modifiable risk factors such as sedentary behaviours, social isolation, alcohol consumption, and diet. Changes in mental health

[33] Ibid

[34] Department of Education, 2024. *Healthy behaviour*. Available at: https://www.education.gov.au/integrated-data-research/benefits-educational-attainment/healthy-behaviour

[35] Australian Drug Foundation (ADF), 2024. *Preventing and delaying youth alcohol and other drug use*. Available at: https://adf.org.au/insights/preventing-delaying-youth-aod/

Modifiable risk factor[a]	Number of people reached[b]	Number of projects targeting risk factor and % that achieved changes [d]	Drivers/contributors to wellbeing (physical or mental) observed across funded projects (whether they targeted this issue or this was an unanticipated benefit) (data source: reports and interviews)	Changes to awareness, attitudes, knowledge and behaviour observed across funded projects (whether they targeted this issue or this was an unanticipated benefit) (data source: reports and interviews)	Logical likely impacts
		knowledge 34% (3) No evidence of change 22% (2)	Improved access to culturally relevant mental health education	Improvements in attitudes to aesthetic and functional aspects of the body, and self-compassion Improved knowledge of and attitudes towards self-care strategies Improved ability to manage own care and adjust to life after an injury Improvements in physical condition and health Improved hypertension from baseline More stable blood sugar levels for diabetics/pre-diabetics (2 ceased medication because of lifestyle changes)	and self-management of chronic disease are likely to also have broader impacts on family members/carers.
Social isolation	2,033	6 projects Changes in behaviour 50% (3) Changes in attitudes and	Improving self-esteem, and social skills in children and university students, including people with disabilities	Improved social skills and socialising among university students Older people getting outside and organising social outings, after previously mostly staying isolated at home	Evidence suggests changes in social isolation are likely to have impacts on mental health and physical wellbeing, as well as poor health behaviours[36].

[36] Australian Institute of Health and Welfare (AIHW), 2024. *Social isolation and loneliness*. Available at: https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness

Modifiable risk factor[a]	Number of people reached[b]	Number of projects targeting risk factor and % that achieved changes [d]	Drivers/contributors to wellbeing (physical or mental) observed across funded projects (whether they targeted this issue or this was an unanticipated benefit) (data source: reports and interviews)	Changes to awareness, attitudes, knowledge and behaviour observed across funded projects (whether they targeted this issue or this was an unanticipated benefit) (data source: reports and interviews)	Logical likely impacts
		knowledge 17% (1) Changes in awareness and/or attitudes 17% (1) No evidence of change 17% (1)	Improved social connection and social cohesion, and reduced loneliness Giving people a sense of purpose and of belonging	People connecting and interacting across generations	

a) *Note: these are drawn from the ACT Preventive Health Plan and website*

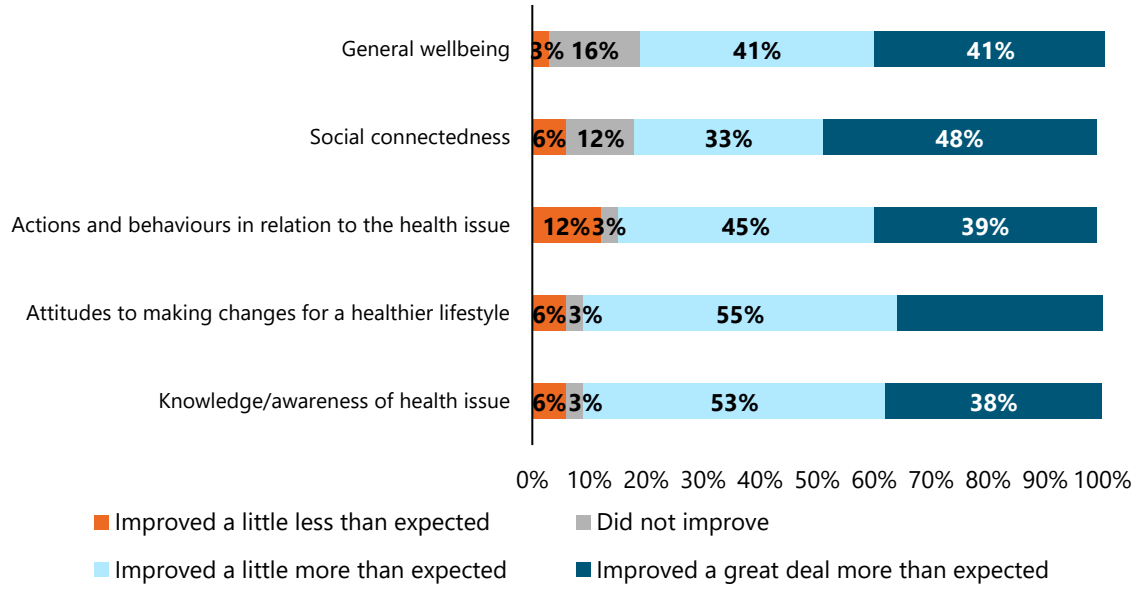
b) *Reach data was incomplete or unknown for several reports so the actual reach numbers are likely higher than those displayed here. Most projects spanned multiple risk factors and their reach data is represented in each risk factor they addressed.*

c) *This should not be read as an individual deficit, but rather as a result of gaps in systems. It can be due to many things, including limited knowledge of management strategies, lack of diagnosis, lack of financial resources, mistrust and avoidance of formal institutions such as health providers, lack of local services/transport, different cultural perspectives on different conditions, low health literacy, and other causes.*

d) *Drawn from review of reports (n=35, including 7 progress reports) and general score against whole project achievements (changes achieved were scored as ordinal ratings, therefore a rating of 'changes in behaviour' does not exclude lower order changes in awareness, knowledge and attitudes). Many projects targeted multiple modifiable risks. In some cases, reports noted changes were not measurable within the grant reporting timeframes. Evidence presented to substantiate outcomes claims in grantee reports was highly variable, and data was not present in many reports to verify claims.*

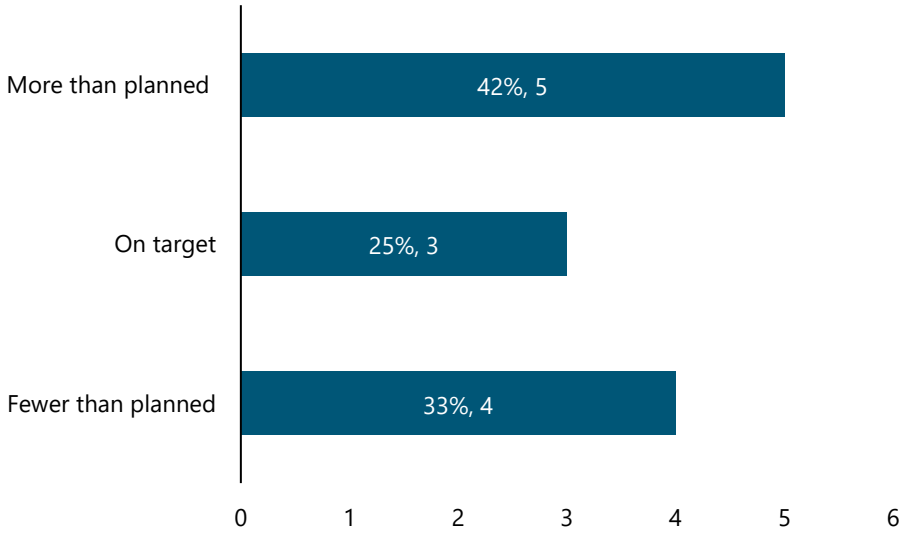
The majority of grantees observed better than anticipated outcomes for participants (Figure 6). Of the reports where reach targets and actual reach were available (n=12), 42% of grantees reached more participants than they expected, with another 25% reaching their target (Figure 7). This suggests that the programs being funded are engaging and accepted by the communities participating in the programs and that they are changing awareness, knowledge, attitudes and behaviours around health.

Figure 6 Grantees' ratings of outcomes achieved for participants



Source: Grantee survey (n=34)

Figure 7 Planned versus actual reach



Source: Grantee report review (n=12)

The HCGP model delivers many additional benefits and outcomes

What other kinds of benefits and outcomes are being achieved through the grants?

Funded projects are creating ongoing employment opportunities

While employment is not an explicit outcome of the HCGP, it is one which contributes to achieving better health for the ACT community.

Employment and working conditions are recognised as social determinants of health, providing a sense of purpose, an income and greater choice in food availability and quality, housing, physical activity, social participation and the associated health benefits. Employment is also recognised as a protective factor contributing to mental health and general wellbeing[37].

There were 6 grantees who, unprompted, mentioned an employment outcome for participants in interviews. This included:

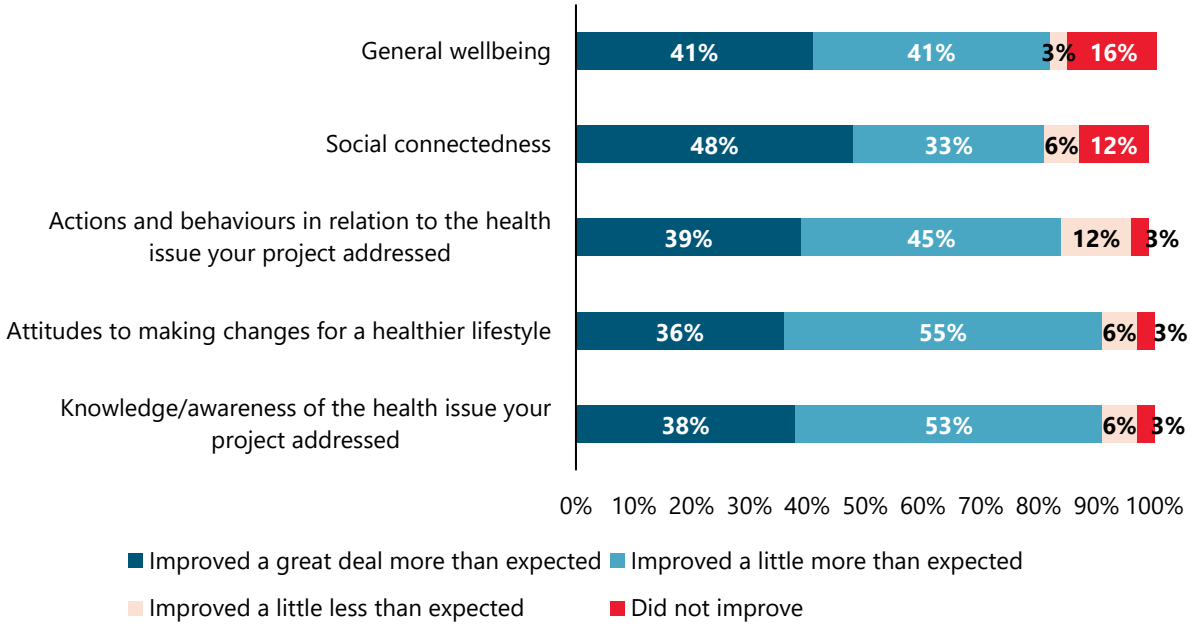
- bringing young people on as casuals with an intent to provide longer-term employment after they complete their studies
- employing students part time to deliver projects
- employing people who migrated to Australia for humanitarian reasons as bilingual educators
- employing Aboriginal people as peer workers or in social enterprises
- providing work experience and employment for culturally and linguistically diverse and/or Aboriginal participants
- employment of a person with lived experience of mental illness in the arts.

Funded projects are improving social connection and social cohesion

The HCGP funded projects are improving social connection and reducing social isolation. Grantees' survey responses show social connectedness improved a great deal more than expected for close to half the projects (48%) and a little more than expected for around a third (33%) (Figure 8).

[37] Department of Health. 2021. National Preventive Health Strategy. Commonwealth of Australia. Available at: https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf

Figure 8 To what extent did your project achieve these outcomes for participants?



Source: Grantee survey (n=34)

The theme of social connectedness and social cohesion emerged consistently in reports and interviews. Isolation and loneliness are understood to have a negative impact on mental and physical health, health behaviours, quality of life, suicidality, and even immune function[38], so achieving improvements in social connectedness contribute to achieving other physical and mental wellbeing outcomes for the participants of HCGP's funded projects.

> *"Some friendships developed with people overtime especially people who are refugees experience a lot of loneliness." - Grantee, interview*

> *"Biggest thing would be the connections the students make … Connection really impacts on wellbeing … after COVID … they were all very shy, unsure, nervous about engaging with each other, so it was a real period of reintegration." - Grantee, interview*

It was also noted that people's desire to have a purpose to connect and be part of a community is a motivator for participation in health focussed activities:

> *"Using health and health awareness around a desire for connection and rebuilding community. That can be a powerful tool. The purpose for group work is also giving people a lot of information and support, but also that underlying drive to meet people and connect can help energise these groups and activities." - Grantee, interview*

Several projects also noted improvements in social cohesion as an outcome of the opportunities they provided for people from different backgrounds to engage with each

[38]AIHW. 2024. Social Isolation and loneliness. Available at: https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness

other. One interviewee noted the diversity of people attending their programs, which brought together LGBTQIA+, multicultural and neurodiverse people, and that this was

> *"Breaking down barriers in the community … and building strong relationships across cultural groups that would not necessarily mix … people are having conversations with people they have seen around but never talked to and these connections have gone deeper." - Grantee, interview*

Another identified that their activities provided an opportunity to build relationships between generations:

> *"Many youth members mixed with elder people to enjoy and develop healthy relations among all age groups of the society." - Grantee, report*

Another grantee noted that there was improved inter-generational and intercultural understanding after sharing health stories and hearing similarities in their experiences.

Funded projects are building community leaders and advocates

There were numerous examples of projects supporting community members to lead activities, build their skills, confidence and enabling them to continue activities after the end of the grant funding.

> *"Some students had no experience where it came to gardening and then took on a mini project and then trained other students - confidence and capacity to share skills. " - Grantee, interview*

> *"We find people develop really strong peer relationships and they can share skills and wellbeing support." - Grantee, interview*

> *"Some will become members and get involved in advocacy work, telehealth peer support if needed." - Grantee, interview*

> *"We were partnering with community members who were just putting their toe in the water and had never done this before. And we were mentors and support for them. Some of the ongoing impacts of this grant still exist. [A former participant told a staff member] 'I've organised a bus trip - we don't need you anymore!' It's just that ability to build capacity in a group of people who felt trapped and know that they now have the freedom to do this… and they actually have the capacity to be leaders." - Grantee, interview*

People's knowledge of and connection to services is improving

People need to be aware of service and support to access them. They also need confidence to connect with them.

Numerous grantee reports and interviews provided evidence that their projects were increasing knowledge of and connection to services, through partnerships, referral pathways, education and support.

> *"We've been able to connect families with a broader range of support and health services." - Grantee, interview*
>
> *"People attending our events also then got connected with [other provider] which was good." - Grantee, interview*
>
> *"Parents saying they don't feel so nervous contact the service because now they know someone or didn't even know the service existed." - Grantee, interview*

There were also examples of participants in the funded project becoming involved in the provider's other services and supports.

> *"Partners also refer people for other services, referring families to other things that we do." - Grantee, interview*
>
> *"Some groups participate in other activities." - Grantee, interview*

Grantees also noted that there was better awareness in the community and connection with their organisation as a result of the funded project.

> *"We love it, it has connected us more with community members so as we have extended it, it has extended our collaboration capacity and visibility in the community." - Grantee, interview*

HCGP is improving the quality and cultural relevance of available services

While not a direct focus of the grants, quality improvement of services was an evident outcome. Several projects focused on improving the capabilities of services to understand and meet the needs of diverse groups including LGBTQIA+ groups, culturally and linguistically diverse groups and young people. This was especially the case where projects were co-designed with members of the community.

Other grantees mentioned improved capacity and skills of the organisation's staff. The grant provided the resources needed to improve their service delivery by integrating a new, evidence-based approach. Several grantees commented that they were able to pilot a new approach to provide a 'proof of concept', and that the lessons from running the project had been incorporated into future iterations of their programs or other work.

HCGP is improving connectivity and strengthening relationships in the system

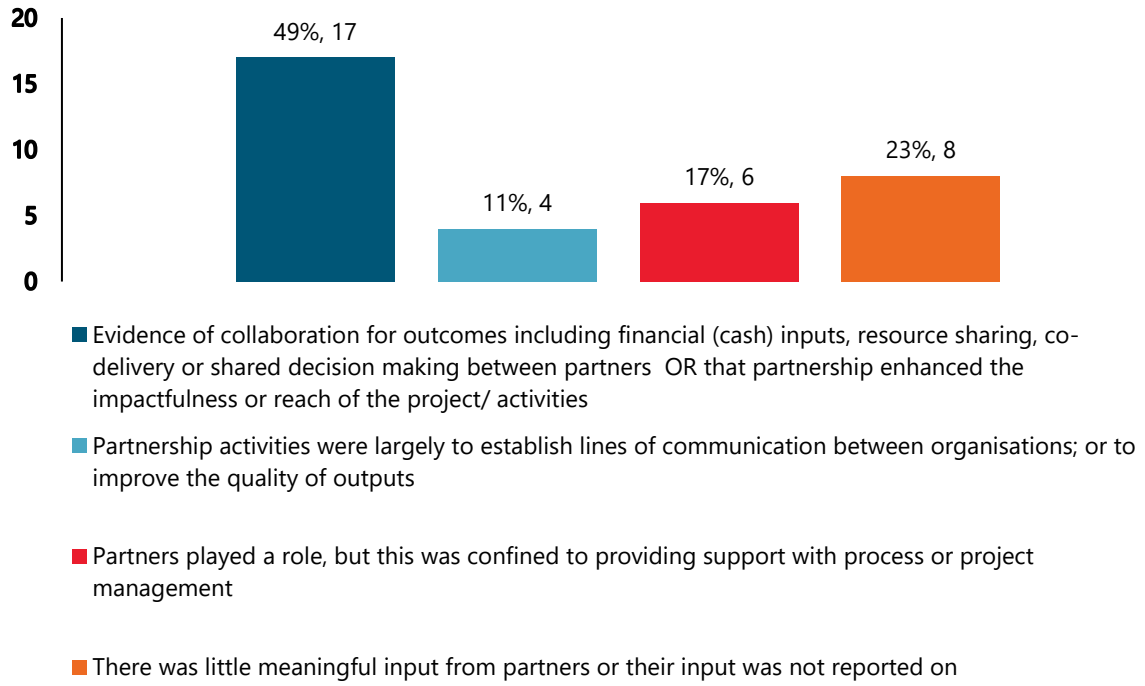
Connectivity between actors in systems - providers, community health systems and government - is recognised as facilitating the resilience of health service systems[39]. HCGP as a

[39] Fortnam, M., Hailey, P., Witter, S., Balfour, N. 2024. Resilience in interconnected community and formal health (and connected) systems, *SSM - Health Systems*. https://www.sciencedirect.com/science/article/pii/S2949856224000205?via%3Dihub

program is increasing the degree of connectivity between organisations in the ACT that offer services and programs that support health and wellbeing.

The HCGP strongly encourages partnerships from applicants. In both the grantee reports and interviews, there was good evidence that the HCGP resources collaborations between organisations which otherwise may not have occurred. For around half of the projects (49% of grantee reports reviewed), partnerships involved resource sharing and co-delivery, or helped to enhance the reach and impact of the project (Figure 10, Figure 10).

Figure 9 Degree to which partnerships provided value



Source: review of grantee reports (n=35)

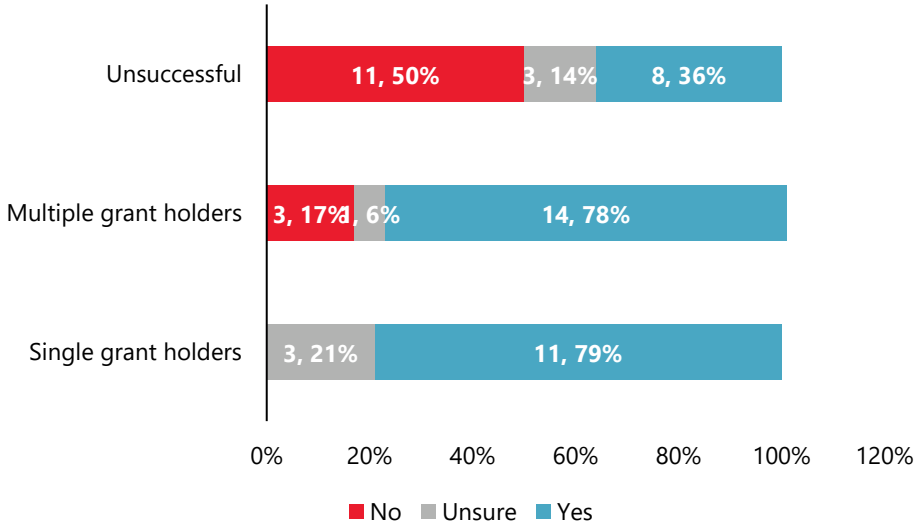
Figure 10 Representative quotes from grantees

Survey data showed that the majority of grantees retained partnerships after the life of the grant and that even unsuccessful applicants (36%) had retained partnerships as a result of working collaboratively with other providers on their proposal (Figure 11).

These collaborations are likely to produce greater value for money through resource and knowledge sharing, and by making it easier to reach greater numbers of people through shared networks. They are also likely to improve the frequency and efficacy of referrals for participants to other supports. This aspect of HCGP is likely to be contributing to the whole human service system reform outcome of improving "integration across the service systems to support seamless and holistic care, and transitions between services"[40].

[40] ACT Government, 2024. *Driving whole human service system reform*. Available at: https://www.communityservices.act.gov.au/commissioning/Commissioning-as-10-year-reform/driving-whole-human-service-system-reform

Figure 11 Lasting partnerships from HCGP applications



Source: Applicant survey (n=22 unsuccessful applicants, 14 single grant holders,18 projects of grantees with multiple grants

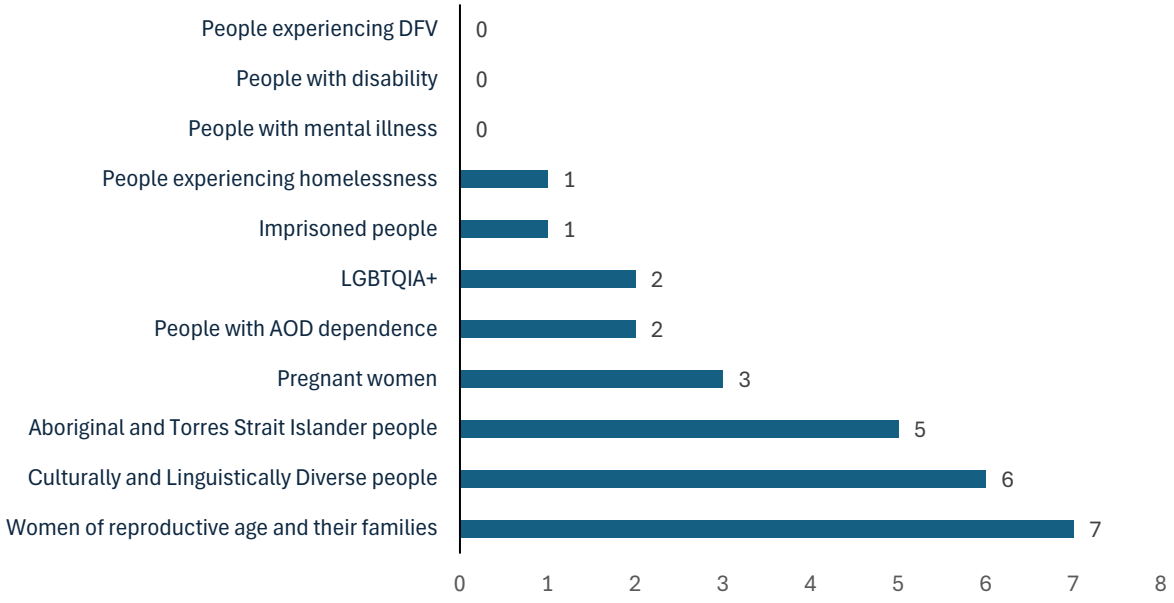
Targeted and general grants rounds are improving the ability of services to reach and provide outcomes for priority groups

To what extent did rounds with a focus on linking with priority groups reach and provide outcomes for those groups?

We reviewed 13 reports from projects funded in rounds with named priority populations[41]. Only 2 of these did not provide evidence of engaging with priority populations in their programs. Three reports named one priority population, and the remaining 8 reports named multiple priority populations engaged in their programs. As shown in Figure 12, the grantee programs were most likely to reach women of reproductive age and their families (7 projects), culturally and linguistically diverse people (6 projects), and Aboriginal and Torres Strait Islander people (5 projects). Projects in these rounds did not reach people experiencing domestic and family violence, people with disability, people with mental illness, people experiencing homelessness and people in prisons.

[41] Reports were available from 2018 Focus on Preventing Diabetes; 2020/21 Focus on Reducing Smoking Related Harm; 2022/23-2024/25 Reconnecting with Priority Populations.

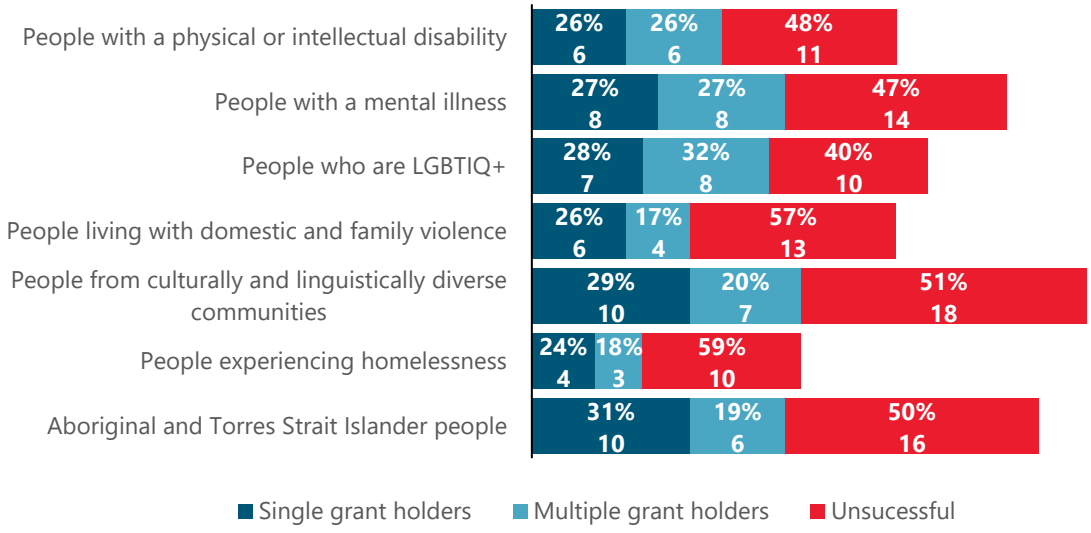
Figure 12 Reports* from rounds which noted priority populations engaged in their programs (3 rounds for which there were 13 reports)



*Note: Some projects were still in progress, some project reports did not provide insights or break down demographics of attendees

Organisations who provide activities or services specifically for people experiencing homelessness and people experiencing with domestic and family violence were less successful (Figure 13). Further discussion with these organisations could uncover the barriers to engaging with these groups effectively through a HCGP grant.

Figure 13 Priority groups grantees provide activities or services specifically for



Source: applicant survey (n=20 unsuccessful; 13 single grant holders; 6 multiple grant holders)

Of the 13 reports reviewed from rounds that named priority populations, 5 provided evidence that the project produced behaviour change and 2 provided evidence the project produced changes in attitudes and knowledge. 6 reports were progress reports for Round 7 (too early to provide evidence). Reports show planned engagement of priority populations was met or exceeded in most cases. Three projects were designed with some degree of input (whether consultation or co-design) from priority populations. Interviews with grantees from rounds specifying priority populations provided further insight into the reach and outcomes for priority populations, including:

- improved attitudes to and awareness of mental health and healthy living strategies for culturally and linguistically diverse groups
- greater stability for Aboriginal men in other areas of their life, to improve their ability to engage with smoking and other drug cessation
- participation in exercise with children/grandchildren for First Nations people
- reduced social isolation for culturally and linguistically diverse groups and people with disabilities
- improving availability of culturally appropriate education materials
- improved access to smoking cessation products and counselling for people with alcohol and drug dependence.

Projects involving priority populations in design or delivery have better reach, relevance and efficacy of health messaging

Collaboration or co-design with the priority population was the focus of a few projects that aimed to develop health education or promotion resources. Some of these projects involved people with lived experience in delivery and engagement activities with priority populations.

Interviewees on these projects spoke about how their knowledge of effective approaches, and their capability to reach priority populations improved because of the involvement of priority populations in design and delivery of projects. Reports also showed that projects which involved priority populations in design and engagement had better than expected reach into their communities.

> *"At the beginning, I remember [we thought] it would be good if they could interact with 100 other young people from the ACT. And … in one of the quarterly reports they'd interacted with over 500 people, young people." - Grantee, interview*

> *"This the first time we have materials developed by the community, with their agency, in the way they want to see these materials … and there's a lot of cultural sensitivity, and our community members know how to communicate (with their cultural group) on different issues." - Grantee, interview*

Several interviewees and reports noted that those involved in co-design or delivery also experienced an improvement in their knowledge, skills and capacity as a result of their involvement. Some participants have continued to champion the specific health topic the

project addressed within their community. This has provided ongoing and additional reach of health education and messaging into those populations.

Rounds that named priority populations tended to focus their collaboration with community members, rather than other agency partners (Table A 1) to deliver their projects.

Some projects from rounds which do not specify a priority population also reach and achieve outcomes for priority populations

Interviews and reports showed that some projects funded in general grant rounds also delivered outcomes for people in priority groups. These projects focused on active/healthy living and included a community development approach reaching:

- culturally and linguistically diverse groups
- people living with mental illness
- women of reproductive age and their families.

There is evidence to show HCGP is delivering outcomes in most priority areas of the PHP 2020-2025

For each round of grants, to what extent did the HCGP and funded programs deliver the priority areas of the Preventive Health Plan (PHP) 2020-2025 (from the period 2020 onwards)?

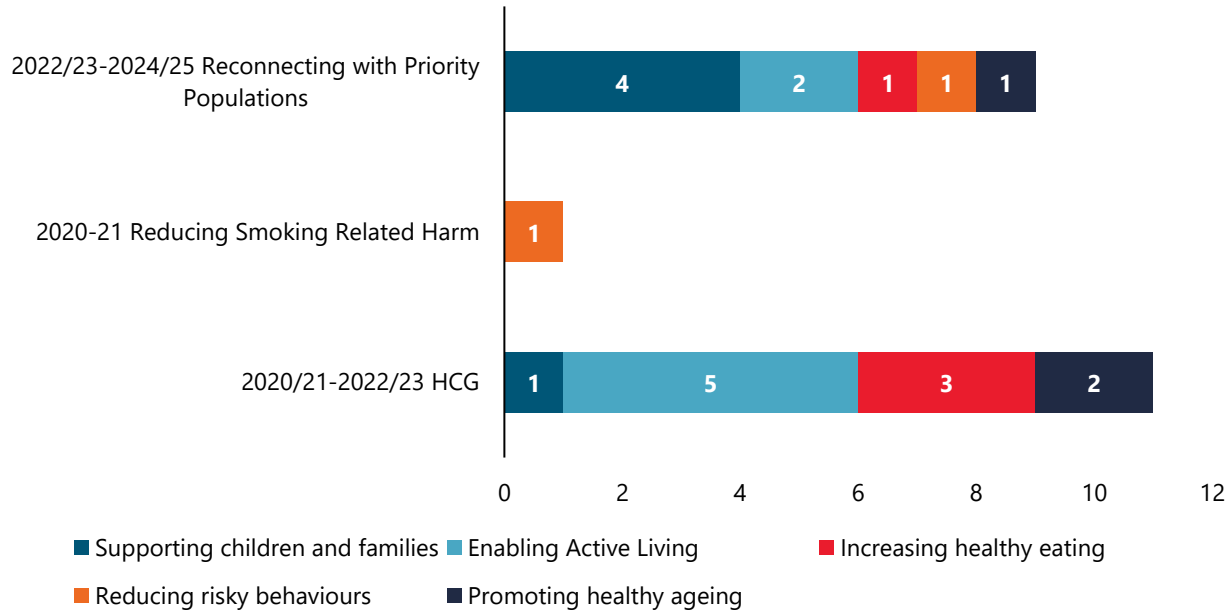
Alignment of grant rounds after the PHP 2020-2025 came into effect

The 16 reports available for the grant rounds after 2020 show that HCGP has funded projects which deliver on multiple PHP priority areas during each round. The exception was Reducing Smoking Related Harm, which had a specific focus and only one report available for review.

The most projects delivered outcomes in the priority areas of enabling active living and supporting children and families (Figure 14). The most people were reached by projects aligned with the healthy ageing priority (Table 4Figure 14). Reducing risky behaviours was least well represented (which may be unsurprising as it takes many attempts for a person to implement behaviour change in some circumstances).

Interviews, reports and open text survey responses similarly showed strong delivery of outcomes in increasing healthy eating, enabling active living and supporting children and families.

Figure 14 Reports reviewed which delivered PHP outcomes (rounds 2020 onwards)



Source: Review of grantee reports (n=16)

Table 4 Number of people reached in each PHP priority (2020 onwards)

PHP priority	Number of people reached*
Supporting children and families	3,590
Enabling active living	1,028
Increasing healthy eating	1,369
Promoting healthy ageing	7,979
Reducing risky behaviours	No available data
Total	**13,966**

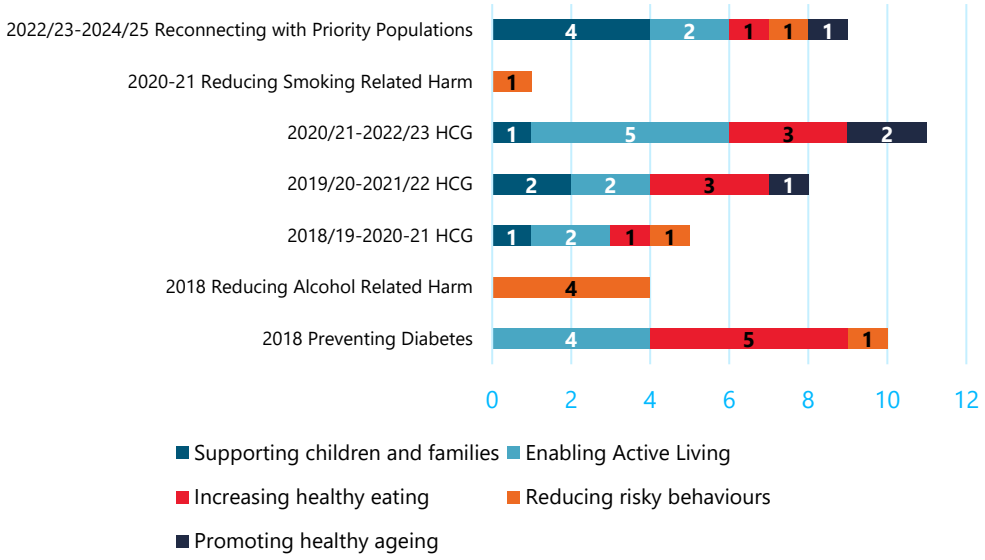
Note: This included data from 13 reports which had available and reliable data on reach, from 2020/2021-2022/2023 HCG and 2022/2023-2024/2025 Reconnecting with Priority Populations rounds. The reports for Reconnecting with Priority Populations were progress reports only, so it is expected that these figures would be higher at the completion of projects. No reports from 2021/2022 - 2022/2023 Reducing Risky Behaviours were available for review for this report.

Source: Review of grantee reports (n=13)

Alignment of all in-scope grant rounds with the PHP 2020-2025 priorities

Rounds delivered prior to when the PHP 2020-2025 came into effect were also well aligned with (Table A 1Appendix 1) and delivered outcomes in PHP priority areas (Figure 15). The more 'general' rounds of HCG, which target multiple areas such as healthy eating, active living, and reducing alcohol and tobacco use delivered on the largest number of priorities.

Figure 15 Number of reports reviewed with evidence of PHP outcomes delivered, by round



HCGP could be strengthened through greater opportunities to collaborate

Grantees were keen for ACTHD to provide opportunities to meet with other prospective applicants to discuss project ideas, opportunities for collaboration or to submit a consortium application. They thought that this could better achieve the outcomes they wanted. This was particularly the case for target rounds.

> *"I've noticed that's very different in grants management for government versus philanthropics. [Philanthropic Foundation] runs info sessions and panel events about applying for grants and what they expect, and many focus on being collaborative and finding community partners to strengthen their application … That would be a useful exercise to say to the lung, heart, and cancer foundations 'you've all applied - here's an opportunity to get together to apply together in future to reduce duplication. Or to submit in partnership. We've done a lot of that work on our own but it would be very useful for that to be facilitated by ACT Health. It could be done when [they] see who is applying for what, or at least following submissions." - Grantee, interview*

3.2 Appropriateness

HCGP is well aligned with key policies and evidence sources

To what extent do the HCGP funding priorities align with the evidenced preventive health needs and current preventive health policy priorities?

> *"It's really good when there is these opportunities to have the grants for specific, high priority or high level of disadvantaged groups … that has been really helpful because there is quite a significant population with a whole range of chronic health conditions that would benefit from more health promotion and prevention activities. I understand the population approach, it is [also] good to have these targeted health promotion and prevention rounds [for issues] where there's significant impacts on quite a number of people." - Grantee, interview*

As noted in Chapter 2, the projects funded by HCGP can only influence outcomes for their participants (or in the case of communications campaigns, people reached), not the entire population, and must be assessed on their own merits (i.e. each project's design, objectives and goals). The ACTHD is interested in understanding alignment of funded projects with the measurable indicators for success detailed in the policies documented in Appendix 3. However, these indicators are population level indicators, so it is not logical to try to measure the impact of individual funded projects, or even a collection of funded projects against them.

What we can identify is how well aligned the HCGP is with policy priorities and evidenced health needs in terms of:

- the priorities of the funded rounds
- whether the projects selected aligned in their design with these priorities
- whether or not projects funded delivered outcomes in the priority areas.

The funding priorities for the HCGP rounds from 2020 onward draw upon the PHP (as well as other key frameworks and guidelines) (Figure 16). The PHP sets the foundations for reducing chronic disease and supporting good health across all stages of life[42]. Alignment between round priorities and the PHP's priorities is evident (Appendix 3). An analysis of grantee reports showed that the outcomes delivered by funded projects are also well aligned with the intended aims of the HCGP round with just 2 out of 32 projects assessed as only "somewhat aligned" (Figure 17 shows how many projects aligned, and Table A 3 rates each project on whether it delivered outcomes named in HCGP guidelines for its round).

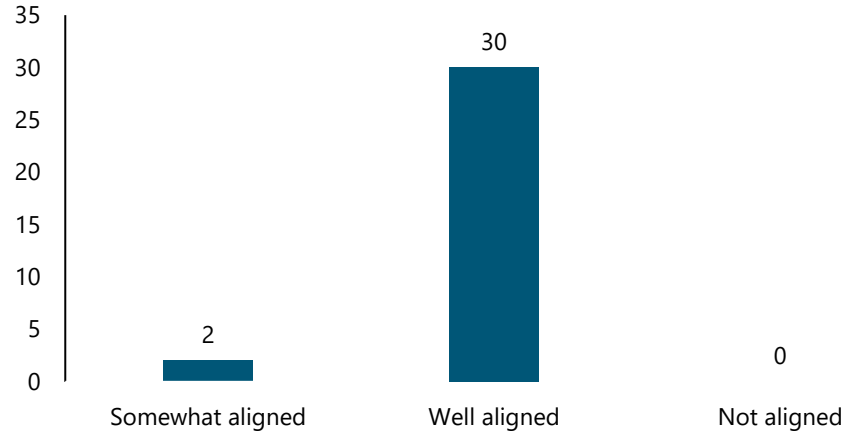
[42] ACT Government, 2024. *Healthy Canberra Grants*. Available at: https://www.act.gov.au/directorates-and-agencies/act-health/health-promotion-and-grants/healthy-canberra-grants

Figure 16 Underpinnings of HCG Funding Priorities

HCGP round	Strategies and plans informing the round*
2018/19-2020/21 Healthy Canberra Grants	ACT Chief Health Officer's Report 2016, ACT Health Reconciliation Plan 2015-2018
2018 Healthy Canberra Grants: Focus on Preventing Diabetes	ACT Chief Health Officer's Report 2018
2018 Reducing Alcohol Related Harm	
2019 /20-2021/22 Healthy Canberra Grants	ACT Chief Health Officer's Report 2018; ACT Aboriginal and Torres Strait Islander Agreement 2015-2018
2020/21 Healthy Canberra Grants: Focus on Reducing Smoking-Related Harm	ACT Drug Strategy Action Plan 2018-2021; National Tobacco Strategy 2012-2018; ACT Preventive Health Plan 20-25
2020/21-2022/23 Healthy Canberra Grants	ACT Aboriginal & Torres Strait Islander Agreement 2019-2028; ACT Wellbeing Framework; ACT Preventive Health Plan 20-25
2021/22 – 2022/23 Healthy Canberra Grants: Focus on Reducing Risky Behaviours	ACT Preventive Health Plan 2020-2025; ACT Aboriginal & Torres Strait Islander Agreement 2019-2028
2023/24- 2025/26 Healthy Canberra Grants: Focus on Supporting Healthy and Active Living for Children and Young People	Australia's Physical Activity and Sedentary Behaviour Guidelines; Australian Dietary Guidelines; National Action Plan for the Health of Children & Young People: 2020-2030; : ACT Preventive Health Plan 20-25; ACT Aboriginal & Torres Strait Islander Agreement 2019-2028
2022/23 – 2024/25 Healthy Canberra Grants: Target Grant: Reconnecting within Priority Populations	ACT Wellbeing Framework; ACT Preventive Health Plan 20-25; ACT Aboriginal & Torres Strait Islander Agreement 2019-2028

*Based on round Guidelines

Figure 17 Alignment of project with grant round aims



Source: review of grantee reports (n=32)

Alignment with other policies and evidenced needs

There is good alignment between what HCGP funds and the priorities and targets of other policies and strategies, as well evidenced health needs.

We reviewed the priorities and targets of several relevant strategies and plans to identify the alignment of HCGP. These were:

- the ACT Preventive Health Plan 2020-2025
- the National Preventive Health Strategy 2021-2030
- The National Action Plan for the Health of Children and Young People 2020-2030
- Best Start for Canberra's Children: The First 1000 Days Strategy
- ACT Aboriginal and Torres Strait Islander Agreement 2019-2028
- ACT Drug Strategy Action Plan 2022-2026
- National Tobacco Strategy 2023-2030
- ACT Chief Health Officer's report (2022)

Appendix 3 shows the HCGP round priorities and outcomes produced by funded projects against the goals and targets of these other strategies and plans.

For each of the **National Preventive Health Strategy** (NPHS) priorities, there was a corresponding HCGP round that contained a similar priority, except for 2 NPHS priorities around immunisation and cancer prevention (the ACT has the highest rates of immunisation of all states, and some of the highest rates of cancer screening participation of all states and

territories[43]). There was evidence of outcomes from HCGP funded projects in 8 of the 9 priority areas of the NPHS (excluding cancer prevention and immunisation), with no evidence available from funded projects of outcomes in reduced tobacco use and nicotine addiction.

There was also evidence of outcomes produced from the cohort of funded projects across all priority areas of the **ACT Preventive Health Plan**, with the exception of reducing risky behaviours goals around unsafe sex and blood-borne virus infections and lowering the rates of smoking among children and young people and other population groups at higher risk.

There are also outcomes from funded projects that align with the **National Action Plan for the Health of Children and Young People 2020-2030** and **Best Start for Canberra's Children: The First 1000 Days Strategy**, although outcomes from HCGP projects are largely for younger children and their families, rather than young people - who are a focus of the National Action Plan. While some projects did target high school students, through school-based education activities, we note that there are additional challenges to collecting data with this age group and in a school setting, which likely impacts on the availability of evidence to demonstrate outcomes. Oral health is another area under the 'Addressing chronic conditions and preventive health' priority of the National Action Plan, which has not been the focus of a HCGP round or projects.

While several rounds of HCGP have a focus on reducing uptake of and use of smoking products (including e-cigarettes) and to reduce smoking related harm - which align with the priorities of the **ACT Drug Strategy Action Plan**, and the **National Tobacco Strategy**, there is insufficient data about any outcomes achieved by funded projects. There are several outcomes from projects aligned with the ACT Drug Strategy Action Plan around reducing the harms associated with the use of alcohol. The ACT Drug Strategy Action Plan also has a priority around improving collaboration, co-ordination, and co-operation between AOD and other health services. There was evidence from funded projects of improved collaboration between AOD service providers and providers of health and homeless services.

The ACT Drug Strategy has a focus on improved school-based responses to young people who use AOD, and improved supports around AOD use for people experiencing domestic and family violence (this is a cohort that has not been well reached by HCGP funded projects as yet). These could be considered as priorities for inclusion in future rounds of HCGP to ensure closer alignment.

Several of the plans and strategies reviewed had a focus on improving collaboration between various institutions and providers. HCGP is delivering well on this systems change priority through encouraging delivery through partnerships and collaborations between organisations, and with community.

[43] AIHW (2023). Cancer Screening Programs: Quarterly Data. Available at: https://www.aihw.gov.au/reports/cancer-screening/national-cancer-screening-programs-participation/data

We also reviewed the **2022 ACT Chief Health Officer's report** as a key source of evidence of health needs in the ACT. This report cites the top 5 modifiable risk factors as tobacco use, overweight and obesity, dietary risks, high blood pressure and alcohol use. These risks were directly addressed by the priorities of 9 of the 10 HCGP funding rounds reviewed (both focus and general rounds). While not within scope for this evaluation, it should be noted that the most recent HCGP round (2023/2024 - 2025/2026) targeted the emerging challenge of vaping, in alignment with evidence that the number of people smoking e-cigarettes in Australia is increasing[44].

Emerging priorities for future funding rounds

There were some areas identified in review of other policies and plans which could be considered for future funding rounds:

- supporting parenting in middle years and adolescence, and target middle years to build resilience and social and emotional coping skills
- support life course transitions for children and young people
- promoting effective anti-bullying strategies
- improving school-based responses to young people who use AOD
- promoting oral health for children and young people
- improving collaboration between AOD services and other health services
- school-based responses to young people who use AOD
- improved supports around AOD use for people experiencing domestic and family violence.

[44] Australian Institute of Health and Welfare (AIHW), 2024. *Vaping and e-cigarette use in the National Drug Strategy Household Survey 2022–2023*. Available at: https://www.aihw.gov.au/reports/smoking/vaping-e-cigarette-use

Future funding rounds could also target social issues such as people experiencing domestic violence[45] and people experiencing homelessness[46]. While included in previous HCGP rounds, public attention and concern around these issues, their rate of increase, and need for a collective response to address these complex issues continues.

The grant size is appropriate to achieve reach and outcomes

HCGP is one of the larger grants available for health promotion in Australia, and stands out from other funding opportunities in the ACT due to its larger maximum grant amounts, and longer funding period. The grants are of a sufficient amount and length to achieve outcomes and reach.

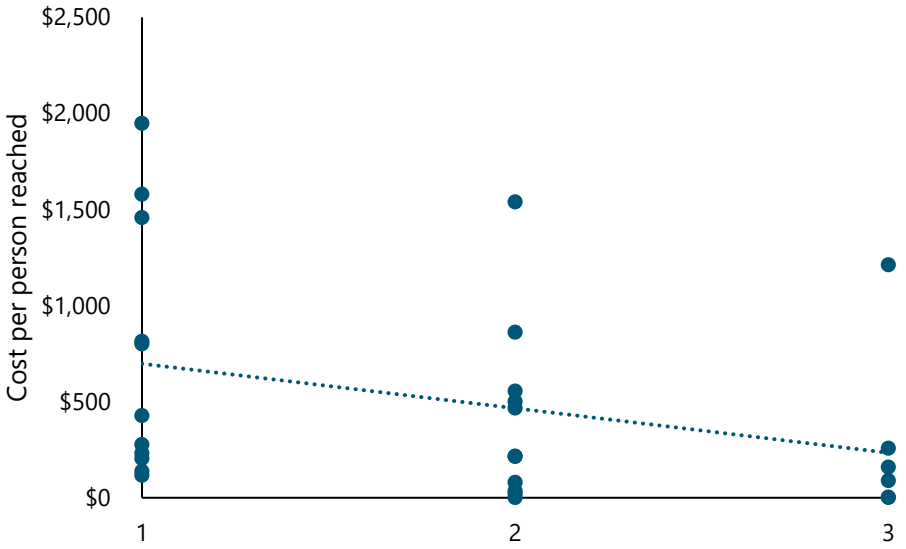
Reach data was available in 31 of the grant reports reviewed. The grant coverage ranged from 10 people to 721,178 people. We reviewed the cost per person reached for the 31 projects for which reach data was available. Analysis showed only a moderate negative correlation between the size of grant and the cost per person reached (Figure 18)[47]. On average, the larger the amount granted, the lower the cost per person reached, however there were also numerous outliers in this data (Figure 18). Using other qualitative dimensions in the rubric, alongside cost for reach data we assessed the benefit for cost of each grant, and on average there was good or excellent benefit achieved for cost across all rounds (see A2.3). Taken together, the data suggests the diversity in scale may be important to achieving good overall reach. The majority of grants are clustered below $500 per person reached.

[45] 106 deaths were recorded for the ACT as a result of domestic and family violence between 2000 to 2021, with an increase in deaths since 2016, and a significant increase in 2020. – See ACT Government (2023) *Domestic and Family Violence Review Biennial Report*. On 6 September 2024, National Cabinet agreed that gender-based violence including violence against children and young people, will remain an ongoing priority that requires a coordinated approach across all states and territories. See: Prime Minister of Australia, 2024. *Meeting of the National Cabinet – 7 November 2024*. Available at: https://www.pm.gov.au/media/meeting-national-cabinet-7

[46] The rate of homelessness in the ACT (1.3 per 10,000) is lower than the national rate (3 per 10,000) but homelessness rates are notoriously inaccurate and also fail to capture people who are couch surfing, temporarily homeless or housed in emergency shelters – Herre, B. & Arriagada, P., 2024. Homelessness. Our World in Data. Available at: https://ourworldindata.org/homelessness. Chronic health and mental health issues are also key drivers of homelessness, and homelessness also impacts on health and mental health, and the high cost to the health system from a lack of preventive care and continuity of care for people experiencing homelessness. See Olav, N. and Mitchell, R., 2022. *The health cost of homelessness: The case for supported housing*. Lighthouse. Available at: https://lighthouse.mq.edu.au/article/september-2022/the-health-cost-of-homelessness-the-case-for-supported-housing

[47] A Pearson correlation coefficient was computed to assess the linear relationship between cost per person reached and the size of the grant. There was a moderate negative correlation between the two variables, $r(26) = -.29$, $p = .07$.

Figure 18 Correlation between size of grant and cost per person reached



Note: Grants were assigned a numerical score based on their size, with 1 being grants under $100,000, 2 being grants between $100,000 and $200,000, and 3 being grants over $200,000.

Sources: Grantee report review (N=31) and grant round summary

Data from 30 reports shows that collectively, **including 3 projects which were communications campaigns** and therefore had much higher reach numbers, the 30 funded projects had 1,711,437 instances of reach for a total cost of $5,268,616. This works out at a cost of **$3.08 per instance of reach** (this is not per individual reach, but per time a person was reached, as the data was not sufficient to provide a count of individuals reached). **Without the communications campaigns**, 27 projects had 31,169 instances of reach for a total cost of $3,621,575, which works out to **$116.19 per instance of reach**. For just the 3 communications campaigns, there were 1,680,178 instances of reach and a total cost of $1,647,041, which works out to **$1 per instance of reach**.

While the degree of engagement and outcomes are highly variable between projects, this provides an indication that HCGP is achieving efficient reach into the population.

Generally HCGP is easy to access, apply for and understand

To what extent do grant processes facilitate equity of access for providers?

We assessed equity of access across a range of dimensions including:

- how grant opportunities are communicated
- the diversity of organisations that are approved for grants
- how applications are structured
- the assistance and support that is provided along the way
- the expectations placed upon grantees through reporting and other requirements.

HCGP performed well against all of these criteria. An opportunity exists to simplify the applications, evaluation and reporting requirements for applicants who apply for smaller amounts.

Applicants were supported to access and apply for the grants

The majority of applicants surveyed agreed or strongly agreed that the grant applications were accessible (93%), easy to complete (81%), easy to understand (89%) and involved a proportionate effort (83%). Applicants were particularly positive about the support they could access from the HCG team with 31% strongly agreeing and 45% agreeing, that they could access the support they needed (Table 5).

> *"People from ACT Health are very nice and very accessible and approachable in comparison to other grants who seem very disinterested. When we needed to make changes to the project - which is always highly likely when working with communities - these changes were easy to make and staff were available to talk through the changes" - Grantee interview*

Table 5 Applicant experiences of applications and support

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Unsure
The grant opportunity was promoted somewhere it was easy for me to find out about	24% (12)	69% (35_	2% (1)	0% (0)	2% (1)	4% (2)
The application guidelines and forms were easy to access and understand	22% (11)	67% (34)	8% (4)	2% (1)	2% (1)	0% (0)
The application requirements were appropriate for a grant of this amount	16% (8)	67% (34)	8% (4)	4% (2)	2% (1)	4% (2)
The application form was easy to fill in	12% (6)	69% (35)	14% (1)	2% (1)	2% (1)	2% (1)
I was able to access support with the application process from the HCG team if I needed it	31% (16)	45% (23)	6% (3)	0% (0)	12% (6)	6% (3)

Source: Applicant survey responses (n=51)

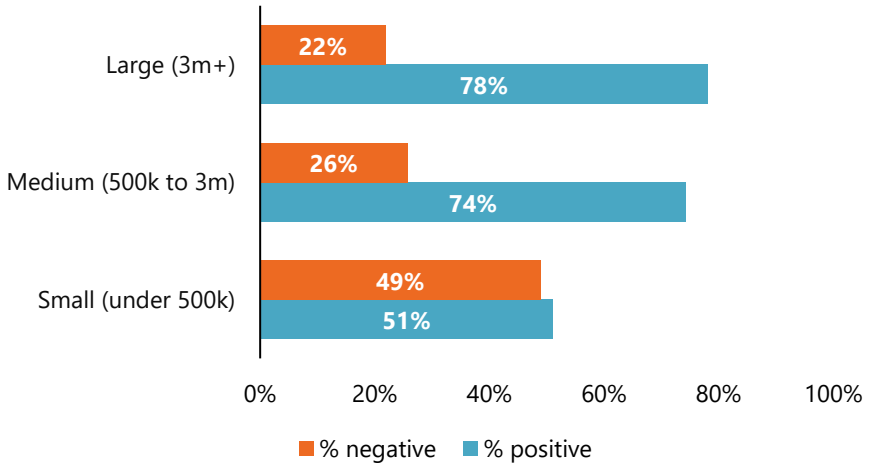
A small number of grant applicants responding to the survey disagreed or strongly disagreed that the application was easy to complete (16%), that application required proportionate effort (12%), that guidelines were easy to access and understand (10%), and that support

could be accessed when needed (6%). These responses were mainly from unsuccessful applicants.

Interviews provided evidence that larger organisations are more positive about the grants process and smaller organisations are more negative (Figure 19). This likely reflects the fewer resources small organisations have available for administration and fundraising tasks such as grant-seeking, and the disproportionate effort required to apply for, evaluate and report on the grants if they are only applying for a smaller amount[48]. The numbers in the survey are too small to add further evidence to this point[49].

> *"The other thing is that we applied for $54,000. Now if you'd applied for $200k per year you've got to do the same amount of work if it's $54,000 or $200,000" - Grantee interview*

Figure 19 Sentiment about the grants processes by organisation size



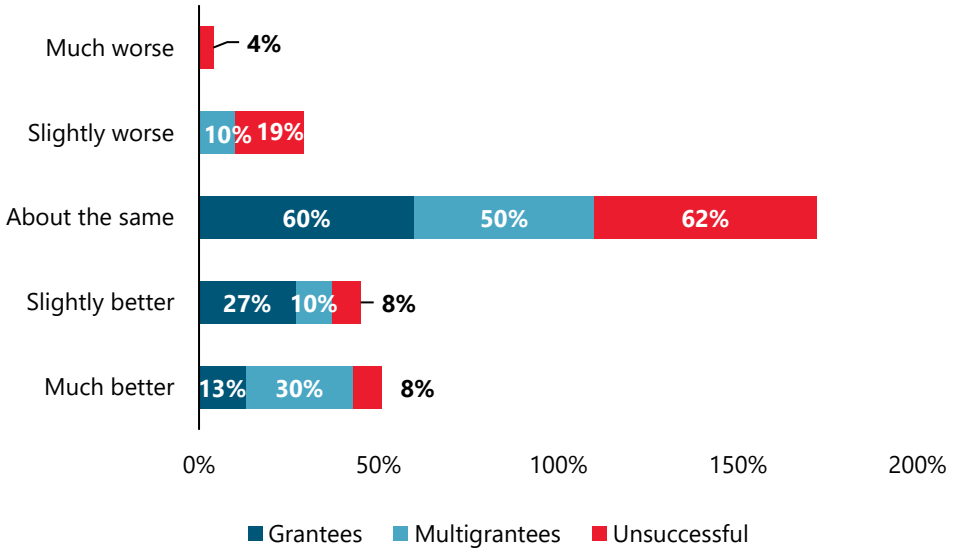
Source: thematic analysis of interview data (n=29 interviews)

Broadly, applicants (including unsuccessful applicants) found the experience of applying for the HCGP grants to be about the same as applying for other grants, although unsuccessful applicants tended to be the ones that found it slightly worse (19%) or much worse (4%) (Figure 20).

[48] Small organisations whose reports we reviewed tended to apply for smaller amounts under $150,000, with the majority under $100,000.

[49] Response numbers from each group are small, so this may not be representative - 1 small organisation (17%); 2 medium sized organisations (25%) and 2 large (15%) organisations, who disagreed that the application was easy to complete.

Figure 20 HCGP application experience compared to other programs, by applicant type



Source: Applicant survey (n=15 single grant holders, 10 multiple grant holders, 26 unsuccessful applicants)

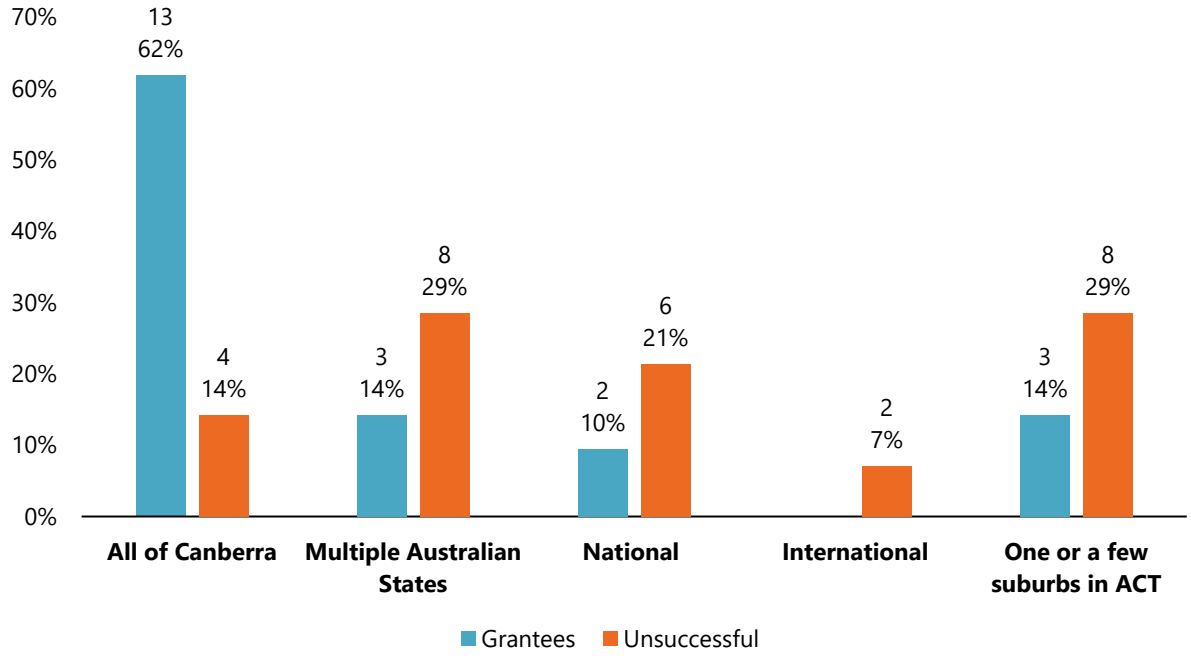
HCGP supported a diverse range of organisations to apply for the HCGP

Grantee organisations came from a diverse array of sectors, including:

- Community organisations (incorporated associations and not-for-profits)
- Service providers (not-for-profit)
- Universities
- Advocacy organisations (not-for-profit)
- Government bodies
- Aboriginal Community Controlled Organisations
- Schools
- Religious institutions.

Funded organisations were diverse in size, with grants made to 33 large, 16 medium, and 19 small organisations (using Australian Charities and Not-for-profits Commission (ACNC) definitions). Survey data showed grants were made to organisations with diverse service footprints, however the majority are grantees delivering in Canberra (62%) or a few suburbs in Canberra (14%) (Figure 21Figure 20). This suggests HCGP is funding organisations with relationships with local communities, which makes it more likely their projects are responsive to local need.

Figure 21 Service delivery footprint of organisations that applied for HCGP



Source: Grantee survey responses (n=21 grantees, 28 unsuccessful applicants)

The diversity of organisations may broaden the reach achieved by HCGP. For example, small community organisations have good reach into their target communities, while larger organisations can have a broader reach through campaigns. The diversity of sectors also speaks to the diverse array of client groups able to be reached.

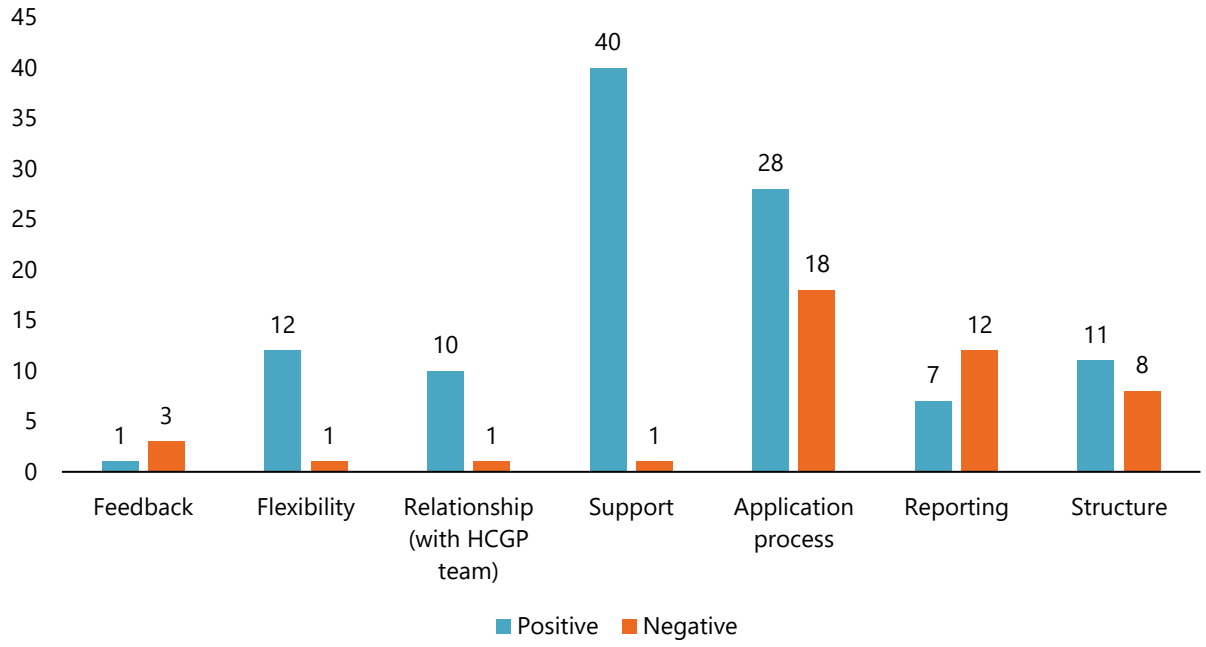
Flexibility of the HCGP team enables more culturally responsive projects

Providers appreciated the collaborative approach with the HCGP team. They noted that working with the HCGP team allowed them to be responsive to cultural needs. For example, allowing grants projects to evolve as the needs of multicultural communities became clearer, or funding a project which encompassed a holistic Aboriginal conception of health in a flexible way and enabling funding to be spent on a lived experience advisory committee.

Applicants had mixed views on the application process and reporting

Organisations were very positive about the level of support they received from the HCGP team, with still positive but more mixed views on the application process. There was higher negative sentiment than positive about reporting (Figure 22).

Figure 22 Frequency of positive and negative comments about different aspects of the grants



Source: interview and open text survey responses (n=60 survey responses; 29 interviews)

Of unsuccessful applicants who responded to the survey, the majority who sought feedback found it useful (77%, 7). However, a quarter did not find it useful (22%, 2). Several noted the importance of receiving feedback that made it clear how they could improve for next time.

The evidence shows that while there is some room for improvement, HCGP is generally an easy to apply for and well supported process.

There was little variation between feedback on regular and focus rounds

Focus rounds provided an opportunity to address emerging health risks and improve health equality for at-risk or vulnerable groups. Sentiment analysis from interviews showed that applicants were uniformly more positive than negative about all rounds, with little variation between regular and focus rounds. There were no discernible differences in the types of negative feedback or barriers experienced between rounds.

Enabling structures and processes support grantees

What were the barriers and enablers for potential grantees to apply for and/or receive and expend the grant?

Support from ACTHD, organisation size and having held multiple HCGP grants are key enablers

A central theme of the findings was that applicants appreciate and find helpful the support from the HCGP team. This included being supportive about flexible delivery of projects, through to providing advice and support with variations. This theme was repeated by different organisations, and across both targeted and general funding rounds (Figure 23Figure 23).

Figure 23 Representative comments about enablers

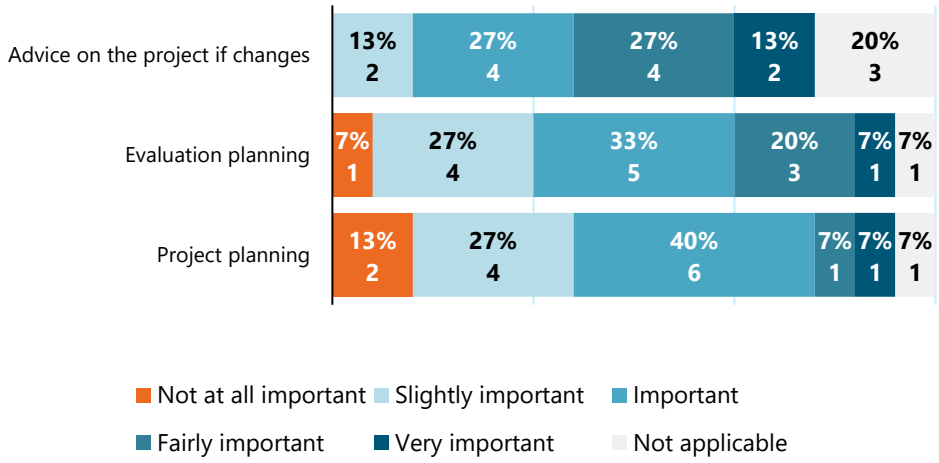
Sentiment analysis from interviews and surveys shows larger organisations were more positive about the grants process than smaller organisations (Figure 19). This suggests that

organisational size enables grantees to navigate the application process, reporting and evaluation.

The support needed by grantees varies based on whether they held one or multiple grants in the 2018-2023 period (Figure 24, Figure 25).

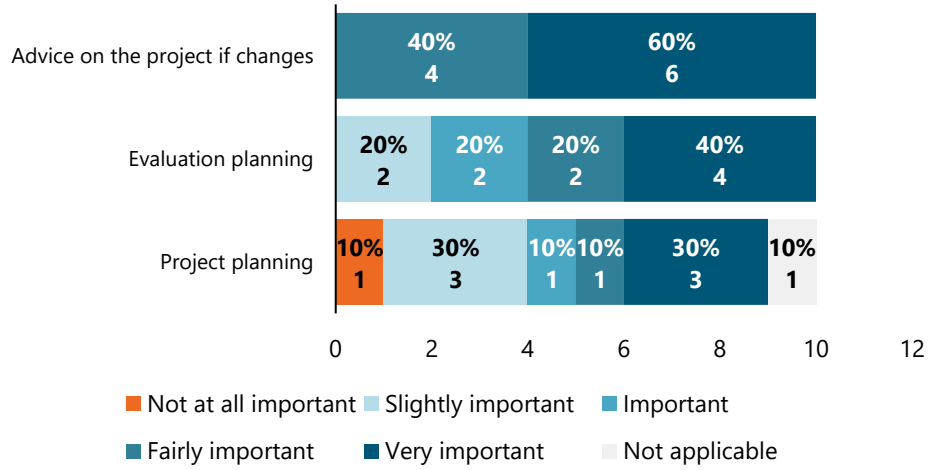
First time HCGP grantees found project planning assistance to be of greatest importance (54% found it important, fairly important or very important). Grantees who held multiple grants found support and advice to manage variations to the project to be of greatest importance (100% finding it fairly important or very important), while rating all assistance highly. This suggests that having held multiple HCGP grants, they have a better understanding of and capability around other aspects of grant project management and acquittal.

Figure 24 Usefulness of different kinds of support from the HCGP team (grantees who held a single grant)



Source: grantee survey (n=15)

Figure 25 Usefulness of different kinds of support from the HCGP team (grantees who held 2 or more grants in the period)



Source: grantee survey (n=10)

Barriers are felt mostly by smaller organisations and unsuccessful applicants

There was less consensus around challenges with the HCGP process.

Applicants make a judgement on whether to apply based on the likelihood that they will be successful. There were 3 barriers applicants spoke of that influenced this (:

- Applicants thought that the projects they put forward for the HCGP must be 'new' and not existing projects. There was no clarification of this in the guidelines
- The perception that most of the funding goes to large charities based outside of the ACT, or repeatedly to the same organisations (however data shows this is not accurate)
- Some applicants were uncertain about whether their project would fit with ACTHD expectations. One grantee noted that greater transparency about the expertise on the assessment committee would have helped them decide whether or not to apply.

Grant applications require resources so perhaps unsurprisingly, smaller organisations experienced greater difficulty (Figure 26). This included:

- challenges with application forms generally
- the amount of effort required for a smaller grant
- the evaluation requirements and
- under-estimating project management and administration costs in their budgeting process.

Several interviewees suggested that providing examples of a successful application would be helpful. One noted that "sometimes these forms are barriers, you will not get diversity"

(grantee, interview), implying that the application form could be difficult for those whose first language is not English.

A barrier for organisations taking a community development approach was the funding exclusion for catering. Several interviewees noted that providing food and eating together is key to building rapport, breaking down barriers and improves participation. Similarly, not being able to reimburse volunteers for out-of-pocket expenses was considered a barrier.

Some grantees noted the challenges of evaluation, including finding data collection methods and data collection tools that are appropriate for grant participants and knowing which questions to ask in data collection to inform them about the impact of their project (Figure 26). As discussed in Chapter 2, it is challenging to measure impact from health prevention and promotion interventions, and this is exacerbated where an organisation does not have evaluation expertise.

Figure 26 Representative comments about barriers

3.3 Legacy

What are the barriers and enablers for sustainability of programs and/or outcomes beyond the grant funding period?

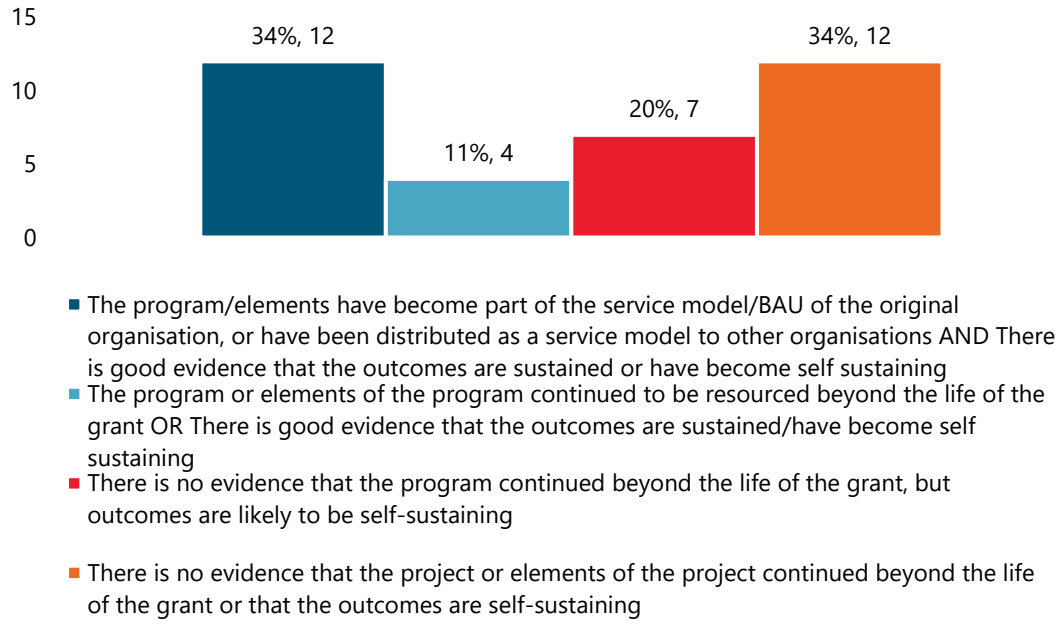
Enablers of sustainable projects and outcomes

Organisations continue to invest in projects 'that work' although capacity and opportunity varies

Our analysis of evaluation reports, interviews and survey data shows that most organisations are interested in or have already committed to sustaining their projects that demonstrate benefit for targeted populations (Figure 27).

Grantee reports indicated projects and project outcomes funded by HCGP were reasonably sustainable, with 45% of reports reviewed showing that the program or program elements had become business as usual, continued to be resourced beyond the life of the grant, or that there was good evidence the outcomes would be sustained. Another 20% of reports showed that the outcomes were likely to become self-sustaining.

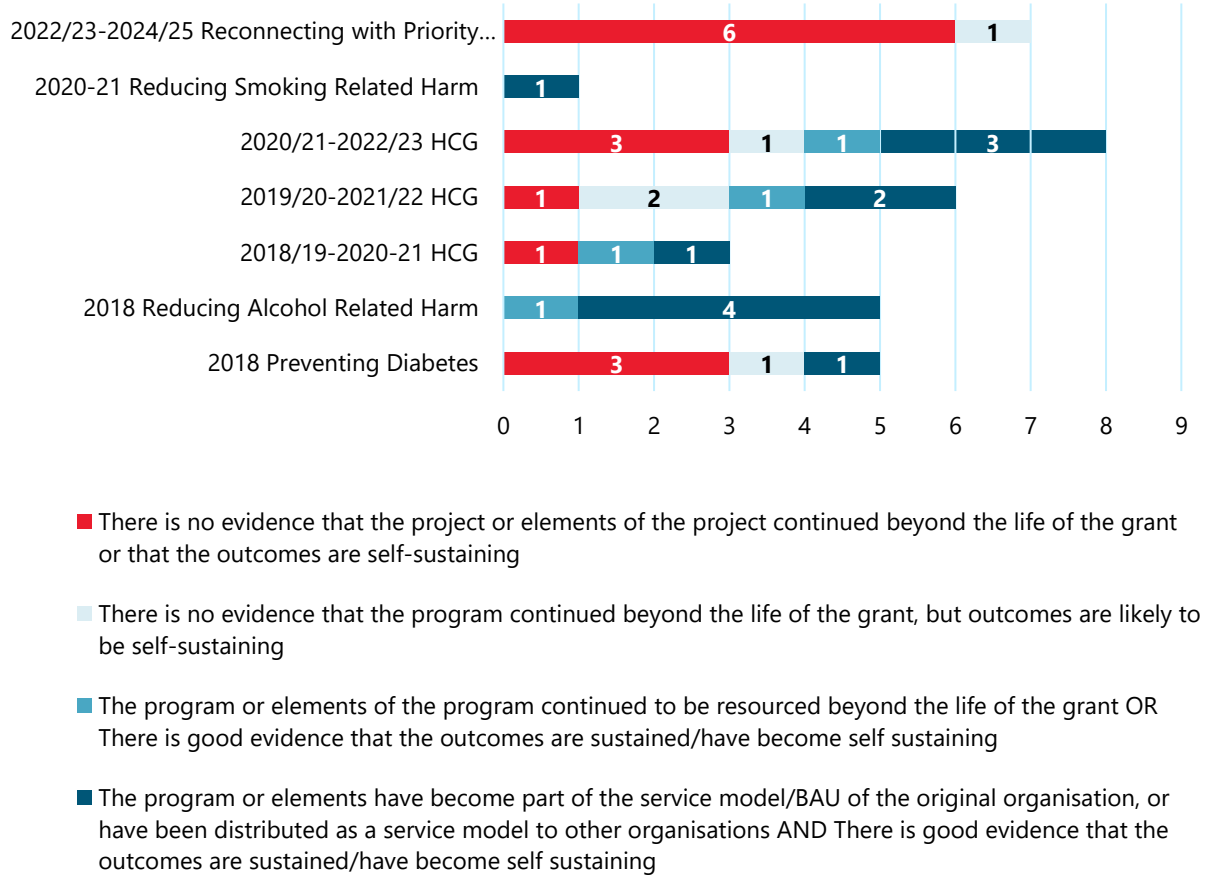
Figure 27 Grantee reports which provided evidence that projects were sustained beyond the life of the grant



Source: Grantee report review (n=35)

We reviewed grant rounds to see if there were differences in terms of the sustainability of projects, however the low sample numbers in each round make it difficult to draw any meaningful conclusions (Figure 28). The 2018 Reducing Alcohol Related Harm had the highest number of projects continuing or integrated into business as usual. However, this is likely to be because the funded organisations usually work in these areas.

Figure 28 Grantee reports with evidence of sustained projects or outcomes - by grant round*



Source: Grantee report review

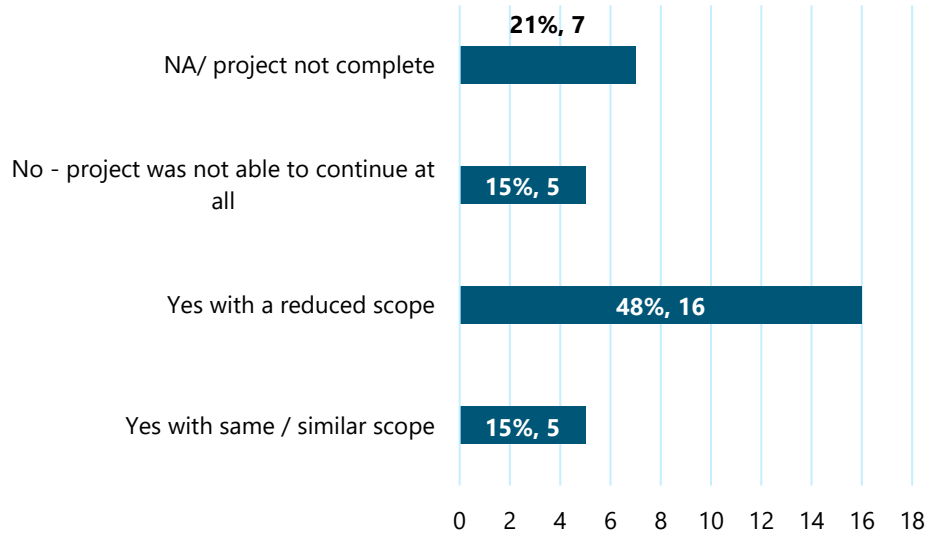
** Note: The 2022/2023-2024/2025 Reconnecting with Priority Populations have yet to complete final reports and are therefore yet to show evidence of outcomes or program being sustained.*

Survey responses showed most project/s continued to be delivered in some capacity after the funded period (63%), although this was more commonly with a reduced scope (48%) than at the same or similar scope (15%) (Figure 29). Only 15% said the project was not able to continue at all. Several grantees had not yet completed their projects so were unable to answer this question, however 2 gave responses that indicated they were thinking about sustainability:

> *"Funding not complete yet, but will aim to continue through integrating it into another program" - Grantee, survey respondent*

"We are now investigating ways of continuing the program." - Grantee, survey respondent

Figure 29 Number of projects that continued to be delivered after the grant funding was complete (n=33 projects)

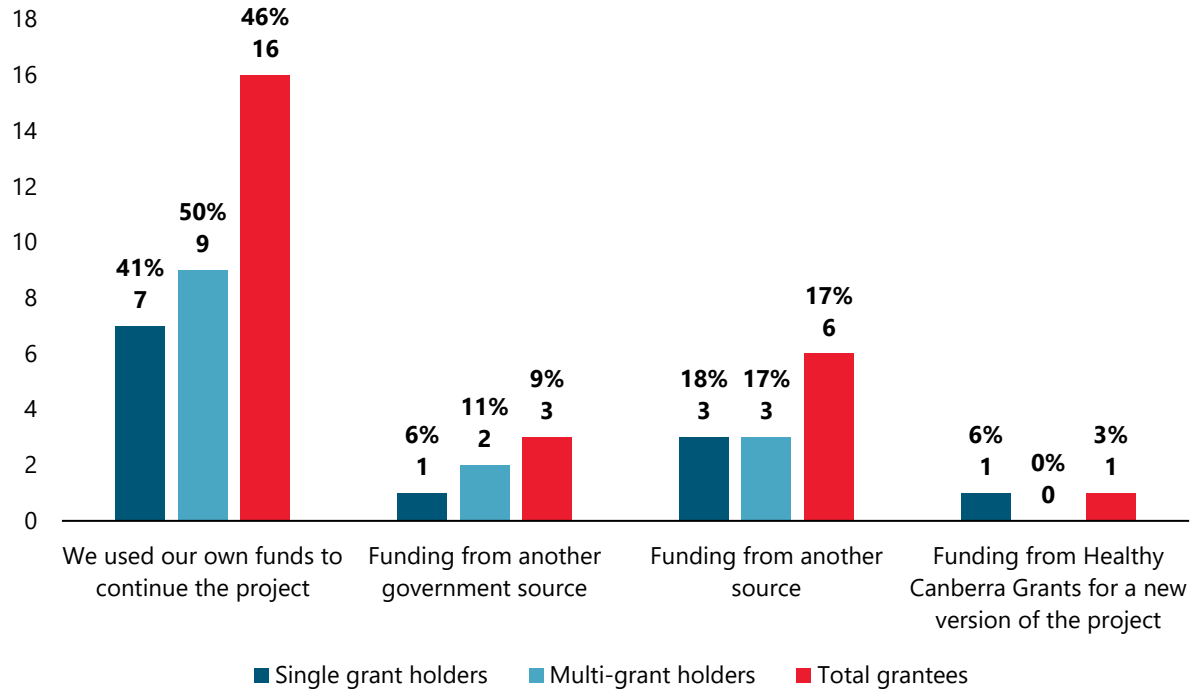


Source: Grantee survey (n=33)

Survey respondents were also asked about how the continuation of the program was funded, with the most common response (46%) being through using the organisations' own funds (Figure 30).

This data also indicated that multiple grant holders are more capable of self-funding programs in an ongoing way (50% versus 41% of single grant holders), and successfully seek funding from other government sources (11% versus 6% for single grant holders) (Figure 30Figure 30). As this is not explained by the size of organisations in the sample of multiple grants holders (14% large organisations versus 43% of single grant holders), it is likely that organisations' capacity to successfully apply for grants is improved by holding multiple HCGP grants.

Figure 30 Funding sources for projects following HCGP



Source: survey responses, grantees

Grantee reports provided examples of the different ways in which HCGP funded projects were continued (Table 6).

Table 6 Examples of sustainment from grantee reports

Continuing use of resources or lessons from running projects
• **Winnunga Nimmityjah Aboriginal Health and Community Services** - Report documents plans to bring the alcohol component of the Reducing Alcohol Related Harm Program into the ongoing Road to Recovery program. • **Worldview Foundation** - Report notes training modules to support holistic addiction recovery that were built continue to be used. • **BlueEarth Foundation** - Meet and move 'My Way to Play' maps are still available on the Blue Earth website, which provide advice about different play areas and what's available. Facebook page for Meet and Move is still active and regularly posting with 4.4K members and 11+ posts in the last week (at time of report review). MEGA still seems to be an ongoing partner. • **FARE** - Lessons from Pregnant Pause have been integrated into other pregnancy alcohol reduction programs of FARE.

Continuing use of resources or lessons from running projects

Self funded or became business as usual

- **ANU** - ANU Kitchen Garden project now funded ongoing by ANU.
- **ANU School of Medicine and Psychology** - website suggests ANU Body Acceptance Skills Program continued in 2024.
- **Meridian incorporated** - Resources on risky drinking from 'SoBar Not so Straight Up' were going to be grouped onto the notsostraightup.org.au website. Meridian will continue to provide SMART Sessions to the LGBTIQ+ community and has engaged 3 further facilitators since the inception of the sessions. Annual report 2023 shows 49 sessions reaching 492 people - up from 77 in 2022.

Other grant funding/fee for service

- **Nutrition Australia** - Through additional grant funding Nourishing Little Minds has been adapted for early childhood education and care (ECEC) settings. Being rolled out across the ECEC sector in the ACT as fee for service.
- **Spinal Cord Injuries Australia** - 'Peer Led Networks for People with a Spinal Cord Injury' program received funding from The John James Foundation to partially fund the ACT program for 2023-2024. Lessons from the program about in-person one on one support and how to measure change in outcomes/attitudes were integrated into business as usual. Report documents plans to expand to other hospitals in Canberra.
- **Red Cross** - 3 schools requested that Save A Mate workshops become part of their Yr 9 or 10 curriculum yearly, as both the students and staff found them to essential educational component for these age groups.
- **Arthritis ACT** - continue to deliver the SHOUT program but do so only so long as they can sustain funds/at a reduced scope. Very limited funding available (HCGP for 3 years, Sports Australia - no other grant funding sources).

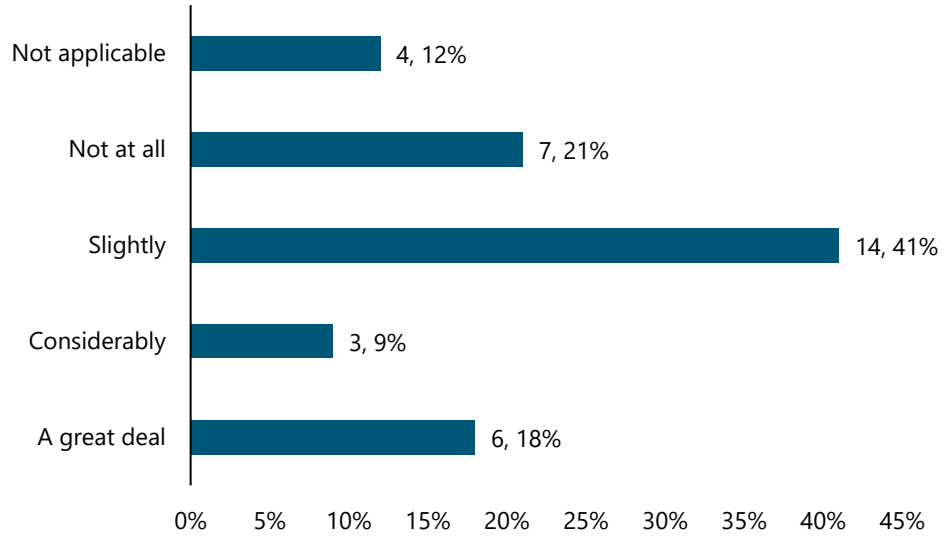
These findings suggest that the HCGP grants are of a sufficient size and length of time to create a degree of sustainment of projects, but that the project activities are being scaled back when the grant ceases - likely because the only source of funding available is an organisation's own funds. Generally, the greatest cost of a new service, activity or program occurs throughout a program's inception and early maturity, as new processes and relationships are built, program content and materials are developed or improved, and new staff are onboarded. The ongoing program costs are lower once the project becomes business as usual.

It is likely that a smaller funding 'top up' for a shorter period, for programs which are showing early signs of strong outcomes, would be all that is required to help more grantees to sustain, embed and grow their programs. The additional time to continue to run the project at its originally proposed scale would also provide the resources for organisations to collect data on outcomes that take some years to emerge, which will provide them with stronger evidence that the program can achieve its outcomes, making it easier to make the case for funding from other sources.

HCGP is improving the financial sustainability of grantees, particularly for organisations that held multiple grants

Survey and annual financial reports from the ACNC demonstrates that the HCG makes a difference to the financial sustainability of grantees. The majority of grantees (68%) who responded to the survey said the grant made some degree of difference for their financial sustainability. For 41% it impacted slightly, for 9% it impacted considerably and for 18% it impacted a great deal. One in 5 (21%) said that the grant had no impact at all (Figure 31).

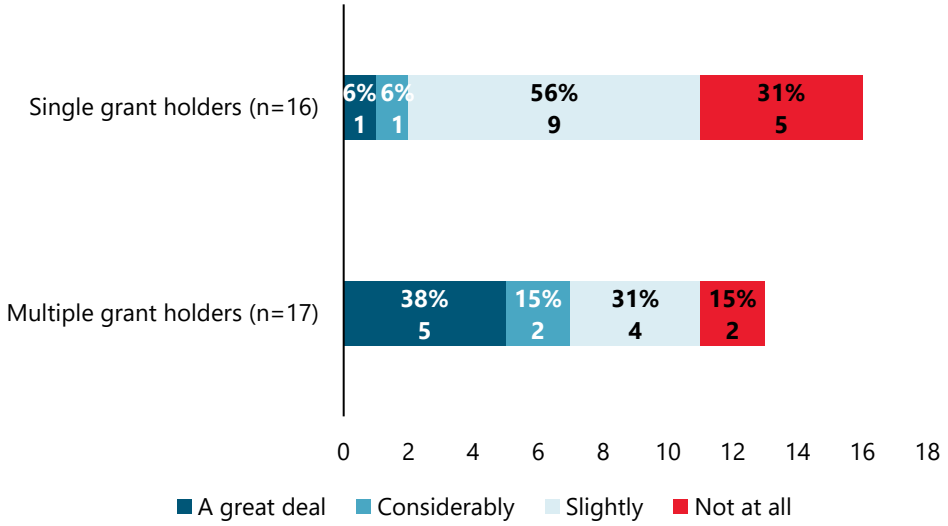
Figure 31 To what extent did the grant impact the financial sustainability of your organisation (all grantees)



Source: Grantee survey (n=34)

Grantees who held multiple grants were more likely to say each grant had impacted the financial sustainability of their organisation a great deal or considerably (53% compared to 12% of single grant holders) (Figure 32). Single grant holders were most likely to say it had impacted only slightly. This suggests that while holding one HCGP grant may not be sufficient to make a large difference to organisations' sustainability, holding multiple grants does make a difference.

Figure 32 Extent to which the grant impacted financial sustainability - single versus multiple grants holders



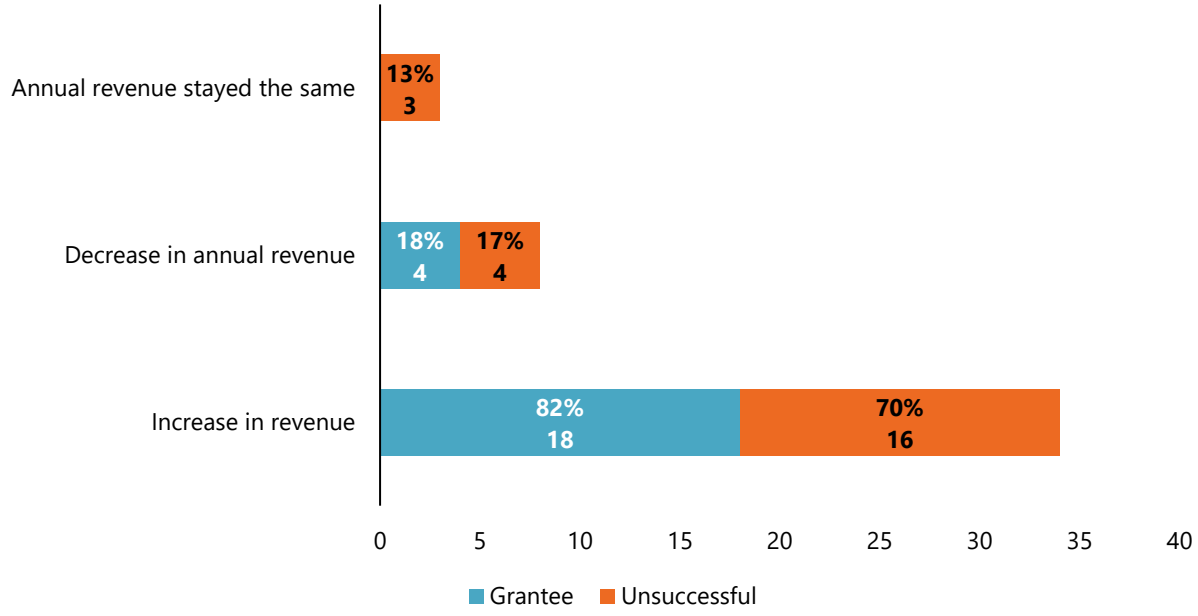
Source: Grantee survey (n=16 single grant holders, 13 projects held by multiple grant holders)

Of the 22 grantees for whom data was available, 82% have a higher or much higher annual revenue now than at time of application (ACNC, charity AIS reports) (Figure 33). The average annual revenue increase from year of grant to 2024 was $4.4 million (the average decrease for the 18% who had a decrease was a much lower amount, at $2.9 million). Annual revenue data was also reviewed for a sample of 23 unsuccessful organisations (who undertook interviews). The proportion of unsuccessful applicants whose annual revenue increased was lower (70%) than for grantees. The average annual increase for unsuccessful applicants between the time of application and 2024 was similar to that of grantees ($4.7 million, versus $4.4 million for grantees), however the average decrease was greater than that of grantees ($4 million versus $2.9 million for grantees).

> *"They're [ACTHD] very supportive of a number of programmes across our organisation and we really couldn't do without them" - Grantee, interview*

Logically, the more financially sustainable an organisation is, the better it can plan for its future operations, and to provide job security and progression for staff, which in turn means the retention of expertise, organisational and practice knowledge. While these things may not always lead to a higher quality of programs and services in every case - as there are other factors that can affect this - it is likely to do so overall.

Figure 33 Changes in grantee's annual revenue between year of application and 2024



Source: ACNC, charity financial reports (n=22 grantees, 23 unsuccessful applicants)

The financial sustainability of organisations in the ACT is also likely to have flow on economic effects, given that the charity sector is a significant employer in Australia, accounting for 10.5% of the Australian workforce (comparable to the number of employees in construction, or retail industries)[50].

Both grantees and unsuccessful applicants benefited from lasting partnerships following their HCGP application

As noted earlier, partnerships formed during the HCGP process are largely sustainable beyond the life of the application or project for both grantees and unsuccessful applicants (Figure 11Figure 27). In interviews, some grantees noted new relationships with project partners were sustained or existing relationships had improved.

> *"We built some important partnerships, and created a very strong sense of community." - Grantee, survey response*

> *'But once connected you can quickly text them and work out ways to work together. We're a team in some ways now, all doing our own little bit. Referrals to other people now too. Older adults looking for support and advocacy - we know who to refer them to and trust them' - Grantee interview*

Our rubric analysis indicates weaker partnerships with other organisations in the focus rounds (Appendix A2.3), although several grantees partnered with community members rather than other organisations on co-design or co-delivery. Given the specialised focus of organisations

[50] ACNC. 2023. Australian Charities Report, 9th edition.

applying for target rounds, this might suggest that there is more competition between providers than collaboration, or that organisations focusing on priority populations may be less connected to the broader service system. Interviewees mentioned that being able to identify other organisations considering applying for the grant before application would allow them to collaborate better, when it came to rounds with particular topic areas.

Project elements which lead to better sustainability

> *"[We developed] a great manual available online and people can access that. We use it internally as well. It's highly successful as a resource. As I get new staff come in I say 'get your head around this', or when we work with other organisations we refer to that resource. We work with a lot of orgs that we might use that resource with." - Grantee, interview*

> *"We'll definitely taken it forward. What we'll struggle with is paying for the [staff member] but definitely yes, we'll keep the practises in place … those sorts of things where we may process changes, we'll continue that." - Grantee, interview*

Grantee interviews showed a range of practices which enable grantees to sustain outcomes beyond the life of the HCGP grant, these included:

- **Developing new standards of practice and ways of working** - Some organisations needed to change their regular approach to deliver the funded project, and some interviewees told us that this led to sustained standards of practice and ways of working. For example, collecting new health information to inform service delivery and interventions (n=1), using new online platforms to increase participant/audience reach (n=1), integrating a new health assessment into existing services to address addiction alongside other issues (n=1).
- **Creating new resources** - Most grantees used HCG funding to create new resources which retained their value beyond the life of the program. For example, the creation of online platforms for participants to access health information (n=2) or the design of digital and print health promotion materials that can be reused (n=2).
- **Participant relationships and networks** - Some grantees reported ongoing relationships with program participants. For example, they participated in other programs/services. Reportedly, some participant groups had continued, ensuring a source of social interaction and community activity for those involved.
- **Investing in the development of knowledge, skills and training** - Some organisations that focused on capacity building of staff and program participants told us that the organisation continued employment for program staff or had recruited program participants as staff for future projects where relevant (n=3).
- **Capacity building of volunteers, community leaders or advocates** - Some organisations delivered their program in partnership with volunteers, community leaders and advocates, and invested program funds to building their capacity. Some interviewees

told us that these individuals continued their work with their community with the benefit of these added skills.

- **Organisational maturity and familiarity with grant and procurement processes** - Some organisations demonstrated mature organisational structure and a strong understanding of how government funding, procurement and contracting works. This contributed to more sustainable outcomes and practice as these organisations were better able to apply for grants and access additional funding when the grant ended.
- **Availability of resourcing** - Many interviewees highlighted that it was important they have time available for staff with appropriate skills to help them to plan for the next funding source so they can continue the project. Some organisations were able to use the HCGP project to demonstrate proven track record in order to attain organisational funds (n=4).

  "So I literally just figured out based on how many programmes I run in a year, what my expenditure would be, I emailed it off to our executive and they said, 'yeah, we'll fund it … it's proven its worth [through the HCGP funded project] and [there is] no need to write a business case'." - Grantee, interview

  "Because of service funding agreements … even if [project delivery] goes beyond grant, we have staff capacity so we can still do it. Without those other funding streams I could see that would not be possible and that might be experience of others." - Grantee, interview

  "We do have enough money to run the programme nearly to the end of this calendar year till about November … it does give us a few months to see if there are any other funding avenues " - Grantee interview

  "Our Healthy Canberra Grant project turned out to sort of be a pilot project that then we took to ACT Health and were lucky enough to get that funding … what we were able to do was take the findings from the Healthy Canberra Grants project and take it to our policy team because we underwent commissioning and we added that as part of our core funding with them and said this project has been funded through Healthy Canberra Grants." - Grantee, interview

Barriers to sustainability

Some grantees could not continue their projects, outcomes and practice

For some organisations, positive outcomes and practices could not be sustained because they lacked ongoing funding (Figure 34). The funding uncertainty experienced by many in the sector often impacts the workforce leading to short contracts, high staff turnover and poor job security. This was particularly the case for smaller organisations or those with limited alternative funding opportunities.

Figure 34 Representative quotes about sustainability

Our review of the grants landscape in Australia and ACT found that grant opportunities in health promotion and education are scarce and are generally for small amounts ($10,000, $20,000, $50,000), including from other state and territory health promotion grants programs. Comparative to other states, the ACT has a very small number of funders and grant opportunities (government and philanthropic) and offering smaller sized grants than HCGP. Additionally, the ACT not-for-profit community aren't able to rely on donations and bequests to the same degree as other states, as the funding pool is much smaller (Figure 35). These are

essential untied funding sources for charities. The ACT had the smallest growth in donations and bequests by amount of any state or territory between 2018 and 2021 (Figure 35)[51].

Figure 35 Charity Donations and bequests received by state and territory with changes from the previous reporting periods

State or territory		
	$ million	Change from previous period ($ million)
ACT	154	+2
NSW	5,149	+256
NT	27	+4
QLD	1,639	+651
SA	391	+50
TAS	107	+6
VIC	2,979	+7
WA	657	+53

Source: ACNC. 2023. Australian Charities Report. 9th Edition, P.42

Government grants in health promotion in other states may be of smaller amounts than HCGP due to several factors:

- there are more diverse funding sources available to service providers, meaning they can leverage more funds from other sources to 'top up' their funding for programs, or to fund the next stage of a successfully piloted program
- some other states and territories expend more in the area of health promotion and preventive health activities through means other than grants. This may mean expenditure is divided between program delivery and the grants funding pool.

Further detail on different grants is provided in Appendix 5.

Opportunities to improve sustainability

What opportunities are there to improve the sustainability of programs and/or outcomes beyond the grant funding period?

[51] ACNC. 2023. Australian Charities Report. 9th edition.

A study of factors[52] impacting on the sustainability of health promotion programs identified the below as most impactful:

- Organisational capacity (to effectively manage the program and its activities - i.e. staff, leadership and management support)
- Partnerships with other organisations and with the community
- Strategic planning (defining program direction, goals and strategies)
- Funding stability (the ability to make long-term plans based on longer-term and diverse sources of funding)
- Program evaluation (having the appropriate resources to collect and analyse data, to understand program effectiveness and the worth of sustaining a program, as well as communicate its worth)
- Capacity building (development of staff's skills in relation to the program, organisational structures and commitment to the program)
- Program champions (people who advocate for the program, and to secure resources to enable it to continue. A champion at the executive level was better able to support sustainability)[53].

Many of these are thematically similar to the key barriers and enablers identified in this evaluation, and some HCGP explicitly targets through its focus on projects delivered through partnership or collaboration, and through the support it provides in supporting grantees to develop SMART (Specific, Measurable, Achievable, Relevant and Time-bound) objectives and evaluation plans. These are the areas HCGP should target in its efforts to improve the sustainability of projects.

Encourage projects that incorporate capability building for staff, volunteers and community members

HCGP could encourage applicants to incorporate training and development for staff where relevant to delivering the project. Despite training costs being an eligible expenditure item if they are essential to the outcome of the project, the only mention of this in the guidelines is in the funding exclusions. This is likely to dissuade applicants from incorporating any training costs, out of fear that their application will be deemed ineligible.

A sentence could be added to the guidelines under the 'What makes an effective health promotion program' section that says something like the following:

[52] Bodkin, A., Hakimi, S. 2020. Sustainable by design: a systematic review of factors for health promotion program sustainability. BMC Public Health. Available at: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09091-9

[53] Ibid.

Suggested addition to guidelines: The impact of health promotion programs is reliant on their being sustained over the longer term. Skill development for staff, volunteer and community members related to the program is a known factor that supports programs to be sustainable. Where training or skills development is essential to the delivery of, or quality of proposed projects, this should be included in project planning.

Supporting dissemination of learnings would help to sustain knowledge produced through projects

Dissemination of learnings from research is a recognised metric of impact in the health research world[54], and researchers build on the evidence of past research to develop new evidence. In the same way, disseminating learnings from projects, services and activities and their evaluations, can increase the impact of the work by improving other service providers' access to knowledge and resources that can help to improve the relevance, efficiency and effectiveness of their own services and activities and how they implement them. Drawing lessons from health prevention program delivery practice is also a recognised approach to strengthening prevention research[55].

Grantees felt they had a lot to share from running their HCGP funded projects, and lessons from piloting new services, approaches and activities, which could benefit other organisations working to improve the health and wellbeing of Canberrans (Figure 36). They were keen to see ACTHD support dissemination of their learnings to the sector, and to other parts of the ACT Government.

Several grantees expressed disappointment that their final reports had not been acknowledged[56], despite having worked hard to deliver the projects, and feeling they had very successfully delivered the outcomes the ACTHD wanted to achieve with the round.

Organisations' executives are more likely to champion a project if there is strategic value in doing so. Providing opportunities to disseminate learnings provides opportunities to improve people's awareness of the organisation and showcase its work, which may lead to other opportunities.

[54] Ross-Hellauer, T., Tennant, J.P., Banelytė, V., Gorogh, E., Luzi, D., Kraker, P., Pisacane, L., Ruggieri, R., Sifacaki, E. and Vignoli, M., 2020. Ten simple rules for innovative dissemination of research. *PLOS Computational Biology*, 16(11).

[55] Wilson, A., Wutzke, S. and Overs M. 2014. The Australian Prevention Partnership Centre: systems thinking to prevent lifestyle-related chronic illness. Public Health Res Pract. 25(1)

[56] It was unclear to them whether they had been received, or read.

Figure 36 Representative quotes about sharing learnings

Better preparing organisations for next steps in grant and procurement processes could improve their sustainability

"Some sort of agreement as to what are next steps - we have a great model or program that has actually resulted in significant outcomes - does ACT Government actually see that this has made a difference; and if so how? Do they then consider that when it comes to writing the next Preventive Health strategy? How can they pick those up and write them into preventative strategies or work with the organisation to continue elements of those programs into the future as part of that strategy? Government invests

time and money to get outcomes, and when the grant is finished, it's like you build a city and knock it down again - there's nothing to keep it going." - Grantee, interview

Grantee interviews indicated a desire among many grantees to have ACTHD play a role in better preparing them for next steps in grant and procurement processes to sustain their outcomes. Areas where ACTHD could be better preparing applicants include:

- Grant application and structure:
    - Providing guidance around budgeting for project management. Many organisations underestimate administrative costs (for example, progress meetings, evaluation, reporting) during the application process.
- ACTHD could introduce longer timeframes for grants to allow for the time to build partnerships and client relationships - some grantees noted in interviews that just as they'd begun to see outcomes was when the funding ended.
- Supporting positive health outcomes and knowledge sharing:
- Several stakeholders interviewed expressed interest in wanting to see HCG/ACTHD provide clear guidance about opportunities for next steps in funding where programs have demonstrated to work.
    - ACTHD could increase positive health impacts for targeted populations by investing more in grantees with proven effective programs to access more streamlined long-term funding.
    - One interviewee expressed an interest to see more communication and collaboration from ACT Health to work with grantees, who have proven positive health outcomes, 'on next steps' such as sharing insights on observed changes in health outcomes and understanding how or if these outcomes have informed future preventive health strategy.

4. Recommendations

What opportunities are there to improve the grants program and population health impacts?

The HCGP is performing well and delivering good outcomes for the community. However, there are opportunities to improve on existing processes and practices, to improve the evaluability of the program, to improve the sustainability and value for money of funded programs, and to increase the impact of successful projects on health outcomes through longer-term funding opportunities.

4.1 Improving the evidence base for decision making about HCGP

Recommendation: Review the HCGP Monitoring and Evaluation Framework

In addition to the more general challenges of measuring the impact of health prevention programs, described in chapter 2, key challenges of this evaluation were:

- understanding the effect sizes of each project, as the data on the numbers of participants who experienced an outcome was often of a poor quality, incomplete, or non-existent.
- incomplete data on each project's targets for participation versus numbers reached
- non-standardised reports, which meant a lack of comparable data (such as on the value produced by partnerships)
- the length of time between delivery of some of the projects and interviews with grantees (regularly collecting monitoring data would help with this)

Reviewing the HCGP Monitoring and Evaluation Framework will help to address some of these challenges. This should include:

- finalise and include a program logic at program level (HCGP) and individual round level (per funding topic or priority). The logic models at ground level should inform evaluation frameworks that set the scene for grantee reporting
- define terminology: what is ACTHD referring to when it talks about 'outcomes' and 'impacts' - what does this include and exclude? Different organisations and parts of society use these terms differently, so it will be helpful to provide a clear definition, with examples (to ensure all involved in the program have a shared understanding of the

terminology), for example: "An outcome is a change in a participant's awareness, attitude, knowledge, behaviour, or indicator of physical or mental health that can be reasonably assumed to be attributable to the program. The program's impact is how many outcomes were experienced, to what degree."

- ensure the key evaluation questions (KEQs) and indicators focus on the outputs and outcomes that ACTHD can measure. This could include changes in the conditions of the system (such as increased cooperation and collaboration, improvements in information flows, and stronger networks between different sectors) which can be attributed to HCGP, and which align with the direction of other policies
- identify specific indicators that will help the ACTHD understand how well HCGP is performing (i.e. describes what 'good' looks like to ACTHD). A rubric could be developed that includes percentage targets or reach numbers that stakeholders within HCGP agree are illustrative of poor, adequate, good, or excellent performance, to provide insights on the performance of each round, at a glance
- identify the data that will need to be collected, and when, to measure outputs and outcomes at round and program levels
- describe the approaches to data analysis that will be used to provide the insights required (such as social network analysis, value for money, rubrics etc), ensuring these align with the KEQs.

Rationale: This is intended to:

- improve the quality of evaluations conducted by each funded organisation of their projects
- enable better understanding the overall value of HCGP, test the validity of the program logic, and identify what can be improved.

Recommendation: review the HCGP reporting templates and standardise questions

Improving the reporting template can support a better quality of data. Questions in the reporting template should relate to the questions of the HCGP monitoring and evaluation framework and to the program logic, as well as questions to help the ACTHD understand the value for money produced by the program. Some of these questions should require a mandatory response (indicated below with *), so that more standardised data for evaluation is available. In addition to the current requirements of describing the evaluation and results, further questions could include:

- The numbers of participants at each activity or event, and where possible, demographics (age, cultural background, gender)*

- How many participants experienced a change in each of*:
    - Knowledge
    - Skills
    - Awareness
    - Attitude/motivation
    - Confidence
    - Social connections
- Examples of changes observed in participants in each of these areas, and presentation of survey/interview/focus group/staff observation data to back up claims*
- The organisations who provided time or resources in-kind and estimated FTE hours each partner put into the project*
- The perceived value to the delivering organisation of collaborations or partnerships with other organisations*
- The involvement of community members in design or delivery of the project (including details on how many, demographics, and how were they involved), where relevant
- The impact of the grant on the organisation's capacity to deliver high quality, effective projects that support health and wellbeing*
- Any impacts of the project on health inequalities
- How grantees would rate the impact of their project on*:
- A list of target objectives for that HCGP round, accompanied by a Likert scale.
- Any observed indicators for participants of physical or mental health improvements (list those relevant to HCGP round)
- Lessons from the project about what worked, for whom and why*
- Lessons from the project about challenges and barriers to achieving objectives*

The reporting template should be thought of as a method of gathering data to support monitoring and evaluation of HCGP overall, and of its rounds, as well as to support grantees to learn from their project delivery. The requirements to collect data on these things should be made apparent to applicants (i.e. a template report should be made available on the application page of the website) and should be integrated into funded organisations' evaluation planning.

Before redesigning grantee reports, it will be helpful to first review the HCGP Monitoring and Evaluation Framework.

Rationale: These changes will make it easier to understand the value of HCGP overall and at a round level, to feed inform decisions about program improvements. The HCGP team have started work on this, using the Outcomes Engine functionality in SmartyGrants.

4.2 Practices to continue and build on

Recommendation: Continue to provide multi-year grants with the same maximum grant amount

The evaluation data shows the current available grant amounts and multi-year funding are creating the right conditions for organisations to achieve efficient and effective reach and outcomes in the community, both in health and wellbeing, and beyond. Continuing to provide HCGP in this format provision of HCGP is:

- achieving expected or better than expected reach across the majority of projects
- achieving changes in people's awareness, attitudes, knowledge and behaviours around health and wellbeing, and based on this, is likely to be achieving impacts on chronic health and improvements in wellbeing for some participants
- creating benefits beyond health including on employment
- improving the health of the service system in the ACT by encouraging partnerships and collaborations - even for unsuccessful applicants, and improving the quality and relevance to target populations of available services
- improving the capacity and financial sustainability for organisations in the ACT (which is likely to improve their organisational capacity to deliver high quality programs and activities, enable a broader or deeper reach into their communities, deliver improved health and wellbeing outcomes, and deliver economic benefit through employment in the ACT)
- providing funding for health and wellbeing approaches with populations which are not otherwise being resourced, and at a scale which is not otherwise available for the community sector.

Rationale: Continuing to provide multi-year grants at the same scale for preventative health and health promotion can build on the achievements listed above. While HCGP is of a larger amount than grants for similar work in other jurisdictions this continues to be warranted in a context in which there are limited other funding sources available to fund not-for-profit organisations in the ACT, especially those organisations which do not have a service footprint outside the ACT.

Recommendation: Consider specifying that projects which engage people from the target priority population in design and delivery will be highly regarded.

Given projects which engage people from the target priority population in design and delivery result in services and activities which are more relevant to the target population, have better reach, and improve organisational staff's knowledge and capabilities around how to engage with target populations, the guidelines could specify that co-design and co-delivery with target populations will be highly regarded. This could be made a part of assessment criteria.

Rationale: The evidence suggests this will help to improve project efficacy and reach into priority populations and is also best-practice.

HCGP Team Note: This has now been implemented by the HCGP Team.

Recommendation: improve on existing support for applicants and grantees

There are indications in the data that holding a HCGP grant improves the skills and capabilities of organisations around grant-seeking, project planning and management and their knowledge of their communities and needs. Areas where capacity building is further needed can be addressed to continue to build the sector's skills, knowledge and capabilities.

This can be done by:

- Providing written advice around budgeting for project management, evaluation and reporting costs to applicants. Advice around budgeting could consider the additional costs of managing a project with multiple collaborators, of training volunteers or community advocates, of regularly collecting and reflecting on data, and of reporting to and meeting with the HCG team. Example budgets could show prospective grantees how to break down project management, evaluation and reporting time and costs will also support more accurate budgeting.
- Providing project/evaluation planning templates and reporting templates on the website for prospective applicants to review may also prompt them to think about the time required to undertake this work. The need for this advice is supported by the review of

the community sector's sustainability, commissioned by the ACT Government[57], which provided a recommendation to 'build sector capacity to accurately cost services (smaller organisations particularly likely to benefit from access to expertise to support accurate costings, and from sharing skills, processes and systems for costing services)'.

- Providing mechanisms to support sharing of lessons learned by grantees more broadly with the sector, for example through hosting presentations by grantees, or collating written lessons or case studies on the HCGP website. This also provides a means of acknowledging and celebrating the projects.
- Continuing to provide support for grantees with evaluation planning and reporting, throughout the funding period but consider focussing one-on-one sessions on first-time grant holders, and making this optional for grantees who have held a HCGP grant before.
- Providing information/an information session on the range of mixed methods for evaluation (inclusive of qualitative methods), and how to choose appropriate methods to answer different key evaluation questions, would help to further build grantee capacity and likely improve the quality of reporting data.
- Continuing to provide feedback to unsuccessful applicants, with attention to consistency (ensuring all who request feedback receive it) and actionability. To support this, a form could be used routinely with key headings under which to provide feedback including:
    - alignment with HCGP funding priorities and criteria
    - areas of strength - application
    - areas for improvement - application
    - areas of strength - project
    - areas for improvement - project.
- Streamline application questions where possible to reduce the need for duplicative answers. This would reduce the effort required to apply for the grant, and the effort to review applications.

Rationale: These improvements are intended to: **reduce the amount of time HCGP staff need to spend** on providing support, focusing it on areas where there are gaps, while still building capacity where this is needed; improve the quality of data provided in reports, which will make it easier to understand the value of HCGP; ensure application forms are streamlined.

[57] Cortis, N., Blaxland, M. and Adamson, E. (2021). Counting the Costs: Sustainable funding for the ACT community services sector. Sydney: UNSW Social Policy Research Centre.

4.3 Strengthen ongoing funding mechanisms to improve program sustainability

Recommendation: Clarify in all relevant communications and guidelines that grants can be used to improve the quality, accessibility or reach of existing programs or services.

> *"Grants are set up to support organisations and communities, so if a few programs are showing that they are working, there should be some further support or funding to back that as a business-as-usual program in the community. A bit weird when somethings working, clearly saving community money, why would you pick something new?" (Grantee interview)*

While there is existing wording in the guidelines that implies that any project which is not the core business of an organisation can be funded as long as it is aligned with the desired outcomes and specified delivery period, this is not explicit and is not understood in its current wording by applicants.

Rewording this section will help to overcome the perception that HCGP funds only 'new' programs and services, which can lead to existing successful programs being sidelined or ceased in order to chase funding for something 'new'. It is also intended to encourage existing mainstream services to consider how they can improve the quality of existing services for priority populations, which may be a more efficient way to achieve outcomes for these populations.

Recommendation: Hold a by-invitation-only grant round for organisations delivering exceptional outcomes

Should budgets allow, HCGP could consider holding a by-invitation round for a 'top up' amount for organisations delivering exceptional outcomes who are nearing but not at the end of their HCGP funding term.

The timing of successful notifications would need to 2-3 months in advance of the end of the HCGP funding to avoid losing staff with program knowledge and relationships due to uncertainty over contracts.

Rationale: This will allow additional time and funding stability needed to improve the sustainability of projects that are showing indications that they are achieving strong outcomes. The additional time will also mean organisations have better opportunity to create

the evidence that their project or activity model works, and to measure outcomes, which can take years to become evident. This improves their capacity to seek other forms of funding.

Given the greater costs of start-up with a new project, this is also likely to improve the value for money of investments into programs and services, by ensuring they are not lost, only to be restarted again at a later date or by another organisation. This recommendation aligns with *Counting the Costs: Sustainable funding for the ACT community services sector*, which recommended that government 'continue to encourage efficiencies, to reduce cost pressures (for example, longer contracts that reduce costs of re-tendering and removing unnecessary reporting requirements)'[58].

Additional **options to improve sustainability** suggested by the data in this report include:

- Providing a platform for organisations with successful projects to pitch their project to representatives from ACT Government and partners (for example, Capital Health Network) would contribute to actioning a recommendation of the Mid-Term Review of the ACT PHP, which showed limited collaboration on prevention across non-Health directorates[59] and gave a recommendation related to this of identifying opportunities to improve collaboration across government - in particular between ACT Health and Canberra Health Services.
- Providing information to successful grantees about the process required to seek additional funding through ACTHD commissioning processes.

4.4 Consider a tiered application structure

Recommendation: Consider a tiered application structure with a simplified application form, evaluation and reporting processes for smaller grant requests

HCGP could provide a tiered structure with a simplified application form, evaluation and reporting processes for amounts under $100,000. If possible, applicants could be directed to the relevant application pathway in SmartyGrants after input of requested amount. The frequency of reporting could also be reduced for these smaller, lower risk grants (6 to 12 monthly, rather than quarterly), to reduce the proportion of grant funds expended on grant administration.

[58] Cortis, N., Blaxland, M. and Adamson, E. (2021). Counting the Costs: Sustainable funding for the ACT community services sector. Sydney: UNSW Social Policy Research Centre.

[59] ACT Government. 2022. ACT Preventive Health Plan Mid-Term Review.

Rationale: This would improve the proportionality of effort for those applying for smaller grant amounts.

4.5 Explore barriers to successful application for organisations working with people experiencing homelessness and DFV

Recommendation: Explore further whether there are any specific barriers for organisations serving people experiencing homelessness and/or DFV

The impacts of homelessness and domestic and family violence on health, mental health and general wellbeing are profound. Given this, and that these populations were less well reached by rounds which targeted priority populations, the HCGP team could hold some discussions with organisations who work with these populations about barriers to successfully applying for HCGP projects to identify if any improvements can be made to the program to better target these groups.

Rationale: People experiencing homelessness and domestic and family violence were less well reached by rounds which targeted priority populations. This could identify opportunities for the program to better target these groups.

4.6 Clarify which areas of other policies and strategies HCGP needs to align with

Recommendation: To support targeting of priority areas and future evaluations, clarify which policies and strategies it is most important HCGP align with

The following focus areas and populations, drawn from our review of alignment with a list of 8 other strategies/policies[60], are those with which HCGP does not yet have good alignment. Clarifying which strategies/policies are the most essential for HCGP to align with will be useful to helping to ensure funding priorities are targeting what's most important.

If alignment with all these policies and strategies is a goal of HCGP, the below could be considered for future rounds:

- supporting parenting in middle years and adolescence, and target middle years to build resilience and social and emotional coping skills
- support life course transitions for children and young people
- promoting effective anti-bullying strategies
- improving school-based responses to young people who use AOD
- promoting oral health for children and young people
- improving collaboration between AOD services and other health services
- school-based responses to young people who use AOD
- improved supports around AOD use for people experiencing domestic and family violence.

This is a list only of the priorities of other policies and strategies with which HCGP doesn't have strong alignment. This is not necessarily an indication that HCGP should target these areas, only that they should be considered within the broader context of the strategic direction of HCGP, if alignment with all of these other policies and strategies is a critical part of HCGP. These areas may already be being addressed within the ACT by other departments, agencies and funding bodies, however assessing this is outside the scope of this evaluation.

Rationale: Many of these strategies are aligned with each other, and some may be more relevant to the goals of HCGP and the ACT Government than others - so it may not be necessary to consider all of these in assessing HCGP's funding priorities, nor in conducting future evaluations around appropriateness.

4.7 Additional strengthening mechanisms to consider

[60] ACT Preventive Health Plan 2020-2025; National Preventive Health Strategy 2021-2030; The National Action Plan for the Health of Children and Young People 2020-2030; Best Start for Canberra's Children: The First 1000 Days Strategy; ACT Aboriginal and Torres Strait Islander Agreement 2019-2028; ACT Drug Strategy Action Plan 2022-2026; National Tobacco Strategy 2023-2030; ACT Chief Health Officer's report (2022).

Recommendation: strengthen opportunities for collaboration and partnerships

HCGP already encourages delivery collaboration and partnerships. This delivers good value on projects and improves reach of the grants to different parts of the community and contributes to strengthening the Canberra service system through improving the degree to which local organisations are networked and are collaborating, reducing the gaps between services and supports.

HCGP can build on this strength by:

- Holding pre-application sessions to support networking and sharing of ideas, to support consortia applications or more collaborative delivery of projects. This was noted as particularly important for the focus rounds.
- Connecting grantees in each round in a community of practice, so they can share their learnings and find opportunities to collaborate as projects are implemented. This may not require facilitation by the HCGP team, other than in the first instance. Facilitation of the group could be shared among participants[61].

Rationale: This will help to increase the number of collaborations and partnerships between grantees. This is likely to improve the value for money through the resources leveraged through collaborations.

4.8 Additional administrative changes suggested by this evaluation

Recommendation: consider allowing applicants to expend funds on catering

Consider allowing applicants to expend funds on catering and/or reimbursing volunteers below a set amount (for example, 2% of grant funds). This may be appropriate given the

[61] Communities of practice is an approach to capacity building discussed in the Foundation Centre's 'Supporting Grantee Capacity' guide (Pond, A, 2015). We are also aware through our work of funding bodies facilitating communities of practice for their grantees, as well as holding information sessions for grantees prior to contracting to network, discuss ideas and collaborate. (See first dot point of 'Additional info' for an example at: https://hnc.org.au/media/1-million-awarded-to-help-boost-community-wellbeing-and-resilience-on-the-north-coast/)

community development and engagement approach to health promotion and preventative health activities taken by many of the HCGP grantees.

Rationale: Providing food and supporting volunteers with costs supports relationship building, trust and reach, and ensures smaller organisations are not out of pocket, affecting their financial sustainability.

Recommendation: Release funding priorities in advance (6 months to a year)

This will allow more time for organisations and their partners to build the relationships and evidence to put together strong project plans responsive to both the HCGP funding priorities and community needs. For rounds which fall towards the end of the year, opening dates should also be brought forward to early November to avoid the December-January period when many people are on leave.

Rationale: this will support stronger applications that are better planned, and more realistic about what can be achieved. Where they involve partnerships, having a longer lead time will enable partners to take the time to build relationships and understand what each can bring in terms of skills, resources and time to the project.

Appendices

Appendix 1. Rounds within scope for this evaluation

Table A 1 Canberra Grant Funding priorities and opportunities

Funding opportunity	Funding priority and desired outcomes	Priority populations targeted	PHP 2020 2025 priority areas this round aligned with	Total number of applications received versus total number of grants awarded	Total funding pool versus total funding awarded	Grant amount restrictions
2018/2019-2020/2021 Healthy Canberra Grants	Programs which use a population health approach to: • support healthy ageing • reduce smoking-related harm • reduce alcohol-related harm • reduce overweight and obesity through improving eating habits and increasing physical activity.	NA	• Enabling active living • Increasing healthy eating • Promoting healthy ageing • Reducing risky behaviours	45 applications received 4 grants awarded	Total funding pool was $2.6 million Total funding awarded was $1,210,647	Minimum of $15,000 but no maximum grant amount
2018 Healthy Canberra Grants: Focus on Preventing Diabetes	Programs which take a population health approach to: • creating health promoting environments that encourage healthy eating, increased physical activity levels and reduced sedentary behaviours • providing messages and tools to increase knowledge of diabetes risk factors in high-risk population groups, and encourage positive behaviour change	• Women of reproductive age and their families • Aboriginal and/or Torres Strait Islander women of reproductive age and their families • Culturally and Linguistically Diverse women of reproductive age and their families	• Enabling active living • Increasing healthy eating • Supporting children and families	12 applications received 5 grants awarded	Total funding pool was $1.33 million Total funding awarded was $961,605	Minimum of $15,000 but no maximum grant amount

Funding opportunity	Funding priority and desired outcomes	Priority populations targeted	PHP 2020 2025 priority areas this round aligned with	Total number of applications received versus total number of grants awarded	Total funding pool versus total funding awarded	Grant amount restrictions
	• supporting people to improve their eating habits and increase their physical activity levels.					
2018 Healthy Canberra Grants: Focus on Reducing Alcohol-Related Harm	Programs that use a population health approach to: • reduce the risk of alcohol-related harm over a lifetime • reduce the risk of single occasion drinking harm • delay the uptake of alcohol consumption. • reduce the risk of alcohol-related harm in pregnancy.	NA	• Reducing risky behaviours • Supporting children and families	12 applications received 5 grants awarded	Total funding pool was $1.38 million Total funding awarded was $1,748,585	Minimum of $15,000 but no maximum grant amount
2019/2020-2021/2022 Healthy Canberra Grants	Programs which use a population health approach to: • support healthy ageing • reduce smoking-related harm • reduce alcohol-related harm • reduce overweight and obesity through improving eating habits and increasing physical activity.	NA	• Enabling active living • Increasing healthy eating • Promoting healthy ageing • Reducing risky behaviours	43 applications received. 10 grants awarded	Total funding pool was $1.9 million. Total funding awarded was $1,790,798	Minimum of $15,000 but no maximum grant amount
2020/2021 Healthy Canberra Grants: Focus on Reducing Smoking-Related Harm	Programs that aim to: • reduce the number of people in population groups with a high prevalence of smoking	• Aboriginal and Torres Strait Islander people • People with mental illness • People in prison	• Reducing risky behaviours • Increasing healthy eating	9 applications received 3 grants awarded	Total funding pool was $850,000.	No minimum or maximum grant amount

Funding opportunity	Funding priority and desired outcomes	Priority populations targeted	PHP 2020 2025 priority areas this round aligned with	Total number of applications received versus total number of grants awarded	Total funding pool versus total funding awarded	Grant amount restrictions
	• prevent or delaying the uptake of smoking • prevent the harms associated with electronic cigarettes and other new smoking products. • Also encouraged projects to address other protective factors for good health (such as healthy eating, active living and reducing risky behaviours)	• People with alcohol and drug dependence • Pregnant women • People experiencing homelessness	• Enabling active living		Total funding awarded was $899,287	
2020/2021-2022/2023 Healthy Canberra Grants	Programs with a focus on improving the quality of life of those living with a chronic illness^ **and/or** building greater social connectedness within the community. ^Applications focused on chronic illness needed to address one or more of following: arthritis; asthma; back problems (sciatica, disc disorders, back pain/problems, curvature of the spine); cancer; chronic obstructive pulmonary disease; cardiovascular disease; diabetes; kidney disease; osteoporosis; mental health conditions.		• Increasing healthy eating • Enabling active living • Promoting healthy ageing	72 applications received 15 grants awarded	Total funding pool was $1.9 million Total funding awarded was $1,679,256	No minimum or maximum grant amount

Funding opportunity	Funding priority and desired outcomes	Priority populations targeted	PHP 2020 2025 priority areas this round aligned with	Total number of applications received versus total number of grants awarded	Total funding pool versus total funding awarded	Grant amount restrictions
2021/2022 - 2022/2023 Healthy Canberra Grants: Focus on Reducing Risky Behaviours	Programs with a focus on reducing risky behaviours, particularly Sexually Transmissible Infections and Blood Borne Viruses. Applications that focused on risky behaviours associated with alcohol and tobacco were also eligible.	• Aboriginal and Torres Strait Islander people • People with a physical or intellectual disability • People with a mental illness • People experiencing homelessness • People experiencing domestic and family violence • People who identify as lesbian, gay, bisexual, trans and gender diverse, intersex and/or questioning (LGBTIQ+) • People from culturally and linguistically diverse communities.	• Reducing Risky behaviours	12 applications received 5 grants awarded	Total funding pool was $1.3 million Total funding awarded was $1,394,164	No minimum or maximum grant amount
2021/2022-2023/2024 Healthy Canberra Grants: Focus on Supporting Children & Families	Programs with a focus on supporting children and families, particularly during the first 1,000 days of a child's life (i.e., from conception to the end of a child's second year).	• Aboriginal and Torres Strait Islander people • Young parents • People with a physical or intellectual disability	• Supporting children and families • Increasing healthy eating • Enabling active living	26 applications received 7 grants awarded	Total funding pool was $1 million Total funding awarded was $962,983	No minimum or maximum grant amount

Funding opportunity	Funding priority and desired outcomes	Priority populations targeted	PHP 2020 2025 priority areas this round aligned with	Total number of applications received versus total number of grants awarded	Total funding pool versus total funding awarded	Grant amount restrictions
		• People with a mental illness • People experiencing homelessness • People experiencing domestic and family violence • People who identify as lesbian, gay, bisexual, trans and gender diverse, intersex and/or questioning (LGBTIQ+) • People from culturally and linguistically diverse communities.				
2023/2024-2025/2026 Healthy Canberra Grants: Focus on Supporting Healthy and Active Living for Children and Young People	Programs that: • educate Canberrans about healthy and unhealthy foods and drinks, supporting them to make healthier food choices. • work within the community to promote consumption of healthier food choices within public food environments, including	• Aboriginal and Torres Strait Islander people • People with a physical or intellectual disability • People with a mental illness • People experiencing homelessness • People experiencing domestic and family violence	• Increasing healthy eating • Enabling active living	38 applications received 9 grants awarded	Total funding pool was $1.6mil Total funding awarded was $1,579,844	No minimum or maximum grant amount

Funding opportunity	Funding priority and desired outcomes	Priority populations targeted	PHP 2020 2025 priority areas this round aligned with	Total number of applications received versus total number of grants awarded	Total funding pool versus total funding awarded	Grant amount restrictions
	shops, sports venues, workplaces, schools, and media channels. • improve physical activity uptake and engagement, ideally with priority populations. • use innovative approaches to encourage physical activity opportunities at a population level	• People who identify as lesbian, gay, bisexual, trans and gender diverse, intersex and/or questioning (LGBTIQ+) • People from culturally and linguistically diverse communities.				
2022/2023 - 2024/2025 Healthy Canberra Grants: Target Grant: Reconnecting within Priority Populations	Programs that link with priority populations to build social connection, increase social contact, and reduce isolation. Programs will aim to improve participants quality of life, increase individual knowledge, enable positive health and wellbeing outcomes, and promote the development of peer and community networks and leaders.	• Aboriginal and Torres Strait Islander people • People with a physical or intellectual disability • People with a mental illness • People experiencing homelessness • People experiencing domestic and family violence • People who are lesbian, gay, bisexual, trans and gender diverse, intersex and/or questioning (LGBTIQ+)	• Enabling active living • Promoting healthy ageing • Supporting children and families	12 applications received 10 grants awarded	Total funding pool was $400K Total funding awarded was $384,861	No minimum grant amount Up to $40k per program

Funding opportunity	Funding priority and desired outcomes	Priority populations targeted	PHP 2020 2025 priority areas this round aligned with	Total number of applications received versus total number of grants awarded	Total funding pool versus total funding awarded	Grant amount restrictions
		• People from culturally and linguistically diverse communities				

Appendix 2. Evaluation rubric

A2.1. Rubric dimensions and criteria

Table A 2 Rubric dimensions and criteria

	Poor (1)	Adequate (2)	Good (3)	Excellent (4)
Project delivered outcomes named in HCGP guidelines for this round	Project did not deliver any of the outcomes named in the HCGP round	The project delivered outcomes named in the round	NA	NA
The project achieved expected reach	The project reached less than 70% of the engagement target	The project reached between 70-80% of the engagement target	The project reached 80-100% of the engagement target	The project exceeded the engagement target
Project created changes in participants' awareness, attitudes, knowledge or behaviour.	There is little or no evidence that the project produced changes in awareness, attitudes, knowledge or behaviour	There is evidence that the project produced changes in awareness and/or attitudes	There is evidence that the project produced changes in attitudes and knowledge	There is evidence that the project produced changes in behaviour
[Scored only if round specified priority populations] Project reached priority populations and provided meaningful engagement	There was lower than expected engagement in the project from priority populations (engagement targets were not met)	Engagement targets were met	There was evidence of consultation with priority populations as part of project design or implementation. AND Engagement targets were met or exceeded	There was evidence that the project was co-designed with, or led by priority populations. AND Engagement targets were met or exceeded

	Poor (1)	Adequate (2)	Good (3)	Excellent (4)
Grantees are meaningfully collaborating with partners and community for increased impact	There was little meaningful input from partners, or their input was not reported on	Partners played a role, but this was confined to providing support with process or project management (auspicing and project management support, communications about activities, providing venue etc)	Partnership activities were largely to establish lines of communication between organisations (for example, referral pathways, networking, information sharing about services); or to improve the quality of outputs (for example, input on resources etc)	There is evidence of collaboration for outcomes including financial (cash) inputs, resource sharing, co-delivery or shared decision making between partners. OR There is evidence the partnership enhanced the impactfulness or reach of the project/activities
Projects, project elements and/or project outcomes are being sustained beyond the life of the grant	There is no evidence that the project or elements of the project continued beyond the life of the grant or that the outcomes are self-sustaining	There is no evidence that the program continued beyond the life of the grant, but outcomes are likely to be self-sustaining	The program or elements of the program continued to be resourced beyond the life of the grant. OR There is good evidence that the outcomes are sustained/have become self-sustaining	The program or elements of the program have become part of the service model/BAU of the original organisation, or have been distributed as a service model to other organisations. AND There is good evidence that the outcomes are sustained/have become self-sustaining
The final report provides quality evidence of outcomes	The final report provides only information on outputs	The final report presents claims about outputs and outcomes, but no or inadequate data is presented to support claims	The final report provides evidence of outputs and outcomes, backed up by adequate data to support claims, as well as evidence of lessons learned, but no or limited methodology	The final report provides evidence of outputs and outcomes, backed up by adequate data to support claims, as well as evidence of lessons learned, and a rigorous evaluation methodology

	Poor (1)	Adequate (2)	Good (3)	Excellent (4)
The project provided good benefits for the cost (look at ratings scores against grant amount)	Cost per person outweighed benefits (project scored low on other criteria, and had poor cost per person reached)	Benefits and costs broke even (benefits for individuals were sufficient for cost per person reached; project may not have been sustained but outcomes are; partnerships scored 2+; OR combination of factors indicate value for money. Variable high and low scores but with higher in outcomes/partnerships)	Benefits slightly outweighed costs (benefits for individuals were strong for cost per person reached; sustained program or outcomes; partnerships scored 3+ or in combination factors indicate value for money. Mostly scores of 3 - could be lower on partnerships if higher on sustainment of outcomes)	Benefits greatly outweighed costs (scores of 3 and 4 across other dimensions), high reach per dollar spent and/or higher order changes/outcomes achieved.

A2.2. Individual project scores

Table A 3 Individual grants project scores (1=Poor; 2=Adequate; 3=Good; 4=Excellent)

Round	Project delivered outcomes named in HCGP guidelines for this round (1 or 2)	Project achieved expected reach	Project created changes in participants awareness, attitudes, knowledge or behaviour	[Score only if round specified priority populations] Project reached priority populations and provided meaningful engagement	Grantees are meaningfully collaborating with partners and community for increased impact	Projects, project elements and/or project outcomes are being sustained beyond the life of the grant	Final report provides quality evidence of outcomes	Project provided good benefits for the cost (look at ratings scores against grant amount)
2018 Preventing Diabetes	2	4	4	3	2	1	4	4
2018 Preventing Diabetes	2	Insufficient data	4	4	1	4	3	4
2018 Preventing Diabetes	2	Insufficient data	4	2	3	2	3	3
2018 Preventing Diabetes	2	3	4	4	1	2	2	3
2018 Preventing Diabetes	2	Insufficient data	4	2	4	2	3	3
2018 Reducing Alcohol Related Harm	2	4	3	2	4	3	4	4

2018 Reducing Alcohol Related Harm	**2**	**4**	**4**	**4**	**1**	**4**	**4**	**4**
2018 Reducing Alcohol Related Harm	**2**	**Insufficient data**	**4**	**4**	**3**	**4**	**4**	**4**
2018 Reducing Alcohol Related Harm	**2**	**4**	**2**	**Insufficient data**	**1**	**4**	**1**	**3**
2018 Reducing Alcohol Related Harm	**2**	**1**	**4**	**1**	**2**	**4**	**3**	**3**
2018/2019-2020-2021 HCG	**2**	**3**	**4**	**NA**	**4**	**4**	**4**	**4**
2018/2019-2020-2021 HCG	**2**	**1**	**2**	**NA**	**4**	**1**	**2**	**3**
2018/2019-2020-2021 HCG	**2**	**Insufficient data**	**4**	**NA**	**4**	**3**	**3**	**3**
2019/2020-2021/2022 HCG	**2**	**4**	**4**	**NA**	**4**	**2**	**4**	**4**
2019/2020-2021/2022 HCG	**2**	**Insufficient data**	**2**	**NA**	**3**	**4**	**4**	**4**
2019/2020-2021/2022 HCG	**2**	**4**	**4**	**NA**	**4**	**3**	**4**	**4**

2019/2020-2021/2022 HCG	**2**	**Insufficient data**	**4**	**NA**	**2**	**4**	**3**	**4**
2019/2020-2021/2022 HCG	**2**	**Insufficient data**	**4**	**NA**	**4**	**4**	**2**	**4**
2019/2020-2021/2022 HCG	**2**	**Insufficient data**	**3**	**NA**	**4**	**3**	**4**	**Insufficient data**
2020/2021-2022/2023 HCG	**2**	**Insufficient data**	**4**	**NA**	**4**	**1**	**4**	**4**
2020/2021-2022/2023 HCG	**2**	**Insufficient data**	**4**	**NA**	**4**	**3**	**3**	**4**
2020/2021-2022/2023 HCG	**2**	**Insufficient data**	**4**	**NA**	**4**	**4**	**3**	**3**
2020/2021-2022/2023 HCG	**2**	**Insufficient data**	**3**	**NA**	**1**	**4**	**4**	**3**
2020/2021-2022/2023 HCG	**2**	**Insufficient data**	**4**	**NA**	**4**	**1**	**3**	**3**
2020/2021-2022/2023 HCG	**2**	**2**	**3**	**NA**	**4**	**4**	**4**	**3**
2020/2021-2022/2023 HCG	**2**	**Insufficient data**	**1**	**NA**	**4**	**1**	**1**	**2**
2020/2021-2022/2023 HCG	**2**	**1**	**4**	**NA**	**2**	**2**	**4**	**Insufficient data**

2020-2021 Reducing Smoking Related Harm	**1**	**Insufficient data**	**1**	**4**	**2**	**3**	**2**	**Insufficient data**
2022/2023-2024/2025 Reconnecting with Priority Populations	**2**	**Insufficient data**	**1**	**1**	**2**	**1**	**2**	**1**
2022/2023-2024/2025 Reconnecting with Priority Populations	**1**	**2**	**1**	**2**	**1**	**1**	**2**	**1**
2022/2023-2024/2025 Reconnecting with Priority Populations	**2**	**Insufficient data**	**1**	**2**	**4**	**1**	**1**	**1**
2022/2023-2024/2025 Reconnecting with Priority Populations	**2**	**1**	**1**	**Insufficient data**	**1**	**2**	**1**	**1**
2022/2023-2024/2025 Reconnecting	**2**	**Insufficient data**	**3**	**2**	**1**	**1**	**2**	**Insufficient data**

with Priority Populations								
2022/2023-2024/2025 Reconnecting with Priority Populations	**2**	**3**	**1**	**2**	**4**	**4**	**2**	**Insufficient data**
2022/2023-2024/2025 Reconnecting with Priority Populations	**2**	**4**	**2**	**2**	**3**	**1**	**2**	**Insufficient data**

Note: * This score was provided based on analysis of scores across other dimensions and cost per beneficiary where this data was available.

A2.3. Average scores by round

Table A 4 Average scores by round (1=Poor; 2=Adequate; 3=Good; 4=Excellent)

Number of grants projects assessed in this round	Round	Project delivered outcomes named in HCGP guidelines for this round (1 or 2)	The project achieved expected reach	Project created changes in participants' awareness, attitudes, knowledge or behaviour.	Project reached priority populations and provided meaningful engagement (scored if relevant only)	Grantees are meaningfully collaborating with partners and community for increased impact	Projects, project elements and/or project outcomes are being sustained beyond the life of the grant	The final report provides quality evidence of outcomes	The project provided good benefits for the cost
5	2018 Preventing Diabetes	2	3.5	4	3	2.2	2.2	3	3.4
5	2018 Reducing Alcohol Related Harm	2	3.3	3.4	2.8	2.2	3.8	3.2	3.6
3	2018/2019-2020-2021 HCG	2	2.0	3.3		4.0	2.7	3.0	3.3
6	2019/2020-2021/2022 HCG	2	4	3.5		3.5	3.3	3.5	4
8	2020/2021-2022/2023 HCG	2	1.5	3.4		3.4	2.5	3.25	3.1

1	2020-2021 Reducing Smoking Related Harm**	1		1	4	2	3	2	Insufficient data
7	2022/2023-2024/2025 Reconnecting with Priority Populations ***	1.9	2.5	1.4	1.8	2.3	1.6	1.7	1.0

Notes: * This score was provided based on analysis of scores across other dimensions and cost per beneficiary where this data was available.

**There was only one report available to review from this round. The report was difficult to assess as the project was one part of a larger project - which supported an Aboriginal conception of wellbeing. This made it more difficult to report participation and outcomes from the part of the project funded by HCGP.

*** Grants under the 2022/2023-2024/2025 Round are still in progress. For this round progress reports were assessed, rather than final reports. As work is yet to be completed, there are lower scores for this round across most dimensions.

Appendix 3. Alignment between HCGP outcomes and policy priorities

Table A 5 Children and young people's wellbeing

National Preventive Health Strategy 2021 2030	ACT Preventive Health Plan 2020 2025	National Action Plan for the Health of Children and Young People 2020 2030	Best Start for Canberra's Children: The First 1000 Days Strategy	ACT Aboriginal and Torres Strait Islander Agreement 2019 2028	ACT Drug Strategy Action Plan 2022 2026	National Tobacco Strategy 2023 2030	HCGP rounds with aligned funding priorities	Outcomes produced by funded HCGP projects for rounds between 2018 2022
All Australians have the best start in life Target: The proportion of the first 25 years lived in full health will increase by at least 2% by 2030 Target: The proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight will increase to at least 91% by 2031 Target: The proportion of the first 0-4 years of life lived in full health will increase by at least 3.5% by 2030	**Supporting children and families** Goal: Families are supported to optimise the healthy development of their children in the first 1000 days Goal: More children are physically, socially and emotionally ready to start school **Increasing healthy eating** Goal: Lower intakes of energy-dense, nutrient-poor (discretionary) foods and drinks Goal: Increased consumption of vegetables **Reducing risky behaviours** Goal: Fewer young people engaging in risk-taking behaviours Goal: Reduced ongoing harm from the consequences of risk-taking behaviours Goal: Fewer children and young people using smoking products, including e-cigarettes Goal: Lower rates of smoking among population groups at higher risk, including Aboriginal and Torres Strait Islander people Goal: A delay in the average age when young people take their first drink Goal: Fewer people drinking at risky levels Goal: Fewer young people engaging in unsafe sex Goal: Fewer people with chronic disease secondary to chronic blood-borne virus infection	**Improving health equity across populations** Strengthen health service accessibility and reach Expand telehealth GP, specialist and counselling services Enhance health literacy and health-seeking behaviours Improve the evidence base to better target need and efficacy of interventions Implement activities which align with frameworks developed for priority populations Promote and increase uptake of programs directed at the health of children and young people **Empowering parents to maximise healthy development** Implement home-based initiatives that support parents in the antenatal and perinatal stages Better engage families in the early years of child development Enhance mechanisms to support parenting in the middle years and adolescence Increase opportunities to support fathers Harmonise and promote parenting education and information Capture up-to-date data relating to parenting needs and experiences Continue to support parent health and healthy parenting practice **Tackling mental health and risky behaviours** Support positive parental mental health Target the middle years to build resilience and social and emotional coping skills Support life course transitions Strengthen suicide prevention strategies Address mental health conditions among LGBTI+ children and young people Foster communities that support positive mental health Build education and health promotion strategies that target risky behaviours Support respectful relationships and good sexual health Promote effective antibullying strategies	**Increase community awareness of the importance of the first 1000 days** Parents, frontline workers and members of the community are aware of the critical importance of the first 1000 days for lifelong health and wellbeing and how they can play a role in supporting child development. Families make decisions and take actions that support healthy development during the first 1000 days so children can enjoy good health and wellbeing throughout life. People can access evidence-based information about the first 1000 days from inclusive, culturally safe and accessible sources. **Enable parents to be confident and supported** Parents feel confident and supported by their community, services and support networks throughout pregnancy, birth and the early years period. Parents are supported to have good mental and physical health and wellbeing which enables them to best support their child's development in the early years. Information and supports are available to parents and families throughout the first 1000 days when and where they are needed. **Provide services for all families** Families can access a mix of universal and targeted services that are affordable, safe, inclusive, culturally appropriate and have the resources to meet the diverse needs of children and their families. Families have choices and the ability to make decisions about which services they access. Services are more connected and collaborative, with strong referral pathways, and have access to multiple pathways to collectively build capability and capacity of the workforce. **Foster connected communities** Families have opportunities to create connections within their community and form strong support networks. Government works in partnership with the community to enable families in all their diversity to build their support networks and access early support pathways, including through access to parenting, play groups and early childhood education. Public environments such as parks and playgrounds meet the needs of diverse families and create inclusive opportunities for children to play and experience social connection.	Aboriginal and Torres Strait Islander children and young people growing up safely in their families and communities.	Young people between 10-24 are a priority group Improved support for people with complex needs or needing access to multiple services Improved supports for people experiencing domestic and family violence Improved school-based responses to young people who use AOD Reduced harm associated with criminalisation of drug dependence	Prevent uptake of e-cigarettes by young people and those who have never smoked Prevent uptake of tobacco use Eliminate harmful exposure to second-hand tobacco smoke.	2021/2022- 2023/2024 Healthy Canberra Grants: Focus on Supporting Children & Families - Priority: Programs with a focus on supporting children and families, particularly during the first 1,000 days of a child's life (i.e., from conception to the end of a child's second year). 2023/2024- 2025/2026 Healthy Canberra Grants: Focus on Supporting Healthy and Active Living for Children and Young People - Priority: programs that: educate Canberrans about healthy and unhealthy foods and drinks, supporting them to make healthier food choices; work within the community to promote consumption of healthier food choices within public food environments, including shops, sports venues, workplaces, schools, and media channels; improve physical activity uptake and engagement, ideally with priority populations; use innovative approaches to encourage physical activity opportunities at a population level. 2021/2022 - 2022/2023 Healthy Canberra Grants: Focus on Reducing Risky Behaviours: Fewer children and young people using smoking products, including e-cigarettes	Improved awareness of benefits of physical activity, and increased physical activity Increase in healthy food choices and vegetable consumption, and a decrease in junk food Improvements in help-seeking for developmental concerns

Table A 6 Improved quality adjusted life year

National Preventive Health Strategy 2021 2030	ACT Preventive Health Plan 2020 2025	National Action Plan for the Health of Children and Young People 2020 2030	Best Start for Canberra's Children: The First 1000 Days Strategy	ACT Aboriginal and Torres Strait Islander Agreement 2019 2028	ACT Drug Strategy Action Plan 2022 2026	National Tobacco Strategy 2023 2030	HCGP rounds with aligned funding priorities	Outcomes produced by funded HCGP projects for rounds between 2018 2022
All Australians live in good health and wellbeing for as long as possible Target: Australians will have at least an additional 2 years of life lived in full health by 2030	**Enabling active living** Goal: more adults and children using active modes of transport Goal: More people participating in sport and active recreation across all stages of life **Increasing healthy eating** Goal: Lower intakes of energy-dense, nutrient-poor (discretionary) foods and drinks Goal: Increased consumption of vegetables **Promoting healthy ageing** Goal: More adults engaging in healthy and protective lifestyle behaviours related to their physical and mental health	**Addressing chronic conditions and preventative health** Improve awareness of and screening for genetic diseases and childhood cancers Harmonise support for children and young people with chronic conditions Roll-out preventive health strategies that address nutrition, physical activity, overweight and obesity, and sleep hygiene Optimise environments and communities for wellbeing Continue to promote strong oral health Protect Australia's health through immunisation					All rounds, and specifically: 2018/2019-2020/2021 Healthy Canberra Grants and 2019/2020-2021/2022 Healthy Canberra Grants - Priority: support healthy ageing 2020/2021-2022/2023 Healthy Canberra Grants - Priority: Programs with a focus on improving the quality of life of those living with a chronic illness (incl mental illness) and/or building greater social connectedness within the community.	Participants achieving weight loss goals Improved hypertension & blood sugar levels from baseline Changes in how participants managed their health, or chronic condition Improved ability to manage own care and adjust to life after an injury Improvements in physical condition and health

Table A 7 Addressing health inequalities

National Preventive Health Strategy 2021 2030	ACT Preventive Health Plan 2020 2025	National Action Plan for the Health of Children and Young People 2020 2030	Best Start for Canberra's Children: The First 1000 Days Strategy	ACT Aboriginal and Torres Strait Islander Agreement 2019 2028	ACT Drug Strategy Action Plan 2022 2026	National Tobacco Strategy 2023 2030	HCGP rounds with aligned funding priorities	Outcomes produced by funded HCGP projects for rounds between 2018 2022
Health equity is achieved for priority populations Target: Australians in the2lowest SEIFA quintiles will have at least an additional 3 years of life lived in full health by 2030 Target: Australians in regional and remote areas will have at least an additional3years of life lived in full health by 2030	**All PHP priorities** Tailored responses for: Aboriginal and Torres Strait Islander people, people with a physical or intellectual disability, people with a mental illness, people experiencing homelessness, people living with domestic and family violence, people who are lesbian, gay, bisexual, trans and gender diverse, intersex and/or questioning (LGBTIQ+), people from culturally and linguistically diverse communities.	**All priorities** Priority populations include children and young people: from rural and remote areas, who are Aboriginal and Torres Strait Islander, born into poverty, from culturally and linguistically diverse backgrounds - including those from refugee and asylum seeker families, living with disability and chronic conditions, who experience violence and/or abuse, living in out of home care, who are incarcerated , who are LGBTI+, who experience homelessness.		Core areas • Children and young people • Cultural integrity • Inclusive community • Community leadership Significant areas • Connecting the community • Life long learning • Economic participation • Health and wellbeing • Housing • Justice	**Promoting and maintaining equitable access to treatment and support** Improve access to high quality evidence based ATOD services. Reduce barriers to service navigation. Reduce stigma and discrimination experienced by individuals who use alcohol, tobacco and other drugs. Ensure non-judgemental, inclusive and culturally appropriate services and resources are available. Improve support and education for families and carers. Improve coordination of investment across different levels of Government in the ATOD sector. Improve early intervention for populations requiring special consideration. **Strengthening supports for people with co-occurring and complex needs** **Improve support for people with complex needs or requiring access to multiple services.** **Improve collaboration, co-ordination, and co-operation between ATOD and other health services.** **Improve supports for people experiencing domestic and family violence.** **Improve school-based responses to young people who use ATOD.** **Reducing involvement with the criminal justice system** Increase diversions from the criminal justice system for alcohol and other drug related offending. Reduce harm associated with criminalisation of drug dependence. Reduce legal ramifications of personal possession. Reduce stigma and discrimination experienced by individuals who use alcohol, tobacco and other drugs.	Prevent and reduce prevalence of tobacco use among First Nations people. Prevent and reduce tobacco use among groups at higher risk from tobacco use, and other populations with a high prevalence of tobacco use.	All rounds with a focus on priority populations, including: 2018 Healthy Canberra Grants: Focus on Preventing Diabetes 2020/2021 Healthy Canberra Grants: Focus on Reducing Smoking-Related Harm 2021/2022 - 2022/2023 Healthy Canberra Grants: Focus on Reducing Risky Behaviours 2021/2022- 2023/2024 Healthy Canberra Grants: Focus on Supporting Children & Families 2023/2024- 2025/2026 Healthy Canberra Grants: Focus on Supporting Healthy and Active Living for Children and Young People 2022/2023 - 2024/2025 Healthy Canberra Grants: Target Grant: Reconnecting within Priority Populations	Projects that used a co-design approach generally had better reach and relevance of services for priority populations Improved attitudes to and awareness of mental health and healthy living strategies for culturally and linguistically diverse groups Greater stability for Aboriginal men in other areas of their life, to improve their ability to engage with smoking and other drug cessation Participation in exercise with children/grandchildren for First Nations people Reduced social isolation for culturally and linguistically diverse groups and people with disabilities Improving availability of culturally appropriate education materials Improved access to smoking cessation products and counselling for people with alcohol and drug dependence.

Table A 8 Systems improvements

National Preventive Health Strategy 2021 2030	ACT Preventive Health Plan 2020 2025	National Action Plan for the Health of Children and Young People 2020 2030	Best Start for Canberra's Children: The First 1000 Days Strategy	ACT Aboriginal and Torres Strait Islander Agreement 2019 2028	ACT Drug Strategy Action Plan 2022 2026	National Tobacco Strategy 2023 2030	HCGP rounds with aligned funding priorities	Outcomes produced by funded HCGP projects for rounds between 2018 2022
Investment in prevention is increased Underpinned by: Investment in preventive health will rise to be 5% of total health expenditure across Commonwealth, state and territory governments by 2030	While the Healthy Canberra Plan is a government-led strategy, its successful implementation will require joined-up action across all stakeholders with an interest in delivering better health outcomes for Canberrans. Ongoing opportunities for coordinated planning, policy alignment and program implementation will be prioritised as the Plan is progressed.	**Strengthening the workforce - including through greater cooperation/collaboration** Develop workforce capacity and capability in relation to trauma awareness and trauma-informed practice Strengthen capacity of the health and family services workforce to prevent youth suicide Support health professionals to identify and address underlying factors that shape health outcomes Support professional development in digital strategies Continue to address health literacy in the health sector and across the workforce Strengthen research and evaluation capacity within the workforce			**Working through partnerships, co-ordination and collaboration on evidence-informed responses.** **Taking the national direction with jurisdictional implementation that reflects local circumstances.** **Valuing peer support workers and people with lived experience** Ensure people with lived experience of ATOD are heard, and their experiences are reflected in policy and program development. Strengthen provision of peer support initiatives in ATOD treatment and support services. Utilise peer expertise in addressing service access and navigation barriers, continuity of care, integrated care planning, and community development of people for people with lived or living experience. Build capacity of the ATOD workforce through peer workers and improve leadership opportunities for peer workers. Increased diversions from the criminal justice system for alcohol and other drug related offending Improved collaboration, co-ordination, and co-operation between AOD and other health services Reduced legal ramifications of personal possession	Prevent and reduce the marketing and harms associated with use of novel and emerging products. Denormalise and limit the marketing and use of e-cigarettes. Ensure tobacco control in Australia is guided by focused research, monitoring and evaluation. Protect tobacco control policy from all commercial and other vested interests. Ensure all the above contribute to the continued denormalisation of the tobacco industry and tobacco use	Assessing the investment in preventive health as a percentage of total health expenditure in the ACT is outside the scope of this evaluation. However, it does not appear that the total pool for Healthy Canberra Grants Program has increased since 2021 when the National Strategy was released. HCGP addresses many of these areas of system improvement implicitly through encouraging delivery through partnerships and by providing support for grantees to develop their evaluation capability through evaluation plan development. Improved collaboration between AOD service provider and providers of health and homeless services	Improved awareness of and connection with service providers

Table A 9 Tobacco use and harms

National Preventive Health Strategy 2021 2030	ACT Preventive Health Plan 2020 2025	National Action Plan for the Health of Children and Young People 2020 2030	Best Start for Canberra's Children: The First 1000 Days Strategy	ACT Aboriginal and Torres Strait Islander Agreement 2019 2028	ACT Drug Strategy Action Plan 2022 2026	National Tobacco Strategy 2023 2030	HCGP rounds with aligned funding priorities	Outcomes produced by funded HCGP projects for rounds between 2018 2022
Reducing tobacco use and nicotine addiction Achieve a national daily smoking prevalence of less than 10% by 2025 and5% or less for adults(≥18 years) by 2030 Reduce the daily smoking rate among Aboriginal and Torres Strait Islander people (≥15 years) to 27% or less by 2030	Reducing risky behaviours Goal: Fewer children and young people using smoking products, including e-cigarettes Goal: Lower rates of smoking among population groups at higher risk, including Aboriginal and Torres Strait Islander people					Prevent uptake of tobacco use. Prevent uptake of e-cigarettes by young people and those who have never smoked. Prevent and reduce nicotine addiction. Encourage and assist as many people as possible who use tobacco and e-cigarettes to quit as soon as possible, and prevent relapse. Prevent and reduce prevalence of tobacco use among First Nations people. Prevent and reduce tobacco use among groups at higher risk from tobacco use, and other populations with a high prevalence of tobacco use. Eliminate harmful exposure to second-hand tobacco smoke.	2018/2019-2020/2021 Healthy Canberra Grants and 2019/2020-2021/2022 Healthy Canberra Grants - Priority: reduce smoking related harm 2020/2021 Healthy Canberra Grants: Focus on Reducing Smoking-Related Harm - Priority: Programs that aim to: reduce the number of people in population groups with a high prevalence of smoking; prevent or delaying the uptake of smoking; prevent the harms associated with electronic cigarettes and other new smoking products. 2021/2022 - 2022/2023 Healthy Canberra Grants: Focus on Reducing Risky Behaviours - Priority: Programs with a focus on reducing risky behaviours, particularly Sexually Transmissible Infections and Blood Borne Viruses. Applications that focused on risky behaviours associated with alcohol and tobacco were also eligible.	

Table A 10 Healthy eating

National Preventive Health Strategy 2021 2030	ACT Preventive Health Plan 2020 2025	National Action Plan for the Health of Children and Young People 2020 2030	Best Start for Canberra's Children: The First 1000 Days Strategy	ACT Aboriginal and Torres Strait Islander Agreement 2019 2028	ACT Drug Strategy Action Plan 2022 2026	National Tobacco Strategy 2023 2030	HCGP rounds with aligned funding priorities	Outcomes produced by funded HCGP projects for rounds between 2018 2022
Improving access to and the consumption of a healthy diet Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030 Reduce overweight and obesity in children and adolescents aged 2-17 years by at least 5% by 2030 Adults and children (≥9 years) maintain or increase their fruit consumption to an average 2 serves per day by 2030 Adults and children (≥9 years) increase their vegetable consumption to an average 5 serves per day by 2030 Reduce the proportion of children and adults' total energy intake from discretionary foods from >30% to <20% by 2030 Reduce the average population sodium intake by at least 30% by 2030 Increase the proportion of adults and children who are not exceeding the recommended intake of free sugars by 2030 At least 50% of babies are exclusively breastfed until around 6 months of age by 2025	**Increasing healthy eating** Goal: Lower intakes of energy-dense, nutrient-poor (discretionary) foods and drinks Goal: Increased consumption of vegetables **Supporting children and families** Goal: Families are supported to optimise the healthy development of their children in the first 1000 days Goal: More children are physically, socially and emotionally ready to start school						2018/2019-2020/2021 Healthy Canberra Grants and 2019/2020-2021/2022 Healthy Canberra Grants - Priority: reduce overweight and obesity through improving eating habits and increasing physical activity 2018 Healthy Canberra Grants: Focus on Preventing Diabetes - Priority: Programs which take a population health approach to: creating health promoting environments that encourage healthy eating, increased physical activity levels and reduced sedentary behaviours; providing messages and tools to increase knowledge of diabetes risk factors in high-risk population groups, and encourage positive behaviour change; supporting people to improve their eating habits and increase their physical activity levels. 2023/2024- 2025/2026 Healthy Canberra Grants: Focus on Supporting Healthy and Active Living for Children and Young People - Priority: programs that: educate Canberrans about healthy and unhealthy foods and drinks, supporting them to make healthier food choices; work within the community to promote consumption of healthier food choices within public food environments, including shops, sports venues, workplaces, schools, and media channels; improve physical activity uptake and engagement, ideally with priority populations; use innovative approaches to encourage physical activity opportunities at a population level.	Increase in healthy food choices and vegetable consumption, and a decrease in junk food

Table A 11 Physical activity

National Preventive Health Strategy 2021 2030	ACT Preventive Health Plan 2020 2025	National Action Plan for the Health of Children and Young People 2020 2030	Best Start for Canberra's Children: The First 1000 Days Strategy	ACT Aboriginal and Torres Strait Islander Agreement 2019 2028	ACT Drug Strategy Action Plan 2022 2026	National Tobacco Strategy 2023 2030	HCGP rounds with aligned funding priorities	Outcomes produced by funded HCGP projects for rounds between 2018 2022
Increasing physical activity Reduce the prevalence of insufficient physical activity amongst children, adolescents and adults by at least 15% by 2030 Reduce the prevalence of Australians (≥15 years) undertaking no physical activity by at least 15% by 2030 Increase the prevalence of Australians (≥15 years) who are meeting the strengthening guidelines by at least 15% by 2030	**Supporting children and families** Goal: Families are supported to optimise the healthy development of their children in the first 1000 days **Promoting healthy ageing** Goal: More adults engaging in healthy and protective lifestyle behaviours related to their physical and mental health **Enabling active living** Goal: more adults and children using active modes of transport Goal: More people participating in sport and active recreation across all stages of life						2018/2019-2020/2021 Healthy Canberra Grants and 2019/2020-2021/2022 Healthy Canberra Grants - Priority: reduce overweight and obesity through improving eating habits and increasing physical activity 2018 Healthy Canberra Grants: Focus on Preventing Diabetes - Priority: Programs which take a population health approach to: creating health promoting environments that encourage healthy eating, increased physical activity levels and reduced sedentary behaviours; providing messages and tools to increase knowledge of diabetes risk factors in high-risk population groups, and encourage positive behaviour change; supporting people to improve their eating habits and increase their physical activity levels. 2023/2024- 2025/2026 Healthy Canberra Grants: Focus on Supporting Healthy and Active Living for Children and Young People - Priority: programs that: educate Canberrans about healthy and unhealthy foods and drinks, supporting them to make healthier food choices; work within the community to promote consumption of healthier food choices within public food environments, including shops, sports venues, workplaces, schools, and media channels; improve physical activity uptake and engagement, ideally with priority populations; use innovative approaches to encourage physical activity opportunities at a population level.	Improved awareness of benefits of physical activity, and increased physical activity Improved participation from cultural groups that experience barriers to exercise

Table A 12 Alcohol and other drug use and harms

National Preventive Health Strategy 2021 2030	ACT Preventive Health Plan 2020 2025	National Action Plan for the Health of Children and Young People 2020 2030	Best Start for Canberra's Children: The First 1000 Days Strategy	ACT Aboriginal and Torres Strait Islander Agreement 2019 2028	ACT Drug Strategy Action Plan 2022 2026	National Tobacco Strategy 2023 2030	HCGP rounds with aligned funding priorities	Outcomes produced by funded HCGP projects for rounds between 2018 2022
Reducing alcohol and other drug harm At least a 10% reduction in harmful alcohol consumption by Australians (≥14 years) by 2025 and at least a 15% reduction by 2030 Less than 10% of young people (14-17 year olds) are consuming alcohol by 2030 Less than 10% of pregnant women aged 14 to 49 are consuming alcohol while pregnant, by 2030 At least a 15% decrease in the prevalence of recent illicit drug use (≥14 years) by 2030	**Reducing risky behaviours** Goal: A delay in the average age when young people take their first drink Goal: Fewer people drinking at risky levels				**Changing systems and protecting people from harm** Reduce the rate of drug overdoses in the ACT. Reduce the prevalence of harms associated with use of alcohol, e-cigarettes and other drugs. Improve systems to better protect Canberrans from ATOD and related harms.		2018/2019-2020/2021 Healthy Canberra Grants, and 2019/2020-2021/2022 Healthy Canberra Grants - Priority: reduce alcohol-related harm 2018 Healthy Canberra Grants: Focus on Reducing Alcohol-Related Harm - Priority: Programs that use a population health approach to: reduce the risk of alcohol-related harm over a lifetime ; reduce the risk of single occasion drinking harm; delay the uptake of alcohol consumption; reduce the risk of alcohol-related harm in pregnancy. 2021/2022 - 2022/2023 Healthy Canberra Grants: Focus on Reducing Risky Behaviours - Priority: Programs with a focus on reducing risky behaviours, particularly Sexually Transmissible Infections and Blood Borne Viruses. Applications that focused on risky behaviours associated with alcohol and tobacco were also eligible.	Shifting knowledge and awareness about the health risks of alcohol consumption Reduction in alcohol intake Change in some participants knowledge of what to do, and actions in situations involving alcohol poisoning, Improved collaboration between AOD service provider and providers of health and homeless services

Table A 13 Mental health

National Preventive Health Strategy 2021 2030	ACT Preventive Health Plan 2020 2025	National Action Plan for the Health of Children and Young People 2020 2030	Best Start for Canberra's Children: The First 1000 Days Strategy	ACT Aboriginal and Torres Strait Islander Agreement 2019 2028	ACT Drug Strategy Action Plan 2022 2026	National Tobacco Strategy 2023 2030	HCGP rounds with aligned funding priorities	Outcomes produced by funded HCGP projects for rounds between 2018 2022
Promoting and protecting mental health Towards zero suicides for all Australians	**Promoting healthy ageing** Goal: More adults engaging in healthy and protective lifestyle behaviours related to their physical and mental health	**Tackling mental health and risky behaviours** Support positive parental mental health Target the middle years to build resilience and social and emotional coping skills Support life course transitions Strengthen suicide prevention strategies Address mental health conditions among LGBTI+ children and young people Foster communities that support positive mental health Build education and health promotion strategies that target risky behaviours Support respectful relationships and good sexual health Promote effective antibullying strategies					2020/2021-2022/2023 Healthy Canberra Grants - Priority: Programs with a focus on improving the quality of life of those living with a chronic illness (incl mental illness) and/or building greater social connectedness within the community. 2022/2023 - 2024/2025 Healthy Canberra Grants: Target Grant: Reconnecting within Priority Populations - Priority: programs that link with priority populations to build social connection, increase social contact, and reduce isolation. Programs will aim to improve participants quality of life, increase individual knowledge, enable positive health and wellbeing outcomes, and promote the development of peer and community networks and leaders.	Improvements in help-seeking for health and mental health concerns Improved social skills and socialising among university students Older people getting outside and organising social outings, after previously mostly staying isolated at home People connecting and interacting across generations Improvements in attitudes to aesthetic and functional aspects of the body, and self-compassion Improved knowledge of and attitudes towards self-care strategies

Table A 14 Cancer prevention

National Preventive Health Strategy 2021 2030	ACT Preventive Health Plan 2020 2025	National Action Plan for the Health of Children and Young People 2020 2030	Best Start for Canberra's Children: The First 1000 Days Strategy	ACT Aboriginal and Torres Strait Islander Agreement 2019 2028	ACT Drug Strategy Action Plan 2022 2026	National Tobacco Strategy 2023 2030	HCGP rounds with aligned funding priorities	Outcomes produced by funded HCGP projects for rounds between 2018 2022
Increasing cancer screening and prevention Increase participation rates for bowel screening to at least 53% by 2025 Increase participation rates for breast screening to at least 65% by 2025 Increase participation rates for cervical screening to at least 64% by 2025 Eliminate cervical cancer as a public health issue in Australia by 2035	Al priorities relating to healthy eating, reduced tobacco smoking and alcohol consumption, increased physical activity, unsafe sex or drug use.		Addressing chronic conditions and preventive health - Improve awareness and screening for genetic diseases and childhood cancers				2018/2019-2020/2021 Healthy Canberra Grants, and 2019/2020-2021/2022 Healthy Canberra Grants - Priority: reduce alcohol-related harm 2018 Healthy Canberra Grants: Focus on Reducing Alcohol-Related Harm - Priority: Programs that use a population health approach to: reduce the risk of alcohol-related harm over a lifetime ; reduce the risk of single occasion drinking harm; delay the uptake of alcohol consumption; reduce the risk of alcohol-related harm in pregnancy. 2021/2022 - 2022/2023 Healthy Canberra Grants: Focus on Reducing Risky Behaviours - Priority: Programs with a focus on reducing risky behaviours, particularly Sexually Transmissible Infections and Blood Borne Viruses. Applications that focused on risky behaviours associated with alcohol and tobacco were also eligible. 2023/2024- 2025/2026 Healthy Canberra Grants: Focus on Supporting Healthy and Active Living for Children and Young People - Priority: programs that: educate Canberrans about healthy and unhealthy foods and drinks, supporting them to make healthier food choices; work within the community to promote consumption of healthier food choices within public food environments, including shops, sports venues, workplaces, schools, and media channels; improve physical activity uptake and engagement, ideally with priority populations; use innovative approaches to encourage physical activity opportunities at a population level.	Relevant outcomes to the National Preventive Health Strategy are not feasible to measure at a funded project level.

Table A 15 Immunisation

National Preventive Health Strategy 2021 2030	ACT Preventive Health Plan 2020 2025	National Action Plan for the Health of Children and Young People 2020 2030	Best Start for Canberra's Children: The First 1000 Days Strategy	ACT Aboriginal and Torres Strait Islander Agreement 2019 2028	ACT Drug Strategy Action Plan 2022 2026	National Tobacco Strategy 2023 2030	HCGP rounds with aligned funding priorities	Outcomes produced by funded HCGP projects for rounds between 2018 2022
Improving immunisation coverage Increase immunisation coverage rates to at least 95% of children aged 1 and 2 years by 2030, and maintain a coverage rate of at least 95% for children aged 5 years Increase immunisation coverage rates to at least 95% of Aboriginal and Torres Strait Islander children aged 1 and 2 years by 2030, and maintain a coverage rate of at least 95% for Aboriginal and Torres Strait Islander children aged 5 years HPV immunisation rate increased to at least 85% for both boys and girls by 2030							This is not a priority of the ACT Preventive Health Plan or of HCGP rounds.	

Appendix 4. Sample by data source and round

There were differences in the available data by round. The breakdown of data sources by round is provided below.

Table A 16 Reports reviewed, by round

Round	Number of reports reviewed
2020/2021-2022/2023 HCG	8
2022/2023-2024/2025 Reconnecting with Priority Populations (progress reports)*	7
2019/2020-2021/2022 HCG	6
2018 Preventing Diabetes*	5
2018 Reducing Alcohol Related Harm	5
2018/2019-2020-2021 HCG	3
2020-2021 Reducing Smoking Related Harm*	1
2023/2024- 2025/2026 Supporting Healthy and Active Living for Children and Young People	0
2021/2022- 2023/2024 Supporting Children and Families	0
2021/2022 - 2022/2023 Reducing Risky Behaviours	0
Total	**35**

* Rounds with named priority populations

Table A 17 Survey responses by round (numerous respondents noted multiple rounds applied in)

Round	Survey respondents who applied in this round*
2023/2024- 2025/2026 Healthy Canberra Grants: Focus on Supporting Healthy and Active Living for Children and Young People	14
2020/2021-2022/2023 Healthy Canberra Grants	12
2021/2022- 2023/2024 Healthy Canberra Grants: Focus on Supporting Children & Families	11
2022/2023 - 2024/2025 Healthy Canberra Grants: Target Grant: Reconnecting within Priority Populations	5
2018/2019-2020/2021 Healthy Canberra Grants	4
2019/2020-2021/2022 Healthy Canberra Grants	4
2018 Healthy Canberra Grants: Focus on Preventing Diabetes	1
2018 Healthy Canberra Grants: Focus on Reducing Alcohol-Related Harm	1
2021/2022 - 2022/2023 Healthy Canberra Grants: Focus on Reducing Risky Behaviours	1
2020/2021 Healthy Canberra Grants: Focus on Reducing Smoking-Related Harm	1

*Note: numerous respondents noted multiple rounds applied in

Table A 18 Interviews (all participants) by round

Round	Number of interviewees who had applied in this round*
2020/2021 - 2022/2023 Healthy Canberra Grants	9
Supporting Healthy and Active Living for Children and Young People	5
2019/2020 - 2021/2022 Healthy Canberra Grants	5
Supporting Children and Families	4
Reducing Smoking-Related Harm	4
Reconnecting with Priority Populations	4
Reducing risky behaviours	2
Reducing alcohol-related harm	2
2018/2019 - 2020/2021 Healthy Canberra Grants	1
Preventing diabetes	1

*Note: numerous respondents noted multiple rounds applied in

Appendix 5. Comparative grants review

Below are some of the grants reviewed which had practices which may be of interest to incorporate into the HCG program. The shared practices across the grants reviewed, used to support applicants include:

- providing different levels of funding in their grant rounds for different stages of project development (piloting, scaling, maintaining)
- holding an EOI round prior to full application or having a 'pitch' element whether by video or in-person as one of a shortlisted group of applicants
- holding information sessions beforehand, providing recordings of these webinars including Q&A section on their website, or providing pre-recorded grant writing tip webinars
- providing a repository for grantee learnings from applying and implementing their projects.

Growing Healthy Communities Grants - VicHealth

Website: https://www.vichealth.vic.gov.au/funding/growing-healthy-communities-grants

Funding pool: $4 million

Number of grants made in most recent round: unknown

Amounts and timeframes

Three tiers of funding for projects delivered over 2 years are offered under these grants.

- Tier 1 provides between $10,000 to $35,000 over 2 years to enhance the quality or reach of an existing initiative (for example, training equipment, community outreach or subsidise costs for participants of a program)
- Tier 2 provides between $35,001 - $50,000 over 2 years for the piloting of new projects, or to expand or enhance the impact of an existing project
- Tier 3 provides between $50,001 - $150,000 over 2 years to support growth and scale in proven and promising projects, and/or to help foster sustainable impact (beyond the funding period).

Funding theme

The grants invest in local programs that support Victoria's children, young people and their families facing structural barriers to good health, and which are responsive to one or more of: active inclusive and connected neighbourhoods, local food systems, and cultural safety.

Applicants must show that their programs will support children, young people and their families from particular priority groups.

Practices to consider:

- Holds a Grants Information session for applicants with a Q&A session, which is published on the website
- Provides a pre-recorded webinar from grant writing experts with tips and tricks on how to write a strong application
- Provides an FAQ document
- Guidelines are provided in Chinese, Vietnamese and Punjabi, in addition to English.
- Applications are via video submission, alongside a project workplan and budget.
- Facilitates capability building for recipients by connecting them with like-minded leaders, sharing valuable tips, and ensuring everyone has the tools, training, and support they need.

Community Wellbeing Grants - The Ian Potter Foundation

Website: https://www.ianpotter.org.au/what-we-support/program-areas/community-wellbeing/

Funding pool: est. $5 million (based on 2024 distribution)

Number of grants made in most recent round: 14

Amounts and timeframes

Multiyear grants (up to 5 years) for a minimum of $100,000 per year

Funding theme

Initiatives delivered by organisations supporting people with disabilities, or otherwise marginalised individuals primarily with the objective to secure employment pathways. It encourages applications that have a strong volunteer component and/or a volunteer Board that is a representative cross-section of the community. It holds an EOI round, with promising applications sent a link to the full application.

Practices to consider:

- Provides an information session with guidance for applicants as well as a Q&A session, published on the website
- Applicants must speak with the Program Manager before preparing an expression of interest, and cannot access the EOI form unless this has taken place.
- Provides tips and hints for grant applications and FAQs
- Provides a repository of grantee learnings from implementation and evaluation that other applicants and the broader sector can learn from (https://www.ianpotter.org.au/knowledge-centre/learnings/).

Healthy and climate resilient communities grants - Lord Mayor's Charitable Foundation

Website: https://www.lmcf.org.au/our-impact/impact-areas/healthy-climate-resilient-communities

Funding pool: approximately $2 million

Number of grants made in most recent round: 5 (2022/2023 round, totalling $360,000)

Amounts and timeframes

Two levels of grant are provided of up to $50,000 for one year for researching, testing or piloting a new idea or approach, and of up to $150,000 over 12-24 months to expand or replicate proven innovations with the potential to be transformative on a broader community or systems level.

Funding theme

The grants are focused on climate change resilience, food systems and health and community sectors supporting community resilience.

Practices to consider:

- Providing a tiered grants system with different amounts and lengths for different phases of project development
- Providing a knowledge hub with relevant news articles, grantee learnings, and information on funded approaches.

Canberra Foundations Collaborative Grant Round

Website: https://handsacrosscanberra.org.au/grants/canberra-foundations-collaborative-2024/

Funding pool: around $1,000,000

Number of grants made in most recent round: 57 projects (2023)

Amounts and timeframes: Most grants are for amounts between $5000 to $25,000 to be expended within a year, however a limited number of multi-year grants, and grants up to $50,000 are also available.

Funding theme

These grants are made by a funding collaboration between Hands Across Canberra, Snow Foundation, John James Foundation, as well as Aspen Foundation and Aspen Medical.

Focuses on projects delivered in Canberra and nearby region. Funds programs that directly improve health outcomes, as well as health education and awareness programs, support for staff mental health and wellbeing, enhancing community connectedness and social inclusion and capacity building for staff and community - among other themes. These run with a two-step process through an initial EOI, then invitation to complete application. They hold an online information session for applicants prior to each round.

Practices to consider:

- The funding collaboration between multiple entities ensures a greater funding pool is available for this round
- Holding an online information session to clarify expectations of applicants, and allow them to ask questions

ActewAGL Community Grants

Website: https://www.actewagl.com.au/about/community/community-grants

Funding pool: est. around $200,000.

Number of grants made in most recent round: 3 grants (2024)

Amounts and timeframes: up to $20,000 (no expenditure timeframe is provided)

Funding theme: This corporate funder funds the new or existing programs of ACT based and ACNC registered organisations (who are ActewAGL customers) with an annual revenue under $3 million. They focus on: innovation; environmental sustainability, at-risk and disadvantaged populations (women, elderly, Aboriginal and Torres Strait Islander Peoples, LGBTQIA+, homeless etc); community engagement.

Practices to consider: Reporting forms for acquittal are provided at point of application. This may prompt applicants to consider the amount of time they will need to report and include it in their application budgets.

Heart Foundation Active Australia Innovation Challenge

Website: https://campaigns.heartfoundation.org.au/aaic/

Funding pool: unknown

Number of grants made in most recent round: 10 grants (2024)

Amounts and timeframes: up to $50,000 (no expenditure timeframe is provided)

Funding theme: Funds innovative ideas that get people more people moving in schools, universities or local community groups. It is open to applicants across Australia.

Practices to consider:

- The application page provides a short video which provides information on what's expected, what kinds of projects are funded, and what to address in the application.
- Photos and videos can be provided in the application.
- Applications are assessed by panellists and a shortlist of applicants is invited to pitch to the panel.
- Videos from past grant holders about their projects and the process of application are provided.

Appendix 6. Additional suggestions from grantees emerging from this evaluation

Applicants suggested the following additional changes, to improve the experience of applying for and holding a grant.

- Align reporting timeframes with regular reporting cycles (quarterly, six-monthly, 12-monthly, and consider fewer progress catch ups.
- Acknowledge and provide feedback on the final report. Celebrate the success of effective programs in communications.
- Support grantees to identify new funding opportunities. One interviewee commented that the Zero Emissions Grants team helped connect them with other funders, when their grant concluded. Two other grantees noted they would have liked this kind of assistance from the HCG team.

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