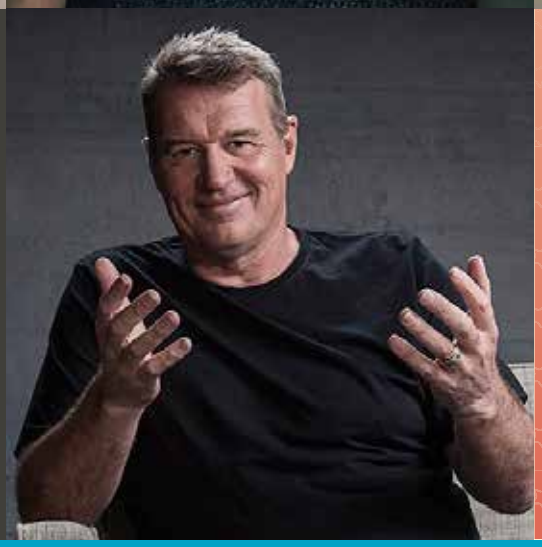


Annual Report

For the year ended 30 June 2016

Presented to the House of Representatives pursuant to Section 150(3) of the Crown Entities Act 2004

hpa health promotion agency

PO Box 2142
Wellington 6140
New Zealand
hpa.org.nz

October 2016

Contents

Cover images from HPA initiatives.

Foreword

We are pleased to present the annual report of the Health Promotion Agency (HPA) for 2015/16.

Once again, HPA's work has been across a range of major issues, including alcohol-related harm, tobacco control, mental health, immunisation, nutrition and physical activity, minimising gambling harm, and skin cancer prevention.

HPA has continued to build on its success, leading and supporting health promotion practice and influencing many sectors and environments that contribute to good health and wellbeing and healthy lifestyles. Our strategic relationships across the health sector and with many other organisations continue to grow.

HPA works to support Government's priority areas, providing marketing and communications to help meet health targets eg, helping achieve a record high of immunisation rates for babies fully immunised at age eight months, and contributing to a significant drop in hospitalisations for rheumatic fever.

HPA has achieved the savings targets set by Cabinet, without compromising the contribution of our programmes to improving health outcomes.

Key programme achievements

Our work is helping to make a difference to the wellbeing of New Zealanders. We are proud that our brands such as Say Yeah, Nah, Choice Not Chance, Stop Before You Start, The Journal, SunSmart and My Family Food are recognised and supported nationwide.

Māori and Pacific peoples are important to our work, both as audiences and as partners developing messages with community-based initiatives. Many of our campaigns, resources and events have been developed with this in mind. Relationships with iwi and Māori communities and Pacific people and communities continue to be strengthened.

The 2016 rheumatic fever campaign ran from May to August, raising awareness and boosting conversations about sore throats and rheumatic fever. The 2015 campaign contributed to a significant drop in rheumatic fever rates announced by the Minister of Health in March 2016, a 45% reduction since 2012.

The FAST national awareness campaign for stroke awareness was seen by many people. One district health board reported increasing numbers of people brought into emergency departments and acknowledging FAST advertisements.

HPA refreshed the depression.org.nz website, adding videos of 15 people from all walks of life sharing their stories to inspire others.

The Don't Know? Don't Drink campaign was supported by a speaking aid for health professionals to help them talk with women about alcohol and provide advice to not drink during pregnancy.

The Big Change Starts Small campaign was designed to be seen by a majority of New Zealanders, and the supporting website had more than 19,000 visitors during the campaign. It achieved the objective of generating conversation and awareness of childhood obesity.

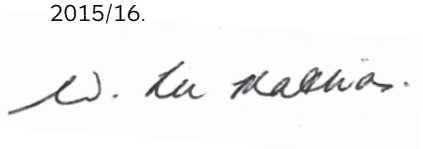
The minimising gambling harm venues project, introducing host responsibility tools and resources into gambling venues, received high praise at the international gambling conference as leading the way in gambling services' host responsibility. Some 86% of societies and trusts strongly agreed or agreed that the resources are useful.

The Health Star Ratings consumer campaign developed by HPA to support the implementation of Health Star Ratings used online video, visual prompts and messages in supermarkets and bus shelter advertising to help explain the ratings to New Zealanders.

The Melanoma Summit in Auckland in November 2015 focused on best practice and had a record number of 270 delegates.

For the first time, HPA promoted the Quitline with the campaign "I've been there, now I'm here". Featuring the real experiences of Quitline staff, the campaign led to an increase in calls of 46.2% compared to the same months in the previous year. The campaign was developed in partnership with Homecare Medical and the Ministry of Health.

The Board of HPA appreciates the effort and commitment of its staff, who work hard to ensure our programmes are effective as we strive to improve New Zealanders' health and wellbeing. We are proud of HPA's achievements in 2015/16.



Dr Lee Mathias
Chairman
Health Promotion Agency

Clive Nelson
Chief Executive
Health Promotion Agency

Presentation of 2015/16 Annual Report

The Health Promotion Agency's Board is pleased to present the annual report of the Health Promotion Agency for the period ended 30 June 2016.

Dr Lee Mathias
Chairman
Health Promotion Agency
17 *October 2016*

Dr Monique Faleafa
Board member
Health Promotion Agency
17 *October 2016*

Health Promotion Agency

Our vision is:

New Zealanders realise their potential for good health and improved quality of life and New Zealand's economic and social development is enhanced by people leading healthier lives.

Our mission is:

The Health Promotion Agency inspires all New Zealanders to lead healthier lives.

The Health Promotion Agency (HPA) is a Crown entity under the Crown Entities Act 2004. It was established on 1 July 2012 by the New Zealand Public Health and Disability Act 2000 with an overall function to lead and support activities for:

- promoting health and wellbeing and encouraging healthy lifestyles
- preventing disease, illness and injury
- enabling environments that support health and wellbeing and healthy lifestyles
- reducing personal, social and economic harm.

It also has the following alcohol-specific functions:

- giving advice and making recommendations to government, government agencies, industry, non-government bodies, communities, health professionals and others on the sale, supply, consumption, misuse and harm of alcohol so far as those matters relate to HPA's general functions
- undertaking or working with others to research the use of alcohol in New Zealand, public attitudes towards alcohol, and problems associated with, or consequent on, the misuse of alcohol.

As a Crown Agent under the Crown Entities Act 2004, HPA is required to give effect to government policy when directed by the responsible Minister. However, in delivering its alcohol-specific functions, HPA must only have regard to government policy if directed to do so by the Minister.

HPA has a central role in the health sector and in national health promotion. Over its short history, HPA has managed a number of high-profile campaigns and built strong relationships with many other organisations, providing leadership, acting as a catalyst for change, and encouraging collaboration.

HPA is funded from Vote Health and the levy on alcohol produced or imported for sale in New Zealand.

HPA's vision is that New Zealanders realise their potential for good health and improved quality of life and New Zealand's economic and social development is enhanced by people leading healthier lives.

HPA's mission is: Inspiring all New Zealanders to lead healthier lives.

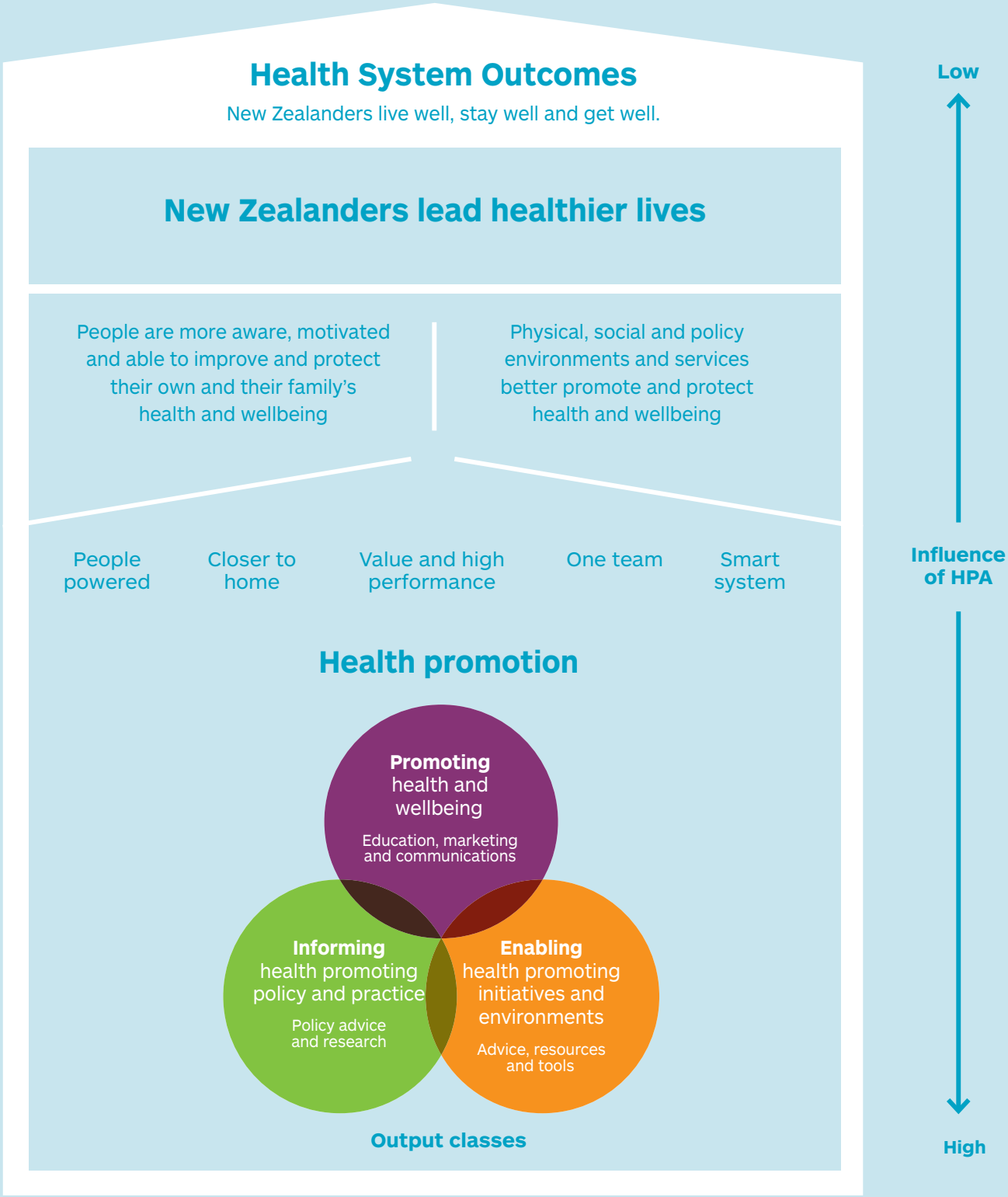
HPA Board

HPA is governed by a Board appointed by the Minister of Health. Board members are:

- Dr Lee Mathias (Chairman)
- Rea Wikaira (Deputy Chairman)
- Barbara Docherty
- Dr Monique Faleafa
- Tony O'Brien (appointed August 2015)
- Katherine Rich (retired September 2015)
- Professor Grant Schofield
- Jamie Simpson

The Chief Executive is Clive Nelson.

Strategic framework



HPA's Statement of Intent 2014-2018 provided the strategic direction for its work during 2015/16, summarised in the figure above. Progress towards the strategic objectives 2014-2018 and the results for the output classes for 2015/16 are outlined in the following pages, with brief overviews of HPA's performance in each area of activity.

HPA's work 2015/16

HPA's work spans a range of major issues including:

- alcohol
- mental health
- tobacco control
- minimising gambling harm
- immunisation
- skin cancer prevention
- nutrition and physical activity
- health education resources.

HPA also undertakes work in other areas when requested to do so by its Ministers or the Ministry of Health. In 2015/16 we have contributed to multi-agency work programmes in childhood obesity, stroke, Quitline, the national telehealth service, and oral health.

Promoting health and wellbeing, working with communities and communicating health messages to priority audiences are major parts of the public face of HPA. Some population groups within New Zealand, in particular Māori, Pacific and youth, are disproportionately impacted by disease, illness or injury and have poorer health outcomes compared with other New Zealanders. In some work programmes there are considerable gains to be made by targeting specific populations.

HPA works with a large number of organisations, providing advice, resources and tools. An equally important part of HPA's work is helping to ensure the environments where New Zealanders live, work, play and learn support and promote health and wellbeing.

Recognition of HPA work

Clive Nelson won the Marketing Excellence Award at the TVNZ NZ Marketing Awards 2016. The award celebrates an organisation's CEO and marketing team whose leadership embodies a consistent commitment and recognition of marketing excellence.

HPA won the Public Sector category at the TVNZ NZ Marketing Awards 2016 for the Rheumatic Fever campaign for the second consecutive year.

The Not Beersies campaign, which aims to normalise the drinking and serving of water in social situations, won three bronzes at the New Zealand Effie Awards 2015.

In August 2016 Not Beersies was awarded gold at the Best Design Awards for New Zealand's best public good design.

Alcohol

Alcohol impacts on New Zealanders in many ways so a range of sectors, agencies and groups have a role in reducing alcohol-related harm. HPA works in partnership with health and social services, territorial authorities, justice sector agencies, central government agencies, community organisations, alcohol producers and the hospitality sector.

A priority area for HPA in 2015/16 has been continuing to shift the alcohol drinking culture towards more people drinking at low-risk levels or not drinking, and less tolerance of high-risk drinking. Other priorities were supporting the effective implementation of the Sale and Supply of Alcohol Act 2012, making it easier for people with alcohol-related problems to get help, and preventing alcohol use in pregnancy.

HPA focus 2015/16

Policy and advice

HPA contributed to the Ministry of Health's development of *Taking Action on Fetal Alcohol Spectrum Disorder (FASD): A discussion document* released in December 2015 for consultation, and the subsequent development of an action plan on FASD. HPA also contributed to the revised National Drug Policy, which was launched in August 2015. HPA provided advice to the Ministry for Primary Industries' work on pregnancy warning messaging and energy content labelling on alcohol containers, and Ministry of Social Development work on family violence.

Submissions were made to the Commerce Committee on the Shop Trading Hours Amendment Bill and the Justice and Electoral Committee on the Sale and Supply of Alcohol (Display of Low-alcohol Beverages and Other Remedial Matters) Amendment Bill. HPA also responded to a request from the Justice and Electoral Committee for information for its consideration of the Sale and Supply of Alcohol (Rugby World Cup 2015 Extended Trading Hours) Amendment Bill.

HPA has continued to support the implementation of the Sale and Supply of Alcohol Act 2012 with a range of working groups (regulatory, local government, industry, community and research/evaluation) made up of sector representatives. These working groups assist HPA to support sectors to meet the requirements of the Act. They also contribute to the development of HPA's resources and guidance.

Resources and tools

New interactive tools, which can be used on mobile phones and other digital devices, were published on alcohol.org.nz. The tools and self-tests help people learn about the effects of alcohol, standard drinks, and how much alcohol is too much.

An alcohol-free area logo and associated templates have been developed in response to requests for a nationally consistent symbol to inform people that an area is alcohol free. They are available online for use in printed documents, posters, websites, signage and merchandise.

Information and advice are provided through forums and seminars, e-learning tools, and stakeholder resources, including two *AlcoholNZ* magazines and three *Ease Up* e-newsletters. Guideline documents were also published eg, guides to assist people preparing for a district licensing committee hearing – one for community members wanting to object to a licence to sell or supply alcohol and one for people wanting to apply for a licence.

Alcohol and pregnancy

Alcohol and pregnancy

Alcohol and pregnancy

The Don't Know? Don't Drink campaign, launched in June 2015, is a mainly online campaign focused on young women. It reminds women that alcohol can harm developing babies, even before a woman knows she is pregnant and if they 'don't know' whether they're pregnant, then 'don't drink'.

A second wave of the campaign ran from December 2015 to June 2016. Campaign activity included video content in a range of digital environments as well as online display banner placements, radio, posters, and bar and festival advertising. Health sector activity supported the campaign with many requests for the campaign video for display on clinic and hospital screens, banners for others to tweet and post via their social media channels, digital ads, posters and pamphlets.

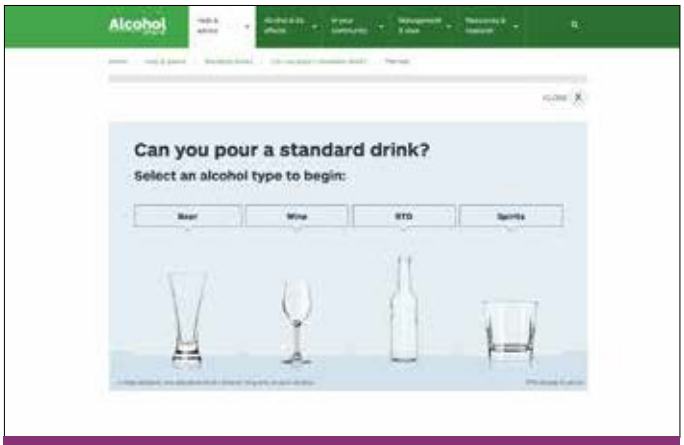
Evaluation of wave one of the campaign found that the 30-second video appeared on people's screens more than 18 million times. It was viewed more than 1 million times and there were more than 20,000 click-throughs from the online video. There were more than 18,000 engagements with the campaign posts on Facebook.

In the evaluation of wave two, half of the target audience (women aged 18 to 30 years) recalled the campaign and remembered a clear message about not drinking while pregnant, or while trying to get pregnant, or that alcohol harms babies. Of these, around half thought the message was relevant to them or someone they knew. A qualitative evaluation of wave two found the campaign was effective at delivering a unique message.

Along with the campaign, HPA works with health professionals to help provide routine advice and support to not drink during pregnancy. HPA developed and disseminated a short, printed, speaking aid encouraging health professionals to ask women about their alcohol use and advise them not to drink alcohol if they are pregnant or planning a pregnancy, and worked with the Pharmaceutical Society of New Zealand to develop a self-care fact card on alcohol and pregnancy.

HPA continues to work with the Alcohol and Pregnancy Sector Leaders' Group and seek further opportunities for promoting good alcohol and pregnancy clinical practice through health professional publications and forums.

Go the Distance



alcohol.org.nz tools

Say Yeah, Nah campaign

A new phase of the award-winning Say Yeah, Nah marketing campaign was launched in January 2016. Phase four, Go the Distance, ran from January to March 2016 and built on the earlier phases, which gave people the language to refuse a drink, helped make it socially acceptable to refuse a drink, and normalised drinking and serving water as an alternative to alcohol.

Go the Distance was led by a 30-second television commercial that centred around two blokes competing for the attention of a woman at a backyard party. One bloke puts himself out of the race by drinking too much alcohol, while the other triumphs by 'easing off the beersies' and drinking water instead. Other marketing activity included online video placement, bar, stadium and festival advertising, social media presence and online search advertising. Marketing was supported with local events and health promotion activities run by health and community agencies. New Zealanders with influence on the target audience shared videos on their own social media channels. These were viewed more than 1 million times. Online video placements (a 60-second television commercial) were viewed nearly 1.1 million times, with actual views exceeding planned views by 45%.

Support for communities

HPA works with a range of community organisations to support and encourage activities to reduce alcohol-related harm, including community-led activities that build on HPA's marketing campaigns. Water, along with HPA's Go the Distance message, was delivered directly to people at events such as music festivals. HPA has also worked with communities to help them get actively involved in local alcohol licensing decisions. This has included identifying the difficulties they are experiencing and co-designing solutions to give people a greater say in how alcohol is managed in their communities.

Help Seekers

The Help Seekers campaign, aimed at high-risk drinkers aged 18 to 39, directing them to the Alcohol Drug Helpline, ran in May 2016. The campaign used existing artwork and advertising elements across television, online video, radio, digital and search. Evaluation of the campaign showed that prompted awareness of the messages was good, with adults aged 18 and over having 52% awareness and adults aged 18 to 44 having 53% prompted awareness.[1]

Other work to help people with problematic drinking and those supporting them included:

- funding for the Alcohol Drug Helpline (to October 2016)
- information resources (booklets, workbooks with DVDs, online information)
- provider training such as the Smashed 'n Stoned? programme
- supporting Cutting Edge, the addiction sector's annual national conference
- supporting implementation of alcohol screening and brief interventions within primary care services.

1 HPA 2016 advertising communications monitor.

Case study

ServeWise

ServeWise (servewise.alcohol.org.nz) is a new e-learning tool for sellers and servers of alcohol.

The tool was developed in response to industry and regulatory agency demand for improved standards and consistent training across on, off and club-licensed premises. The project was led by HPA in collaboration with ACC and other stakeholders including regulators and industry representatives.

ServeWise provides a basic understanding of the Sale and Supply of Alcohol Act 2012, with a strong focus on intoxication, minors, server intervention and host responsibility. It has a vibrant and engaging game format, using video and animation to assist the player's learning.

ServeWise meets the training needs of sellers of alcohol in off-licences such as bottle stores and supermarkets, and servers of alcohol in on-licences including bars, restaurants, cafes, clubs and entertainment venues. It takes approximately one hour to complete the modules online.

From the launch in February 2015 to June 2015, there were 744 registered users on the site and 455 people completed the training.

Case study

Smashed ’n Stoned?

Smashed ’n Stoned? is an early intervention programme to help young people think about their alcohol and drug use, draw on their own strengths, and make choices that improve their health and wellbeing. The programme is designed for 13 to 18-year-olds whose alcohol or drug use puts them at risk. It is recommended for groups of three to six young people working with a facilitator and is delivered by counsellors and youth workers, who must have completed a two-day Smashed ’n Stoned? facilitator training session. The training enables the facilitators to work with young people to:

- create a positive environment for open discussion
- help the young people complete self-reflection and skill development activities
- inspire their curiosity and excitement about self-reflection and uncovering their potential
- learn and practise skills that will help them be more in control of their lives.

Odyssey is contracted by HPA to deliver the facilitator training as part of HPA’s efforts to reduce harm associated with alcohol use by under 18-year-olds.

In 2015/16, 12 facilitator training programmes were delivered across New Zealand, with 156 facilitators being trained to deliver the programme. Training was delivered in Auckland (four sessions), Taumarunui, Wellington, Whangarei, Dunedin, Palmerston North, Christchurch, Wanaka and Putāruru.

Participants’ evaluations of the training are consistently positive. In 2015/16, 98% of people attending the facilitator training reported they will be able to apply the knowledge and skills learned through the training. People reported that the training was relevant and enjoyable and regularly commented that the motivational interviewing session was especially helpful.

ALCOHOL:

Our results 2015/16

OUTPUT CLASSES 2015/16 – KEY:

- P Promoting
- E Enabling
- I Informing

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
Alcohol moderation initiatives P	Proportion of target audience helped or encouraged to say 'no' when they didn't want a drink is maintained or improved (17% in 2012/13). Source – Campaign Monitor	**Achieved** 35% were helped or encouraged to say no when they didn't want a drink.
Alcohol and pregnancy P	Initial alcohol and pregnancy campaign delivered by December 2015 and evaluated. Source – Campaign Monitor	**Achieved** Campaign has been delivered. Campaign evaluation was completed in June.
Resources and advice are provided to individuals, communities and organisations to enable them to take action on alcohol E	At least 75% of stakeholder respondents who have used the resources or received advice indicate satisfaction (top two categories of a five-point scale) with the resources or advice. Quality and quantity indicator. Source – resource users' survey.	**Achieved** 95% of stakeholder respondents who have used the resources or received advice indicated they were satisfied or very satisfied with the resources or advice.
Community-led action on alcohol projects E	All community-led action on alcohol projects are monitored and reported on in accordance with HPA processes and agreed reporting requirements.	**Achieved** Reporting requirements for community-led action on alcohol projects were included as conditions in all Letters of Grant and these were entered into a monitoring database. Projects were regularly monitored by the Regional Managers and records updated accordingly.

Mental Health

HPA has an important role in minimising the impact of mental illness and distress on the wellbeing of New Zealanders, and enhancing social inclusion opportunities for people with experience of mental distress. HPA is responsible for the development and delivery of the National Depression Initiative and the Like Minds, Like Mine programme.

HPA focus 2015/16

National Depression Initiative

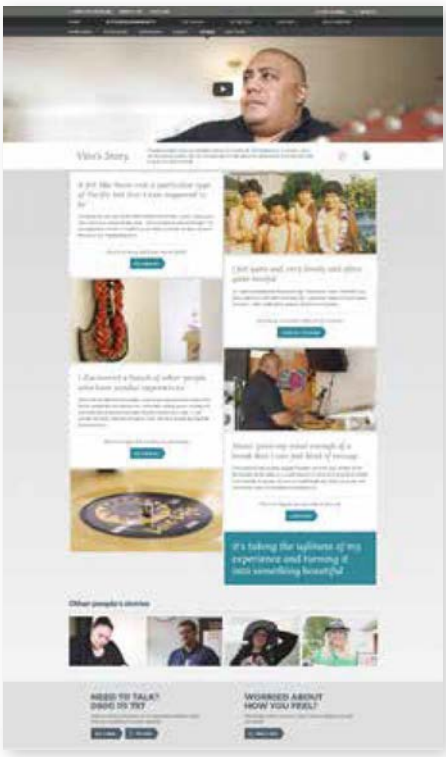
The National Depression Initiative aims to reduce the impact of depression and anxiety on New Zealanders. It consists of tools that can help adults (depression.org.nz) and young people (The Lowdown).

depression.org.nz

The main focus during 2015/16 was refreshing the depression.org.nz website, which was 10 years old.

The new website went live at the end of 2015/16. The project included:

- recruiting and filming 15 people who have shared their stories about anxiety and/or depression for the website. The sharers are supported by a team of psychologists
- engaging with Māori and Pasifika, and other site users including deaf people, people with lived experience, and community support organisations to inform the website approach and design



Step Forward campaign poster

Sir John Kirwan

- engaging with mental health clinical experts to review the website for content safety
- adding information about anxiety as well as depression
- filming new introductory videos with Sir John Kirwan, and other new programme ambassadors.

Promotion of the depression.org.nz website continued with new television commercials featuring Sir John Kirwan, and ongoing baseline activity (online and search advertising).

The Journal self-help tool remains a key part of the depression.org.nz website. A project is underway with Homecare Medical to upgrade the Journal to make it accessible from mobile devices.

thelowdown.co.nz

The new, improved website for The Lowdown, that went live in May 2015, has attracted 86,900 unique visitors in the past year. The new site includes information on anxiety as well as depression and other life issues that affect young people, such as relationships and school. There are also quick steps to help build health and wellbeing, information on healthy behaviours to build resilience, and a moderated forum for young people to share their experiences anonymously and safely and provide peer support. The site is fully mobile accessible. The Lowdown was marketed through a number of channels including internet search advertising, a campaign focusing on the Lowdown Facebook page, direct mail to secondary schools, and promotion during Smokefreerockquest.

The Lowdown text service is provided by Homecare Medical which also provides clinical oversight of the Lowdown's Facebook page forum.

Like Minds, Like Mine

The Step Forward campaign, encouraging New Zealanders to end discrimination towards people with mental distress, ran from June to October 2015. The campaign was developed in partnership with the Mental Health Foundation. The campaign included street interview videos with Pita Alatini (ex-All Black) and a video featuring a young girl and her views on what would make New Zealand a better place to live for those with experience of mental distress. These were part of a multi-channel approach across social media, TV, radio, online and a webpage (stepforwardnz.co.nz) that enabled New Zealanders to pledge to show their support.

The campaign generated more than 4 million video views, 139,000 visits to the campaign website and nearly 60,000 views of sponsored news articles.

Case study

Like Minds, Like Mine Community Partnership Fund

HPA's Community Partnership Fund invests in local social innovation through 16 community-based projects. One programme, called 'What you do as a Police Officer makes a difference', is a partnership between Kites Trust and the Police Mental Health Intervention team, in close collaboration with the Royal New Zealand Police College (School of Initial Training).

Kites Trust delivers workshops that enable new recruits to respond effectively to someone who is experiencing mental distress. In 2015/16, 560 Police recruits received training.

The partnership is committed to reducing stigma and discrimination by improving the police response to people who experience mental distress. In line with the principles of 'lived experience leadership', every workshop is co-facilitated by a person with experience of mental distress, along with a trainer from the Kites Trust.

Three wings (a wing has between 40 and 60 recruits) who graduated before the Kites workshops were surveyed to establish their confidence level in working with people who experience mental distress. That group had an average confidence rating of 30%. The recruit wings who participated in the Kites workshops had an average confidence rating of 70%.

Recruits were also asked if their views of people experiencing mental distress changed as a result of the training. Results indicate that the views of 66% of participants had changed to either a considerable or high degree.[3]

LIKE MINDS, LIKE MINE®
Whakaitia te Whakawhiu i te Tangata

3 Source: Kites Trust. Period October 2015-May 2016.

MENTAL HEALTH:

Our results 2015/16

OUTPUT CLASSES 2015/16 – KEY:

- P Promoting
- E Enabling
- I Informing

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
National Depression Initiative P	The number of visitors to and the time spent on the websites thelowdown.co.nz and depression.org.nz are maintained or improved. Baseline to be collected June 2015.	**Achieved**
	thelowdown.co.nz • 77,431 unique visitors • average time on site 2.83 minutes	1 July 2015–30 June 2016 • 86,945 visitors • average time on site 2.87 minutes
	depression.org.nz • 676,773 unique visitors • average time on site 2.31 minutes Source – Google analytics June 2015.	1 July 2015–30 June 2016 • 1,080,701 visitors • average time on site 2.50 minutes Source: Google analytics June 2016.
Like Minds, Like Mine. Effectiveness of programme activation in communities, organisations and workplaces E	Establish baseline of New Zealanders' attitudes to stigma and discrimination by December 2015. Source – HPA monitoring tools.	**Achieved** Baseline was established using the 2015 New Zealand Mental Health Survey. The mean score of the Reported and Intended Behaviour Scale (RIBS), which measured the extent to which New Zealanders set their distance socially from people with experience of mental illness in 2015, was 15.5.

Tobacco Control

HPA is working alongside many other organisations toward the Government goal that New Zealand be smokefree by 2025, with a smoking prevalence of less than 5% of the population. HPA's contribution to this change focuses on key audiences, young adults and youth, with a particular emphasis on Māori.

HPA provides support to the tobacco control sector through a range of resources, information and tools. Achieving HPA's goals relies on promoting collaboration and working in partnership with many stakeholders.

HPA focus 2015/16

Stop Before You Start

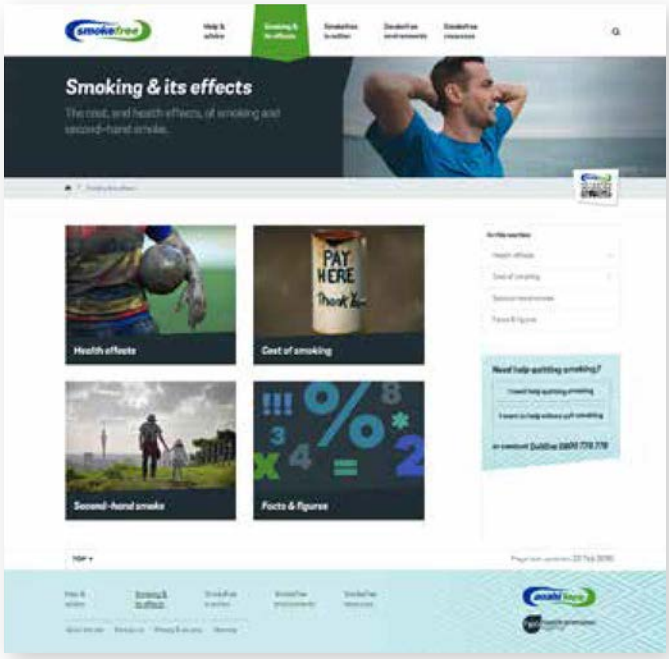
Young adults have the highest rates of smoking of any age group, at 23.8%[4], and the Stop Before You Start campaign asks them to think about their relationship with tobacco. The campaign targets 17 to 24-year-olds who are at risk of starting smoking, with a focus on engaging Māori and Pacific audiences. Research shows that if people don't start smoking before 25 years old, they are less likely to take up smoking.[5] The campaign ran across a range of channels including television, radio, out of home, cinema and social media in December 2015 and January 2016, and from April to June 2016. The campaign placement was focused on locations such as educational settings, workplaces and fitness centres and in key regions with high smoking prevalence.

Smokefreerockquest and Smokefree Pacifica Beats

The Smokefree Pacifica Beats and Smokefreerockquest competitions were held throughout May and June 2016, with more than 700 bands competing in 26 locations across New Zealand. Audience attendance at most events reached full venue capacity and there was strong media coverage. The Smokefree 2025 goal was promoted at both competitions and in associated social media and websites and through the production design of the events. The Lowdown mental health programme for young people was also promoted at events. Five regional workshops for Smokefree Pacifica Beats with well-known music mentors were held to increase participation by Māori and Pacific youth who might not otherwise be involved in the events.

Smokefree website

A new-look smokefree.org.nz went live in April 2016, providing a range of up-to-date information including interactive tools that illustrate the health effects of smoking, what's in a cigarette, and the cost of smoking.



4 NZ Health Survey 2014/15.

5 US Department of Health and Human Services. (2012). *Preventing tobacco use among youth and young adults: a report of the Surgeon General.* Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

Case study

Quitline campaign

Putting the human face to the voice at the end of the phone was the focus of the new Quitline campaign.

Homecare Medical ran Quitline, part of the integrated national telehealth service, which launched 1 November 2015. HPA, Homecare Medical and the Ministry of Health worked together to create the new campaign, which includes a set of advertisements featuring stories from Quitline advisors.

The campaign features three advisors – Sonya, Dave and Jordan (and their friends and whānau) – who talk about their experiences with smoking, quitting and helping other New Zealanders quit.

"When I was 16 my Dad had a heart attack. Six months later he had his second heart attack. It was the scariest moment of my life. We both quit after that. I've been there and that's why I'm here to help, so give us a call." ***(Sonya)***

The advisors also talk about a number of aspects of the Quitline service, including the new 24-hour, seven-day service.

The three advisors have become strong spokespeople for the service. Their stories connected with the target audience and, as a result, both Quitline calls and online registrations have improved and there is a significant spike in activity when the campaign is in market compared with when it is not.

"I started smoking when I was quite young. Family did it. It was just normal. It's hard to quit because you've created this habit that you've known for so long. I've been there. When you decide enough is enough, give us a shout." ***(Jordan)***

Quitline ME MUTU

0800 778 778

quit.org.nz

TOBACCO CONTROL:

Our results 2015/16

OUTPUT CLASSES 2015/16 – KEY:

- P Promoting
- E Enabling
- I Informing

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
Young adult initiatives (17 to 24-year-olds) P	Develop and implement smoking prevention activities targeting young adults (17 to 24-year-olds) by December 2015.	**Achieved** Young adult strategy and marketing plan were developed by December 2015. Smokefree messaging was delivered in geographical areas with high smoking prevalence, particularly for Māori and Pacific young adults. Campaign activities targeted education and workplace settings with high prevalence of smoking.
HPA activities and resources support the Smokefree 2025 goal E	HPA-led activities in support of Smokefree 2025 are developed and delivered, including delivery of at least two tobacco control seminars.	**Achieved** A refreshed smokefree.org.nz with interactive tools was launched. Communities were supported through the facilitation of World Smokefree Day and the provision of Smokefree Community Partnership Grants. Two webinar/seminars for the tobacco control sector were held in June 2016.

Minimising Gambling Harm

HPA raises awareness of the early signs of harmful gambling and motivates at-risk gamblers to seek help and take positive action early, both for themselves and for others they care about. HPA seeks to influence gambling environments so early-stage problem gamblers are identified and gambling harm is minimised.

HPA plays a key role in promoting collaboration and working in partnership with many stakeholders. Because harmful gambling impacts on society in a number of ways, many sectors, agencies and groups have an interest and role to play in minimising gambling harm.

HPA focus 2015/16

Choice Not Chance

The Choice Not Chance Gameshow campaign, aimed at raising awareness of early signs of gambling and encouraging help-seeking behaviour, continued in 2015. Campaign evaluation in 2015 found that 61% of the target audience (those who had experienced harm through their own gambling or that of someone close to them) were aware of the campaign. Awareness was significantly higher among Māori, with 75% recalling seeing the campaign when prompted. Overall, 53% of the target audience were more aware of the signs of harmful gambling and 72% felt that it made them more aware of the help that is available. Eighty-five percent felt that the ads show that it's good to get help as soon as possible for someone affected by harmful gambling. This figure was significantly higher among Pacific peoples, at 97%. The evaluation also showed that the campaign was influencing behaviour; overall, 18% had either stopped or reduced their gambling as a result of seeing the campaign.

choice NOT CHANCE

Gamblefree Day

The Choice Not Chance Whānau Factor competition ran throughout August 2015 in the lead-up to Gamblefree Day on 1 September 2015. The Whānau Factor focused on whānau resilience by inviting people to upload a photo of their whānau to the Choice Not Chance Facebook page, with the most 'likes' winning a prize. Minimising gambling harm messages were interspersed with the photographs on the page. The competition received 511 photo entries and 20,000 likes, with 84,632 people engaging with posts by liking, commenting, sharing or entering the competition, and minimising gambling harm messages reached over a million people. The theme was supported by minimising gambling harm services, who ran 11 community events throughout the country.

Case study

Gamble Host project

The Gamble Host project sought to improve harm minimisation practice in venues.

HPA worked in partnership with the Department of Internal Affairs, the Ministry of Health, and a wide range of industry stakeholders including the 38 Gaming Societies and Clubs New Zealand, and had input from gamblers. For the first time in New Zealand, standardised gambling harm minimisation material has been delivered to all pubs and clubs with pokie machines (Class 4 venues). Gamble Host packs were provided to more than 1,200 gaming rooms and venues throughout the country.

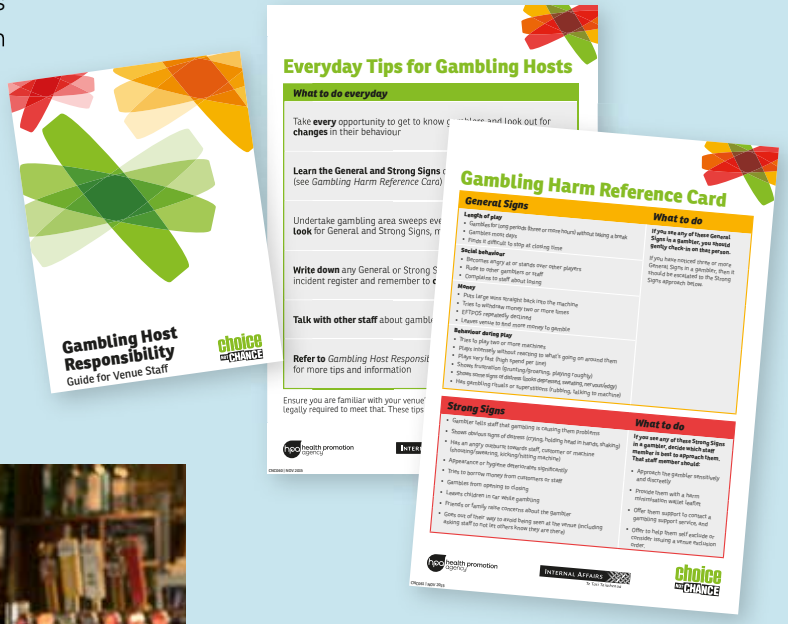
The Gamble Host pack includes:

- guidance for staff about what is expected in their day-to-day practice with gamblers and the importance of acting on signs of harm they are likely to see in their role as hosts (including posters for easy reference behind the bar), and information about minimising harm in gambling venues
- tools such as logbook templates for venues monitoring gambling harm
- posters aimed at gamblers to let them know that staff are legally obliged to watch out for signs of harm and act if they have concerns
- posters to prompt gamblers to seek help, and wallet-sized cards for venue staff to provide to gamblers they have concerns about.

A survey of Gaming Societies and Trusts in November 2015 found that 86% of respondents agreed or strongly agreed that the materials were useful and two-thirds agreed or strongly agreed that the venues they work with will be better supported to do their harm minimisation activity as a result of the Gamble Host materials.

HPA and the harm minimisation message now has a presence in many of the 1,200 gaming rooms and venues throughout the country. HPA is regarded as the sector leader in gambling harm minimisation practice.

The Department of Internal Affairs is integrating the key principles of Gamble Host in compliance activity and will routinely be checking how it's being used and supporting its uptake when undertaking routine venue inspections.



MINIMISING GAMBLING HARM:

Our results 2015/16

OUTPUT CLASSES 2015/16 – KEY:

- P Promoting
- E Enabling
- I Informing

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
Choice Not Chance campaign P	Develop at least two tools and associated resources to meet the needs of specific audiences eg, online gamblers and electronic gaming machine players.	**Achieved** A number of tools and associated resources have been developed to meet the needs of specific audiences, including: • pamphlets specifically for Māori, Samoan, Tongan and Chinese audiences • a wallet leaflet for electronic gaming machine players • improved content (and referrals to associated tools) on choicenotchance.org.nz for at-risk gamblers and people concerned about gamblers.
Supporting host responsibility E	Resources developed by HPA for Class 4 venues are supported by gambling societies/trusts. Source – sector survey (Department of Internal Affairs) and administration data.	**Achieved** 86% of societies/trusts strongly agree/agree that the resources for Class 4 venues developed by the HPA are useful.

Health Education Resources

The Health Education Resources catalogue (HealthEd) is New Zealand's largest collection of prevention-focused public health information, and is available for health professionals and the public to access free of charge. The HealthEd website (healthed.govt.nz) features over 500 health resources covering 44 topic areas in a range of formats to support New Zealanders to make informed health decisions.

HPA focus 2015/16

Key areas of focus for the year have included:

- ensuring that high-quality resources are available at the right time and in the right quantities
- ensuring resources are current, clinically accurate, engaging and fit for purpose
- reducing printing, storage and distribution costs
- reinvesting cost savings in online capability and revising printed resources.

Immunisation

The Ministry of Health sets annual health targets for immunisation and HPA provides support with marketing and communications. The 2015/16 infant immunisation target was that 95% of eight-month-olds will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time.[6]

HPA focus 2015/16

An infant immunisation campaign targeting four regions with lower immunisation rates (Waikato, Waitemata, Bay of Plenty and Manukau) went live in August 2015 to help reach the immunisation health target. The campaign included short videos played online and in social media (Facebook and YouTube), which were viewed more than 46,000 times, online banners and videos produced for regional promotional use (along with reminder postcards), and discussion aids developed to support midwives and other health professionals to have fuller conversations with expectant parents. The campaign generated 96% of the traffic to the infant pages on the Ministry of Health website and, for the quarter following the end of the campaign, the Ministry of Health reported that the national immunisation rate for babies fully immunised at age eight months was a record high of 93.7%.[7]

A radio campaign and social media channels promoted immunisation for older children, along with a new reminder poster for use in primary care settings aimed at parents and caregivers.

Immunisation Week in May 2016 had the theme 'Protecting baby starts in pregnancy'. HPA developed a promotional toolkit for Immunisation Week for regional promotions and a baseline campaign to ensure year-round presence in online channels. The baseline campaign includes new promotional videos that can be used in online advertising, web pages and social media.

6 Ministry of Health. Available at: http://www.health.govt.nz/new-zealand-health-system/health-targets/about-health-targets/health-targets-increased-immunisation
7 Ministry of Health. Available at http://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage/national-and-dhb-immunisation-data

Nutrition and Physical Activity

Good nutrition, regular physical activity, and a healthy body size are important in maintaining health and wellbeing and for preventing serious health conditions such as cardiovascular disease, diabetes and some cancers.

HPA focus 2015/16

Resources

HPA's nutrition and physical activity website nutritionandactivity.govt.nz went live in December 2015. This provides a platform where health professionals can find and access evidence-informed nutrition and activity tools, resources and information. These include posters to encourage people working in the transport industry to sit less and move more, developed with input from representatives of the New Zealand Trucking Association, New Zealand Taxi Federation, Bus and Coach Association and some large employers.

HPA's original sugary drinks infographic posters were published in 2014 and 2015 showing the sugar content of popular beverages. A new variation of the sugary drinks infographic poster aligned with the Food and Nutrition Guidelines for Healthy Children and Young People (Aged 2-18 years)[8] was developed for the Ministry of Health and Ministry of Education to distribute to schools, as part of an initiative to encourage schools to remove sugary drinks.

Childhood Obesity Plan

The Government package of initiatives aimed at preventing and managing obesity in children and young people up to 18 years of age focuses on food, the environment, and being active at each life stage, starting during pregnancy and early childhood. The package brings together initiatives across government agencies, the private sector, communities, schools, families and whānau. HPA has supported the plan with a national campaign and by promoting affordable family meal and activity ideas on the new Eat Move Live website.

8 Available at http://www.health.govt.nz/publication/food-and-nutrition-guidelines-healthy-children-and-young-people-aged-2-18-years-background-paper

Case study

Big Change Starts Small

The Big Change Starts Small campaign, a collaborative effort involving HPA, the Ministry of Health and Sport New Zealand, aimed to get people to make small, healthy lifestyle changes to tackle childhood obesity.

One of 22 initiatives in the Government's Childhood Obesity Plan, the campaign included two television advertisements – one about food choices and the other about inactivity and sedentary behaviour. The advertisements acknowledged that food is a way we show love and nurturing in families, and delivered hard-hitting messages that we're feeding our kids too much and we're feeding them the wrong foods. A complementary advertisement addressed the issue of children spending too much time on sedentary activities such as computer games. The message delivered was that 'we love our kids so let's get them moving more than their thumbs'. Heart-shaped images of food and video games connected all elements of the campaign.

Five high-profile sportspeople endorsed the campaign and featured in the advertisements – Valerie Adams, Shaun Johnson, Brendon McCullum, Israel Dagg, and Casey Kopua. The mass media campaign was developed to be seen and heard by the majority of New Zealanders in the seven weeks leading up to Christmas 2015 and used television, radio, digital and outdoor advertising.

A supporting website (eatmovelive.govt.nz) providing ideas for affordable meals and activities had more than 19,000 visitors during the campaign.

The campaign achieved its objective of generating a conversation and awareness around childhood obesity with extensive media coverage. This included television, radio stations and digital publishers of news and parenting websites, who talked to their audiences about childhood obesity and encouraged feedback through polls, texts and social media. Campaign messages and imagery were also widely distributed by stakeholders.

Case study

Health Star Ratings

The consumer campaign for Health Star Ratings (HSR) began in March 2016 and will run until June 2018. Developed by HPA in association with the Ministry for Primary Industries (MPI) and the Ministry of Health, the campaign aims to raise consumer awareness of the HSR system.

HSR is a voluntary front-of-pack labelling system designed to help consumers make healthier food choices. The system uses a star rating scale of half a star to five stars. Foods with more stars have better nutritional value. The system takes the guesswork out of label reading and help shoppers make quick and easy decisions when purchasing packaged foods. New Zealand and Australia adopted this front-of-pack labelling system for packaged foods from June 2014.

MPI worked closely with the New Zealand food industry (associations, manufacturers and retailers) on the development and implementation of HSR and the three government agencies worked together on the campaign, ensuring consistency of messages and information across a large number of diverse stakeholders. Key milestones were agreed for all aspects of the consumer campaign, including the formative research and concept testing for campaign development.

The campaign is based on household shopper research on grocery purchasing behaviours, food perceptions, label reading and HSR awareness. The campaign strapline is 'Healthier is easy when you switch for the stars'. It resonated well with consumers during testing because it invites them to do something that has been made easy for them.

The consumer campaign, launched in March 2016, includes a series of short online videos using classic Kiwi humour to explain how HSR work.

Through the support of Progressive Enterprises and Foodstuffs, consumers can also see visual prompts and messages in supermarkets.

Having an in-store presence for the campaign is key because this is where most household grocery shopping and decision making occurs. Adshels (bus stop posters) are on display in Auckland, Wellington and Christchurch to strengthen awareness of HSR and build the connection between the online and in-store elements. The campaign also uses advertisements in household grocery mailers.

At 30 June 2016, the campaign's online videos had been viewed 204,000 times on YouTube and played as adverts almost 1.6 million times across TV on-demand web channels and YouTube. There were 3,200 visits to MPI's HSR consumer website as a result of people clicking through from the videos.

HPA is contributing to the trans-Tasman monitoring and evaluation programme for HSR and in 2015 undertook a baseline survey to measure New Zealand consumers' knowledge, understanding and awareness of the rating system. The survey will be repeated in 2016 and 2017.

NUTRITION AND PHYSICAL ACTIVITY:

Our results 2015/16

OUTPUT CLASSES 2015/16 – KEY:

- P Promoting
- E Enabling
- I Informing

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
Promoting healthy family meals, beverage options, first foods and family recreation solutions E	New or updated online and print resources produced and distributed supporting the Ministry of Health's Eating and Activity Guidelines and aligning with government priorities including prevention of childhood obesity and Healthy Families New Zealand.	**Achieved** HPA has completed a nutrition and physical activity sector hub. HPA has commenced work on resources to support pregnant women at risk of gestational diabetes to be more active and choose healthy foods.

Skin Cancer Prevention

Skin cancer is the most common cancer in New Zealand, which currently has the highest rates of melanoma skin cancer in the world. To encourage more SunSmart behaviours, HPA works with the public, sports and recreation organisations, health professionals, territorial authorities and key sector organisations including the Cancer Society of New Zealand, the Melanoma Network of New Zealand Incorporated (MelNet), and Melanoma New Zealand.

HPA focus 2015/16

The Sun Protection Alert was promoted on TV3 News and on radio stations, in daily newspapers, through MetService

channels, including their app, and other channels eg, the AIMS (Association of Intermediate and Middle Schools) Games. HPA also promotes the Sun Protection Alert to workplaces. Developed in 2010 and launched in 2011, in partnership with MetService and NIWA, the Sun Protection Alert gives the critical times each day at 51 different New Zealand sites for being SunSmart, during the daylight saving months (September to April).

A SunSmart kit was produced for pharmacists and their technicians to use and is supported by an e-learning tool on skin cancer and early detection. The Pharmaceutical Society of New Zealand (PSNZ) has reported that members have responded positively to the resources and tool. PSNZ reports that in November 2015 there was a spike in demand for the self-care card and attributes this to the availability of the new SunSmart resources at pharmacies. HPA also worked with the Hugh Adam Cancer Epidemiology Unit at the University of Otago to develop the world's first online risk predictor tool for melanoma.

The fourth biennial Melanoma Summit was held in November 2015. The Summit was opened by the Hon Dr Jonathan Coleman, Minister of Health, and was coordinated by HPA and MelNet (a network of more than 800 professionals working together to reduce the incidence and impact of melanoma in New Zealand). This was the largest Summit yet, with over 250 delegates. HPA and MelNet also worked together on primary care initiatives eg, common skin lesion and dermoscopy courses for GPs and nurses with a specialist role in dermatology.

Associate Minister of Health, Hon Peter Dunne, launched the New Zealand Post 2015 Children's Health Camps commemorative stamps in September 2015, highlighting the Slip, Slop, Slap and Wrap SunSmart messages. The stamps were produced in a variety of formats including miniature sheets featuring a large umbrella that changes from white and yellow to purple and green when exposed to ultraviolet (UV) rays from the sun.

Case study

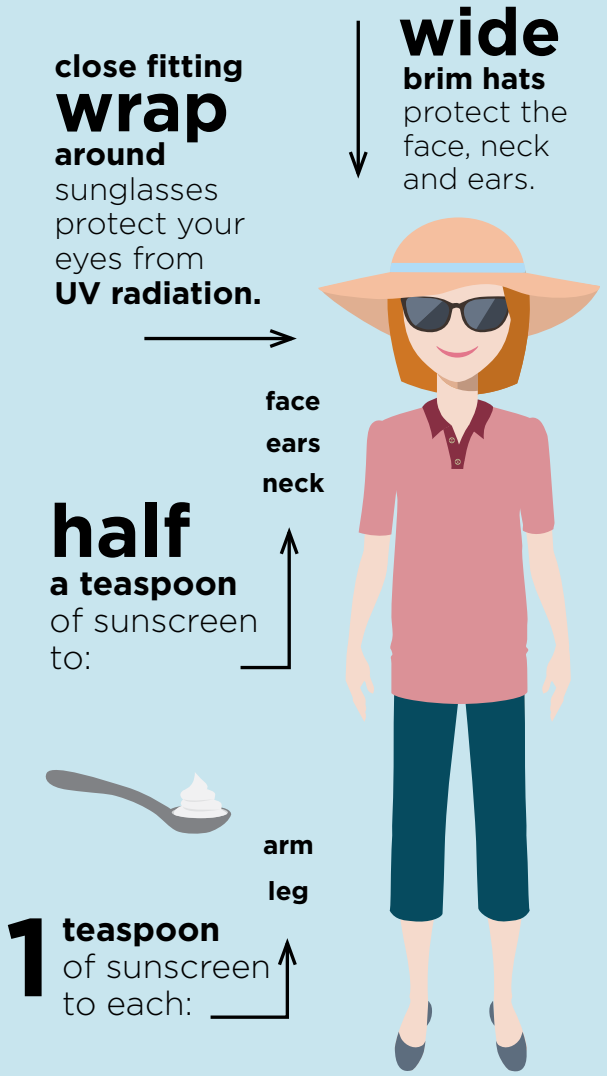
An e-learning tool on skin cancer prevention and early detection

HPA used an e-learning example from Cancer Council Victoria as a starting point to develop an e-learning tool for pharmacists. Following consultation, the tool was provided to the College Education and Training branch of the Pharmaceutical Society of New Zealand (PSNZ). This was released on the PSNZ website in December 2015.

The tool is freely available for all pharmacists and is recognised as ongoing professional development.

Since its release in December 2015, there have been 4,222 page views and 352 enrolments and 197 pharmacists have completed the evaluation form. Of these:

- 88% thought the learning objectives were entirely met
- 78% thought the content was relevant to their practice
- 88% rated the overall format as very good or excellent
- 95% rated the overall satisfaction with the course as 7-10 (with 1 being very poor and 10 being excellent).



SKIN CANCER PREVENTION :

Our results 2015/16

OUTPUT CLASSES 2015/16 – KEY:

- P Promoting
- E Enabling
- I Informing

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
Skin cancer prevention activities E	Activities are undertaken to increase knowledge of risks and benefits from ultraviolet radiation among the public, health professionals and policy makers.	**Achieved** Resources were produced and distributed to Pharmaceutical Society of NZ, the Sun Protection Alert went live on 28 September 2015, and HPA co-hosted the 2015 Melanoma Summit.

Research and Evaluation

HPA has a specific statutory function to provide research on alcohol-related issues. Research is undertaken to collect nationally representative information on alcohol attitudes and behaviour in New Zealand. Other research activity includes trend measurement, expansion of the evidence base for alcohol-related harm, support for legislation change requirements, and operational and programme support.

HPA also undertakes a range of health research, including several national surveys, that is used both internally and externally to inform policy, practice and future research:

- The Health and Lifestyles Survey (HLS) is a monitor of the health behaviour and attitudes of New Zealand adults aged 15 years and over, and of parents and caregivers of 5 to 16-year-olds. The HLS collects information relating to a range of health topics and has been conducted every two years since 2008.
- The New Zealand Smoking Monitor (NZSM) is a continuous monitor providing information on smokers' and recent quitters' smoking-related knowledge, attitudes and behaviour.
- The New Zealand Youth Tobacco Monitor (NZYTM) provides information about adolescents' smoking-related knowledge, attitudes, and behaviour and monitors the broad spectrum of risk and protective factors that relate to smoking uptake among young people. The NZYTM comprises the ASH Year 10 Snapshot (annual, with approximately 30,000 respondents) and HPA's Youth Insights Survey (YIS) (biennial, with approximately 3,000 respondents). HPA manages the NZYTM as a whole, provides ASH with the Snapshot data, and undertakes analysis and dissemination of the YIS.
- The Mental Health Survey collects information about the wellbeing and mental health of New Zealanders aged 15 years and older. The survey collects information about depression, anxiety, discrimination against those who have experienced mental distress, and measures of social connectedness. The inaugural survey was conducted in 2015 and is planned to be undertaken every year.

RESEARCH AND EVALUATION:

Our results 2015/16

OUTPUT CLASSES 2014/15 – KEY:

- P Promoting
- E Enabling
- I Informing

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
Attitudes and Behaviour towards Alcohol Survey I	Alcohol attitudes and behaviour information is collected through a nationally representative survey. Reports for the 2014/15 Attitudes and Behaviour towards Alcohol Survey are published in 2015/16.	**Achieved** Information was collected in 2015. Eleven reports for the 2014/15 Attitudes and Behaviour towards Alcohol Survey have been published on hpa.org.nz.
New Zealand Smoking Monitor (NZSM) I	Data from the NZSM is reported to the Ministry of Health.	**Achieved** Data from the NZSM were reported to the Ministry of Health on 16 February 2016 in a report titled New Zealand Smoking Monitor 2015/16 July to December 2015 data report.
New Zealand Youth Tobacco Monitor (NZYTM) I	Data collection for the 2014 Youth Insights Survey is completed (approximately 3,000 respondents), the dataset is retained for analysis, and ongoing analysis is disseminated.	**Achieved** Data collection for the 2014 Youth Insights Survey was completed at the end of 2014. The dataset was retained by HPA. Reports using the data were published throughout the reporting period and are available on HPA's website.
	Data collection for the 2015 ASH Year 10 Snapshot is completed (approximately 30,000 respondents), and the dataset is provided to ASH.	**Achieved** The 2015 ASH Snapshot data collection was completed and the dataset was provided to ASH in October 2015.
Health and Lifestyles Survey I	Reports for the 2014/15 Health and Lifestyles Survey are produced in 2015/16.	**Achieved** Four reports for the 2014/15 Health and Lifestyles Survey were published on hpa.org.nz in 2015/16.

Additional Projects– Non-Baseline Funding

As well as activities in the work programme that are included in HPA's Statement of Performance Expectations for 2015/16 and agreed in the Output agreement, HPA also agrees additional projects with the Ministry of Health throughout the year.

A number of additional projects were completed during 2015/16, including the Quitline campaign, childhood obesity, and Health Star Ratings previously discussed. The following were also non-baseline projects.

National Telehealth Service

Homecare Medical is the provider of the new national telehealth service integrating Healthline, Quitline, Gambling Helpline, Alcohol Drug Helpline, the Depression Helpline, immunisation and poison's advice for the public. HPA promotes help-seeking activity for many of these helplines and their services. HPA has worked closely with Homecare Medical, ACC and the Ministry of Health to develop a Marketing and Service Promotion Plan for the National Telehealth Service 2016-2019. The three-year plan is guided by the New Zealand Health Strategy and provides a framework for marketing and promotion of the services.

HPA received funding from the Ministry of Health for marketing and promoting Quitline and Healthline from December 2015 to 30 June 2016.

Rheumatic Fever

Rheumatic fever is a serious, preventable disease. It usually starts with a sore throat and can lead to lifelong heart problems. HPA has run campaigns for three consecutive years aimed at reducing rheumatic fever rates in New Zealand.

The Rheumatic Fever campaign for 2015/16 focused on increasing the audience's understanding of preventive messages. An additional radio commercial to promote adherence to the full course of antibiotics was produced. HPA worked with Māori and Pacific radio stations to generate more community conversations about sore throats and rheumatic fever by integrating key messages into their broadcasts and their own websites, social media and other channels. Social media was used to engage the audience, including regular posts on the Stop Sore Throats Facebook page.

HPA developed new signage to help give visibility to the more than 300 sore throat clinics operating in areas with a high risk of rheumatic fever, and a keyboard prompt for their receptionists to quickly check eligibility for free swabs. The Key tips for a warmer, drier home toolkit was adapted so its content could be used by district health boards (DHBs), government agencies and other communication channels. Short videos of key tips for use in social media, a silent (captioned) version of the key tips video for use in public spaces, and an electronic version for use on tablets were added. All materials were translated into Te Reo Māori, Samoan and Tongan to make them accessible for our priority audiences.

In March 2016, Health Minister Hon Dr Jonathan Coleman announced new figures that show a significant drop in national rheumatic fever rates. Ninety-eight people were hospitalised for the first time with rheumatic fever in 2015, compared with 177 hospitalisations in 2012.

The evaluation of the 2015 Rheumatic Fever Awareness Campaign showed the campaign exceeded the expected level of reach among target audiences, with nearly all (95%) of the target audience having seen or heard the campaign.

- 91% of the audience understood the key message 'Rheumatic fever can damage your heart'.
- 81% of the audience understood the key message 'A sore throat can cause rheumatic fever'.
- 11 high-incidence DHBs and six government agencies have liaised with HPA to customise materials specifically for their use.
- 71% of Māori and Pacific families had seen the advertising materials at a health services provider.
- 88% of the audience stated they have taken some action in response to the campaign.
- 80% of the target audience reported having taken their child to a doctor the last time they had a sore throat.

HPA won the Public Sector category of the TVNZ NZ Marketing awards 2016 for the Rheumatic Fever campaign for the second consecutive year.

Case study

FAST campaign

A national campaign to raise awareness of the signs of stroke was developed through a multi-agency approach. HPA worked with the Stroke Foundation and the Ministry of Health to roll out a national campaign using the internationally recognised FAST acronym to help people remember and identify stroke symptoms and be able to respond.

Although stroke is New Zealand's third largest killer, with around 9,000 people each year having a stroke, there is limited awareness among the general population of its signs and symptoms. Early identification and treatment are crucial to reducing the likelihood of brain damage and lasting harm. Up to half of all stroke cases could be treated with clot-busting drugs if they arrived at a hospital within three hours of the stroke's onset.

A joint planning group was formed to develop the campaign, with each of the three agencies bringing valuable knowledge and expertise to the table. For the Stroke Foundation, this included learnings from a pilot FAST campaign run in the Waikato in 2014 and a network of relationships in the stroke community. The Ministry of Health brought subject matter expertise and access to networks in primary care and clinical care, and HPA contributed its expertise in health social marketing and project management.

The main audience for the campaign was women aged 30 to 65 years. Women are often the caregivers and influencers in families and communities, so are well placed to learn FAST and know when someone around them is having a stroke.

The key messages for the campaign balanced the need for clarity and simplicity with clinical accuracy. For example, instead of talking about the different types of stroke and associated treatment paths, a simple message was agreed – 'if you see any of the signs of stroke, call 111 immediately'.

Established networks including the Stroke Foundation's regional offices, key personnel in DHBs, major employer groups and GP networks were identified as channels to distribute FAST messaging and resources.

The national FAST campaign ran from June to August 2016 and included television, radio and digital advertising, as well as other media generated by the three partners.

Organisational Health and Capability

HPA continues to seek opportunities to improve its organisational health and capability and implement good employer strategies.

Leadership, accountability and culture

In 2015/16, HPA conducted a performance improvement self-review and developed an action plan to address the findings. The action plan will be a key focus for the next year.

HPA promotes open communication internally, with regular formal and informal team meetings, weekly meetings of the executive team, six-weekly meetings of the management team and quarterly meetings of all staff. HPA's intranet is well used and its functionality is continually being improved.

Recruitment, selection and induction

HPA is committed to being a good employer to ensure staff have the opportunity to achieve and contribute to the organisation's goals. HPA aims to have a workforce that is innovative, can respond quickly to a fast-moving environment and is capable of delivering value-for-money approaches and results.

HPA advertises vacancies widely (internally and externally) to ensure it employs a workforce that is high calibre and increasingly diverse. All new staff undergo a formal induction process, which was refined and expanded in 2015/16.

Employee development, promotion and exit

HPA supports professional development and each year identifies effective and pragmatic training and development opportunities to meet individual development needs that also increase organisational capability. During the year, HPA increased internal capability to respond to Māori and Pacific populations.

The performance management system developed in consultation with staff helps to ensure all employees have their performance recognised and they can progress.

Exit interviews are offered to all departing staff.

Flexibility and work design

Flexible working hours and conditions, where practicable, help staff meet work and family commitments. Technology is available to assist remote working.

Work areas are continuously reviewed to take changes in workloads into account. Structural realignments continue to be made to ensure the organisation operates effectively, with the right resources.

Remuneration, recognition and conditions

Remuneration is reviewed annually in conjunction with performance reviews.

During the year, work continued on updating HPA's human resource policies and procedures, incorporating feedback from staff. HPA ensures Equal Employment Opportunities are incorporated into all policies and practices to promote equity and fairness. These are regularly reviewed and refreshed.

Harassment and bullying prevention

HPA continues to have a zero tolerance for these behaviours and, if required, acts quickly to address complaints. HPA expects staff to comply with the State Services Standards of Integrity and Conduct.

Safe and healthy environment

There continues to be a strong focus on employee health, safety and wellbeing. The Health, Safety and Wellness Committee meets regularly and the health, safety and wellness policy acknowledges that a well and healthy staff makes the organisation stronger and more successful. Free influenza vaccinations are offered and HPA has introduced the opportunity for staff to work standing up, which has proved popular. All staff have confidential access to an external company that offers confidential counselling.

Staff profile

HPA employs 86.4 full-time equivalent staff located in Wellington, Auckland and Christchurch.

	2015/16 %
Female	81
Male	19
Māori	10
Pacific	4
Asian	9
New Zealand European	66
Other ethnicity	9
Not declared	2
Under 30-years-old	11
30-39	24
40-49	29
50-59	29
60+	7
People with disabilities (injury, illness or disability)	2

Procurement

HPA is using all-of-Government suppliers for procured services including advertising and travel.

Statement of Responsibility

We are responsible for the preparation of the Health Promotion Agency's financial statements and statement of performance, and for the judgements made in them.

We are responsible for any end-of-year performance information provided by the Health Promotion Agency under section 19A of the Public Finance Act 1989.

We have responsibility for establishing and maintaining a system of internal control designed to provide reasonable assurance as to the integrity and reliability of financial reporting.

In our opinion, these financial statements and statement of performance fairly reflect the financial position and operations of the Health Promotion Agency for the year ended 30 June 2016.

Dr Lee Mathias
Chairman
Health Promotion Agency
17 October 2016

Dr Monique Faleafa
Board member
Health Promotion Agency
17 October 2016

AUDIT NEW ZEALAND
Mana Arotake Aotearoa

Independent Auditor's Report

To the readers of the Health Promotion Agency's financial statements and performance information for the year ended 30 June 2016

The Auditor-General is the auditor of the Health Promotion Agency (the Agency). The Auditor-General has appointed me, Kelly Rushton, using the staff and resources of Audit New Zealand, to carry out the audit of the financial statements and the performance information, including the performance information for appropriations, of the Agency on her behalf.

Opinion on the financial statements and the performance information

We have audited:

- the financial statements of the Agency on pages 50 to 75, that comprise the statement of financial position as at 30 June 2016, the statement of comprehensive revenue and expense, statement of changes in equity and statement of cash flows for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information; and
- the performance information of the Agency on pages 42 to 49.

In our opinion:

- the financial statements of the Agency:
  - present fairly, in all material respects:
    - its financial position as at 30 June 2016; and
    - its financial performance and cash flows for the year then ended; and
  - comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Accounting Standards.
- the performance information:
  - presents fairly, in all material respects, the Agency's performance for the year ended 30 June 2016, including:
    - for each class of reportable outputs:
      - its standards of performance achieved as compared with forecasts included in the statement of performance expectations for the financial year;
      - its actual revenue and output expenses as compared with the forecasts included in the statement of performance expectations for the financial year;
    - what has been achieved with the appropriations; and
    - the actual expenses or capital expenditure incurred compared with the appropriated or forecast expenses or capital expenditure.
  - complies with generally accepted accounting practice in New Zealand.

Our audit was completed on 17 October 2016. This is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Board and our responsibilities, and explain our independence.

Basis of opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and carry out our audit to obtain reasonable assurance about whether the financial statements and the performance information are free from material misstatement.

Material misstatements are differences or omissions of amounts and disclosures that, in our judgement, are likely to influence readers' overall understanding of the financial statements and the performance information. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

An audit involves carrying out procedures to obtain audit evidence about the amounts and disclosures in the financial statements and the performance information. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the financial statements and the performance information, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the preparation of the Agency's financial statements and performance information in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Agency's internal control.

An audit also involves evaluating:

- the appropriateness of accounting policies used and whether they have been consistently applied;
- the reasonableness of the significant accounting estimates and judgements made by the Board;
- the appropriateness of the reported performance information within the Agency's framework for reporting performance;
- the adequacy of the disclosures in the financial statements and the performance information; and
- the overall presentation of the financial statements and the performance information.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements and the performance information. Also, we did not evaluate the security and controls over the electronic publication of the financial statements and the performance information.

We believe we have obtained sufficient and appropriate audit evidence to provide a basis for our audit opinion.

Responsibilities of the Board

The Board is responsible for preparing financial statements and performance information that:

- comply with generally accepted accounting practice in New Zealand;
- present fairly the Agency's financial position, financial performance and cash flows; and
- present fairly the Agency's performance.

The Board's responsibilities arise from the Crown Entities Act 2004 and the Public Finance Act 1989.

The Board is responsible for such internal control as it determines is necessary to enable the preparation of financial statements and performance information that are free from material misstatement, whether due to fraud or error. The Board is also responsible for the publication of the financial statements and the performance information, whether in printed or electronic form.

Responsibilities of the Auditor

We are responsible for expressing an independent opinion on the financial statements and the performance information and reporting that opinion to you based on our audit. Our responsibility arises from the Public Audit Act 2001.

Independence

When carrying out the audit, we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the External Reporting Board.

Other than the audit, we have no relationship with or interests in the Agency.

K M Rushton
Audit New Zealand
On behalf of the Auditor-General
Wellington, New Zealand

Statement Of Performance 2015/16

HPA has three output classes and three interconnected strategic intentions. While the nature of the work in each one differs, together the three strategic intentions help achieve HPA's mission.

Output Class One
Promoting health and wellbeing

EDUCATION, MARKETING AND COMMUNICATIONS

HPA designs and delivers a range of education, marketing and communications strategies that inform, motivate and enable New Zealanders to lead healthier lives.

ACTIVITY	PERFORMANCE MEASURES	RESULTS
Alcohol		
Alcohol moderation initiatives	1.1 Proportion of target audience helped or encouraged to say no when they didn't want a drink is maintained or improved (17% in 2012/13). Source – Campaign Monitor.	**Achieved** 35% were helped or encouraged to say no when they didn't want a drink.
Alcohol and pregnancy	1.2 Initial alcohol and pregnancy campaign delivered by December 2015 and evaluated. Source – Campaign Monitor.	**Achieved** Campaign has been delivered. Campaign evaluation was completed in June.
Tobacco Control		
Young adult initiatives (17 to 24-year-olds)	1.3 Develop and implement smoking prevention activities targeting young adults (17 to 24-year-olds) by December 2015.	**Achieved** Young adult strategy and marketing plan were developed by December 2015. Smokefree messaging was delivered in target geographical areas with high smoking prevalence, particularly for Māori and Pacific young adults. Campaign activities targeted education and workplace settings with high prevalence of smoking.

ACTIVITY	PERFORMANCE MEASURES	RESULTS
Minimising Gambling Harm		
Choice Not Chance campaign	1.4 Develop at least two tools and associated resources to meet the needs of specific audiences eg, online gamblers and electronic gaming machine players.	**Achieved** A number of tools and associated resources have been developed to meet the needs of specific audiences, including: • pamphlets specifically for Māori, Samoan, Tongan and Chinese audiences • a wallet leaflet for electronic gaming machine players • improved content (and referrals to associated tools) on choicenotchance.org.nz for at-risk gamblers and people concerned about gamblers.
Mental Health		
National Depression Initiative	1.5 The number of visitors to and the time spent on the websites thelowdown.co.nz and depression.org.nz are maintained or improved. Baseline to be collected June 2015.	**Achieved**
	thelowdown.co.nz • 77,431 unique visitors • average time on site 2.83 minutes	1 July 2015 – 30 June 2016 • 86,945 visitors • 2.87 minutes
	depression.org.nz • 676,773 unique visitors • average time on site 2.31 minutes Source – Google analytics June 2015.	1 July 2015 – 30 June 2016 • 1,080,701 visitors • 2.50 minutes Source: Google analytics June 2016.

	Actual $000	Budget $000		Actual $000	Budget $000		Actual $000	Budget $000
Revenue	17,961	12,098	Expenditure	22,047	12,098	Surplus/(deficit)	(4,086)	0

Output Class Two
Enabling health promoting initiatives and environments

ADVICE, RESOURCES AND TOOLS

HPA's ability to inspire New Zealanders to lead healthier lives is greatly extended if it works with and through others. To achieve this, HPA provides advice, resources and tools to a wide range of individuals, groups and organisations to enable the health sector and other sectors and communities to take action and to help improve environments so that they promote and protect health more effectively. HPA also promotes best practice.

ACTIVITY	PERFORMANCE MEASURES	RESULTS
Alcohol		
Resources and advice are provided to individuals, communities and organisations to enable them to take action on alcohol	2.1 At least 75% of stakeholder respondents who have used the resources or received advice indicate satisfaction (top two categories of a five-point scale) with the resources or advice. Quality and quantity indicator. Source – resource users' survey.	**Achieved** 95% of stakeholder respondents who have used the resources or received advice indicated they were satisfied or very satisfied with the resources or advice.
Community-led action on alcohol projects	2.2 All community-led action on alcohol projects is monitored and reported on in accordance with HPA processes and agreed reporting requirements.	**Achieved** Reporting requirements for community-led action on alcohol projects were included as conditions in all Letters of Grant and these were entered into a monitoring database. Projects were regularly monitored by the Regional Managers and records updated accordingly.
Tobacco Control		
HPA activities and resources support the Smokefree 2025 goal	2.3 HPA-led activities in support of Smokefree 2025 are developed and delivered, including delivery of at least two tobacco control seminars.	**Achieved** A refreshed smokefree.org.nz with interactive tools was launched. Communities were supported through the facilitation of World Smokefree Day and the provision of Smokefree Community Partnership Grants. Two webinar/seminars for the tobacco control sector were held in June 2016.
Minimising Gambling Harm		
Supporting host responsibility	2.4 Resources developed by HPA for Class 4 venues are supported by gambling societies/trusts. Source – sector survey (Department of Internal Affairs) and administration data.	**Achieved** 86% of societies/trusts strongly agree/agree that the resources for Class 4 venues developed by the HPA are useful.

ACTIVITY		PERFORMANCE MEASURES	RESULTS
Mental Health			
Like Minds, Like Mine. Effectiveness of programme activation in communities, organisations and workplaces	2.5	Establish baseline of New Zealanders' attitudes to stigma and discrimination by December 2015. Source – HPA monitoring tools.	**Achieved** Baseline was established using the 2015 New Zealand Mental Health Survey. The mean score of the Reported and Intended Behaviour Scale (RIBS), which measured the extent to which New Zealanders set their distance socially from people with experience of mental illness in 2015, was 15.5.
Nutrition and Physical Activity			
Promoting healthy family meals, beverage options, first foods and family recreation solutions	2.6	New or updated online and print resources produced and distributed supporting the Ministry of Health's Eating and Activity Guidelines and aligning with government priorities including prevention of childhood obesity and Healthy Families New Zealand.	**Achieved** HPA has completed a nutrition and physical activity sector hub. HPA has commenced work on resources to support pregnant women at risk of gestational diabetes to be more active and choose healthy foods.
Skin Cancer Prevention			
Skin cancer prevention activities	2.7	Activities are undertaken to increase knowledge of risks and benefits from ultraviolet radiation among the public, health professionals and policy makers.	**Achieved** Resources were produced and distributed to Pharmaceutical Society of NZ, the Sun Protection Alert went live on 28 September 2015, and HPA co-hosted the 2015 Melanoma Summit.

	Actual $000	Budget $000		Actual $000	Budget $000		Actual $000	Budget $000
Revenue	13,845	12,949	Expenditure	10,343	12,949	Surplus/(deficit)	3,502	0

Output Class Three
Informing health promoting policy and practice

POLICY ADVICE AND RESEARCH

HPA provides policy advice and research to inform decision making on best practice and policy to improve New Zealanders' health and wellbeing and reduce injury and other harm.

ACTIVITY		PERFORMANCE MEASURES	RESULT
Attitudes and Behaviour towards Alcohol Survey	3.1	Alcohol attitudes and behaviour information is collected through a nationally representative survey. Reports for the 2014/15 Attitudes and Behaviour towards Alcohol Survey are published in 2015/16.	**Achieved** Information was collected in 2015. Eleven reports for the 2014/15 Attitudes and Behaviour towards Alcohol Survey have been published on hpa.org.nz.
New Zealand Smoking Monitor (NZSM)	3.2	Data from the NZSM is reported to the Ministry of Health.	**Achieved** Data from the NZSM were reported to the Ministry of Health on 16 February 2016 in a report titled New Zealand Smoking Monitor 2015/16 July to December 2015 data report.
New Zealand Youth Tobacco Monitor (NZYTM)	3.3	Data collection for the 2014 Youth Insights Survey is completed (approximately 3,000 respondents), the dataset is retained for analysis, and ongoing analysis is disseminated.	**Achieved** Data collection for the 2014 Youth Insights Survey was completed at the end of 2014. The dataset was retained by HPA. Reports using the data were published throughout the reporting period and are available on HPA's website.
	3.4	Data collection for the 2015 ASH Year 10 Snapshot is completed (approximately 30,000 respondents), and the dataset is provided to ASH.	**Achieved** The 2015 ASH Snapshot data collection was completed and the dataset was provided to ASH in October 2015.
Health and Lifestyles Survey	3.5	Reports for the 2014/15 Health and Lifestyles Survey are produced in 2015/16.	**Achieved** Four reports for the 2014/15 Health and Lifestyles Survey were published on hpa.org.nz in 2015/16.

	Actual $000	Budget $000		Actual $000	Budget $000		Actual $000	Budget $000
Revenue	4,152	2,961	Expenditure	3,549	2,961	Surplus/(deficit)	603	0

Strategic Objectives

Strategic Objective One – New Zealanders experience better health and wellbeing, and less harm and injury

PROGRAMME	MEASURE	INDICATOR	LATEST INDICATOR	2015/16 RESULT	HPA TARGET 2018	SOURCE
Alcohol	More New Zealanders drink at low-risk levels	Increase in proportion of adult (18+ years) lower level drinkers	73.8% (2014) 72.7% (2013) 69% (2012) 68% (2011)	72.0% (70.2-73.8)	73%	Attitudes and Behaviour towards Alcohol Survey[9]
Tobacco control	More New Zealand young adults are smokefree	Increase in proportion of young adults aged 18 to 24 years who do not smoke.	76.5% ex-smokers/ non-smokers (2013/14) 76.3% ex-smokers/ non-smokers (2012/13) 72.4% ex-smokers/ non-smokers (2011/12)	76.2% (2014/15)	80% Māori 90% All	New Zealand Health Survey[10]
Minimising gambling harm	More at-risk gamblers monitor their gambling behaviour	Increase in proportion of at-risk gamblers reporting that they monitor their gambling behaviour	33% of at-risk gamblers report that they monitor their gambling behaviour 33% (17-49% 2014 HLS)	29.7% (17.0-42.4%)	Increase the proportion of at-risk gamblers reporting that they monitor their gambling behaviour	Computer-assisted telephone interviewing (CATI) survey and Health and Lifestyles Survey[11]
Mental health	The impact of depression on New Zealanders is reduced	Increase in the proportion of New Zealanders who know where to get help if they or someone they know has depression	82% (80-85) could identify at least one source for where to get help for depression (2014)	50.7% (46.7-54.7%) can identify at least two sources for where to get help for depression	75% of New Zealanders can identify at least two sources for where to get help for depression	Health and Lifestyles Survey and/ or tracking survey
Nutrition and physical activity	New Zealanders eat more healthily	Increase in proportion of New Zealanders choosing healthier food options	42.3% eat fruit twice a day or more often (2014) 46.7% eat vegetables twice a day or more often (2014)	43.8% (39.8-47.9%) eat fruit twice a day or more often 45.8% (41.6-50.0%) eat vegetables twice a day or more often.	Maintain or increase the proportion of New Zealanders who eat fruit and vegetables twice a day or more often.	Health and Lifestyles Survey

9 The Attitudes and Behaviour towards Alcohol survey is conducted by HPA annually. Data is analysed in the year following the year it was collected eg, 2014 data is reported in 2015.

10 The New Zealand Health Survey is conducted by the Ministry of Health annually. Information about the survey is available at: http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey

11 The Health and Lifestyles Survey is a biennial HPA monitor of the health behaviour and attitudes of New Zealanders. Data is collected every two years and reporting begins in the year it is analysed, continuing throughout the non collection year.

Strategic Objective Two – People are more aware, motivated and able to improve their own and their family's health and wellbeing

PROGRAMME	MEASURE	INDICATOR	LATEST INDICATOR	2015/16 RESULT	HPA TARGET 2018	SOURCE
Alcohol	People are more aware, motivated and able to change their drinking behaviour	Increase in proportion of adult (18+ years) medium to high level drinkers who have thought about cutting back on how much they drink	53.8% (2014) 56% (2012) 57% (2011)	47.7% (43.6-51.8%)	62%	Attitudes and Behaviour towards Alcohol Survey
Tobacco control	HPA contributes to the overall reduction in smoking rates	Increase in proportion of current smokers or recent quitters (quit in the last 12 months) aged 15+ years who made one or more serious quit attempts in the last 12 months	46.5% All 53.1% Māori (2014) 53.3% All 53.1% Māori (2012)	All: 55.3% (45.1-65.5%) Māori: 48.7% (38.0-59.4%)	65% All 65% Māori	Health and Lifestyles Survey
Minimising gambling harm	New Zealanders are more aware of early indicators of harmful gambling	Increase in awareness of the early indicators of harmful gambling	93% (90-97%) – they don't want anyone else to know that they are gambling 93% (88-97%) – their gambling sometimes causes them stress 94% (91-98%) – they go back to the pub and try to win back last night's loss (2014)	95.6% (91.6-99.6%) – they don't want anyone else to know that they are gambling. 97.3% (94.7-99.8%) - their gambling sometimes causes them stress. 97.9% (95.6-100%) - they go back to the pub and try to win back last night's loss.	Increase or maintain the proportion of New Zealanders aware of the early indicators of harmful gambling	Health and Lifestyles Survey[12]

12 Note, source of data has changed in order to have ongoing comparative information

Strategic Objective Three – Physical, social and policy environments and services better promote and protect health and wellbeing

PROGRAMME	MEASURE	INDICATOR	LATEST INDICATOR	2015/16 RESULT	HPA TARGET 2018	SOURCE
Alcohol	Physical, social and policy environments and services better protect New Zealanders from alcohol-related harm	Increase in proportion of adults (18+ years) who disagree or strongly disagree that drunkenness is acceptable in some situations	70.7% (2014) 66% (2012) 64% (2011)	68.7% (67.3-70.2%)	72%	Attitudes and Behaviour towards Alcohol Survey
Tobacco control	Physical, social and policy environments and services better promote and protect New Zealanders from smoking-related harm	Increase in proportion of adults aged 15+ years who agreed that 'Being Smokefree is part of the New Zealand way of life'	60.8% All 50.9% Māori (2014) 60.3% All 51.1% Māori (2012)	All: 67.3% (63.6-71.0%) Māori: 49.6% (41.6-57.5%)	85% All 85% Māori	Health and Lifestyles Survey
Minimising gambling harm	New Zealanders are more aware of legal requirements of venues to minimise gambling harm	Increase in awareness of the legal requirements of venues to minimise gambling harm	34% (30-37%) know that venues with pokie machines are required by law to prevent their customers' gambling from becoming harmful (2014)	35.5% (32.0-39.1%) know that venues with pokie machines are required by law to prevent their customers' gambling from becoming harmful	Increase or maintain the proportion of New Zealanders aware of the legal requirements of venues to minimise gambling harm	Health and Lifestyles Survey[13]
Mental health	New Zealanders are more inclusive and respectful towards those with mental health issues	Increase in proportion of adults who demonstrate inclusive attitudes towards those with mental health issues in the community	79% (77-82) feel comfortable with a new community mental health centre opening in their suburb, or a couple of blocks away, or on their street or next door to them (2014)	90.7% (88.3-93.0%) feel comfortable with a new community mental health centre opening in their suburb or a couple of blocks away or on their street or next door to them.	The proportion of adults who feel comfortable with a new community mental health centre opening in their street or next door to them is improved or maintained.	Health and Lifestyles Survey[14]

13 Note, source of data has changed in order to have ongoing comparative information
14 Note, source of data has changed in order to have ongoing comparative information

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2016

	Notes	Actual 2016 $000	Re-forecast Budget 2016 $000	SPE Budget 2016 $000	Actual 2015 $000
Revenue					
Non-exchange revenue					
Alcohol levy revenue		11,293	11,510	11,510	11,076
Funding from the Crown – baseline		16,048	16,048	16,098	14,100
Exchange revenue					
Funding from the Crown – additional		8,198	8,198	–	5,709
Interest revenue		312	300	200	403
Other revenue	2	107	110	200	–
Total revenue		35,958	36,166	28,008	31,288
Expenditure					
Personnel expenses	3	8,874	8,884	8,778	8,501
Depreciation and amortisation expense	8,9	96	96	100	79
Other operating expense	4	1,773	1,774	2,056	1,584
Programme expense		25,196	25,412	17,074	21,661
Total expenditure		35,939	36,166	28,008	31,825
Surplus/(deficit)		19	–	–	(537)
Total comprehensive revenue and expense		**19**	**–**	**–**	**(537)**

Explanations of major variances against budget are provided in note 17.

The accompanying notes form part of these financial statements.

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2016

Restated by Revenue Source:

	Notes	Actual 2016 $000	Re-forecast Budget 2016 $000	SPE Budget 2016 $000	Actual 2015 $000
Alcohol					
Revenue					
Levy		11,293	11,510	11,510	11,076
Interest		78	75	50	101
Other revenue		20	20	100	–
Total revenue		11,391	11,605	11,660	11,177
Total expenditure		11,388	11,605	11,660	11,878
Surplus/(deficit)		3	–	–	(701)
All other					
Revenue					
Funding from the Crown		24,246	24,246	16,098	19,809
Interest		234	225	150	302
Other revenue		87	90	100	–
Total revenue		24,567	24,561	16,348	20,111
Total expenditure		24,551	24,561	16,348	19,947
Surplus/(deficit)		16	–	–	164
Grand total revenue		35,958	36,166	28,008	31,288
Grand total expenditure		35,939	36,166	28,008	31,825
Surplus/(deficit)		19	–	–	(537)

Explanations of major variances against budget are provided in note 17.

The accompanying notes form part of these financial statements.

Statement of Financial Position

As at 30 June 2016

	Notes	Actual 2016 $000	SPE Budget 2016 $000	Actual 2015 $000
Assets				
Current assets				
Cash and cash equivalents	5	3,926	430	8,006
Receivables	6	2,558	2,050	3,227
Investments	7	3,750	4,000	600
Prepayments		1	–	1
Total current assets		10,235	6,480	11,834
Non-current assets				
Property, plant and equipment	8	348	133	104
Intangible assets	9	2		9
Total non-current assets		350	133	113
Total assets		**10,585**	**6,613**	**11,947**
Liabilities				
Current liabilities				
Payables	10	5,908	3,610	7,252
Employee entitlements	11	478	345	399
Income in advance	10	931	–	1,044
Total current liabilities		7,317	3,955	8,695
Non-current liabilities				
Employee entitlements	11	65	–	68
Total non-current liabilities		65	–	68
Total liabilities		**7,382**	**3,955**	**8,763**
Net assets		**3,203**	**2,658**	**3,184**
Equity				
Contributed capital		3,424	2,658	3,424
Accumulated surplus/(deficit)		(221)	–	(240)
Total equity	13	**3,203**	**2,658**	**3,184**

Explanations of major variances against budget are provided in note 17.

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the year ended 30 June 2016

	Notes	Actual 2016 $000	SPE Budget 2016 $000	Actual 2015 $000
Balance at 1 July		3,184	2,658	3,721
Total comprehensive revenue and expense for the year		19	0	(537)
Balance at 30 June	13	**3,203**	**2,658**	**3,184**

Explanations of major variances against budget are provided in note 17.

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the year ended 30 June 2016

	Notes	Actual 2016 $000	Actual 2015 $000
Cash flows from operating activities			
Receipts from levies		11,201	11,347
Receipts from the Crown		24,635	20,774
Receipts from other income		238	–
Interest received		354	369
GST (net)		120	529
Payments to suppliers		(28,286)	(26,664)
Payments to employees		(8,859)	(8,643)
Net cash flow from operating activities		(597)	(2,288)
Cash flows from investing activities			
Receipts from sale of property, plant and equipment		–	24
Receipts from sale of investments		28,750	12,983
Purchase of property, plant and equipment		(333)	(46)
Acquisition of investments		(31,900)	(11,083)
Net cash flow from investing activities		(3,483)	1,878
Net increase (decrease) in cash and cash equivalents		**(4,080)**	**(410)**
Cash and cash equivalents at the beginning of the year		8,006	8,416
Cash and cash equivalents at the end of the year	5	**3,926**	**8,006**

Explanations of major variances against budget are provided in note 17.

The accompanying notes form part of these financial statements.

Statement of Cash Flows (continued)

For the year ended 30 June 2016

Reconciliation of net surplus/(deficit) to net cash flow from operating activities

	Actual 2016 $000	Actual 2015 $000
Net surplus/(deficit)	19	(537)
Add/(less) non-cash items		
Depreciation and amortisation expense	96	79
Total non-cash items	96	79
Add (less) movements in statement of financial position items		
(Increase)/decrease in receivables	669	596
Increase/(decrease) in payables and deferred revenue	(1,396)	(2,284)
Increase/(decrease) in employee entitlements	15	(142)
Net movements in working capital items	(712)	(1,830)
Net cash flow from operating activities	**(597)**	**(2,288)**

Explanations of major variances against budget are provided in note 17.

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

Note index

Note 1: Statement Of Accounting Policies

Reporting Entity

Health Promotion Agency (HPA) is a Crown entity as defined by the Crown Entities Act 2004 and is domiciled and operates in New Zealand, with offices in Wellington, Auckland and Christchurch. The relevant legislation governing HPA's operations includes the Crown Entities Act 2004 and the New Zealand Public Health and Disability Act 2000. HPA's ultimate parent is the New Zealand Crown.

HPA has an overall function to lead and support activities for the following purposes:

- promoting health and wellbeing and encouraging healthy lifestyles
- preventing disease, illness and injury
- enabling environments that support health and wellbeing and healthy lifestyles
- reducing personal, social, and economic harm.

It also has functions specific to providing advice and research on alcohol issues. HPA does not operate to make a financial return.

HPA has designated itself as a public benefit entity (PBE) for financial reporting purposes.

The financial statements for HPA are for the year ended 30 June 2016, and were approved by the Board on 17 October 2016.

Basis of Preparation

The financial statements have been prepared on a going concern basis, and the accounting policies have been applied consistently throughout the year.

Statement of compliance
The financial statements of HPA have been prepared in accordance with the requirements of the Crown Entities Act 2004, which includes the requirement to comply with generally accepted accounting practice in New Zealand (NZ GAAP).

The financial statements have been prepared in accordance with Tier 1 PBE accounting standards.

The financial statements comply with PBE accounting standards.

Presentation currency and rounding
The financial statements are presented in New Zealand dollars and all values are rounded to the nearest thousand dollars ($000).

Standards issued and not yet and not early adopted
In 2015, the External Reporting Board issued Disclosure Initiative (Amendments to PBE IPSAS 1), 2015 Omnibus Amendments to PBE Standards, and Amendments to PBE Standards and Authoritative Notice as a Consequence of XRB A1 and Other Amendments. These amendments apply to PBEs with reporting periods beginning on or after 1 January 2016. HPA will apply these amendments in preparing its 30 June 2017 financial statements. HPA expects there will be no effect in applying these amendments.

Summary of Significant Accounting Policies

Significant accounting policies are included in the notes to which they relate.

Significant accounting policies that do not relate to a specific note are outlined below.

Foreign currency transactions
Foreign currency transactions are translated into New Zealand $ (the functional currency) using the spot exchange rates at the dates of the transactions. Foreign exchange gains and losses resulting from the settlement of such transactions are recognised in the surplus or deficit.

Goods and services tax (GST)
Items in the financial statements are presented exclusive of GST, except for receivables and payables, which are presented on a GST-inclusive basis. Where GST is not recoverable as input tax, it is recognised as part of the related asset or expense.

The net amount of GST recoverable from, or payable to, the Inland Revenue Department (IRD) is included as part of receivables or payables in the statement of financial position.

The net GST paid to, or received from, the IRD, including the GST relating to investing and financing activities, is classified as a net operating cash flow in the statement of cash flows.

Commitments and contingencies are disclosed exclusive of GST.

Income tax
HPA is a public authority and consequently is exempt from the payment of income tax. Accordingly, no provision has been made for income tax.

Budget figures
The budget figures are derived from the statement of performance expectations as approved by the Board at the beginning of the financial year. The budget figures have been prepared in accordance with NZ GAAP, using accounting policies that are consistent with those adopted by the Board in preparing these financial statements.

Cost allocation
HPA has determined the cost of its three output classes using the cost allocation system outlined below.

Direct costs are costs directly attributed to an output class. Indirect costs are costs that cannot be identified to a specific output class in an economically feasible manner.

Direct costs are charged directly to output classes. Indirect costs are charged to output classes based on cost drivers and related activity or usage information. Personnel and other indirect costs are assigned to output classes based on the proportion of direct programme costs within each output class.

Critical accounting estimates and assumptions

In preparing these financial statements, HPA has made estimates and assumptions concerning the future. These estimates and assumptions may differ from the subsequent actual results. Estimates and assumptions are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are:

- Useful lives and residual values of property, plant, and equipment – refer to Note 8
- Useful lives of software assets – refer to Note 9
- Retirement and long service leave – refer to Note 11

Note 2: Revenue

Accounting policy

The specific accounting policies for significant revenue items are explained below:

Funding from the Crown
HPA is primarily funded from the Crown. This funding is restricted in its use for the purpose of HPA meeting the objectives specified in its founding legislation and the scope of the relevant appropriations of the funder – Ministry of Health (MOH).

Funding is recognised as revenue when it becomes receivable unless there is an obligation in substance to return the funds if conditions are not met. If there is an obligation, the funding is initially recorded as revenue in advance and recognised as revenue when conditions of the funding are satisfied.

The fair value of revenue from the Crown has been determined to be equivalent to the amounts due in the funding arrangements.

Alcohol levy
HPA is also funded from a levy imposed for the purpose of recovering the costs it incurs

- in addressing alcohol-related harm
- in its other alcohol-related activities.

This levy is collected by New Zealand Customs acting as HPA's agent.

Levy revenue is recognised as revenue in the accounting period when earned and is reported in the financial period to which it relates.

Interest revenue
Interest revenue is recognised by accruing on a time proportion basis the interest due for the investment.

Breakdown of other revenue and further information

	Actual 2016 $000	Actual 2015 $000
Other revenue includes:		
Programme revenue – conference registrations	87	–
Programme revenue – grants returned	20	–
Total other revenue	**107**	**–**

Note 3: Personnel expenses

Accounting policy

Superannuation schemes

Defined contribution schemes

Employer contributions to KiwiSaver and the ASB Group Master Trust are accounted for as defined contribution superannuation schemes and are expensed in the surplus or deficit as incurred.

Defined benefit schemes

HPA makes contributions to the ASB Group Master Trust Scheme (the scheme). The scheme is a multi-employer defined benefit scheme.

Insufficient information is available to use defined benefit accounting, as it is not possible to determine from the terms of the scheme the extent to which the surplus/deficit in the plan will affect future contributions by individual employers, because there is no prescribed basis for allocation.

The scheme is therefore accounted for as a defined contribution scheme.

Breakdown of personnel costs and further information

	Actual 2016 $000	Actual 2015 $000
Salaries and wages	8,309	7,902
Temporary and contract staff	40	253
Increase/(decrease) in employee entitlements	15	(159)
Defined contribution plan employer contributions	280	273
ACC	22	24
Recruitment expenses	55	41
Other	153	167
Total personnel expense	**8,874**	**8,501**

Employee remuneration

	Actual 2016	Actual 2015
Total remuneration paid or payable:		
$100,000 – 109,999	10	9
$110,000 – 119,999	4	5
$130,000 – 139,999	3	1
$140,000 – 149,999	–	1
$150,000 – 159,999	–	1
$170,000 – 179,999	2	1
$180,000 – 189,999	1	2
$190,000 – 199,999	–	1
$260,000 – 269,999	1	1
Total employees	**21**	**22**

During the year ended 30 June 2016, 0 (2015, 3) employees received compensation and other benefits in relation to cessation totalling $0 (2015 $30,000).

Board member remuneration

	Actual 2016 $000	Actual 2015 $000
Total remuneration paid or payable:		
Lee Mathias (Chairman)	31.0	31.0
Rea Wikaira (Deputy Chairman)	19.3	19.3
Barbara Docherty	15.5	15.5
Grant Schofield	15.5	15.5
Jamie Simpson	15.5	15.5
Monique Faleafa	15.5	15.5
Tony O'Brien (appointed August 2015)	11.6	–
Katherine Rich (retired September 2015)	3.8	15.5
Total Board member remuneration	**128**	**128**

There have been no payments made to committee members appointed by the Board who are not Board members during the financial year.

HPA has not provided any deed of indemnity to Directors nor taken out Directors' and Officers' Liability and Professional Indemnity insurance cover during the financial year in respect of the liability or costs of Board members and employees (2015 $0).

No Board members received compensation or other benefits in relation to cessation (2015 $0).

Note 4: Other expenses

Accounting policy

Grant expenditure

Discretionary grants are those grants where HPA has no obligation to award the grant on receipt of the grant application. For discretionary grants without substantive conditions, the total committed funding over the life of the grant is expensed when the grant is approved by the Grants Approval panel and the approval has been communicated to the applicant. Discretionary grants with substantive conditions are expensed at the earlier of the grant payment date or when the grant conditions have been satisfied. Conditions can include either:

- specification of how funding can be spent with a requirement to repay any unspent funds; or
- milestones that must be met to be eligible for funding.

HPA provides grants to community based organisations to enable them to work in partnership with HPA or to progress messages or outcomes that HPA and the community has in common.

HPA makes a large number of small grants in each financial year, across a range of health topics, for purposes that include:

- activities to support national projects
- delivering an event, activity or services to promote HPA's messages
- specific one-off projects.

A letter to the recipient of each grant specifies the purpose of the grant and the requirements for the recipient to provide reports to HPA. Reports are required at project milestones, and/or on completion of projects.

In 2015/16, HPA provided funding for a wide range of groups, totalling $2,334,296.

Operating leases

An operating lease is a lease that does not transfer substantially all the risks and rewards incidental to ownership of an asset to the lessee. Lease payments under an operating lease are recognised as an expense on a straight-line basis over the lease term. HPA leases office equipment and premises.

Critical judgements in determining accounting policies

Grant expenditure

HPA has exercised judgement in developing its grant expenses accounting policy above as there is no specific accounting standard for grant expenditure. The accounting for grant expenditure has been an area of uncertainty for some time, and, as a result, there has been differing accounting practices for similar grant arrangements. With the recent introduction of the new PBE Accounting Standards, there has been debate on the appropriate framework to apply when accounting for grant expenses, and whether some grant accounting practices are appropriate under these new standards. A challenging area in particular is the accounting for grant arrangements that include conditions or milestones. HPA are aware that the need for a clear standard or authoritative guidance on accounting for grant expenditure has been raised with the New Zealand Accounting Standards Board. Therefore, we will keep the matter under review and consider any developments. Further information about HPA's grants is disclosed above and in the statement of service performance on pages 42-49.

Breakdown of other expenses and further information

	Actual 2016 $000	Actual 2015 $000
Fees to auditor		
• Fees to Audit New Zealand for audit of financial statements	54	61
Operating lease expenses	576	402
Provision for uncollectability of receivables	2	39
Other expenses	1,141	1,082
Total other expenses	**1,773**	**1,584**

Commitments

The future aggregate commitments to be paid under HPA initiated contracts are as follows:

	Actual 2016 $000	Actual 2015 $000
Not later than one year	4,563	3,896
Later than one year and not later than two years	1,402	2,254
Later than two years and not later than five years	1,282	1,567
Later than five years	–	–
Total commitments	**7,247**	**7,717**

Operating leases as lessee

The future aggregate minimum lease payments to be paid under non-cancellable operating leases are as follows:

	Actual 2016 $000	Actual 2015 $000
Office rental leases		
Not later than one year	501	340
Later than one year and not later than two years	441	340
Later than two years and not later than five years	–	669
Later than five years	–	–
Total office rental leases	942	1,349
Office equipment leases		
Not later than one year	6	10
Later than one year and not later than two years	–	6
Later than two years and not later than five years	–	–
Later than five years	–	–
Total office equipment leases	6	16
Total non-cancellable operating leases	**948**	**1,365**

HPA leases two properties – its main office situated in Wellington and the regional office in Auckland.

A significant portion of the total non-cancellable operating lease expense relates to the lease of three floors of the Wellington office building. The lease expires in June 2021, with an option to vacate the premises at the lease renewal date of June 2018.

The lease on the Auckland premises is due to expire in May 2019 with a right of renewal in May 2017.

The office equipment that HPA leases are printers. These are due for replacement in January 2017.

HPA does not have the option to purchase any of these assets at the end of any of the lease terms.

There are no restrictions placed on HPA by any of its leasing arrangements.

Note 5: Cash and cash equivalents

Accounting policy

Cash and cash equivalents includes cash on hand and deposits held on call with banks with original maturities of three months or less.

Breakdown of cash and cash equivalents and further information

	Actual 2016 $000	Actual 2015 $000
Cash at bank and on hand	76	106
Term deposits with maturities less than 3 months	3,850	7,900
Total cash and cash equivalents	**3,926**	**8,006**

Note 6: Receivables

Accounting policy

Short-term receivables are recorded at the amount due, less any provision for uncollectability.

A receivable is considered uncollectable when there is evidence the amount due will not be fully collected. The amount that is uncollectable is the difference between the amount due and the present value of the amount expected to be collected.

Breakdown of receivables and further information

	Actual 2016 $000	Actual 2015 $000
Receivables (gross)	2,560	3,266
Less: provision for uncollectability	2	39
Total receivables	**2,558**	**3,227**
Total receivables comprises:		
Receivables from the sale of goods and services (exchange transactions)	2,109	2,656
Receivables from grants (non-exchange transactions)	451	571

The aging profile of receivables at year end is detailed below:

	2016			2015		
	Gross $000	Provision for uncollectability $000	Net $000	Gross $000	Provision for uncollectability $000	Net $000
Not past due	1,509	–	1,509	1,885	–	1,885
Past due 1-30 days	984	–	984	1,000	–	1,000
Past due 31-60 days	65	–	65	340	–	340
Past due 61-90 days	–	–	–	2	–	2
Past due over 90 days	2	(2)	–	39	(39)	–
	2,560	**(2)**	**2,558**	**3,266**	**(39)**	**3,227**

All receivables greater than 30 days in age are considered to be past due.

NZ Customs Service (acting as HPA's agent) determines the uncollectability of the alcohol levy receivables.

Movements in the provision for uncollectability of receivables are as follows:

	Actual 2016 $000	Actual 2015 $000
Balance at 1 July	39	0
Additional provisions made during the year	2	39
Receivables written off during the year	(39)	0
Balance at 30 June	**2**	**39**

Note 7: Investments

Accounting policy

Bank term deposits

Investments in bank term deposits are initially measured at the amount invested. Interest is subsequently accrued and shown as a receivable until the term deposit matures.

Breakdown of investments and further information

	Actual 2016 $000	Actual 2015 $000
Current portion		
Term deposits	3,750	600
Total investments	**3,750**	**600**

The carrying amounts of term deposits with maturities less than 12 months approximate their fair value.

Note 8: Property, plant and equipment

Accounting policy

Property, plant and equipment consists of four asset classes, which are measured as follows:

- Leasehold improvements, at cost less accumulated depreciation and impairment losses.
- Furniture and office equipment, at cost less accumulated depreciation and impairment losses.
- Motor vehicles, at cost less accumulated depreciation and impairment losses.
- Computer Equipment, at cost less accumulated depreciation and impairment losses.

Additions

The cost of an item of property, plant and equipment is recognised as an asset only when it is probable that future economic benefits or service potential associated with the item will flow to HPA and the cost of the item can be measured reliably.

In most instances, an item of property, plant and equipment is initially recognised at its cost. Where an asset is acquired through a non-exchange transaction, it is recognised at its fair value as at the date of acquisition.

The costs of day-to-day servicing of property, plant and equipment are expensed in the surplus or deficit as they are incurred.

Disposals

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset. Gains and losses on disposals are reported net in the surplus or deficit.

Depreciation
Depreciation is provided on a straight-line basis on all property, plant and equipment, at rates that will write off the cost (or valuation) of the assets to their estimated residual values over their useful lives. The useful lives and associated depreciation rates of major classes of property, plant and equipment have been estimated as follows:

Leasehold Improvements*	3 years	33%
Furniture	10 years	10%
Office Equipment	5 years	20%
Motor Vehicles	5 years	20%
Computer Equipment	3 years	33%
Artwork, books and films		0%

Leasehold improvements are depreciated over the unexpired period of the lease or the estimated remaining useful lives of the improvements whichever is the shorter.

Impairment of property, plant and equipment
HPA does not hold any cash-generating assets. Assets are considered cash-generating where their primary objective is to generate a commercial return.

Non-cash-generating assets
Property, plant and equipment held at cost that have a finite useful life are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable service amount. The recoverable service amount is the higher of an asset's fair value less costs to sell and value in use.

Value in use is the present value of an asset's remaining service potential. It is determined using an approach based on either a depreciated replacement cost approach, a restoration cost approach or a service units approach. The most appropriate approach used to measure value in use depends on the nature of the impairment and availability of information.

If an asset's carrying amount exceeds its recoverable service amount, the asset is regarded as impaired and the carrying amount is written down to the recoverable amount. The total impairment loss is recognised in the surplus or deficit.

The reversal of an impairment loss is recognised in the surplus or deficit.

Critical accounting estimates and assumptions

Estimating useful lives and residual values of property, plant and equipment
At each balance date, the useful lives and residual values of property, plant and equipment are reviewed. Assessing the appropriateness of useful life and residual value estimates of property, plant and equipment requires a number of factors to be considered such as the physical condition of the asset, expected period of use of the asset by HPA, and expected disposal proceeds from the future sale of the asset

An incorrect estimate of the useful life or residual value will affect the depreciation expense recognised in the surplus or deficit, and carrying amount of the asset in the statement of financial position. HPA minismises the risk of this estimation uncertainty by:

- physical inspection of assets
- asset replacement programmes
- review of second-hand market prices for similar assets
- analysis of prior asset sales.

HPA has not made significant changes to past assumptions concerning useful lives and residual values.

Breakdown of property, plant and equipment and further information

Movements for each class of property, plant and equipment are as follows:

	Artwork books & films $000	Furniture and office equipment $000	Computer equipment $000	Leasehold improvements $000	Motor vehicles $000	Total $000
Cost or valuation						
Balance at 1 July 2014	108	343	363	12	24	850
Additions			24		22	46
Disposals		(31)	(114)		(24)	(169)
Balance at 30 June 2015/1 July 2015	108	312	273	12	22	727
Additions		197	103	33		333
Disposals	(8)	(6)	(64)			(78)
Balance at 30 June 2016	100	503	312	45	22	982
Accumulated depreciation and impairment losses						
Balance at 1 July 2014	(92)	(308)	(299)	(1)	(1)	(701)
Depreciation expense		(9)	(51)	(4)	(4)	(68)
Elimination on disposal		30	115		1	146
Balance at 30 June 2015/1 July 2015	(92)	(287)	(235)	(5)	(4)	(623)
Depreciation expense	(8)	(20)	(47)	(9)	(5)	(89)
Elimination on disposal	8	6	64			78
Balance at 30 June 2016	(92)	(301)	(218)	(14)	(9)	(634)
Carrying Amounts						
At 1 July 2014	16	35	64	11	23	149
30 June 2015/1 July 2015	16	25	38	7	18	104
At 30 June 2016	**8**	**202**	**94**	**31**	**13**	**348**

Restrictions

There are no restrictions on HPA's property, plant and equipment.

Note 9: Intangible assets

Accounting policy

Software acquisition

Computer software licences are capitalised on the basis of the costs incurred to acquire and bring to use the specific software.

Staff training costs are recognised as an expense when incurred.

Costs associated with maintaining computer software are recognised as an expense when incurred.

Costs associated with the development and maintenance of HPA's website are expensed when incurred.

Amortisation

The carrying value of an intangible asset with a finite life is amortised on a straight-line basis over its useful life. Amortisation begins when the asset is available for use and ceases at the date that the asset is derecognised. The amortisation charge for each financial year is expensed in the surplus or deficit.

The useful lives and associated amortisation rates of major classes of intangible assets have been estimated as follows:

Acquired software	3 years	33%

Impairment of intangible assets

Refer to the policy for impairment of property, plant and equipment in Note 8. The same approach applies to the impairment of intangible assets.

Critical accounting estimates and assumptions

Estimating useful lives and residual values of intangible assets

In assessing the useful lives of software assets, a number of factors are considered, including:

- the period of time the software is intended to be in use
- the effect of technological change on systems and platforms
- the expected timeframe for the development of replacement systems and platforms.

An incorrect estimate of the useful lives of software assets will affect the amortisation expense recognised in the surplus or deficit, and the carrying amount of the software assets in the statement of financial position.

Breakdown of intangible assets and further information

Movements for each class of intangible asset are as follows:

	Acquired software $000
Cost	
Balance at 1 July 2014	248
Disposals	(5)
Balance at 30 June 2015 / 1 July 2015	243
Balance at 30 June 2016	243
Accumulated Depreciation	
Balance at 1 July 2014	(227)
Amortisation expense	(11)
Prior year adjustment	4
Balance at 30 June 2015/1 July 2015	(234)
Amortisation expense	(7)
Elimination on disposal	
Balance at 30 June 2016	(241)
Carrying Amounts	
30 June 2014	21
30 June 2015	9
30 June 2016	**2**

Restrictions

There are no restrictions over the title of HPA's intangible assets, nor are any intangible assets pledged as security for liabilities.

Note 10: Payables

Accounting policy

Short-term payables are recorded at the amount payable.

Breakdown of payables and deferred revenue and further information

	Actual 2016 $000	Actual 2015 $000
Payables and deferred revenue under exchange transactions		
Trade creditors	5,552	6,743
Accrued expenses	257	308
Total payables under exchange transactions	5,809	7,051
Revenue in advance (course fees)	9	32
Revenue in advance (Crown revenue)	922	1,012
Total deferred revenue under exchange transactions	931	1,044
Payables under non-exchange transactions		
Taxes payable (GST, PAYE)	99	201
Total payables under non-exchange transactions	99	201
Total payables and deferred revenue	**6,839**	**8,296**

Note 11: Employee entitlements

Accounting policy

Short-term employee entitlements
Employee entitlements that are due to be settled within 12 months after the end of the year in which the employee provides the related service are measured based on accrued entitlements at current rates of pay. These include salaries and wages accrued up to balance date, annual leave earned but not yet taken at balance date, and sick leave.

A liability and an expense are recognised for bonuses where there is a contractual obligation or where there is a past practice that has created a constructive obligation and a reliable estimate of the obligation can be made.

Long-term employee entitlements
Employee benefits that are due to be settled beyond 12 months after the end of period in which the employee provides the related service, such as long service leave have been calculated on an actuarial basis. The calculations are based on:

- likely future entitlements accruing to staff, based on years of service, years to entitlement, the likelihood that staff will reach the point of entitlement, and contractual entitlement information
- the present value of the estimated future cash flows.

Presentation of employee entitlements
Sick leave, annual leave and vested long service leave are classified as a current liability. Non-vested long service leave expected to be settled within 12 months of balance date is classified as a current liability. All other employee entitlements are classified as a non-current liability.

Critical accounting estimates and assumptions

Measuring long service leave obligations
The present value of long service leave obligations depends on a number of factors that are determined on an actuarial basis.

Two key assumptions used in calculating this liability include the discount rate and the salary inflation factors. Any changes in these assumptions will affect the carrying amount of the liability.

Expected future payments are discounted using forward discount rates derived from the yield curve of New Zealand government bonds. The discount rates used have maturities that match, as closely as possible, the estimated future cash outflows. The salary inflation factor has been determined after considering historical salary inflation patterns and after obtaining advice from an independent actuary. A weighted average discount rate of 2.94% (2015 4.17%) and a salary inflation factor of 1.47% (2015 1.63%) were used.

If the discount rate were to differ by 1% from that used, with all other factors held constant, the carrying amount of the long service leave liability would be an estimated $2,000 higher/lower. If the salary inflation factor were to differ by 1% from that used, with all other factors held constant, the carrying amount of the long service leave liability would be an estimated $4,000 higher/lower.

Breakdown of employee entitlements

	Actual 2016 $000	Actual 2015 $000
Current portion		
Accrued salaries and wages	61	–
Annual leave	395	378
Sick leave	16	17
Long service leave	6	4
Total current portion	478	399
Non-current portion		
Long service leave	65	68
Total non-current portion	65	68
Total employee entitlements	**543**	**467**

Note 12: Contingencies

Contingent liabilities

There are no contingent liabilities at balance date (2015 $0).

Contingent assets

There are no contingent assets at balance date (2015 $0).

Note 13: Equity

Accounting policy

Equity is measured as the difference between total assets and total liabilities. Equity is disaggregated and classified into the following components.

- contributed capital
- accumulated surplus/(deficit)

Breakdown of equity and further information

	Actual 2016 $000	Actual 2015 $000
Contributed capital		
Balance at 1 July	3,424	3,424
Balance at 30 June	3,424	3,424
Accumulated surplus/(deficit)		
Balance at 1 July	(240)	297
Surplus/(deficit) for the year	19	(537)
Balance at 30 June	(221)	(240)
Total equity	**3,203**	**3,184**

Capital management

HPA's capital is its equity, which comprises accumulated funds. Equity is represented by net assets.

HPA is subject to the financial management and accountability provisions of the Crown Entities Act 2004, which imposes restrictions in relation to borrowings, acquisition of securities, issuing guarantees and indemnities, and the use of derivatives.

HPA has complied with the financial management requirements of the Crown Entities Act 2004 during the year.

HPA manages its equity as a by-product of prudently managing revenues, expenses, assets, liabilities, investments and general financial dealings to ensure that HPA effectively achieves its objectives and purpose, while remaining a going concern.

Note 14: Related Party Transactions

HPA is controlled by the Crown.

Related party disclosures have not been made for transactions with related parties that are:

- within a normal supplier or client/recipient relationship
- on terms and conditions no more or less favourable than those that it is reasonable to expect HPA would have adopted in dealing with the party at arm's length in the same circumstances.

Further, transactions with other government agencies (for example, Government departments and Crown entities) are not disclosed as related party transactions when they are on normal terms and conditions consistent with the normal operating arrangements between government agencies.

Key management personnel compensation

	Actual 2016	Actual 2015
Board Members		
Remuneration	$128,000	$128,000
Full-time equivalent members	0.48	0.48
Executive Management Team		
Remuneration	$995,951	$976,000
Full-time equivalent members	5	5
Total key management personnel compensation	**$1,123,951**	**$1,104,000**
Total full-time equivalent personnel	**5.48**	**5.48**

The full-time equivalent for Board members has been determined based on the frequency and length of Board meetings and the estimated time for Board members to prepare for meetings.

An analysis of Board member remuneration is provided in Note 3.

Note 15: Financial instruments

15A Financial instrument categories

The carrying amount of financial assets and liabilities in each of the financial instrument categories are as follows:

	Actual 2016 $000	Actual 2015 $000
Financial liabilities measured at amortised cost		
Payables (including deferred revenue and taxes payable)	6,839	7,252
Total financial liabilities measured at amortised cost	**6,839**	**7,252**
Loans & receivables		
Cash & cash equivalents	3,926	8,006
Receivables	2,558	3,227
Investments	3,750	600
Total loans and receivables	**10,234**	**11,833**

15B Fair value hierarchy

For those instruments recognised at fair value in the statement of financial position, fair values are determined according to the following heirarchy:

- Quoted market prices (level 1) – Financial instruments with quoted prices for identical instruments in active markets.
- Valuation techniques using observable inputs (level 2) – Financial instruments with quoted prices for similar instruments in active markets or quoted prices for identical or similar instruments in inactive markets and financial insturments valued using models where all significant inputs are observable.
- Valuation techniques using significant non-observable inputs (level 3) – Financial instruments valued using models where one or more significant inputs are not observable.

All financial instruments for HPA are Level 1 – quoted market prices.

There were no transfers between the different levels of the fair value hierarchy.

15C Financial instrument risks

HPA's activities expose it to a variety of financial instrument risks, including market risk, credit risk, and liquidity risk. HPA has policies to manage these risks and seeks to minimise exposure from financial instruments. These policies do not allow transactions that are speculative in nature to be entered into.

Market risk

Fair value interest rate risk
Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate due to changes in market interest rates. HPA's exposure to fair value interest rate risk is limited to its bank deposits which are held at fixed rates of interes. HPA does not actively manage exposure to fair value interest rate risk.

Cash flow interest rate risk
Cash flow interest rate risk is the risk that the cash flows from a financial instrument will fluctuate because of changes in market interest rates.

Investments and borrowings issued at variable interest rates expose HPA to cash flow interest rate risk.

HPA's investment policy requires a spread of investment maturity dates to limit exposure to short-term interest rate movements. HPA currently has no variable interest rate investments.

Sensitivity analysis
As at 30 June 2016, if the 90-day bank bill rate had been 50 basis points higher or lower, with all other variables held constant, the surplus/deficit for the year would have been $5,000 higher/lower (2015 $9,000 higher/lower).

Credit risk

Credit risk is the risk that a third party will default on its obligation to HPA, causing it to incur a loss.

In the normal course of business, HPA is exposed to credit risk from cash and term deposits with banks and receivables. For each of these, the maximum credit exposure is best represented by the carrying amount in the statement of financial position.

HPA reviews the credit quality of customers prior to the granting of credit.

Due to the timing of its cash inflows and outflows, HPA invests surplus cash with registered banks. HPA limits the amount of credit exposure to any one financial institution for term deposits to no more than 25% of total investments held. HPA invests funds only with registered banks that have a Standard and Poor's credit rating of at least A2 for short term and A for long-term investments. HPA has experienced no defaults of interest or principal payments for term deposits.

HPA holds no collateral or other credit enhancements for financial instruments that give rise to credit risk.

Credit quality of financial assets

The credit quality of financial assets that are neither past due nor impaired can be assessed by reference to Standard and Poor's credit ratings (if available) or to historical information about counterparty default rates:

	Actual 2016 $000	Actual 2015 $000
Counterparties with Credit Ratings		
Cash at bank and term deposits		
AA-	7,676	8,606
Total cash at bank and term deposits	7,676	8,606
Counterparties without Credit Ratings		
Receivables		
Counterparty with no defaults in the past	2,558	3,227
Total receivables	2,558	3,227

Liquidity Risk

Management of liquidity risk

Liquidity risk is the risk that HPA will encounter difficulty raising liquid funds to meet commitments as they fall due. Prudent liquidity risk management implies maintaining sufficient cash and the ability to close out market positions.

HPA manages liquidity risk by continuously monitoring forecast and actual cash flow requirements.

Contractual maturity analysis of financial liabilities, excluding derivatives

The table below analyses financial liabilities (excluding derivatives) into relevant maturity groupings based on the remaining period at balance date to the contractual maturity date.

The amounts disclosed are the undiscounted contractual cash flows.

	Actual 2016 $000	Actual 2015 $000
Payables		
Carrying amount	6,839	7,252
Contractual cash flows	6,839	7,252
Less than 6 months	6,839	7,252
Total	**6,839**	**7,252**

Note 16: Events after the balance date

There were no significant events after the balance date.

Note 17: Explanation of major variances against statement of performance expectations budget

Statement of comprehensive revenue and expense

Crown income
Crown income is higher than budget following additional service requests and funding agreements with the Ministry of Health during the year.

Programme expenditure
Programme expenditure is higher than budget following execution of agreed additional service requests.

Statement of financial position

Working capital
Working capital (current assets less current liabilities) is higher than budget and follows from the agreed additional service requests and funding agreements with the Ministry of Health.

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health promotion agency

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