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| Subject | **Health Promotion Agency** |
| Date | 22 October 2014 |
| Attention | Hon Dr Jonathan Coleman, Minister of Health  |

##### Purpose

This paper provides the incoming Minister of Health with brief information about the Health Promotion Agency (HPA) and its work. Copies of HPA’s *Statement of Intent 2014–2018* and *Statement of Performance Expectations 2014/15* documents are attached to this briefing.

##### About HPA

HPA is a Crown entity established on 1 July 2012 under the New Zealand Public Health and Disability Act 2000 (the Act). Most of HPA’s inaugural staffing and work programme was formed from its predecessor organisations (the Alcohol Advisory Council of New Zealand and the Health Sponsorship Council) and the initiatives transferred to it from the Ministry of Health (MOH).

Now in its third year, HPA’s work programme has continued to expand. The current staffing level is 83.5 FTEs. HPA is governed by a seven member Board. It is funded from Vote Health, from the levy on alcohol produced or imported for sale in New Zealand and from part of the problem gambling levy.

##### What HPA does and why

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.

The scope of HPA’s work is guided by the statutory functions outlined in the Act. HPA has an overall function to lead and support activities to:

* promote health and wellbeing and encourage healthy lifestyles
* prevent disease, illness and injury
* enable environments which support health, wellbeing and healthy lifestyles
* reduce personal, social and economic harm.

HPA’s current work contributes to the Government’s health targets and key health initiatives across the major issues of:

* alcohol
* gambling harm
* immunisation
* nutrition and physical activity
* mental health
* rheumatic fever
* sun safety
* tobacco control.

HPA manages the Ministry of Health’s resources covering a wide breadth of topic areas and is frequently asked to work in new health promotion initiatives, such as the ‘Get a heart and diabetes check’ campaign that featured Buck Shelford.

HPA also has alcohol-specific functions to:

* give advice and make recommendations to government, government agencies, industry, non-government bodies, communities, health professionals and others on the sale, supply, consumption, misuse and harm of alcohol as those matters relate to HPA’s general functions
* undertake, or work with others, to research alcohol use and public attitudes to alcohol in New Zealand and problems associated with, or consequent on, alcohol misuse.

These alcohol-specific functions, and an additional clause in the Act allowing HPA more autonomy for its alcohol-related work, mean that HPA’s work on alcohol has a broader scope and mandate.

HPA’s work is undertaken using a range of strategies including:

* marketing and communications activities
* health education resources and tools
* support for community-based health promotion initiatives, health services and alcohol regulatory agencies
* advice and policy analysis, in particular on alcohol-related issues
* research
* work to promote environments that support health, such as workplaces and alcohol drinking environments.

##### The way we work

###### Supporting key Government initiatives

HPA is uniquely placed as a Crown entity with considerable expertise to lead and deliver evidence- based health promotion initiatives.

HPA is often called on to provide tactical health promotion, communications and marketing support to key government-led initiatives. For example, HPA has recently been asked by the Ministry of Health to lead the development of an achievement programme for the Healthy Families NZ programme. HPA work is also supporting the positive outcomes of the Prime Minister’s Youth Health Mental initiative, in particular through the review and redevelopment of the Lowdown, an online resource for young people to help them deal with depression.

HPA has an important role in early intervention, providing advice and support in the rollout of alcohol screening and brief intervention in several primary health organisations. This year HPA is leading a programme of work on alcohol and pregnancy, working closely with the primary health sector to tackle the problem of women drinking while pregnant or planning a pregnancy.

###### Working in partnership

HPA has a formal partnership with the Ministry of Health that enables both organisations to plan, share, and implement joint initiatives and outcomes, such as achieving the Smokefree 2025 goal. The current tobacco campaign ‘Stop Before You Start’ focuses on New Zealanders aged 18 to 24 years as they currently have one of the highest levels of smoking prevalence. Adult smoking prevalence is decreasing but this is not the case for the 18 to 24-year-olds. Hence the need to reverse this trend to ensure the Smokefree 2025 goal is met. Research shows that young adulthood is a key time for establishing smoking behaviours but also that people are unlikely to take up smoking after 25-years-old[[1]](#footnote-1).

HPA also has formalised national partnerships with the Heart Foundation, the Mental Health Foundation, Diabetes New Zealand, the Rural GP network, the PHO Alliance, New Zealand Police and the New Zealand Defence Force. Regular information sharing sessions are also held with DHB communications managers.

HPA works collaboratively with a large number of organisations, including the community and voluntary sector, non-government agencies, other central government agencies, territorial authorities, education sector agencies, the media, and businesses and industry groups. HPA is one of the lead agencies ensuring the successful implementation and operation of the Sale and Supply of Alcohol Act 2012, working with industry, local and central government agencies, non-government organisations and communities.

###### Working efficiently

HPA contributes to the Government’s priority of delivering better public services. In 2013/14 HPA achieved Cabinet-directed savings, retained a small surplus and delivered a significant level of additional work over and above the Statement of Intent work programme.

##### HPA’s key areas of influence

In working towards its vision of New Zealanders leading healthier lives, HPA has a number of key areas of influence. These are outlined below with examples.

###### Connections with communities

HPA’s role as a Crown agent one step removed from the core Public Service allows HPA to easily work at the interface between government and community. We do this through support for frontline and community action and partnerships to promote healthier lives. For example, HPA has a key role to play in the implementation of the Like Minds, Like Mine National Plan 2014-2019, particularly the new Community Partnership Fund. This Fund will support innovative projects that reduce stigma and discrimination and increase social inclusion for people with experience of mental illness. HPA supports community organisations to undertake health promotion initiatives on a range of topic area. Other examples are HPA’s Community Action on Alcohol Fund that funds innovative community-based projects with support from HPA’s regional managers and the Active Healthy Strong Community Partnership Fund.

A significant new National Depression Initiative project, which focuses on supporting rural people that might be experiencing depression, is another example of HPA’s reach into communities, in this case rural communities. Six farmers shared their stories, via online videos or written stories, of depression, hope and staying well. This new initiative was developed in collaboration with the farmer mental wellness group made up of the major rural organisations, such as Federated Farmers of New Zealand and Rural Women New Zealand.

Promoting behaviour change so that New Zealanders experience better health and wellbeing

 A range of strategies is needed to ensure sustainable behaviour and culture change. HPA’s marketing activities are an important and useful means of increasing awareness and promoting change, especially when part of a wider package of initiatives and services.

A recent example of how HPA’s activities have helped to contribute to behaviour change is its work on rheumatic fever. A significant piece of work for HPA in 2013/14 was managing the 2014 winter rheumatic fever awareness campaign. The national multi-media campaign was co-designed with the Ministry of Health and delivered in a very tight time frame by HPA, working closely with Pacific and Māori communities and in partnership with health providers. The campaign was exceptionally well received, particularly the television commercials and videos. Anecdotal feedback from the sector and stakeholders has been overwhelmingly positive. Data to-date suggests the campaign has significantly helped boost calls to the Healthline about sore throats and also attendance at sore throat clinics.

Another example of successful marketing activity is the popular Say Yeah, Nah campaign. The first phase helped to arm those who want to refuse a drink with the language to do so - Yeah, Nah. The second phase, launched in 2013/14, built on the original television commercial (and surrounding activity) to make it socially acceptable to refuse a drink - “They’re not saying no to you, they’re saying no to the beersie”. Research results show that HPA’s messages resonate with the intended audience - medium to high-risk drinkers aged 18 to 44 who are open to change. Awareness of Say Yeah, Nah advertising remains high (89%).

###### Complementing and supporting the work of other health sector agencies

This work, in particular with public health services, primary care services, gambling harm services and addiction treatment services, forms a significant part of HPA’s work across a range of topic areas. Examples include providing alcohol drinking advice and resources for use by addiction treatment services, supporting public health services with awareness raising activities for national health days like Gamblefree Day, promoting nutrition and physical activity, working with primary health care organisations on consistent messaging on drinking and pregnancy and providing tools and resources with sun safety prevention messages.

###### Broader scope for HPA’s mandate for alcohol-related issues

This mandate enables HPA to be involved in a wide range of strategies aimed at reducing alcohol-related harm. For example, HPA is taking a lead role in supporting the effective implementation and evaluation of the Sale and Supply of Alcohol Act 2012. HPA worked closely with the Ministry of Justice and other central and local government agencies prior to and following the final provisions of the new legislation coming into effect in December 2013. HPA continues to have an ongoing leadership role on aspects of implementation in particular with regulatory agencies (New Zealand Police, territorial authorities and public health services) and the hospitality industry.

HPA also provides input into a range of alcohol-related local and central government interagency policy processes. Current work includes contributing to the revision of the national drug policy, family violence work, alcohol health warning labelling work and providing evidence and support for the work of the Ministerial Forum on Alcohol Advertising and Sponsorship.

###### Research capacity

HPA is able to both undertake and commission research. HPA’s national surveys include the New Zealand Smoking Monitor, the New Zealand Youth Tobacco Monitor, the Health and Lifestyle Survey and the Attitudes and Behaviour towards Alcohol Survey.

To enable improved access to the many sources of data used in tobacco control HPA developed the Tobacco Control Data Repository. New Zealand now leads the way in making data publically accessible for the purposes of education, intervention planning, research, international cooperation, and exchange of information.

In summary, HPA is a flexible and adaptable organisation that is well placed to deliver a range of programmes across many key government health priorities. HPA is positioned to deliver results that are evidence based, working collaboratively and innovatively with a wide range of partner organisations.

##### current significant work areas and further information on matters of interest to you

HPA is able to provide information either in written form or in its meetings with you on any aspects of its work. We look forward to working with you in the future.

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| Clive Nelson**Chief Executive** | Lee Mathias**Chairman** |

1. Edwards, R., Carter, K., Peace, J., & Blakely, T. (2013). An examination of smoking initiation rates by age: Results from a large longitudinal study in New Zealand. *Australian and New Zealand Journal of Public Health*, 37, 516-519. [↑](#footnote-ref-1)