Annual Report

For the year ended
30 June 2015

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

hpa health promotion agency

PO Box 2142
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New Zealand
hpa.org.nz

October 2015

Contents

Cover images from HPA campaigns anti-clockwise from top: Sir John Kirwin National Depression Initiative, The Lowdown and Immunisation.

Foreword

We are pleased to present the annual report of the Health Promotion Agency (HPA) for 2014/15.

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.

Collaboration is central to our work. During the year, our partnerships with the Ministry of Health, district health boards, primary care organisations, non-government organisations and others across the health sector continued to develop and thrive. Equally, our relationships with organisations across other sectors continue to grow in importance as we work in different ways to help New Zealanders enjoy improved health in the places they live, work and play.

For the third year, HPA was able to meet the savings target set by Cabinet, without compromising the contribution of our programmes to improving health outcomes. HPA's revenue from the Crown was 40% above the annual budget set out in the Statement of Performance Expectations for the year, reflecting an ongoing increase in our workload in general health areas including mental health, immunisation and rheumatic fever.

Conversely, income from the levies on alcohol imported or manufactured for sale in New Zealand fell against budget for the third straight year since HPA was established. It is not possible to simply draw a line that directly connects changes in alcohol consumption (as reflected in lower levy receipts) with the outputs of the HPA. However, it is worth noting that all strategic intentions for the alcohol programme in 2014/15 were achieved and there are encouraging signs among a number of other indicators, including reported behavioural response to our award-winning Say Yeah, Nah advertising, including its latest Not Beersies phase. For the third year running, increasing numbers of medium and high-risk drinkers aged 18 to 35 in the target audience have indicated the campaign has helped them think about their drinking and helped them or a friend say 'no' to an unwanted drink. Other recent changes likely to have contributed to the consumption patterns reflected in the year's levy receipts include the ongoing impacts of the Sale and Supply of Alcohol Act 2012 and the enforcement of a lower legal blood alcohol limit for drivers.

Key programme achievements

A major focus of this year's work was the launch of HPA's alcohol and pregnancy programme, with significant input from partners in other health sector agencies. We are pleased that we all reached agreement on the key message that there is no known safe level of alcohol consumption during pregnancy and this message will be consistent across services.

As noted above, the latest phase of the Say Yeah, Nah/Not Beersies alcohol moderation initiative has continued to develop, becoming part of the New Zealand vernacular while normalising drinking and serving water in social situations.

The mental health area has become an increasingly significant part of HPA's work this year. On the Lowdown website we launched video clips of 13 young New Zealanders sharing their personal stories of recovery from depression and anxiety. These very moving stories have been well received. The Like Minds, Like Mine programme aims to increase social inclusion and reduce stigma and discrimination. A new campaign asks people to step forward to end mental illness discrimination.

In the tobacco control area, we continue to contribute to the Government's tobacco control goals, through both the Smokefree Cars and Homes campaign and our continued

support of events such as Smokefreerockquest and Smokefree Pacifica Beats.

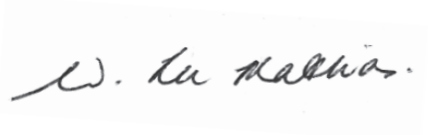
Minimising gambling harm activities moved into venues, promoting host responsibility and helping both gambling venues and patrons understand that there are legal requirements aimed at reducing gambling-related harm.

HPA's research team continued its high-quality output with a significant number of papers published in peer-reviewed journals. The team also produced many fact sheets and papers, which are published on our website, using results from our monitoring of New Zealanders' health behaviours.

HPA was asked to contribute marketing and communications for the Before School Checks initiative to help increase awareness and understanding of the importance of these checks. The results were excellent, with over 9,000 views of videos promoting the initiative, over 4,000 visits to the Ministry of Health website and reported increases in enquiries.

HPA is pleased to be providing advice and support to a range of national activities, such as Healthy Families New Zealand and Oral 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. We are very proud of HPA's achievements in 2014/15.



Dr Lee Mathias
Chairman
Health Promotion Agency

Clive Nelson
Chief Executive
Health Promotion Agency

Presentation of 2014/15 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 2015.

Dr Lee Mathias
Chairman
Health Promotion Agency
23 October 2015

Rea Wikaira
Deputy Chairman
Health Promotion Agency
23 October 2015

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 organisations, 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 Board

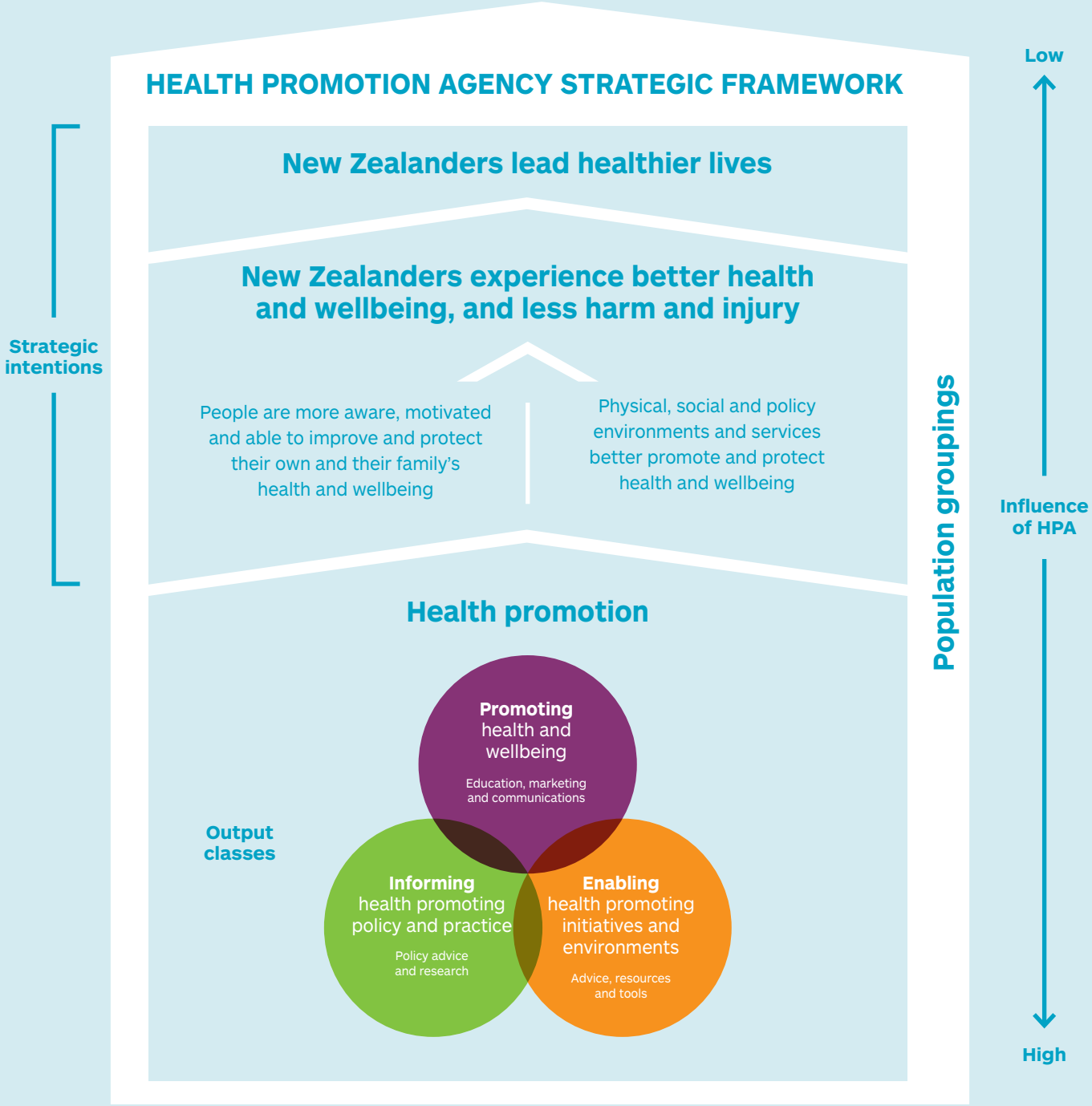
HPA is governed by a Board appointed by the Minister of Health. Board members are:

- Dr Lee Mathias (Chairman)
- Rea Wikaira (Deputy Chairman)
- Barbara Docherty
- Dr Monique Faleafa
- Katherine Rich
- Professor Grant Schofield
- Jamie Simpson

The Chief Executive is Clive Nelson.

Strategic framework

HEALTH SYSTEM OUTCOMES
New Zealanders live longer, healthier, more independent lives
The health system is cost effective and supports a productive economy



HPA's Statement of Intent 2014-2018 provided the strategic direction for its work during 2014/15, summarised in the figure above. Progress towards the strategic objectives 2014-2018 and the results for strategic intentions for 2014/15 are outlined in the following pages, with brief overviews of HPA's performance in each area of activity.

HPA's work 2014/15

For New Zealanders to lead healthier lives, individuals and families need to be aware, motivated, and able to improve and protect their own and their family's health and wellbeing. HPA's work spans a range of major issues including:

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

HPA also undertakes work in other areas when requested to do so by its Ministers or the Ministry of Health. In 2014/15, we have contributed to work programmes in Before School Checks, child oral health, Healthy Families New Zealand, influenza and rheumatic fever.

HPA leads and supports national health promotion initiatives through:

- marketing and communications
- advice
- policy and research
- resources, events and online tools
- health education
- strategic relationships.

A lot of HPA's work uses marketing approaches aimed at achieving behaviour change. 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 are disproportionately impacted by disease, illness or injury and have poorer health outcomes compared with other New Zealanders. Identifying and focusing health promotion activities to help improve the health and wellbeing of these groups, in particular for Māori, Pacific, and youth as priority populations, is a crucial focus for HPA. In some work programmes there are considerable gains to be made by targeting specific populations.

In practical terms, HPA provides advice, resources and tools to a wide range of individuals and groups. HPA cannot do this alone and strong partnerships are key to its success. HPA works with a large number of organisations, including:

- health sector agencies, particularly the Ministry of Health, district health boards (DHBs) including public health units, primary health organisations (PHOs), primary health services and health professional associations
- the community and voluntary sector
- non-government organisations
- central government agencies
- territorial authorities
- education sector agencies
- businesses
- the media
- policymakers, academics and researchers.

An equally important part of HPA's work is ensuring the environments where New Zealanders live, work and play support and promote health and wellbeing. To achieve this HPA:

- works with communities to help them develop local solutions to local problems
- undertakes and supports research and provides advice to inform HPA's work and the work of others
- offers specialist knowledge and undertakes work to improve how health promotion is incorporated into workplace, sport and education settings
- influences the development and implementation of policies and laws by contributing to interagency policy processes and making submissions to central and local government and by providing evidence-based research.

HPA has a Statement of Intent for 2014–2018 and a Statement of Performance Expectations for 2014/15.

The following pages outline our results for the work programme in 2014/15 and progress towards achieving the goals for 2018.

Alcohol

HPA promotes collaboration and works in partnership with many stakeholders. Alcohol impacts on society in multiple ways, so many sectors, agencies and groups have a role in reducing alcohol-related harm.

Reducing alcohol-related harm will have a positive impact on a range of health, justice, economic and broader social outcomes. Achieving HPA's alcohol-related targets requires:

- collaborative effort across sectors and between agencies
- the work and priorities of other agencies
- progress on broad alcohol-related strategies, such as communicating and implementing the changes to the legislation on the sale and supply of alcohol.

HPA focus 2014/15

Alcohol and pregnancy

A new marketing campaign, Don't know? Don't drink, was developed and launched in June 2015. The primary audience for the campaign is women aged 18 to 30 years who drink moderately to hazardously and are sexually active. The campaign reminds young women that alcohol can harm developing babies, even before a woman knows she is pregnant.

The marketing campaign is supported by a wider programme which includes:

- an alcohol and pregnancy key message that is endorsed by 18 health sector agencies[1] to ensure women receive consistent messaging around alcohol and pregnancy: *'Stop drinking alcohol if you could be pregnant, are pregnant or are trying to get pregnant. There is no known safe level of alcohol consumption during pregnancy'*
- resources for health professionals to help them have conversations with women about alcohol and pregnancy
- input and leadership from HPA's Alcohol and Pregnancy Sector Leaders' Group.

The Sale and Supply of Alcohol Act 2012

HPA supported the effective implementation of the Sale and Supply of Alcohol Act 2012 (SSAA) and worked with key stakeholders to develop a model which will assist in providing leadership, support and consistency. The SSAA Strategic Leadership Group convened by HPA has representation from the Ministries of Justice and Health, Police, ACC, Local Government New Zealand, and the Alcohol Regulatory and Licensing Authority.

An e-learning tool designed to help ensure regulatory staff are fully trained in their SSAA monitoring and enforcement roles went live in September 2014 on the National Regulatory Agencies Steering Group's website collaboraction.org.nz. HPA supported the development of the e-learning tool and hosts the website.

In partnership with Alcohol Healthwatch, HPA hosted three regional forums titled 'One year on – The Sale and Supply of Alcohol Act 2012'. The forums provided an opportunity for those involved in the regulatory processes of SSAA to discuss day-to-day operation of the legislation.

1 NZ College of Midwives, The Royal NZ College of General Practitioners, NZ Nurses Organisation, NZ College of Public Health Medicine, Paediatric Society of New Zealand, Society of Youth Health Practitioners Aotearoa NZ, Family Planning, Ministry of Health, Office of the Children's Commissioner, NZ Medical Association, General Practice NZ, NZ Rural General Practice Network, PHO Alliance, National Hauora Coalition, Alcohol Healthwatch, ProCare, Midlands Health Network and Pegasus.

Don't know, Don't drink – Alcohol and Pregnancy campaign.

AlcoholNZ magazine.

Not Beersies campaign.

Early intervention and addiction

HPA's work on alcohol early intervention and addictions is guided by its Early Intervention Addiction Plan 2013-2017. A key annual addiction sector event that HPA supports is the national addictions conference, Cutting Edge, held in September 2014 in Dunedin with more than 400 attendees.

HPA and the Ministry of Health continued to support the delivery of an alcohol and drug helpline service for people concerned about their own or someone else's alcohol or other drug use. The service is currently provided by ADANZ (Alcohol Drug Association of New Zealand). HPA provided extensive advice to the Ministry of Health during the National Telehealth Service development process to ensure the new service would meet the needs of people with addiction issues.

Alcohol management at large events

HPA worked with a variety of venues and large event organisers to provide guidance and support in planning for alcohol management at major events. Over the summer period, HPA supported festival and sports events nationwide to implement alcohol management plans. These included sports events such as the Cricket World Cup 2015, Auckland Nines, and Wellington Sevens, FIFA U20 World Cup, and music festivals like Homegrown, Laneway, On the Lawn and Te Rā o Te Raukura.

Support for communities

Community partners responded positively to Not Beersies. Communities included the messages in their own resources and activities and worked with sports team and clubs to promote safer parties, responsible summer drinking, and road safety. ACC promoted Not Beersies messages through community networks during Safety Week 2014.

Funding from the Community Action on Alcohol Fund (CAAF) supported eight groups to undertake the second year of their community project. All CAAF projects are working towards achieving long-term, sustainable changes in how alcohol is managed in their communities.

Policy and advice

HPA contributes to interagency discussions and work programmes and works in partnership with others at national, regional and community levels. HPA provides advice about reducing alcohol-related harm through online communications, guidelines and other resources, including AlcoholNZ magazine, Ease-up stakeholder e-newsletters, and seminars and presentations.

HPA supported the Ministry of Health to provide the secretariat function for the Ministerial Forum on Alcohol Advertising and Sponsorship and provided information in response to requests by the Forum. The Forum's report was released in December 2014. HPA worked with the Ministry of Health, the Ministry of Justice and Sport New Zealand to provide advice to Government about its response to the report.

Oral and written submissions were provided on a large number of territorial authorities' draft local alcohol policies published for consultation.

HPA also contributed to the Ministry of Health-led development of a new national drug policy and a fetal alcohol spectrum disorder action plan, and to Ministry of Social Development-led work to address intergenerational family violence.

A comprehensive literature review on alcohol and older adults was published in October 2014. This is being used to inform future policy, practice interventions and research.

Case study

Say Yeah, Nah

The third phase of the popular Say Yeah, Nah campaign was launched in November 2014.

Phase one of the campaign armed those who want to refuse a drink with the language to do so – Yeah, Nah. Phase two used New Zealand comedian Guy Williams to help make it socially acceptable to refuse a drink.

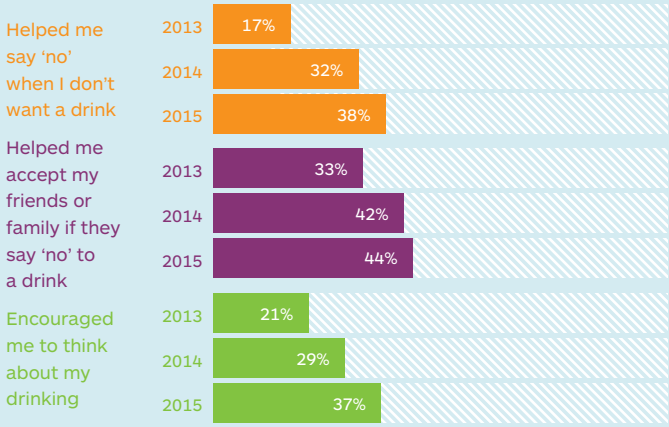
The third phase, Not Beersies, was introduced to popularise and normalise the drinking and serving of water in social situations. Using the light-hearted humorous style of the earlier phases of the Say Yeah, Nah campaign, the Not Beersies phase makes water a fun and socially acceptable way for people to ease up.

The campaign was timed to coincide with changes to New Zealand laws, including requirements for licensed venues to provide free drinking water and vessels and lowered general drink drive limits. Marketing took place in the lead-up to the Christmas season and during the summer drinking season – November to January. The campaign used headlines that were a little quirky and cheeky to really engage with the target audience – the medium- and high-risk drinkers aged 18 to 35 who are open to change, eg, 'Deliciously chilled 'Not Beersies' water, branded, advertised and served as if a real beer but basically consisting of 100% icy fresh H2O'.

Research results show that awareness of Say Yeah, Nah advertising remains high (88%), and the overall relevance of the advertising remains constant at 62%. Behavioural responses to Say Yeah, Nah advertising are trending upwards with more of the target audience saying that the advertising helped or encouraged them to say 'no' when they don't want a drink (up 21% from 2013), to accept friends or family if they say 'no' to a drink (up 11% from 2013), and to think about their own drinking (up 16% from 2013). Of the target audience, Pacific and Māori respondents and medium and high-risk drinkers were more likely to report making behavioural changes as a result of the advertising.

The behavioural response to 'Say Yeah, Nah' is trending upwards

Q: Has this particular advertising helped or encouraged you to do any of the following?



Source: National Alcohol Marketing Communications Campaign March 2015 Monitor briefing to HPA by Research New Zealand.

The Not Beersies campaign won two gold Communication Agencies Association of New Zealand (CAANZ) Beacon awards and four bronze Axis awards.

At the 2014 New Zealand Effie Awards (for effectiveness in marketing communications), HPA's Say Yeah, Nah campaign won two gold awards (for the Hardest Challenge and Best Strategic Thinking categories), a silver award (for the Most Effective Integrated Campaign), and a bronze award in the Social Marketing – Public Service section.

ALCOHOL:

Our results 2014/2015

STRATEGIC INTENTION 2014/15 – KEY:

- P Promoting
- E Enabling
- I Informing

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
Say Yeah, Nah marketing campaign P	The proportion of the target audience that considers the campaign messages are relevant to themselves or someone they care about is maintained or improved. (63% in 2012/13, 57% in 2013/14).	**Achieved** 62% of the target audience considers the campaign messages relevant to themselves or someone they care about.
Drinking and pregnancy marketing and communications strategy P	Marketing and communications strategy developed.	**Achieved** The campaign and supporting initiatives were launched in June 2015.
Stakeholder magazines and newsletters E	At least 65% of stakeholder respondents who are familiar with the resources indicate satisfaction (top two categories of a five-point scale) with alcohol magazines and newsletters (65% in 2012/13, 65% in 2013/14). Source – stakeholder survey.	**Achieved** 82% of stakeholder respondents who are familiar with the resources indicate satisfaction with alcohol magazines and newsletters.
Resources and advice for alcohol legislation requirements and drinking environments E	New or updated online and print resources for alcohol legislation requirements and drinking environments are developed and distributed. Quantity and quality indicator. Source – administration data.	**Achieved** Two resources re-issued with 11,000 subsequently distributed.
	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 resources and advice for alcohol legislation requirements and drinking environments (77% in 2012/13, 86% in 2013/14). Source – stakeholder survey.	**Achieved** 94% of stakeholder respondents who have used the resources or received advice indicate satisfaction (top two categories of a five-point scale) with resources and advice for alcohol legislation requirements and drinking environments.

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
Resources and advice for health professionals to better enable them to help people to address harmful drinking E	At least 80% of stakeholder respondents who have used the resources or received advice indicate satisfaction (top two categories of a five-point scale) with resources and tools to better enable health professionals and others to help people who need help with their drinking (86% in 2012/13, 91% in 2013/14). Source – stakeholder survey.	**Achieved** 95% of stakeholder respondents who have used the resources or received advice indicate satisfaction (top two categories of a five-point scale) with resources and tools to better enable health professionals and others to help people who need help with their drinking.
Community led action on alcohol projects E	All community-led projects that HPA funds are monitored and reported on. Quality and quantity indicator. Source – administration data.	**Achieved** All community-led projects funded during 2014/15 were monitored and reported on.
Alcohol policy advice/ submissions I	An independent assessment of written policy advice indicates quality advice (top two categories of a five-point scale). Source – independent review.	**Achieved** An independent assessment of written policy advice and submissions gave a result of 4.1 on a five-point scale.

ALCOHOL:

Our goals to 2018

More New Zealanders drink at low-risk levels.

People are more aware, motivated, and able to change their drinking behaviour.

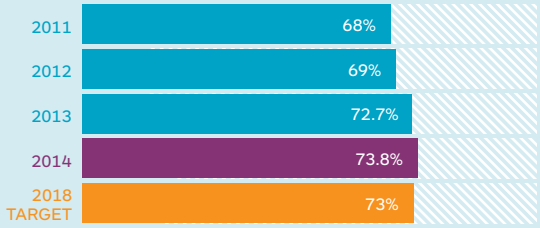
Physical, social and policy environments and services better protect New Zealanders from alcohol-related harm.

Indicators

Increase in proportion of adult (18+ years) lower-level drinkers.

2011/12 RESULT	2014/15 RESULT	2018 TARGET
68%	73.8%	73%
	95% confidence interval 72–75.6%	

Proportion of adult (18+ years) lower-level drinkers*



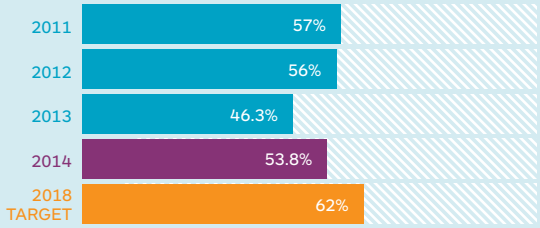
* Lower level drinkers defined as consuming no more than 6 drinks on any occasion over the past month.

Source: Attitudes and Behaviour Towards Alcohol Survey (ABAS)

Increase in proportion of adult (18+ years) medium to high-level drinkers who have thought about cutting back on how much they drink.

2011/12 RESULT	2014/15 RESULT	2018 TARGET
57%	53.8%	62%
	95% confidence interval 49.5–58%	

Proportion of adult (18+ years) medium to high-level drinkers* who have thought about cutting back on their drinking



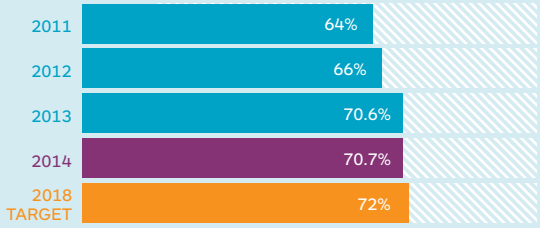
* Medium-high level drinkers defined as consuming 7 or more drinks on any occasion over the past month.

Source: ABAS

Increase in proportion of adults (18+ years) who disagree or strongly disagree that drunkenness is acceptable in some situations.

2011/12 RESULT	2014/15 RESULT	2018 TARGET
64%	70.7%	72%
	95% confidence interval 69.2–72.2%	

Proportion of adults (18+ years) who disagree or strongly disagree "drunkenness is acceptable in some situations"



Source: ABAS

Mental Health

HPA has a growing role in minimising the impact of mental illness and distress on the wellbeing of New Zealanders, and enhancing social inclusion opportunities for people whose lives have been disrupted by mental health conditions. HPA is responsible for the development and delivery of the National Depression Initiative (NDI) and Like Minds, Like Mine programmes.

HPA focus 2014/15

National Depression Initiative

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

Depression.org.nz

In 2014/15, HPA began making improvements to the depression.org.nz website. As part of its redevelopment, changes were made to The Journal (an online self-help tool) to improve its usability. This included allowing nominated support people to receive reminders, to enable them to encourage the person they are supporting, as they work through The Journal. Sir John Kirwan has promoted The Journal on depression.org.nz and on television, featuring in new commercials launched as part of this redevelopment.

Like Minds, Like Mine

The Like Minds, Like Mine National Plan 2014-2019 was launched in May 2014. Like Minds, Like Mine aims to reduce the stigma and discrimination faced by people with experience of mental illness, as stigma and discrimination are major barriers to a person's recovery. The role of Like Minds, Like Mine is not to provide direct services to those people who are socially excluded. Rather, it is to promote the conditions where social inclusion efforts and outcomes can occur more easily. From January 2015, HPA became the single lead operational agency for Like Minds, Like Mine. The Ministry of Health retained strategic responsibility.

One of the ways the Like Minds, Like Mine programme works to achieve its aim is through the Community Partnership Fund. The Fund supports innovative projects that reduce stigma and discrimination and increase social inclusion for people with experience of mental illness. Sixteen community-based projects were selected and commenced their projects in January 2015. The projects will run for three years and will be evaluated to show their effectiveness in reducing stigma and discrimination in New Zealand's communities.

In partnership with the Mental Health Foundation and Ministry of Health, HPA has developed a new national campaign for the programme. Launched in June 2015, the campaign includes the message that discrimination against people with experience of mental illness exists in New Zealand. It encourages New Zealanders to take action and join the movement to end discrimination against mental illness.

Case study

The Lowdown

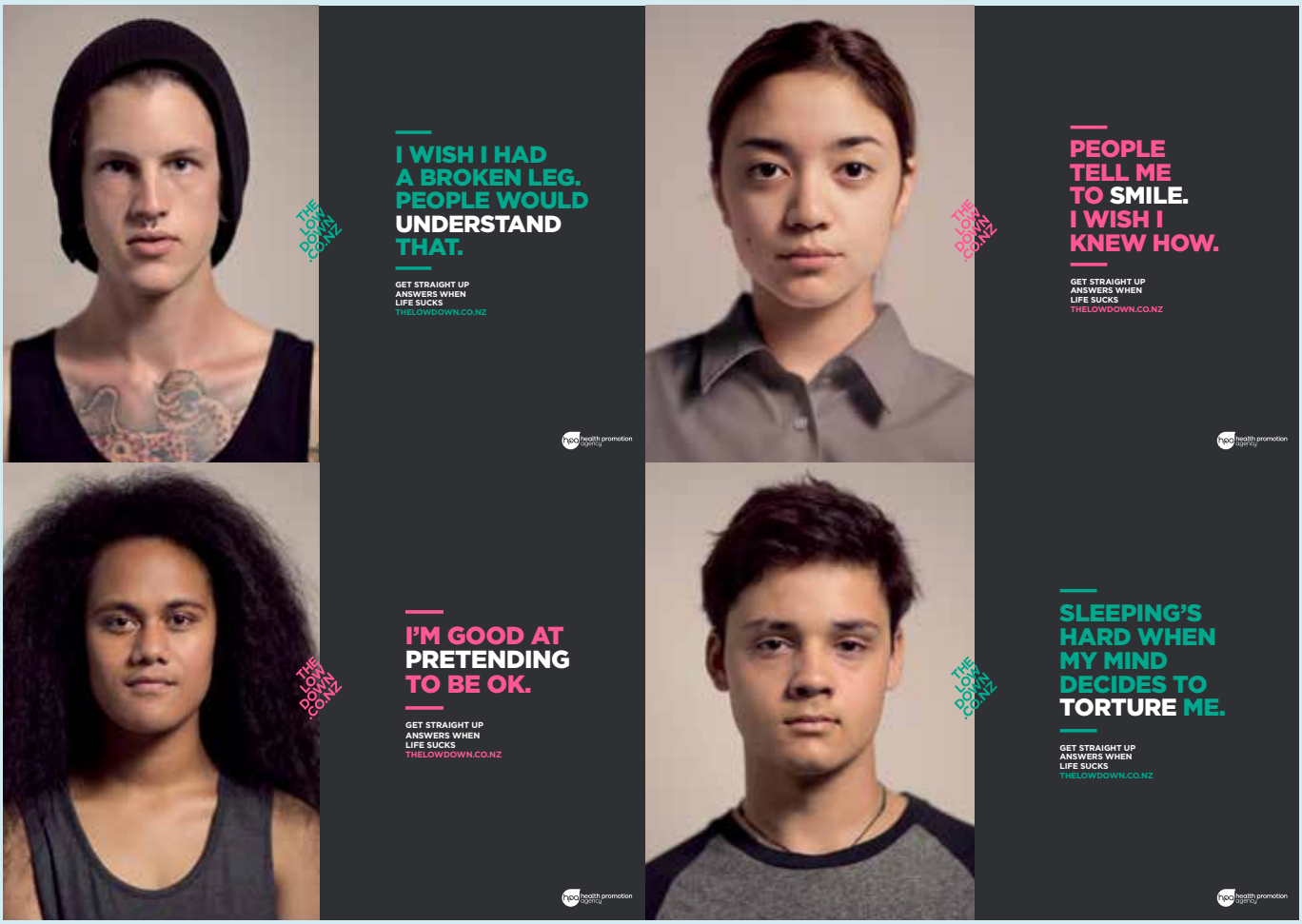
The Lowdown initiative focuses on helping young people aged 13 to 17-years-old understand and deal with depression and anxiety. In 2014/15 the Lowdown underwent a significant refresh.

In developing the material, HPA worked with clinical psychologists, the University of Auckland and University of Otago, and young people. These collaborative relationships provided clinical advice, online assessment tools and programme content.

The Lowdown website, thelowdown.co.nz, was first launched in 2007 to support young New Zealanders who experience or may experience depression. Over the past year it has been given a significant new look and feel, and extra features have been added to keep up with technological and societal changes. The site now offers email and text support services along with a forum for young Kiwis to support each other. It can be accessed on a variety of platforms including mobile devices.

The website features video stories of 13 young New Zealanders sharing their personal stories of recovery from depression and anxiety. A major part of the Lowdown redevelopment was recruiting the young people and providing support to them throughout the project, including after the website went live. The video content is very powerful and each story ends on a note of hope.

Our sincere thanks to our sharers: Adrian, Hannah, Ben, Caitlin, Gabrielle, Geoff, Krystal-Lee, Hannah, Samantha, Scottie, Sofia, Victoria and Waiata.



The Lowdown campaign posters (models used).

MENTAL HEALTH:

Our results 2014/2015

STRATEGIC INTENTION 2014/15 – KEY:

- P Promoting
- E Enabling
- I Informing

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
National Depression Initiative campaign P	Develop and update online self-help resources to better meet the needs of specific at-risk population groups. Quality and quantity indicator. Source – Google analytics.	**Achieved** The Lowdown website and content have been refreshed with the addition of content on anxiety and videos of young people telling their inspirational stories of recovery.
Lowdown campaign P	New Lowdown media campaign and online activity delivered. Source – administration data.	**Achieved** The new Lowdown campaign using multiple channels, including online and posters, commenced in April.
Like Minds, Like Mine campaign P	Develop and deliver refreshed Like Minds, Like Mine campaign messages. Source – administration data.	**Achieved** A phased media campaign called Step Forward end mental illness discrimination commenced in June.
NDI/Lowdown Resources, tools and support for health professionals and others E	At least 80% of stakeholder respondents who have used resources or tools or received advice confirm that their work is more effective as a result of using HPA support. Source – stakeholder survey.	79% of stakeholder respondents who have used resources or tools or received advice confirm that their work is more effective as a result of using HPA support. 79% is within margin of error.[3]
Community partnerships for Like Minds, Like Mine E	A community partnership fund is established and all projects that HPA funds are monitored and reported on. Quality and quantity indicator. Source – administration data.	**Achieved** Contracts for all providers were signed in January 2015 and the first reports were received by June 2015.

3 The margin of error for a 50% figure at the 95% confidence level for a sample of n=233 is approximately ±4.4%. n=39.

MENTAL HEALTH:

Our goals to 2018

The NDI works to reduce the impact of depression and anxiety on the lives of New Zealanders by ensuring that:

The impact of depression on New Zealanders is reduced.

New Zealanders are more inclusive and respectful towards those with mental health issues.

Indicators

Increase in proportion of New Zealanders who know where to get help if they or someone they know has depression.

2014 BASELINE

Established in 2014/15

2014/15 RESULT

82%

95% confidence interval. 80–85% could identify at least one source for where to get help for depression (2014)

2018 TARGET

75%

New Zealanders can identify at least two sources for where to get help for depression

Source: Health and Lifestyles survey

Increase in proportion of adults who demonstrate inclusive attitudes towards those with mental health issues in the community.

2014 BASELINE

Established in 2014/15

2014/15 RESULT

49%

95% confidence interval. 46–52% feel comfortable with a new community mental health centre opening in their street. 30% (27–32%) feel comfortable if it was next door to them

2018 TARGET

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

Source: Health and Lifestyles survey

Tobacco Control

HPA, alongside many other organisations, is working towards 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 – and providing support to the sector through a range of resources, information and tools.

While HPA plays a leadership role within the tobacco control sector (particularly around reducing the number of young people taking up smoking), several organisations also play significant parts. To achieve its impacts, HPA therefore relies on collaboration and working in partnership with many stakeholders.

HPA focus 2014/15

Stop Before You Start

The Stop Before You Start young adult campaign targets young adults aged 17 to 24-years-old who are at risk of taking up smoking. The campaign was launched in June 2014 with television, radio, social media and settings-based promotions. It continued during 2014/15 with promotions at pedestrian crossings on tertiary education campuses across New Zealand, in bars and clubs, at major sporting fixtures (the Auckland Nines and Wellington Sevens) and in outdoor settings such as high street retail districts and outside premises where smokers commonly gather. Digital and online channels were employed to support the mass media activity and to reach the priority audience through relevant interest channels and themes such as Christmas and Valentine's Day. An online competition encouraged the audience to submit a creative response to the campaign content.

The evaluation of the first five months of the Stop Before You Start campaign shows a high prompted recall of television advertising material (69%) with 85% of respondents being aware of the overall campaign. There is excellent understanding of key messages: 91% of the target audience believes the campaign 'encourages people not to smoke', 89% believes the campaign 'depicts the control tobacco can have over smokers' and 86% of the priority audience perceives the campaign as relevant to them. The campaign's proposition was for young adults to think about their relationship with cigarettes, and 67% of young adults reported that the campaign made them 'think about the addictive nature of tobacco'.

Smokefree Cars and Homes

The Smokefree Cars and Homes campaign was delivered during September and October 2014. The campaign was updated in December 2014 with an integrated promotion on Māori Television featuring comedian Pio Terei delivering key messages on how to make homes and cars smokefree. Alongside this, three new radio commercials, also featuring Pio, aired on the Māori Radio Network, Mai FM, and Flava in both English and Te Reo Māori. The campaign was repeated in April and May 2015 to align with and support tobacco control sector activity around World Smokefree Day (31 May).

Smokefree.org.nz

Stop Before You Start campaign.

Smokefreerockquest and Smokefree Pacifica Beats

Smokefreerockquest and Smokefree Pacifica Beats provide opportunities for secondary school students to showcase their musical talents in their regions. These two events help connect young people to their peers, schools and family, which are all important protective factors in developing healthy young people who are more likely to stay in school and less likely to be involved in risky behaviours such as smoking.

In 2014/15, nearly 700 bands with 2,298 musicians from 258 schools took part in Smokefreerockquest, and 101 bands, 70 schools and 482 musicians participated in Smokefree Pacifica Beats.

Sector support

Tobacco control seminars

HPA has continued to coordinate and lead regional tobacco control seminars. Over 225 delegates, including key national representatives, attended seminars in their regions. HPA presented its young adult campaign, Stop Before You Start, and relevant research projects including the tobacco control data repository, a website bringing together tobacco control data from many sources so it is easy to access and for community groups to use.

World Smokefree Day

World Smokefree Day (WSFD) is celebrated on 31 May each year. HPA coordinated WSFD, supporting the tobacco control community by providing promotional material, guidance on potential initiatives, a media guide and template media releases and resources.

In 2014/15, there were 22 World Smokefree Day regional facilitators who facilitated the WSFD activities within their regions.

TOBACCO CONTROL:

Our results 2014/2015

STRATEGIC INTENTION 2014/15 – KEY:

- P Promoting
- E Enabling
- I Informing

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
Young adult campaign (18 to 24-year-olds) P	Proportion of target audience who were aware of the campaign when prompted is established (baseline indicator). Source – campaign monitor.	**Established** There is 69% prompted recall of television advertising material with 85% of respondents being aware of the overall campaign.
	Proportion of target audience who are aware of the campaign and consider the campaign messages are relevant to them is established (baseline indicator). Source – campaign monitor.	**Established** 86% of the priority audience perceive the campaign as relevant to them.
Resources and tools for health professionals and others E	At least 80% of stakeholder respondents who have used resources or tools confirm that their work is more effective as a result of using HPA support (88% of 24 respondents in 2012/13). Source – stakeholder survey.	**Achieved** 94% of 35 stakeholder respondents who have used resources or tools or received advice confirm that their work is more effective as a result of using HPA support.

TOBACCO CONTROL:

Our goals to 2018

These goals and targets were determined in relation to the Government goal that New Zealand be smokefree by 2025.[4]

More New Zealand young adults are smokefree.

HPA contributes to the overall reduction in smoking rates.

Physical, social and policy environments and services better promote and protect New Zealanders from smoking-related harm.

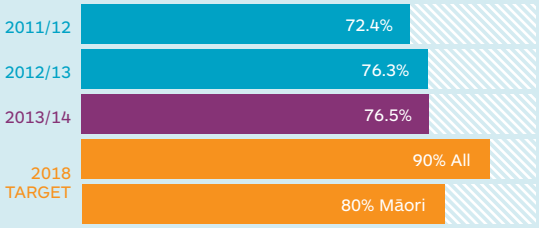
4 In 2013, the Ministry of Health commissioned the SHORE and Whāriki Research Centre to determine whether changes were needed to achieve the Smokefree Aotearoa 2025 goal. The review indicated that it is unlikely the goal will be achieved if the Ministry continues with a business as usual approach. Based on this report and other findings, the Ministry extended all contracts for face-to-face stop smoking services, national health promotion, and advocacy services for tobacco control until 30 June 2016.

Indicators

Increase in proportion of young adults aged 18 to 24 years who do not smoke.

2011/12 RESULT	2014/15 RESULT	2018 TARGET
72.4% All	76.5% All	90% All
		80% Māori

Proportion of young adults (18-24 years) who do not smoke*

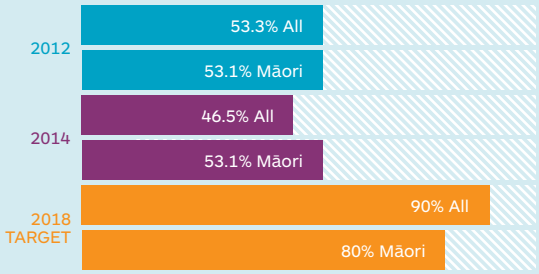


Source: New Zealand Health Survey (Ministry of Health)

Increase in proportion of current smokers or recent quitters* aged 15+ years who made one or more serious quit attempts in the last 12 months.

2011/12 RESULT	2014/15 RESULT	2018 TARGET
53.3% All	46.5% All	90% All
53.1% Māori	95% confidence interval 39.1–53.9	80% Māori
	53.1% Māori	
	95% confidence interval 43.4–62.9	

Proportion of current smokers or recent quitters (15+ years) who made one or more serious quit attempts in last 12 months



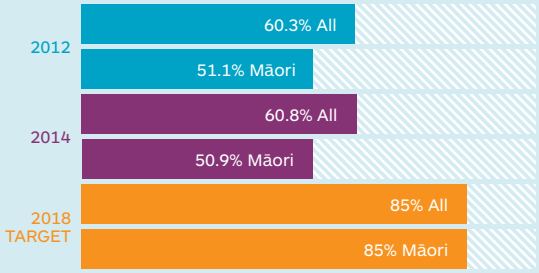
* Recent quitters defined as quit within last 12 months.

Source: Health and Lifestyles Survey

Increase in proportion of adults aged 15+ years who agreed that "Being smokefree is part of the New Zealand way of life".

2011/12 RESULT	2014/15 RESULT	2018 TARGET
60.3% All	60.8% All	85% All
51.1% Māori	95% confidence interval 57.2–64.4	85% Māori
	50.9% Māori	
	95% confidence interval 44.2–57.6	

Proportion of adults (15+ years) who agree that "Being smokefree is part of the NZ way of life"



Source: Health and Lifestyles Survey

Minimising Gambling Harm

HPA raises awareness of gambling risks and harms and motivates people to seek help and take positive action early, both for themselves and for others they care about. It also 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 2014/15

Choice Not Chance

The Choice Not Chance Gameshow campaign went live in May 2014 and continued in 2014/15. The campaign delivered strong results across the whole year. First time calls to the Gambling Helpline were 50% higher during the period of Choice Not Chance advertising, with the majority saying the advertising motivated their call. Ministry of Health reports also indicated that face-to-face counselling with local gambling services increased when the advertising played.

The campaign used a wider range of media than ever before, increasing its digital and social media presence. Gameshow television commercials had more than 32,000 views on YouTube and the rebuilt website had over 39,000 visits across the year, with more than half the visitors using some form of self-help tool while online. The rebuild of the website to be fully customer focused and mobile responsive increased engagement and accessibility. As a result, over 30% of all users accessing the site have done so on a mobile device.

Sector support

HPA provides advice, resources and tools to support the minimising gambling harm sector. Strong sector partnerships are key to promoting nationally consistent messages.

Gamblefree Day

Gamblefree Day is 1 September every year. HPA uses Gamblefree Day as an opportunity to engage audiences at a national level and support local services with community-based, whānau-focused activities. The Family Factor 2014 family photo competition had a particular appeal for Māori and Pacific audiences. The competition reached more than 90,000 Facebook users, with more than 500 entries and more than 10,000 actively engaged participants. This initiative provided a valuable opportunity to spread messages about harm minimisation and self-help tools with these key audiences. Minimising Gambling Harm services were also supported through a package of materials that linked to the Family Factor competition and resources to support local activities.

Venues

HPA worked closely with the Department of Internal Affairs and the Ministry of Health to develop an in-venue initiative to support safer gambling practices. The two components of this work are the development of positive messages for Class 4[5] venue staff and gamblers and materials to encourage and support staff with their host responsibility duties.

Research on Class 4 venue staff and gamblers about their experiences of host responsibility, views on improvements and possible messaging was completed. The research will inform the development of materials to be disseminated to all 1,300 Class 4 gambling venues in 2015. HPA also worked with the societies and trusts responsible for gambling venues.

5 Venues with electronic gaming machines.

Choice Not Chance poster.

Choicenotchance.org.nz

MINIMISING GAMBLING HARM:

Our results 2014/2015

STRATEGIC INTENTION 2014/15 – KEY:

- P Promoting
- E Enabling
- I Informing

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
Choice Not Chance campaign P	At least 15% of visitors to the Choice Not Chance website use an online self-assessment/self-help tool (baseline data is being collected in May 2014). Quality and quantity indicator. Source – Google analytics.	**Achieved** 43.9% of visitors to the Choice Not Chance website used an online self-assessment tool.
Supporting frontline services E	At least 75% of respondents who have received support from HPA indicate (top two categories of a five-point scale) that they are better able to do their job as a result of HPA support (84% in 2012/13). Source – minimising gambling harm service providers' resource users' survey.	**Achieved** 91.8% of respondents who have received support from HPA indicated (top two categories of a five-point scale) that they are better able to do their job as a result of HPA support.

MINIMISING GAMBLING HARM:

Our goals to 2018

More at-risk gamblers monitor their gambling behaviour.

New Zealanders are more aware of early indicators of harmful gambling.

New Zealanders are more aware of legal requirements of venues to minimise gambling harm.

Indicators

Increase in proportion of at-risk gamblers reporting that they monitor their gambling behaviour.

2014 BASELINE

Established in 2014/15

2014/15 RESULT

33%

At-risk gamblers report that they monitor their gambling behaviours

2018 TARGET

Increase the proportion of at-risk gamblers that report they monitor their gambling behaviours

Source: 2014 Omnibus Survey

Increase or maintain awareness of the early indicators of harmful gambling.

2014 BASELINE

Established in 2014/15

2014/15 RESULT

93%

New Zealanders are aware of the early indicators of harmful gambling

2018 TARGET

Increase or maintain the proportion of New Zealanders aware of the early indicators of harmful gambling

Source: 2014 Omnibus Survey

Increase in awareness of the legal requirements of venues to minimise gambling harm.

2014 BASELINE

Established in 2014/15

2014/15 RESULT

61%

New Zealanders are aware of the legal requirements of venues to minimise gambling harm

2018 TARGET

Increase or maintain the proportion of New Zealanders aware of the legal requirements of venues to minimise gambling harm

Source: 2014 Omnibus Survey

Health Education Resources

The Health Education Resources Catalogue (HealthEd) is the country's largest collection of nationally significant and prevention-focused public health information, for health professionals and consumers to access free of charge. The HealthEd website features over 500 health resources covering 44 topic areas in a range of formats to support New Zealanders to make informed health decisions, ultimately helping them to stay well and lead better lives.

Focus for 2014/15

Key areas of focus for the year have included:

- expanding the range of information available via HealthEd
- improving the access to and reach of HealthEd information through further website enhancements and mobile viewing functionality
- evolving the design aspect of the HealthEd website to make it modern and engaging
- creating non-public-facing material to inform and support Authorised Providers within DHBs
- negotiating and signing a new contract for HealthEd service delivery.

Immunisation

The Ministry of Health sets an annual health target for immunisation. In 2014/15, the immunisation target was increased to 95% of infants aged eight months having completed their primary course of immunisation (six weeks, three months and five months immunisation events) on time by December 2014.[6] HPA supported the achievement of the Ministry of Health's immunisation goal with marketing and communications.

HPA focus 2014/15

In 2014/15, HPA delivered three campaigns to help increase immunisation rates:

- On-time immunisation for infants. HPA supported the achievement of the health target '95% of eight-month-old babies fully immunised by December 2014' (reached 94.6%), with national radio promotions, online and mobile displays, banner advertisements and print.
- Immunisation for older children (11 and 12-year-olds). This campaign reminded parents to sign and return consent forms for Boostrix and Human Papillomavirus (HPV) immunisations being provided at school. The campaign included radio, print and online media, and a new health education video was developed for use in schools.
- Immunisation for young adults (16 to 19 years). This campaign targeted school leavers and first-year university students (and their parents) with reminders to get up to date with their immunisations while the immunisations were still free for them, and included radio, supported by online marketing, the website (getimmunised.org.nz), and print ads in student diaries.

A further campaign promoting the availability of the new rotavirus vaccine was launched in August 2014 in online media (with a strong social media element) and print.

HPA also coordinated the 2015 Immunisation Week during April, which included developing and distributing resources to all district health boards to support their regional activities. This was the fifth year that New Zealand participated in the World Health Organization's World Immunisation Week, which is marked by community events, displays and activities.

Immunisation campaign.

As part of providing current, accurate information resources for the programme, HPA developed and updated resources for health professionals and the public, and provided multiple translations. Topics included the Bacille Calmette-Guérin (BCG) vaccine, hepatitis B and rotavirus.

Other initiatives

HPA ran a localised campaign to raise awareness of measles in the Waikato and Hawke's Bay regions in response to an outbreak in June 2014. The campaign targeted older teenagers.

A message to ensure routine immunisations (such as measles, influenza, tetanus and whooping cough) are up-to-date was updated in Tips for safe travel in the Before you go...Stop! booklet for travellers at safetravel.govt.nz.

6 Ministry of Health http://www.health.govt.nz/new-zealand-health-system/health-targets/about-health-targets/health-targets-increased-immunisation

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.

Obesity rates in New Zealand are rising – two in three New Zealand adults are overweight or obese and the prevalence of obesity in New Zealand children is continuing to increase. Recent data shows that 21% of New Zealand children are overweight and 10% obese.

From conception to childhood, parents/caregivers, families and communities directly shape a child's physical and social environment and indirectly influence behaviours, habits, preferences and attitudes.

HPA focus 2014/15

Helping New Zealanders be active and make healthy food choices

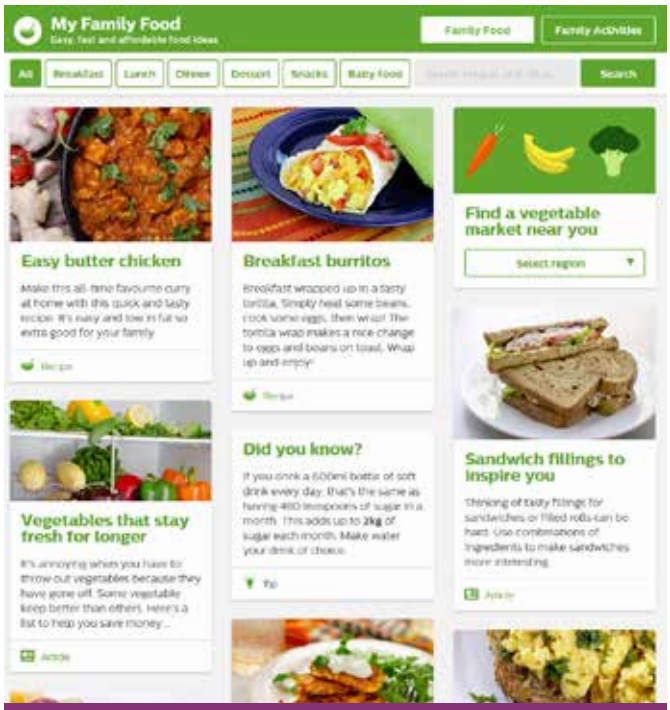
HPA launched its new MyFamily platform to support and assist families to make healthy food choices and be more active together.

The MyFamily Food website provides tips, ideas and recipes for low-cost, quick and easy meal solutions and the MyFamily Activities website has a wide range of ideas for activities families can do together. The MyFamily programme also has a Facebook page that engages families in conversations about choosing healthy food and being active.

Sector support

HPA continues to support the nutrition and physical activity sector by providing nutrition and physical activity tools and resources. This year new resources have been developed including a suite aimed at reducing sedentary behaviour and promoting water, and new infant feeding resources for providers.

HPA has worked with the New Zealand Rugby League to develop and trial messages promoting water as the best drink, including providing Player of the Day certificates that promote water.



MyFamily.kiwi

HPA continues to provide advice on the Ministry of Health's draft eating and activity guidelines prior to publication.

Community action

Community partnership funding was first offered in 2013/14 and is available for initiatives that encourage families to be active together.

In 2014/15, 21 groups received up to $5,000 from the Fund to deliver projects. Examples of successful projects include an eight-week water-based physical activity programme for 120 pregnant women in the Bay of Plenty and a train-the-trainer initiative using 10 champions who each support 15 to 20 families to improve their health and wellbeing over a three-month period in the Auckland region.

NUTRITION AND PHYSICAL ACTIVITY:

Our results 2014/2015

STRATEGIC INTENTION 2014/15 – KEY:

- P Promoting
- E Enabling
- I Informing

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
Information for the public on healthy eating and being more active P	New or updated online and print resources on preparing and providing healthy meals and being more active are developed. Sources – resource users' survey, administration data.	**Achieved** The MyFamily Food and Activities website was launched this year.
Resources and advice for health professionals to better enable them to help people eat more healthily and be more active E	At least 75% of resource user respondents who are familiar with the resources agree (top two categories of a five-point scale) they are better able to do their job as a result of HPA support (85% in 2013/14, 84% in 2012/13, 82% in 2011/12). Source – stakeholder survey.	**Achieved** 95% of resource user respondents who are familiar with the resources agree (top two categories of a five-point scale) they are better able to do their job as a result of HPA support.

NUTRITION AND PHYSICAL ACTIVITY:

Our goals to 2018

New Zealanders eat more healthily.

Indicators

Increase in proportion of New Zealanders choosing healthier food options.

2014 BASELINE

Established in 2014/15

2014/15 RESULT

42.3%
Eat fruit twice a day or more often

46.7%
Eat vegetables twice a day or more often

2018 TARGET

Maintain or increase the proportion of New Zealanders who eat fruit and vegetables twice a day or more often

Source: Health and Lifestyles Survey

Skin Cancer Prevention

Skin cancer is the most common cancer in New Zealand and we have the highest rates of melanoma skin cancer in the world. To encourage more SunSmart behaviours, HPA works directly with the public, as well as sports and recreation organisations, health professionals and territorial authorities.

HPA also works with other organisations that influence the environments where New Zealanders seek or may be exposed to excessive ultraviolet (UV) radiation and key sector organisations eg, the Cancer Society of New Zealand, Melanoma Network (MelNet) and Melanoma New Zealand.

HPA focus 2014/15

New Zealand Skin Cancer Primary Prevention and Early Detection Strategy

The New Zealand Skin Cancer Primary Prevention and Early Detection Strategy is developed every three years with New Zealand experts, researchers and representatives of organisations working in skin cancer control. The Strategy helps inform programmes and activities undertaken by key agencies to reduce the incidence and impact of skin cancer in New Zealand. The 2014-2017 Strategy identifies five intervention pathways for reducing the incidence and impact of skin cancer – primary prevention, early detection, diagnosis and treatment, rehabilitation support and surveillance. The focus of the Strategy is on the primary prevention pathway and, to a lesser extent, the early detection pathway.

HPA has worked with the Hugh Adam Cancer Epidemiology Unit at the University of Otago and the Best Practice Advisory Centre Inc to develop an online risk predictor tool for melanoma, as part of the Primary Health Care Project.

HPA is also progressing work with the Pharmaceutical Society of New Zealand to develop resources (including educational tools) to support pharmacists and pharmacy staff to provide accurate and up-to-date advice to customers on skin cancer and its prevention.

Other activities

- The Sun Protection Alert (SPA) provides daily information that enables people to identify the times in their own region that they should use sun protection. The SPA is available on metservice.com, sunsmart.org.nz and all major daily newspapers and radio as well as on the MetService mobile app.
- HPA undertakes shade assessments with regional councils to provide advice on shade requirements in the parks and recreation areas in their communities.

Research and Evaluation

HPA has a specific statutory function to provide research on alcohol-related issues. Research is conducted 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 HPA activities, and operational and programme support.

HPA focus 2014/15

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

- 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 parents and caregivers of 5 to 16-year-olds. The HLS has been conducted every two years since 2008 and collects information on a range of health topics.
- 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.

RESEARCH AND EVALUATION:

Our results 2014/2015

STRATEGIC INTENTION 2014/15 – KEY:

- P Promoting
- E Enabling
- I Informing

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
New Zealand Smoking Monitor (NZSM) I	The NZSM is in the field continuously. Source – administration data.	**Achieved** Survey has been in the field continuously since July 2011.
	Data from the NZSM is reported to the Ministry of Health regularly. Quality and quantity indicator. Source – administration data.	**Achieved** Data reports have been provided to the Ministry of Health every six months.
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 to the satisfaction of the Ministry of Health. Source – administration data.	**Achieved** Dissemination is ongoing, with seven fact sheets and one paper published using 2014 YIS data, and a second paper currently under review by a peer-reviewed journal. Ministry of Health is kept updated regularly and no concerns are raised.
	Data collection for the 2014 ASH Year 10 Snapshot is completed (approximately 30,000 respondents), and the dataset is provided to ASH to its satisfaction. Quality and quantity indicator. Source – administration data.	**Achieved** Data collected and dataset provided to ASH for analysis. ASH is communicated with on an ongoing basis and no concerns are raised.
Health and Lifestyles Survey I	Data collected for a nationally representative survey of more than 2,000 households oversampling Māori and Pacific people. Source – administration data.	**Achieved** Data collected for a nationally representative survey.
	Reports for the 2014 Health and Lifestyles Survey are produced in 2014/15. Quality and quantity indicator. Source – administration data.	**Achieved** Dissemination is ongoing. Reports are published on HPA's website and in peer-reviewed journals.

OUR ACTIVITIES	PERFORMANCE INDICATOR	OUR RESULTS
Attitudes and Behaviour Towards Alcohol Survey I	Alcohol attitudes and behaviour information collected through nationally representative surveys. Source – administration data.	**Achieved** Reports produced.
	Reports for the 2013 Attitudes and Behaviour towards Alcohol Survey are published in 2014/15. Source – administration data.	**Achieved** Dissemination is ongoing with 10 fact sheets and two reports published in 2014/15.
Additional projects I	HPA will carry out research projects to inform policy and practice (within/external to HPA). The projects will be conducted in a timely manner, and reports will be produced and disseminated. Source – administration data.	**Achieved** Research projects were conducted in a timely manner, and reports will be produced and disseminated.

Additional Projects

As well as activities in the work programme that are included in HPA's Statement of Performance Expectations for 2014/15 and agreed in the Output Agreement, HPA also agrees additional projects with the Ministry of Health throughout the year.

Child Oral Health

HPA worked with the Ministry of Health to support the development of the Child Oral Health Promotion Initiative to improve oral health preventive behaviours and practices among pre-school children. The key objective for the Initiative is that families and whānau enjoy the benefits of improved oral health for themselves and their children through regular tooth brushing and early enrolment with, and routine attendance at Community Oral Health Services. The five components of HPA's work were:

- conducting a literature review
- undertaking stakeholder engagement
- gaining an overview of current New Zealand oral health promotion resources
- conducting consumer research (qualitative and quantitative)
- making recommendations on the best approach for the Initiative.

Healthy Families New Zealand

HPA consulted key regional and national stakeholders in New Zealand education and workplace settings to develop a guide for each setting. The Healthy Families NZ Settings Guides provide information for the Healthy Families NZ workforce on health promotion approaches and programmes to support evidence-based action in education and workplace settings.

Influenza

The influenza campaign commenced in April 2015 and included a new television commercial, radio advertisements and outdoor promotion. The campaign website was refreshed in line with the new campaign. HPA worked with the National Influenza Specialist Group (NISG) on the 2015 influenza campaign.

HPA worked with the Pharmaceutical Society of New Zealand on joint promotional opportunities (as well as promoting other HPA activities eg, sun safety, tobacco control and alcohol).

As at 30 July, the 2015 campaign target of 1,200,000 doses was passed, with 1,200,102 doses of influenza vaccine distributed.[7]

Rheumatic Fever

HPA's work in 2014/15 targeted Pacific and Māori families in key communities and regions where rheumatic fever incidence is highest.

The 2013/14 winter campaign continued until the end of August 2014 and was re-launched at the end of April 2015. The 2014/15 campaign consisted of the 2013/14 television commercials featuring the Katoa twins and their family, and new advertisements featuring a family from the Waikato.

This campaign included the existing resources and introduced new 'living well together' messages. The key message was 'untreated sore throats can lead to rheumatic fever and heart damage'. Calls-to-action included calling Healthline for advice, seeing a doctor or nurse or visiting a local sore throat clinic for a free check-up, and a reminder for parents to ensure their child takes their full course of antibiotics.

The 2014 Rheumatic Fever campaign has been selected as a finalist in the 2015 TVNZ NZ Marketing Awards.

7 Ministry of Health http://www.influenza.org.nz/news/ministry-health-statement-august-6-2015

Case study

Before School Checks

Over 2014/15, HPA delivered an initiative to increase awareness and understanding of the Before School Check programme. Before School Checks (B4SC) are a free, comprehensive child health and development check available for all four-year-olds and are the 12th and final part of the Well Child/Tamariki Ora service offered to all New Zealand children from birth to five years.

Established in 2008, there has never been any substantial national promotion of the Checks or review of the original resources. There is considerably lower uptake in Māori and Pacific communities.

To ensure that what was offered was of value to the audience, had the best chance of contributing to the desired outcomes, and had no unintended consequences, HPA conducted three pieces of qualitative research with parents and caregivers of young children. HPA also engaged with community stakeholders, including regional Before School Check coordinators, those conducting the Checks, and the early childhood education sector. This research found that once the Before School Check was explained to them people thought it was beneficial, but many had not known about it. There was a clear need to increase the awareness and understanding in order to increase uptake.

To achieve this there were three aspects to the initiative:

- providing positive and culturally contextual information for parents and caregivers to increase knowledge, awareness and buy-in
- supporting Before School Check coordinators to promote the Check in their communities and to connect with early learning centres in their regions
- providing information to early childhood educators and engaging them as champions for the Check.

HPA developed, tested, refined, implemented and monitored a range of new approaches that offered multiple ways to work with the audiences, including:

- a suite of direct-to-parent printed resources in four languages under a newly refreshed look and feel
- targeted paid and unpaid media across traditional, digital and social channels
- a toolkit of information and resources to support Before School Check coordinators in their local promotions
- information and resources for early childhood educators and for use in early learning centres
- three highly engaging videos with information delivered in story format using actual families and nurses giving their perspectives of the Before School Check.

The direct results of the initiative were positive. In just under eight weeks there were over 9,000 views of the videos, over 4,000 visits to the Before School Check section on the Ministry of Health website and a noticeable increase in enquiry calls.

Overall in 2014/15, 92% of all four-year-olds in New Zealand had a Before School Check, a year-on-year increase and over-achievement of the 90% target set.[8]

8 Ministry of Health http://www.health.govt.nz/publication/indicators-well-child-tamariki-ora-quality-improvement-framework-march-2015

Organisational Health and Capability

HPA continues to seek opportunities to improve its organisational health and capability.

Leadership, accountability and culture

Throughout 2014/15, HPA continued to embed the values (developed in consultation with staff in 2012/13) into organisational processes and activities.

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

Recruitment, selection and induction

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 2014/15.

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.

In 2014/15, a new performance management system was developed in consultation with staff. 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 into account changes in workloads. Structural realignments continue to be made to ensure the organisation operates effectively, with the right resources.

Remuneration, recognition and conditions

During the year work continued on updating HPA's human resources policies and procedures, incorporating feedback from staff.

Remuneration is reviewed annually in conjunction with a performance review.

Harassment and bullying prevention

HPA's policy to prevent bullying and harassment was reviewed during the year. 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 Standards of Integrity and Conduct for the State Services.

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 86.6 full-time equivalent staff located in Wellington, Auckland and Christchurch.

	2014/15 %
Female	74
Male	26
Māori	8
Pacific	5
Asian	8
New Zealand European	61
Other ethnicity	10
Not declared	8
Under 30-years-old	10
30-39	28
40-49	25
50-59	27
60+	8
People with disabilities (injury, illness or disability)	4

Procurement

HPA is using all-of-Government suppliers for procured services including advertising and travel, continues to work closely with the Property Management Centre of Expertise, and has worked closely with the Department of Internal Affairs on its computer/IT systems.

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 2015.

Dr Lee Mathias
Chairman
Health Promotion Agency
23 October 2015

Rea Wikaira
Deputy Chairman
Health Promotion Agency
23 October 2015

AUDIT NEW ZEALAND
Mana Arotake Aotearoa

Independent Auditor's Report

To the readers of Health Promotion Agency's financial statements and performance information for the year ended 30 June 2015

The Auditor-General is the auditor of 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 49 to 68, that comprise the statement of financial position as at 30 June 2015, 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 40 to 48.

In our opinion:

- the financial statements of the Agency:
  - present fairly, in all material respects:
    - its financial position as at 30 June 2015;
    - 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 2015, 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;
    - the actual expenses or capital expenditure incurred compared with the appropriated or forecast expenses or capital expenditure; and
  - complies with generally accepted accounting practice in New Zealand.

Our audit was completed on 23 October 2015. 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 and Public Benefit Entity Accounting Standards;
- 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 are 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 are 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 2014/15

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 strategic objectives.

Strategic Intention 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		
Say Yeah, Nah marketing campaign	1.1 The proportion of the target audience that considers the campaign messages are relevant to themselves or someone they care about is maintained or improved (63% in 2012/13, 57% in 2013/14).	**Achieved** 62% of the target audience consider the campaign messages relevant to themselves or someone they care about.
Drinking and pregnancy marketing and communications strategy	1.2 Marketing and communications strategy developed.	**Achieved** The campaign and supporting initiatives were launched in June 2015.
Tobacco		
Young adult campaign (18 to 24-year-olds)	1.3 Proportion of target audience who were aware of the campaign when prompted is established (baseline indicator). Source – campaign monitor.	**Achieved** There is 69% prompted recall of television advertising material, with 85% of respondents being aware of the overall campaign.
	1.4 Proportion of target audience who are aware of the campaign and consider the campaign messages are relevant to them is established (baseline indicator). Source – campaign monitor.	**Achieved** 86% of the priority audience perceive the campaign as relevant to them.

ACTIVITY		PERFORMANCE MEASURES	RESULTS
Minimising Gambling Harm			
Choice Not Chance campaign	1.5	At least 15% of visitors to the Choice Not Chance website use an online self-assessment/self-help tool. Quality and quantity indicator. Source – Google analytics.	**Achieved** 43.9% of visitors to the Choice Not Chance website used an online self-assessment tool
Mental Health			
National Depression Initiative campaign	1.6	Develop and update online self-help resources to better meet the needs of specific at-risk population groups. Quality and quantity indicator. Source – Google analytics.	**Achieved** The Lowdown website and content has been refreshed with the addition of content on anxiety and videos of young people telling their inspirational stories of recovery.
Lowdown campaign	1.7	New Lowdown media campaign and online activity delivered. Source – administration data.	**Achieved** The new Lowdown campaign using multiple channels, including online and posters, commenced in June.
Like Minds, Like Mine campaign	1.8	Develop and deliver refreshed Like Minds, Like Mine campaign messages. Source – administration data.	**Achieved** A phased media campaign called Step Forward end mental illness discrimination commenced in June.
Nutrition and Physical Activity			
Information for the public on healthy eating and being more active	1.9	New or updated online and print resources on preparing and providing healthy meals and being more active are developed. Sources – resource users' survey, administration data.	**Achieved** The MyFamily Food and Activities website was launched this year.

	Actual $000	Budget $000		Actual $000	Budget $000		Actual $000	Budget $000
Revenue	18,617	13,123	Expenditure	19,077	13,123	Surplus/(deficit)	(460)	0

Strategic Intention 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 health and other sectors and communities to take action and to help improve environments so that they better promote and protect health. HPA also promotes best practice.

ACTIVITY	PERFORMANCE MEASURES	RESULTS
Alcohol		
Stakeholder magazines and newsletters	2.1 At least 65% of stakeholder respondents who are familiar with the resources indicate satisfaction (top two categories of a five-point scale) with alcohol magazines and newsletters (65% in 2012/13, 65% in 2013/14). Source – stakeholder survey.	**Achieved** 82% of stakeholder respondents who are familiar with the resources indicate satisfaction with alcohol magazines and newsletters.
Resources and advice for alcohol legislation requirements and drinking environments	2.2 New or updated online and print resources for alcohol legislation requirements and drinking environments are developed and distributed. Quantity and quality indicator. Source – administration data.	**Achieved** Two resources reissued with 11,000 subsequently distributed.
	2.3 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 resources and advice for alcohol legislation requirements and drinking environments (77% in 2012/13, 86% in 2013/14). Source – stakeholder survey.	**Achieved** 94% of stakeholder respondents who have used the resources or received advice indicate satisfaction (top two categories of a five-point scale) with resources and advice for alcohol legislation requirements and drinking environments.
Resources and advice for health professionals to better enable them to help people to address harmful drinking	2.4 At least 80% of stakeholder respondents who have used the resources or received advice indicate satisfaction (top two categories of a five-point scale) with resources and tools to better enable health professionals and others to help people who need help with their drinking (86% in 2012/13, 91% in 2013/14). Source – stakeholder survey.	**Achieved** 95% of stakeholder respondents who have used the resources or received advice indicate satisfaction (top two categories of a five-point scale) with resources and tools to better enable health professionals and others to help people who need help with their drinking.

ACTIVITY		PERFORMANCE MEASURES	RESULTS
Community-led action on alcohol projects	2.5	All community-led projects that HPA funds are monitored and reported on. Quality and quantity indicator. Source – administration data.	**Achieved** All community led projects funded during 2014/15 were monitored and reported on.
Tobacco			
Resources and tools for health professionals and others	2.6	At least 80% of stakeholder respondents who have used resources or tools confirm that their work is more effective as a result of using HPA support (88% of 24 respondents in 2012/13, 83% of 29 respondents in 2013/14). Source – stakeholder survey.	**Achieved** 94% of 35 stakeholder respondents who have used resources or tools or received advice confirm that their work is more effective as a result of using HPA support.
Mental Health			
NDI/Lowdown Resources, tools and support for health professionals and others	2.7	At least 80% of stakeholder respondents who have used resources or tools or received advice confirm that their work is more effective as a result of using HPA support. Source – stakeholder survey.	79% of stakeholder respondents who have used resources or tools or received advice confirm that their work is more effective as a result of using HPA support. 79% is within margin of error.[10]
Community partnerships for Like Minds, Like Mine	2.8	A community partnership fund is established and all projects that HPA funds are monitored and reported on. Quality and quantity indicator. Source – administration data.	**Achieved** Contracts for all providers were signed in January 2015 and the first reports were received by June 2015.
Minimising Gambling Harm			
Supporting frontline services	2.9	At least 75% of respondents who have received support from HPA indicate (top two categories of a five-point scale) that they are better able to do their job as a result of HPA's support (84% in 2012/13, 52% in 2013/14). Source – minimising gambling harm service providers' resource users' survey.	**Achieved** 91.8% of respondents who have received support from HPA indicated (top two categories of a five-point scale) that they are better able to do their job as a result of HPA support.

10 The margin of error for a 50% figure at the 95% confidence level for a sample of n=233 is approximately ±4.4%. n=39.

ACTIVITY	PERFORMANCE MEASURES	RESULTS
Nutrition and Physical Activity		
Resources and advice for health professionals to better enable them to help people eat more healthily and be more active	2.10 At least 75% of resource user respondents who are familiar with the resources agree (top two categories of a five-point scale) they are better able to do their job as a result of HPA support (85% in 2013/14, 84% in 2012/13, 82% in 2011/12). Source – stakeholder survey.	**Achieved** 95% of resource user respondents who are familiar with the resources agree (top two categories of a five-point scale) they are better able to do their job as a result of HPA support.
SUN SAFETY		
Skin cancer prevention resources for primary healthcare professionals and other relevant organisations eg, those with outdoor workers	2.11 Tools and resources are developed in consultation with users. Source – administration data.	**Achieved** Resources have been developed for pharmacies. 5,000 self-care cards have been developed and distributed through pharmacies. An online training module has been drafted and is currently being peer reviewed.

	Actual $000	Budget $000		Actual $000	Budget $000		Actual $000	Budget $000
Revenue	9,261	10,068	Expenditure	8,958	10,068	Surplus/(deficit)	303	0

Strategic Intention 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	RESULTS
Alcohol policy advice/ submissions	3.1 An independent assessment of written policy advice indicates quality advice (top two categories of a five-point scale). Source – independent review.	**Achieved** An independent assessment of written policy advice and submissions gave a result of 4.1 on a five-point scale.
New Zealand Smoking Monitor (NZSM)	3.2 The NZSM is in the field continuously. Source – administration data.	**Achieved** Survey has been in the field continuously since July 2011.
	3.3 Data from the NZSM is reported to the Ministry of Health regularly. Quality and quantity indicator. Source – administration data.	**Achieved** Data reports have been provided to the Ministry of Health every six months.

ACTIVITY		PERFORMANCE MEASURES	RESULTS
New Zealand Youth Tobacco Monitor (NZYTM)	3.4	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 to the satisfaction of the Ministry of Health. Source – administration data.	**Achieved** Dissemination is ongoing.
	3.5	Data collection for the 2014 ASH Year 10 Snapshot is completed (approximately 30,000 respondents), and the dataset is provided to ASH to its satisfaction. Quality and quantity indicator. Source – administration data.	**Achieved** Data collected and dataset provided to ASH to its satisfaction.
Health and Lifestyles Survey	3.6	Data collected for a nationally representative survey of more than 2,000 households oversampling Māori and Pacific people. Source – administration data.	**Achieved** Data collected for a nationally representative survey.
	3.7	Reports for the 2014 Health and Lifestyles Survey are produced in 2014/15. Quality and quantity indicator. Source – administration data.	**Achieved** Dissemination is ongoing.
Attitudes and Behaviour Towards Alcohol Survey	3.8	Alcohol attitudes and behaviour information collected through nationally representative surveys. Source – administration data.	**Achieved** Reports produced.
	3.9	Reports for the 2013 Attitudes and Behaviour towards Alcohol Survey are published in 2014/15. Source – administration data.	**Achieved** Dissemination is ongoing with 10 fact sheets and two reports published in 2014/15.
Additional projects	3.10	HPA will carry out research projects to inform policy and practice (within/external to HPA). The projects will be conducted in a timely manner, and reports will be produced and disseminated. Source – administration data.	**Achieved** Research projects were conducted in a timely manner, and reports will be produced and disseminated.

	Actual $000	Budget $000		Actual $000	Budget $000		Actual $000	Budget $000
Revenue	3,410	2,807	Expenditure	3,790	2,807	Surplus/(deficit)	(380)	0

Strategic Objectives

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

PROGRAMME	MEASURE	INDICATOR	LATEST INDICATOR	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)	73%	Attitudes and Behaviour Towards Alcohol Survey[11]
Tobacco	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)	80% Māori 90% All	New Zealand Health Survey[12]
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	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[13]
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)	75% of New Zealanders can identify at least two sources for where to get help for depression	Health and Lifestyles 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 46.7% 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

11 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.
12 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
13 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	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)	62%	Attitudes and Behaviour towards Alcohol Survey
Tobacco	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)	65% All 65% Māori	Health and Lifestyles Survey
Gambling	New Zealanders are more aware of early indicators of harmful gambling	Increase in awareness of the early indicators of harmful gambling	93% of New Zealanders are aware of the early indicators of harmful gambling	Increase or maintain the proportion of New Zealanders aware of the early indicators of harmful gambling	Computer-assisted telephone interviewing survey and Health and Lifestyles Survey

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

PROGRAMME	MEASURE	INDICATOR	LATEST INDICATOR	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)	72%	Attitudes and Behaviour towards Alcohol Survey
Tobacco	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 agree 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)	85% All 85% Māori	Health and Lifestyles Survey
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	61% of New Zealanders are aware of the legal requirements of venues to minimise gambling harm	Increase or maintain the proportion of New Zealanders aware of the legal requirements of venues to minimise gambling harm	Computer-assisted telephone interviewing survey and Health and Lifestyles Survey
Mental health	New Zealanders are more inclusive of 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	49% (46-52) feel comfortable with a new community mental health centre opening in their street 30% (27-32) feel comfortable if it was 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 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 46.7% 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

Appropriations

The 2014/15 Vote Health Estimates of Appropriations noted that performance information for selected Non-departmental Appropriations (National Mental Health Services, Problem Gambling Services, National Personal Health Services, and Public Health Service Purchasing) would be reported in part through HPA's 2014/15 Annual Report. The Ministry of Health has advised HPA that the Minister of Health will report this information instead of HPA. Readers wishing to view the overall budget and performance information for these selected Non-departmental Appropriations will be able to refer to the Minister of Health's 2014/15 Vote Health Non-Departmental Expenditure report. This report will be made available on the Ministry of Health's website.

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2015

	Notes	Actual 2015 $000	Re-forecast Budget 2015 $000	SPE Budget 2015 $000	Actual 2014 $000
Revenue					
Alcohol levy revenue		11,076	11,698	11,698	11,649
Funding from the Crown		19,809	20,809	14,100	21,540
Interest revenue		403	240	200	356
Other revenue	**2**	–	–	–	236
Total revenue		**31,288**	**32,747**	**25,998**	**33,781**
Expenditure					
Personnel expenses	**3**	8,501	8,552	7,700	7,481
Depreciation and amortisation expense	**8,9**	79	80	118	73
Other operating expense	**4**	1,584	1,595	1,794	1,564
Alcohol and pregnancy expense		236	236	–	–
Programme expense		**21,425**	**22,520**	**16,386**	**24,632**
Total expenditure		**31,825**	**32,983**	**25,998**	**33,750**
Surplus/(deficit)		**(537)**	**(236)**	**–**	**31**
Total comprehensive revenue and expense		**(537)**	**(236)**	**–**	**31**

Explanations of major variances against budget are provided in note 21.

The accompanying notes form part of these financial statements.

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2015

Restated by Revenue Source:

	Notes	Actual 2015 $000	Re-forecast Budget 2015 $000	SPE Budget 2015 $000	Actual 2014 $000
Alcohol					
Revenue					
Levy		11,076	11,698	11,698	11,649
Interest		101	60	50	207
Other revenue		–	–	–	137
Total revenue		**11,177**	**11,758**	**11,748**	**11,993**
Total expenditure		**11,878**	**11,994**	**11,748**	**12,271**
Surplus/(deficit)		**(701)**	**(236)**	**–**	**(278)**
All other					
Revenue					
Funding from the Crown		19,809	20,809	14,100	21,540
Other revenue		302	180	150	149
Other		–	–	–	99
Total revenue		**20,111**	**20,989**	**14,250**	**21,788**
Total expenditure		**19,947**	**20,989**	**14,250**	**21,479**
Surplus/(deficit)		**164**	**–**	**–**	**309**
Grand total revenue		**31,288**	**32,747**	**25,998**	**33,781**
Grand total expenditure		**31,825**	**32,983**	**25,998**	**33,750**
Surplus/(deficit)		**(537)**	**(236)**	**–**	**31**

Explanations of major variances against budget are provided in note 21.

The accompanying notes form part of these financial statements.

Statement of Financial Position

As at 30 June 2015

	Notes	Actual 2015 $000	SPE Budget 2015 $000	Actual 2014 $000
Assets				
Current assets				
Cash and cash equivalents	**5**	8,006	430	8,416
Receivables	**6**	3,227	1,267	3,821
Investments	**7**	600	4,950	2,500
Prepayments		1	–	3
Total current assets		**11,834**	**6,647**	**14,740**
Non-current assets				
Property, plant and equipment	**8**	104	245	149
Intangible assets	**9**	9	37	21
Total non-current assets		**113**	**282**	**170**
Total assets		**11,947**	**6,929**	**14,910**
Liabilities				
Current liabilities				
Payables	**10**	7,252	3,971	10,557
Employee entitlements	**11**	399	300	558
Income in advance		1,044	–	23
Total current liabilities		**8,695**	**4,271**	**11,138**
Non-current liabilities				
Employee entitlements	**11**	68	–	51
Total non-current liabilities		**68**	**–**	**51**
Total liabilities		**8,763**	**4,271**	**11,189**
Net assets		**3,184**	**2,658**	**3,721**
Equity				
Contributed capital		3,424	2,658	3,424
Accumulated surplus/(deficit)		(240)	–	297
Net equity	**12**	**3,184**	**2,658**	**3,721**

Explanations of major variances against budget are provided in note 21.

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the year ended 30 June 2015

	Notes	Actual 2015 $000	SPE Budget 2015 $000	Actual 2014 $000
Balance at 1 July		3,721	2,658	3,690
Total comprehensive revenue and expense for the year		(537)	0	31
Balance at 30 June	**12**	**3,184**	**2,658**	**3,721**

Explanations of major variances against budget are provided in note 21.

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the year ended 30 June 2015

	Notes	Actual 2015 $000	Actual 2014 $000
Cash flows from operating activities			
Receipts from levies		11,347	12,048
Receipts from the Crown		20,774	22,653
Receipts from other income		–	319
Interest received		369	356
Goods and services tax (net)		529	122
Payments to suppliers		(26,664)	(22,840)
Payments to employees		(8,643)	(7,476)
Net cash flow from operating activities	**13**	**(2,288)**	**5,182**
Cash flows from investing activities			
Receipts from sale of property, plant and equipment		24	11
Receipts from sale of investments		12,983	22,450
Purchase of property, plant and equipment		(46)	(49)
Purchase of intangible assets		–	(8)
Acquisition of investments		(11,083)	(19,450)
Net cash flow from investing activities		**1,878**	**2,954**
Net increase (decrease) in cash and cash equivalents		(410)	8,136
Cash and cash equivalents at the beginning of the year		8,416	280
Cash and cash equivalents at the end of the year	**5**	**8,006**	**8,416**

Explanations of major variances against budget are provided in note 21.

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

Note 1: Statement Of Accounting Policies

Reporting Entity

The Health Promotion Agency (HPA) is a Crown entity as defined by the Crown Entities Act 2004 and is based 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 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 2015, and were approved by the Board on 23 October 2015.

Basis of Preparation

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

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 New Zealand Generally Accepted Accounting Practice (NZ GAAP).

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

The financial statements comply with PBE accounting standards.

These financial statements are the first financial statements presented in accordance with the new PBE accounting standards. There are no material adjustments arising on transition to the new 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 effective and not early adopted

In May 2013, the External Reporting Board issued a new suite of PBE accounting standards for application by public sector entities for reporting periods beginning on or after 1 July 2014. HPA has applied these standards in preparing the 30 June 2015 financial statements.

In October 2014, the PBE suite of accounting standards was updated to incorporate requirements and guidance for the not-for-profit sector. These updated standards apply to PBEs with reporting periods beginning on or after 1 April 2015. HPA has applied these updated standards in preparing its 30 June 2015 financial statements. There was minimal or no change in applying these updated accounting standards.

Summary of Significant Accounting Policies

Revenue

Revenue is measured at the fair value of consideration received or receivable.

Interest
Interest revenue is recognised using the effective interest method.

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 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
- 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.

Grant expenditure

Discretionary grants are those grants where HPA has no obligation to award on receipt of the grant application and that are recognised as expenditure when approved by the Grants Approval panel and the approval has been communicated to the applicant.

Leases

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.

Cash and cash equivalents

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

Receivables

Short-term receivables are recorded at their face values, less any provision for their impairment.

A receivable is considered impaired when there is evidence that HPA will not be able to collect the amount due. The amount of the impairment is the difference between the carrying amount of the receivable and the present value of the amounts expected to be collected.

Investments

Bank term deposits
Investments in bank term deposits are initially measured at the amount invested.

After initial recognition, investments in bank deposits are measured at amortised cost using the effective interest method, less any provision for impairment.

Property, plant and equipment

Property, plant and equipment consists of the following asset classes: artwork, leasehold improvements, furniture and fittings, office equipment, and motor vehicles.

Property, plant and equipment are shown at cost or valuation, 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.

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.

Subsequent costs
Costs incurred subsequent to initial acquisition are capitalised 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.

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

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 assets are estimated as follows:

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

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

The residual value and useful life of an asset is reviewed, and adjusted if applicable, at each financial year end.

Intangible assets

Software acquisition

Acquired computer software licenses 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 recognised as an expense 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 recognised 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	33.3%

Impairment of property, plant and equipment and intangible assets

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 and intangible assets 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 determined using an approach based on either a depreciated replacement cost approach, 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.

Payables

Short-term payables are recorded at their face value.

Employee entitlements

Short-term employee entitlements

Employee entitlements that are due to be settled within 12 months after the end of the period in which the employee renders 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 for sick leave is recognised to the extent that absences in the coming year are expected to be greater than the sick leave entitlements earned in the coming year. The amount is calculated based on the unused sick leave entitlement that can be carried forward at balance date, to the extent that it will be used by staff to cover those future absences.

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 renders 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; and
- 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.

Superannuation schemes

Defined contribution schemes
Obligations for contributions to KiwiSaver and ASB Group Master Trust are accounted for as defined contribution superannuation schemes and are recognised as an expense in the surplus or deficit as incurred.

Defined benefit schemes
HPA makes contributions to the ASB Group Master Trust Scheme (the scheme), which 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 will affect future contributions by individual employers, as there is no prescribed basis for allocation. The scheme is therefore accounted for as a defined contribution scheme.

Equity

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

- contributed capital; and
- accumulated surplus/(deficit).

Goods and services tax (GST)

All 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.

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.

Cost allocation

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

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

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 discussed below:

Estimating useful lives and residual values of property, plant and equipment

At each balance date HPA reviews the useful lives and residual values of its property, plant and equipment. Assessing the appropriateness of useful life and residual value estimates of property, plant and equipment requires HPA to consider a number of factors 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 impact the depreciation expense recognised in the Statement of Comprehensive Revenue and Expense, and carrying amount of the asset in the Statement of Financial Position.

HPA minimises 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.

Critical judgements in applying HPA's accounting policies

Management has exercised the following critical judgements in applying HPA's accounting policies.

Leases classification

Determining whether a lease agreement is a finance or an operating lease requires judgement as to whether the agreement transfers substantially all the risks and rewards of ownership to HPA.

Judgement is required on various aspects that include, but are not limited to, the fair value of the leased asset, the economic life of the leased asset, whether or not to include renewal options in the lease term and determining an appropriate discount rate to calculate the present value of the minimum lease payments. Classification as a finance lease means the asset is recognised in the Statement of Financial Position as property, plant and equipment, whereas for an operating lease no such asset is recognised.

HPA has exercised its judgement on the appropriate classification of equipment lease.

Note 2: Other income

	Actual 2015 $000	Actual 2014 $000
Net gain on sale of property, plant and equipment	-	11
Sublease of predecessor organisation building	-	225
Total other revenue	**-**	**236**

Note 3: Personnel expenses

	Actual 2015 $000	Actual 2014 $000
Salaries and wages	7,902	6,502
Temporary and contract staff	253	597
Increase/(decrease) in employee entitlements	(159)	5
Defined contribution plan employer contributions	273	237
ACC	24	36
FBT	–	2
Recruitment expenses	41	28
Other	167	74
Total personnel expense	**8,501**	**7,481**

Note 4: Other expenses

	Actual 2015 $000	Actual 2014 $000
Fees to Audit New Zealand for audit of financial statement	61	60
Operating lease expenses	402	617
Other expenses	1,121	887
Total other expenses	**1,584**	**1,564**

Note 5: Cash and cash equivalents

	Actual 2015 $000	Actual 2014 $000
Cash at bank and on hand	106	1,466
Term deposits with maturities less than 3 months	7,900	6,950
Total cash and cash equivalents	**8,006**	**8,416**

The carrying value of cash at bank and short term deposits with maturities less than three months approximates their fair value.

Note 6: Receivables

	Actual 2015 $000	Actual 2014 $000
Receivables (gross)	3,227	3,821
Total receivables	**3,227**	**3,821**
Total receivables comprises:		
Receivables from the sale of goods and services (exchange transactions)	2,656	2,721
Receivables from grants (non-exchange transactions)	571	1,100
	3,227	**3,821**
The aging profile of receivables at year end is detailed below:		
Not past due	1,885	2,351
Past due 1-30 days	1,000	1,083
Past due 31-60 days	340	361
Past due 61-90 days	2	1
Past due over 90 days	–	25
	3,227	**3,821**

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

No receivables are considered impaired.

Note 7: Investments

Term deposits	600	2,500
Total investments	**600**	**2,500**

There is no impairment provision for investments.

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

Note 8: Property, plant and equipment

	Artwork books & films $000	Furniture and office equipment $000	Computer equipment $000	Leasehold improvements $000	Motor vehicles $000	Total $000
Cost						
Balance at 1 July 2013	108	340	352	–	45	845
Additions		3	9	12	24	48
Prior year adjustment			2			2
Disposals					(45)	(45)
Balance at 30 June 2014/1 July 2014	**108**	**343**	**363**	**12**	**24**	**850**
Additions			24		22	46
Disposals		(31)	(114)		(24)	(169)
Balance at 30 June 2015	**108**	**312**	**273**	**12**	**22**	**727**
Accumulated depreciation						
Balance at 1 July 2013	(92)	(297)	(254)	–	(38)	(681)
Depreciation expense		(11)	(44)	(1)	(5)	(61)
Prior year adjustment			(1)		1	–
Elimination on disposal					41	41
Balance at 30 June 2014/1 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	**(92)**	**(287)**	**(235)**	**(5)**	**(4)**	**(623)**
Carrying Amounts						
30 June 2013/1 July 2013	16	43	98	–	7	164
30 June 2014/1 July 2014	16	35	64	11	23	149
30 June 2015	16	25	38	7	18	104

There are no restriction on the title of HPA's PPE, nor are any pledged as security for liabilities.

Note 9: Intangible assets

	Total $000
Cost	
Balance at 1 July 2013	240
Additions	8
Balance at 30 June 2014/1 July 2014	248
Disposals	(5)
Balance at 30 June 2015	**243**
Accumulated Depreciation	
Balance at 1 July 2013	(213)
Amortisation expense	(12)
Prior year adjustment	(2)
Balance at 30 June 2014/1 July 2014	**(227)**
Amortisation expense	(11)
Elimination on disposal	4
Balance at 30 June 2015	**(234)**
Carrying amounts	
30 June 2013	27
30 June 2014	21
30 June 2015	9

Note 10: Payables

	Actual 2015 $000	Actual 2014 $000
Payables under exchange transactions		
Trade creditors	6,743	10,021
Accrued expenses	308	450
Total payables under exchange transactions	**7,051**	**10,471**
Payables under non-exchange transactions		
Taxes payable (GST, PAYE)	201	86
Total payables under non-exchange transactions	201	86
Total payables	**7,252**	**10,557**

Note 11: Employee entitlements

	Actual 2015 $000	Actual 2014 $000
Current portion		
Accrued salaries and wages	–	244
Annual leave	378	283
Sick leave	17	17
Long service leave	4	14
Total Current portion	**399**	**558**
Non-current portion		
Long service leave	68	51
Total non-current portion	**68**	**51**
Total employee entitlements	**467**	**609**

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 factor. 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 4.17% (2014 5%) and a salary inflation factor of 1.63% (2014 2.1%) 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 $2,000 higher/lower.

Note 12: Equity

	Actual 2015 $000	Actual 2014 $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	297	266
Surplus/(deficit) for the year	(537)	31
Balance at 30 June	**(240)**	**297**
Total equity	**3,184**	**3,721**

Note 13: Reconciliation of Net surplus (deficit) with net cash flows from operating activities

	Actual 2015 $000	Actual 2014 $000
Net Surplus (deficit)	**(537)**	**31**
Add (less) non-cash Items		
Depreciation and amortisation expense	79	73
Total non-cash items	**79**	**73**
Add (less) Movements in Working Capital Items		
Decrease (increase) in receivables and prepayments	596	1,164
(Decrease) increase in trade and other payables	(2,284)	4,139
(Decrease) increase in provisions	–	(219)
(Decrease) increase in employee entitlements	(142)	5
Net working capital movements	**(1,830)**	**5,089**
Add (less) Items Classified as Investing Activities		
Gain on sale of property, plant and equipment	–	–
Total of investing activities	**–**	**–**
Net cash flow from operating activities	**(2,288)**	**1,398**

Note 14: Contingencies

Contingent liabilities

There are no contingent liabilities at balance date (2014 $0).

Contingent assets

There are no contingent assets at balance date (2014 $0).

Note 15: Capital commitments and operating leases

Capital commitments represent capital expenditure contracted for at balance date but not yet incurred.

There are no capital commitments at balance date.

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

	Actual 2015 $000	Actual 2014 $000
Office rental leases		
Not later than one year	340	396
Later than one year and not later than two years	340	340
Later than two years and not later than five years	669	1,009
Later than five years	–	–
Total office rental leases	**1,349**	**1,745**
Office equipment leases		
Not later than one year	10	10
Later than one year and not later than two years	6	10
Later than two years and not later than five years	–	5
Later than five years	–	–
Total office equipment leases	**16**	**25**
Total non-cancellable operating leases	**1,365**	**1,770**

HPA has two leased properties as at 30 June 2015.

The Terrace lease commenced on 1 December 2012 and expires on 30 June 2018. There is a right of renewal on 30 June 2018.

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

Note 16: Related Party Transactions

HPA is a wholly owned entity of 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 consistent with the normal operating arrangements between government agencies and undertaken on the normal terms and conditions for such transactions.

	Actual 2015 $000	Actual 2014 $000
Key management personnel compensation		
Board Members		
Remuneration	128	128
Full-time equivalent members	0.48	0.48
Executive Management Team		
Remuneration	976	920
Full-time equivalent members	**5**	**5**
Total key management personnel compensation	**1,104**	**1,048**

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.

Note 17: Board member remuneration

	Actual 2015 $000	Actual 2014 $000
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
Katherine Rich	15.5	15.5
Monique Faleafa	15.5	14.2
Total board member remuneration	**127.8**	**126.5**

HPA has not provided any indemnity nor insurance cover during the financial year ended 30 June 2015 (2014 $0) to any Board member.

No Board members received compensation or other benefits in relation to cessation during the financial year ended 30 June 2015 (2014 $0).

Note 18: Employee remuneration

Total remuneration paid or payable ($000):	2015	2014
$100 – 109	9	7
$110 – 119	5	1
$130 – 139	1	1
$140 – 149	1	–
$150 – 159	1	2
$160 – 169	–	1
$170 – 179	1	1
$180 – 189	2	1
$190 – 199	1	–
$250 – 259	–	1
$260 – 269	1	–
Total employees	**22**	**15**

During the year ended 30 June 2015, three (2014, zero) employees received compensation and other benefits in relation to cessation totalling $30,000 (2014 $0).

Contribution to defined contribution schemes during the year ended 30 June 2015 was $273,000 (2014 $237,000).

Note 19: Financial instruments

19A Financial instrument categories

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

	Actual 2015 $000	Actual 2014 $000
Loans & receivables		
Cash & cash equivalents	8,006	8,416
Trade & other receivables	3,227	3,821
Investments	600	2,500
Total loans & receivables	**11,833**	**14,737**
Financial liabilities at amortised cost		
Trade and other payables	7,252	10,557
Total Financial liabilities at amortised cost	**7,252**	**10,557**

19B Fair value hierarchy

For those instruments recognised at fair value in the Statement of Financial Position, fair values are determined according to the following hierarchy:

Level 1 Quoted market prices – Financial instruments with quoted prices for identical instruments in active markets.

Level 2 Valuation techniques using observable inputs – Financial instruments with quoted prices for similar instruments in active markets or quoted prices for identical or similar instruments in inactive markets and financial instruments valued using models where all significant inputs are observable.

Level 3 Valuation techniques using significant non-observable inputs – 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.

19C 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 a series of policies to manage the risks associated with financial instruments 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 interest. HPA does not actively manage its exposure to fair value interest rate risk.

Sensitivity analysis

As at 30 June 2015, if the 90-day bank bill rate had been 50 basis points (2014 100 basis points) higher or lower, with all other variables held constant, the surplus/deficit for the year would have been $9,000 higher or $9,000 lower. (2014 $10,000 higher or $10,000 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. Due to the timing of its cash inflows and outflows, HPA invests surplus cash with registered banks. HPA has processes in place to review the credit quality of customers prior to the granting of credit.

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 invests funds only with registered banks that have a Moody's rating of at least Aa3 and a Standard and Poor's' long-term credit rating of at least Aa3. 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.

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

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

The amounts disclosed are the contractual undiscounted cash flows.

	Actual 2015 $000	Actual 2014 $000
Payables		
Carrying amount	7,252	10,557
Contractual cash flows	7,252	10,557
Less than 6 months	7,252	10,557
6-12 months	–	–
Later than 1 year	–	–
Total	**7,252**	**10,557**

Note 20: 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 impose 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 21: Explanation of major variances against Statement of Performance Expectations

Statement of Comprehensive Income

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

Note 22: Events after the balance date

There were no significant events after the balance date.

Note 23: Adjustments arising on transition to the new PBE accounting standards

Reclassification adjustments

There have been no reclassifications on the face of the financial statements in adopting the new PBE accounting standards.

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health promotion agency

Oct 2015
HPA 059