



Annual Report

For the year ended 30 June 2019

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



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New Zealand

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Foreword

Nāku te rourou, nāu te rourou, ka ora ai te iwi

With your food basket, and my food basket, the people will thrive

We are pleased to present the annual report of the Health Promotion Agency/Te Hīringa Hauora (HPA) for 2018/19.

Most New Zealanders live long and healthy lives. HPA's work programme for 2018/19 gave priority to achieving health equity for Māori, Pacific and people living in lower socioeconomic areas, as they experience poorer health outcomes than other New Zealanders. At the same time we ensure that the rest of the population is also able to access information that supports them to maintain and improve their health. Our work in 2018/19 focused on:

- achieving a greater level of integration across health issues covered by HPA (recognising that many areas of health and wellbeing are interconnected)
- improving our digital capability to deliver innovative and effective health and wellbeing initiatives, allowing more New Zealanders to access information and support where and when they need it
- continuing to build strong relationships with those that share our goals nationally, regionally and locally, particularly in the primary health care and community sectors.

HPA's work continues to span a range of major issues including reducing alcohol-related harm, mental health and wellbeing, tobacco control, minimising gambling harm, and child and family health (including skin cancer prevention, nutrition and physical activity, and immunisation). HPA is also often called on at short notice to provide tactical health promotion to support new Government-led initiatives. Our ability to be agile and responsive helps us meet Government priorities as they change and new public health issues emerge.

Our work, as well as being effective, needs to achieve efficiencies. We aim to provide best value for money for the Government by seeking ongoing improvements and focusing our activities where we can make the most impact.

This document reports on the work outlined in the 2018/19 Statement of Performance Expectations. We also report on additional work undertaken at the request of the Ministry of Health reflecting Government priorities or a particular health issue. In 2018/19 this work included projects to increase people's knowledge of the signs of stroke and what to do if they believe they, or someone else, is having a stroke, developing a campaign to encourage people who don't know they have hepatitis C to get tested, developing the Vaping Facts website to provide New Zealanders with a source of credible information about vaping as a way to stop smoking, and encouraging parents of under-5s to brush their children's teeth twice a day with fluoride toothpaste.

The Board would like to thank all HPA staff for their expertise, effort and dedication that ensures we are an effective organisation as we strive to improve New Zealanders' health and wellbeing.



Jenny Black
Chair
Health Promotion
Agency



Clive Nelson
Chief Executive
Health Promotion
Agency

Presentation of 2018/19 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 2019.



Jenny Black
Chair
Health Promotion Agency
23 October 2019



Dr Monique Faleafa
Deputy Chair
Health Promotion Agency
23 October 2019

Health Promotion Agency

Our vision:

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

Our mission:

Inspiring all New Zealanders to lead healthier lives.

HPA is a Crown agent established by the New Zealand Public Health and Disability Act 2000.

Our overall function is to lead and support activities to:

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

We have alcohol-specific functions to:

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

As a Crown agent, HPA is required to give effect to Government policy when directed by the responsible Minister. In delivering its alcohol-specific functions, HPA must have regard to government policy if directed to do so by the Minister.

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:

⬇ To December 2018

- Dr Lee Mathias (Chair)
- Dr Monique Faleafa (Deputy Chair)
- Catherine Abel-Pattinson
- Dr Mataroria Lyndon
- Tony O'Brien
- Professor Grant Schofield
- Jamie Simpson

➔ From January 2019

- Jenny Black (Chair)
- Dr Monique Faleafa (Deputy Chair)
- Catherine Abel-Pattinson
- Mafi Funaki-Tahifote
- Dr Mataroria Lyndon
- Dr Teuila Percival
- Professor Boyd Swinburn

The Chief Executive in 2018/19 was Clive Nelson.

The Board would like to extend particular thanks to departing Chief Executive Clive Nelson. Clive has been with HPA since its inception and his seven years of leadership has resulted in a strong organisation, well thought of externally and ready to face the future challenges and opportunities.



Strategic Framework



This figure shows HPA's strategic framework, including our strategic intentions and output classes and provides a line of sight between these and wider health system outcomes.

HPA's Work 2018/19

HPA is proud to be part of the New Zealand health sector team working toward the Government's priority of improving the wellbeing of New Zealanders and their whānau.

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 whānau health and wellbeing.

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

- alcohol-related harm
- mental health and wellbeing
- tobacco control
- minimising gambling harm
- child and family health (including skin cancer prevention, nutrition and physical activity, and immunisation).

HPA also manages the Ministry of Health's health education catalogue and undertakes work in other areas when requested to do so by its Ministers or the Ministry of Health. In 2018/19 we contributed to work programmes in stroke, hepatitis C, vaping as a way to stop smoking, and oral health.

HPA leads and supports national health promotion initiatives through:

- undertaking and supporting research and providing advice to inform HPA's work and the work of others
- supporting and partnering with community-based initiatives to help communities develop local solutions to local problems

- marketing and communications activities, including behaviour change mass media campaigns
- providing audience-focused tools and resources to a wide range of individuals and groups
- supporting coordinated health promotion activities across the sector, including with district health boards and public health units
- working to ensure that key environments protect rather than hinder health and wellbeing, such as alcohol drinking environments, sports settings and workplaces
- providing advice and, for alcohol, contributing to policy processes and laws by making submissions to select committees and local government, by providing evidence-based research and policy.

Our work focuses on making an early investment in people's lives to improve and protect their health and wellbeing to reduce future long-term impacts, taking into account populations with higher needs. Identifying and focusing health promotion activities to help improve the health and wellbeing of Māori, Pacific peoples and youth are a crucial focus for HPA.



We cannot be successful in our role on our own. Working with others in the health sector and in communities is essential to ensure messages are appropriate and delivered efficiently and consistently across New Zealand.

In practical terms HPA provides advice, resources and tools to a wide range of individuals and groups. Strong partnerships are key to our success. HPA is well connected and has established a large number of successful working relationships across sectors and communities, in a range of environments and settings. These include:

- health sector agencies, particularly the Ministry of Health, district health boards (DHBs) including public health units, primary health organisations, primary health services, iwi and Māori health providers, and health professional associations
- the community and voluntary sector
- non-government organisations
- central and local government agencies
- education sector agencies
- businesses
- policy makers, 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, we:

- work with communities to help them develop local solutions to local problems
- undertake and support research and provide advice to inform our work and the work of others
- offer specialist knowledge and undertake work to improve how health promotion is incorporated into workplace, sport and education settings
- influence the development and implementation of policies and laws by contributing to interagency processes and making submissions to central and local government, and by providing evidence-based research.

HPA has a Statement of Intent for 2017-2021 and a Statement of Performance Expectations for 2018/19.

The following pages outline our key results for 2018/19.

Alcohol

The harmful use of alcohol is one of the leading risk factors for premature death and disability in New Zealand and an important driver of inequities.

The misuse of alcohol is also associated with wider societal harms including crime, poor educational attainment, unemployment, poor workplace productivity, family violence and relationship breakdown. However, alcohol use is normalised within New Zealand's culture and the majority of people do not fully understand the health and social impacts of alcohol.¹ This, combined with the affordability, easy access to and wide promotion of alcohol, makes it difficult to change alcohol-related behaviours and attitudes.

HPA's alcohol work focuses on those most at risk of, or experiencing, the greatest alcohol-related harm. This includes:

- young women who are drinking moderately to hazardously who are at risk of unplanned pregnancy, with a focus on Māori
- teenagers under 18 years
- young adults aged 18 to 24 years
- adults in mid-life (45 to 65 years, with a focus on Māori) whose drinking is putting them at risk of experiencing alcohol-related health issues.

Our focus 2018/19

Alcohol-free pregnancies

HPA's pregnancy work aims to prevent fetal alcohol spectrum disorder (FASD) by communicating with young women who drink moderately to hazardously and their whānau and partners. The marketing and communications approach, Don't Know? Don't Drink, is a key focus for this work.

HPA is working to influence and support health professionals, developing learning tools to ensure they understand the key messages on alcohol and pregnancy and help them to gain skills in supporting pregnant women and their whānau. This includes:

- maintaining a resource and information section on alcohol.org.nz that provides health professionals with the best evidence behind key messages and resources to support best practice
- identifying opportunities to present on alcohol-free pregnancies at relevant health professional conferences and events
- seeking opportunities to partner with others to increase delivery of early pregnancy assessments. This has included developing a health promotion guide for the antenatal first consult Health Pathway and supporting northern public health organisations to develop the Early Pregnancy Assessment Tool for their region.

Don't Know? Don't Drink is part of the Government's efforts to address FASD, which is estimated to affect up to 3,000 babies born each year in New Zealand. A Don't Know? Don't Drink digital toolkit was produced for FASD Awareness Day (9 September 2018) for ongoing prevention activities to support alcohol-free pregnancies and the marketing messages. It included links to videos, social media posts, email signatures and resources for use by health sector workers around the country.

1 Global Drug Survey 2018 Key Findings Report, Downloaded from <https://www.globaldrugsurvey.com/gds-2018>

Pre-Testie Bestie

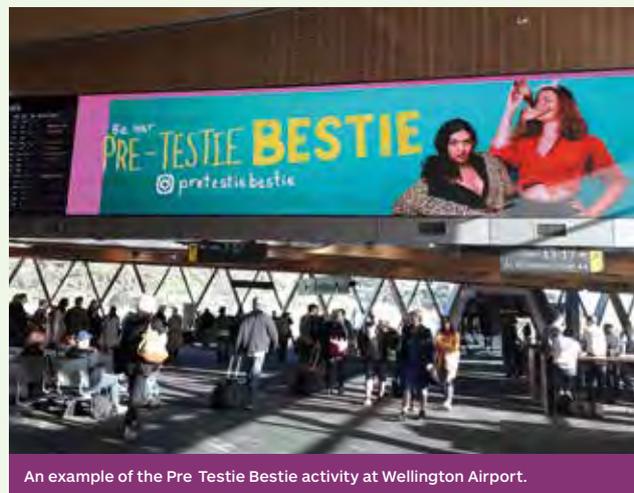
Pre-Testie Bestie, which takes a humorous approach to encourage young women to be a 'Pre-Testie Bestie' and support a friend to be alcohol-free if she thinks she might be pregnant, is the second phase of Don't Know? Don't Drink.

This phase of the marketing aims to reduce alcohol consumption during pregnancy by encouraging women to stop drinking if there is any chance they could be pregnant. Using a combination of online, print and out-of-home advertising (in malls, at the cinema, on billboards and in bars), as well as social media posts on Facebook and Instagram, the campaign was successful in getting its message through to its target audience (young women aged 18 to 30 who drink hazardously, are sexually active, and are not planning to get pregnant).

Over a third (38%) of females aged 18 to 29 saw the campaign, with 70% of them able to recall the campaign's key message of "Don't drink if you are or might be pregnant". Of those who have seen the campaign:

- 90% reported they are likely to support someone else to stop drinking alcohol if they thought they were pregnant
- 72% reported they are likely to encourage others to consider if they are pregnant before they drink alcohol
- 65% reported they are likely to consider if they are pregnant before drinking alcohol
- 50% said the advertising would make them think about their own drinking
- 35% stated that the advertising would encourage them to start drinking less and 23% reported it would encourage them to stop drinking.

To extend the reach of Pre-Testie Bestie and give it more local flavour, HPA partnered with Counties Manukau



An example of the Pre-Testie Bestie activity at Wellington Airport.

and Hawke's Bay district health boards to implement localised Pre-Testie Bestie activity during February and March 2019. Activities included out-of-home and social media advertising, support for local social media and influencer activity, resource production, and Pre-Testie Bestie activities at relevant local events.

Pre-Testie Bestie won five awards at the annual Axis Awards (which recognise creative excellence in New Zealand) and HPA was named Advertiser of the Year at the 2019 Beacon Awards. The Advertiser of the Year Award is based on the success of the Pre-Testie Bestie initiative, which received four gold medals. The awards are organised by the Commercial Communications Council, the industry association representing the interests of marketing communication agencies, and recognise "smart and innovative thinking".



Of females aged 18 to 29-years-old saw the campaign, with 70% of them able to recall the key message



Multiple industry awards recognised the campaign's smart and innovative thinking



Are likely to support someone else to stop drinking alcohol if they think they are pregnant



Supporting the Tūturu project.



Counties Manukau rugby.

Alcohol-free teenagers

HPA's work with under-18s aims to increase the number of teenagers who choose not to drink. Beyond that, our focus is primarily on delaying young people from starting drinking and preventing escalation of drinking.

Young people are often seen as a single group based on their age, with further definitions sometimes based on their gender or ethnicity. Peer crowd projects, however, use the affiliation and identification that young people have with their 'peer crowds' (groups that represent the shared values, styles, norms, preferences and behaviours) to tailor social marketing campaigns and other interventions to improve wellbeing.

During 2018/19 HPA ran a number of peer crowd pilots that included:

- a strengths-based social movement based on a series of events where participants compete in positive challenges
- tools to help professionals understand young people
- a whānau meal kit that helps to facilitate positive conversations and connectedness.

Developed and run in partnership with the Ministry of Health, Sport New Zealand, Ara Taiohi, Odyssey Trust, NZ Drug Foundation, Counties Manukau District Health Board, CAYAD Auckland, Healthy Families South Auckland and the Counties Manukau AOD Provider Collective, the pilot projects were designed to test how a peer crowd approach could be adapted for young people. While scoping the project for next steps and completing a developmental evaluation are

underway, the approach for the pilot projects has reinforced the limitations of using simple demographics, such as age and ethnicity, to target behaviour change in young people and highlighted the strength that peer groups have in influencing young people and their behaviour.

HPA also supported the cross-government Tūturu project. The aim is to support New Zealand schools to take a whole school approach to student wellbeing, and prepare students for a world where alcohol and other drugs exist.

Piloted in 11 secondary schools over the last two years, Tūturu has developed resources that have been created by a network of schools, services, and other health and education experts. The resources help schools prioritise and take meaningful actions by:

- promoting wellbeing, student connectedness and help seeking, with aligned policies and practices
- building students' critical thinking skills using real life learning contexts
- supporting teachers to have the confidence and skills to identify and engage with students who need support
- creating strong links with specialist services to support students to make changes and remain engaged in education.

The New Zealand Council for Educational Research report on how Tūturu is meeting its aims is due at the end of 2019.

We have had strong interest from schools wishing to use Tūturu outside of the pilot project.



Grassroots rugby sharing the moderation message at Te Kauwhata RFC.

Hazardous drinking

Depending on what screening tool is used, between **35% and 40%** of older people are classified as hazardous drinkers (with co-morbidities, medication use and drinking-driving contributing to this increased risk).



Older people are more at risk of experiencing alcohol related health issues.

Positive social norms and supportive environments

HPA has enhanced its relationship with New Zealand Rugby (NZR), which is taking a new approach to reduce alcohol harms at grassroots rugby level. NZR is working with HPA across all programmes to focus on improving wellbeing in rugby sports settings.

Eden Park Stadium won HPA's award for Excellence in Host Responsibility at the Entertainment Venues Association of New Zealand (EVANZ) annual awards. The award recognises excellence in:

- promoting a venue's host responsibility policy/ alcohol management plan to staff and customers
- promoting the availability of water, low and non-alcoholic beverages and food
- strategies regarding intoxication and minors, including training for staff
- innovative activities that demonstrate a commitment to providing a safe and responsible drinking venue.

HPA provided support to the National Public Health Alcohol Working Group (NPHAWG) to run a one-day pre-conference training workshop for new public health regulatory officers in May 2019. This training increased officers' knowledge of the Sale and Supply of Alcohol Act 2012, hearings and the alcohol licensing process.

As part of its ongoing role in supporting the effective operation of the Sale and Supply of Alcohol Act 2012, HPA has funded a pilot project with Community Health Aotearoa to support communities to better engage in the licensing process. As part of this project, the Christchurch community in Phillipstown submitted in opposition to an application by Liquorland for a new licence.

On 28 May 2019 the Alcohol Regulatory Licensing Authority upheld the District Licensing Committee's decision to decline the application based on arguments that were centred around alcohol-related harm, creating valuable case law. June marked the one-year anniversary of the project expanding from Christchurch to four other locations, with a fifth now also on board.

HPA supported regional two-day workshops provided by NZ Police trainers to all regulatory staff across the country in April, May and June 2019. These workshops enhance the advocacy and prosecution roles in alcohol licensing that regulatory agencies' staff have.

Alcohol health and wellness

HPA works to help people understand the health and social risks associated with drinking, to think about their drinking and to choose to drink at low-risk levels or not to drink. Our initial priority is Māori midlife adults (45 to 65 years) whose drinking is putting them at risk of experiencing alcohol-related health issues or who are already experiencing alcohol-related health issues. We have undertaken formative research and other work to understand how to connect with this group, in order to motivate them to take action to moderate their drinking. This will lead to the development of a new multi-year national campaign and an online self-help tool.

We are also working to support the increased uptake of alcohol screening and brief interventions (SBI) by investigating barriers to widespread uptake and implementation of SBI in primary care settings, developing a refreshed training package for SBI that can be adapted for non-health settings, and supporting community SBI projects.



Department of Lost Nights campaign.

Compared with non-heavy drinkers, heavy drinkers were:

- more likely to drink at someone else's home; at a pub or nightclub; or in a car, at the beach, park or public place
- more likely to drink in three or more locations.



One of the findings from the *Where people drink alcohol* research.

Department of Lost Nights

HPA's alcohol behaviour change programme is a significant part of our work to reduce and prevent alcohol-related harm. The marketing component of this programme is the award-winning Say Yeah, Nah initiative, which has been running since May 2013.

The Department of Lost Nights is the fifth phase of Say Yeah, Nah and is based on the insight that younger adults may drink too much because they think it leads to good times. But, instead, drinking too much can keep you from being part of the action and lead to you forgetting the good times.

It launched in early February 2018 with a target audience of 18 to 24-year-olds, as they drink more frequently and at riskier levels than other populations. Māori and Pacific young people in this age group are a priority.

The Department of Lost Nights campaign was in market a number of times between November 2018 and June 2019 on television (TV1, TV2, Three, Sky Sport, Duke and Edge TV), YouTube, social media and other online settings, as well as in bars, liquor stores, cinemas and at festivals. Advertising was increased in university hot spots during orientation week 2019 and the campaign was 'up-weighted' in the Hawke's Bay region, where key stakeholders worked to localise the campaign.

The video performed well on YouTube making it onto the YouTube Ads Leaderboard in New Zealand. The Leaderboard is a yearly showcase of the most engaging advertisements that people watch on YouTube. It uses a quantitative methodology that factors in audience retention and organic views to determine videos that people choose to watch.

The campaign also won eight awards at the annual Axis Awards (which recognise creative excellence in New Zealand) as well as the Grand ORCA award at the Outstanding Radio Creative Awards (or ORCA Awards for short). ORCA Awards recognise and endorse outstanding radio creative advertising that creates impact and effectiveness for the client. HPA's Grand ORCA was for the Department of Lost Nights radio advertisements that were used in 2018/19.

Research and resources

During 2018/19 HPA continued to provide research, tools and resources to support policy development and practice including the operation of the Sale and Supply of Alcohol Act. Examples include the following:

- *New Zealanders' alcohol consumption patterns across the lifespan*. This report by Massey University and the University of Auckland looked at the initiation of alcohol use, the patterns of alcohol use across the lifespan, and transitions from hazardous to non-hazardous drinking.
- *Where people drink alcohol*. This infographic summarises where people drink alcohol and how many locations people drink at.
- *Comparison of age of first drink and age of first intoxication*. Researchers from HPA and the University of Otago found that age of first intoxication predicted alcohol use disorder and substance use disorder outcomes in adulthood, but the age of first drink did not. They concluded that focusing efforts on reducing or delaying early adolescent intoxication may have positive long-term outcomes.



Environmental design guidance information for licensees and their staff.



Contributed to drafting the 'Staying healthy and preventing cancer' section.

- Two research reports on energy labelling on alcoholic beverages in New Zealand were published in April. The reports explore consumer understanding of energy (kilojoules/ calories) from alcohol and energy content labels and their impact on the purchase and consumption of alcoholic beverages.
- *Safer bars and restaurants – A Guide to Crime Prevention through Environmental Design* and *Safer bottle stores – A Guide to Crime Prevention through Environmental Design* provide guidance information for licensees and their staff to assist in establishing and maintaining a safe and secure environment in pubs, taverns, hotels, bars, restaurants, cafés, clubs and bottle stores.
- *Off-licensed Premises Toolkit for Bottle Stores* brings together all the alcohol documentation required by a licensee to meet their legal obligations and requirements under the Sale and Supply of Alcohol Act 2012 and their off-licence.
- Nine new alcohol licensing information sheets were developed and published in April 2019. These sheets assist regulatory agencies in their alcohol licensing duties and cover topics such as amenity and good order, BYOs, caterers, and large-scale events.

Policy and advice

HPA contributed to major policy development during 2018/19 including the following:

- Oral and written submissions were made to the Governance and Administration Select Committee on the Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill (No 2), and on the Supplementary Order Paper No. 14.
- HPA participated in government work on alcohol labelling. This included the following:
 - We provided input into a Ministry for Primary Industries briefing to the Minister for Food Safety and the subsequent Cabinet paper on the Government's position on pregnancy warning labels on packaged alcoholic beverages. As a result of this work, in October 2018 Ministers from Australia and New Zealand agreed that the Australia New Zealand Food Standards Code should include mandatory pregnancy warning labelling requirements. In late June 2019 HPA attended a Food Standards Australia New Zealand (FSANZ) consultation meeting on these pregnancy warning labels on alcoholic beverages.
 - HPA has also provided policy, research and design input into an interagency process that has seen new energy labelling developed for alcoholic beverages.
- A submission was made to the Tax Working Group on corrective taxes, including the alcohol excise tax and the HPA levy.
- A submission was made on the Local Government (Community Well-being) Amendment Bill, in support of returning the well-beings to the Act.



An MOU continues the relationship between HPA and New Zealand Police.



Sidekicker is using ServeWise to train their staff in host responsibility.

- A submission was made on the Statutes Amendment Bill, which tidies up the section on Temporary Authorities in the Sale and Supply of Alcohol Act.
- A submission and information about our work was made to the Government Inquiry into Mental Health and Addiction. This highlighted the need to address price, availability and advertising of alcohol to address harm.
- HPA contributed to the drafting of the 'Staying healthy and preventing cancer' section of the national cancer action plan. It includes alcohol, tobacco smoking, nutrition, weight, physical activity, and sun exposure.
- HPA also contributed to the Government's Healthy Ageing Strategy.
- HPA gave oral and written submissions to a number of local alcohol policies.

Working with partners

HPA enters into a range of partnerships with community organisations. These groups have important local relationships and are well placed to customise HPA messaging for their communities.

- A revised Memorandum of Understanding (MOU) with New Zealand Police was signed on 17 September 2018. The MOU further strengthens the already excellent working relationship between HPA and Police. Following its signing, the Police National Manager of Alcohol Harm Prevention presented the new Police Alcohol Action Plan to HPA. This was developed collaboratively with HPA's input.

- HPA sponsored and presented at the Cutting Edge national addictions conference, in September 2018, providing an opportunity to make valuable connections with stakeholders.
- HPA commenced work with the Māori Wardens Association and Te Puni Kōkiri to better support the work of Māori Wardens in relation to the Sale and Supply of Alcohol Act and Māori Community Development Act. This includes supporting wardens to gain the skills to identify problem drinkers and talk to them about their alcohol use.
- HPA has partnered with Kōkiri Marae in Lower Hutt to address health issues of mid-life Māori drinking above low-risk guidelines. Qualitative research, literature reviews and insights from hui with clinical and cultural subject matter experts and Kōkiri whānau have provided the basis to develop digital and non-digital tools that will sit across multiple HPA platforms and channels.
- During the year, HPA began a partnership with Sidekicker, working with them to ensure all their hospitality staff are fully trained in host responsibility using HPA's ServeWise information. Sidekicker supplies more than 2,000 hospitality staff on-demand to large and small venues across New Zealand via an Uber-like app. HPA also supported Sidekicker's Unleash programme, which focuses on staff training, health and safety, and improving workforce mental health.

Our results 2018/19

OUTPUT CLASSES 2018/19 – KEY:

P Promoting **E** Enabling **I** Informing

ACTIVITY: Say Yeah, Nah alcohol moderation marketing

PERFORMANCE MEASURES

Increase in the percentage of the target audience who have seen HPA's alcohol moderation marketing and report it helped or encouraged at least three positive behaviours:

- to say 'no'
- to drink water between drinks
- to start drinking slower
- to think about own drinking
- to accept others who say 'no'
- to encourage others to ease up.

P

COMPARATIVE DATA

Baseline 74% (2016/17)
85% (2017/18)

RESULTS

Not achieved for the general population

The percentage of 18 to 24-year-olds who were helped or encouraged by the campaign to do at least three positive behaviours was 68%. This reduction from the 2016/17 baseline was not statistically significant but was significantly below the 2017/18 figure.

Achieved for Māori

For the priority Māori audience, 72% reported the campaign helped or encouraged at least three positive behaviours in 2018/19 compared with 63% in 2017/18.

A factor leading to the reduction in the overall figure may have been the temporary suspension of YouTube activity for the Say Yeah, Nah campaign. In line with other government agencies, HPA halted advertising on YouTube in February 2019 following concerns about predatory comments on videos involving children. This affected six of 13 weeks, or 46% of our scheduled YouTube activity. Advertising resumed at the beginning of April 2019.

Source: Research by Kantar.

ACTIVITY: Professional development of health and other relevant workforces

PERFORMANCE MEASURES

At least 85% of participants who attended HPA-supported professional development events report it was useful for their work² (eg, the Melanoma Summit and the Smokefree seminar series).

E

COMPARATIVE DATA

Comparative information not available

RESULTS

Achieved

A survey of attendees at the 'Alcohol use in the mid-older years' seminar found that:

- 85% were satisfied/very satisfied with the seminar
- 92% found the research presentations to be relevant/very relevant.

Source: Survey of seminar attendees via Survey Monkey. (13 responses out of 21 attendees.)

Research with participants of the Smashed 'n Stoned Facilitator training found that:

- 100% said they would be able to apply the knowledge and skills they had learned
- 97% said the content was organised and easy to follow
- 99% said the materials distributed were useful
- 100% said the training was good quality
- 98% stated that the training met their expectations.

Source: Evaluation of training participants by Odyssey.

2 Top two categories of a five-point scale

ACTIVITY: Provision of advice, resources and tools to enable local health promotion and other community-based activities

PERFORMANCE MEASURES	COMPARATIVE DATA	RESULTS
<p>At least 85% of a sample of those who have received resources, tools or advice from HPA report satisfaction with the service they received.³</p> <p>E</p>	<p>Comparative information not available</p>	<p>Achieved</p> <p>87%⁴ of sample satisfied or very satisfied with the resources, tools or advice they received.</p> <p>Source: Research by UMR Research.</p>
<p>At least five new or revised resources or tools are developed across HPA work programmes to enable local health promotion activities.</p> <p>E</p>	<p>Comparative information not available</p>	<p>Achieved</p> <p>Sixty-four⁵ new or revised resources or tools developed during 2018/19. Nine of these are alcohol-related.</p>

3 Top two categories of a five-point scale

4 Sample size n=331

5 Previous measures have focused solely on resources produced in particular topic areas eg, nutrition and skin cancer prevention. This new measure focuses on resources produced across HPA

Mental Health

Mental distress is common. About four in five adults (aged 15 years or more) have experience of mental distress either personally or among people they know.

In January 2018 the Government established an Inquiry into Mental Health and Addiction. The Inquiry report – *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* – was presented to the Government by the Inquiry Panel in November 2018. The Government formally responded to recommendations of the Inquiry in May 2019. *He Ara Oranga* contained 40 recommendations, which apply to health, the wider social sector and society as a whole. The Government has accepted, accepted in principle or agreed to further consideration of 38 of the recommendations.

In 2018/19 HPA joined the Ministry of Health-convened mental health and addiction cross-agency group, which coordinates government response and investment following the outcome of the Inquiry into Mental Health and Addiction.

Levels of mental distress are not evenly distributed in the population. Māori score more highly for measures for depression, anxiety and psychological distress compared with non-Māori and Pacific peoples. Pacific peoples score more highly on depression scales compared with non-Pacific peoples.⁶ Young people are also a priority audience as 15 to 24-year-olds have the highest levels of isolation and mental distress.⁷

HPA has an important role in minimising the impact of mental distress on the wellbeing of New Zealanders and enhancing social inclusion opportunities for people with experience of mental distress. HPA plays a leading role in the delivery of two government mental health programmes – the National Depression Initiative (NDI) and Like Minds, Like Mine. A joint agency governance group, comprising the

Ministry of Health and HPA, provides strategic oversight of these programmes.

The NDI is part of the Government's ongoing commitment to promoting wellbeing, with a focus on reducing the impact of depression and anxiety for New Zealanders. The NDI is made up of a number of components – the depression.org.nz website, which includes an online cognitive behavioural therapy self-help tool (The Journal), and a youth-focused website, thelowdown.co.nz. These websites are supported by a free, confidential, 24/7 helpline and separate text services for adults and young people (administered by Homecare Medical, the provider of national telehealth services for New Zealand).

In 2018/19 there was a 39% increase in the number of New Zealand visitors to depression.org.nz (404,201 compared with 290,573 in 2018/19). Research undertaken in 2018/19 indicated that 95% of all users of depression.org.nz found the website useful. Figures were similar for Māori (94%) and Pacific peoples (92%). In addition, there were 276,137 self-test completions in 2018/19, showing that this tool is valued by our audience.

For youth, thelowdown.co.nz offers information and tools for dealing with life issues and recognising and recovering from depression and anxiety. It aims to improve help seeking, increase mental health knowledge, and reduce stigma. During the year there were 98,194 New Zealand visitors to thelowdown.co.nz (a 6% increase from the 92,515 visits in 2017/18). Research indicated that 87% of respondents found the website useful. The priority audiences of Māori (85%) and Pacific respondents (87%) also found the website useful.

6 Kvalsvig, A. (2018). *Wellbeing and mental distress in Aotearoa New Zealand: Snapshot 2016*. Wellington: Health Promotion Agency

7 Ibid



More prominent links to Māori and Pacific content increased visits.



eCoaching pilots are running in Auckland, Waikato/Hauraki, and Gore.

Our focus 2018/19

Depression.org.nz

The Small Steps campaign, which shows simple, positive actions that New Zealanders can take on the path to recovery from depression and anxiety, as well as encouraging help seeking by visiting depression.org.nz, continued in 2018/19. Channels included television, online video and regular posts on the Small Steps Facebook page. The sentiment on the Small Steps page is estimated to be 95% positive. Many of the comments on the page are users expressing their personal experiences with depression and anxiety, and the steps they took to get better.

In addition to Small Steps, a particular focus for the year was to reach Māori and Pacific audiences. The home page of depression.org.nz was changed to make links to Māori and Pacific content prominent. In addition, new video content was created with ambassadors Dr Te Kani Kingi and Saveatama Eroni Clarke promoting The Journal self-test and Māori and Pacific content pages on depression.org.nz. Well-known social influencers Johnny Tuivasa-Sheck and The Cougar Boys were also involved, promoting depression.org.nz to their followers. Johnny Tuivasa-Sheck's videos had more than 17,500 likes/reactions and more than 600 comments over Instagram and Facebook, with many people thanking Johnny for his message about mental wellbeing.

This updated focus on encouraging visits to the Māori and Pasifika content on depression.org.nz resulted in an increase in visits. In total, 4,050 people viewed the Māori page (an increase from 425 in 2017/18) and 4,209 people visited the Pasifika page (up from 206 in 2017/18).

In response to the Christchurch terror attacks on 15 March 2019, the Ministry of Health established a wellbeing promotion governance group with the lead wellbeing promotion agencies collaborating on an approach that includes three layers of health promotion. HPA's role is leading support for individuals and/or whānau with mental distress.

As part of this work HPA ran Small Steps promotions between April and June. The campaign included television, online video and wellbeing social posts on the Small Steps and Lowdown Facebook pages, resulting in an increase of people seeking help across all channels. In addition, a 'Grief and Loss' page, with content provided by Le Va, was added to The Lowdown and features in the main navigation of the website.

eCoaching pilot with The Journal

The eCoaching 12-month pilot with The Journal service was launched in late May 2019 by HPA and HealthTRx. People with depression and/or anxiety are able to access a coach via phone and text to support them through The Journal. This pilot has the potential to reduce primary care demand and/or be used to support people who are waiting to be referred to a mental health service. Pilot sites are in Auckland (ProCare), Waikato/Hauraki (Pinnacle Midlands Health Network and Hauraki Primary Health Organisation Network) and Gore Health Services. The referral sites have peer coaches (through our partnership with Ember) or health navigators (through ProCare) trained and ready to support 500 people throughout the pilot (prioritising the needs of Māori, Pasifika and young people 16 to 25-years-old).

An evaluation of this pilot is being undertaken by The Knowledge Institute.



The Lowdown's Facebook page engages young people with humour and tips.



Winner of The Lowdown Award was 'Ari's World' by Irava and Makea Upu.

The Lowdown

The Lowdown is a website to support young New Zealanders with depression or anxiety. By encouraging early recognition and help seeking we intend to reduce the impact depression or anxiety has on the lives of young New Zealanders, now and throughout their adult lives. Issues such as study stress, relationships, breakups, friends, and identity are included on thelowdown.co.nz

Promotional activity during the year included paid search and weekly social posts. The Lowdown Facebook channel drove 17,341 clicks to The Lowdown website over the year. There were 21,315 self-test completions in 2018/19.

Complementing The Lowdown is a Facebook page, which aims to engage with young people through a mix of humour and straightforward tips around life issues and wellbeing, and links them through to relevant information on The Lowdown website. With 35,144 followers, the Facebook page continued to be an effective channel for these important messages.

A web chat facility went live on The Lowdown in mid-October 2018, which provides an option for young people to contact counsellors. The Lowdown team is an experienced group of counsellors who are available 24/7 so young people can contact them any time by email or text, phone or web chat. The web chat is supported by the National Telehealth Service, along with phone, text and email support options.

HPA partnered with The Outlook for Someday to promote messages about mental health and wellbeing with aspiring film directors. The Someday challenge is to make a short film, in any genre, up to five minutes long and is open to anyone under the age of 24. HPA sponsors The Lowdown Award. The 2018 winner of The Lowdown Award was 'Ari's World' made by Irava Upu (aged 14) and Makea Upu (aged 12). The film is about a Māori boy, called Ari, cast adrift in a Pākehā world.

Like Minds, Like Mine

The Like Minds, Like Mine programme works towards a socially inclusive New Zealand that is free of stigma and discrimination towards people with lived experience of mental distress. Through our strategic leadership, innovative community activities, national marketing, and robust research and evaluation, Like Minds, Like Mine promotes inclusive attitudes, behaviours and environments.

Just Ask. Just Listen

A new national Like Minds, Like Mine campaign launched on 30 September 2018. The campaign targets family/whānau and friends of people experiencing mental distress.

It uses humour and New Zealand wildlife film footage to highlight people's behaviour by showing 'what not to do' – including deciding what's best for the person, labelling or name-calling, awkward conversations and excluding someone from social occasions.

The campaign's key message is to not assume what someone experiencing mental distress needs or is capable of but, rather, to be guided by the person. The call to action is Just Ask. Just Listen.

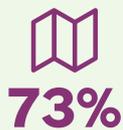
The campaign is delivered across a number of channels including television, online video, social media, digital activity and community resources. This comprehensive, integrated approach meant that traffic to the Like Minds, Like Mine website increased significantly after Just Ask. Just Listen launched, with a correlation between web hits and when the television advertisements are showing. High engagement with the campaign has been encouraged through the use of social influencers (New Zealand celebrities who have their own experience of mental distress, with themselves or their whānau).

As a result of Just Ask. Just Listen, 41,565 people visited the Like Minds, Like Mine website, compared with 9,152 in 2017/18. A total of 39,994 of these visitors visited the site after Just Ask. Just Listen launched.

The campaign evaluation was positive:

- 73% of respondents agreed (41% strongly agreed) that the campaign made them more aware that certain behaviours aren't helpful when dealing with people experiencing mental distress.
- A quarter of those who had already seen the campaign said they had thought or done something different as a result of it.
- 49% of those shown the campaign were motivated by it – and even more so for Māori (59%) and Pasifika (65%) audiences.

Community resources have been developed to support the campaign, which enables HPA to extend the reach of key messages through community channels. The resources have been distributed to Like Minds, Like Mine education providers, district health boards, universities, schools and workplaces.



of respondents agreed they had been made more aware of unhelpful behaviours



of the total of those shown the campaign were motivated by it



increased traffic to the website after the campaign was launched



of those strongly agreed



of Māori found the campaign motivating



of Pasifika found the campaign motivating





The Pacific Like Minds, Like Mine initiative was launched in June 2019.



Te Oranga Hinengaro: Māori mental wellbeing report.

Like Minds, Like Mine Pacific approach

Following development of the Like Minds, Like Mine campaign, Just Ask. Just Listen (see page 21), a Pacific Like Minds, Like Mine approach was developed with Vaka Tautua (Pacific health provider), key Pacific health organisations and community stakeholders, and the three Auckland district health boards. The initiative is community focused, owned and driven and was launched by Associate Minister of Health Hon Jenny Salesa on 7 June 2019. It focuses on the Pacific home with the target audience being parents, caregivers and significant adults of Pacific children and youth. Three elements have been developed as a result – a social media video based on lived experience and promoted via Facebook, collaboration with Pacific radio organisations to develop specific Pacific radio guidelines for mental health, and community workshops with the target audience and key influencers.

Research and resources

- *Te Oranga Hinengaro: Māori mental wellbeing report* was published on hpa.org.nz on 30 October 2018. *Te Oranga Hinengaro* presents results from the New Zealand Mental Health Monitor and the Health and Lifestyles Survey related to the mental health and wellbeing of Māori in New Zealand. In particular, the report provides insight into the relationship between multiple measures of mental health and Māori experiences of wellbeing: Whanaungatanga and belonging, cultural connectedness and reconnection, and strength of cultural identity.
- HPA created an infographic using 2018 data from our Mental Health and Wellbeing Survey. The infographic was published on 24 June 2019 and examines wellbeing and mental health for rainbow people, who tend to have poorer wellbeing and higher rates of mental distress.



Working with partners

- In October 2018 HPA worked with AUT to support the eMental health international collaborative and eMental Health Expert Forum, which were attended by a range of national and international delegates and leaders in mental health.
- Like Minds, Like Mine education providers from PeerZone, University of Otago, and Mind and Body delivered training services and resources to key settings such as health care professionals, Police, social housing, education and workplaces. The training and resources aim to counter stigma and discrimination associated with mental distress.
- The Mental Health Foundation provides support through a national service contract, which delivers media training, community grants, and creative and media awards.
- Changing Minds is leading Rakau Roroa, the lived experience leadership initiative. More than 60 Tall Trees (emerging leaders) were trained across New Zealand during August and September 2018. There are seven training modules that support people in their communities to tell their story of mental distress and recovery. The Tall Trees are supported by 16 training facilitators and mentors to help them engage with and communicate key messages for both the NDI and Like Minds, Like Mine.

Our results 2018/19

OUTPUT CLASSES 2018/19 – KEY:

P Promoting **E** Enabling **I** Informing

ACTIVITIES: Digital tools to help New Zealanders experiencing depression and/or anxiety

PERFORMANCE MEASURES

Maintain or improve the proportion of visitors to depression.org.nz and thelowdown.co.nz that report they found the website useful.⁸

P

COMPARATIVE DATA

91% in 2016/17 for depression.org.nz

95% in 2017/18 for depression.org.nz

88% in 2017/18 for thelowdown.co.nz

RESULTS

Achieved

Results for depression.org.nz:

- New Zealand 95% – Māori 94%, Pasifika 92%.

Not achieved

Results for thelowdown.co.nz:

- New Zealand 87% – Māori 85% and Pasifika 87%.

Source: User satisfaction survey. Data from Survey Gizmo.

Depression.org.nz 3,062 respondents filled in the pop up survey.

Thelowdown.co.nz 5,708 respondents filled in the pop up survey.

8 Binary question – ‘Is this website useful?’ Yes or No

Tobacco Control

Smoking is the leading preventable cause of early death in New Zealand. HPA is one of the principal organisations working toward the Government’s goal that New Zealand be smokefree by 2025, with a smoking prevalence of less than 5% of the population.

HPA contributes to Smokefree 2025 by focusing on key population groups, particularly Māori (with a focus on Māori women), Pacific peoples, and young adults (17 to 24 years).

Our focus 2018/19

Smokefreerockquest and Smokefree Tangata Beats

Young people continue to be an important audience for tobacco control messages. Evidence shows that in adolescence young people are less likely to engage in risky behaviours, including substance use, if a range of individual, family, school, peer and community protective factors are present. They are also less likely to take up smoking if they hold anti-tobacco and pro-smokefree attitudes and are surrounded by people who do not smoke.

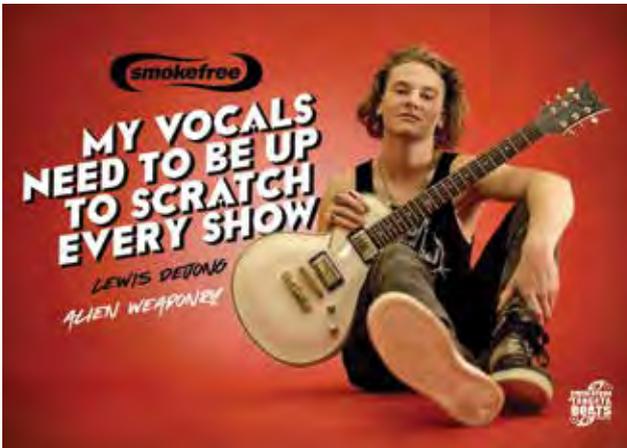
In 2018/19 HPA continued its long-standing partnership with Rockquest Promotions to sponsor Smokefreerockquest and Smokefree Tangata Beats to promote these messages.

Analysis of the 2018 competitions showed that first-time Māori entrant numbers increased from 20% of participants in 2017 to 26% in 2018. Pacific entrant numbers increased from 8% to 15% and half of the events’ participants were female. Across both events 13,500 young people attended a live event and more than 3,000 students performed. The online ‘webisodes’ were viewed 387,721 times – a 20% increase compared with 2017.

HPA won the award for Best Use of Sponsorship at the 2018 TVNZ Marketing Awards for Smokefreerockquest. The entry recognised the challenge of keeping a 30-year partnership fresh, relevant, and focused on continually improving outcomes for young New Zealanders.



2018 Smokefreerockquest campaign posters.



2018 Smokefreerockquest campaign posters.

Vaping

Following on from the position the Ministry of Health adopted in 2017 that vaping has the potential to contribute to the Smokefree 2025 goal, during 2018/19 HPA worked closely with the Ministry of Health to develop information for the public on vaping.

An expert advisory group was formed to support HPA's work and qualitative research was undertaken with a group of more than 80 Māori women to explore their experiences, beliefs and behaviours in relation to vaping. The research showed that more than 40% of the respondents used the internet to find their information and almost all participants wanted to quit smoking, with cost, better health, and whānau/friend support being key drivers. These factors were taken into consideration as HPA developed the Vaping Facts website for the Ministry of Health.

Launched by the Associate Minister of Health, Hon Jenny Salesa, on 9 June 2019 the Vaping Facts website provides New Zealanders with a source of clear and credible information about vaping in New Zealand. In its first 20 days the site had more than 20,000 visitors, 35% aged between 25 and 34, and an even split of male and female. Sixty-six percent of visits were made from mobile phones. More than 8,000 key actions were taken on the site, such as watching a video, trying the quiz or calculator, or sharing content from the site to social media.

As part of HPA's vaping work a 'Consensus statement' was developed (as follows).

- The best thing you can do for your health is be smokefree and vape free.
- Vaping is not for children or young people.
- Vaping can help some people quit smoking.
- Vaping is not harmless but it is much less harmful than smoking.
- Vaping is not for non-smokers.

Organisations that support the statement are HPA, Ministry of Health, Hāpai te Hauora, Action for Smoking and Health (ASH), Quitline, National Training Service (NTS), New Zealand Medical Association, all district health boards, Pharmacy Guild of New Zealand, Heart Foundation, New Zealand College of Midwives, and Parents Centre.



20,000

visitors went to the Vaping Facts website in the first 20 days



35% of visitors were aged 25 to 34



66% of visits were from mobile phones





Campaign work to increase awareness of the harms of smoking on pets.



HPA, Mai FM and the Pacific Media Collective partnered for the campaign.

Quitline

Quitline marketing delivered by HPA continued in 2018/19. Using a proven Australian advertisement called 'Cough' that was re-voiced and had new graphics added for the New Zealand context, the campaign enjoyed considerable success – while in market text messages to Quitline increased by 200%.

During the year HPA also worked with Homecare Medical to develop a strategy around increasing quit attempts by discussing the harms of smoking on pets (pets are twice as likely to get cancer if their owners smoke). Internationally, awareness of this has shown to be a motivator to quit. Māori are a key audience for this work as they have the highest smoking rates in New Zealand as well as the highest rate of pet ownership. Most of the work on this campaign took place during 2018/19, with advertising going 'live' in late July 2019.

Homecare Medical and HPA's Pacific Quitline campaign, a highly targeted community and digital campaign across South Auckland that connected with Pacific smokers, won a bronze award at the TVNZ Marketing Effectiveness Awards in the 'Campaigns with a budget under \$100k' category. The judges were particularly impressed with the use of multiple data points to make the campaign highly targeted and meaningful to its Pacific audience. It was also a finalist in the 2018 New Zealand Marketing Association Awards for the 'under \$100k' and the 'Best Use of Customer Insight' categories.

Smokefree Cars

The Smokefree Cars campaign, a partnership between HPA, Mai FM and the Pacific Media Collective, ran from September to November 2018, using radio to engage with Māori and Pacific communities to encourage more people to make their car smokefree at all times. The campaign saw smokefree cars messaging translated and broadcast in nine different Pacific languages and more than 10,000 Smokefree Cars bumper stickers distributed in 12 priority communities.

Ninety-five percent of New Zealanders support a ban on smoking in cars carrying children.⁹ In February 2019 the Government signalled they want to change the Smoke-free Environments Act so that smoking is prohibited in cars when children are present. In June 2019 the Bill that prohibits smoking in cars carrying children passed its first reading in Parliament.



9
different Pacific
languages targeted
with the campaign



10,000

Smokefree car bumper
stickers distributed in
12 priority communities

9 Health Promotion Agency/Te Hiringa Hauora. (2019). 2018 New Zealand Health and Lifestyle Survey. Wellington: Health Promotion Agency.



Stop Before You Start campaign.



Posters for Hip Hop International New Zealand shared in the sector.

Stop Before You Start

Stop Before You Start, HPA's campaign for young adults focusing on the prevention of initiation of smoking, was back in market in late 2018 and again in April and May 2019. The marketing approach was to blend traditional media (targeted television spots) with new media (mainly digital), which proved to be an effective approach for the core audience of 17 to 20-year-olds.

The independent evaluation showed this campaign continued to perform well:

- 92% of the audience could recall the campaign when prompted.
- 58% of those that saw the campaign took at least one positive action, from stopping smoking to talking to someone about the campaign.
- The campaign saw a shift in attitudes towards smoking, particularly regarding the key indicator of agreement that social smoking leads to regular smoking (a 6% increase in agreement, from 66% to 72%).

Working with partners

HPA supported the wider tobacco control sector with a variety of resources and assistance during 2018/19.

- HPA-sponsored Hip Hop International New Zealand ran across six regions in 2019. As part of this sponsorship, shareable video content and posters were developed for use by others in the sector. More than 430 people attended the community workshops, each led by world-class choreographers, with 91% of participants aged 12 to 24 years. Māori and Pasifika comprised 54% of attendees. The national finals held in April attracted an audience of 6,000 people who watched 1,700 dancers (53% Māori and Pasifika).
- Introduced by the World Health Organization in 1987, World Smokefree Day is celebrated around the world every year on 31 May. HPA supported the sector with a toolkit to support anyone wishing to mark World Smokefree Day. The toolkit contains ideas for local activity, tips for engaging with local media and using Facebook to promote the day, plus a range of digital tools and resources that can be used locally.

92%

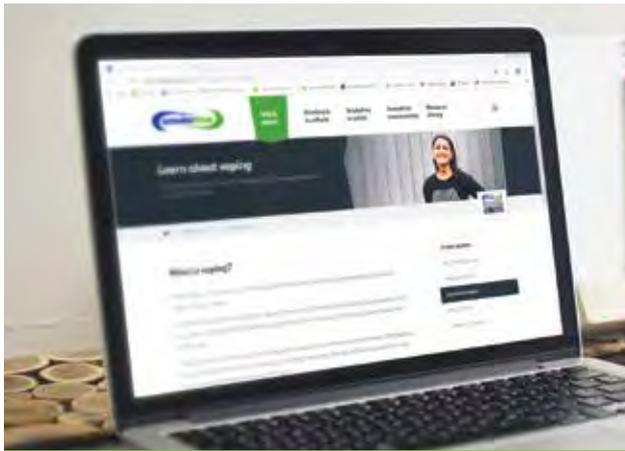
of the audience could recall the campaign when prompted

58%

of those that saw the campaign took positive action

↑6%

increase in agreement that social smoking leads to regular smoking



Smokefree.org.nz now includes a page on vaping.



Around a quarter of young people were exposed to second-hand smoke in their homes



Around 15% of young people were exposed to second-hand smoke in vehicles

Insights on second hand smoke exposure among 14 and 15 year olds.

Research and resources

In addition to the Vaping Facts website, as part of HPA's work on vaping, a number of new resources were developed and research undertaken:

- A summary report on Māori women's perspectives on and experiences of smoking and vaping was published on hpa.org.nz. Barriers and facilitators to switching from smoking to vaping were explored and explained during a webinar for the sector.
- A new page on vaping was added to smokefree.org.nz.
- A document containing key messages about vaping was shared with local health promoters.
- The report *E-cigarette use and perceptions among current and ex-smokers in New Zealand* was published. It is based on data from 1,099 respondents in the 2017/18 HPA New Zealand Smoking Monitor. Key findings are that dual use (vaping and smoking) is common, and perceptions of the relative harm of vaping appear to be exaggerated.
- The research paper *Dual use of electronic cigarettes and tobacco in New Zealand* from a nationally representative sample was publicly released in February 2019 in the Australian and New Zealand Journal of Public Health. The main finding was that most e-cigarette users are also current smokers (64%), and that these so-called 'dual-users' are more likely to be 45 years and older than e-cigarette only users.

- A paper, *Prevalence of e-cigarette use from a nationally representative sample in New Zealand*, was published in the journal *Addictive Behaviors* in June 2019. The principal findings are that 17% of the adult population have tried e-cigarettes and 2% are current users (that equates to 65,000 current users).

Other work included the following:

- HPA collaborated with Smokefree Canterbury at the Vaping to Quit Smoking one-day seminar on 29 May 2019. Eighty-three attendees from a broad range of health sector organisations from across New Zealand attended the seminar.
- The cost of smoking infographic was updated.
- Using data from the 2018 Youth Insights Survey, an infographic on second-hand smoke exposure among 14 and 15-year-olds in vehicles (15%) and homes (25%) was developed and published.

Our results 2018/19

OUTPUT CLASSES 2018/19 – KEY:

P Promoting **E** Enabling **I** Informing

ACTIVITY: Stop Before You Start at-risk young adult campaign

PERFORMANCE MEASURES	COMPARATIVE DATA	RESULTS
<p>Increase in the percentage of the target audience who have seen the Stop Before You Start campaign and report they hold negative beliefs and attitudes to smoking (averaged across four negative beliefs and attitudes¹⁰).</p> <p>P</p>	<p>Baseline average 63.5% (2017)</p>	<p>Achieved</p> <p>Percentage of target audience who have seen Stop Before You Start and hold negative attitudes and beliefs to smoking is 64.5%.</p> <p>Source: Research by UMR Research.</p>

ACTIVITY: Provision of advice, resources and tools to enable local health promotion and other community-based activities

<p>At least 85% of a sample of those who have received resources, tools or advice from HPA report satisfaction with the service they received.¹¹</p> <p>E</p>	<p>Comparative information not available</p>	<p>Achieved</p> <p>87%¹² of sample satisfied or very satisfied with the resources, tools or advice they received.</p> <p>Source: Research by UMR Research.</p>
<p>At least five new or revised resources or tools are developed across HPA work programmes to enable local health promotion activities.</p> <p>E</p>	<p>Comparative information not available</p>	<p>Achieved</p> <p>Sixty-four¹³ new or revised resources or tools developed during 2018/19. Ten of these are tobacco control-related.</p>

10 Social smoking leads to regular smoking, smoking is addictive, smoking is disgusting, smoking is lame

11 Top two categories of a five-point scale

12 Sample size n=331

13 Previous measures have focused solely on resources produced in particular topic areas eg, nutrition and skin cancer prevention. This new measure focuses on resources produced across HPA

Minimising Gambling Harm

Māori, Pacific, Asian and low-income New Zealanders are disproportionately affected by gambling harm and are the focus of HPA's efforts. Our strategies target not only the gambler and those concerned about them, but also the settings where harmful gambling occurs and where significant opportunity for intervention exists.

Our focus 2018/19

Choice Not Chance

The current phase of Choice Not Chance shows that gambling can start out as fun, but there is a point for everyone where it can become 'unfun'. The campaign aims to motivate at-risk gamblers aged 18 to 34 years to check whether their gambling is okay ("Is your gambling still just for fun?") and to seek help earlier (or change their behaviour through self help). The strategy includes using a variety of media channels and online self-help tools, and working with community and industry partners.

Choice Not Chance advertising continued throughout 2018/19. The campaign encouraged a total of 12,285 gamblers to check their gambling through the quiz on choicenotchance.org.nz, with 9,377 being at risk of gambling harm. A number of these at-risk gamblers who took the quiz (3,320) also viewed help and support content within the website. We also began tracking ethnicity data for gamblers who took the quiz, with 19% of users being Māori, 7% Pasifika and 7% Asian. Fifty-one percent of gamblers who completed the test were in the 18 to 34 age bracket, with 57% being male, and 43% female.

The Fun/UnFun campaign was awarded a bronze EFFIE in the 'Public Service/social marketing' category in October 2018. The EFFIE Awards recognise effective marketing communications in New Zealand.

During the year HPA launched a digital tool that enables people to look at the 'good' and 'not-so-good' aspects of their gambling. The tool is inspired by cognitive behavioural therapy, helping people to imagine what their future could look like with less gambling, plus tips to reduce their gambling. The main insights from testing were that the tool is effective in helping people to reflect on their gambling and resonated well with Māori users.

Gambling Harm Awareness Week

Gambling Harm Awareness Week takes place in September each year and is part of a national effort to raise awareness of gambling harm in New Zealand and provide positive ways for people to help those they are concerned about.

Evidence shows that spending time with your loved ones and sharing rewarding activities is a powerful way to protect them from further harm. Whether it's going for a walk, sharing kai or exploring somewhere new, time with whānau and friends can make a huge difference. In 2018 the theme for Gambling Harm Awareness Week was "Take time out from gambling, put time into whānau".

Around 40 events took place around the country and HPA supported many of these with radio advertising, Facebook promotion, community posters, national key messages and a toolkit that provided tips for event activities and engaging media. Lotto also included materials on their MyLotto website, in customer email newsletters, and on digital screens in Lotto retail outlets.



Gamble Host training resources.



HPA supported Gambling Harm Awareness Week with resources.

Gamble Host initiative

Gamble Host is a multi-agency initiative that aims to minimise the harm caused by gambling on pokie machines in pubs and clubs throughout New Zealand. The initiative helps staff working in pubs and clubs to meet gambling host responsibility obligations and create safer environments for their customers.

During the year Hospitality New Zealand (HNZ) offered Gamble Host responsibility training to 737 members across 22 regions. The training was developed to complement the Gamble Host training (developed by HPA, Department of Internal Affairs (DIA) and Ministry of Health) and support the roll-out of DIA's 'Mystery Shopper' activities (where undercover gamblers were sent to casinos, pubs and hotels to test whether patrons showing signs of potential gambling addiction to pokie machines were adequately dealt with by venue staff). HPA has worked closely with HNZ to integrate the Gamble Host messages into the training and provide appropriate resources to attendees.

Working with partners

- HPA had input into the Ministry of Health's *Strategy to Prevent and Minimise Gambling Harm (2019/20–2021/22)*. The Strategy was published in June 2019 with HPA having a number of specific roles to undertake in the future. This includes:
 - continuing to encourage behaviour change for at-risk gamblers, with a focus on Māori, Pacific and Asian communities
 - working with DIA, the Ministry of Health and regional gambling harm service providers to promote safer gambling environments and host responsibility
 - leading key research on the incidence of gambling behaviour and associated levels of harm.
- HPA started work with the Ministry of Health and DIA on an evaluation plan for the Gamble Host project for class 4 venues.
- HPA assisted with TAB's online host responsibility staff training module that launched during the year and is working with them to support a face-to-face training component. A project with Lotto NZ to improve their staff host responsibility training and provide support materials and tools for online gamblers also commenced. This piece of work ties in with HPA's development of digital self-help tools for gamblers who might be experiencing harm.



The campaign was co-created with both gamblers and the sector.



The pilot project looked at the financial impacts of gambling.

- In late May, HPA conducted focus groups and interviews with clients of Asian Family Services to gain insights into Chinese and Korean culture and gambling behaviours. These insights will be used to inform the creation of culturally appropriate class 4 venue (pokies) resources to communicate host responsibility and harm minimisation messages to non-English-speaking gamblers. This work continues alongside the work to develop resources for Māori, Samoan and Tongan gamblers.

Māori and Pacific South Auckland initiative

During the year HPA developed a new Māori and Pacific gambling initiative to encourage help seeking. Working with Mapu Maia and Raukura Hauora O Tainui, the pilot project looks at the financial impacts of gambling and encourages gamblers in South Auckland to reach out to local gambling frontline services for help to control their gambling. The campaign is supported by a number of gambling trusts and societies and is a good example of HPA bringing together the gambling help sector with the industry to reduce gambling-related harm in a high-needs community.

Messaging was co-created with both gamblers and the sector and the project, which will be evaluated on completion, has potential to be delivered in other high-risk communities. The campaign targeted promotional channels specific to the region, including social media, out-of-home (street posters, dairies, laundromats, bus backs, and bus shelters), radio and print. It went into market on 30 June 2019 and ran until 25 August 2019.

Our results 2018/19

OUTPUT CLASSES 2018/19 – KEY:

P Promoting **E** Enabling **I** Informing

ACTIVITY: Choice Not Chance gambling campaign

PERFORMANCE MEASURES

Increase the number of online self-help tools available to at-risk gamblers on the Choice Not Chance website by May 2019.

P

COMPARATIVE DATA

Seven self-help tools were available on the website (May 2018)

RESULTS

Achieved

One new tool added. At 30 June 2019 eight self-help tools were available on choicenotchance.org.nz.

ACTIVITY: Provision of advice, resources and tools to enable local health promotion and other community-based activities

At least 85% of a sample of those who have received resources, tools or advice from HPA report satisfaction with the service they received.¹⁴

E

Comparative information not available

Achieved

87%¹⁵ of sample satisfied or very satisfied with the resources, tools or advice they received.

Source: Research by UMR Research.

At least five new or revised resources or tools are developed across HPA work programmes to enable local health promotion activities.

E

Comparative information not available

Achieved

Sixty-four¹⁶ new or revised resources or tools developed during 2018/19. Three of these are related to minimising gambling harm.

¹⁴ Top two categories of a five-point scale

¹⁵ Sample size n=331

¹⁶ Previous measures have focused solely on resources produced in particular topic areas eg, nutrition and skin cancer prevention. This new measure focuses on resources produced across HPA

Health Education Resources

HPA manages the health education resources catalogue (HealthEd) on behalf of the Ministry of Health. HealthEd resources aim to improve health literacy so that people can make informed health decisions (by having access to free public health information), thus helping them stay well and lead better, healthier lives.

HealthEd is New Zealand's largest collection of prevention-focused public health information and is available for health professionals and the public to access free of charge. The HealthEd website (healthed.govt.nz) features more than 500 health resources covering 44 topic areas in a range of formats including print, web only, audio, video and New Zealand sign language.

Our focus 2018/19

Key areas of focus for the year have included:

- transitioning to a new print, storage and logistics supplier contract
- scoping website improvement opportunities
- ensuring resources are current, clinically accurate, engaging and fit for purpose.



2,317,273

resource units shipped



659,252

healthed.govt.nz website visits



566

resources in the HealthEd catalogue

TOP THREE ORDERS



Having a mammogram
228,514 ordered
10% of items shipped



Cervical screening: what women need to know
124,156 ordered
5% of items shipped



Immunise your child on time (English)
119,988 ordered
5% of items shipped

TOP THREE VIEWS



BCG Vaccine: Information for parents (English)
78,753 views



BCG Vaccine: After care for parents
42,299 views



Spiders in New Zealand
35,474 views

TOP THREE DOWNLOADS



The national immunisation schedule
4,602 downloads



Baby and child sickness – danger signs
3,741 downloads



Infectious diseases
3,571 downloads

Nutrition and Physical Activity

Good nutrition, regular physical activity, and adequate sleep are key to a child or young person's health and wellbeing both now and in the future.

Our focus 2018/19

The Ministry of Health's *Eating and Activity Guidelines* provide the evidence base for HPA's nutrition and physical activity programme. During 2018/19 HPA promoted these guidelines through evidence-informed resources, tools and advice to support health professionals and those working across different settings including primary health care, community organisations, workplaces and schools.

Through the Healthy Kids website, Quick Bites newsletter and Facebook page, HPA encourages families to prepare healthier meals, be active together and sleep well. Food ideas and suggested activities are designed to provide solutions for low-income, Māori and Pacific families with young children.

The Let's play every day campaign went live in December 2018 and remained in market until 30 June 2019. Let's play every day promotes the importance of active play for children under 5-years-old by encouraging parents and whānau to play with their children every day. Giving children lots of opportunities to play, both alone and with others, helps with their learning and development. Play is fun, and doesn't need to be formal, structured or to cost money.

Let's play every day is a partnership between HPA, Sport New Zealand and Healthy Families New Zealand. Campaign videos appeared on Facebook (in general feeds and on popular family-oriented pages), YouTube, TVNZ on Demand and MediaWorks on Demand and included a layer of print and out-of-home activity.

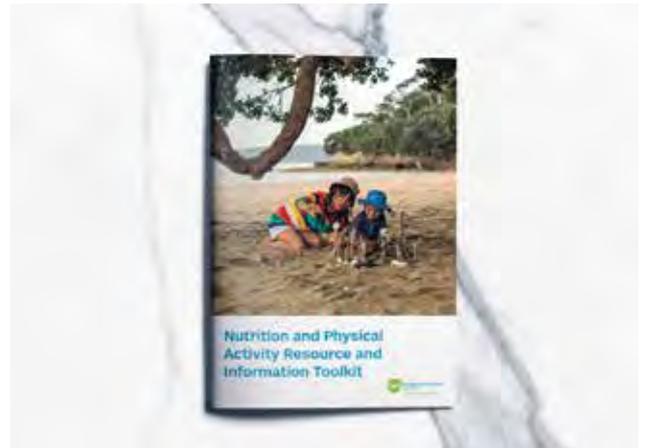
In total, the initiative generated more than 3,000 web sessions, with 96% of these being new users. In addition, the campaign's video advertisement was viewed more than 1.5 million times.

Another significant project in 2019 was the introduction of healthy food and drink guidelines at HPA, with the support of the Ministry of Health and the New Zealand Heart Foundation. HPA worked with catering suppliers to develop new, healthier menus, as well as developing a suite of resources to support the provision of foods and drinks that are in line with the National District Health Board Food and Drink Environments Network's Healthy Food and Drink Policy.¹⁷ A case study was published on wellplace.nz to show how HPA implemented the guidelines.

17 National District Health Board Food and Drink Environments Network. (2016). *National Healthy Food and Drink Policy*. Wellington: Ministry of Health



Let's play every day campaign poster.



Information on resources, research, websites and newsletters.

Research and resources

- During the year HPA developed a Nutrition and Physical Activity Resource and Information Toolkit, which provides a snapshot of the work HPA does in relation to nutrition and physical activity. The toolkit was designed for the workforce supporting New Zealand families to lead healthier lifestyles and includes an overview of all the resources HPA provides on nutrition and physical activity, as well as information on our research, websites and newsletters.
- HPA continued to work with vegetables.co.nz and the Heart Foundation to develop 'Easy meals with vegetables' cards. HPA has also supported the development of new videos to promote recipes. In total, 18 new cards were developed and are available online.


3,000

web sessions generated by the Let's play every day partnership


18

new 'Easy meals with vegetables' cards developed


1.5M

video views of the Let's play every day campaign

Our results 2018/19

OUTPUT CLASSES 2018/19 – KEY:

P Promoting **E** Enabling **I** Informing

ACTIVITY: Provision of advice, resources and tools to enable local health promotion and other community-based activities

PERFORMANCE MEASURES	COMPARATIVE DATA	RESULTS
<p>At least 85% of a sample of those who have received resources, tools or advice from HPA report satisfaction with the service they received.¹⁸</p> <p>E</p>	<p>Comparative information not available</p>	<p>Achieved</p> <p>A survey¹⁹ of recipients of nutrition and physical activity advice, resources and tools found that 97% agreed or strongly agreed that they were useful.</p> <p>Source: Survey of external stakeholders via Survey Monkey. (112 responses out of 115 surveyed.)</p>
<p>At least five new or revised resources or tools are developed across HPA work programmes to enable local health promotion activities.</p> <p>E</p>	<p>Comparative information not available</p>	<p>Achieved</p> <p>Sixty-four²⁰ new or revised resources or tools developed during 2018/19. Thirty-three of these are related to nutrition and physical activity.</p>

18 Top two categories of a five-point scale

19 Sample size n=115

20 Previous measures have focused solely on resources produced in particular topic areas eg, nutrition and skin cancer prevention. This new measure focuses on resources produced across HPA

Skin Cancer Prevention

“Skin cancer is by far the most common cancer in New Zealand. In 2018 it is projected that more than 90,400 New Zealanders will be diagnosed with at least one non-melanoma skin (Keratinocytic) cancer.”²¹

Although melanoma (a type of skin cancer) occurs much less frequently, currently New Zealand and Australia have the highest rates of skin cancer in the world.²² In 2013 it was the fourth most common cause of death from cancer in men and the seventh in women.²³ Evidence suggests that one of the best avenues for reducing the burden of skin cancer is prevention of exposure to ultraviolet radiation (UVR) that causes harm.²⁴

The key objective for this programme is to reduce the number of avoidable skin cancers caused by UVR by encouraging people to be SunSmart.

To encourage SunSmart behaviour, we work with the public, sports and recreation organisations, health professionals, councils and key sector organisations including the Cancer Society of New Zealand, the Melanoma Network of New Zealand Incorporated (MelNet) and Melanoma New Zealand.

Working with partners

- The fifth New Zealand Melanoma Summit was held in November 2018, supported by HPA. There were 235 delegates across the two days from the skin cancer control spectrum – from prevention through to end stage management. The Summit was told Kiwis aged in their 20s and 30s had lower rates of melanoma than their parents’ generation at the same age, which was attributed to the impact of this age group’s exposure to the sun protection campaigns that began in the 1980s.
- At the Sunscreen Summit at QIMR Berghofer Medical Research Institute in Brisbane in early 2018, a consensus statement was agreed on “when to apply sunscreen”. New Zealand formally adopted this consensus statement at the Melanoma Summit, where it was agreed to add this new recommendation to the New Zealand Skin Cancer Primary Prevention and Early Detection Strategy 2017 to 2022.²⁵
- In the lead-up to the start of daylight saving time HPA worked to promote the Sun Protection Alert to target at-risk groups through promotion by key partner organisations. During the year, a total of 112 organisations used the Sun Protection Alert through sunsmart.org.nz, with Port Tauranga generating the most traffic (235,612 visits).

21 Sneyd, M.J. and Gray, A. (2018). *Expected non-melanoma skin (Keratinocytic) cancer incidence in New Zealand for 2018*. Wellington: Health Promotion Agency

22 <http://www.healthdata.org/gbd>

23 *New Zealand Skin Cancer Primary Prevention and Early Detection Strategy 2017 to 2022*

24 Ibid

25 Available at sunsmart.org.nz/hpa-and-skin-cancer-prevention



- Looking to the future, during 2018/19 HPA provided MetService with the specifications for a new Ultraviolet Index (UVI) risk information model that will provide users with more 'real time' information, including the UVI number, the time protection is required and behavioural messaging. These improvements will be in place by November 2019.
- HPA was invited to take part in a cancer prevention working group and provided the Ministry of Health with research relevant to alcohol, tobacco, skin cancer, nutrition and physical activity to support the development of the proposed Cancer Action Plan.

Research and resources

In June 2019 HPA received the final report exploring the understanding of UVR and motivations for SunSmart behaviours. Consistent findings across all groups included the following:

- There is limited unprompted awareness of UVR and its role in causing skin cancer.
- Most SunSmart action was triggered by whether it was hot or sunny, not by UVR knowledge, awareness or use of UVR information or apps.
- The main motivators for SunSmart behaviours were avoidance of sunburn/skin peeling and avoiding visible skin damage like pigmentation and wrinkles. For outdoor workers, motivation was more related to adherence to the company's health and safety legislation.
- The cost of sunscreen and the effort and inconvenience of applying and reapplying sunscreen were the most prevalent barriers to being SunSmart.
- Other methods of protection, like hats and glasses, needed to be considered aesthetically pleasing for people to wear/use them.

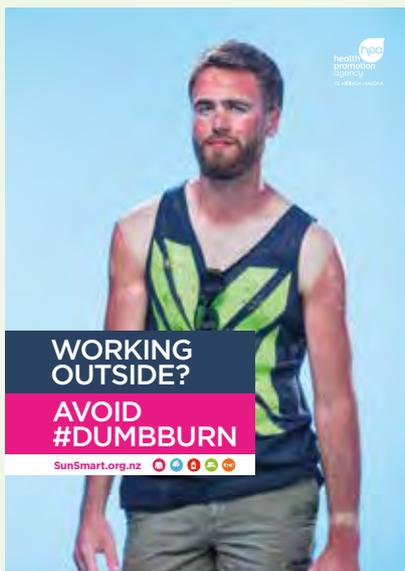
HPA's research and skin cancer teams will work together to discuss the findings and agree next steps.

What's your look? Don't make it #DumbBurn

A new national skin cancer prevention campaign What's your look? Don't make it #DumbBurn went live at the end of January 2019. This campaign engages with young people in the 18 to 24 age group who socialise or work outdoors as evidence shows this audience is at greater risk of sunburn (overexposure to UVR).²⁶

Research²⁷ also tells us that young people are motivated to be SunSmart by the immediate consequences of getting sunburnt ie, pain and inconvenience to their life, and appearance-based cues such as unsightly tan lines and peeling. While the audience has some awareness of skin cancer, this is far in the future and is not as relevant to them as more immediate considerations like image and having fun and how getting sunburnt can interfere with that.

The campaign was promoted through outdoor, online and social media channels as well as HPA's sunsmart.org.nz. Our partners, including the Cancer Society of New Zealand, Melanoma New Zealand, Melanoma Network of New Zealand, Surfing New Zealand and WorkSafe New Zealand, also promoted the messages. As a result of this comprehensive approach, the video was viewed 3.2 million times and we reached 207,000 Facebook accounts, 289,000 Instagram accounts, and 719,000 YouTube accounts. On average across the channels, people had the opportunity to view the advertisement 10 times.



26 The 2016 Sun Exposure Survey showed that youth were sunburnt at a higher rate (17%) than older adults (11%) aged 55 years and over. The survey also showed that uptake of sun protection behaviours by youth could be improved. For youth who were outside for more than 15 minutes during a weekend with conditions conducive to sun damage, 50% reported sunscreen use, 33% reported wearing a hat, and 20% reported wearing sunglasses

27 Kirk L, Greenfield S. Knowledge and attitudes of UK university students in relation to ultraviolet radiation (UVR) exposure and their sun-related behaviours: a qualitative study. *BMJ Open* 2017

ACTIVITY: Professional development of health and other relevant workforces

PERFORMANCE MEASURES	COMPARATIVE DATA	RESULTS
<p>At least 85% of participants who attended HPA-supported professional development events report it was useful for their work²⁸ (eg, the Melanoma Summit and the Smokefree seminar series).</p> <p>E</p>	<p>Comparative information not available</p>	<p>Achieved</p> <p>Ninety-two percent of Melanoma Summit respondents found the information presented by plenary speakers useful.</p> <p>The Melanoma Summit took place in November 2018. Results from research undertaken with attendees shows:</p> <ul style="list-style-type: none"> • 92% of respondents found the information presented by plenary speakers useful • 85% of respondents reported that they are likely to attend the next Summit • 86% of respondents are likely to recommend attending the next Summit to a colleague. <p>Source: Survey of Summit delegates via Survey Monkey. (91 responses out of 213 delegates.)</p>

ACTIVITY: Provision of advice, resources and tools to enable local health promotion and other community-based activities

<p>At least 85% of a sample of those who have received resources, tools or advice from HPA report satisfaction with the service they received.²⁹</p> <p>E</p>	<p>Comparative information not available</p>	<p>Achieved</p> <p>87%³⁰ of sample satisfied or very satisfied with the resources, tools or advice they received.</p> <p>Source: Research by UMR Research.</p>
<p>At least five new or revised resources or tools are developed across HPA work programmes to enable local health promotion activities.</p> <p>E</p>	<p>Comparative information not available</p>	<p>Achieved</p> <p>Sixty-four³¹ new or revised resources or tools developed during 2018/19. Four of these are related to skin cancer prevention.</p>

28 Top two categories of a five-point scale

29 Top two categories of a five-point scale

30 Sample size n=331

31 Previous measures have focused solely on resources produced in particular topic areas eg, nutrition and skin cancer prevention. This new measure focuses on resources produced across HPA

Immunisation

HPA supports the Ministry of Health with communications and marketing to increase whānau awareness of immunisation. The national immunisation programme recommends immunisation as the best protection against some serious but preventable diseases, helping to protect children, families and the community.

Our focus 2018/19

One less worry

The One less worry immunisation campaign, which encouraged parents to immunise their children against serious diseases, was promoted via a multi-platform approach that incorporated a mix of broadcast television and online channels. This approach delivered strong results, reaching 73% of the primary target audience (parents aged 18 to 49 years with children aged 0 to 4-years-old) with the audience seeing the advertisement, on average, six times over the campaign's three week duration.

An overarching goal for the campaign was to ensure high reach with our priority audiences – Māori and Pacific whānau – to promote and encourage more equitable outcomes. The campaign achieved reach of 51.8% of Māori or Pacific parents aged 18 to 54 years with children aged 0 to 14-years-old, with similar frequency to our primary audience (six views on average). Our secondary audience, parents aged 30 to 54 with children aged 10 to 14-years-old, achieved 60% reach with an average frequency of 5.8 times.

Schools campaign

An online campaign to support immunisation in schools commenced on 17 February 2019. The school-based immunisation programme provides free immunisation for children in Year 7 to protect them against three serious diseases – tetanus, diphtheria and whooping cough (pertussis). In Year 8, the children receive the HPV immunisations, which protect them against most cancers caused by the human papillomavirus (HPV).

To strengthen regional promotions, a communications toolkit with the consent form reminder advertisement, informational videos, a radio advertisement, online banners and posters was distributed widely to Immunisation Coordinators, School Immunisation Providers, DHB communications teams and others.



73%

of the primary target audience saw the campaign advertising on average six times



51.8%

of the target Māori or Pacific audience was reached with the campaign



60%

of the secondary target audience saw the campaign advertising on average just under six times



Protected together #Immunise communications toolkit.



Public health nurses visit participating schools to immunise students.

Immunisation Week

HPA supported the sector for 2019 National Immunisation Week (30 April to 5 May) with advertising, communications, and digital resources (including videos, digital advertising and a digital toolkit).

With the focus of the Week being ‘Protected together #Immunise’, the resources were available for DHBs to produce, use and share at a regional level. The toolkit was designed to help support the sector’s Immunisation Week planning and promotions and included many of the designs and outputs developed for the national campaign.

The toolkit was shared with DHB communications teams, Immunisation Coordinators, Plunket, and the Ministry of Health’s immunisation network including the World Health Organization, Immunisation Advisory Centre, DHB Authorised Providers and other sector groups. The toolkit and resources were used by 18 of 20 DHBs in their regional promotions. Additional support for the Week comprised communications material being ‘up-weighted’ across YouTube, Facebook, Search, TV OnDemand and contextual advertising (where advertising is placed on relevant websites or other media).

Working with partners

- A four-week immunisation catch-up campaign for young adults (aged 18 to 29) commenced on 30 October 2018 with radio promotion and sponsorship on Mai FM. It also featured influencer marketing across social media channels (Facebook and Instagram). The campaign aimed to encourage awareness among at-risk groups with low immunisation coverage. To extend the reach of the campaign, the immunisation team worked closely with HPA’s workplace, education and regional staff to communicate the importance for young workers of being immunised – particularly against measles, mumps and HPV. Artwork and digital files were also shared with health sector stakeholders so they could promote messages through their networks and preferred channels. As a result, sector-led promotions were seen across billboards, displays and community vehicles with the National Immunisation artwork and branding. The radio element of the campaign reached an estimated 49% of the Māori and Pacific target audience while reach for all New Zealanders aged 18 to 29 years-old was 24%.
- The campaign was also promoted throughout workplace settings and channels with a high youth component, including Foodstuffs, Woolworths, Wellplace, Hospitality New Zealand, Counties Manukau sports clubs and health promoters.
- Phase 3 of the ‘Why Immunise?’ video series has launched, with a new informational video, ‘Immunisation: Common questions answered’ and a new promotional advertisement, ‘Immunise your child with confidence’. The new videos focus on vaccine safety and aim to reassure parents who may be hesitant or concerned about immunisation.

Our results 2018/19

OUTPUT CLASSES 2018/19 – KEY:

P Promoting **E** Enabling **I** Informing

ACTIVITY: Provision of advice, resources and tools to enable local health promotion and other community-based activities

PERFORMANCE MEASURES	COMPARATIVE DATA	RESULTS
<p>At least 85% of a sample of those who have received resources, tools or advice from HPA report satisfaction with the service they received.³²</p> <p>E</p>	<p>Comparative information not available</p>	<p>Achieved</p> <p>87%³³ of sample satisfied or very satisfied with the resources, tools or advice they received.</p> <p>Source: Research by UMR Research.</p>
<p>At least five new or revised resources or tools are developed across HPA work programmes to enable local health promotion activities.</p> <p>E</p>	<p>Comparative information not available</p>	<p>Achieved.</p> <p>Sixty-four³⁴ new or revised resources or tools developed during 2018/19. Five of these are related to immunisation.</p>

32 Top two categories of a five-point scale

33 Sample size n=331

34 Previous measures have focused solely on resources produced in particular topic areas eg, nutrition and skin cancer prevention. This new measure focuses on resources produced across HPA

Wellbeing Initiatives

In recent years HPA has undertaken work to develop a wellbeing approach, with a primary outcome that New Zealanders lead healthier lives.

While much of our work addresses specific health and lifestyle areas, many areas of health and wellbeing are interconnected and the same risk and protective factors impact on a number of health issues. Topic-specific health promotion efforts can be strengthened by addressing these common risk factors and by strengthening known protective factors.

HPA has drawn on the work of Durie³⁵ to outline 10 principles of wellbeing, which include concepts such as physical health, cultural identity and relationships. These principles bring together dimensions that extend beyond mental wellbeing to cultural, community and physical wellbeing.

In 2018/19 HPA's key focus in this area was on young people (particularly Māori) aged 12 to 24 years.

Four youth-focused projects undertaken in 2018/19 are outlined below.

- HPA supported Festival for the Future in July 2018, which was attended by 1,300 delegates (mostly under-18s). Their attitudes to health and wellbeing were canvassed and results informed HPA's Alcohol-Free Under-18s strategy and cross-programme work for young people and wellbeing. The festival also provided ongoing access to young people from rural and provincial New Zealand who are taking part in the Future Leaders programme.
- HPA supported and presented at the Involve youth development conference in August 2018. Presentations were given on HPA's youth-focused research and co-designing resources with young people. Along with representatives from relevant government agencies and the youth and philanthropic sectors, HPA attended a cross-sector leadership hui on reviewing the Youth Development Strategy Aotearoa. During 2018/19 HPA was involved in the revision of this strategy.
- Play Your Best Card is a fun, team-based card game that aims to inspire critical thinking and encourage conversations about challenges faced by young people – either now or in the future. It encourages young people to explore practical ways of dealing with situations, both good and bad, as well as raising their awareness of youth organisations that may be able to help them. In total, 1,500 copies of Play Your Best Card have been ordered by secondary school health teachers, school counsellors, and youth services since it was first produced in May 2018. Play Your Best Card has been evaluated twice – with teachers and facilitators in 2018 and with young people in 2019. Overall, Play Your Best Card has been well received, with 98% of the teachers/facilitators who responded saying they are “highly likely” or “likely” to use it again.

35 Durie, Mason (1999), 'Te Pae Mahutonga: a model for Māori health promotion', *Health Promotion Forum of New Zealand Newsletter* 49



Play Your Best Card has been well received by teachers/facilitators.



The Workplace Policy Builder tool.

Young people who responded agreed that the game helped teens practise problem solving in a collaborative way, encouraged them to have conversations about challenges they were facing now (or might face in the future), and introduced young people to services that they could reach out to if they needed them – exactly what the game was designed to do.

- HPA's work with Canterbury Rugby League has potential for the community to deliver positive outcomes for young people and influence new social norms within grassroots rugby league. To date, the project has built:
 - insights into adults' experience of supporting young people and their aspirations for the young people they encounter in the rugby league community
 - a strong understanding of what distress looks like for young people in the rugby league community in Canterbury, the strategies they use to cope, the barriers to seeking help and their experiences of positive support.

This project is an example of what can be achieved when working with partners. It is supported by a project team comprising HPA, the Ministry of Social Development, Innovation Unit, Canterbury Rugby League, Southern Zone Rugby League, Healthy Families Christchurch/ Sport Canterbury and Le Va. Healthy Families Christchurch/Sport Canterbury has been brought into the project team as the local capability and sustainability partner. This initiative will be evaluated for impact and insight and to identify conditions for success to assist in adapting the process for other HPA youth wellbeing work.

Workplaces

In 2018 HPA worked with the Ministry of Business, Innovation and Employment to develop a health and wellbeing policy for business.govt.nz's Workplace Policy Builder. The tool aims to save small businesses time and money, giving them a way to create a health and wellbeing policy that supports good employment relationships in their workplace. The policies offered include mental wellbeing, alcohol, smokefree at work, SunSmart, responsible hosting, help finding support, and staying at work/returning to work.

In total there have been 2,002 health and wellbeing policies created using the Policy Builder.

- 95% included a mental wellbeing clause.
- 90% included a Smokefree clause.
- 86% included an alcohol clause.
- 92% of customers stated they were satisfied with the tool.

Digital Capability

During 2018/19 HPA continued improving our digital capability so that more New Zealanders can access information and support where and when they need it.

Quit chatbot (Kuīni)

During the year HPA developed a chatbot tool – Kuīni – to be delivered via a social message service to better support wāhine Māori to quit smoking.

Māori women have the highest smoking rates in New Zealand – 37% compared with the national average of 15%. Seeking support (eg, behavioural, medication, or nicotine replacement therapy) greatly increases the chance of a successful quit attempt. However, most quit attempts are unassisted. HPA saw an opportunity for more customised and innovative digital products to better serve and support wāhine Māori, through the channels they use every day – social media and messaging services.

HPA's team collaborated with wāhine smokers 18 to 35-years-old, an indigenous design team, a screenwriter, an artist, stop smoking services and the Papakura Marae Health Clinic to design, develop and evaluate the tool, its use, and its efficacy.

Kuīni provides wāhine Māori with a digital coach who, over a 30-day trial period, mentors, challenges and supports them on their quit smoking journey – helping them learn new habits, gain new knowledge, change behaviours, and set goals for the future.

Findings from the initial implementation are due in 2019/20.



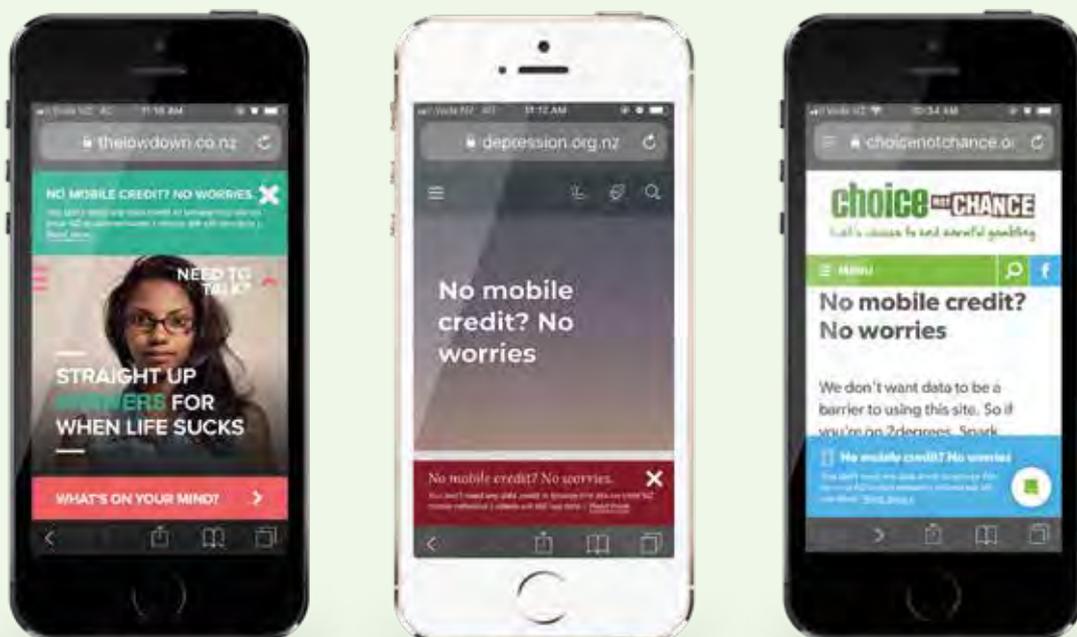
Zero-rated data

HPA, working in partnership with the Ministry of Health and WellSouth, has just completed a three-month pilot giving users free mobile phone access to HPA's key mental health and gambling websites and two of WellSouth's patient portals.

For many in our most socioeconomically disadvantaged populations, access to a data network may be a significant and fundamental barrier to accessing our digital health services. We know that they may not have a computer at home, but are likely to have a smartphone or other device for their private use.

Working with Spark, Vodafone, Skinny and 2degrees, this equity project enabled New Zealanders to access the websites without having data on their mobile devices.

The pilot, branded as 'No mobile credit? No worries' on the websites, ran from 1 May 2019 and was due to end on 31 July 2019 but, at the request of the Ministry of Health, the telecommunication companies agreed to extend the project for a further two months to allow time for evaluation of the pilot.



Additional Projects – Non-baseline Funding

As well as activities in the work programme that are included in HPA’s Statement of Performance Expectations for 2018/19, HPA also agrees additional projects, primarily with the Ministry of Health, throughout the year.

Oral health

To support the Ministry of Health in the oral health area, HPA relaunched the oral health ‘tooth fairy’ campaign, which encourages parents and caregivers of under-5s to brush their children’s teeth twice a day with fluoride toothpaste. The campaign went to market in May 2019 and used the same approach and advertising material as the campaign that ran in 2017/18. Once again, the target audience is parents or caregivers of under-5s who are Māori or Pacific – particularly those who are on low incomes or young or first-time parents, as well as all other parents or caregivers of under-5s.



Stroke FAST campaign

The Stroke FAST Campaign 2018 was in market from July to the end of September 2018, with an increased focus on Māori and Pacific audiences.

The FAST mnemonic is used to help people recognise when someone is having a stroke, that it is always a medical emergency, and to call 111 immediately (**F**ace – Is their face drooping on one side? **A**rm – Is one arm weak? **S**peech – Is their speech jumbled, slurred or lost? **T**ime – Time to call 111). A new key message for the 2018 campaign was that “a stroke is a brain attack” to help build understanding of what a stroke is and why urgent action is required.

Some results from the campaign include the following:

- 57% of the target audience saw the campaign on television at least once, with 33% seeing it three or more times.
- Online video was used to extend the reach of the television advertisement. As a result, the video was viewed online more than 900,000 times.
- 721,000 of the target audience were reached through radio.
- A third of the audience was reached through Facebook. Seven influencers helped extend reach further through Facebook and Instagram. They created 15 posts, with 159,239 total engagements.

- The 2018 campaign achieved positive movement in awareness of FAST for the three audiences and in particular for Māori and Pasifika. Awareness of FAST by Pasifika (51%) is catching up to that for Māori (53%) and the general audience (56%).
- Pre and post-campaign research showed awareness of FAST had significantly increased between July and September by 14% for Māori and 17% for Pacific audiences.



900,000

views of the
online FAST video



721,000

of the target audience
reached through radio



159,239

total engagements through
social media channels

Get Hep C Tested

The Get Hep C Tested campaign, developed in partnership with the Hepatitis Foundation and Ministry of Health, went live on 25 February 2019.

The campaign was timed for the release of a newly funded hepatitis C (Hep C) treatment and had a primary audience of people who have Hep C, but do not know they have it (estimated to be 25,000). The campaign targeted males 45 to 65-years-old and those who have injected drugs in the past, as sharing needles is by far the most significant risk factor. They were encouraged to get tested by contacting their GP, as Hep C can be cured.

In total, the initiative generated more than 38,000 web sessions, equating to approximately 30,000 new users. In addition, the campaign's video advertisement was viewed almost 1 million times.

An interesting and innovative approach was used with The Sound radio station (selected for its fit with the audience profile – they play music from the 1960s, 1970s and 1980s). The Hep C stories of famous music artists (including Keith Richards, Lou Reed and Marianne Faithfull) were pre-recorded and played before their songs.

In addition to the campaign work, HPA has also contributed to the Hep C elimination plan, as awareness is a critical component.

...

38,000

web sessions generated by the Hep C campaign


1,000,000

views of the campaign video advertisement


25,000

people are estimated to be unaware that they have Hep C



Our results 2018/19

OUTPUT CLASSES 2018/19 – KEY:

P Promoting **E** Enabling **I** Informing

ACTIVITY: Research, plan, develop and implement health promotion initiatives to meet emerging needs identified by the Ministry of Health and/or other agencies

PERFORMANCE MEASURES

HPA delivers against the objectives of the initiatives.

COMPARATIVE DATA

Evaluation reports

RESULTS

Achieved

A stroke FAST campaign was run 22 July to 30 September 2018.

- The campaign achieved positive movement in awareness of FAST for all audiences, and in particular for Māori and Pasifika. FAST awareness among Pasifika (51%) is catching up to that for Māori (53%) and General (56%).
- Pre and post-campaign research showed awareness of FAST had significantly increased for the target audience – 14% for Māori and 17% for Pacific.

Source: Research by UMR Research.

Hepatitis C campaign went live 25 February 2019.

- The campaign generated more than 38,000 web sessions, equating to approximately 30,000 new users.
- The video advertisement was viewed almost 1 million times.

Source: Google Analytics and campaign metrics provided by OMD.

The oral health 'tooth fairy' campaign, which last ran in 2017/18, went back to market on 26 May 2019.

Research and Evaluation

HPA has a specific statutory function to provide research on alcohol-related issues. Research is undertaken to collect nationally representative information on alcohol attitudes and behaviour in New Zealand.

Other research activity includes trend measurement, expansion of the evidence base for alcohol-related harm, support for legislation change requirements, and operational and programme support.

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

- The New Zealand Smoking Monitor is a continuous survey monitor run on behalf of the Ministry of Health. It measures current and changing knowledge, attitudes and behaviours relating to smoking and quitting.
- The Health and Lifestyles Survey (HLS) is a national in-home survey that measures New Zealanders' behaviours, attitudes and knowledge on a range of health and lifestyle topics including food and drink, smoking, gambling and being out in the sun. This is a biennial monitor and it has been carried out since 2008. The next survey is expected to be in field in 2020.
- The New Zealand Mental Health and Wellbeing Survey, also known as the Mental Health Monitor, is a national in-home survey of New Zealanders' views and experiences relating to mental health and wellbeing. The survey was carried out in 2015, 2016 and 2018.

- The New Zealand Youth Tobacco Monitor (NZYTM) is a national school-based monitor comprising the ASH Year 10 Snapshot and HPA's Youth Insights Survey (YIS). It is used to gain smoking prevalence data for Year 10 students, as well as in-depth information on attitudes to tobacco and youth culture and lifestyles. The NZYTM is conducted annually, while the YIS is a biennial monitor.

In late 2018 HPA launched kupe.hpa.org.nz, the new data explorer website. Kupe increases the usefulness of data collected from HPA's HLS by providing user-friendly, interactive, self-service access to key results and reduces the time lags common for reporting such survey results. The web portal contains key indicators from the 2006/07 Gaming and Betting Activities Survey and the 2008 to 2018 HLSs. Since its initial release, more than 600 people have accessed Kupe.



Kupe data explorer providing access to key research results.



Te Oranga Hinengaro: Māori Mental Wellbeing report.

Research and evaluation work completed by HPA between 1 July 2018 and 30 June 2019 includes the following³⁶:

- *Ready to contemplate? Midlife adults and their relationship with alcohol.*
- *Applying behavioural insights to change alcohol-related behaviour among young New Zealanders.*
- *Māori attitudes and behaviours towards alcohol.*
- *Te Oranga Hinengaro: Māori Mental Wellbeing.*
- *Wellbeing and Mental Health among Rainbow New Zealanders.*
- *Māori women's perspectives and experiences with smoking and vaping.*
- *Second-hand smoke exposure among 14 and 15-year-olds.*
- *2018 Youth Insights Survey Methodology Report and Questionnaire.*
- *Early detection of skin cancer in men 50 to 64-years-old.*
- *2018 Health and Lifestyles Survey Methodology Report and Questionnaire.*

36 All reports are available at hpa.org.nz

Our results 2018/19

OUTPUT CLASSES 2018/19 – KEY:

P Promoting **E** Enabling **I** Informing

ACTIVITY: Provide high quality and relevant research, HPA monitors, data analysis and outputs to support HPA's programme and external stakeholders.

PERFORMANCE MEASURES	COMPARATIVE DATA	RESULTS
At least five alcohol-related research reports are produced by 30 June 2019. I	Five in 2017/18	Achieved Seventeen reports produced, including five infographics.
At least one report based on analysis of the Health and Lifestyles Survey 2018 is published on the HPA website by 30 June 2019. I	Comparative information not available	Achieved Alcohol-related attitudes – Results from the 2018 Health and Lifestyles Survey infographic. Published on hpa.org.nz 10 May 2019. 2018 Health and Lifestyles Survey data on seven topics (alcohol, eating, gambling, cultural connectedness, mental health and wellbeing, sunburn, tobacco) available on HPA's Kupe website (kupe.hpa.org.nz). ³⁷
At least one mental health report based on analysis of the Mental Health Survey 2018 is published on the HPA website by 30 June 2019. I	Two in 2017/18	Achieved One report – Wellbeing and mental health among Rainbow New Zealanders infographic – published 24 June 2019.
Tobacco report (using Youth Insights Survey 2018 data) is completed by 30 June 2019. I	One in 2017/18	Achieved One report – Second-hand smoke exposure among 14 and 15-year-olds fact sheet – published 17 June 2019.

³⁷ Data published on kupe.hpa.org.nz are not reports. Kupe is a tool (or app or dashboard) that we use to present our research outputs. Users can customise what they look for and how they access the data

Organisational Health and Capability

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

Leadership, accountability and culture

- HPA promotes open communication, with regular formal and informal team meetings, weekly meetings of the executive team, six-weekly meetings of the wider leadership team and quarterly meetings of all staff.
- HPA's intranet is well used and its functionality is continually being improved.
- HPA's organisational development group plan is based on the following three pou (pillars):
 - Induction – ensure every new member of HPA receives a comprehensive induction.
 - Future proofing HPA and its people – HPA knows what the future looks like and has the capability to support this.
 - Collective approach to learning and development – create opportunities to learn from each other.

Recruitment, selection and induction

- HPA is committed to being a good employer to ensure staff have the opportunity to achieve and contribute to the organisation's goals.
- HPA aims to have a workforce that is innovative, can respond quickly to a fast-moving environment and is capable of delivering value-for-money approaches and results.
- HPA advertises vacancies widely (internally and externally) to ensure it employs a workforce that is high calibre and has the capability to contribute to our focus of achieving equity for Māori across their life course.

- All new staff undergo a formal induction process that provides useful information about all areas of HPA.

Employee development, promotion and exit

- HPA supports professional development and each year identifies effective and pragmatic training and development opportunities to meet individual development needs that also increase organisational capability.
- During the year, HPA increased internal capability to respond to Māori and Pacific populations.
- The performance management system developed in consultation with staff helps to ensure all employees have their performance recognised and they can progress.
- Exit interviews are offered to all departing staff.

Flexibility and work design

- Flexible working hours and conditions, where practicable, help staff meet work and family commitments.
- Technology is available to assist remote working.
- Work areas are continuously reviewed to take changes in workloads into account. Structural realignments continue to be made to ensure the organisation operates effectively, with the right resources.

Remuneration, recognition and conditions

- Remuneration is reviewed annually in conjunction with performance reviews.
- Policies and procedures are reviewed on a cyclical basis incorporating feedback from staff. HPA ensures equal employment opportunities are incorporated into all policies and practices to promote equity and fairness.

Harassment and bullying prevention

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

Safe and healthy environment

- There continues to be a strong focus on employee health, safety and wellbeing. The Health, Safety and Wellness Committee meets regularly and the health, safety and wellness policy acknowledges that having well and healthy staff makes the organisation stronger and more successful.
- Free influenza vaccinations are available for all staff.
- Standing desks are available for all staff.
- An external employee assistance programme provides independent, confidential counselling, as required.
- As part of our ongoing health and safety responsibilities, in 2017/18 we audited HPA's health, safety and wellbeing practice and policy to identify areas to focus on under the Health and Safety at Work Act 2015. We are currently implementing the recommendations from the review.

Procurement

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

Staff profile

HPA employs 92.2 full-time equivalent (FTE) staff located in Wellington, Auckland and Christchurch.

As at 30 June 2019:

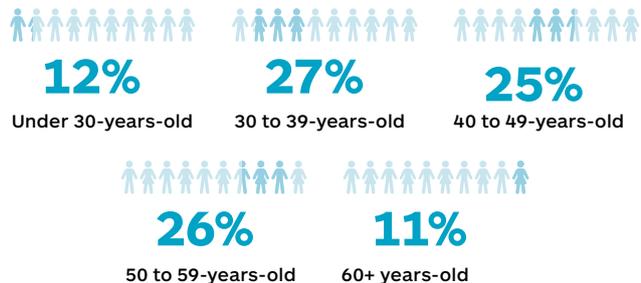
GENDER



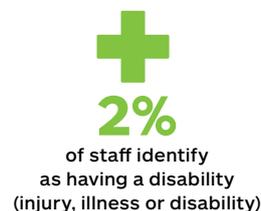
ETHNICITY



AGE



DISABILITIES



Statement of Responsibility

We are responsible for the preparation of the Health Promotion Agency's (HPA'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 HPA 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 HPA for the year ended 30 June 2019.



Jenny Black
Chair
Health Promotion Agency
23 October 2019



Dr Monique Faleafa
Deputy Chair
Health Promotion Agency
23 October 2019

Independent Auditor's Report

To the readers of the Health Promotion Agency's financial statements and performance information for the year ended 30 June 2019

The Auditor-General is the auditor of the Health Promotion Agency (the Agency). The Auditor-General has appointed me, Jacques Coetzee, 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 his behalf.

Opinion

We have audited:

- the financial statements of the Agency on pages 72 to 95, that comprise the statement of financial position as at 30 June 2019, 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 including a summary of significant accounting policies and other explanatory information; and
- the performance information of the Agency on pages 63 to 70.

In our opinion:

- the financial statements of the Agency on pages 72 to 95:
 - present fairly, in all material respects:
 - > its financial position as at 30 June 2019; and
 - > its financial performance and cash flows for the year then ended; and
 - comply with generally accepted accounting practice in New Zealand in accordance with the Public Benefit Entity Reporting Standards; and
- the performance information on pages 63 to 70:
 - presents fairly, in all material respects, the Agency's performance for the year ended 30 June 2019, including:

- > for each class of reportable outputs:
 - its standards of delivery performance achieved as compared with forecasts included in the statement of performance expectations for the financial year; and
 - its actual revenue and output expenses as compared with the forecasts included in the statement of performance expectations for the financial year; and
- > what has been achieved with the appropriations; and
- > the actual expenses or capital expenditure incurred compared with the appropriated or forecast expenses or capital expenditure.
- Complies with generally accepted accounting practice in New Zealand.

Our audit was completed on 23 October 2019.

This is the date at which our opinion is expressed.

The basis for our opinion is explained below.

In addition, we outline the responsibilities of the Board and our responsibilities relating to the financial statements and the performance information, we comment on other information, and we explain our independence.

Basis for opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and the International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

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

Responsibilities of the Board for the financial statements and the performance information

The Board is responsible on behalf of the Agency for preparing financial statements and performance information that are fairly presented and comply with generally accepted accounting practice in New Zealand. The Board is responsible for such internal control as it determines is necessary to enable it to prepare financial statements and performance information that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements and the performance information, the Board is responsible on behalf of the Agency for assessing the Agency's ability to continue as a going concern. The Board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to merge or to terminate the activities of the Agency, or there is no realistic alternative but to do so.

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

Responsibilities of the auditor for the audit of the financial statements and the performance information

Our objectives are to obtain reasonable assurance about whether the financial statements and the performance information, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing

Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers, taken on the basis of these financial statements and the performance information.

For the budget information reported in the financial statements and the performance information, our procedures were limited to checking that the information agreed to the Agency's statement of performance expectations.

We did not evaluate the security and controls over the electronic publication of the financial statements and the performance information.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the financial statements and the performance information, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- We obtain an understanding of internal control relevant to the audit 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.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board.

- We evaluate the appropriateness of the reported performance information within the Agency's framework for reporting its performance.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the Board and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Agency's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements and the performance information or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Agency to cease to continue as a going concern.
- We evaluate the overall presentation, structure and content of the financial statements and the performance information, including the disclosures, and whether the financial statements and the performance information represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibilities arise from the Public Audit Act 2001.

Other information

The Board is responsible for the other information. The other information comprises the information included on pages 2 to 58, but does not include the financial statements and the performance information, and our auditor's report thereon.

Our opinion on the financial statements and the performance information does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the financial statements and the performance information, our responsibility is to read the other information. In doing so, we consider whether the other information is materially inconsistent with the financial statements and the performance information or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on our work, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Independence

We are independent of the Agency in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1 (Revised): Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board.

Other than in our capacity as auditor, we have no relationship with, or interests, in the Agency.



Jacques Coetzee
Audit New Zealand

On behalf of the Auditor-General
Wellington, New Zealand

Statement of Performance 2018/19

HPA’s activities in 2018/19 contributed to our strategic intentions. While we do not report on every activity we undertake, we measure the success of key activities against what we set out to achieve, as shown in the following tables.

Output Class One Performance Measures

Promoting health and wellbeing – education, marketing and communications

HPA designs and delivers a range of education, marketing and communications strategies, including national media campaigns that inform, motivate and enable New Zealanders to lead healthier lives. Our work is based on an in-depth understanding of our audiences, helping us to ensure our messages and tools work for them.

Alcohol

Activity: Say Yeah, Nah alcohol moderation marketing

PERFORMANCE MEASURES	COMPARATIVE DATA	RESULTS
Increase in the percentage of the target audience who have seen HPA’s alcohol moderation marketing and report it helped or encouraged at least three positive behaviours: <ul style="list-style-type: none"> • to say ‘no’ • to drink water between drinks • to start drinking slower • to think about own drinking • to accept others who say ‘no’ • to encourage others to ease up. 	Baseline 74% (2016/17) 85% (2017/18)	Not achieved for the general population The percentage of 18 to 24-year-olds who were helped or encouraged by the campaign to do at least three positive behaviours was 68%. This reduction from the 2016/17 baseline was not statistically significant but was significantly lower than the 2017/18 figure. Achieved for Māori For the priority Māori audience, 72% reported the campaign helped or encouraged at least three positive behaviours in 2018/19 compared with 63% in 2017/18. A factor leading to the reduction in the overall figure may have been the temporary suspension of YouTube activity for the Say Yeah, Nah campaign. In line with other government agencies, HPA halted advertising on YouTube in February 2019 following concerns about predatory comments on videos involving children. This affected six of 13 weeks, or 46%, of our scheduled YouTube activity. Advertising resumed at the beginning of April 2019. Source: Research by Kantar.
	SOURCE Campaign Monitor	

1

Tobacco Control

Activity: Stop Before You Start at-risk young adult campaign

PERFORMANCE MEASURES

Increase in the percentage of the target audience who have seen the Stop Before You Start campaign and report they hold negative beliefs and attitudes to smoking (averaged across four negative beliefs and attitudes³⁸).

2

COMPARATIVE DATA

Baseline average
63.5% (2017)

SOURCE

Stop Before You Start follow-up survey

RESULTS

Achieved

Percentage of target audience who have seen Stop Before You Start and hold negative attitudes and beliefs to smoking is 64.5%.

Source: Research by UMR Research.

Mental Health

ACTIVITY: Digital tools to help New Zealanders experiencing depression and/or anxiety

PERFORMANCE MEASURES

Maintain or improve the proportion of visitors to depression.org.nz and thelowdown.co.nz that report they found the website useful.³⁹

3

COMPARATIVE DATA

91% in 2016/17 for depression.org.nz

95% in 2017/18 for depression.org.nz

88% in 2017/18 for thelowdown.co.nz

SOURCE

User survey

RESULTS

Achieved

Results for depression.org.nz:

- New Zealand 95% – Māori 94%, Pasifika 92%.

Not achieved

Results for thelowdown.co.nz:

- New Zealand 87% – Māori 85% and Pasifika 87%.

Source: User satisfaction survey. Data from Survey Gizmo.

Depression.org.nz 3,062 respondents filled in the pop up survey.

Thelowdown.co.nz 5,708 respondents filled in the pop up survey.

Minimising Gambling Harm

ACTIVITY: Choice Not Chance gambling campaign

PERFORMANCE MEASURES

Increase the number of online self-help tools available to at-risk gamblers on the Choice Not Chance website by May 2019.

4

COMPARATIVE DATA

Seven self-help tools were available on the website (May 2018)

SOURCE

Choice Not Chance website

RESULTS

Achieved

One new tool added. At 30 June 2019 eight self-help tools were available on choicenotchance.org.nz.

	ACTUAL \$000	BUDGET \$000		ACTUAL \$000	BUDGET \$000		ACTUAL \$000	BUDGET \$000
Revenue	16,903	14,106	Expenditure	16,583	14,106	Surplus/(deficit)	320	0

38 Social smoking leads to regular smoking, smoking is addictive, smoking is disgusting, smoking is lame

39 Binary question – 'Is this website useful?' Yes or No

Output Class Two Performance Measures

Enabling health promoting initiatives and environments – advice, resources and tools

HPA provides advice, resources and tools to a wide range of individuals, groups and organisations interested in improving the health and wellbeing of New Zealanders. HPA works with communities to help them develop local solutions to local problems, offers specialist knowledge, and undertakes work to improve how health promotion is incorporated into workplace, education, primary health care and sport settings.

Cross-Programme Work

ACTIVITY: Professional development of health and other relevant workforces

PERFORMANCE MEASURES

At least 85% of participants who attended HPA-supported professional development events report it was useful for their work⁴⁰ (eg, the Melanoma Summit and the Smokefree seminar series).

5

COMPARATIVE DATA

Comparative information not available

SOURCE

Evaluation reports

RESULTS

Achieved⁴¹

A survey of attendees at the 'Alcohol use in the mid-older years' seminar found that:

- 85% were satisfied/very satisfied with the seminar
- 92% found the research presentations to be relevant/very relevant.

Source: Survey of seminar attendees via Survey Monkey. (13 responses out of 21 attendees.)

Research with participants of the Smashed 'n Stoned Facilitator training found that:

- 100% said they would be able to apply the knowledge and skills they had learned
- 97% said the content was organised and easy to follow
- 99% said the materials distributed were useful
- 100% said the training was good quality
- 98% stated that the training met their expectations.

Source: Evaluation of training participants by Odyssey.

The Melanoma Summit took place in November 2018. Results from research undertaken with attendees shows:

- 92% of respondents found the information presented by plenary speakers useful
- 85% of respondents reported that they are likely to attend the next Summit
- 86% of respondents are likely to recommend attending the next Summit to a colleague.

Source: Survey of Summit delegates via Survey Monkey. (91 responses out of 213 delegates.)

⁴⁰ Top two categories of a five-point scale

⁴¹ HPA's work covers a variety of topics and events are held to support particular sectors. Therefore, we included three of the events that took place during 2018/19, all of which address the measure

Cross-Programme Work, *continued*

ACTIVITY: Provision of advice, resources and tools to enable local health promotion and other community-based activities

<p>PERFORMANCE MEASURES</p> <p>At least 85% of a sample of those who have received resources, tools or advice from HPA report satisfaction with the service they received.⁴²</p> <p>6</p>	<p>COMPARATIVE DATA</p> <p>Comparative information not available</p> <hr/> <p>SOURCE</p> <p>User survey</p>	<p>RESULTS</p> <p>Achieved</p> <ul style="list-style-type: none"> 87%⁴³ of sample satisfied or very satisfied with the resources, tools or advice they received. <p>Source: Research by UMR Research.</p> <ul style="list-style-type: none"> An additional survey⁴⁴ of recipients of nutrition and physical activity advice, resources and tools found that 97% agreed or strongly agreed that they were useful. <p>Source: Survey of external stakeholders via Survey Monkey. (112 responses out of 115 surveyed.)</p>
<p>PERFORMANCE MEASURES</p> <p>At least five new or revised resources or tools are developed across HPA work programmes to enable local health promotion activities.</p> <p>7</p>	<p>COMPARATIVE DATA</p> <p>Comparative information not available</p> <hr/> <p>SOURCE</p> <p>New or revised tools or resources</p>	<p>RESULTS</p> <p>Achieved</p> <p>Sixty-four⁴⁵ new or revised resources or tools developed during 2018/19.</p>

	ACTUAL \$000	BUDGET \$000		ACTUAL \$000	BUDGET \$000		ACTUAL \$000	BUDGET \$000
Revenue	10,329	10,068	Expenditure	10,958	10,068	Surplus/(deficit)	(629)	(0)

⁴² Top two categories of a five-point scale

⁴³ Sample size n=331

⁴⁴ Sample size n=115

⁴⁵ Previous measures have focused solely on resources produced in particular topic areas eg, nutrition and skin cancer prevention. This new measure focuses on resources produced across HPA

Output Class Three Performance Measures

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 promote health and wellbeing and reduce injury and other harm. This includes monitoring health indicators, behaviours and attitudes. HPA offers specialist knowledge and expertise in developing and delivering successful, nationally integrated health promotion and harm reduction strategies.

Research

ACTIVITY: Provide high quality and relevant research, HPA monitors, data analysis and outputs to support HPA's programme and external stakeholders.

<p>PERFORMANCE MEASURES</p> <p>At least five alcohol-related research reports are produced by 30 June 2019.</p> <p>8</p>	<p>COMPARATIVE DATA</p> <p>Five in 2017/18</p> <p>SOURCE</p> <p>Published reports</p>	<p>RESULTS</p> <p>Achieved</p> <p>Seventeen reports produced, including five infographics.</p>
<p>PERFORMANCE MEASURES</p> <p>At least one report based on analysis of the Health and Lifestyles Survey 2018 is published on the HPA website by 30 June 2019.</p> <p>9</p>	<p>COMPARATIVE DATA</p> <p>Comparative information not available</p> <p>SOURCE</p> <p>Published report</p>	<p>RESULTS</p> <p>Achieved</p> <ul style="list-style-type: none"> Alcohol-related attitudes – Results from the 2018 Health and Lifestyles Survey infographic. Published on hpa.org.nz 10 May 2019. 2018 Health and Lifestyles Survey data on seven topics (alcohol, eating, gambling, cultural connectedness, mental health and wellbeing, sunburn, tobacco) available on HPA's Kupe website (kupe.hpa.org.nz).⁴⁶
<p>PERFORMANCE MEASURES</p> <p>At least one mental health report based on analysis of the Mental Health Survey 2018 is published on the HPA website by 30 June 2019.</p> <p>10</p>	<p>COMPARATIVE DATA</p> <p>Two in 2017/18</p> <p>SOURCE</p> <p>Published report</p>	<p>RESULTS</p> <p>Achieved</p> <p>One report – Wellbeing and mental health among Rainbow New Zealanders infographic – published 24 June 2019.</p>
<p>PERFORMANCE MEASURES</p> <p>Tobacco report (using Youth Insights Survey 2018 data) is completed by 30 June 2019.</p> <p>11</p>	<p>COMPARATIVE DATA</p> <p>One in 2017/18</p> <p>SOURCE</p> <p>Published report</p>	<p>RESULTS</p> <p>Achieved</p> <p>One report – Second-hand smoke exposure among 14 and 15-year-olds fact sheet – published 17 June 2019.</p>

	ACTUAL \$000	BUDGET \$000		ACTUAL \$000	BUDGET \$000		ACTUAL \$000	BUDGET \$000
Revenue	3,050	3,634	Expenditure	3,351	3,634	Surplus/(deficit)	(301)	(0)

⁴⁶ Data published on kupe.hpa.org.nz are not reports. Kupe is a tool (or app or dashboard) that we use to present our research outputs. Users can customise what they look for and how they access the data

Non-baseline Funding

ACTIVITY: Research, plan, develop and implement health promotion initiatives to meet emerging needs identified by the Ministry of Health and/or other agencies

PERFORMANCE MEASURES

HPA delivers against the objectives of the initiatives.

12

SOURCE

Evaluation reports

RESULTS

Achieved

A stroke FAST campaign was run 22 July to 30 September 2018.

- The campaign achieved positive movement in awareness of FAST for all audiences, and in particular for Māori and Pasifika. FAST awareness among Pasifika (51%) is catching up to that for Māori (53%) and General (56%).
- Pre and post-campaign research showed awareness of FAST had significantly increased for the target audience – 14% for Māori and 17% for Pacific.

Source: Research by UMR Research.

Hepatitis C campaign went live 25 February 2019.

The campaign generated more than 38,000 web sessions, equating to approximately 30,000 new users.

- The video advertisement was viewed almost 1 million times.

Source: Google Analytics and campaign metrics provided by OMD.

The oral health 'tooth fairy' campaign, which last ran in 2017/18, went back to market on 26 May 2019.

Strategic Intentions

HPA has two strategic intentions and three output classes set out in the Statement of Intent 2017–2021. During 2019/20 a new Statement of Intent will be developed.



The strategic intentions guide our activities, and output classes are categories used to account for our expenditure on activities. Our strategic intentions overlap and strengthen each other, and both contribute to the New Zealand Health Strategy.

Strategic Intention One – People are more aware, motivated and able to improve and protect their own and their family’s health and wellbeing

Strategic Intention Two – Physical, social and policy environments and services better promote and protect health and wellbeing

Progress on our outcomes is reflected in our SPE measures reported on pages 63 to 68.

Alcohol

STRATEGIC INTENTION 2017–2021

- People are more aware, motivated and able to drink at low-risk levels or choose not to drink.
- Physical, social and policy environments and services support New Zealanders to drink at low-risk levels or not drink.

OUTCOMES FOCUS TO 2021

- Build social permission for people to drink at low-risk levels or not drink.
- Make it easier to seek and find help early.
- Influence policies, practices and the management of drinking environments to support people to drink at low-risk levels or not drink.
- Contribute to strengthening protective factors that support low-risk drinking or not drinking.

Tobacco

STRATEGIC INTENTION 2017–2021

- People are more aware, motivated and able to change their smoking behaviours.
- Environments and services better promote and protect New Zealanders from tobacco-related harm.

OUTCOMES FOCUS TO 2021

- Contribute to strengthening protective factors that influence 17 to 24-year-olds to be smokefree.
- Support stop smoking services and other stakeholders with quality advice, evidence and resources to support New Zealanders to be smokefree.

Minimising Gambling Harm

STRATEGIC INTENTION 2017–2021

- People are more likely to check whether their gambling is OK.
- People are more aware and motivated to use self-help approaches and seek professional help.
- Gambling environments increase the implementation of appropriate harm minimisation practices.

OUTCOMES FOCUS TO 2021

- Make it easier for gamblers and people affected by someone else's gambling to seek and find help early.
- Support the minimising gambling harm sector and gambling industry with quality advice, evidence and resources to minimise harm.

Nutrition and Physical Activity

STRATEGIC INTENTION 2017–2021

- Support New Zealanders to eat healthy foods.
- Increase opportunities for New Zealanders to be active.

OUTCOMES FOCUS TO 2021

- Motivate and support communities to eat well, move more, and sit less.
- Support the nutrition and physical activity sector with quality advice, evidence and resources to support New Zealanders to eat healthy foods and be active.

Mental Health | NDI

STRATEGIC INTENTION 2017–2021

- People recognise anxiety and depression and know where and how to get help, including self help.
- Communities and social environments are supportive of people who experience anxiety and depression.

OUTCOMES FOCUS TO 2021

- Provide quality advice, information and resources that promote self help and early intervention for depression and anxiety.
- Provide reliable information to influence communities to support people who experience depression and anxiety.

Mental Health | Like Minds, Like Mine

STRATEGIC INTENTION 2017–2021

- New Zealanders demonstrate respectful attitudes and inclusive behaviours towards people with mental distress.

OUTCOMES FOCUS TO 2021

- Support stakeholders with tools and resources to make policies, structures and cultures that are inclusive and supportive of people with mental distress.
- Support communities with resources and tools to take action to increase social inclusion.

Skin Cancer Prevention

STRATEGIC INTENTION 2017–2021

- People are more aware, motivated and able to increase behaviours that protect from excessive ultraviolet radiation (UVR) exposure.
- Environments and services better protect New Zealanders from UVR exposure that causes harm.

OUTCOMES FOCUS TO 2021

- Increase knowledge of risk (and benefits) of UVR among the public, health professionals and policy makers in order to increase individual behaviours that protect them from UVR that causes harm.

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Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2019

	NOTES	ACTUAL 2019 \$000	REFORECAST BUDGET 2019 \$000	SPE BUDGET 2019 \$000	ACTUAL 2018 \$000
Revenue					
Non-exchange revenue					
Alcohol levy revenue		11,522	11,530	11,530	11,236
Funding from the Crown – baseline		16,048	16,048	16,048	16,048
Exchange revenue					
Funding from the Crown – additional		1,735	1,735	–	2,352
Interest revenue		270	260	130	309
Other revenue	2	707	707	100	481
Total revenue		30,282	30,280	27,808	30,426
Expenditure					
Personnel expenses	3	9,673	9,700	10,067	9,218
Depreciation and amortisation expense	8,9	82	82	66	81
Other operating expense	4	1,659	1,662	1,869	1,746
Programme expense		19,478	18,836	15,806	18,780
Total expenditure		30,892	30,280	27,808	29,825
Surplus/(deficit)		(610)	–	–	601
Total comprehensive revenue and expense		(610)	–	–	601

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

The accompanying notes form part of these financial statements.

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2019

Restated by Revenue Source:

	ACTUAL 2019 \$000	REFORECAST BUDGET 2019 \$000	SPE BUDGET 2019 \$000	ACTUAL 2018 \$000
Alcohol				
<i>Revenue</i>				
Levy	11,522	11,530	11,530	11,236
Interest revenue	62	60	30	71
Other revenue	17	17	–	11
Total revenue	11,601	11,607	11,560	11,318
Total expenditure	11,552	11,607	11,560	11,230
Surplus/(deficit)	49	–	–	88
All other				
<i>Revenue</i>				
Funding from the Crown	17,783	17,783	16,048	18,400
Interest revenue	208	200	100	238
Other revenue	690	690	100	470
Total revenue	18,681	18,673	16,248	19,108
Total expenditure	19,340	18,673	16,248	18,595
Surplus/(deficit)	(659)	–	–	513
Grand total revenue	30,282	30,280	27,808	30,426
Grand total expenditure	30,892	30,280	27,808	29,825
Grand total surplus/(deficit)	(610)	–	–	601

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

The accompanying notes form part of these financial statements.

Statement of Financial Position

As at 30 June 2019

	NOTES	ACTUAL 2019 \$000	SPE BUDGET 2019 \$000	ACTUAL 2018 \$000
Assets				
Current assets				
Cash and cash equivalents	5	3,110	250	508
Receivables	6	2,530	2,100	2,799
Investments	7	5,500	4,000	9,000
Prepayments		28	–	623
Total current assets		11,168	6,350	12,930
Non-current assets				
Property, plant and equipment	8	205	202	243
Intangible assets	9	–	–	–
Total non-current assets		205	202	243
Total assets		11,373	6,552	13,173
Liabilities				
Current liabilities				
Payables	10	6,025	3,494	7,540
Employee entitlements	11	554	400	535
Revenue in advance	10	1,157	–	863
Total current liabilities		7,736	3,894	8,938
Non-current liabilities				
Employee entitlements	11	107	–	95
Total non-current liabilities		107	–	95
Total liabilities		7,843	3,894	9,033
Net assets		3,530	2,658	4,140
Equity				
Contributed capital		3,424	2,658	3,424
Accumulated surplus/(deficit)		106	–	716
Net assets	13	3,530	2,658	4,140

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

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the year ended 30 June 2019

	NOTES	ACTUAL 2019 \$000	SPE BUDGET 2019 \$000	ACTUAL 2018 \$000
Balance at 1 July		4,140	2,658	3,539
Total comprehensive revenue and expense for the year		(610)	–	601
Balance at 30 June	13	3,530	2,658	4,140

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

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the year ended 30 June 2019

	NOTES	ACTUAL 2019 \$000	ACTUAL 2018 \$000
Cash flows from operating activities			
Receipts from levy		11,569	11,451
Receipts from the Crown		18,652	18,694
Receipts from other revenue		720	473
Receipts from interest revenue		280	319
GST (net)		311	(182)
Payments to suppliers		(22,737)	(19,866)
Payments to employees		(9,648)	(9,242)
Net cash flow from operating activities		(853)	1,647
Cash flows from investing activities			
Receipts from sale of property, plant and equipment		–	3
Receipts from sale of investments		20,000	17,000
Purchase of property, plant and equipment		(45)	(60)
Purchase of intangible assets		–	–
Acquisition of investments		(16,500)	(19,750)
Net cash flow from investing activities		3,455	(2,807)
Net increase/(decrease) in cash and cash equivalents		2,602	(1,160)
Cash and cash equivalents at the beginning of the year		508	1,668
Cash and cash equivalents at the end of the year	5	3,110	508
Reconciliation of net surplus/(deficit) to net cash flow from operating activities			
Net surplus/(deficit)		(610)	601
Add/(less) non-cash items			
Depreciation and amortisation expense		82	81
Total non-cash items		82	81
Add/(less) movements in Statement of Financial Position items			
(Increase)/decrease in receivables		863	(391)
Increase/(decrease) in payables and revenue in advance		(1,214)	1,380
Increase/(decrease) in provisions		–	–
Increase/(decrease) in employee entitlements		25	(24)
Net movements in working capital items		(326)	965
Net cash flow from operating activities		(854)	1,647

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

The accompanying notes form part of these financial statements.

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Note 1: Statement of accounting policies

Reporting entity

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

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

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

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

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

The financial statements for HPA are for the year ended 30 June 2019, and were approved by the Board on 23 October 2019.

Basis of preparation

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

Statement of compliance

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

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

The financial statements comply with PBE accounting standards.

Presentation currency and rounding

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

Standard early adopted

In line with the Financial Statements of the Government, HPA has elected to early adopt *PBE IFRS 9 Financial Instruments*. PBE IFRS 9 replaces *PBE IPSAS 29 Financial Instruments: Recognition and Measurement*.

Information about the adoption of PBE IFRS 9 is provided in Note 18.

Standards issued and not yet effective and not early adopted

Standards and amendments, issued but not yet effective, that have not been early adopted are:

PBE IPSAS 41 Financial Instruments

The XRB issued *PBE IPSAS 41 Financial Instruments* in March 2019. This standard supersedes *PBE IFRS 9 Financial Instruments*, which was issued as an interim standard. It is effective for reporting periods beginning on or after 1 January 2022. Although HPA has not assessed the effect of the new standard, it does not expect any significant changes as the requirements are similar to PBE IFRS 9.

PBE FRS 48 Service Performance Reporting

PBE FRS 48 replaces the service performance reporting requirements of PBE IPSAS 1 and is effective for reporting periods beginning on or after 1 January 2021. HPA has not yet determined how application of PBE FRS 48 will affect its statement of performance.

Summary of significant accounting policies

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

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

Foreign currency transactions

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

Goods and services tax (GST)

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

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

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

Commitments and contingencies are disclosed exclusive of GST.

Income tax

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

Budget figures

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

Cost allocation

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

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

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

Critical accounting estimates and assumptions

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

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

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

Note 2: Revenue

Accounting policy

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

Funding from the Crown

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

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 deferred revenue 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.

Interest revenue

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

Breakdown of other revenue and further information

	ACTUAL 2019 \$000	ACTUAL 2018 \$000
Other revenue includes:		
Programme revenue – Crown	25	–
Programme revenue – third party contracts	643	470
Programme revenue – grants returned	–	11
Other revenue	39	–
Total other revenue	707	481

Note 3: Personnel expenses

Accounting policy

Superannuation schemes

Defined contribution schemes

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

Defined benefit schemes

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

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

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

Breakdown of personnel expenses and further information

	ACTUAL 2019 \$000	ACTUAL 2018 \$000
Salaries and wages	9,015	8,718
Temporary and contract staff	151	26
Increase/(decrease) in employee entitlements	25	(24)
Defined contribution plan employer contributions	266	283
ACC	1	17
Recruitment expenses	66	43
Other	149	155
Total personnel expenses	9,673	9,218

Employee remuneration

	ACTUAL 2019	ACTUAL 2018
Total remuneration paid or payable:		
\$100,000 – 109,999	14	13
\$110,000 – 119,999	8	7
\$120,000 – 129,999	6	3
\$130,000 – 139,999	2	1
\$140,000 – 149,999	–	1
\$150,000 – 159,999	2	–
\$160,000 – 169,999	–	1
\$180,000 – 189,999	–	1
\$190,000 – 199,999	4	3
\$290,000 – 299,999	1	1
Total employees	37	31

During the year ended 30 June 2019, 1 (2018 0) employee received compensation and other benefits in relation to cessation totalling \$4K (2018 \$0).

Board member remuneration

	ACTUAL 2019 \$000	ACTUAL 2018 \$000
Total remuneration paid or payable:		
Jenny Black (appointed Chair January 2019)	12.9	–
Dr Monique Faleafa (appointed Deputy Chair June 2017)	19.3	19.3
Catherine Abel-Pattinson (appointed October 2016)	15.5	15.5
Dr Mataroria Lyndon (appointed June 2017)	15.5	15.5
Professor Boyd Swinburn (appointed January 2019)	6.4	–
Mafi Funaki-Tahifote (appointed January 2019)	6.4	–
Dr Teuila Percival (appointed January 2019)	6.4	–
Dr Lee Mathias (Chair) (retired December 2018)	15.5	31.0
Professor Grant Schofield (retired December 2018)	7.8	15.5
Jamie Simpson (retired December 2018)	7.8	15.5
Tony O'Brien (retired December 2018)	7.8	15.5
Total Board member remuneration	121	128

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

HPA has not provided any deed of indemnity to Directors nor taken out Directors' and Officers' Liability and Professional Indemnity insurance

cover during the financial year in respect of the liability or costs of Board members and employees (2018 \$0).

No Board members received compensation or other benefits in relation to cessation (2018 \$0).

Note 4: Other expenses

Accounting policy

Grant expenditure

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

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

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

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

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

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

In 2018/19 HPA provided funding for a wide range of groups, totalling \$184,115 (2018 \$471,122).

Operating leases

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

Critical judgements in determining accounting policies

Grant expenditure

HPA has exercised judgement in developing its grant expenses accounting policy above as there is no specific accounting standard for grant expenditure. The accounting for grant expenditure has been an area of uncertainty for some time, and, as a result, there have been differing accounting practices by entities for similar grant arrangements. With the recent introduction of the new PBE Accounting Standards, there has been debate on the appropriate framework to apply when accounting for grant expenses, and whether some grant accounting practices are appropriate under these new standards. A challenging area in particular is the accounting for grant arrangements that include conditions or milestones. HPA is aware that the need for a clear standard or authoritative guidance on accounting for grant expenditure has been raised with the New Zealand Accounting Standards Board. Therefore, we will keep the matter under review and consider any developments. Further information about HPA's grants is disclosed above and in the Statement of Performance on pages 63-68.

Breakdown of other expenses and further information

	ACTUAL 2019 \$000	ACTUAL 2018 \$000
Fees to Audit New Zealand for audit of financial statements	58	56
Operating lease expenses	591	587
Other expenses	1,010	1,103
Total other expenses	1,659	1,746

Commitments

The future aggregate commitments to be paid under HPA-initiated contracts (excluding lease commitments) are as follows:

	ACTUAL 2019 \$000	ACTUAL 2018 \$000
Not later than one year	11,955	8,260
Later than one year and not later than two years	1,370	2,307
Later than two years and not later than five years	109	558
Later than five years	–	–
Total commitments	13,434	11,125

The commitments above include all contracts underway at 30 June, rather than just those that are signed by both parties.

Operating leases as lessee

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

	ACTUAL 2019 \$000	ACTUAL 2018 \$000
Office rental leases		
Not later than one year	590	528
Later than one year and not later than two years	610	57
Later than two years and not later than five years	870	172
Later than five years	48	–
Total office rental leases	2,118	757
Office equipment leases		
Not later than one year	8	6
Later than one year and not later than two years	8	–
Later than two years and not later than five years	11	–
Later than five years	–	–
Total office equipment leases	27	6
Total non-cancellable operating leases	2,145	763

HPA leases three properties – its main office situated in Wellington and two regional offices in Auckland and Christchurch.

A significant portion of the total non-cancellable operating lease expense relates to the lease of three floors of the Wellington office building. The lease expires in October 2025, with an option to renew on 31 October 2022.

The office equipment that HPA leases are printers. The lease expires on 19 October 2023.

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

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

Note 5: Cash and cash equivalents

Accounting policy

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

Breakdown of cash and cash equivalents and further information

	ACTUAL 2019 \$000	ACTUAL 2018 \$000
Cash at bank and on hand	3,110	508
Total cash and cash equivalents	3,110	508

While cash and cash equivalents at 30 June 2019 are subject to the expected credit loss requirements of PBE IFRS 9, no loss allowance has been recognised because the estimated loss allowance for credit losses is trivial.

Note 6: Receivables

Accounting policy

Short-term receivables are recorded at the amount due, less an allowance for credit losses. HPA applies the simplified expected credit loss model of recognising lifetime expected losses for receivables.

In measuring expected credit losses, short-term receivables have been assessed on a collective basis as they possess shared credit risk characteristics. They have been grouped based on the days past due.

Short-term receivables are written off when there is no reasonable expectation of recovery. Indicators that there is no reasonable expectation of recovery include the debtor being in liquidation.

Previous accounting policy for impairment of receivables

In the previous year, the allowance for credit losses was based on the incurred credit loss model. An allowance for credit losses was recognised only when there was objective evidence that the amount due would not be fully collected.

Breakdown of receivables and further information

	ACTUAL 2019 \$000	ACTUAL 2018 \$000
Receivables (gross)	2,530	2,799
Less: Allowance for credit losses	–	–
Receivables	2,530	2,799
Receivables comprise:		
Receivables from the sale of goods and services (exchange transactions)	2,530	2,799
Receivables from grants (non-exchange transactions)	–	–

No allowance was made for credit losses given the short period of credit risk exposure and the insignificance of the impact of macroeconomic factors.

Note 7: Investments

Accounting policy

Bank term deposits

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

matures. A loss allowance for expected credit losses is recognised if the estimated loss allowance is not trivial.

Breakdown of investments and further information

	ACTUAL 2019 \$000	ACTUAL 2018 \$000
Current portion		
Term deposits	5,500	9,000
Total investments	5,500	9,000

HPA considers there has not been a significant increase in credit risk for investments in term deposits because the issuer of the investment continues to have low credit risk at balance date. Term deposits are held with banks that have a long-term AA- investment

grade credit rating, which indicates the bank has a very strong capacity to meet its financial commitments.

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

Note 8: Property, plant and equipment

Accounting policy

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

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

Additions

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

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

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

Disposals

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

Depreciation

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

Leasehold improvements*	3 years	33%
Furniture	10 years	10%
Office equipment	5 years	20%
Motor vehicles	5 years	20%
Computer equipment	3 years	33%
Artwork, books and films		0%

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

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

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

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

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

Critical accounting estimates and assumptions

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

At each balance date, the useful lives and residual values of property, plant and equipment are reviewed.

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

An incorrect estimate of the useful life or residual value will affect the depreciation expense recognised in the surplus or deficit, and carrying amount of the asset in the Statement of Financial Position. HPA 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.

Breakdown of property, plant and equipment and further information

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

	ARTWORK, BOOKS AND FILMS \$000	FURNITURE AND OFFICE EQUIPMENT \$000	COMPUTER EQUIPMENT \$000	LEASEHOLD IMPROVEMENTS \$000	MOTOR VEHICLES \$000	TOTAL \$000
Cost or valuation						
Balance at 30 June 2017/1 July 2017	100	367	294	45	22	828
Additions	–	–	48	12	–	60
Disposals	–	(30)	(10)	(12)	–	(52)
Balance at 30 June 2018/1 July 2018	100	337	332	45	22	836
Additions	–	–	45	–	–	45
Disposals	–	–	(59)	–	–	(59)
Balance at 30 June 2019	100	337	318	45	22	822

Accumulated depreciation and impairment losses

Balance at 30 June 2017/1 July 2017	(92)	(198)	(233)	(26)	(13)	(562)
Depreciation expense	–	(22)	(45)	(10)	(4)	(81)
Loss on disposal	–	–	–	–	–	–
Elimination on disposal	–	29	9	12	–	50
Balance at 30 June 2018	(92)	(191)	(269)	(24)	(17)	(593)
Depreciation expense	–	(20)	(45)	(13)	(4)	(82)
Loss on disposal	–	–	–	–	–	–
Elimination on disposal	–	–	59	–	(1)	58
Balance at 30 June 2019	(92)	(211)	(255)	(37)	(22)	(617)

Carrying amounts

At 30 June 2017	8	169	61	19	9	266
At 30 June 2018	8	146	63	21	5	243
At 30 June 2019	8	126	63	8	–	205

Restrictions

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

Note 9: Intangible assets

Accounting policy

Software acquisition

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

Staff training costs are recognised as an expense when incurred.

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

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

Amortisation

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

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

Acquired computer software	3 years	33%
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Impairment of intangible assets

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

Critical accounting estimates and assumptions

Estimating useful lives and residual values of intangible assets

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

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

An incorrect estimate of the useful lives of software assets will affect the amortisation expense recognised in the surplus or deficit, and the carrying amount of the software assets in the Statement of Financial Position.

Breakdown of intangible assets and further information

Movements for each class of intangible asset are as follows:

	TOTAL \$000
Cost or valuation	
Cost	
Balance at 30 June 2017	243
Balance at 30 June 2018	243
Balance at 30 June 2019	195
Accumulated depreciation	
Balance at 30 June 2017	(243)
Amortisation expense	–
Elimination on disposal	–
Balance at 30 June 2018	(243)
Amortisation expense	–
Elimination on disposal	48
Balance at 30 June 2019	(195)
Carrying amounts	
At 30 June 2017	–
At 30 June 2018	–
At 30 June 2019	–

Restrictions

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

Note 10: Payables

Accounting policy

Short-term payables are recorded at the amount payable.

Breakdown of payables and revenue in advance and further information

	ACTUAL 2019 \$000	ACTUAL 2018 \$000
Payables and revenue in advance under exchange transactions		
Payables and deferred revenue under exchange transactions	5,345	7,000
Trade creditors	559	425
Accrued expenses	5,904	7,425
Total payables under exchange transactions	–	39
deferred revenue (course fees)	1,157	824
deferred revenue (Crown revenue)	1,157	863
Payables under non-exchange transactions		
Taxes payable (GST, PAYE)	121	115
Total payables under non-exchange transactions	121	115
Total payables and deferred revenue	7,182	8,403

Note 11: Employee entitlements

Accounting policy

Short-term employee entitlements

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

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

Long-term employee entitlements

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

The calculations are based on:

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

Presentation of employee entitlements

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

Critical accounting estimates and assumptions

Measuring long service leave obligations

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

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

Expected future payments are discounted using forward discount rates derived from the yield curve of New Zealand government bonds. The discount rates used have maturities that match, as closely as possible, the estimated future cash outflows.

The salary inflation factor has been determined after considering historical salary inflation patterns and after obtaining advice from an independent actuary. A weighted average discount rate of 2.25% (2018 3.68%) and a salary inflation factor of 1.72% (2018 1.7%) 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 \$9,000 higher or \$8,000 lower (2018 \$4,000 higher or \$9,000 lower). If the salary inflation factor were to differ by 1% from that used, with all other factors being constant, the carrying amount of the long service leave liability would be an estimated +/- \$8,000 higher/lower (2018 \$6,000 higher/lower).

Breakdown of employee entitlements

	ACTUAL 2019 \$000	ACTUAL 2018 \$000
Current portion		
Accrued salaries and wages	110	104
Annual leave	408	400
Sick leave	–	7
Long service leave	36	24
Total current portion	554	535
Non-current portion		
Long service leave	107	95
Total non-current portion	107	95
Total employee entitlements	661	630

Note 12: Contingencies

Contingent liabilities

There are no contingent liabilities at balance date (2018 \$0).

Contingent assets

There are no contingent assets at balance date (2018 \$0).

Note 13: Equity

Accounting policy

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

- contributed capital
- accumulated surplus/(deficit).

Breakdown of equity and further information

	ACTUAL 2019 \$000	ACTUAL 2018 \$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	716	115
Surplus/(deficit) for the year	(610)	601
Balance at 30 June	106	716
Total equity	3,530	4,140

Capital management

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

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

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

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

Note 14: Related party transactions

HPA is controlled by the Crown.

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

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

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

Key management personnel compensation

	ACTUAL 2019	ACTUAL 2018
<i>Board members</i>		
Remuneration	\$121,000	\$128,000
	0.48	0.45
<i>Executive management team</i>		
Remuneration	\$1,090,000	\$1,064,000
Full-time equivalent members	5	5
Total key management personnel compensation	\$1,211,000	\$1,192,000

The Executive management team remuneration figures include KiwiSaver employer contribution.

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

Note 15: Financial instruments

15A Financial instrument categories

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

	ACTUAL 2019 \$000	ACTUAL 2018 \$000
<i>Financial liabilities measured at amortised cost</i>		
Payables (including revenue in advance and taxes payable)	7,182	8,403
Total financial liabilities measured at amortised cost	7,182	8,403
<i>Financial assets measured at amortised cost (2018 Loans and receivables)</i>		
Cash and cash equivalents	3,110	508
Receivables	2,530	2,799
Investments – term deposits	5,500	9,000
Total financial assets measured at amortised cost	11,140	12,307

15B Fair value hierarchy

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

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

All financial instruments for HPA are level 1 – quoted market prices. There were no transfers between the different levels of the fair value hierarchy.

15C Financial instrument risks

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

Market risk

Fair value interest rate risk

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

Cash flow interest rate risk

Cash flow interest rate risk is the risk that the cash flows from a financial instrument will fluctuate because of changes in market interest rates. Investments and borrowings issued at variable interest rates expose HPA to cash flow interest rate risk.

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

Sensitivity analysis

As at 30 June 2019, if the 90-day bank bill rate had been 50 basis points higher or lower, with all other variables held constant, the surplus/deficit for the year would have been \$4K higher or \$4K lower (2018 \$5,000 higher or \$7,000 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.

Credit risk exposure by credit risk rating grades, excluding receivables

The gross carrying amount of financial assets, excluding receivables, by credit rating is provided below by reference to Standard & Poor's credit ratings.

	ACTUAL 2019 \$000	ACTUAL 2018 \$000
<i>Cash at bank and term deposits</i>		
AA-	3,110	508
Total receivables	3,110	508

All instruments in this table have a loss allowance based on 12-month expected credit losses.

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.

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.

Risk management

For receivables, HPA reviews the credit quality of customers prior to the granting of credit. It continues to monitor and manage receivables based on their ageing and adjusts the expected credit loss allowance accordingly. There are no significant concentrations of credit risk.

Due to the timing of its cash inflows and outflows, HPA invests surplus cash with registered banks with a Standard & Poor's credit rating of at least A2 for short-term and A for long-term investments. HPA limits the amount of credit exposure to any one financial deposits institution for term deposits to no more than 25% of total investments held. HPA's investments in term deposits are considered to be low-risk investments. The credit ratings are monitored for credit deterioration.

Security

No collateral or other credit enhancements are held for financial instruments that give rise to credit risk.

Impairment

Cash and cash equivalents (Note 5), receivables (Note 6), and term deposit investments (Note 7) are subject to the expected credit loss model. The notes for these items provide relevant information on impairment.

Contractual maturity analysis of financial liabilities, excluding derivatives

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

The amounts disclosed are the undiscounted contractual cash flows.

	ACTUAL 2019 \$000	ACTUAL 2018 \$000
Payables		
Carrying amount	7,182	8,403
Contractual cash flows	7,182	8,403
Less than six months	7,182	8,403
Total payables	7,182	8,403

Note 16: Events after the balance date

There were no significant events after the balance date.

Note 17: Explanation of major variances against Statement of Performance Expectations budget

Statement of Comprehensive Revenue and Expense

Crown revenue

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

Programme expenditure

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

Statement of Financial Position

Working capital

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

Note 18: Adoption of PBE IFRS 9 Financial Instruments

In accordance with the transitional provisions of PBE IFRS 9, HPA has elected not to restate the information for previous years to comply with PBE IFRS 9. There were no adjustments arising from the adoption of PBE IFRS 9.

Accounting policies now comply with PBE IFRS 9. The main updates are:

- Note 6 Receivables: This policy has been updated to reflect that the impairment of short-term receivables is now determined by applying an expected credit loss model. HPA has applied a simplified impairment model to trade receivables with maturities of less than 12 months.

- Note 7 Investments: Term Deposits: This policy has been updated to explain that a loss allowance for expected credit losses is recognised only if the estimated loss allowance is not trivial.

On the date of initial application of PBE IFRS 9, being 1 July 2018, the classification of financial instruments under PBE IPSAS 29 and PBE IFRS 9 was as follows:

	MEASUREMENT CATEGORY		CARRYING AMOUNT		
	ORIGINAL PBE IPSAS 29 CATEGORY	NEW PBE IFRS 9 CATEGORY	CLOSING BALANCE 30 JUN 2018 (PBE IPSAS 29) \$000	ADOPTION OF PBE IFRS 9 ADJUSTMENT \$000	OPENING BALANCE 1 JULY 2018 (PBE IFRS 9) \$000
Cash at bank and on hand	Loans and receivables	Amortised cost	508	–	508
Receivables	Loans and receivables	Amortised cost	2,799	–	2,799
Term deposits	Loans and receivables	Amortised cost	9,000	–	9,000
Total financial assets			12,307	–	12,307

The measurement categories and carrying amounts for financial instruments have not changed between the closing 30 June 2018 and opening 1 July 2018 dates as a result of the transition to PBE IFRS 9.

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