



# Annual Report

For the year ended 30 June 2017

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





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New Zealand  
**hpa.org.nz**

October 2017



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# Foreword

## We are pleased to present the annual report of the Health Promotion Agency (HPA) for 2016/17.

This was our fifth year of operation, and HPA's work continued to build on the solid foundation set in earlier years, leading and supporting health promotion practice and supporting and influencing many sectors and environments that contribute to good health and wellbeing and healthy lifestyles.

The New Zealand Health Strategy was released in April 2016. The strategy has five strategic themes: people-powered, closer to home, value and high performance, one team, and smart system. These themes are already very much reflected in the work we do and the way we work, and they will continue to help shape our work in the future.

Collaboration is central to our work. We have forged some strong relationships across the health sector and, equally, our relationships with organisations across other sectors continue to grow as we work to help New Zealanders live well, stay well and get well. Our social marketing expertise has been called upon to help influence the lives of many communities, and we have often worked in partnership with organisations that know those audiences best.

It is a mark of our growing maturity as an organisation that our expertise and experience are increasingly called upon. We have been asked to provide advice to other government organisations about campaign development and delivery, and we contribute to policy and practice decisions related to All-of-Government (AoG) procurement processes. HPA staff have given guest lectures for universities, and participated in judging awards.

Many of our work programmes aim at influencing significant behaviour change and at this five-year mark we have started to see some real changes, particularly in the way New Zealanders drink, as can be seen in the results outlined on page 11 of this report. Each year, HPA agrees further work reflecting Government priorities or a particular health issue. In 2016/17 HPA accepted further work helping promote oral health for children, the Quitline, and the human papillomavirus (HPV) vaccination programme.

The Board of HPA appreciates the effort and commitment of the CEO and staff, who work hard to ensure our programmes are effective as we strive to improve New Zealanders' health and wellbeing. We are proud of HPA's achievements in 2016/17.



**Dr Lee Mathias**  
Chairman  
Health Promotion Agency

**Clive Nelson**  
Chief Executive  
Health Promotion Agency

# Presentation of 2016/17 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 2017.



**Dr Lee Mathias**  
**Chairman**  
Health Promotion Agency  
31 October 2017



**Dr Monique Faleafa**  
**Deputy Chairman**  
Health Promotion Agency  
31 October 2017

# Health Promotion Agency

## Our vision is:

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

## Our mission is:

Inspiring all New Zealanders to lead healthier lives.

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

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

It also has the following alcohol-specific functions:

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

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

HPA has a mandate to lead and support national health promotion activities and initiatives. HPA has managed a number of high-profile campaigns and built strong relationships with many other organisations, providing leadership, acting as a catalyst for change, and encouraging collaboration.

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

# HPA Board

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

- Dr Lee Mathias (Chairman)
- Rea Wikaira (Deputy Chairman to November 2016)
- Dr Monique Faleafa (Deputy Chairman from 1 June 2017)
- Barbara Docherty (to October 2016)
- Tony O'Brien
- Professor Grant Schofield
- Jamie Simpson
- Catherine Abel-Pattinson (from October 2016)
- Dr Mataroria Lyndon (from June 2017).

The Chief Executive is Clive Nelson.

## Rea Wikaira



We note with sadness that long-serving board member Rea Wikaira JP, ONZM died in November 2016. Rea was a passionate, insightful, inspiring leader with enormous commitment to our kaupapa. His quiet, calm wisdom is missed around the board table.

Rea was a founding member of the HPA Board and the former Chair of ALAC. He was a member of the Te Wānanga o Aotearoa Board. He was former Business Manager of the National Hauora Coalition (National Māori PHO Coalition) and served on numerous other health boards. He served as the Chair and then Chief Executive of the Auckland Westpac Rescue Helicopter Trust.

Rea served on a number of other Government boards in various roles including: Director of Health Waikato; Vice Chair of the New Zealand Lottery Grants Board and Chair of the 'Year of the Māori Language' Grants Board. He was a JP for many years.

Rea received the Insignia of an Officer of the New Zealand Order of Merit for services to health administration in 2011.

**Kua hinga te tōtara i Te Waonui a Tāne**  
*The tōtara has fallen in the forest of Tāne*

# Strategic Framework

## HEALTH SYSTEM OUTCOMES

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



The figure above shows HPA's strategic framework. It outlines the strategic intentions that HPA contributes to and HPA's output classes.

# HPA's Work 2016/17

For New Zealanders to lead healthier lives, individuals and families need to be aware, motivated and able to improve and protect their own and their family's health and wellbeing.

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

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

HPA also undertakes work in other areas when requested to do so by its Ministers or the Ministry of Health. In 2016/17 we have contributed to work programmes in stroke, rheumatic fever and oral health.

HPA leads and supports national health promotion initiatives through:

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

Much of HPA's work uses marketing approaches aimed at achieving behaviour change. Promoting health and wellbeing, working with communities and communicating health messages to priority audiences are major parts of the public face of HPA.



Some population groups within New Zealand are disproportionately impacted by disease, illness or injury and have poorer health outcomes compared with other New Zealanders. Identifying and focusing health promotion activities to help improve the health and wellbeing of these groups, in particular for Māori, Pacific and young people as priority populations, is a crucial focus for HPA. In some work programmes there are considerable gains to be made by targeting specific populations.

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

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

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

HPA has a Statement of Intent 2014–2018 and a Statement of Performance Expectations for 2016/17. HPA has also produced a new Statement of Intent 2017–2021.

The following pages outline our results for the work programme in 2016/17.

#### HEMOCARE MEDICAL

Homecare Medical is the provider of national telehealth services for New Zealand. The National Telehealth Service provides New Zealanders with access to free health, wellness and injury advice, support and information 24 hours a day, seven days a week. The service commenced in 2015.

HPA works closely with Homecare Medical to promote many of the services, including Healthline, Quitline, the Alcohol Drug Helpline, the Depression Helpline, the Gambling Helpline, and Immunisation advice.

# Alcohol

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

HPA continues to work on shifting the alcohol drinking culture towards more people drinking at low-risk levels or not drinking, and less tolerance of high-risk drinking. Other priorities include supporting the effective implementation of the Sale and Supply of Alcohol Act 2012, making it easier for people with alcohol-related problems to get help, and preventing alcohol use in pregnancy.

## HPA focus 2016/17

### Go the Distance

The Go the Distance phase of the ongoing Say Yeah, Nah campaign was launched in January 2016, featuring a 30-second television commercial. The television commercial was supported with other marketing activity.

In 2016/17 the reach and frequency of the messaging were built on, with media placement including the television commercial playing on The Edge (online), online video, cinema advertising and bar and stadium posters nationwide. Ongoing social media activity continued on the Not Beersies Facebook page.

### Help seeking

In June 2017 the Help Seekers marketing campaign returned. The campaign aims to direct those who are concerned about their own or other people's drinking to seek help via the Alcohol Drug Helpline. The primary audience is high-risk drinkers aged 18 to 39.

Four approaches were taken to address barriers to engagement with the helpline: educating and helping people understand their drinking issue, popularising the Alcohol Drug Helpline, showing people the helpline so they are comfortable engaging with it, and prompting first steps for help seeking.

### Alcohol and pregnancy

A second alcohol and pregnancy marketing campaign focused on influencers of young women is being developed. This phase aims to stop women from drinking if they think there's any chance they might be pregnant but will also cover influencers including friends and partners. HPA is discussing point of sale opportunities with the alcohol industry to tie in with the campaign.

A HPA-commissioned research report, *Consumer awareness and understanding of alcohol pregnancy warning labels*, was published on HPA's website.<sup>1</sup> This research used an online survey to find out about consumer awareness, and recall and knowledge of current alcohol pregnancy warning labels. The research is being used to inform New Zealand and Australian food standards policy work on alcohol pregnancy warning labels on alcoholic drinks.

<sup>1</sup> Available at [hpa.org.nz](http://hpa.org.nz)



www.whataboutyou.co.nz



Tauranga Community Action Project



www.whataboutyou.co.nz



Tauranga Community Action Project

## Policy and advice

HPA contributed to major policy development during 2016/17, including a submission on the Land Transport Amendment Bill that addressed alcohol interlocks for drink-driving offenders, and participating in the development of the Health of Older People Strategy.

We continued to make submissions to territorial authorities about local alcohol policies. HPA registered as an Interested Party in the appeal of the Auckland Council Local Alcohol Policy and submitted a brief of evidence. HPA research was also cited during the hearing.

The Government's *Taking Action on Fetal Alcohol Spectrum Disorder: 2016–2019: An action plan* was launched by Associate Minister of Health Hon Peter Dunne in August 2016. HPA was acknowledged as a key partner in this action plan, and HPA's work to build consensus around the risks of drinking during pregnancy was recognised.

## Resources and tools

Two guidelines for alcohol licensees were published online. *Planning an event where alcohol will be sold? A guide to assist licensees of entertainment venues* is a short checklist guide designed to assist licensees of entertainment venues to work with regulatory agencies when applying for a special licence for their event. *National guidance on remote sales of alcohol* is for individuals and businesses who sell alcohol remotely.

## Events

HPA worked closely with the organisers of the NRL Nines and Wellington Sevens. Advice and support were provided to Eden Park Stadium, Auckland, and Westpac Stadium, Wellington, on alcohol management planning leading up to and during both events. HPA also assisted the organisers of Wellington's Homegrown music festival in the management of alcohol for the event. All these events had no major alcohol-related incidents.

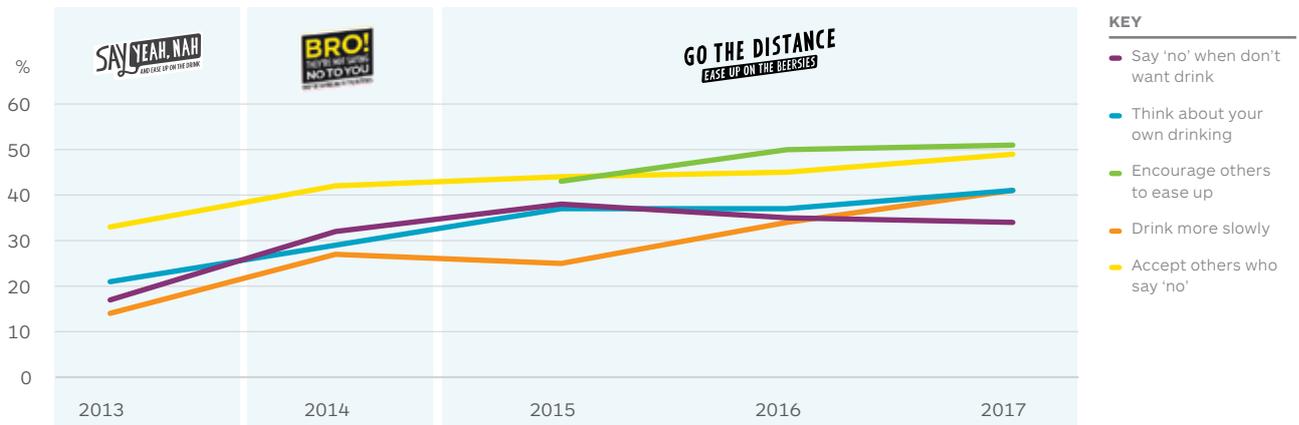
## Community partnerships

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

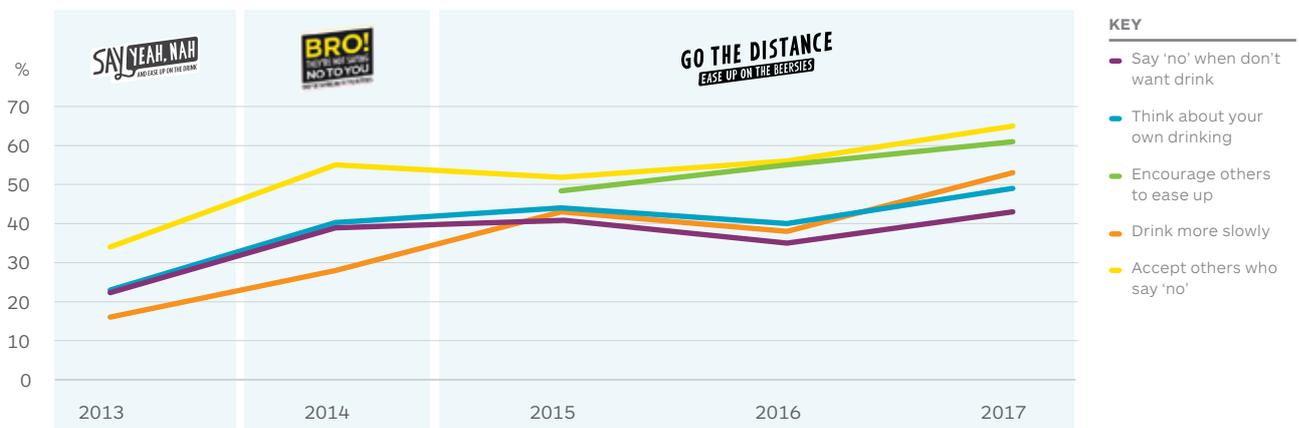
- the Tauranga Community Action Project aimed to reduce social supply of alcohol in the Bay of Plenty over a busy summer period. Tauranga Safe City developed a range of posters and messages based on growing the 'social norm' of decreasing alcohol use among under-18s
- HPA supported a very successful hui of hard-to-reach communities at Wainuiomata Marae. (The term 'hard-to-reach' is commonly used to describe individuals or groups that are difficult to contact or engage with, for many different reasons.) Attendees talked about the areas of health where more information and support would be useful
- the Good One Party Register involving Police and party organisers working together to reduce harm in Canterbury has reduced incidents relating to heavy drinking in public places and residences in Ilam and Riccarton. The possibility of extending this to other parts of the country is being explored.

## Behaviour Change

All adults 18 to 44-years-old



Māori adults 18 to 44-years-old



### Changing behaviour

Reducing alcohol-related harm is a major challenge, and our marketing activity plays an important role. Behaviour change takes time and, now in our fifth year, we can show some sustained results from our award-winning alcohol moderation campaign.

We monitor marketing activity annually to ensure we know we are being effective and we know what works. The alcohol campaign monitor asks people who have seen the campaign if they have been helped or encouraged to change their behaviour as a result. The results over the five year period show sustained improvement over 2013 baselines for all adults aged 18 to 44.<sup>2</sup>

For all adults, the numbers helped or encouraged to say 'no' when they didn't want a drink increased from 17% in 2013 to 34% in 2017.

For Māori and Pacific, the figures are even more encouraging with Māori increasing from 22% in 2013 to 43% in 2017 and Pacific increasing from 54% in 2013 to 73% in 2017.

<sup>2</sup> Drinking moderation campaign research 2017 preliminary results, TNS research.

# Our results 2016/17

## OUTPUT CLASSES 2016/17 – KEY:

-  Promoting
-  Enabling
-  Informing

### OUR ACTIVITIES

Alcohol moderation initiatives



Resources and advice are provided to individuals, communities and organisations to enable them to take action on alcohol



### PERFORMANCE MEASURES

Proportion of target audience helped or encouraged to say 'no' when they didn't want a drink is improved.

Baseline 17% in 2013.

At least 80% of stakeholders who have used the resources or received advice indicate satisfaction with the resources or advice.

### OUR RESULTS

#### Achieved

34% of target audience helped or encouraged to say 'no' in 2017 (17% in 2013).

Māori 43% in 2017 (22% in 2013).

Pacific 73% in 2017 (54% in 2013).

#### Achieved

97% were satisfied or very satisfied (top two categories of a five-point scale) with the resources or advice (95% in 2016).

# Mental Health

HPA has an important role in minimising the impact of mental illness and distress on the wellbeing of New Zealanders, and enhancing social inclusion opportunities for people with experience of mental distress.<sup>3</sup> HPA is responsible for the development and delivery of the National Depression Initiative (NDI) and the Like Minds, Like Mine programme.

## HPA focus 2016/17

### National Depression Initiative

The NDI consists of two online support resources – depression.org.nz for adults and thelowdown.co.nz for 12 to 19-year-olds.

A major refresh of depression.org.nz was largely completed in July 2016 to take a wider view of mental health issues to include anxiety as well as depression. The expanded site is responsive to the needs of different groups, especially Māori, Pasifika, deaf people, LGBTI people, men and rural people.

It includes steps for getting well, information about staying well, places to go for help, advice for people who are supporting others, and new videos of people sharing their stories to inspire others. In addition, the website has an online self-help tool, The Journal, fronted by Sir John Kirwan.

The Journal going mobile project was completed in November 2016 with The Journal now available across multiple devices (mobile and tablet), thus increasing accessibility and providing access to users wherever they are. HPA worked with Homecare Medical on this project.

Information and support is available to users. The depression website is supported by a free confidential 24/7 helpline (0800 111 757) and txt 4202 as part of the National Telehealth Service (operated by Homecare Medical).

Depression.org.nz and the Depression Helpline were promoted from October to December 2016. A television and digital campaign featuring Sir John Kirwan promoting the self-test on the website screened in November and December 2016, and in April and June 2017.

### The Lowdown

The Lowdown website was updated in late-2015 and now offers information and tools for handling life issues, stress, depression and anxiety with videos of young people sharing their stories of recovery.

For users of The Lowdown, the service also responds to texts (text 5626) and emails, and moderates the Lowdown forum – a safe, anonymous space where teens can ask questions, share stories and experiences, and provide peer-to-peer support to others going through similar challenges.

The Lowdown Facebook page continued to be an effective channel. We engage with young people on the serious topics of anxiety and depression through the vehicle of humour, with 930,000 post engagements in 2016/17.

### Like Minds, Like Mine

Like Minds, Like Mine is a public awareness programme to end discrimination and increase social inclusion for people with experience of mental distress.

### Community Partnership Fund projects

Sixteen diverse community projects have been delivered since 2015 under the Like Minds, Like Mine Community Partnership Fund.

<sup>3</sup> The term 'mental distress' is used in this report in place of 'mental illness and distress'.



Sir John Kirwan



depression.org.nz

**Tangata Atumotu Trust, Christchurch, Penina o le Pasifika**

This project focuses on reducing stigma and discrimination within the mental health, health, government and employment sectors, with a focus on Pasifika people. Channels for the messages included the development of radio content, online media, community events and workshops to increase social inclusion in Canterbury. Tangata Atumotu Trust created a bilingual Samoan radio drama, which focuses on a Samoan family whose son is experiencing depression. The drama featured on Plains FM and is currently being adapted to film. School workshop participants are producing a music video for an original song that promotes positive mental health messages through the lens of Pacific youth.

**Mental Health Foundation, Auckland, Open Minds**

This project produced and promoted a series of online videos and resources illustrating critical factors to enable sustained employment for people with lived experience of mental distress.

The Open Minds videos and electronic resources provide managers with practical tips to help with conversations about mental distress in the workplace.<sup>4</sup>

**Te Tai Whenua o Heretaunga, Hastings, Te Pae Mahutonga**

This project focuses on young Māori and Pacific peoples with lived experience of mental distress being supported by partners in health, mental health, media and education. It aims to increase mental health literacy and social inclusion in school, workplace and marae settings. Central to this project, the Tū Ake Youth Academy was developed to bring together rangatahi from ages 15 to 24 in Heretaunga (Hastings) and Ahuriri (Napier). The academy's main focus is to develop stories and skills to help rangatahi to pursue their full potential. The goal of Tū Ake Youth Academy is to use rangatahi stories of resilience to help other rangatahi.

HPA, in partnership with the Ministry of Health, is reshaping the Like Minds, Like Mine partnership fund, to take effect in the 2017/18 year, to improve the reach and impact of the programme.

<sup>4</sup> Available at: <https://www.mentalhealth.org.nz/home/our-work/category/40/open-minds>

**NEW ZEALAND SIGN LANGUAGE ON DEPRESSION.ORG.NZ**

New Zealand Sign Language (NZSL) is an official language of New Zealand, recognising those New Zealanders whose first language is NZSL. Deaf people and those with hearing impairments have a higher prevalence of mental distress compared with the general population, so it was an objective of the depression.org.nz refresh project to improve the accessibility and relevance of the information for this community. NZSL video translations are provided for all content pages and videos on depression.org.nz, as well as for the depression and anxiety self-tests, providing a highly accessible experience for deaf users.



# Our results 2016/17

**OUTPUT CLASSES 2016/17 – KEY:**

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

OUR ACTIVITIES	PERFORMANCE MEASURE	OUR RESULTS
<p>National media campaigns and supporting initiatives promote awareness and the use of websites</p> <p><b>P</b></p>	<p>At least 80% of visitors to depression.org.nz or thelowdown.co.nz agree they found the website useful.</p>	<p><b>Achieved</b></p> <p>91% of the 6,336 New Zealand users surveyed from January to June 2017 found the website useful.</p> <p>The number of New Zealand unique users of depression.org.nz increased from 284,168 in 2015/16 to 307,920 in 2016/17.</p>
<p>Education and contact-based interventions are delivered to target audiences by Community Partnership Fund providers</p> <p><b>E</b></p>	<p>Community partnerships are monitored through six-monthly reporting to HPA to ensure outcomes align with the Like Minds, Like Mine National Plan 2014.</p>	<p><b>Achieved</b></p> <p>Sixteen community projects funded and monitored (16 in 2015/16).</p>

# Tobacco Control

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

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

## HPA focus 2016/17

### Working in communities

HPA has supported a number of community initiatives, including working closely with the Tipu Ora Stop Smoking Service in Rotorua. Three focus groups were held in late February 2017 with wāhine Māori (Māori women), most of whom smoked, including one group of hapū māmā (pregnant mums). The findings from this work will help HPA gain a greater understanding of the significant issue of smoking among wāhine Māori, and contribute to tobacco control activities relevant to this population, their whānau and supporters. It will also assist Tipu Ora in informing the development of initiatives that result in more wāhine Māori in the Lakes DHB region accessing their Stop Smoking Service, quitting (both assisted and unassisted), and having a smokefree lifestyle.

HPA also supported He Puna Hauora Inc with an innovative project Mokopuna Ora: Engaging hapū māmā and their whānau in healthy smokefree lifestyles in the MidCentral DHB region.

The project sought to engage with hapū māmā and their whānau in a low-decile area with high Māori and Pacific populations. Hapū māmā and their whānau were introduced to a range of health promotion messages through participating in relevant Māori cultural practices such as karakia, making ipu whenua (a biodegradable container for the placenta), weaving and making muka ties (flax ties for the umbilical cord).

### Smokefree Rockquest and Smokefree Pacifica Beats

HPA continued its sponsorship of Smokefree Pacifica Beats and Smokefree Rockquest for the 27th year. During 2016/17 HPA worked with Rockquest Promotions to continue to build a strategy focused on increasing the participation of Māori and Pacific students in the competitions. This followed the success of the Northland band, Alien Weaponry, who won both 2016 competitions with a thrash metal song in Te Reo Māori. There was a 32% increase in the number of Māori students entering the 2017 competition and a 16% increase in Pacific entries.



Alien Weaponry perform at Smokefree Pacifica Beats



2017 Street Dance New Zealand competition



The Warehouse Group wellbeing programme

### Street Dance New Zealand

HPA supported the 2017 Street Dance New Zealand championship. This competition is run across regions and culminates in a national competition. HPA's sponsorship enabled free open session workshops alongside the regional competitions, drawing a wide attendance. Recognised leaders in the street dance community became smokefree ambassadors, and worked with HPA to create a range of social media messages for Facebook. Smokefree messaging featured at each of the events.

### Working with partners

2016/17 marked the implementation of the new National Tobacco Integration Network, part of the Ministry of Health's work to realign the tobacco sector. HPA has an active role at both national and local level, alongside key partners in advocacy, training, cessation and leadership, to respond better to the needs of people who smoke.

HPA held a series of nationwide smokefree seminars in 2016/17, to support the smokefree sector. There were 178 attendees. Participants heard from a range of speakers and some presentations are available on the Smokefree website. Ninety-three percent of respondents strongly agreed, or agreed, that they learnt about new projects or initiatives that will be useful in their work.

HPA was approached in 2016/17 by The Warehouse Group (TWG), to assist them in an extension of their employee wellbeing programme by reviewing their smokefree policy. TWG represents 250 stores and more than 12,000 employees. HPA worked closely with TWG to champion smokefree, acting as a broker between TWG and the regional stop smoking services and Quitline, so that employees were immediately supported in the run-up to the launch of their new smokefree policy.

HPA was commissioned by the Ministry of Health to support them in the designs of standardised packaging of tobacco products. Standardised packaging comes into force in New Zealand on 14 March 2018, and will follow the Australian model, with modifications and enhancements for the New Zealand market. A new set of graphic images and warning messages will also feature on the tobacco products.

### World Smokefree Day

HPA facilitated resources for World Smokefree Day (31 May), so that local groups across New Zealand could lead events and promotions in their communities. This year there was a significant focus on providing digital resources to allow broader reach and engagement with people via social media channels.

# Our results 2016/17

## OUTPUT CLASSES 2016/17 – KEY:

**P** Promoting

**E** Enabling

**I** Informing

### OUR ACTIVITIES

Implement an approach to engage with young adults in at least one priority population

**P**

Provision of sector support

**E**

### PERFORMANCE MEASURES

Develop a new approach for the Stop Before You Start campaign to effectively engage with young adults in at least one priority population by 31 December 2016.

Implementation commenced by 1 April 2017.

The proportion of stakeholders who have received support indicating satisfaction with the support is maintained.

### OUR RESULTS

#### Achieved

An approach targeting Pacific young people was developed and implemented by 1 April 2017.

#### Achieved

88% of stakeholders were very satisfied or satisfied (top two categories of a five-point scale).

Result of a similar measure in 2014/15 was 85%. Not measured in 2015/16.

# Minimising Gambling Harm

HPA raises awareness of the early signs of harmful gambling and motivates at-risk gamblers to check whether their gambling is okay. Those who find they are at risk are encouraged to seek help and take positive action early, both for themselves and for others they care about.

HPA works to influence host responsibility in gambling environments so that harmful gambling behaviour is identified earlier and gambling harm is minimised. Because harmful gambling impacts society in a number of ways, many sectors, agencies and groups have an interest and role to play in minimising gambling harm. HPA plays a key role in enabling collaboration and partnerships with these stakeholders.

## HPA focus 2016/17

### Choice Not Chance

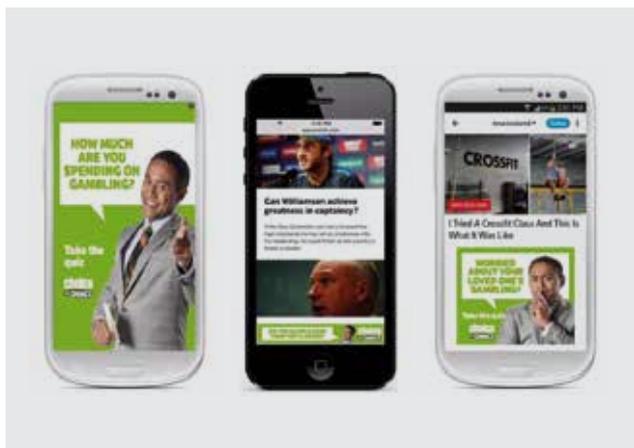
The Choice Not Chance campaign targets people who may be at risk of gambling harm. The campaign ran from October to December 2016. It highlighted the early signs of gambling harm and encouraged people to check whether their gambling is still just for fun. The campaign included television, online and radio advertising, social media activity, and information around gambling venues.

The 2016/17 year saw a lift in the number of people checking their gambling on [choicenotchance.org.nz](http://choicenotchance.org.nz) – 10,572 people discovered they were at-risk in 2016/17 compared with the baseline of 7,179 people in 2015/16, an increase of 47%.

### Gambling Harm Awareness Week

Gamblefree Day was relaunched as Gambling Harm Awareness Week in 2016/17. Activities included:

- Whānau Time social media promotion – the theme for Gambling Harm Awareness Week was Whānau Time: Time together can beat gambling harm. The Whānau Time promotion reached 1.4 million people on Facebook and engaged 168,000 people (likes, comments and shares). Around 830 families took up the challenge by uploading photos and comments about activities they had taken part in community events – around 20 minimising gambling harm services nationwide ran events in their communities, supported with resources by HPA
- HPA partnered with Lotto NZ to promote gambling harm awareness messages. Throughout the week Lotto customers were asked “are you still playing Lotto just for fun?” Digital signage was displayed in Lotto retail outlets and MyLotto customers were sent an email prompting them to take the website quiz.



Choice Not Chance mobile targeting messages



Gamble Host initiative

### 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, moreover, to create safer environments for their customers.

Following the development of the Gamble Host pack in 2015/16, HPA worked with the Department of Internal Affairs and the Ministry of Health to co-design best practice training for pokie trusts

and venue staff. The training was rolled out nationwide with workshops in June 2017. The training package includes a facilitator handbook and materials, video interviews with reformed gamblers and cue cards to prompt conversations between staff and customers. It also contains a toolkit and certificate of completion for each trainee to take away with them. Staff are provided with indicators of harm to look out for in their venue, as well as best practice guidelines on how to respond and prevent further harm from occurring.

These resources are also available on the Choice Not Chance website.

### TARGETING OUR MESSAGE

Choice Not Chance trialed technology that uses location-enabled services to reach people on their mobiles while at SKYCITY Casino Auckland, Christchurch Casinos, and 170 Class 4 pokie venues. People who checked news stories on their mobile while at the venues were provided with timely harm minimisation messages.

# Our results 2016/17

**OUTPUT CLASSES 2016/17 – KEY:**

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

**OUR ACTIVITIES**

Promoting host responsibility



**PERFORMANCE MEASURE**

At least 80% of stakeholders indicate satisfaction with the Gamble Host training materials.

**OUR RESULTS**

**Achieved**

94% of respondents agreed or fully agreed (top two categories of a five-point scale) that the training and resources were useful.

# Health Education Resources

The Health Education Resources catalogue (HealthEd) is New Zealand’s largest collection of prevention-focused public health information, and is available for health professionals and the public to access free of charge.

The HealthEd website (healthed.govt.nz) features more than 500 health resources covering 44 topic areas in a range of formats to support New Zealanders to make informed health decisions.

## HPA focus 2016/17

Key areas of focus for the year have included:

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



**556**  
resources in the  
HealthEd catalogue



**531,480**  
healthed.govt.nz  
website visits



**2,525,015**  
resource units  
shipped

### TOP THREE ORDERS

	<p><b>BreastScreen Aotearoa pamphlet</b> 356,220 ordered 14% of items shipped</p>
	<p><b>Immunise your child on time</b> 113,802 ordered 5% of items shipped</p>
	<p><b>Nicotine Replacement Therapy exchange cards for providers</b> 103,000 ordered 4% of items shipped</p>

### TOP THREE VIEWS

	<p><b>BCG Vaccine: Information for parents</b> 4,783 views</p>
	<p><b>Spiders in New Zealand</b> 38,283 views</p>
	<p><b>Being Safer Sexually</b> 23,046 views</p>

### TOP THREE DOWNLOADS

	<p><b>Infectious diseases</b> 3,216 downloads</p>
	<p><b>Eating for healthy pregnant women</b> 1,881 downloads</p>
	<p><b>Childhood immunisation</b> 1,880 downloads</p>

# Immunisation

The Ministry of Health sets annual health targets for immunisation and HPA provides support with marketing and communications.

## HPA focus 2016/17

The immunisation baseline campaign ran from 1 August 2016 to 30 June 2017 using search advertising and video promotion on social channels such as YouTube and Facebook. This campaign provided a year-round presence of immunisation promotion. Overall, the campaign delivered nearly 60,000 visits to the Ministry of Health website. In June 2017 a new component was integrated into the baseline campaign with contextual advertising across media and news channels.

To support the baseline campaign, five new videos were produced to drive immunisation awareness and encourage positive immunisation discussions. There are four video advertisements promoting the benefits of immunisation and one information video. The advertisements were promoted across online channels and the informational videos feature on the Ministry of Health website.

The advertisements were promoted in paid media, through health partners and Ministry of Health channels and are available for DHBs to use. The videos generated nearly 32,000 visits to the Ministry of Health website and YouTube channel, and have been viewed in their entirety nearly 140,000 times over the duration of the campaign.

HPA supported the sector for 2017 National Immunisation Week (1 to 7 May 2017) with advertising and communications. The theme of the week was 'Ensuring teenagers and older children are immunised'. HPA developed a resource kit to support regional promotions, which included a range of digital assets.



'Why Immunise?' video series



Immunise on time, every time video

# Our results 2016/17

**OUTPUT CLASSES 2016/17 – KEY:**

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

**OUR ACTIVITIES**

Immunisation tools and resources



**PERFORMANCE MEASURES**

Develop tools and resources as agreed with the Ministry of Health in the Statement of Work for Immunisation 2016/17.

**OUR RESULTS**

**Achieved**

HPA provided communications and marketing support. Tools and resources included five new videos and a resource kit.

# Nutrition and Physical Activity

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

## HPA focus 2016/17

### Big Change Starts Small

This approach builds on work to date by suggesting easy, affordable changes families can make by reducing the quantity and improving the quality of food, and by being more active. The campaign was live from May to June 2017. Commercials played on national television for three weeks and were supported by radio and print advertising, online banners and social media.

### Partnerships

HPA has partnered with the Heart Foundation to undertake a project working with two large Pacific churches in Auckland to influence the quantity and quality of foods in family meals.

HPA is working with Vegetables.co.nz to help families include more vegetables in their diet. *Vegetables made easy* resources were produced about using carrots and kumara, with flyers showing how to buy, store and prepare the vegetables, including an easy recipe.



## Resources

The following resources supporting the Ministry of Health's *Eating and Activity Guidelines* were published and distributed:

- *Got time to move? Easy ways to be more active.* This poster shows easy physical activity ideas to do as a family or by yourself with the time you have available.
- *Easy healthy changes* – poster and 10 digital animations. All are a visual representation of a table in the *Eating and Activity Guidelines*.
- *Good Food* resources – four posters and 10 digital animations. All show easy, fast and healthy family meal ideas that link people to a recipe on the My Family website (myfamily.kiwi).
- *What to look for on a food label* – a teaching toolkit providing information on reading New Zealand food labels. It includes suggested teaching points and two exemplar labels to help compare similar products (making use of the Health Star Rating).



# Our results 2016/17

**OUTPUT CLASSES 2016/17 – KEY:**

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

**OUR ACTIVITIES**

Support eating and activity guidelines

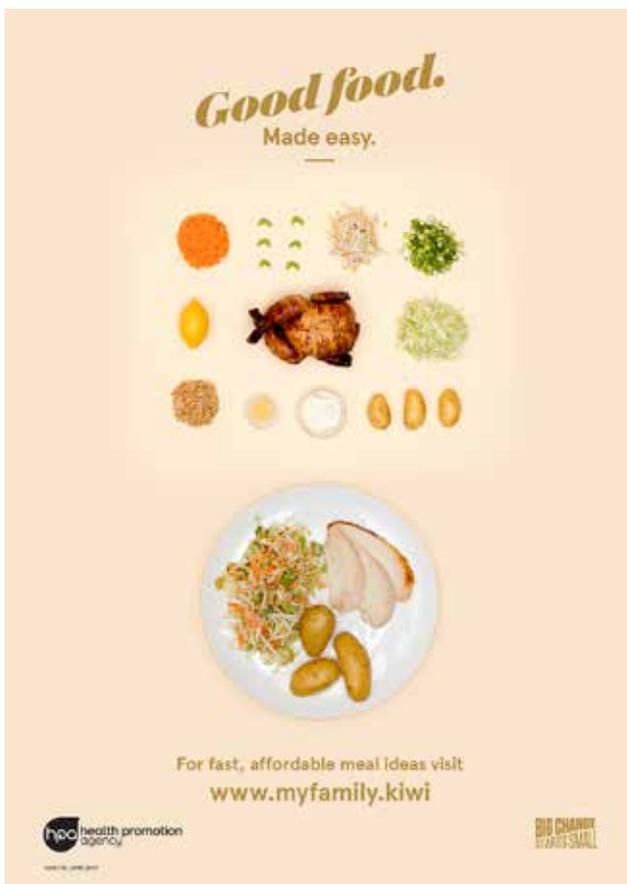
**E**

**PERFORMANCE MEASURES**

At least two resources produced and distributed supporting the Ministry of Health's *Eating and Activity Guidelines* and aligning with government priorities including prevention of childhood obesity.

**OUR RESULTS**

**Achieved**  
Seven resources developed including six posters and a teaching toolkit.



# Skin Cancer Prevention

Skin cancer is common in New Zealand which currently has the highest rates of melanoma in the world.

To encourage more SunSmart behaviours, HPA works with the public, sports and recreation organisations, health professionals, territorial authorities and key sector organisations including the Cancer Society of New Zealand, the Melanoma Network of New Zealand Incorporated (MelNet) and Melanoma New Zealand.

The *New Zealand Skin Cancer Primary Prevention and Early Detection Strategy 2017–2022* was released in March 2017. The strategy development was led by HPA in partnership with MelNet, Cancer Society of New Zealand, Ministry of Health, Melanoma New Zealand and the University of Otago.

This strategy identifies five intervention pathways for reducing the incidence and impact of skin cancer, one intervention being prevention. HPA partnered with Melanoma New Zealand to develop a skin cancer early detection campaign around their existing 'Spot it. Stop it. Live on.' message targeting males over 50-years-old. The campaign ran over the summer from the end of January to the end of March 2017, and was present at all of the Black Caps games. The campaign was promoted around cricket stadiums in New Zealand using a combination of bathroom mirror decals, venue advertisements and fence boards. The campaign also included advertising on radio, digital and social media.



SKIN CANCER PREVENTION:

# Our results 2016/17

**OUTPUT CLASSES 2016/17 – KEY:**

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

**OUR ACTIVITIES**

Skin cancer prevention activities



**PERFORMANCE MEASURES**

Deliver at least one tool and/or resource for primary health care professionals by 30 June 2017.

**OUR RESULTS**

**Achieved**

A skin cancer detection/prevention training module was developed in partnership with the NZ Nurses Organisation. The resource was published on sunsmart.org.nz on 16 February 2017.

# Research and Evaluation

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

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

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

- The Health and Lifestyles Survey (HLS) is a nationwide face-to-face monitor of the health behaviour and attitudes of New Zealand adults aged 15 years and over, and of parents and caregivers of 5 to 16-year-olds. The HLS collects information relating to a range of health topics and has been conducted every two years since 2008.
- The Attitudes and Behaviour toward Alcohol Survey (ABAS) is about New Zealanders' attitudes, views and experiences regarding alcohol. This survey was carried out every year between November and February from 2009 to 2016. The survey focuses on behaviour related to the previous month, last drinking occasion, and a range of attitudes/opinions towards alcohol.
- The New Zealand Smoking Monitor (NZSM) is a continuous monitor providing information on smokers' and recent quitters' smoking-related knowledge, attitudes and behaviour.
- The New Zealand Youth Tobacco Monitor (NZYTM) provides information about adolescents' smoking-related knowledge, attitudes and behaviour, and monitors the broad spectrum of risk and protective factors that relate to smoking uptake among young people. The NZYTM comprises the

ASH Year 10 Snapshot (annual, with approximately 30,000 respondents) and HPA's Youth Insights Survey (biennial, with approximately 3,000 respondents). HPA manages the NZYTM as a whole, provides ASH with the Snapshot data, and does analysis and dissemination of the YIS.

- The New Zealand Mental Health Monitor collects information about the wellbeing and mental health of New Zealanders aged 15 years and older. This face-to-face survey collects information about depression, anxiety, discrimination against those who have experienced mental distress, and measures of social connectedness. It was first conducted in 2015 and repeated in 2016. The next survey is planned to be in the field in 2018.

Research and evaluation work completed by HPA between 1 July 2016 and 30 June 2017 includes the publication of <sup>5</sup>:

- four reports using data and information from the Sun Exposure Survey as well as its methodology and questionnaire
- five reports using information from the ABAS
- *Supply of alcohol to young people aged under 18 years* (a publication derived from multiple surveys by HPA or others involving alcohol)
- final reports from two Research Investment Priorities in Alcohol (RIPA) projects
- preliminary analysis on the 2016 HLS e-cigarette questions
- 2016 Health Star Rating monitoring and evaluation.

<sup>5</sup> All reports available at [hpa.org.nz](http://hpa.org.nz)

# Our results 2016/17

## OUTPUT CLASSES 2016/17 – KEY:

**P** Promoting

**E** Enabling

**I** Informing

### OUR ACTIVITIES

### PERFORMANCE MEASURES

### OUR RESULTS

#### Health and Lifestyles Survey



The 2016/17 Health and Lifestyles Survey fieldwork is completed by 30 September 2016 (approximately 3,500 respondents) and analysis commenced by 31 October 2016. Preliminary data available by 1 December 2016.

Fieldwork completed by 7 December 2016 (3,854 respondents). Analysis commenced February 2017. Preliminary report delivered to the Ministry of Health February 2017. Preliminary e-cigarette data available by 7 April 2017.

#### Attitudes and Behaviour towards Alcohol Survey



At least five papers/fact sheets will be produced using data from 2015/16 Attitudes and Behaviour towards Alcohol Survey.

#### Achieved

Five reports/fact sheets published on HPA websites (including one in *AlcoholNZ* magazine on alcohol.org.nz) by 30 June 2017.

#### Mental Health Monitor



Mental Health monitor fieldwork is completed by November 2016 and analysis commenced by June 2017.

#### Achieved

Fieldwork for 2016 Mental Health Monitor completed by 13 September 2016. Analysis commenced in June 2017.

#### New Zealand Youth Tobacco Monitor



Data collection for the 2016 Youth Insights Survey is completed (approximately 3,000 respondents) by June 2017.

#### Achieved

Data collection for the 2016 Youth Insights Survey completed in July 2016 (2,976 respondents).

Data collection for the 2016 Year 10 Snapshot is completed (approximately 30,000 respondents) by June 2017.

#### Achieved

2016 Year 10 Snapshot data collection completed July 2016 (29,275 respondents).

# Additional Projects– Non-baseline Funding

As well as activities in the work programme that are included in HPA's Statement of Performance Expectations for 2016/17 and agreed in the Output agreement, HPA also agrees additional projects with the Ministry of Health throughout the year.

The following pages outline the additional projects completed during 2016/17.

## Fluoride

HPA worked with the Ministry of Health to ensure DHBs and the public are supported with clear, up-to-date, evidence-based information on community water fluoridation, including updated evidence and a toolkit to support their local communications.

FluorideFacts.govt.nz has been fully updated with the latest research and information, as well as some additional videos of experts talking to the evidence and benefits of community water fluoridation. Relevant pages on the Ministry of Health website were updated, and a communications toolkit was produced for DHBs.

## Rheumatic fever

The final national rheumatic fever awareness campaign ran from 2 February to 31 July 2017. This was the fourth national campaign delivered by HPA in support of the Government's Better Public Service health target, to reduce rheumatic fever hospitalisation rates by two-thirds, by June 2017. It concludes HPA's involvement with rheumatic fever. The Government has allocated funding until 2022 to the 11 DHBs with a high incidence of rheumatic fever to help them provide rheumatic fever prevention activities, such as continuing to promote rheumatic fever awareness, access to sore throat management and healthy housing.

The annual rheumatic fever awareness campaigns (2014 to 2017) aimed to create national awareness about the importance of getting sore throats checked and treated as quickly as possible to prevent rheumatic fever. They targeted parents, families and caregivers of Māori and Pacific children aged 4 to 19-years-old

living in the 11 high incidence regions. In New Zealand, rheumatic fever occurs almost exclusively in Māori and Pacific children and young people.

The campaigns included television, radio and online advertising. Artwork was developed for signage to help give visibility to the sore throat clinics established in all 11 DHBs with a high incidence of rheumatic fever and a keyboard prompt was developed for their receptionists to quickly check eligibility for free swabs. A short video was also produced to deepen understanding about how a sore throat can lead to rheumatic fever. Other work included use of social media, a sticker chart for children, updated resources, and co-design of media with Māori and Pacific communications specialists.

Existing key messages continued, although additional channels were used and messages voiced in fresh ways to get the rheumatic fever messages into identified communities. HPA worked with Pacific and iwi broadcasters to integrate messaging into their programming. Other media such as mobile billboards, bus backs, bus shelter posters, large posters and digital screens in community settings, and Facebook ([www.facebook.com/StopSoreThroats](http://www.facebook.com/StopSoreThroats)) were used to target 'rheumatic fever hotspots' within the Auckland region.

A Pacific-led social media strategy incorporating Tongan, Samoan and Māori cultural world views and values, and language-specific posts was introduced to create a safe space for the community to ask questions or comment. It used well-known personalities who identified with target and mainstream audiences, and shared their stories from the Stop Sore Throats Hurting Hearts Facebook page with their own networks, which would otherwise have been closed to HPA.

## Highlights

# Oral health

## The tooth fairy flitted across social media and television screens from November 2016 to April 2017.

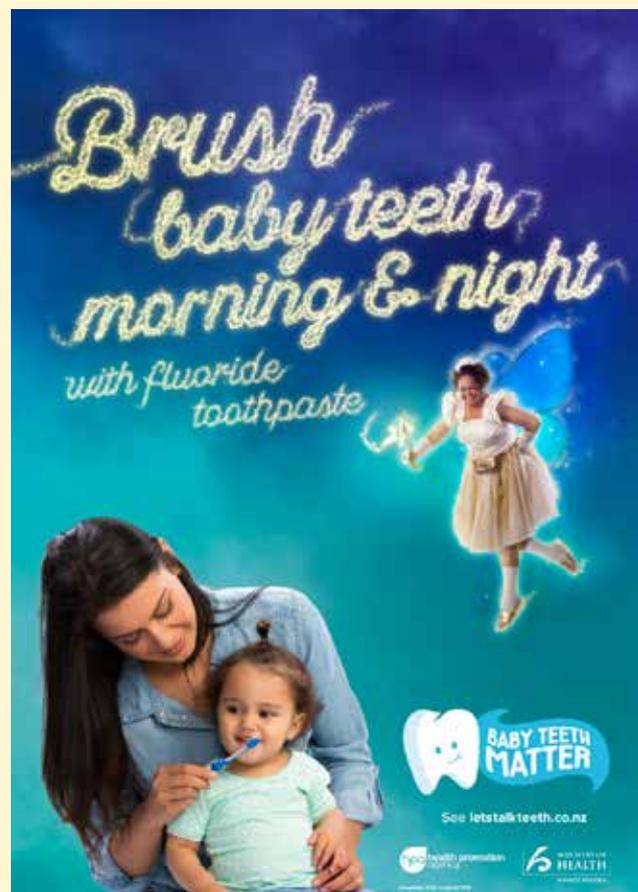
The Ministry of Health's annual survey 2015/16 shows 29,000 children aged 1 to 14-years-old had teeth extracted due to decay, abscess or infection in the past 12 months. Surprisingly, less than half of Kiwi kids have their teeth brushed twice a day with the correct strength fluoride toothpaste.<sup>6</sup>

HPA researched what New Zealand parents and caregivers know and think about oral health for children under five, what current tooth brushing practices are, and the challenges and motivators to looking after children's teeth. HPA built up a network of more than 200 stakeholders and travelled the country to hold a series of roundtable discussions. With the help of the Ministry of Health, HPA set up a sounding board of oral health clinicians and professionals. We learned that many families believe baby teeth don't matter, and that they don't understand how much support children need when brushing, or when they should start brushing.

The campaign aimed to increase twice daily tooth brushing with fluoride toothpaste for children under five. The campaign was seeded via social media. The humorous advertisement (a 45-second video) was launched on social media prior to other channels to ensure it was shared widely while the content was new. High-profile bloggers, influencers and stakeholders shared the advertisement. The advertisement was backed up with posters and other materials for use by health professionals.

HPA had rapid and direct feedback and the campaign was very popular with Kiwi parents and health professionals. There were more than 850,000 Facebook views and 20,000 likes, shares and comments. The advertisement was viewed 445,000 times online. When it was screened on television, 72% of the intended audience saw it

at least once and 55% saw it more than five times. During this part of the campaign there was an increase in traffic to the Ministry of Health's Lets talk teeth website ([letstalkteeth.co.nz](http://letstalkteeth.co.nz)) of 170% compared with the same period the previous year. In the period 22 February to 21 March 2017, there were 9,311 calls to the Talk Teeth 0800 number for enrolment and appointments with the Community Oral Health Service – 30% greater than the average monthly call volume.



6 2009 NZ Oral Health Survey.



Photo shared by Eastern Bay Primary School Alliance with permission from Te Mahoe School



Rheumatic fever campaign

HPA also worked with the Ministry for Pacific Peoples to better leverage promotional opportunities, such as linking messages with Samoan Language Week activities.

HPA hosted workshops with stakeholders from DHBs and provider groups to share strategies, coordinate activities for the final phase of the rheumatic fever campaign, and discuss plans for transitioning campaign resources and activity to DHBs.

A wide range of resources, including a number in Samoan, Tongan and te reo Māori, were produced for the rheumatic fever awareness campaigns (2014 to 2017), including online videos, radio commercials, pull-up banners, posters, sticker charts, colouring pages and more. To facilitate a smooth handover of these resources to DHBs, HPA created a webpage ([rf.hpa.org.nz](http://rf.hpa.org.nz)), where all the available campaign resource files could be viewed or downloaded. This will enable DHBs and health providers to continue to use the national campaign resources in their ongoing regional awareness raising activities.

Much of the strength of the rheumatic fever campaign can be credited to the very personal stories shared by real families. These stories are precious and HPA recognises them as taonga from the people themselves.

## HPV

The human papillomavirus (HPV) campaign went live in January 2017 and concluded in March. The HPV immunisation was extended to boys in 2017 and the campaign aimed to raise awareness, inform and motivate parents to sign and return the parent consent

form to schools. The goal was to achieve a 30% immunisation rate for boys in the first year. It was highly successful, with the uptake of HPV immunisation for boys reaching over 60% in the first year.<sup>7</sup> The eight-week campaign used a varied media mix including bus shelter posters, online, radio, and print advertisements, paid content, digital display and banner ads. HPA also produced informational videos, school newsletter inserts and consent forms, with posters for schools. Materials were provided to support the sector.

The campaign generated more than 20,000 visits to the Ministry of Health HPV webpage and, overall, the Ministry of Health website experienced a 35% increase in the number of sessions or visits compared with the previous six week period.<sup>8</sup>

## Stroke

HPA, along with the Ministry of Health and Stroke Foundation, delivered a Stroke FAST national behaviour change campaign, which commenced on 4 June 2017. The campaign's focus was on increasing the understanding of signs of stroke, and urging people to call 111 if they suspect someone is having a stroke. The campaign used a range of channels to reach a wider audience, and also to target certain audiences. These included television, online video, radio and digital advertising. It also included distribution of FAST materials to stakeholders and through health settings and regional Stroke Foundation offices. Relevant materials have been translated into Samoan, Tongan and Cook Islands Māori. The campaign received significant media coverage, especially around stroke survivor stories highlighting the FAST mnemonic.

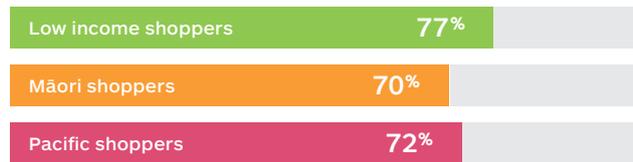
<sup>7</sup> Source: preliminary consent statistics from DHB Public Health Teams.

<sup>8</sup> Post campaign report.



### PROMPTED RECOGNITION OF HEALTH STAR RATINGS

% of shoppers that recognise the Health Star Ratings when prompted



## Childhood obesity

In response to the Minister of Health's request, HPA developed a second phase of the Big Change Starts Small campaign. This second phase moved from building awareness to taking action, aiming to motivate and support families to make informed and healthier food choices and to be more active, so children achieve and maintain a healthy weight.

The approach builds on work to date by suggesting easy, affordable changes families can make to reduce the quantity and improve the quality of food, and to be more active. The campaign was live from May to June 2017. Commercials played on national television for six weeks and were supported by radio and print advertising, online banners and social media.

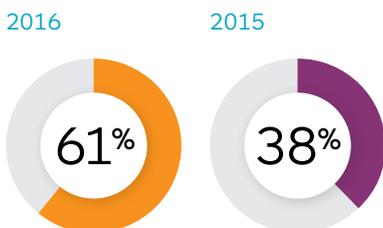
Tools and resources and online content that can be co-branded and adapted for DHBs and community organisations were developed to ensure consistent national messaging from a wide range of stakeholders.

## Health Star Ratings

Health Star Ratings (HSR) is voluntary front-of-pack labelling that aims to help consumers make healthier food choices. The consumer campaign for HSR began in March 2016 and will run until June 2018. Developed by HPA in association with the Ministry for Primary Industries and the Ministry of Health, the campaign aims to raise consumer awareness of the HSR system.

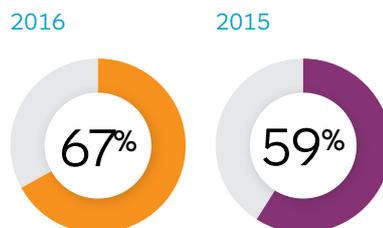
A repeat of the research to monitor consumer awareness, use and understanding of HSR (12-month follow-up) was completed in late 2016 and a draft report is being finalised. About 2,500 grocery products displayed an HSR (as at the end of 2016).<sup>9</sup>

### % SEEN OR HEARD OF HEALTH STAR RATINGS



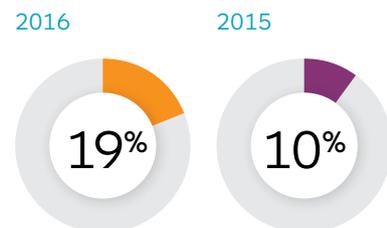
Around six in every 10 shoppers now recognise the HSR when prompted

### CORRECT USE OF HEALTH STAR RATINGS TO SELECT THE HEALTHIER OPTION



Shoppers are more likely to correctly identify the healthier option when comparing two similar products with different HSRs

### CURRENT USE OF HEALTH STAR RATINGS



Two in 10 shoppers have used the HSR to help choose a packaged food product

<sup>9</sup> Colmar Brunton (2016). *Health Star Rating Monitoring and Evaluation Year One Follow Up Research Report*. Wellington: Health Promotion Agency.

NON-BASELINE FUNDING:

# Our results 2016/17

## OUTPUT CLASSES 2016/17 – KEY:

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

### OUR ACTIVITIES

Health Star Ratings



### PERFORMANCE MEASURES

Awareness of Health Star Ratings is increased (38% in 2015).

### OUR RESULTS

#### Achieved

61% of shoppers recognised Health Star Ratings in 2016 (38% in 2015).

# Other Projects

## Quitline campaigns

Quitline marketing, developed by HPA to support Homecare Medical, ran from late-December 2016 to the end of February 2017. Using a mixture of radio, television and digital channels, the marketing approach proved very successful at driving both calls and visits to quit.org.nz. Quitline received its highest number of calls in a single week during the summer campaign, with more than 1,700 calls coming through in the second week of January. There were more than 15,000 website visits, with nearly 6,000 of these starting the registration process for the quit programme.

A new Quitline campaign went live in May 2017 and ran until the end of June 2017. Homecare Medical and HPA worked together on the campaign, which focused on reaching Pacific peoples where they live. Data-driven targeting using data from the tobacco control data repository<sup>10</sup> ensured we reached the intended audience on a street-by-street level, via mobile technology, Facebook and by mail in South and West Auckland, Porirua and Hutt Valley. High-profile Samoan comedian Tofiga Fepulea'i is the public face of the campaign. The campaign used radio, online (including social media) and print elements.

 **8,773**  
calls to  
Quitline

 **5,927**  
started online registrations

 **5,300,000**  
online impressions

 **23,600**   **15,955**  
online campaign clicks sessions onsite

 **69.1%**  
of target audience reached  
once via television

 **51.6%**  
of target audience reached  
at least three times via television



<sup>10</sup> See tcdata.org.nz

## Highlights

# Recognition of HPA's work

In October 2016 HPA was awarded a silver Effie (an award for marketing effectiveness) for the sustained success of the Say Yeah, Nah campaign.

HPA's rheumatic fever campaign won the public sector category in the TVNZ Marketing Awards for the second consecutive year. It was also a finalist in three other categories (Judges' Choice – Sustainability, Judges' Choice – Marketing Leadership, Judges' Choice – Insight).

HPA's radio advertisement Notice the Change, part of the melanoma early detection campaign targeting men aged 50 plus, was awarded the best radio advertisement of the week worldwide by Best Ads. Best Ads is a global advertising industry website showcasing the world's best advertisements in all mediums.

HPA's online training tool for frontline sellers and servers of alcohol, ServeWise, won Gold at the LearnX Impact Awards for Best Game Design. The LearnX Foundation's international awards programme recognises projects and solutions that deliver best practices and business value. To date, approximately 6000 servers or sellers of alcohol have successfully completed the ServeWise course.



Rheumatic fever bus advertisement



ServeWise online training tool

# Organisational Health and Capability

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

## Recruitment, selection and induction

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

HPA advertises vacancies widely (internally and externally) to ensure it employs a workforce that is high calibre and increasingly diverse. All new staff undergo a formal induction process, which is constantly reviewed.

## Employee development, promotion and exit

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

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

Exit interviews are offered to all departing staff.

## Flexibility and work design

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

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

## Remuneration, recognition and conditions

Remuneration is reviewed annually in conjunction with performance reviews.

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

## Harassment and bullying prevention

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

## Safe and healthy environment

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

## Staff profile

HPA employs 87.4 full-time equivalent staff located in Wellington, Auckland and Christchurch.

	2016/17 %
Female	76
Male	24
Māori	9
Pacific	5
Asian	9
New Zealand European	66
Other ethnicity	10
Not declared	1
Under 30-years-old	10
30-39	21
40-49	35
50-59	26
60+	8
People with disabilities (injury, illness or disability)	3

## Procurement

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

# Statement of Responsibility

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

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

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

In our opinion, these financial statements and statement of performance fairly reflect the financial position and operations of the Health Promotion Agency for the year ended 30 June 2017.



**Dr Lee Mathias**  
Chairman  
Health Promotion Agency  
31 October 2017



**Dr Monique Faleafa**  
Deputy Chairman  
Health Promotion Agency  
31 October 2017

# Independent Auditor's Report

## To the readers of Health Promotion Agency's financial statements and performance information for the year ended 30 June 2017

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

### Opinion

We have audited:

- the financial statements of the Agency on pages 54 to 76, that comprise the statement of financial position as at 30 June 2017, the statement of comprehensive revenue and expenditure, statement of changes in equity and statement of cash flows for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information; and
- The performance information of the Agency on pages 44 to 52.

In our opinion,

- the financial statements of the Agency on pages 54 to 76:
  - present fairly, in all material respects:
    - › its financial position as at 30 June 2017; and
    - › its financial performance and cash flows for the year ended on that date.
  - comply with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Reporting Standards.
- the performance information on pages 44 to 52:
  - presents fairly, in all material respects, the Agency's performance for the year ended 30 June 2017, 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.
- complies with generally accepted accounting practice in New Zealand.

Our audit was completed on 31 October 2017.

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 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 opinion.

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

The Board is responsible on behalf of the Agency for preparing financial statements and performance information that is fairly presented and that complies 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 is free from material misstatement, whether due to fraud or error.

In preparing the financial statements and 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 cease operations, or there is no realistic alternative but to do so.

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

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

Our objectives are to obtain reasonable assurance about whether the financial statements and 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 the financial statements and performance information.

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

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

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 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 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 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 performance information, including the disclosures, and whether the financial statements and 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 responsibility arises from section 17 of 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 39, but does not include the financial statements or performance information, and our auditor's report thereon.

Our opinion on the financial statements and 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 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 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 the audit, we have no relationship with, or interests in, the Agency.



**Kelly Rushton**  
**Audit New Zealand**

On behalf of the Auditor-General  
Wellington, New Zealand

# Statement of Performance 2016/17

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

## Output Class One Promoting health and wellbeing

### EDUCATION, MARKETING AND COMMUNICATIONS

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

ACTIVITY	PERFORMANCE MEASURES	RESULTS
<b>Alcohol</b>		
Alcohol moderation initiatives	<p>1.1 Proportion of target audience helped or encouraged to say 'no' when they didn't want a drink is improved.</p> <p>Baseline 17% in 2013.</p>	<p><b>Achieved</b></p> <p>34% of target audience helped or encouraged to say 'no' in 2017 (17% in 2013).</p> <p>Māori 43% in 2017 (22% in 2013).</p> <p>Pacific 73% in 2017 (54% in 2013).</p>
<b>Mental Health</b>		
National media campaigns and supporting initiatives promote awareness and the use of websites	<p>1.2 At least 80% of visitors to depression.org.nz or thelowdown.co.nz agree they found the website useful.</p>	<p><b>Achieved</b></p> <p>91% of the 6,336 New Zealand users surveyed from January to June 2017 found the website useful.</p> <p>The number of New Zealand unique users of depression.org.nz increased from 284,168 in 2015/16 to 307,920 in 2016/17.</p>
<b>Tobacco Control</b>		
Implement an approach to engage with young adults in at least one priority population	<p>1.3 Develop a new approach for the Stop Before You Start campaign to effectively engage with young adults in at least one priority population by 31 December 2016.</p> <p>Implementation commenced by 1 April 2017.</p>	<p><b>Achieved</b></p> <p>An approach targeting Pacific young adults was developed and implemented by 1 April 2017.</p>

	ACTUAL \$000	BUDGET \$000		ACTUAL \$000	BUDGET \$000		ACTUAL \$000	BUDGET \$000
Revenue	18,022	14,815	Expenditure	20,727	14,815	Surplus/(deficit)	(2,705)	-

## Output Class Two

### Enabling health promoting initiatives and environments

#### ADVICE, RESOURCES AND TOOLS

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

ACTIVITY	PERFORMANCE MEASURES	RESULTS
<b>Alcohol</b>		
Resources and advice are provided to individuals, communities and organisations to enable them to take action on alcohol	2.1 At least 80% of stakeholders who have used the resources or received advice indicate satisfaction with the resources or advice.	<b>Achieved</b> 97% were satisfied or very satisfied (top two categories of a five-point scale) with the resources or advice (95% in 2016).
<b>Mental Health</b>		
Education and contact-based interventions are delivered to target audiences by Community Partnership Fund providers	2.2 Community partnerships are monitored through six-monthly reporting to HPA to ensure outcomes align with the Like Minds, Like Mine National Plan 2014.	<b>Achieved</b> Sixteen community projects funded and monitored (16 in 2015/16).
<b>Tobacco Control</b>		
Provision of sector support	2.3 The proportion of stakeholders who have received support indicating satisfaction with the support is maintained.	<b>Achieved</b> 88% of stakeholders were very satisfied or satisfied (top two categories of a five-point scale). Result of a similar measure in 2014/15 was 85%. Not measured in 2015/16.
<b>Minimising Gambling Harm</b>		
Promoting host responsibility	2.4 At least 80% of stakeholders indicate satisfaction with the Gamble Host training materials.	<b>Achieved</b> 94% of respondents agreed or fully agreed (top two categories of a five-point scale) that the training and resources were useful.

ACTIVITY	PERFORMANCE MEASURES	RESULTS
<b>Skin Cancer Prevention</b>		
Skin cancer prevention activities	2.5 Deliver at least one tool and/or resource for primary health care professionals by 30 June 2017.	<b>Achieved</b> A skin cancer detection/prevention training module was developed in partnership with the NZ Nurses' Organisation. The resource was published on sunsmart.org.nz on 16 February 2017.
<b>Immunisation</b>		
Immunisation tools and resources	2.6 Develop tools and resources as agreed with the Ministry of Health in the Statement of Work for Immunisation 2016/17.	<b>Achieved</b> HPA provided communications and marketing support. Tools and resources included five new videos and a resource kit.
<b>Nutrition and Physical Activity</b>		
Support eating and activity guidelines	2.7 At least two resources produced and distributed supporting the Ministry of Health's Eating and Activity Guidelines and aligning with government priorities including prevention of childhood obesity.	<b>Achieved</b> Seven resources developed including six posters and a teaching toolkit.

	ACTUAL \$000	BUDGET \$000		ACTUAL \$000	BUDGET \$000		ACTUAL \$000	BUDGET \$000
Revenue	11,465	9,628	Expenditure	9,407	9,628	Surplus/(deficit)	2,058	-

## Output Class Three

### Informing health promoting policy and practice

#### POLICY ADVICE AND RESEARCH

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

ACTIVITY	PERFORMANCE MEASURES	RESULTS
<b>Research and Evaluation</b>		
Health and Lifestyles Survey	3.1 The 2016/17 Health and Lifestyles Survey fieldwork is completed by 30 September 2016 (approximately 3,500 respondents) and analysis commenced by 31 October 2016. Preliminary data available by 1 December 2016.	Fieldwork completed by 7 December 2016 (3,854 respondents). Analysis commenced February 2017. Preliminary report delivered to the Ministry of Health February 2017. Preliminary e-cigarette data available by 7 April 2017.
Attitudes and Behaviour towards Alcohol Survey	3.2 At least five papers/fact sheets will be produced using data from 2015/16 Attitudes and Behaviour towards Alcohol Survey.	<b>Achieved</b> Five reports/fact sheets published on HPA websites (including one in <i>Alcohol/NZ</i> magazine on alcohol.org.nz) by 30 June 2017.
Mental Health Monitor	3.3 Mental Health Monitor fieldwork is completed by November 2016 and analysis commenced by June 2017.	<b>Achieved</b> Fieldwork for 2016 Mental Health Monitor completed by 13 September 2016. Analysis commenced in June 2017.
New Zealand Youth Tobacco Monitor	3.4 Data collection for the 2016 Youth Insights Survey is completed (approximately 3,000 respondents) by June 2017.	<b>Achieved</b> Data collection for the 2016 Youth Insights Survey completed in July 2016 (2,976 respondents).
	Data collection for the 2016 Year 10 Snapshot is completed (approximately 30,000 respondents) by June 2017.	<b>Achieved</b> 2016 Year 10 Snapshot data collection completed July 2016 (29,275 respondents).
<b>Non-baseline Funding</b>		
Health Star Ratings	3.5 Awareness of Health Star Ratings is increased (38% in 2015).	<b>Achieved</b> 61% of shoppers recognised Health Star Ratings in 2016 (38% in 2015).

	ACTUAL \$000	BUDGET \$000		ACTUAL \$000	BUDGET \$000		ACTUAL \$000	BUDGET \$000
Revenue	4,008	3,365	Expenditure	3,022	3,365	Surplus/(deficit)	986	-

# Strategic Objectives

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

PROGRAMME	MEASURE	INDICATOR	LATEST INDICATORS	HPA TARGET 2018	SOURCE
Alcohol	More New Zealanders drink at low-risk levels	Increase in proportion of adult (18+ years) lower level drinkers	72.0% (2015) 73.8% (2014) 72.7% (2013) 69% (2012) 68% (2011)	73%	Attitudes and Behaviour towards Alcohol Survey <sup>11</sup>
Tobacco control	More New Zealand young adults are smokefree	Increase in proportion of young adults aged 18 to 24 years who do not smoke	77.3% ex-smokers/ non-smokers (2015/16) 76.2% ex-smokers/ non-smokers (2014/15) 76.5% ex-smokers/ non-smokers (2013/14) 76.3% ex-smokers/ non-smokers (2012/13) 72.4% ex-smokers/ non-smokers (2011/12)	80% Māori 90% All	New Zealand Health Survey <sup>12</sup>
Minimising gambling harm	More at-risk gamblers monitor their gambling behaviour	Increase in proportion of at-risk gamblers reporting that they monitor their gambling behaviour	29.7% (17.0–42.4%) <sup>13</sup> (2016) 33% (17–49%) (2014)	Increase the proportion of at-risk gamblers reporting that they monitor their gambling behaviour	Health and Lifestyles Survey <sup>14</sup>

<sup>11</sup> The Attitudes and Behaviour towards Alcohol Survey was conducted by HPA annually until 2015/16. Data is next expected to be collected in 2018.

<sup>12</sup> The New Zealand Health Survey is conducted by the Ministry of Health annually. Information about the survey is available at: [health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey](http://health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey)

<sup>13</sup> 95% confidence interval.

<sup>14</sup> The Health and Lifestyles Survey is a biennial HPA monitor of the health behaviour and attitudes of New Zealanders. Data is collected every two years and reporting begins in the year it is analysed, continuing throughout the non-collection year. Data is next expected to be collected in 2018.

PROGRAMME	MEASURE	INDICATOR	LATEST INDICATORS	HPA TARGET 2018	SOURCE
Mental health	The impact of depression on New Zealanders is reduced	Increase in the proportion of New Zealanders who know where to get help if they or someone they know has depression	50.7% (46.7–54.7%) can identify at least two sources for where to get help for depression (2016) 82% (80–85%) could identify at least one source for where to get help for depression (2014)	75% of New Zealanders can identify at least two sources for where to get help for depression	Health and Lifestyles Survey
Nutrition and physical activity	New Zealanders eat more healthily	Increase the proportion of New Zealanders choosing healthier food options	43.8% eat fruit twice a day or more often (2016) 45.8% eat vegetables twice a day or more often (2016) 42.3% eat fruit twice a day or more often (2014) 46.7% eat vegetables twice a day or more often (2014)	Maintain or increase the proportion of New Zealanders who eat fruit and vegetables twice a day or more often	Health and Lifestyles Survey

## Strategic Objective Two –

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

PROGRAMME	MEASURE	INDICATOR	LATEST INDICATORS	HPA TARGET 2018	SOURCE
Alcohol	People are more aware, motivated and able to change their drinking behaviour	Increase in proportion of adult (18+ years) medium to high level drinkers who have thought about cutting back on how much they drink	47.7% (2015) 53.8% (2014) 56% (2012) 57% (2011)	62%	Attitudes and Behaviour towards Alcohol Survey <sup>15</sup>
Tobacco control	HPA contributes to the overall reduction in smoking rates	Increase in proportion of current smokers or recent quitters (quit in the last 12 months) aged 15+ years who made one or more serious quit attempts in the last 12 months	All: 55.3% (45.1–65.5%) <sup>16</sup> Māori: 48.7% (38.0–59.4%) (2016) 46.5% All 53.1% Māori (2014) 53.3% All 53.1% Māori (2012)	65% All 65% Māori	Health and Lifestyles Survey <sup>17</sup>
Minimising gambling harm	New Zealanders are more aware of early indicators of harmful gambling	Increase in awareness of the early indicators of harmful gambling	92% – they don't want anyone else to know that they are gambling 94% – their gambling sometimes causes them stress 95% – they go back to the pub and try to win back last night's loss (2016) <sup>18</sup> 89.9% – they don't want anyone else to know that they are gambling 90.1% – their gambling sometimes causes them stress 91.1% – they go back to the pub and try to win back last night's loss (2014) <sup>18</sup>	Increase or maintain the proportion of New Zealanders aware of the early indicators of harmful gambling	Health and Lifestyles Survey

<sup>15</sup> The Attitudes and Behaviour towards Alcohol Survey was conducted by HPA annually until 2015/16. Data is next expected to be collected in 2018.

<sup>16</sup> 95% confidence interval.

<sup>17</sup> The Health and Lifestyles Survey is a biennial HPA monitor of the health behaviour and attitudes of New Zealanders. Data is collected every two years and reporting begins in the year it is analysed, continuing throughout the non-collection year. Data is next expected to be collected in 2018.

<sup>18</sup> Note this information differs from that reported in previous annual reports as preliminary data was used. This has now been updated to reflect the final results.

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

PROGRAMME	MEASURE	INDICATOR	LATEST INDICATORS	HPA TARGET 2018	SOURCE
Alcohol	Physical, social and policy environments and services better protect New Zealanders from alcohol-related harm	Increase in proportion of adults (18+ years) who disagree or strongly disagree that drunkenness is acceptable in some situations	68.7% (2015) 70.7% (2014) 66% (2012) 64% (2011)	72%	Attitudes and Behaviour towards Alcohol Survey <sup>19</sup>
Tobacco control	Physical, social and policy environments and services better promote and protect New Zealanders from smoking-related harm	Increase in proportion of adults aged 15+ years who agreed that 'Being Smokefree is part of the New Zealand way of life'	All: 67.3% Māori: 49.6% (2016) 60.8% All 50.9% Māori (2014) 60.3% All 51.1% Māori (2012)	85% All 85% Māori	Health and Lifestyles Survey <sup>20</sup>
Minimising gambling harm	New Zealanders are more aware of legal requirements of venues to minimise gambling harm	Increase in awareness of the legal requirements of venues to minimise gambling harm	35.5% (32.0–39.1%) <sup>21</sup> know that venues with pokie machines are required by law to prevent their customers' gambling from becoming harmful (2016) 34% (30–37%) know that venues with pokie machines are required by law to prevent their customers' gambling from becoming harmful (2014)	Increase or maintain the proportion of New Zealanders aware of the legal requirements of venues to minimise gambling harm	Health and Lifestyles Survey

<sup>19</sup> The Attitudes and Behaviour towards Alcohol Survey was conducted by HPA annually until 2015/16. Data is next expected to be collected in 2018.

<sup>20</sup> The Health and Lifestyles Survey is a biennial HPA monitor of the health behaviour and attitudes of New Zealanders. Data is collected every two years and reporting begins in the year it is analysed, continuing throughout the non-collection year. Data is next expected to be collected in 2018.

<sup>21</sup> 95% confidence interval.

PROGRAMME	MEASURE	INDICATOR	LATEST INDICATORS	HPA TARGET 2018	SOURCE
Mental health	New Zealanders are more inclusive and respectful towards those with mental health issues	Increase in proportion of adults who demonstrate inclusive attitudes towards those with mental health issues in the community	90.7% (88.3–93.0%) feel comfortable with a new community mental health centre opening in their suburb or a couple of blocks away or on their street or next door to them (2016) 79% (77–82%) feel comfortable with a new community mental health centre opening in their suburb, or a couple of blocks away, or on their street or next door to them (2014)	The proportion of adults who feel comfortable with a new community mental health centre opening in their street or next door to them is improved or maintained	Health and Lifestyles Survey <sup>22</sup>

<sup>22</sup> Note, source of data has changed in order to have ongoing comparative information.

# Financial Statements

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# Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2017

	NOTES	ACTUAL 2017 \$000	REFORECAST BUDGET 2017 \$000	SPE BUDGET 2017 \$000	ACTUAL 2016 \$000
<b>Revenue</b>					
<b>Non-exchange revenue</b>					
Alcohol levy revenue		11,814	11,530	11,530	11,293
Funding from the Crown – baseline		16,048	16,048	16,048	16,048
<b>Exchange revenue</b>					
Funding from the Crown – additional		4,942	4,942	–	8,198
Interest revenue		310	310	130	312
Other revenue	2	380	380	–	107
<b>Total revenue</b>		<b>33,494</b>	<b>33,210</b>	<b>27,708</b>	<b>35,958</b>
<b>Expenditure</b>					
Personnel expenses	3	9,024	9,040	9,073	8,874
Depreciation and amortisation expense	8,9	87	88	85	96
Other operating expense	4	1,804	1,820	1,801	1,773
Programme expense		22,243	22,262	16,749	25,196
<b>Total expenditure</b>		<b>33,158</b>	<b>33,210</b>	<b>27,708</b>	<b>35,939</b>
Surplus/(deficit)		336	–	–	19
<b>Total comprehensive revenue and expense</b>		<b>336</b>	<b>–</b>	<b>–</b>	<b>19</b>

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 2017

Restated by Revenue Source:

	ACTUAL 2017 \$000	REFORECAST BUDGET 2017 \$000	SPE BUDGET 2017 \$000	ACTUAL 2016 \$000
<b>Alcohol</b>				
<i>Revenue</i>				
Levy	11,814	11,530	11,530	11,293
Interest	71	78	30	78
Other revenue	–	–	–	20
Total revenue	11,885	11,608	11,560	11,391
Total expenditure	11,564	11,608	11,560	11,388
Surplus/(deficit)	321	–	–	3
<b>All other</b>				
<i>Revenue</i>				
Funding from the Crown	20,990	20,990	16,048	24,246
Interest	239	233	100	234
Other revenue	380	380	–	87
Total revenue	21,609	21,603	16,148	24,567
Total expenditure	21,594	21,603	16,148	24,551
Surplus/(deficit)	15	–	–	16
<b>Grand total revenue</b>	<b>33,494</b>	<b>33,210</b>	<b>27,708</b>	<b>35,958</b>
<b>Grand total expenditure</b>	<b>33,158</b>	<b>33,210</b>	<b>27,708</b>	<b>35,939</b>
<b>Surplus/(deficit)</b>	<b>336</b>	<b>–</b>	<b>–</b>	<b>19</b>

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 2017

	NOTES	ACTUAL 2017 \$000	SPE BUDGET 2017 \$000	ACTUAL 2016 \$000
<b>Assets</b>				
<b>Current assets</b>				
Cash and cash equivalents	5	1,668	250	3,926
Receivables	6	3,030	1,900	2,558
Investments	7	6,250	3,750	3,750
Prepayments		1	–	1
<b>Total current assets</b>		<b>10,949</b>	<b>5,900</b>	<b>10,235</b>
<b>Non-current assets</b>				
Property, plant and equipment	8	266	410	348
Intangible assets	9	–	–	2
<b>Total non-current assets</b>		<b>266</b>	<b>410</b>	<b>350</b>
<b>Total assets</b>		<b>11,215</b>	<b>6,310</b>	<b>10,585</b>
<b>Liabilities</b>				
<b>Current liabilities</b>				
Payables	10	6,548	3,250	5,908
Employee entitlements	11	578	402	478
Income in advance	10	481	–	931
<b>Total current liabilities</b>		<b>7,607</b>	<b>3,652</b>	<b>7,317</b>
<b>Non-current liabilities</b>				
Employee entitlements	11	69	–	65
<b>Total non-current liabilities</b>		<b>69</b>	<b>–</b>	<b>65</b>
<b>Total liabilities</b>		<b>7,676</b>	<b>3,652</b>	<b>7,382</b>
<b>Net assets</b>		<b>3,539</b>	<b>2,658</b>	<b>3,203</b>
<b>Equity</b>				
Contributed capital		3,424	2,658	3,424
Accumulated surplus/(deficit)		115	–	(221)
<b>Net assets</b>	13	<b>3,539</b>	<b>2,658</b>	<b>3,203</b>

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 2017

	NOTES	ACTUAL 2017 \$000	SPE BUDGET 2017 \$000	ACTUAL 2016 \$000
Balance at 1 July		3,203	2,658	3,184
Total comprehensive revenue and expense for the year		336	–	19
<b>Balance at 30 June</b>	<b>13</b>	<b>3,539</b>	<b>2,658</b>	<b>3,203</b>

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 2017

	NOTES	ACTUAL 2017 \$000	ACTUAL 2016 \$000
<b>Cash flows from operating activities</b>			
Receipts from levies		11,702	11,201
Receipts from the Crown		20,348	24,635
Receipts from other income		272	238
Interest received		316	354
GST (net)		(38)	120
Payments to suppliers		(23,391)	(28,286)
Payments to employees		(8,956)	(8,859)
Net cash flow from operating activities		253	(597)
<b>Cash flows from investing activities</b>			
Receipts from sale of property, plant and equipment		-	-
Receipts from sale of investments		19,500	28,750
Purchase of property, plant and equipment		(11)	(333)
Purchase of intangible assets		-	-
Acquisition of investments		(22,000)	(31,900)
Net cash flow from investing activities		(2,511)	(3,483)
<b>Net increase (decrease) in cash and cash equivalents</b>		<b>(2,258)</b>	<b>(4,080)</b>
Cash and cash equivalents at the beginning of the year		3,926	8,006
<b>Cash and cash equivalents at the end of the year</b>	5	<b>1,668</b>	<b>3,926</b>
<b>Reconciliation of net surplus/(deficit) to net cash flow from operating activities</b>			
<b>Net surplus/(deficit)</b>		336	19
<b>Add/(less) non-cash items</b>			
Depreciation and amortisation expense		94	96
Total non-cash items		94	96
<b>Add (less) movements in Statement of Financial Position items</b>			
(Increase)/decrease in receivables		(472)	669
Increase/(decrease) in payables and deferred revenue		227	(1,396)
Increase/(decrease) in provisions		-	-
Increase/(decrease) in employee entitlements		68	15
Net movements in working capital items		(177)	(712)
<b>Net cash flow from operating activities</b>		<b>253</b>	<b>(597)</b>

Explanations of major variances against budget are provided in note 17.  
The accompanying notes form part of these financial statements.

# Notes to the Financial Statements

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## Note 1: Statement of accounting policies

### Reporting entity

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

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

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

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

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

The financial statements for HPA are for the year ended 30 June 2017, and were approved by the Board on 31 October 2017.

### 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).

### 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 – Ministry of Health (MOH).

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

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

#### Alcohol levy

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

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

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

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

#### 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 2017 \$000	ACTUAL 2016 \$000
<b>Other revenue includes:</b>		
Programme revenue – third party contracts	380	–
Programme revenue – conference registrations	–	87
Programme revenue – grants returned	–	20
<b>Total other revenue</b>	<b>380</b>	<b>107</b>

## Note 3: Personnel expenses

### Accounting policy

#### Superannuation schemes

##### Defined contribution schemes

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

##### Defined benefit schemes

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

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

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

### Breakdown of personnel costs and further information

	ACTUAL 2017 \$000	ACTUAL 2016 \$000
Salaries and wages	8,390	8,309
Temporary and contract staff	61	40
Increase/(decrease) in employee entitlements	68	15
Defined contribution plan employer contributions	285	280
ACC	35	22
Recruitment expenses	24	55
Other	161	153
<b>Total personnel expense</b>	<b>9,024</b>	<b>8,874</b>

### Employee remuneration

	ACTUAL 2017	ACTUAL 2016
<b>Total remuneration paid or payable:</b>		
\$100,000 – 109,999	12	10
\$110,000 – 119,999	5	4
\$120,000 – 129,999	1	–
\$130,000 – 139,999	1	3
\$160,000 – 169,999	1	–
\$170,000 – 179,999	–	2
\$180,000 – 189,999	3	1
\$260,000 – 269,999	–	1
\$270,000 – 279,999	1	–
<b>Total employees</b>	<b>24</b>	<b>21</b>

During the year ended 30 June 2017, 0 (2016, 0) employees received compensation and other benefits in relation to cessation totalling \$0 (2016, \$0).

## Board member remuneration

	ACTUAL 2017 \$000	ACTUAL 2016 \$000
<b>Total remuneration paid or payable:</b>		
Dr Lee Mathias (Chair)	31.0	31.0
Dr Monique Faleafa (appointed Deputy Chair June 2017)	15.8	15.5
Professor Grant Schofield	15.5	15.5
Jamie Simpson	15.5	15.5
Tony O'Brien (appointed August 2015)	15.5	11.6
Catherine Abel-Pattinson (appointed October 2016)	11.6	–
Rea Wikaira (Deputy Chair) (retired November 2016)	8.1	19.3
Barbara Docherty (retired September 2016)	3.9	15.5
Dr Mataroria Lyndon (appointed June 2017)	1.3	–
Katherine Rich (retired September 2015)	–	3.8
<b>Total Board member remuneration</b>	<b>118</b>	<b>128</b>

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 (2016 \$0).

No Board members received compensation or other benefits in relation to cessation (2016 \$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 has in common.

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

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

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

In 2016/17, HPA provided funding for a wide range of groups, totalling \$1,897,617 (2016 \$2,334,296).

#### Operating leases

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

## Critical judgements in determining accounting policies

### Grant expenditure

HPA has exercised judgement in developing its grant expenses accounting policy above as there is no specific accounting standard for grant expenditure. The accounting for grant expenditure has been an area of uncertainty for some time, and, as a result, there have been differing accounting practices for similar grant arrangements. With the recent introduction of the new PBE Accounting Standards, there has been debate on the appropriate framework to apply when

accounting for grant expenses, and whether some grant accounting practices are appropriate under these new standards. A challenging area in particular is the accounting for grant arrangements that include conditions or milestones. HPA 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 44–47.

## Breakdown of other expenses and further information

	ACTUAL 2017 \$000	ACTUAL 2016 \$000
Fees to Audit New Zealand for audit of financial statements	55	54
Operating lease expenses	557	576
Provision for uncollectability of receivables	–	2
Other expenses	1,192	1,141
<b>Total other expenses</b>	<b>1,804</b>	<b>1,773</b>

### Commitments

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

	ACTUAL 2017 \$000	ACTUAL 2016 \$000
Not later than one year	3,096	4,563
Later than one year and not later than two years	1,804	1,402
Later than two years and not later than five years	958	1,282
Later than five years	–	–
<b>Total commitments</b>	<b>5,858</b>	<b>7,247</b>

## Operating leases as lessee

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

	ACTUAL 2017 \$000	ACTUAL 2016 \$000
<b>Office rental leases</b>		
Not later than one year	471	501
Later than one year and not later than two years	471	441
Later than two years and not later than five years	-	-
Later than five years	-	-
<b>Total office rental leases</b>	<b>942</b>	<b>942</b>
<b>Office equipment leases</b>		
Not later than one year	9	6
Later than one year and not later than two years	6	-
Later than two years and not later than five years	-	-
Later than five years	-	-
<b>Total office equipment leases</b>	<b>15</b>	<b>6</b>
<b>Total non-cancellable operating leases</b>	<b>582</b>	<b>948</b>

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

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

The office equipment that HPA leases are printers. The lease expires in February 2019.

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 2017 \$000	ACTUAL 2016 \$000
Cash at bank and on hand	168	76
Term deposits with maturities less than three months	1,500	3,850
<b>Total cash and cash equivalents</b>	<b>1,668</b>	<b>3,926</b>

## Note 6: Receivables

### Accounting policy

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

A receivable is considered uncollectable when there is evidence the amount due will not be fully collected.

The amount that is uncollectable is the difference between the amount due and the present value of the amount expected to be collected.

### Breakdown of receivables and further information

	ACTUAL 2017 \$000	ACTUAL 2016 \$000
Receivables (gross)	3,030	2,560
<b>Less: provision for uncollectability</b>	–	2
<b>Total receivables</b>	<b>3,030</b>	<b>2,558</b>
Total receivables comprises:		
Receivables from the sale of goods and services (exchange transactions)	3,010	2,109
Receivables from grants (non-exchange transactions)	20	451

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

	2017			2016		
	GROSS \$000	PROVISION FOR UNCOLLECTABILITY \$000	NET \$000	GROSS \$000	PROVISION FOR UNCOLLECTABILITY \$000	NET \$000
Not past due	1,895	–	1,895	1,509	–	1,509
Past due 1–30 days	1,040	–	1,040	984	–	984
Past due 31–60 days	95	–	95	65	–	65
Past due 61–90 days	–	–	–	0	–	–
Past due over 90 days	–	–	–	2	(2)	–
	<b>3,030</b>	–	<b>3,030</b>	<b>2,560</b>	<b>(2)</b>	<b>2,558</b>

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

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

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

	ACTUAL 2017 \$000	ACTUAL 2016 \$000
Balance at 1 July	2	39
Additional provisions made during the year	–	2
Receivables written off during the year	(2)	(39)
<b>Balance at 30 June</b>	<b>–</b>	<b>2</b>

## Note 7: Investments

### Accounting policy

#### Bank term deposits

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

### Breakdown of investments and further information

	ACTUAL 2017 \$000	ACTUAL 2016 \$000
Current portion		
Term deposits	6,250	3,750
<b>Total investments</b>	<b>6,250</b>	<b>3,750</b>

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

## Note 8: Property, plant and equipment

### Accounting policy

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

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

#### Additions

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

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

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

#### Disposals

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

#### Depreciation

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

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

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

## Impairment of property, plant and equipment 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 programs
- 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 1 July 2015	108	312	273	12	22	727
Additions	–	197	103	33	–	333
Disposals	(8)	(6)	(64)	–	–	(78)
Balance at 30 June 2016/1 July 2016	100	503	312	45	22	982
Additions	–	–	11	–	–	11
Disposals	–	(136)	(29)	–	–	(165)
Balance at 30 June 2017	100	367	294	45	22	828

	ARTWORK, BOOKS AND FILMS \$000	FURNITURE AND OFFICE EQUIPMENT \$000	COMPUTER EQUIPMENT \$000	LEASEHOLD IMPROVEMENTS \$000	MOTOR VEHICLES \$000	TOTAL \$000
<b>Accumulated depreciation and impairment losses</b>						
Balance at 1 July 2015	(92)	(287)	(235)	(5)	(4)	(623)
Depreciation expense	(8)	(20)	(47)	(9)	(5)	(89)
Elimination on disposal	8	6	64	-	-	78
Balance at 30 June 2016/1 July 2016	(92)	(301)	(218)	(14)	(9)	(634)
Depreciation expense	-	(25)	(44)	(12)	(4)	(85)
Loss on disposal	-	(7)	-	-	-	(7)
Elimination on disposal	-	135	29	-	-	164
Balance at 30 June 2017	(92)	(198)	(233)	(26)	(13)	(562)
<b>Carrying amounts</b>						
At 1 July 2015	16	25	38	7	18	104
30 June 2016/1 July 2016	8	202	94	31	13	348
<b>At 30 June 2017</b>	<b>8</b>	<b>170</b>	<b>61</b>	<b>19</b>	<b>9</b>	<b>266</b>

#### 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
<b>Cost or valuation</b>	
<b>Cost</b>	
Balance at 1 July 2015	243
Balance at 30 June 2016/1 July 2016	243
Balance at 30 June 2017	243
<b>Accumulated depreciation</b>	
Balance at 1 July 2015	(234)
Amortisation expense	(7)
Balance at 30 June 2016/1 July 2016	(241)
Amortisation expense	(2)
Elimination on disposal	–
Balance at 30 June 2017	(243)
<b>Carrying amounts</b>	
30 June 2015	9
30 June 2016	2
30 June 2017	–

### 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.

	ACTUAL 2017 \$000	ACTUAL 2016 \$000
<b>Payables and revenue in advance under exchange transactions</b>		
Trade creditors	5,806	5,552
Accrued expenses	639	257
Total payables under exchange transactions	6,445	5,809
Revenue in advance (course fees)	6	9
Revenue in advance (Crown revenue)	475	922
Total revenue in advance under exchange transactions	481	931
<b>Payables under non-exchange transactions</b>		
Taxes payable (GST, PAYE)	103	99
Total payables under non-exchange transactions	103	99
<b>Total payables and revenue in advance</b>	<b>7,029</b>	<b>6,839</b>

## 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 3.68% (2016 2.94%) and a salary inflation factor of 1.67% (2016 1.47%) 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 \$1,000 higher/lower (2016 \$2,000 higher/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 \$5,000 higher/lower (2016 \$4,000 higher/lower).

### Breakdown of employee entitlements

	ACTUAL 2017 \$000	ACTUAL 2016 \$000
<b>Current portion</b>		
Accrued salaries and wages	97	61
Annual leave	453	395
Sick leave	6	16
Long service leave	22	6
<b>Total current portion</b>	<b>578</b>	<b>478</b>
<b>Non-current portion</b>		
Long service leave	69	65
<b>Total non-current portion</b>	<b>69</b>	<b>65</b>
<b>Total employee entitlements</b>	<b>647</b>	<b>543</b>

## Note 12: Contingencies

### Contingent liabilities

There are no contingent liabilities at balance date (2016 \$0).

### Contingent assets

There are no contingent assets at balance date (2016 \$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 2017 \$000	ACTUAL 2016 \$000
<b>Contributed capital</b>		
Balance at 1 July	3,424	3,424
Balance at 30 June	3,424	3,424
<b>Accumulated surplus/(deficit)</b>		
Balance at 1 July	(221)	(240)
Surplus/(deficit) for the year	336	19
Balance at 30 June	115	(221)
<b>Total equity</b>	<b>3,539</b>	<b>3,203</b>

### Capital management

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

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

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

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

## Note 14: Related party transactions

HPA is controlled by the Crown.

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

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

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

### Key management personnel compensation

	ACTUAL 2017	ACTUAL 2016
<i>Board members</i>		
Remuneration	\$118,000	\$128,000
Full-time equivalent members	0.45	0.48
<i>Executive management team</i>		
Remuneration	\$985,000	\$995,951
Full-time equivalent members	5	5
<b>Total key management personnel compensation</b>	<b>\$1,103,000</b>	<b>\$1,123,951</b>
<b>Total full-time equivalent personnel</b>	<b>5.45</b>	<b>5.48</b>

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

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

## Note 15: Financial instruments

### 15A Financial instrument categories

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

	ACTUAL 2017 \$000	ACTUAL 2016 \$000
<b>Financial liabilities measured at amortised cost</b>		
Payables (including revenue in advance and taxes payable)	7,126	6,839
<b>Total financial liabilities measured at amortised cost</b>	<b>7,126</b>	<b>6,839</b>
<b>Loans and receivables</b>		
Cash and cash equivalents	1,668	3,926
Receivables	3,030	2,558
Investments	6,250	3,750
<b>Total loans and receivables</b>	<b>10,948</b>	<b>10,234</b>

### 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 2017, if the 90-day bank bill rate had been 50 basis points higher or lower, with all other variables held constant, the surplus/deficit for the year would have been \$5,000 higher/lower (2016 \$5,000 higher/lower).

## Credit risk

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

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

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

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

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

## Credit quality of financial assets

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

	ACTUAL 2017 \$000	ACTUAL 2016 \$000
<b>Counterparties with credit ratings</b>		
<i>Cash at bank and term deposits</i>		
AA-	7,918	7,676
<b>Total cash at bank and term deposits</b>	<b>7,918</b>	<b>7,676</b>
<b>Counterparties without credit ratings</b>		
<i>Receivables</i>		
Counterparty with no defaults in the past	3,030	2,558
<b>Total receivables</b>	<b>3,030</b>	<b>2,558</b>

## Liquidity Risk

### Management of liquidity risk

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

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

### Contractual maturity analysis of financial liabilities, excluding derivatives

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

The amounts disclosed are the undiscounted contractual cash flows.

	ACTUAL 2017 \$000	ACTUAL 2016 \$000
<b>Payables</b>		
Carrying amount	7,126	6,839
Contractual cash flows	7,126	6,839
Less than six months	7,126	6,839
<b>Total</b>	<b>7,126</b>	<b>6,839</b>

## 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.



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