Health Promotion Agency

Statement of Performance Expectations

2018/19

hpa health promotion agency

health promotion agency

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June 2018

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Foreword

Most New Zealanders will live a long and healthy life. New Zealand rates well in health and wellbeing measures compared with other high-income countries and we have seen significant improvements over recent years in both life and health expectancies. However, these results are not distributed equitably across the population. Some New Zealanders, especially Māori, Pacific peoples and people living in low socioeconomic areas, experience poorer health outcomes. The Health Promotion Agency's (HPA's) work programme for 2018/19, outlined in the following pages, gives priority to achieving greater health equity for these people while ensuring that the rest of the population is also able to access the information and support they need to maintain and improve their health.

It is important that New Zealanders are aware, motivated and able to lead healthier lives. But there are factors beyond an individual's control that impact on their health and wellbeing and their ability to maintain a healthy lifestyle. Recognising this, HPA's Statement of Intent 2017–2021 has two strategic intentions. One focuses on ensuring individuals have what they need to enable them to make good decisions and the other on improving environments (physical, social and policy) and services. HPA influences change in both these domains through its work in alcohol, health education, immunisation, mental health, nutrition and physical activity, minimising gambling harm, skin cancer, tobacco control and wellbeing. All our activities are underpinned by research and evaluation.

This year we will continue the work begun in 2017/18 to achieve a greater level of integration across the various health issues covered by HPA, recognising that many areas of health and wellbeing are interconnected. We will also continue improving our digital capability so that more New Zealanders can access information and support where and when they need it. And we will keep building strong relationships with those who share our goals nationally, regionally and locally, particularly in the primary health care and community sectors.

HPA's strategic intentions and direction to 2021 are outlined in our Statement of Intent 2017–2021. In this, the annual document, we outline our work programme for the 2018/19 year and how we will measure our success.

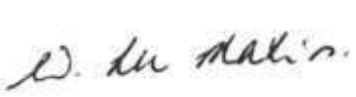
As a Board we believe that undertaking the activities outlined in the following pages will ensure HPA continues to make a significant contribution to achieving the New Zealand Health Strategy's aspiration that 'all New Zealanders live well, stay well and get well'.

Dr Lee Mathias
Chairman
Health Promotion Agency

Dr Monique Faleafa
Deputy Chairman
Health Promotion Agency

Board Statement

In signing this statement we acknowledge that we are responsible for the information contained in the Statement of Performance Expectations for the Health Promotion Agency (HPA). This information has been prepared in accordance with the Crown Entities Act 2004 and to give effect to the Minister of Health's expectations of HPA.



Dr Lee Mathias
Chairman
21 June 2018

Dr Monique Faleafa
Deputy Chairman
21 June 2018

HPA Board

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

Board members are:

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

The Chief Executive is Clive Nelson.

About the Health Promotion Agency

Our vision

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

Inspire all New Zealanders to lead healthier lives.

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

Our overall function is to lead and support activities to:

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

We have alcohol-specific functions to:

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

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

HPA's strategic intentions and direction to 2021 are outlined in our Statement of Intent 2017-2021. In this Statement of Performance Expectations, we outline our work programme for 2018/19, setting out what will be delivered and how performance will be assessed.

We report quarterly to the Minister of Health and publish an annual report for each financial year.

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

The New Zealand Health Strategy

HPA is proud to be part of the New Zealand health sector team working toward the New Zealand Health Strategy's goal of helping all New Zealanders live well, stay well and get well.

The five strategic themes of the Strategy (pictured below) are woven through HPA's 2018/19 work programme.

Source: New Zealand Health Strategy. Available at: http://www.health.govt.nz

Annual Letter of Expectations

HPA's work programme is guided by the annual Letter of Expectations from the Minister of Health. The Letter of Expectations for 2018/19 says the Government has identified four priorities to ensure a strong and effective public health system. They are:

- an increased priority for primary care
- mental health
- public delivery of health services
- a strong focus on improving equity of outcomes

The Letter of Expectations emphasises the importance of a team approach across the health and disability system, and the need to improve efficiencies and effectiveness by working together with other agencies to deliver results. HPA is expected to make investment decisions with a sound evidence base and that interventions and programmes are effective.

The specific focus areas outlined for HPA for the 2018/19 year are to:

- identify and develop innovative and effective health and wellbeing initiatives with a sound evidence base
- work across the sector and with other sectors to maximise the agency's contribution to the Government's priority areas, which include (but are not limited to) reducing health inequities, improving mental health and improving population health
- develop and implement strategies aimed at reducing childhood obesity
- work across the sector to maximise the agency's contribution to key population initiatives including (but not limited to) immunisation, skin cancer prevention, moderation of alcohol consumption, healthy nutrition, and smoking cessation
- consult and engage with the Ministry of Health, particularly on the content of HPA's research and policy work, and when proposed changes may have an impact on programme management and sector engagements.

Who We Work With

HPA is well connected, with excellent working relationships with a large number of organisations, across sectors and communities and in a range of environments and settings. We support stakeholders to achieve our shared objectives and to enable communities to develop solutions that work for them.

Health Promotion Agency

We work across the depth and breadth of the New Zealand health sector. As well as working closely with the Ministry of Health, our strong relationships and partnerships include:

- other health Crown entities
- the national telehealth service (Homecare Medical)
- district health boards
- primary health care providers
- iwi and Māori health providers
- Pacific health providers
- Healthy Families NZ locations
- public health organisations and professional associations
- non-government health organisations eg, Mental Health Foundation, Heart Foundation, New Zealand Drug Foundation.

We work closely with central government agencies including the:

- Ministry of Health
- Ministry of Business, Innovation and Employment
- Department of Internal Affairs
- Ministry of Justice
- New Zealand Police
- Ministry of Education
- Ministry of Social Development
- Oranga Tamariki
- Accident Compensation Corporation.

Organisations outside central government structures often have direct connection with our audiences. We work with many organisations to develop initiatives to meet their particular needs. These organisations include:

- local government
- community organisations
- industry (eg, alcohol, gambling)
- sports organisations
- workplaces.

Strategic Framework

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

Strategic Intentions

HPA has two strategic intentions:

- People are more aware, motivated and able to improve and protect their own and their family's health and wellbeing.
- Physical, social and policy environments and services better promote and protect health and wellbeing.

We work towards achieving our strategic intentions with annual activities divided into three output classes.

Output class one: Promoting health and wellbeing

Education, marketing and communications

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

Output class two: Enabling health promoting initiatives and environments

Advice, resources and tools

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

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

HPA's Work Programme

Alcohol

The 2016/17 New Zealand Health Survey[1] found about one in five adults drink alcohol in a way that could harm themselves or others.

Men (27%) are more likely to be hazardous drinkers than women (12%). Young adults (18 to 24 years) have the highest rates of hazardous drinking (33%) and weekly binge drinking. There has been a significant increase in hazardous drinking rates by drinkers aged 45 to 54 years compared with the 2011/12 survey. Adult drinkers in the most socioeconomically deprived areas are 1.7 times more likely to be hazardous drinkers than adult drinkers in the least deprived areas.

Māori adults are more likely than non-Māori adults to be hazardous drinkers and Māori men are more likely to be hazardous drinkers than Māori women. However, Māori women are over twice as likely to be hazardous drinkers compared with non-Māori women and this has increased in recent years. While relatively few Pacific adults have drunk alcohol in the past year, Pacific adults who drink are 1.3 times more likely to drink hazardously than non-Pacific drinkers.

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

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

HPA's pregnancy work aims to prevent fetal alcohol spectrum disorder by targeting young women who drink moderately to hazardously and their whānau and partners. Our work will also support health professionals to deliver consistent messaging about alcohol-free pregnancies and effective screening and brief interventions. This work will be linked with other HPA initiatives aimed at improving the wellbeing of pregnant women and their babies.

HPA's work with under-18s focuses primarily on delaying the uptake, and also preventing escalation, of drinking. HPA will support young people to be alcohol-free by working across the organisation to develop initiatives that protect and improve youth health and wellbeing. Support will continue for community action to reduce the supply of alcohol to under-18s along with information and support for their parents/caregivers.

HPA's Say Yeah, Nah drinking culture change initiative is now in its fifth phase, following the launch of the Department of Lost Nights in early 2018. In 2018/19 this latest phase, targeted at 18 to 24-year-olds, will continue with additional focus on young Māori and Pacific and resources and advice for local communities.

Given the concerning rates of hazardous drinking among mid-life adults, reducing how much they drink is important to support healthy older age. In 2018/19 HPA will focus on supporting health professionals with tools and resources to enable mid-life adults to routinely receive alcohol screening and brief intervention. Other work will focus on increasing the use of self-help online tools and promoting other methods of receiving help, such as through the Alcohol Drug Helpline.

HPA contributes advice on alcohol-related legislation, and on Government policy direction and priorities. Advice and resource development will continue to support communities to participate in local decisions about alcohol and to improve host responsibility practices and alcohol management in a range of settings.

HPA also has a statutory role in providing alcohol-related research. In 2018/19 a new alcohol monitor is to be developed as well as a funding round for alcohol-related research.

1 Ministry of Health. (2017) *Annual update of key results 2016/17: New Zealand Health Survey.* Wellington: Ministry of Health.

Mental health

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

Levels of mental distress are not evenly distributed in the population. In population surveys Māori score more highly on measures for depression, anxiety and psychological distress compared with non-Māori, and Pacific peoples score more highly on depression scales compared with non-Pacific peoples.[2]

HPA plays a leading role in the delivery of two government mental health programmes – the National Depression Initiative and Like Minds, Like Mine. A joint agency governance group (Ministry of Health and HPA) provides strategic oversight of these programmes.

The National Depression Initiative

The National Depression Initiative (NDI) is part of the Government's ongoing commitment to preventing suicide. The NDI programme works to reduce the impact of depression and anxiety for New Zealanders. For the past 11 years the NDI has been improving the mental health and wellbeing of New Zealanders.

The NDI is made up of a number of components: the depression.org.nz website that includes an online self-help tool (The Journal), and a youth-focused website, thelowdown.co.nz. In addition, a number of tools and resources are available to support health care professionals and other partners. In 2018/19 HPA will continue to provide leadership across the sector to promote the aims and objectives of the NDI. Activities will include:

- a comprehensive marketing approach including a mix of television and digital advertising along with print resources to support the two websites
- embedding the NDI through programmes with mental health and wellbeing components, both inside and outside of HPA
- developing and promoting NDI resources, ensuring these meet the needs of target audiences, in particular Māori, Pacific peoples and young people
- working with health professionals (in particular primary health care professionals) and community organisations to develop information and resources that meet their needs and the needs of those with lived experience of depression or anxiety
- undertaking a range of research and evaluation activities to ensure the objectives of the NDI are being met.

In addition, telephone triage and advice, as well as counselling services for people seeking help for themselves or others is provided by Homecare Medical, the national telehealth service provider.

Like Minds, Like Mine

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

HPA will work collaboratively through partnerships to deliver innovative community projects – eg, the continuation of the community anti-stigma and discrimination education projects and the delivery of the Rākau Roroa (Tall Trees) lived experience leaders' initiative. HPA will support the Mental Health Foundation to work with the media to encourage non-discriminatory reporting and administer a community grants fund. National messaging through the new Like Minds, Like Mine campaign to be launched in 2018 will promote the conditions of respect, equality and social inclusion among family, whānau and friends of people experiencing mental distress.

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

Tobacco control

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

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

Māori smoking rates are significantly higher than the general population. In particular, for young Māori women (18 to 24 years), the current smoking prevalence is 42.7% compared to 8.6% for non-Māori women of the same age. HPA, in partnership with existing programmes and services, will prioritise Māori women in communities where smoking rates are high. It is expected these will be cross-HPA initiatives, where the health outcomes ultimately relate to multiple areas of interest, and the approach respects the intricacies of the lives of Māori women and their whānau.

Keeping young adults smokefree until 24 years of age means they are unlikely to start, so HPA will focus on preventing at-risk young adults (17 to 24 years) from becoming regular smokers. In 2017/18 HPA significantly refreshed the young adult marketing campaign, Stop Before You Start, to further evolve the messaging and the campaign approach.

Young people (12 to 17 years) continue to be an important audience for tobacco control messages. Evidence shows that in adolescence young people are less likely to engage in risky behaviours, including substance use, if a range of individual, family, school, peer and community protective factors are present. They are also less likely to take up smoking if they hold anti-tobacco and pro-smokefree attitudes and are surrounded by people who do not smoke. HPA will continue its long-standing partnership with Rockquest Promotions to sponsor Smokefreerockquest and Smokefree Tangata Beats (previously known as Smokefree Pacifica Beats) to promote these messages.

HPA will continue to work collaboratively within the tobacco control sector, which includes supporting the stop smoking service providers and Quitline. We will use emerging technologies to reach our audiences and explore new opportunities arising from digital tools to encourage smokefree lifestyles.

Minimising gambling harm

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

The Choice Not Chance campaign aims to increase awareness of harmful gambling, get people to check whether their gambling is okay, and motivate people to seek help and take positive action early, both for themselves and for others they care about. The marketing and communications strategy includes mass media messages and website tools. The Choice Not Chance strategy and its messages will continue to be crafted to maximise engagement with Māori and Pacific audiences.

The work of frontline services is integral to making progress in minimising harm from gambling. During 2018/19 HPA will continue to support the sector by providing advice and resources to support message delivery at a local level.

HPA will also continue to help gambling venues, particularly pubs and clubs with pokie machines (Class 4 venues) to minimise harm. We will promote Class 4 venue-based messages and provide support materials to staff. HPA will undertake this work in partnership with the Department of Internal Affairs and the Ministry of Health. Work will focus on implementation of the Gamble Host Initiative and developing innovative and effective approaches for training venue staff. Opportunities will also be explored with the New Zealand Racing Board, Lotto New Zealand and casinos.

Immunisation

The national immunisation programme is led by the Ministry of Health. The Ministry's vision for the programme is to improve the health of children, adolescents and adults by protecting them from vaccine preventable diseases, and supporting the implementation, delivery and maintenance of immunisation programmes. HPA supports this vision by providing the Ministry with public-facing communications and marketing support.

In 2018/19 HPA will continue to work with the Ministry on a marketing and communications strategy for a range of audiences to increase awareness of immunisations and the best time to get immunised. Regular communications will be promoted throughout the year, but may also be elevated in response to disease outbreaks.

Nutrition and physical activity

Healthy eating and regular physical activity[3, 4] are key to a child or young person's health and wellbeing both now and in the future. The 2016/17 New Zealand Health Survey found that only half (49.8%) of children aged 2 to 14 years met the Ministry of Health's guidelines for vegetable and fruit intake. This figure has been steadily reducing since first measured in 2011/12, when 55.5% of children aged 2 to 14 years had an adequate vegetable and fruit intake. The Sit Less, Move More, Sleep Well guidelines recommend that school-aged children and young people (aged 5 to 17 years) have no more than two hours of recreational screen time per day but the New Zealand Health Survey found 83.4% of children aged 2 to 14 years watch screens (including TV) for two or more hours per day. Pacific and Māori children and children living in the most deprived areas are least likely to meet these guidelines.

The Ministry of Health's Eating and Activity Guidelines provide the evidence base for HPA's nutrition and physical activity programme. HPA will promote these guidelines to health professionals and the nutrition and activity workforce through its programmes and networks. HPA will provide evidence-informed resources, tools and advice to support health professionals and those working across different settings including primary health care, community organisations, workplaces and schools.

Through the Healthy Kids website and Facebook page, HPA continues to encourage families to prepare healthy meals and be active together. Food ideas and suggested activities will provide solutions for low income, Māori and Pacific families.

The Sit Less, Move More, Sleep Well guidelines and the Sport New Zealand Play principles launched in 2017 provide guidance and recommendations about physical activity and the important role of active play. From birth to five years children experience a significant amount of cognitive, physical and socio-cultural development. Movement through play encourages this development. HPA will promote key messages from these documents to families/whānau with the aim of increasing children's activity through active play. We will provide tools and resources to the physical activity workforce and partner with organisations that are able to assist children to develop life skills through play.

3 Ministry of Health. 2015. *Eating and Activity Guidelines for New Zealand Adults.* Wellington: Ministry of Health.

4 2018 Physical Activity Guidelines Advisory Committee. *2018 Physical Activity Guidelines Advisory Committee Scientific Report.* Washington, DC: U.S. Department of Health and Human Services, 2018.

Skin cancer prevention

Skin cancer is by far the most common cancer affecting New Zealanders. It has been estimated (using 2005 data) that all types of skin cancer together account for just over 80% of all new cancers diagnosed annually.[5] Melanoma was the third most commonly registered cancer in 2013 for both men and women, accounting for 10.7% of all cancer registrations. In the same year it was the fourth most common cause of death from cancer in men and the seventh in women.[6]

Evidence suggests that the most effective approaches for reducing New Zealand's skin cancer burden are primary prevention and early detection. These are two of five intervention pathways identified in the New Zealand Skin Cancer Primary Prevention and Early Detection Strategy 2017– 2022 (the Strategy).[7]

In line with the Strategy's recommendations HPA's work will focus on motivating higher risk groups (young people, outdoor workers and people who socialise outdoors) to protect themselves from exposure to ultraviolet radiation (UVR) that causes harm. Activities will include using digital channels to encourage young people to employ SunSmart behaviours (Slip, Slop, Slap and Wrap) and further refinement and promotion of the Sun Protection Alert. HPA will also look to develop further strategic partnerships with organisations that are able to influence people who socialise outdoors and employers of outdoor workers.

HPA will continue developing activities to support the early detection of skin cancer. In November 2018, MelNet (Melanoma Network of NZ) with support from HPA, will convene the fifth Melanoma Summit in New Zealand. HPA will also build on its relationships with community organisations such as sporting groups and primary health care organisations to help deliver targeted messages encouraging those most at risk of developing skin cancer (ie, males aged over 50 years) to check their skin regularly.

Wellbeing

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

HPA has drawn on the work of Durie[8] to outline 10 principles of wellbeing, which include concepts such as physical health, cultural identity and relationships. These principles, while New Zealand-centric are also grounded in international evidence and best practice. They bring together dimensions that extend beyond mental wellbeing to cultural, community and physical wellbeing.

HPA's initial focus is on two population groups – young people (particularly Māori) aged 12 to 24 years and hapū mama/pregnant women. We will concentrate our work with these population groups in three different and distinct settings including workplaces, communities and primary health care.

Health education catalogue

HPA manages the health education catalogue on behalf of the Ministry of Health. Health education resources aim to improve health literacy so that people can manage and improve their health and wellbeing by having access to free public health information. The resources are ordered through the health education website and District Health Board Authorised Providers and are distributed to health professionals, service providers, and the general public. HPA will continue to refine the health education catalogue and related content to reflect changing customer needs. We are working to ensure the catalogue and website are easily understandable, accessible, efficient, and reflect current health priorities and emerging needs.

5 https://wellington.cancernz.org.nz/assets/Sunsmart/Information-sheets/CostsofSkinCancer-NZ-22October2009.pdf
6 https://www.health.govt.nz/publication/cancer-new-registrations-and-deaths-2013
7 https://www.sunsmart.org.nz/sites/default/files/documents/FINAL-Strategy-28Mar2017.PDF
8 Durie, Mason (1999), 'Te Pae Mahutonga: a model for Māori health promotion', *Health Promotion Forum of New Zealand Newsletter* 49, 2-5 December 1999.

Research and evaluation

HPA delivers a range of research that is used both internally and externally to inform policy, practice and future research. This includes the following national surveys:

- The Health and Lifestyles Survey (HLS) monitors the health behaviour and attitudes of New Zealand adults aged 15-years-old and over, and parents and caregivers of 5 to 16-year-olds. The HLS collects information relating to alcohol, tobacco control, mental health, sun safety, gambling participation and gambling-related harm, immunisation, nutrition and physical health. The survey has been conducted every two years since 2008.
- The New Zealand Smoking Monitor (NZSM) is a continuous monitor providing information on smokers' and recent quitters' knowledge, attitudes and behaviour.
- The New Zealand Youth Tobacco Monitor (NZYTM) provides information about adolescents' smoking related knowledge, attitudes and behaviour, and monitors the risk and protective factors that relate to young people taking up smoking. The NZYTM comprises the ASH (Action on Smoking and Health New Zealand) Year 10 Snapshot (annual, with approximately 20,000 respondents) and HPA's Youth Insights Survey (YIS) (conducted every two years, with approximately 3,000 respondents).
- The Mental Health Monitor is a survey designed to monitor mental health-related issues in New Zealand. It started in 2015.

HPA has a specific statutory function to provide research on alcohol-related issues. Diverse alcohol-related research projects are delivered, both commissioned and in-house work. 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. In 2019 we will be redeveloping an alcohol survey to monitor changes in attitudes and behaviours.

In 2018/19 HPA will develop a new online research tool 'HPA Data Explorer' to increase the usefulness of data collected from our major monitoring survey, the HLS. The tool will provide user-friendly, interactive, self-service access to key data and reduce the time lags common for reporting such survey results.

Non-baseline funding

As well as the activities outlined in the work programme above, HPA agrees additional projects with the Ministry of Health throughout the year. In 2017/18 this included work in oral health, Human Papillomavirus (HPV), stroke, childhood obesity and Health Star Ratings. HPA will continue to be responsive to these requests and will report on any non-baseline initiatives in its 2019 annual report.

Measuring Our Success

HPA's activities in 2018/19 will contribute to our strategic intentions. While we do not report on every activity we undertake, we will measure the success of key activities against what we set out to achieve, as shown in the following tables. We have directly aligned these measures with the five key themes of the New Zealand health strategy.

Output class one performance measures

Promoting health and wellbeing – education, marketing and communications

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

KEY TO NZHS THEME: = people-powered = closer to home = value and high performance = one team = smart system

	NZHS theme	Activities	Performance measures	Comparative data	Source
Alcohol					
1		Say Yeah Nah alcohol moderation marketing	Increase in the percentage of the target audience who have seen HPA's alcohol moderation marketing and report it helped or encouraged at least three positive behaviours: • to say 'no' • to drink water between drinks • to start drinking slower • to think about own drinking • to accept others who say 'no' • to encourage others to ease up.	Baseline 74% (2016/17)	Campaign Monitor
Tobacco Control					
2		Stop Before You Start at-risk young adult campaign	Increase in the percentage of the target audience who have seen the Stop Before You Start campaign and report they hold negative beliefs and attitudes to smoking (averaged across four negative beliefs and attitudes[9]).	Baseline average 63.5% (2017)	Stop Before You Start follow-up survey

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

	NZHS theme	Activities	Performance measures	Comparative data	Source
Mental Health					
3		Digital tools to help New Zealanders experiencing depression and/or anxiety	Maintain or improve the proportion of visitors to depression.org.nz and thelowdown.co.nz that report they found the website useful.[10]	91% (2017)	User survey
Minimising Gambling Harm					
4		Choice Not Chance gambling campaign	Increase the number of online self-help tools available to at-risk gamblers on the Choice Not Chance website by May 2019.	Seven self-help tools (May 2018)	Choice Not Chance website

Revenue	**$14,106,000**	**Expenditure**	**$14,106,000**	**Surplus/(deficit)**	**$0**

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

Output class two performance measures

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

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

KEY TO NZHS THEME: = people-powered = closer to home = value and high performance = one team = smart system

	NZHS theme	Activities	Performance measures	Comparative data	Source
Cross Programme					
5		Professional development of health and other relevant workforces	At least 85% of participants who attended HPA-supported professional development events report it was useful for their work[11] (for example the Melanoma Summit and the Smokefree seminar series).	Comparative information not available	Evaluation reports
6		Provision of advice, resources and tools to enable local health promotion and other community-based activities	At least 85% of a sample of those who have received resources, tools or advice from HPA report satisfaction with the service they received.[12]	Comparative information not available	User survey
7			At least five new or revised resources or tools are developed across HPA work programmes to enable local health promotion activities.	Comparative information not available	New or revised tools or resources

Revenue	$10,068,000	Expenditure	$10,068,000	Surplus/(deficit)	$0

11 Top two categories of a five point scale
12 Top two categories of a five point scale

Output class three performance measures

Informing health promoting policy and practice – policy advice and research

HPA provides policy, advice and research to inform decision making on best practice and policy to promote health and wellbeing and reduce injury and other harm. This includes monitoring health indicators, behaviours and attitudes. HPA offers specialist knowledge and expertise in developing and delivering successful, nationally integrated health promotion and harm reduction strategies.

KEY TO NZHS THEME: = people-powered = closer to home = value and high performance = one team = smart system

	NZHS theme	Activities	Performance measures	Comparative data	Source
Research					
8		Provide high quality and relevant research, HPA monitors, data analysis and outputs to support HPA's programme and external stakeholders.	At least five alcohol-related research reports are produced by 30 June 2019.	Five in 2017/18	Published reports
9			At least one report based on analysis of the Health and Lifestyles Survey 2018 is published on the HPA website by 30 June 2019.	Comparative information not available	Published report
10			At least one mental health report based on analysis of the Mental Health Survey 2018 is published on the HPA website by 30 June 2019.	Two in 2017/18	Published report
11			Tobacco report (using Youth Insight Survey 2018 data) is completed by 30 June 2019.	One in 2017/18	Published report

Revenue	**$3,634,000**	**Expenditure**	**$3,634,000**	**Surplus/(deficit)**	**$0**

Non-baseline funding

KEY TO NZHS THEME: = people-powered = closer to home = value and high performance = one team = smart system

		Activity	Measure	Source
12		Research, plan, develop and implement health promotion initiatives to meet emerging needs identified by the Ministry of Health and/or other agencies	HPA delivers against the objectives of the initiatives.	Evaluation reports

Prospective Financial Statements

Prospective Statement of Comprehensive Revenue and Expense

SPE Budget 2017/18 $000	Estimated Actual 2017/18 $000		Budget 2018/19 $000	Budget 2019/20 $000	Budget 2020/21 $000
		Revenue			
11,530	11,530	Alcohol levy	11,530	11,530	11,530
16,048	18,511	Funding from the Crown	16,048	16,048	16,048
130	260	Interest	130	130	130
-	493	Other	100	-	100
27,708	**30,794**	**Total revenue**	27,808	27,708	27,808
		Expenditure			
56	56	Audit Fees	58	58	58
155	147	Board	155	158	161
81	80	Depreciation	66	41	15
558	366	Equipment, supplies & maintenance	468	470	472
666	682	Occupancy	689	691	693
753	471	Other operating	499	505	512
9,289	9,116	Personnel	10,067	10,267	10,471
16,150	19,876	Programmes	15,806	15,518	15,426
27,708	**30,794**	**Total expenditure**	**27,808**	**27,708**	**27,808**
-	**-**	**Surplus/(deficit)**	**-**	**-**	**-**

Prospective Statement of Comprehensive Revenue and Expense

Restated by Revenue Source

SPE Budget 2017/18 $000	Estimated Actual 2017/18 $000		Budget 2018/19 $000	Budget 2019/20 $000	Budget 2020/21 $000
		Alcohol			
		Revenue			
11,530	11,530	Levy	11,530	11,530	11,530
30	50	Interest	30	30	30
11,560	**11,580**	**Total revenue**	**11,560**	**11,560**	**11,560**
11,560	**11,580**	**Total expenditure**	**11,560**	**11,560**	**11,560**
		All other			
		Revenue			
16,048	18,511	Funding from the Crown	16,048	16,048	16,048
100	210	Interest	100	100	100
-	493	Other	100	-	100
16,148	**19,214**	**Total revenue**	**16,248**	**16,148**	**16,248**
16,148	**19,214**	**Total expenditure**	**16,248**	**16,148**	**16,248**
27,708	**30,794**	**Grand total revenue**	**27,808**	**27,708**	**27,808**
27,708	**30,794**	**Grand total expenditure**	**27,808**	**27,708**	**27,808**
-	**-**	**Surplus/(deficit)**	**-**	**-**	**-**

Prospective Statement of Changes in Equity

SPE Budget 2017/18 $000		Budget 2018/19 $000	Budget 2019/20 $000	Budget 2020/21 $000
2,658	Balance at 1 July	2,658	2,658	2,658
–	Total comprehensive revenue and expense for the year	–	–	–
2,658		**2,658**	**2,658**	**2,658**

Prospective Statement of Financial Position

SPE Budget 2017/18 $000		Notes	Budget 2018/19 $000	Budget 2019/20 $000	Budget 2020/21 $000
	Assets				
	Current assets				
250	Cash and cash equivalents		250	250	250
4,000	Investments	1	4,000	3,750	4,000
1,900	Receivables	2	2,100	2,000	2,000
6,150	**Total current assets**		**6,350**	**6,000**	**6,250**
	Non-current assets				
216	Property, plant and equipment	5	202	181	186
216	**Total non-current assets**		**202**	**181**	**186**
6,366	**Total assets**		**6,552**	**6,181**	**6,436**
	Liabilities				
	Current liabilities				
3,318	Payables	3	3,494	3,128	3,373
390	Employee entitlements	4	400	395	405
3,708	**Total current liabilities**		**3,894**	**3,523**	**3,778**
2,658	**Net assets**		**2,658**	**2,658**	**2,658**
	Equity				
2,658	Contributed capital		2,658	2,658	2,658
-	Accumulated surplus/(deficit)		-	-	-
2,658	**Total equity**		**2,658**	**2,658**	**2,658**

Notes:

1. Represents the balance of funds on term deposit. All deposits will mature within 12 months. Current Term Deposits are deposited with ANZ, ASB, BNZ and Westpac.
2. Includes levies collected by NZ Customs.
3. Includes payables, accrued expenditure, salary accrual and taxes.
4. Includes annual and long service leave.
5. Represents net book value, i.e. cost less provision for accumulated depreciation.

Notes to the Prospective Financial Statements

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.

Basis of preparation

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

The prospective financial statements comply with PBE accounting standards.

Presentation currency and rounding

The prospective 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 prospective 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 prospective 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 prospective 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.

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 prospective 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).

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.

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.

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 invoice date or when the grant conditions have been satisfied. Conditions can include either:

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

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

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

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

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

Critical judgements in determining accounting policies

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.

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

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

Grant expenditure

HPA has exercised judgement in developing its grant expenses accounting policy above as there is no specific accounting standard for grant expenditure. The accounting for grant expenditure has been an area of uncertainty for some time, and, as a result, there has been differing accounting practices for similar grant arrangements. With the recent introduction of the new PBE Accounting Standards, there has been debate on the appropriate framework to apply when accounting for grant expenses, and whether some grant accounting practices are appropriate under these new standards. A challenging area in particular is the accounting for grant arrangements that include conditions or milestones. HPA 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.

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.

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.

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

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.

Note 8: Property, plant and equipment

Accounting policy

Property, plant and equipment consists of multiple asset classes, which are all measured at cost less accumulated depreciation (if any) 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 hardware and software	3 years	33%
Books and Films	10 years	10%
Artwork		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 minismises the risk of this estimation uncertainty by:

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

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

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%

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

Critical accounting estimates and assumptions

Estimating useful lives and residual values of intangible assets
In assessing the useful lives of software assets, a number of factors are considered, including:

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

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

Note 10: Payables

Accounting policy

Short-term payables are recorded at the amount payable.

Note 11: Employee entitlements

Accounting policy

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

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

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

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

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

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.

Note 12: 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).

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 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.

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health promotion agency

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