Health Promotion Agency

Statement of Performance Expectations

2016/17

health promotion agency

health promotion agency

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June 2016

Contents

Foreword

We are pleased to present the Health Promotion Agency's (HPA's) Statement of Performance Expectations for 2016/17. It outlines HPA's work programme for the next financial year.

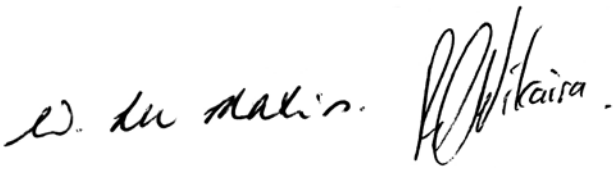
HPA's work continues to span a range of major issues including alcohol, tobacco control, mental health, immunisation, nutrition and physical activity, minimising gambling harm, and skin cancer prevention. We also manage the development and distribution of national health education resources. HPA is often called on at short notice to provide tactical health promotion communications and marketing support to other government-led initiatives.

We are mindful of the need to achieve efficiencies in our work. We aim to provide best value for money for the Government by seeking ongoing improvements, focusing our activities where we can make the most impact and working in partnership with government agencies and others.

HPA will continue to look to leverage opportunities to make the most of our expertise and relationships as we work across the health sector and with other sectors to maximise our contribution to the Government's priority areas. HPA is responsive to the needs of communities, connecting and engaging with individuals and groups, and being innovative in our approaches.

Over the coming financial year HPA will work in settings such as workplaces and sports and in the education sector to help spread key messages where New Zealanders live, work, study and play. HPA will continue to promote health and wellbeing through education, marketing and communications and provide policy advice and research to assist and inform others.

The Board looks forward to another successful year.

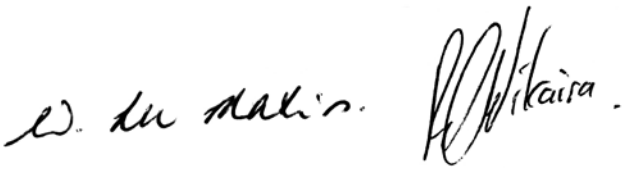


Dr Lee Mathias
Chairman
Health Promotion Agency

Rea Wikaira
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
Health Promotion Agency
26 May 2016

Rea Wikaira
Deputy Chairman
Health Promotion Agency
26 May 2016

HPA Board

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

Dr Lee Mathias (Chairman)

Rea Wikaira (Deputy Chairman)

Barbara Docherty

Dr Monique Faleafa

Tony O'Brien

Professor Grant Schofield

Jamie Simpson

The Chief Executive is Clive Nelson.

About the Health Promotion Agency

The Health Promotion Agency (HPA) was established on 1 July 2012. HPA continues to build strong relationships with other organisations providing leadership, acting as a catalyst for change, and encouraging collaboration.

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

HPA's mission is to inspire all New Zealanders to lead healthier lives.

HPA has a unique position:

- HPA is agile and effective in its work.
- HPA is a multi-disciplinary organisation, with particular skills in marketing and communications.
- HPA is well connected, with excellent working relationships with government and non-government organisations, and with many different communities in which New Zealanders live, work, study and play.

Legislative mandate

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

HPA has an overall function to lead and support activities to:

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

HPA also has alcohol-specific functions to:

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

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

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

Contributing to government priorities

HPA's planning is guided by the Minister of Health's annual Letter of Expectations. The Letter of Expectations for 2016/17 emphasises the need for a team approach across the health and disability system, and continuing to improve efficiency and effectiveness by working together. The Minister also notes that the Ministry of Health has progressed the New Zealand Health Strategy, and HPA will continue to contribute to this work.

In addition to the 2016/17 ministerial expectations of all health Crown entities, the Minister of Health expects that HPA will:

- continue to work to identify, as the Crown's preferred provider of health promotion activities, any new areas where HPA can leverage off its strengths to bring value
- actively work across the sector and with other sectors to maximise HPA's contribution to the Government's priority areas, particularly the health targets, Healthy Families New Zealand, childhood obesity, oral health and mental health. This will see HPA facilitating strategic relationships to engage with New Zealanders where they live, study, work and play
- develop the performance measures in the next Statement of Performance Expectations to ensure the quantity, timeliness and quality of all measures, and ensuring a desirable level of 'stretch' for each.

HPA will continue to support health sector priorities, including government health targets and in particular the targets of increased immunisation and better help for smokers to quit.

Two of the Government's 10 Better Public Services result areas relate specifically to health and HPA – increasing immunisation and reducing rheumatic fever.[1]

HPA will support the New Zealand Health Strategy.

HPA aims to ensure financial sustainability by setting tight, realistic budgets and practising careful management.

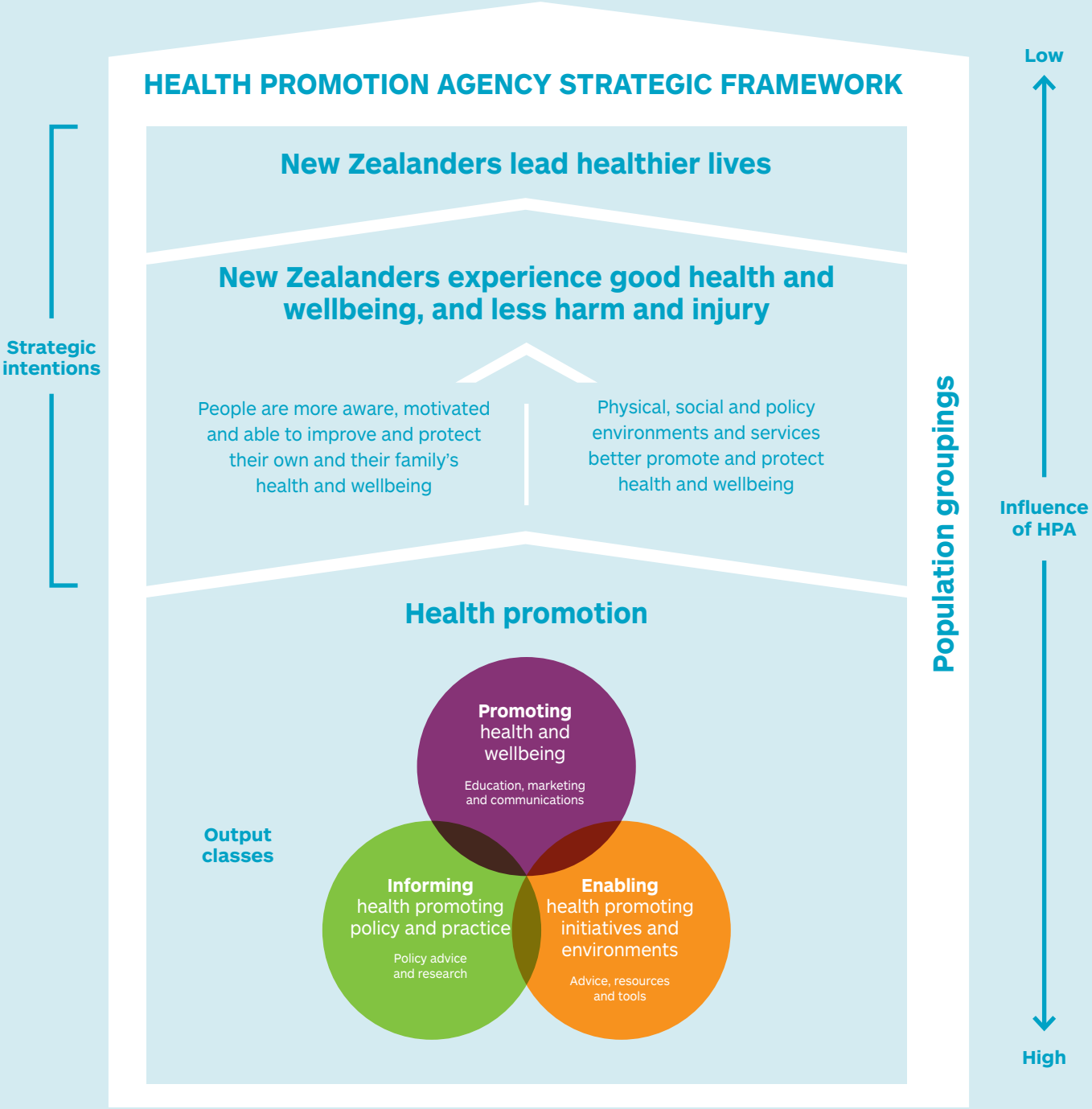
1 Available at: http://www.ssc.govt.nz/bps-results-for-nzers

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.

Strategic intentions

HPA aims to contribute to the achievement of national health priorities by helping New Zealanders experience good health and wellbeing, and less harm and injury. HPA works to provide knowledge, motivation and skills, and to help improve the physical, social and policy environments where people live, work, study and play.

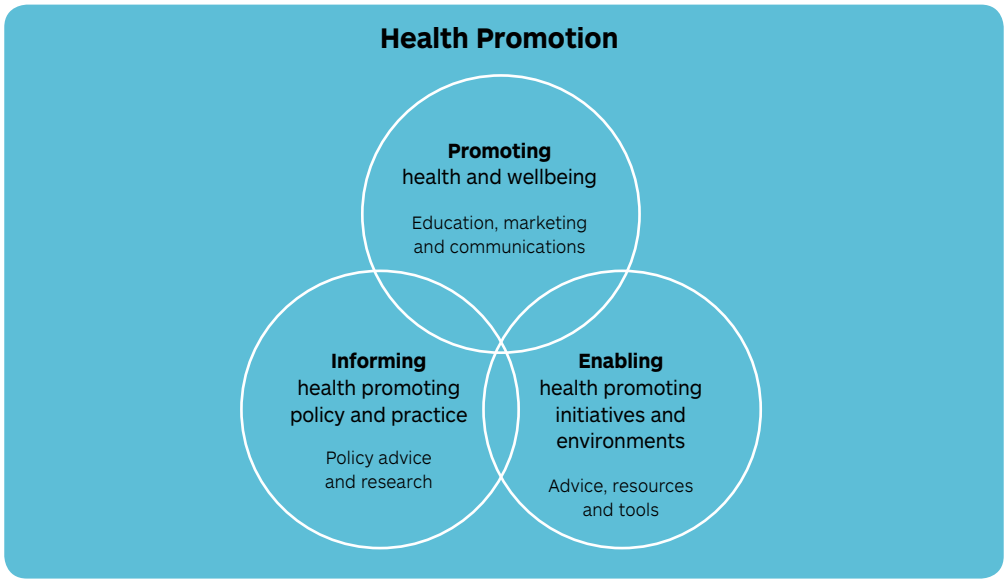
New Zealanders experience good health and wellbeing, and less harm and injury

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

Output classes

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 intentions.



Output class one – Promoting health and wellbeing

Education, Marketing and Communications

HPA designs and delivers a range of education, marketing and communications strategies, including national media campaigns and other activities and resources.

In some areas of work there are considerable gains to be made by targeting specific populations. Identifying and focusing health promotion activities to help improve the health and wellbeing of Māori, Pacific and youth as priority audiences is a crucial focus for HPA.

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. 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, sport and education settings.

Strong partnerships are key to HPA's success. HPA works closely with a large number of stakeholders, including:

- Ministry of Health
- public health units
- primary health services
- policy makers
- the community and voluntary sector
- central government agencies
- education sector agencies
- media
- district health boards
- primary health organisations
- health professional associations
- non-government organisations
- territorial authorities
- businesses and employers
- academics and researchers.

Output class three – Informing health promoting policy and practice

Policy Advice and Research

HPA provides policy advice to inform decision making and policy to improve New Zealanders' health and wellbeing and to reduce injury and other harm. HPA offers specialist knowledge and expertise in developing and delivering successful, nationally integrated health promotion and harm reduction strategies. Policy activities include:

- informing the development of public health policy
- providing expert advice on health promotion and harm reduction strategies across a wide range of health issues
- providing advice and making recommendations on alcohol-related public policy
- advising on best health promotion practice.

HPA undertakes research to:

- monitor key health indicators, behaviours and attitudes
- inform and evaluate activities, programmes and initiatives
- gather intelligence and identify emerging health issues.

HPA's Work Programme

HPA continues to work across population groups such as youth and across settings eg, workplaces, acting as a catalyst for change spanning a range of major issues. These include:

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

HPA is often asked by its Ministers and the Ministry of Health to provide tactical health promotion, communications and marketing support to other government-led public health initiatives. It is common for these requests to come at short notice and after the start of the financial year.

HPA reports on additional activities in its annual report.

Alcohol

Most adult New Zealanders drink alcohol and many drink at moderate levels. However, the 2012/13 New Zealand Health Survey found that half of drinkers had drunk to intoxication at least once in the last year and 8% reported drinking to intoxication at least weekly. Those doing so were more likely to be in the younger age groups (15 to 34-years-old). Drinkers in these younger age groups were also more likely to experience alcohol-related harm to their physical and mental health and more alcohol-related injuries. About one in five women who were pregnant in the last 12 months had drunk alcohol at some point, with one in six continuing to drink during their pregnancy. More than two-thirds (68%) of pregnant women who had ever drunk alcohol received advice not to drink alcohol during pregnancy.[2]

The Say Yeah, Nah/Ease up on the drink marketing campaign will continue to be developed. Targeted primarily at 18 to 35-year-old risky drinkers who are open to change, it encourages drinkers to ease up and supports those people who choose not to drink.

The alcohol and pregnancy work programme that commenced in 2014/15 will continue in 2016/17. Marketing and communication activities will primarily target young women who drink moderately to hazardously, while other activities will support health professionals to deliver a routine, consistent and effective response to women about drinking alcohol during pregnancy.

HPA's alcohol work will also include policy advice in areas such as the implementation of the National Drug Policy, the development of the Ministry of Health's Fetal Alcohol Spectrum Disorder (FASD) action plan, interagency family violence policy work, and other alcohol-related policy work at the central and local government levels.

Drinking alcohol from a young age is strongly associated with later negative outcomes. HPA will work with others to help delay the initiation and escalation of drinking among young people, reduce the social supply of alcohol to minors, with a specific focus on parents and peers, and improve young people's overall wellbeing. This work will be supported by community-led activities to discourage the social supply of alcohol to under 18-year-olds and enhance parents' knowledge and their ability to keep their children alcohol-free for as long as possible.

HPA will provide advice, resources and tools to support the effective operation of the Sale and Supply of Alcohol Act 2012. We will also work with stakeholders to encourage the improved management of alcohol at large events and in licensed premises, workplaces, marae and public places.

HPA will continue to work with communities to increase their ability to take action to reduce the alcohol-related harm they see around them. This will include encouraging them to participate in decision making about how alcohol is sold, supplied and consumed in their neighbourhood.

It is important that stakeholders, including the New Zealand public, are provided with evidence-based knowledge and expert advice about alcohol. HPA will provide a range of alcohol-related information, tools and resources that are accessible, usable and up-to-date.

2 Ministry of Health. 2015. *Alcohol Use 2012/13:New Zealand Health Survey.* Wellington: Ministry of Health.

Mental Health

HPA has two mental health programmes.

The National Depression Initiative

It is common for people in New Zealand to experience mental illness, with 46.6% of the population likely to develop a mental health disorder at some time in their lives. In relation to common mental health disorders, 5.7% of New Zealanders (aged 16-and-over) are predicted to experience depression over a 12-month period and 14.8% of the population are likely to experience an anxiety disorder. Approximately half of the people with a mood disorder and a quarter of the people with anxiety disorder will have both depression and anxiety.[3]

The National Depression Initiative (NDI) works to reduce the impact of depression and anxiety on the lives of New Zealanders by strengthening the individual, family and social factors that help them to recognise and meet the challenge of depression, and to build wellbeing and resilience. The NDI programme is supported by an advisory group of specialists in mental health, as well as research and online services.

The NDI programme consists of promotion directly with sector groups, national advertising and two websites. The depression.org.nz website for adults includes information and an online self-help tool (the Journal). Support services are provided by Homecare Medical including telephone support and text messaging. Other supporting resources are also available. Sir John Kirwan, an ambassador of this programme is a strong public advocate. The NDI also includes a youth-specific programme stream, which consists of thelowdown.co.nz website, and accompanying social media and online support and youth sector engagement. HPA will continue to enhance these resources and tools to meet the needs of specific population groups that have higher risk of mental distress and illness.

HPA will provide leadership and support for communities to increase their responsiveness to depression and anxiety and increase community wellbeing. Activities will include supporting the integration of the NDI with primary health care, promoting mentally healthy workplaces and developing relationships with other organisations to help promote wellbeing.

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 illness/distress. Strategic development of the programme is supported through a joint agency group made up of the Ministry of Health and HPA. Through a combination of a media campaign and community activity, Like Minds, Like Mine promotes inclusive attitudes, behaviours and structures in the New Zealand social environment.

The programme will guide and support community action to increase the capacity of social environments to remove barriers for those who are most excluded. A stream of work to support health professionals in their practice with people who are experiencing mental distress will be established. Through active links with peer programmes internationally, Like Minds, Like Mine will contribute to the body of knowledge for anti-stigma programmes.

Tobacco Control

HPA is one of the leading organisations working toward the Government's goal that New Zealand be smokefree by 2025, with a smoking prevalence of less than 5% of the population. HPA will contribute to this by focusing on at-risk population groups, particularly Māori and Pacific, young adults (17 to 24 years) and youth (12 to 17 years).

Smoking rates continue to fall across most age groups, with an overall prevalence of 16.6% (men 18.2%, women 15%).[4] Reducing smoking among Māori is a major focus for HPA's tobacco control programme as smoking rates remain high at 38.1% for all Māori, with the highest rates for Māori women at 41.8% (Māori men are at 34%).[5] These rates persist and have not significantly shifted over recent surveys (2014 39%, 2012 39%, 2006 42%).[6]

3 Oakley Browne, M.A., Wells, J.E., & Scott, K.M. (eds). (2006). *Te Rau Hinengaro: The New Zealand Mental Health Survey.* Wellington: Ministry of Health.

4 Ministry of Health. (2015). *Annual Update of Key Results 2014/15: New Zealand Health Survey.* Wellington: Ministry of Health.

5 Ibid.

6 Ministry of Health. (2014). *Tobacco Use 2012/13: New Zealand Health Survey.* Wellington: Ministry of Health.

Smoking rates of young adults have remained consistently high and are now the highest prevalence age group at 23.8% (men 26.8%, women 20.5%).[7] For this reason, our principal campaign targets young adults. The last Tobacco Use Survey reported that, despite a significant drop of 36% in current smoking rates for 15 to 19-year-olds, the smoking rates for 20 to 24-year-olds reduced by only 7% (non-significant) and are particularly high for women in this age range.[8]

Formative work and the Stop Before You Start campaign evaluation have provided significant understanding of the attitudes and behaviour of young adults towards smoking, especially those of Māori young adults. This will inform our overall strategic approach, which includes cultural, regional, and settings-based smokefree messaging.

Pacific people have the second highest smoking rates of all ethnic groups at 24.7% (men 26.5%, women 23.1%).[9] Pacific people also have the fastest progression from experimental to regular smoking of any ethnic group.[10] It is crucial that these high smoking rates are addressed, particularly among Pacific young adults. Building on formative work undertaken in 2015/16 to focus on the high smoking rates of young adults, the next phase will address the insufficient information available for Pacific young adults.

Youth (12 to 17 years) continue to be an important audience for tobacco control, with the focus being the promotion of pro-smokefree attitudes and behaviours. HPA partners with organisations such as Rockquest Promotions to sponsor Smokefreerockquest and Smokefree Pacifica Beats. HPA also works with the education sector to encourage smokefree environments for youth. We continue to work collaboratively with the tobacco control sector.

Minimising Gambling Harm

Gambling-related harm is an important health issue in New Zealand that has significant negative health, social and economic implications. Through the Choice Not Chance campaign, HPA's work aims to increase awareness of the early signs of harmful gambling and motivate people to seek help and take positive action early, both for themselves and for others they care about. This will include mass media messages and website tools as well as supporting the minimising gambling harm sector to deliver the messages at a local level.

The harm experienced by low socio-economic groups and Māori and Pacific communities is of particular concern so this will be a priority for HPA. The Ministry of Health Strategy to Prevent and Minimise Gambling Harm 2016-2019 identifies ongoing inequalities for Māori and Pacific audiences and sets out an expectation that HPA will boost its activities focused on these audiences.[11]

The work of frontline minimising gambling harm services is integral to making progress in minimising harm from gambling. HPA will continue to support and up-skill the sector. Activities will focus on tips, advice, ideas and resources to help support message delivery at a local level.

HPA also seeks to help create a safer gambling environment, by promoting venue-based messages and providing support materials to staff. HPA will continue to work in partnership with the Department of Internal Affairs and the Ministry of Health to develop harm minimisation approaches that help Class 4 venues (venues with electronic gaming machines). Work will focus on supporting the implementation of the Gamble Host pack and developing innovative and effective approaches for training venue staff.

7 Ibid.
8 Ibid.
9 Ministry of Health. (2015). *Annual Update of Key Results 2014/15: New Zealand Health Survey.* Wellington: Ministry of Health.
10 Ministry of Health. (2014). *Tobacco Use 2012/13: New Zealand Health Survey.* Wellington: Ministry of Health.
11 Available at http://www.health.govt.nz/

Health Education

Health education resources aim to improve health literacy so that people can manage and improve their health and wellbeing by having free access to preventive public health information. The resources are distributed through the health education website and District Health Board Authorised Providers to health service providers and professionals and the general public. HPA will continue to refine the content to reflect technological advances and changing consumer needs and preferences. We are working to ensure the catalogue and website are easily understandable, accessible and efficient, and reflect health priorities and any emerging needs. HPA will work with providers responsible for the development of health education resources to improve the catalogue.

Skin Cancer Prevention

Skin cancer is by far the most common cancer affecting New Zealanders. It has been estimated that all types of skin cancer account for just over 80% of all new cancers.[12] Melanoma was the fourth most commonly registered cancer in 2012, accounting for all registrations, and the fifth most common cause of death from cancer for men and seventh for women.[13]

The sector-led New Zealand Skin Cancer Primary Prevention and Early Detection Strategy aims to reduce the incidence and impact of skin cancer.[14] This strategy guides HPA's activities. HPA and the Melanoma Network (MelNet) will convene a group of experts in September 2016 to develop the 2018-2021 Strategy.

HPA's Skin Cancer Prevention programme encourages New Zealanders to practise sun safe behaviours and reduce excessive exposure to ultraviolet radiation. HPA promotes the Sun Protection Alert (developed in association with MetService and NIWA), which provides daily information enabling New Zealanders to identify the times in their own region when they should use sun protection. HPA is also developing tools and resources to help primary health care professionals to provide the most appropriate advice on skin cancer prevention.

Nutrition and Physical Activity

Good nutrition, regular physical activity and a healthy body weight are essential for health and wellbeing and for reducing the risk of diseases such as obesity, cardiovascular disease, diabetes, stroke and some cancers. Good nutrition and regular physical activity can also have positive effects on people's mental wellbeing. Obesity rates in New Zealand are high and one in three adults (aged 15 and over) are obese (31%) and a further 35% are overweight. The obesity prevalence of New Zealand children is also high, with recent data showing 22% of children are overweight and 11% are obese.[15]

HPA's nutrition and physical activity programme supports government initiatives such as the Health Star Rating (HSR) nutrition labelling programme, the childhood obesity plan, and Healthy Families New Zealand. The Ministry of Health's Eating and Activity Guidelines provide the evidence base for HPA's nutrition and physical activity programme. HPA promotes these guidelines to the public and health professionals through its programmes and networks. This includes providing healthy eating and activity solutions through a variety of settings such as workplaces and directly to families.

The HSR is a voluntary programme using a star rating scale on packaged foods to identify those with better nutritional value. The Ministry for Primary Industries manages the HSR programme. HPA is responsible for delivering the consumer marketing campaign with the aim of increasing consumers' awareness, understanding and use of the HSR and will conduct appropriate research and monitoring.

12 O'Dea, D. (2009). *The Costs of Skin Cancer to New Zealand.* Wellington: Cancer Society of New Zealand.
13 Ministry of Health. (2015). *Cancer: New Registrations and Deaths 2012.* Wellington: Ministry of Health.
14 Available at: http://sunsmart.org.nz
15 Ministry of Health. (2015). *Annual Update of Key Results 2014/15: New Zealand Health Survey.* Wellington: Ministry of Health.

Immunisation

The national immunisation programme is led by the Ministry of Health. The Ministry's vision 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. The Ministry of Health achieves its work through the four work programmes below.

1. Increase immunisation coverage for infants and improve coverage rates at ages two and five years
2. Improve immunisation coverage for adolescents and pregnant women
3. Sustain the annual influenza immunisation programme
4. Maintain the overall immunisation programme.

HPA provides the Ministry with communications and marketing support to help it achieve its immunisation aims. This includes working with the Ministry of Health on strategy and resource development, as well as promotions to increase target audience exposure to immunisation messages.

Research and Evaluation

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

- The Attitudes and Behaviour towards Alcohol Survey is an annual survey of 15-year-olds and over that collects information on behaviour and experiences of drinking alcohol (within the previous month and last drinking occasion) and attitudes towards alcohol use.
- 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, problem gambling, immunisation, nutrition and physical health. The survey has been conducted biennially 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 broad spectrum of risk and protective factors that relate to smoking uptake among young people. The NZYTM comprises the ASH (Action on Smoking and Health New Zealand) Year 10 Snapshot (annual, with approximately 30,000 respondents) and HPA's Youth Insights Survey (YIS) (biennial, with approximately 3,000 respondents).
- The Mental Health Monitor is an annual survey designed to monitor mental health-related issues in New Zealand. The inaugural Mental Health Monitor took place in 2015.

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.

Reporting our Performance

HPA has a Statement of Intent for 2014-2018.
That document includes three strategic intentions:

- New Zealanders experience good health and wellbeing, and less harm and injury.
- People are more aware, motivated and able to improve their own and their family's health and wellbeing.
- Physical, social and policy environments and services better promote and protect health and wellbeing.

Each strategic intention has goals to 2018, with appropriate indicators. We report on progress in HPA's annual report. HPA's activities in 2016/17 will contribute to the achievement of these goals, and, while we do not report on every activity we undertake, indicators of the success of activities are shown in the following tables.

Output class one performance indicators

Promoting health and wellbeing – education, marketing and communications

	Context	Activity	Strategic Intention	Performance Indicators	Source
Alcohol					
1	The target audience for the Say Yeah, Nah campaign and supporting initiatives is medium and high-risk drinkers aged 18 to 35 who are open to change.	Alcohol moderation initiatives.	People are more aware, motivated and able to improve and protect their own and their family's health and wellbeing.	Proportion of target audience helped or encouraged to say 'no' when they didn't want a drink is improved. 38% in 2015, baseline 17% in 2013	Campaign monitor.
Mental Health					
2	HPA manages two websites under the National Depression Initiative for New Zealanders with depression and anxiety and those who support them: depression.org.nz for those aged 20 plus; and thelowdown.co.nz for young people aged 12 to 19. In 2015 and 2016 HPA has been refreshing the content and functionality of the websites to improve their quality and responsiveness.	National media campaigns and supporting initiatives promote awareness and the use of websites.	New Zealanders experience good health and wellbeing and less harm and injury.	At least 80% of visitors to depression.org.nz or thelowdown.co.nz agree they found the website useful.	Website survey, monitor, and/or evaluation.
Tobacco Control					
3	Young adults (18 to 24) have the highest rate of smoking of any age group in New Zealand. HPA will develop an approach to engage young adults in priority populations.	Implement an approach to engage with young adults in at least one priority population.	New Zealanders experience good health and wellbeing and less harm and injury.	Develop a new approach for the Stop Before You Start campaign to engage effectively with young adults in at least one priority population by 31 December 2016. Implementation commenced by 1 April 2017.	Administration data.

Revenue	$14,815,000	**Expenditure**	$14,815,000	**Surplus/(deficit)**	$0

Output class two performance indicators

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

	Context	Activity	Strategic Intention	Performance Indicators	Source
Alcohol					
4	HPA provides support (advice, resources and tools) to a diverse range of stakeholders to reduce alcohol-related harm.	Resources and advice are provided to individuals, communities and organisations to enable them to take action on alcohol.	Physical, social and policy environments and services better promote and protect health and wellbeing.	At least 80% of stakeholders who have used the resources or received advice indicate satisfaction with the resources or advice.	Resource users' surveys/ evaluation.
Mental Health					
5	HPA supports community initiatives through the Like Minds, Like Mine programme to promote more inclusive attitudes and behaviours.	Education and contact-based interventions are delivered to target audiences by Community Partnership Fund providers.	Physical, social and policy environments and services better promote and protect health and wellbeing.	Community partnerships are monitored through six-monthly reporting to HPA to ensure outcomes align with Like Minds, Like Mine National Plan 2014.	Community Partnership Fund evaluation and monitoring data.
Tobacco Control					
6	HPA provides support (advice, resources and tools) to the tobacco control sector to enable the sector to work more effectively.	Provision of sector support.	Physical, social and policy environments and services better promote and protect health and wellbeing.	The proportion of stakeholders who have received support indicating satisfaction with the support is maintained.	Resource users' surveys/ evaluation.
Gambling Harm					
7	HPA promotes host responsibility to stakeholders (Class 4 venues and societies/ trusts) working closely with the Department of Internal Affairs and Ministry of Health.	Promoting host responsibility.	Physical, social and policy environments and services better promote and protect health and wellbeing.	At least 80% of stakeholders indicate satisfaction with the Gamble Host training materials.	Sector Survey (DIA) and administration data.

	Context	Activity	Strategic Intention	Performance Indicators	Source
Skin Cancer Prevention					
8	HPA will work with primary health care professionals to help them provide advice and information about skin cancer prevention.	Skin cancer prevention activities.	Physical, social and policy environments and services better promote and protect health and wellbeing.	Deliver at least one tool and/or resource for primary health care professionals by 30 June 2017.	Administration data.
Immunisation					
9	HPA contributes to the achievement of the Better Public Services target of increasing immunisation, and Ministry of Health targets for immunisation programmes.	Immunisation tools and resources.	People are more aware, motivated and able to improve their own and their family's health and wellbeing.	Develop tools and resources as agreed with the Ministry of Health in the Statement of Work for Immunisation 2016/17.	Administration data.
Nutrition and Physical Activity					
10	HPA supports the Ministry of Health by promoting guidelines to the public and health professionals through a variety of settings.	Support Eating and Activity Guidelines.	Physical, social and policy environments and services better promote and protect health and wellbeing.	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.	Administration data.

Revenue	$9,628,000	**Expenditure**	$9,628,000	**Surplus/(deficit)**	$0

Output class three performance indicators

Informing health promoting policy and practice – policy advice and research

	Context	Activity	Strategic Intention	Performance Indicators	Source
Research and Evaluation					
11	HPA conducts a number of nationally significant monitors and research programmes that contribute to the understanding of health topics, and the behaviours and attitudes of New Zealanders.	Health and Lifestyles Survey	Physical, social and policy environments and services better promote and protect health and wellbeing.	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.	
12		Attitudes and Behaviour towards Alcohol Survey.		At least five papers/fact sheets will be produced using data from the 2015/16 Attitudes and Behaviour towards Alcohol Survey.	Administration data.
13		Mental Health Monitor.		Mental Health monitor fieldwork is completed by November 2016 and analysis commenced by June 2017.	Administration data.
14		New Zealand Youth Tobacco Monitor (NZYTM).		Data collection for the 2016 Youth Insights Survey is completed (approximately 3,000 respondents) by June 2017. Data collection for the 2016 Year 10 Snapshot is completed (approximately 30,000 respondents) by June 2017.	Administration data.

Revenue	$3,365,000	**Expenditure**	$3,365,000	**Surplus/(deficit)**	$0

Non-baseline funding			Source
15	Increased awareness of Health Star Rating.	Awareness of Health Star Rating is increased. 38% 2015/16.	Health Star ratings monitoring and evaluation report.

Prospective Financial Statements

Prospective Statement of Comprehensive Revenue and Expense

Budget 2016 – 2019

SPE Budget 2015/16 $000	Estimated Actual 2015/16 $000		Budget 2016/17 $000	Budget 2017/18 $000	Budget 2018/19 $000
		Revenue			
11,510	11,510	Alcohol levy	11,530	11,530	11,530
16,098	24,375	Funding from the Crown	16,048	16,048	16,048
200	300	Interest	130	130	130
200	110	Other	–	200	–
28,008	**36,295**	**Total revenue**	27,708	27,908	27,708
		Expenditure			
61	61	Audit Fees	54	55	56
172	151	Board	153	157	161
100	96	Depreciation	85	87	89
367	396	Equipment, supplies & maintenance	405	414	423
699	623	Occupancy	660	674	688
757	582	Other operating	529	540	551
8,778	8,885	Personnel	9,073	9,247	9,424
17,074	25,501	Programmes	16,749	16,734	16,316
28,008	**36,295**	**Total expenditure**	**27,708**	**27,908**	**27,708**
–	**–**	**Surplus/(deficit)**	**–**	**–**	**–**

Prospective Statement of Comprehensive Revenue and Expense

Budget 2016 – 2019

Restated by Revenue Source:

SPE Budget 2015/16 $000	Estimated Actual 2015/16 $000		Budget 2016/17 $000	Budget 2017/18 $000	Budget 2018/19 $000
		Alcohol			
		Revenue			
11,510	11,510	Levy	11,530	11,530	11,530
50	75	Interest	30	30	30
100	20	Other	–	100	–
11,660	**11,605**	**Total revenue**	**11,560**	**11,660**	**11,560**
11,660	**11,605**	**Total expenditure**	**11,560**	**11,660**	**11,560**
		All other			
		Revenue			
16,098	24,375	Funding from the Crown	16,048	16,048	16,048
150	225	Interest	100	100	100
100	90	Other	–	100	–
16,348	**25,529**	**Total revenue**	**16,148**	**16,248**	**16,148**
16,348	**24,690**	**Total expenditure**	**16,148**	**16,248**	**16,148**
28,008	**36,295**	**Grand total revenue**	**27,708**	**27,908**	**27,708**
28,008	**36,295**	**Grand total expenditure**	**27,708**	**27,908**	**27,708**
–	**–**	**Surplus/(deficit)**	**–**	**–**	**–**

Prospective Statement of Changes in Equity

Budget 2016 – 2019

SPE Budget 2015/16 $000		Budget 2016/17 $000	Budget 2017/18 $000	Budget 2018/19 $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

Budget 2016 – 2019

SPE Budget 2015/16 $000		Notes	Budget 2016/17 $000	Budget 2017/18 $000	Budget 2018/19 $000
	Assets				
	Current assets				
430	Cash and cash equivalents		250	250	250
4,000	Investments	1	3,750	4,000	4,000
2,050	Receivables	2	1,900	2,000	2,025
6,480	**Total current assets**		**5,900**	**6,250**	**6,275**
	Non-current assets				
133	Property, plant and equipment	5	410	390	375
133	**Total non-current assets**		**410**	**390**	**375**
6,613	**Total assets**		**6,310**	**6,640**	**6,650**
	Liabilities				
	Current liabilities				
3,610	Payables	3	3,250	3,600	3,600
345	Employee entitlements	4	402	382	392
3,955	**Total current liabilities**		**3,652**	**3,982**	**3,992**
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

Reporting entity

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

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

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

It also has functions specific to providing advice and research on alcohol issues.

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

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 period.

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 New Zealand Generally Accepted Accounting Practice (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).

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

Summary of significant accounting policies

Revenue

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

Interest
Interest revenue is recognised using the effective interest method.

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

HPA considers there are no conditions attached to the funding and it is recognised as revenue at the point of entitlement.

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
- in its other alcohol-related activities.

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

Grant expenditure

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

Leases

Operating leases
An operating lease is a lease that does not transfer substantially all the risks and rewards incidental to ownership of an asset to the lessee.

Lease payments under an operating lease are recognised as an expense on a straight-line basis over the lease term.

HPA leases office equipment and premises.

Cash and cash equivalents

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

Receivables

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

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

Investments

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

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

Property, plant and equipment

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

Property, plant and equipment are shown at cost or valuation, less accumulated depreciation and impairment losses.

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

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

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

Subsequent costs
Costs incurred subsequent to initial acquisition are capitalised only when it is probable that future economic benefits or service potential associated with the item will flow to HPA and the cost of the item can be measured reliably.

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

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

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

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

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

Intangible assets

Software acquisition and development
Acquired computer software licences are capitalised on the basis of the costs incurred to acquire and bring to use the specific software.

Costs that are directly associated with the development of software for internal use are recognised as an intangible asset.

Staff training costs are recognised as an expense when incurred.

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

Costs associated with the development and maintenance of HPA's website are recognised as an expense when incurred.

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

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

Acquired computer software	3 years	33%

Impairment of property, plant and equipment and intangible assets

HPA does not hold any cash-generating assets. Assets are considered cash-generating where their primary objective is to generate a commercial return.

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

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

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

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

Payables

Short-term payables are recorded at their face value.

Employee entitlements

Short-term employee entitlements
Employee entitlements that are due to be settled within 12 months after the end of the period in which the employee renders the related service are measured based on accrued entitlements at current rates of pay.

These include salaries and wages accrued up to balance date, annual leave earned but not yet taken at balance date and sick leave.

A liability for sick leave is recognised to the extent that absences in the coming year are expected to be greater than the sick leave entitlements earned in the coming year. The amount is calculated based on the unused sick leave entitlement that can be carried forward at balance date, to the extent that it will be used by staff to cover those future absences.

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

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

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

Superannuation schemes

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

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

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

Provisions

A provision is recognised for future expenditure of uncertain amount or timing when there is a present obligation (either legal or constructive) as a result of a past event, it is probable that an outflow of future economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

Provisions are measured at the present value of the expenditure expected to be required to settle the obligation.

Equity

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).

Goods and services tax (GST)

All 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.

Commitments and contingencies are disclosed exclusive of GST.

Income tax

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

Foreign currency transactions

Foreign currency transactions are translated into New Zealand dollars using the exchange rates prevailing at the dates of the transactions. Foreign exchange gains and losses resulting from the settlement of such transactions are recognised in the Prospective Statement of Comprehensive Revenue and Expense.

Cost allocation

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

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

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

Critical accounting estimates and assumptions

In preparing these 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 discussed below:

Property, plant and equipment useful lives and residual value
Prior to each balance date HPA reviews the useful lives and residual values of its property, plant and equipment. Assessing the appropriateness of useful life and residual value estimates of property, plant and equipment requires HPA to consider a number of factors such as the physical condition of the asset, expected period of use of the asset by HPA, and expected disposal proceeds from the future sale of the asset.

An incorrect estimate of the useful life or residual value will impact the depreciation expense recognised in the Prospective Statement of Comprehensive Revenue and Expense, and carrying amount of the asset in the Prospective Statement of Financial Position.

HPA minimises the risk of this estimation uncertainty by:

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

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

Revenue
Projected funding from the Crown will vary as programmes of work change in response to new government initiatives, health targets and priorities.

Projected revenue in 2016/17, 2017/18 and 2018/19 is based on programmes of work currently confirmed with MOH.

Personnel costs
Personnel costs will vary as programmes of work change in response to government health targets and priorities.

Critical judgements in applying HPA's accounting policies

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

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

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

HPA has exercised its judgement on the appropriate classification of equipment leases and has determined its lease arrangements are operating leases.

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