

Health Promotion Agency

Statement of Intent

2014 – 2018



PO Box 2142
Wellington 6140
New Zealand
hpa.org.nz

June 2014



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CONTENTS

Foreword	2
Board Statement	3
HPA Board	3
About the Health Promotion Agency	4
Legislative mandate	4
Contributing to government priorities	4
Responsibly managing finances	5
Reporting	5
Organisational health and capability	5
Strategic Framework	6
HPA's work programme	7
Strategic Objectives.....	8
Strategic objective one – New Zealanders experience better health and wellbeing, and less harm and injury	8
Strategic objective two – People are more aware, motivated and able to improve and protect their own and their family's health and wellbeing	8
Strategic objective three – Physical, social and policy environments and services better promote and protect health and wellbeing	8
Strategic Objectives Indicators	9
Alcohol	9
Tobacco	9
Gambling harm	10
Mental health	10
Nutrition and physical activity	10
Indicators for Strategic Objectives	11

FOREWORD

We are pleased to present the Health Promotion Agency's (HPA) Statement of Intent. It outlines HPA's strategic objectives for the next four years.

HPA is committed to inspiring all New Zealanders to lead healthier lives so that we, as a country, experience better health and wellbeing, and less harm, injury and disease. HPA does this by enabling people to be more aware, motivated and able to improve and protect their own and their family's health and wellbeing. We also work to encourage physical, social and policy environments and services that support people to lead healthier lives.

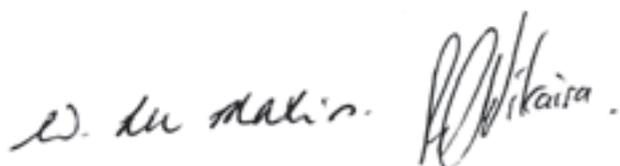
Improving the health of New Zealanders is the shared responsibility of everyone in the health sector but HPA occupies a central role as the Government's expert on health promotion.

Although HPA is a relatively new organisation, we continue to grow our influence and expertise as an organisation, leading and delivering health promotion initiatives. As such we are often called on at short notice to provide tactical health promotion, communications and marketing support to other government-led initiatives.

So while we work across a range of core topics, including alcohol, tobacco control, nutrition and physical activity, minimising gambling harm and sun safety, we ensure we retain the flexibility to respond quickly and effectively to such requests.

Over the next four years, HPA will continue building its relationships and partnerships with others in the sector to ensure we are able to recognise the linkages with others to achieve efficiencies in our work, maximise HPA's contribution to the Government's priority areas and achieve our long-term strategic objectives.

Like other state sector organisations, the Board is mindful of the financial constraints under which we operate. As an organisation, HPA is working to provide best value for money for the Government by continuing to make ongoing improvements in the way we work and are governed, focusing our activities where we can make the most impact, working in partnership, wherever possible, with other government agencies, and managing our organisational costs effectively.

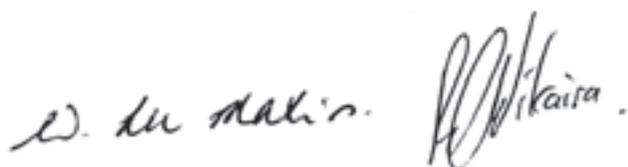


Dr Lee Mathias
Chairman
Health Promotion Agency

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 Intent for the Health Promotion Agency. 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 the Health Promotion Agency.



Dr Lee Mathias
Chairman
Health Promotion Agency
27 May 2014

Rea Wikaira
Deputy Chairman
Health Promotion Agency
27 May 2014

HPA BOARD

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

Dr Lee Mathias (Chairman)

Rea Wikaira (Deputy Chairman)

Barbara Docherty

Dr Monique Faleafa

Katherine Rich

Professor Grant Schofield

Jamie Simpson

The Chief Executive is Clive Nelson.

ABOUT THE HEALTH PROMOTION AGENCY

HPA was established on 1 July 2012. It has a central role in the health sector and is the Government's expert on health promotion. Over its short history, HPA has managed high profile campaigns and built strong relationships with many 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.

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 which 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. However, 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, from the levy on alcohol produced or imported for sale in New Zealand, and from part of the problem gambling levy. Levy funding is used for specific purposes.

Contributing to government priorities

As a Crown entity, HPA's planning is guided by the Minister of Health's annual Letter of Expectations. The Letter of Expectations for 2014/15 acknowledges that the health of New Zealand is the shared responsibility of everyone in the sector, but HPA retains a central role as the Government's expert on health promotion.

In addition to the 2014/15 ministerial expectations of all health Crown entities, HPA has expectations from the Minister of Health that relate directly to its work. These are that HPA will:

- consolidate the work done in establishing HPA, including 'right sizing' the business, realising the forecast benefits and efficiencies, and strengthening HPA's public brand. While HPA needs to be right sized, it must also be a flexible and adaptable organisation that is able to deliver extra capacity quickly to respond to the demands of new work streams in a timely and effective way
- continue to deliver on the savings target set by Cabinet without compromising the contribution HPA and its programmes make to improving health outcomes. This will require sustained effort as HPA is asked not only to maintain current outcomes with less funding, but also to deliver more
- actively work across the sector and with other sectors to maximise its contribution to the Government's priority areas particularly the health targets and Healthy Families NZ. HPA, as the Crown's preferred provider of health promotion activities, is

expected to identify any new areas where HPA can leverage its strengths, while also working with others outside the sector to bring value, such as work on vulnerable children

- maintain a robust model for the prioritisation of work so that it is evident resources are being used where there is most need and where they deliver the best possible value
- ensure that it uses its scale, knowledge, efficiency and purchasing power to provide best value to the Government in a competitive environment.

Priorities for the health sector in 2014/15 continue those from previous years, including health targets.¹ HPA will specifically contribute to achieving the health targets of increased immunisation and better help for smokers to quit. Rheumatic fever is an additional priority area HPA is working on.

There are also 10 Better Public Services results areas², two of which relate specifically to health and HPA – increasing immunisation and reducing rheumatic fever. In addition HPA contributes to other cross-government work programmes such as:

- the justice sector's outcomes of 'crime is reduced' and the 'impact of crime is reduced' through its work on reducing alcohol-related harm and problem gambling
- implementation of the Children's Action Plan
- achieving intergenerational change in family violence through addressing addiction
- the New Zealand Injury Prevention Strategy
- the revision of the National Drug Policy
- the Ministerial Forum on Alcohol Advertising and Sponsorship
- Healthy Families NZ.

Responsibly managing finances

HPA aims to ensure financial sustainability through setting tight, realistic budgets and careful management. It is working steadily towards the savings target set by Cabinet and included in HPA's 2013/14 Letter of Expectations.

Reporting

HPA's corporate reporting requirements are to produce:

- a statement of intent
- a statement of performance expectations
- an annual report
- four quarterly performance reports of financial and operational performance
- an output agreement.

HPA meets with, and reports regularly to, its delegated Responsible Minister and meets, when requested, with the Minister of Health and the other Associate Ministers of Health.

HPA strives to ensure strong working relationships and open communication with its Ministers and with the Ministry of Health. This includes maintaining a 'no surprises' policy, where early communication is provided about any material or significant events, transactions and other issues that could be considered contentious or attract wide public interest, whether positive or negative. HPA has a memorandum of understanding with the Ministry of Health, which outlines how the parties work together.

Organisational health and capability

HPA needs a strong foundation of skilled people working together in a well-run organisation to ensure that it can achieve its outcomes and strategic objectives and intentions. There is a continuing focus on ensuring HPA staff (and their expertise) can work across programme areas as well as within them, ensuring programmes are as integrated as possible. HPA's structure reflects this.

HPA's recruitment programme aims to attract and appoint the best people, who have appropriate skills, values, and attributes to meet HPA's needs and strategic direction. HPA recruits in a manner that provides equal employment opportunities.

The HPA Board is committed to adhering to the principles of good practice governance. The Board operates according to a governance manual. It will undertake an annual self-assessment to formally assess the performance of individual members, the Chairman, and the Board as a whole.

¹ These are summarised in the Operating Intentions section of the Ministry of Health's Statement of Intent 2013 to 2016 (pp 12).

² <http://www.ssc.govt.nz/bps-results-for-nzers>

STRATEGIC FRAMEWORK

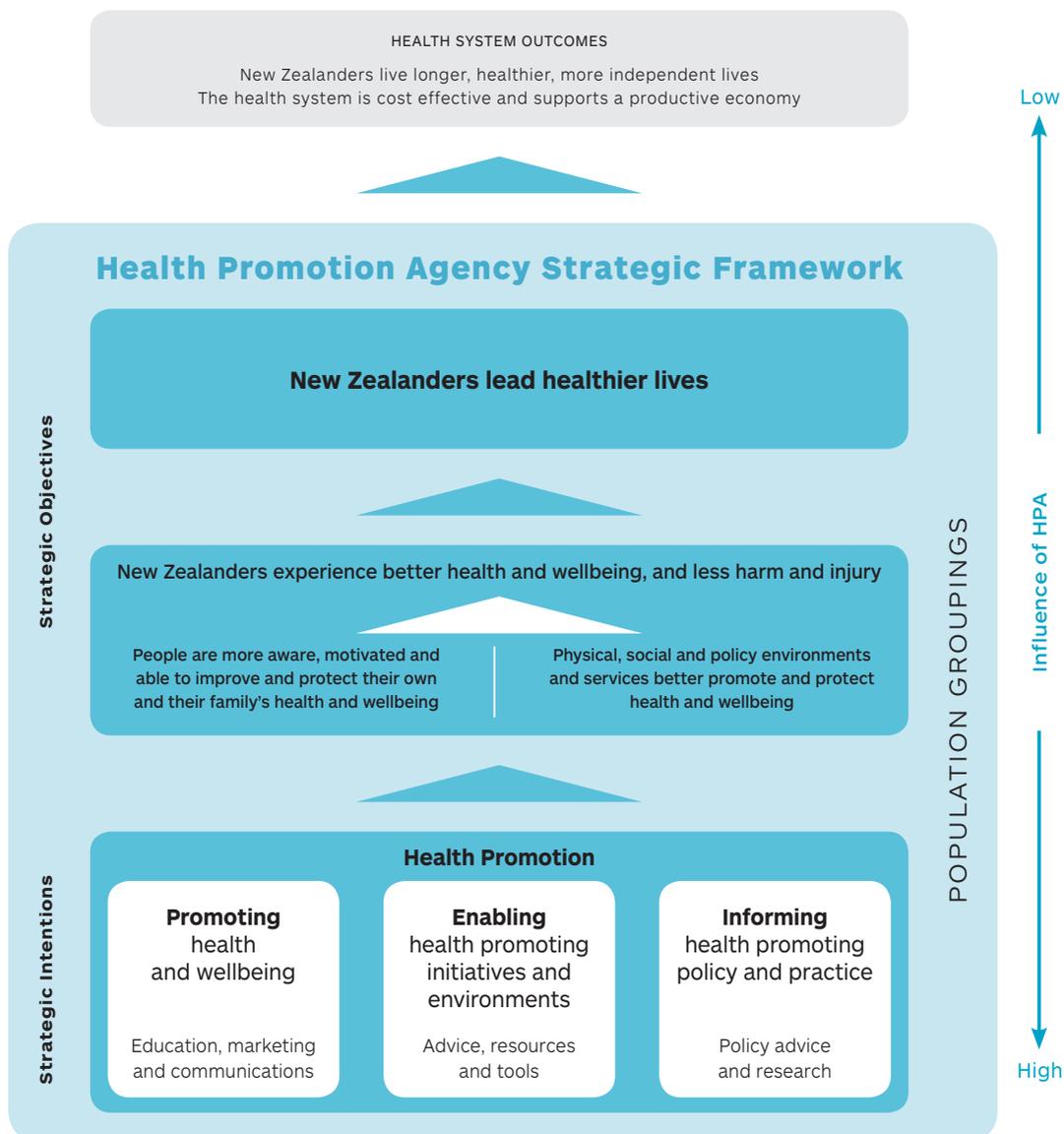


FIGURE 1: HEALTH PROMOTION AGENCY'S STRATEGIC FRAMEWORK

Figure 1 shows HPA's strategic framework. It outlines the strategic objectives that HPA is contributing to and HPA's strategic intentions that guide its activities. HPA will focus its efforts on population groupings disproportionately impacted by harm, injury, illness and disease.

HPA's work programme

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

- alcohol
- gambling harm
- health education
- mental health
- immunisation
- rheumatic fever
- nutrition and physical activity
- tobacco
- sun safety.

HPA also undertakes work in other areas when requested to do so by its Ministers or the Ministry of Health.

HPA leads and supports national health promotion initiatives through:

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

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

In practical terms HPA provides advice, resources and tools to a wide range of individuals and groups.

HPA cannot do this alone and strong partnerships are key to HPA's success. HPA works with a large number of organisations, including:

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

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

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

STRATEGIC OBJECTIVES

New Zealanders experience better 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

Strategic objective one – New Zealanders experience better health and wellbeing, and less harm and injury

The New Zealand Health Survey found that while most New Zealanders report being in good health:

- one in six adults reports a hazardous drinking pattern
- smoking rates continue to decline, but high rates persist for some groups
- mental health varies across ethnic groups – Māori and Pacific adults continue to have higher rates of psychological distress than other adults, with about one in 10 affected
- just over half of all adults report being physically active
- people living in more deprived areas have poorer health.³

In order for New Zealanders to experience better health and wellbeing, and less harm and injury HPA works to ensure they have the necessary knowledge, motivation and skills and to improve the physical and social environment and the services available to them so they are supported in their efforts.

Strategic objective two – People are more aware, motivated and able to improve and protect their own and their family's health and wellbeing

The use of a range of strategies helps increase people's awareness of the need to make changes to improve their health and wellbeing, and helps provide the motivation and ability to do so. These include national communication activities involving evidence-based, consumer-tested, multi-media advertising, printed resources and online and social media to provide information and advice. Community-based activity also helps to reinforce messages and support people to make sustained behaviour change.

Strategic objective three – Physical, social and policy environments and services better promote and protect health and wellbeing

Many of the underlying causes of poor health come from the physical and social environments where people live, work and play. Policy environments, such as legislation to control the sale and supply of alcohol and tobacco or the development of territorial authority sun safety policies and local alcohol policies make important contributions to creating physical and social environments that support people to lead healthier lives. Health and social services also have a role to play in assessing, supporting and encouraging people to make behaviour change through early intervention activities such as undertaking wellness checks and screening and providing brief advice and intervention.

³ Ministry of Health. 2013. *New Zealand Health Survey: Annual update of key findings 2012/13*. Wellington: Ministry of Health.

STRATEGIC OBJECTIVE INDICATORS

This section outlines the rationale and the medium-term indicators and targets for HPA's work programmes. The indicators have been developed to assess progress towards achieving HPA's three strategic objectives and reflect either the broad or specific population group focus of the work programme areas.

Alcohol

New Zealand has a high level of acute alcohol-related harm, such as injuries, road trauma, offending, and alcohol poisoning, relative to other countries.⁴ These harms are related to drinking large amounts of alcohol on one occasion. Many high-risk drinkers regularly drink to intoxication, which puts them at risk of acute harms. Many others regularly drink at a level that increases their risk of developing a chronic health condition such as liver disease, addiction and some cancers. Alcohol is known to be causally related to more than 60 different health conditions and, for almost all conditions, heavier alcohol use means higher risk of disease.⁵

Drinking alcohol moderately results in less alcohol-related harm than heavy drinking. Taking action to change drinking behaviour from heavy to moderate drinking levels is key to reducing harm from alcohol. For some people, this change may mean not drinking any alcohol. A drinking culture and drinking environments that support moderate drinking, and for some the choice not to drink at all, also contribute to people making changes that last.

Making sustained progress on reducing harm from alcohol requires the use of multi-level strategies involving individuals, communities, organisations and sectors. HPA's alcohol-related work, therefore, has a broad and comprehensive approach. It includes:

- national marketing campaigns
- provision of advice across a range of alcohol-related issues

- resources and tools for the public and stakeholders
- support for regional and community action on alcohol
- input into central and local government policy processes
- research.

Tobacco

Tobacco use remains the single biggest cause of preventable morbidity and mortality in New Zealand. Along with many other organisations, HPA's work is focused on helping achieve the Government's goal that New Zealand be smokefree by 2025 (with smoking prevalence less than 5%) and to meet the national health target of 'better help for smokers to quit'.

In order to achieve the smokefree 2025 goal, the Government has an interim 2018 measure. The 2018 measure is to bring prevalence down to around 10% of the national population and to at least halve the 2011 Māori and Pacific smoking rates.

Key to HPA's work is a focus on New Zealanders aged 18 to 24 years as they have one of the highest levels of smoking prevalence, with the greatest prevalence seen among Māori. Adult smoking prevalence is decreasing but this is not the case for 18 to 24-year-olds.⁶ Research also shows New Zealanders are very unlikely to take up smoking after the age of 25 – a recent longitudinal study found that only 1.4% of 25 to 34-year-olds and fewer than 1% of people aged 35 years and over started smoking.⁷

4 Baumberg, B. (2006). The global economic burden of alcohol: A review and some suggestions. *Drug & Alcohol Review*, 25(6), 537- 551.

5 Room, R., Babor, T., & Rehm, J. (2005). Alcohol and public health. *The Lancet*, 365(9458), 519-530.

6 Ministry of Health. 2013. *New Zealand Health Survey: Annual update of key findings 2012/13*. Wellington: Ministry of Health.

7 Edwards, R., Carter, K., Peace, J., & Blakely, T. (2013). An examination of smoking initiation rates by age: Results from a large longitudinal study in New Zealand. *Australian and New Zealand Journal of Public Health*, 37, 516-519.

HPA will apply its resources efficiently and effectively towards the achievement of the 2025 targets but progress will be dependent on the combined efforts of government agencies and the wider tobacco control sector.

Gambling harm

Gambling-related harm is an important health issue in New Zealand that has significant negative health, social and economic implications. Evidence suggests that taking action when the early signs of problem gambling appear will prevent the problem getting worse and will reduce the level of gambling-related harm experienced by the gambler and those around them. HPA's work in this area aims to motivate people to seek help and take positive action early, both for themselves and for others they care about. The harm experienced by low socio-economic groups, Māori and Pacific communities is of particular concern. It also seeks to influence gambling environments to reduce environmental risks so that at-risk gamblers are identified and gambling harm is minimised.

Mental health

According to the World Health Organization, mental health is the foundation for individual wellbeing and the effective functioning of a community.⁸ HPA aims to minimise the impact of mental health issues on New Zealanders in the context of a broader approach to wellbeing.

A number of New Zealanders experience mental health issues, with 20.7% of the population (aged 16 and over) having experienced mental disorder over the last 12 months.⁹ The National Depression Initiative (NDI), through its websites (depression.org.nz and lowdown.org.nz) and campaign messages, aims to improve people's recognition of and response to people experiencing depression, increase their motivation to protect themselves and others from depression, and encourage social environments to be more responsive to and protective of those at risk of or experiencing depression.

Like Minds, Like Mine (Like Minds) aims to reduce the stigma and discrimination faced by people with experience of mental illness, as stigma and discrimination are major barriers to a person's recovery. Like Minds seeks to create a socially inclusive nation in which all New Zealanders treat people with mental illness respectfully and as equals. The role of Like Minds is not to provide direct services to those people who are socially excluded. Rather, it is to promote the conditions where social inclusion efforts and outcomes can occur more easily. From January 2015, HPA will be the single lead operational agency for Like Minds. The Ministry of Health will retain strategic responsibility and strategic development will be supported through the Joint Project Group. Through a combination of media campaigns and community activity, Like Minds promotes more inclusive attitudes, behaviour and structures in the New Zealand social environment.

Nutrition and physical activity

Good nutrition, regular physical activity, and a healthy body size are important in maintaining health and wellbeing and for preventing serious health conditions such as cardiovascular disease, diabetes, sleep apnoea, musculoskeletal disorders such as osteoarthritis, and certain types of cancer.¹⁰

Obesity rates in New Zealand have steadily increased since the mid-1990s and more than 1 million adults in New Zealand are obese. New Zealand has the third-highest obesity rate in the OECD. In 2012/13, 31% of adults were obese. Rates of childhood obesity have also increased and, in 2012/13, 11% of children aged 2 to 14 years were obese and a further 21% were overweight. Obesity rates are considerably higher for Māori and Pacific children, with Māori children being twice as likely and Pacific children three times as likely to be obese than their non-Māori and non-Pacific counterparts respectively (after adjusting for age and sex).¹¹

From conception, through infancy and childhood, parents, caregivers and families directly shape a child's physical and social environment, and indirectly influence behaviours, habits, preferences and attitudes. Early biological and cultural developments play an important role in determining life-long health status. Therefore, it is critical to ensure parents and caregivers prepare and provide healthy meals for themselves and their children and lead active lifestyles.

8 World Health Organization. (2010 September). *Mental health: Strengthening our response*. Fact Sheet (220).

9 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.

10 Ministry of Health. 2012. *A Focus on Nutrition: Findings from the 2008/09 New Zealand Adult Nutrition Survey*. Wellington: Ministry of Health.

11 Ministry of Health. (2013). *The New Zealand Health Survey Annual Update of Key Findings 2012/13*. Wellington: Ministry of Health.

INDICATORS

Strategic objective one

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

Programme	Measure	Indicator	Latest indicators	HPA target 2018	Source
Alcohol	More New Zealanders drink at low-risk levels	Increase in proportion of adult (18+ years) lower level drinkers	69% (2012) 68% (2011)	73%	Attitudes and Behaviour towards Alcohol Survey
Tobacco	More New Zealand young adults are smokefree	Increase in proportion of young adults aged 18 to 24 years who do not smoke.	76.3% ex-smokers/ non-smokers (2012/13) 72.4% ex-smokers/ non-smokers (2011/12)	80% Māori 90% All	New Zealand Health Survey
Gambling harm	More at-risk gamblers monitor their gambling behaviour	Increase in proportion of at-risk gamblers reporting that they monitor their gambling behaviour	Baseline data collection begins in April 2014.	Target will be provided and reported against in HPA annual report.	Computer-assisted telephone interviewing survey and Health and Lifestyles Survey
Mental health	The impact of depression on New Zealanders is reduced	Increase in the proportion of New Zealanders who know where to get help if they or someone they know has depression	Baseline data collection begins in May 2014.	Target will be provided and reported against in HPA annual report.	Health and Lifestyles Survey and/or tracking survey
Nutrition and physical activity	New Zealanders eat more healthily	Increase in proportion of New Zealanders choosing healthier food options	Baseline data collection begins in May 2014.	Target will be provided and reported against in HPA annual report.	Health and Lifestyles Survey

Strategic objective two

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

Programme	Measure	Indicator	Latest indicators	HPA target 2018	Source
Alcohol	People are more aware, motivated and able to change their drinking behaviour	Increase in proportion of adult (18+ years) medium to high level drinkers who have thought about cutting back on how much they drink	56% (2012) 57% (2011)	62%	Attitudes and Behaviour towards Alcohol Survey
Tobacco	HPA contributes to the overall reduction in smoking rates	Increase in proportion of current smokers or recent quitters (quit in the last 12 months) aged 15+ years who made one or more serious quit attempts in the last 12 months	53.3% All 53.1% Māori (2012)	65% All 65% Māori	Health and Lifestyles Survey
Gambling harm	New Zealanders are more aware of early indicators of harmful gambling	Increase or maintain awareness of the early indicators of harmful gambling	Baseline data to be collected in May 2014	Target will be provided and reported against in HPA annual report.	Computer-assisted telephone interviewing survey and Health and Lifestyles Survey

Strategic objective three

Physical, social and policy environments and services better promote and protect health and wellbeing

Programme	Measure	Indicator	Latest indicators	HPA target 2018	Source
Alcohol	Physical, social and policy environments and services better protect New Zealanders from alcohol-related harm	Increase in proportion of adults (18+ years) who disagree or strongly disagree that drunkenness is acceptable in some situations	66% (2012) 64% (2011)	72%	Attitudes and Behaviour towards Alcohol Survey
Tobacco	Physical, social and policy environments and services better promote and protect New Zealanders from smoking-related harm	Increase in proportion of adults aged 15+ years who agreed that 'Being smokefree is part of the New Zealand way of life'	60.3% All 51.1% Māori (2012)	85% All 85% Māori	Health and Lifestyles Survey
Gambling harm	New Zealanders are more aware of legal requirements of venues to minimise gambling harm	Increase in awareness of the legal requirements of venues to minimise gambling harm	Baseline data to be collected in May 2014	Target will be provided and reported against in HPA annual report.	Computer-assisted telephone interviewing survey and Health and Lifestyles Survey
Mental health	New Zealanders are more inclusive and respectful towards those with mental illness	Increase in proportion of adults who demonstrate inclusive attitudes towards those with mental illness in the community	Baseline data to be collected in May 2014	Target will be provided and reported against in HPA annual report.	Health and Lifestyles Survey and/or tracking survey

Health Promotion Agency

Wellington Office

Level 4, ASB House
101 The Terrace
PO Box 2142
Wellington 6140

Phone: (04) 917 0060

Freephone: 0508 258 258

Fax: (04) 473 0890

Email: enquiries@hpa.org.nz

Northern Regional Office

Level 2, Ascot Central
7 Ellerslie Racecourse Drive
Greenlane East
PO Box 11791 Ellerslie
Auckland 1542

Phone: (09) 916 0330

Fax: (09) 916 0339

Email: enquiries@hpa.org.nz

Southern Regional Office

Level 1, CBRE House
112 Tuam Street
PO Box 2688
Christchurch 8140

Freephone: 0508 258 258

Email: enquiries@hpa.org.nz