


Report of Operations

Victorian Health Promotion Foundation
2015–16

Declaration by Chair of the Responsible Body

In accordance with the *Financial Management Act 1994*, I am pleased to present the Victorian Health Promotion Foundation's Annual Report for the year ending 30 June 2016.

A handwritten signature in black ink that reads "John Catford". The signature is written in a cursive style with a large initial 'J'.

Emeritus Prof John Catford

Chair of the Board

Victorian Health Promotion Foundation

24 August 2016

Section 1: Year in review

Our origin

VicHealth (the Victorian Health Promotion Foundation) is the world's first health promotion foundation created in 1987 with a mandate to promote good health. We were established with all-Party support by the State Parliament of Victoria with the statutory objectives mandated by the *Tobacco Act 1987* (Vic) (the Act). The responsible minister is the Minister for Health, The Hon. Jill Hennessy MP.

The objects of VicHealth as set out in the Act are to:

- fund activity related to the promotion of good health, safety or the prevention and early detection of disease
- increase awareness of programs for promoting good health in the community through the sponsorship of sports, the arts and popular culture
- encourage healthy lifestyles in the community and support activities involving participation in healthy pursuits
- fund research and development activities in support of these objects.

Functions

The functions of VicHealth as set out in the Act are to:

- promote its objects
- make grants from the Health Promotion Fund for activities, facilities, projects or research programs in furtherance of the objects of VicHealth
- provide sponsorships for sporting or cultural activities
- keep statistics and other records relating to the achievement of the objects of VicHealth
- provide advice to the Minister on matters related to its objects referred by the Minister to VicHealth and generally in relation to the achievement of its objects
- make loans or otherwise provide financial accommodation for activities, facilities, projects or research programs in furtherance of the objects of VicHealth
- consult regularly with relevant Government Departments and agencies and to liaise with persons and organisations affected by the operation of this Act
- perform such other functions as are conferred on VicHealth by this or any other Act.

VicHealth performs and manages these functions by:

- developing a strategic plan, including concept, context and operations
- initiating, facilitating and organising the development of projects and programs to fulfil the strategic plan
- ensuring an excellent standard of project management for all project and program grants paid by VicHealth
- developing systems to evaluate the impacts and outcomes of grants
- ensuring that such knowledge is transferred to the wider community.

Our commitment

- Fairness – we promote fairness and opportunity for better health for all Victorians, by making health equity an aim of all our work.
- Evidence-based action – we create and use evidence to identify the issues that need action and to guide policy and practice by VicHealth and our partners.
- Working with community – we work with communities to set priorities, make decisions and create solutions.
- Partnerships across sectors – we collaborate with governments at all levels and form alliances with others in health, sports, research, education, the arts and community, as well as nurture strong relationships with health promotion practitioners and the media.

Our difference

VicHealth has played a unique role since its inception. We champion positive influences for health and seek to reduce negative influences. This means helping individuals and communities make better-informed decisions, and shaping environments that support healthier choices.

Our strategy incorporates a behavioural insights lens that considers the influences on people's behavior and choices. This complements existing approaches with new ways to realise the health for all Victorians. Our culture of innovation enables us to be a catalyst for, and early adopter of, new health promotion approaches.

We work in partnership with all sectors as a trusted, independent source of evidence-based practice and advice. We play a critical role in creating and strengthening this evidence base through our rigorous research and evaluation of our actions.

Chair's report

November 2016 marks the 30th anniversary of the first World Health Organization conference on health promotion held in Ottawa, Canada. The resulting Ottawa Charter for Health Promotion heralded the 'new public health' movement, emphasising that health promotion is the process of enabling people to increase control over and to improve their health. Health is seen as a resource for everyday life, not the objective of living; it is a positive concept emphasising social and personal resources, as well as physical capacities.

A year after the Ottawa Charter was born, on the other side of the globe, a watershed development took place with the creation of the first health promotion foundation in the world – VicHealth. Its impact was profound – freeing sports and arts from tobacco sponsorships and advertising, reducing the impact of smoking, and leading the charge on promoting good health in Victoria.

These two innovations would change health. Across the world there are now government health promotion strategies and reviews, statutory authorities and foundations, consumer interest groups, professional associations and journals. University departments and professors proudly bear the name, Masters and Bachelor degrees are in abundance and a new textbook seems to appear every few months. Billions of dollars are increasingly being invested in health promotion programmes by governments and international organisations, like the World Bank, as well as through voluntary contributions from people themselves. It is quite remarkable that this has all happened in just three decades.

Today, VicHealth continues to adopt the holistic view of health endorsed by the Ottawa Charter – 'health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. This view has enabled it to operate with a firm focus on people and communities, not illnesses, and on the social determinants of good health.

Now completing its third year of the 10-year Action Agenda for Health Promotion, VicHealth has made significant strides in its five strategic imperatives. These comprise: promoting healthy eating, encouraging regular physical activity, preventing tobacco use, preventing harm from alcohol and improving mental wellbeing. VicHealth's programs continue to be underpinned by robust evidence, extensive partnering, and a commitment to fairness, with the vision of one million more Victorians with better health and wellbeing by 2023.

The environment in which VicHealth operates is no less challenging than three decades ago. While smoking rates have halved, pressures on health budgets have increased due to an ageing population, more chronic disease and mental illness, technological advances, and rising levels of obesity, physical inactivity and high-risk drinking.

Obesity is increasing at alarming rates, and it is predicted that three out of four Australian adults and one-third of children will be overweight or obese by 2025. The increase in prevalence is also skewed towards groups facing disadvantage.

Nearly one in three adults, and four out of five children are insufficiently active. More worrying is the finding that more than two-thirds of adult Australian females are classified as being sedentary or having low levels of exercise. Active recreation or sport declines rapidly as women get older.

Overall levels of alcohol consumption in Victoria are relatively stable, however alcohol-related harms including hospitalisations and ambulance attendances have increased significantly in recent years. Most Victorians drink responsibly but a large proportion still drink in a manner that puts them at risk of injury from a single occasion of drinking, or at risk of chronic disease in the longer term.

Smoking prevalence has reduced to 12.6 per cent of adults smoking daily and youth smoking rates have declined to the lowest ever recorded. However, this rate of decline is slowest in groups experiencing disadvantage. Smoking continues to cost the Victorian community \$245 million a year in health costs alone – a staggering \$6.8 billion when health and social costs are combined.

Mental wellbeing especially in young people is also a critical area to address. One in four young Victorians aged 16 to 25 years are at risk of depression. One in eight have reported a very high intensity of loneliness. Compounding this is their exposure to rapid changes such as globalisation and digital technology. There is an urgent need to strengthen the resilience of young people, and help reduce the burden of mental illness which costs the Victorian economy an estimated \$5.4 billion each year.

As this Annual Report demonstrates, VicHealth remains engaged, energetic and totally committed to make a difference for all Victorians. It has partnered across health and non-health sectors to fund and implement innovative solutions, targeting the places where health is formed and experienced.

VicHealth has created and promoted the use of knowledge and evidence in program planning and management. It has 'pushed' issues such as preventing violence against women to prominence in public policy and action.

VicHealth has engendered trust among communities and stakeholder organisations. For example, its continuing strength in innovation has seen Australia's largest citizens' jury coming together online and face-to-face to develop 20 'asks' to tackle obesity in Victoria.

In late 2015, VicHealth responded to two State Government reviews – the Health Promotion and Prevention Investment Review, and the Tobacco Act Review. Both reviews were seeking to assess the effectiveness, efficiency and accountability for the various investments in health promotion and disease prevention made across Victoria. VicHealth met with the Department of Health and Human Services’ teams of consultants for both reviews, and lodged a submission to the Health Promotion and Prevention Investment Review, and two responses to the Tobacco Act Review. We are waiting on the final outcomes of both reviews.

Another major piece of work has been to refresh VicHealth’s Action Agenda for Health Promotion for the next three-year period 2016–19. The new plan will help current and future generations of Victorians travel to ‘destination wellbeing’ by creating healthier choices and healthier environments for families, workplaces, schools, sports, arts, and on-the-ground as well as online communities.

In going forward, VicHealth’s deep involvement in gender equality will make it well-placed to address the recommendations from the Royal Commission into Family Violence. Its years of experience in helping to address social determinants of health at a community level will also enable it to respond to the Hazelwood Mine Fire Inquiry recommendations.

On behalf of the VicHealth Board, I thank the Victorian Minister for Health, The Hon. Jill Hennessy MP for her support and leadership. I also thank the Minister for Mental Health, The Hon. Martin Foley MP, the Minister for Sport, The Hon. John Eren MP, the Minister for Women and Prevention of Family Violence, The Hon. Fiona Richardson MP, other Ministers and their Advisers, Members of the Victorian Parliament, and other government agencies.

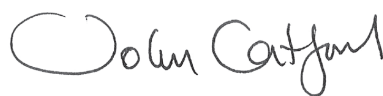
I am very grateful to the members of the VicHealth Board and Committees who have been strong advocates, wise counsellors and invaluable contributors during 2015–16. I am grateful to the Deputy Chair Nicole Livingstone OAM; Board members Susan Crow, Nick Green OAM and Stephen Walter; reappointed Board member Professor Margaret Hamilton AO; new Board members in 2015–16: Veronica Pardo, Sarah Ralph and Simon Ruth; and Parliamentarians Colleen Hartland, The Hon. Wendy Lovell and Natalie Suleyman.

I particularly wish to acknowledge the valuable contributions of outgoing Board members Margot Foster AM and Professor Michael Morgan who finished their tenures in June, and Sally Freeman, Chair of the Finance Audit and Risk Committee, who will leave later this year. I am extremely pleased to welcome new Board member Fiona McCormack who will take over from me as Chair of the Board in October 2016.

As Chair of the Board I am pleased that VicHealth continues strong corporate governance with balanced budgets, contemporary policies, progressive planning and effective resource management. This is a tribute to our Board, Finance Audit and Risk Committee, and our excellent staff. In particular Jerril Rechter, our CEO, has been a continuing source of energy, inspiration and integrity for us all. An indication of her standing was winning the Victorian Telstra Businesswoman of the Year Award in the Government and Academia category. Well done and thank you Jerril.

Productive relationships continue to be an essential ingredient for health promotion. I am deeply indebted to you, our partners, advocates and supporters, without whom the achievements of this year would not be possible. I am confident that with your support and with the skills and experience of the VicHealth team, we can achieve our 2023 vision of one million more Victorians with better health and wellbeing.

I have great pleasure, therefore, in presenting this Annual Report for 2015–16 on VicHealth’s many achievements.



Emeritus Prof John Catford
Chair of the Board

Chief Executive Officer's report

The third year of our Action Agenda for Health Promotion has brought plenty of opportunities for VicHealth to continue building on a strong position and solid fundamentals as a leading health promotion organisation.

It also tested our capacity to adapt, react, and manage complexity and the unfamiliar. It provoked us to sharpen our focus because of the pace of change in the health and wellbeing environment.

Through it all, VicHealth has completed the financial year 2015–16 with positive achievements through the support of our partners, the dedication of our staff and the guidance of the VicHealth Board.

All of our work aligned to our five strategic imperatives and focused on high-impact health promotion, following the transition we made in the first two years to implement the Action Agenda.

Our programs aligned to the Victorian Government's health priorities, and we welcomed the release of the updated Public Health and Wellbeing Plan by the Minister for Health, The Hon. Jill Hennessy MP.

Long-standing partnerships continued to be a core value and process, and we are proud to have collaborated with both old and new partners across all levels of government, health promotion, research, sports, arts, workplaces and innovation.

This past year, we were proud to partner with Our Watch and ANROWS to launch the first integrated approach to primary prevention in Australia through *Change the Story: a shared framework for the primary prevention of violence against women and their children in Australia*. We gathered leading experts in preventing violence against women and gender equality in a two-day conference to share their expertise in tackling this health issue, ahead of the Royal Commission into Family Violence. We also released two key research papers; the report on the young persons' component of the *2013 National Community Attitudes Towards Violence Against Women Survey*, and *A high price to pay: the economic case for preventing violence against women*, a joint effort with Our Watch and PriceWaterhouseCoopers. Both reports reaffirm the need for continuing major actions.

We actively participated and contributed to policy, making submissions to the Royal Commission of Family Violence and the Hazelwood Mine Fire Inquiry, among others. We support their recommendations and look forward to contributing to the implementation of preventive health actions with our experience in health promotion and social determinants of health.

Our Leading Thinker initiative went into full drive, including trials to bring the concepts of behavioural insights to life. We have delivered seven trials, eleven workshops to 400 public sector and non-profit professionals, seven fully subscribed public lectures, and a continuing international partnership with What Works Centre for Wellbeing in the UK and the Victorian Department of Premier and Cabinet, focusing on mental wellbeing and resilience. These have allowed us to share new

insights into how behaviour can inform policy and practice. We were delighted that the Department of Premier and Cabinet and Department of Health and Human Services were key partners in the inception of the Leading Thinker initiative.

We also convened Australia's largest citizens' jury, Victoria's Citizens' Jury on Obesity, which brought together over 100 every day Victorians to deliberate and then offer a range of suggestions to increase the availability of healthy food options, reduce the appeal of junk food and improve understanding of healthy eating. Their suggestions were the basis for their 20 asks which have been submitted to a steering committee of government leaders and health and industry experts. VicHealth committed to responding to eight of the asks, which include actions for community-level programs that encourage healthy eating and accessibility of free drinking water from fountains in public spaces.

We helped 'change the game' by investing in women's sport and active recreation, building momentum for gender equality in sport and raising the profile of women as sport leaders. As part of this major program, we worked with six sporting codes at state level to develop accessible and socially-based initiatives for women and girls who do not participate in traditional sports programs. VicHealth became one of the major partners in the January 2016 Women's Big Bash League, working with the Melbourne Renegades' and Melbourne Stars' cricket teams in their inaugural season, the popularity of which was instrumental in moving women's matches from digital to main broadcast television.

We continued to fund the Quit Program, and as an organisation, we are one of the biggest investors in tobacco control in Australia.

These are just some of our successes this year. Through our five strategic imperatives of promoting healthy eating, encouraging regular physical activity, preventing tobacco use, preventing harm from alcohol and improving mental wellbeing, we continue to deliver work that addresses the conditions and factors that impact health, and reach communities where they live, learn, work and play. We continue to support the creation and translation of knowledge to inform our decisions and to evaluate our work. We have adopted a robust framework to measure our impact, as well as how our work is making a difference to those whose social position places them at greater risk of illness and lack of wellbeing.

Capping off our financial year is the development of our new three-year priorities for 2016–19. Evidence is our backbone, so we reviewed current literature and research, and held conversations with community leaders and key stakeholders in regional Victoria and metropolitan Melbourne to inform these priorities. The updated Action Agenda, launched in July 2016, has an even clearer direction for each of our strategic imperatives which gives us greater confidence to approach health challenges and further build our distinctive capabilities as a leader in health promotion.

Operational and budgetary performance

We achieved our statutory expenditure target of making payments of not less than 30 per cent to sporting bodies (32 per cent expended) and not less than 30 per cent for health promotion activities (35 per cent expended).

The VicHealth Board set target ranges on investments according to our five strategic imperatives. Our largest investments were made towards encouraging regular physical activity (achieved at 33 per cent), followed by investments towards preventing tobacco use (achieved at 14 per cent). In addition, 14 per cent was invested in research and evaluation.

VicHealth continued to provide funding through grants to organisations to deliver projects and initiatives aligned to the Action Agenda. Quit Victoria received the largest payment of \$4.6 million to continue the work towards getting more Victorians smoke-free through the Quit program. This was followed by our investments into state and regional sporting organisations through the State and Regional Sports Programs, respectively, with a total of \$3.6 million. The Active Club Grants program had the highest number of organisations receiving payments – 624 community sport and active recreation clubs received \$1.7 million of funding for core equipment to increase participation in sport.

Seventy per cent of our grant funding was allocated to whole-of-population approaches to health promotion. The balance was allocated to five other target populations: Indigenous, women, children, those in low socioeconomic status groups, and those facing geographic disadvantage.

Sports received 38 per cent of our investments. This was followed by grants that focused on the community (31 per cent), media (9 per cent) and the academic setting (8 per cent).

2015–16 was the third year of our Action Agenda and the final year of the first three-year priorities for our five strategic imperatives. Throughout the three years, we focused on achieving our organisational goals and applying our organisational model of Innovate-Inform-Integrate. We continued to strengthen our internal processes, particularly in planning and delivering our work through the VicHealth Project Management Framework, and evaluating it through the Action Agenda Scorecard (see page 20).

Highlights of the year

Promoting healthy eating: more people choosing healthy food and drink options

Water initiative / H30 Challenge

Increasing consumption of water, particularly in place of sugar-sweetened beverages, is a priority area for health. Sugar-sweetened beverages are the largest source of added sugar in the Australian diet, averaging 4.2 litres per week, so we have embarked on a multi-component initiative to encourage more Victorians to choose water. The VicHealth Water Initiative includes the H30 social marketing campaign encouraging Victorians to switch sugary drinks for water for 30 days, the best practice water provision research, and the roll-out of 60 new well-designed and well located water fountains in the City of Melbourne.

Partnership with Etihad stadium and sporting clubs

This financial year, we commissioned research to evaluate the access to and supply of water in a variety of settings, such as open spaces and sports and recreation centres and produced a guide for local governments based on the research findings and a review of drinking water fountains.

In 2015, Etihad Stadium launched new policies to make sporting events more appealing and affordable, particularly to families, and approached us with a proposal to work together to provide accessible free drinking water in its 52,000 seat stadium. Free water refill is now available at events, benefitting the health of thousands of families and spectators.

We also worked closely with sporting clubs to offer resources and advice to support them in making changes to the display of drinks for sale during their events.

Supported trials to remove displays of sugar-sweetened beverages

Water and healthy drinks had a sale increase at The Alfred Hospital during a series of trials they conducted in their food outlet, illustrating that relatively small changes of altering display of drinks can encourage staff and patients to choose healthier drink options. This trial involved moving sugar-sweetened beverages to a less prominent position in the main cafeteria which resulted in a 12 per cent decrease in the sale of these products and an 8 per cent increase in sugar-free drinks. We are funding the full evaluation of this trial, along with similar trials in the YMCA and City of Melbourne.

Salt

Victorian adults are eating almost twice the daily recommended amount of salt and experiencing related – often preventable – health issues such as high-blood pressure, coronary heart disease and stroke. The Salt Reduction Partnership Group and the State of Salt report have increased public awareness about salt intake as a major public and policy issue in Victoria. As part of this partnership, we and the Heart Foundation Victoria are leading a campaign to raise risk awareness and engage the Victorian food industry in innovative approaches to salt reduction. These include working with food industry partners to find solutions to lowering salt (sodium) levels in foods and meals.

Encouraging regular physical activity: more people physically active, participating in sport and walking

Female participation in sport

In 2015, we released a survey showing that only 62 per cent of Victorians felt that women's sport received enough coverage in the media. It also showed that two-thirds of Australian women are classified as having no to low levels of exercise, and participation in physical activity generally declines as women get older. However, women are also seeking out social and non-organised sport and physical activities.

Recognising the need to champion the important role women play in sports' leadership and management, and reach women who aren't involved with sport, we launched Changing the Game: Increasing Female Participation in Sport program to fund AFL Victoria, Surfing Victoria, Tennis Victoria, Gymnastics Victoria, Netball Victoria and Cycling Victoria, to work with women and girls who do not normally participate in sport. We were also the first major partner for The Melbourne Stars and Melbourne Renegades' Women's Big Bash League (WBBL) cricket teams ahead of their inaugural season in early 2016.

Find Your Motivation

Our #FindYourMotivation campaign helped Victorian women get started and rediscover how good it feels to get active. We have also partnered with six sporting organisations to help spread the word and provide inspiration.

Walk to School

We continue to encourage physical activity from a young age, funding Walk to School for primary-school students. This year saw a record number of students and schools participate with 108,997 children taking part from 620 schools across Victoria. This represented an increase over 2014 of 38 per cent and 24 per cent of students' and schools' participation, respectively. Walk to School is particularly relevant at a time when childhood obesity is high and four in five Victorian students are not getting the physical activity they need daily.

Innovation Challenge: Physical Activity

For the second time, we invited sporting bodies from across the Victorian community sport and active recreation sector to rise to our Innovation Challenge: Physical Activity and share in a total funding pool of \$500,000 to test clever ideas and make a big impact on increasing physical activity. Twelve successful sporting organisations were awarded funding, five of which will deliver pilot programs that offer new sporting and recreation experiences to inspire a wider range of people to be more active.

Parental fear

Just one in five Australian children is physically active for the recommended one hour each day. We conducted research into parental fear of safety, and whether children who are able to play and travel without an adult and those who walked or cycled to school were more likely to meet Australian physical activity guidelines. In October 2015, we published a practical guide to help parents support children to safely travel and play outside independently.

New community spaces to inspire people to get active

Outside public areas can often be under-used, so we funded five councils across Victoria to transform these spaces into temporary areas for physical activity, from circus skills and dance to tai chi and sport. One council is installing moveable objects for play and light exercise and artistic elements in the park which will be designed for use by everyone in the community.

Active Club Grants

This year we granted more than \$1.7 million to 624 sport and recreation clubs across Victoria, thanks to two rounds of Active Club Grants. The grants are provided each year to community clubs who successfully offer opportunities for increased and maintained participation in sport through their club.

White Night Melbourne

For the third year, we participated in White Night Melbourne, which drew in around 146,000 people for 12 hours from 7pm. A great example of arts-based physical activity, the Active Arts stage Circus Circus had performances and demonstrations ranging from aerial stunts, acrobatics and trapeze artistry to hula hooping, and juggling with the likes of Circus Oz, Performing Older Women's Circus, Cirque Africa and more.

Preventing tobacco use: more people smoke-free

Quit Victoria

Australia has been a world-leader in preventative actions associated with tobacco use. Innovation led by VicHealth in partnership with Quit Victoria, the Department of Health and others has halved the rate of Victorians who smoke regularly to an all-time low.

We are looking at greatly increased numbers of people who are interested in quitting. Quit Victoria launched its first digital-led campaign 'Breaking Habits' in late May, featuring advice from real ex-smokers and a Quit specialist on how to break habits when stopping smoking. There were more than 28,000 views in the first three weeks of the campaign.

Now at 12 per cent, smoking is the lowest it has been since VicHealth was established. Over the last three decades, there has been a 66 per cent decrease in 16–17 year old smokers, and an 85 per cent decrease to only three in one hundred 12–15 year olds smoking. Even more impressively, 17 per cent more people now have never smoked, compared to 2001.

A key focus of our current investment in Quit Victoria is to increase the reach and impact of smoking cessation within high smoking rate populations, such as socially and economically disadvantaged groups. We also look forward to 2017 when Victoria's outdoor dining areas become smoke-free.

Preventing harm from alcohol: more people actively seeking the best ways to reduce harm

While the majority of Victorians drink responsibly, drinking costs approximately \$4.3 billion every year to the health and justice systems, workplaces, families and individual Victorians. Through its links to injury, accidents, violence and over 200 physical and mental illnesses, alcohol is one of Victoria's top 10 avoidable causes of disease and death.

Alcohol Culture Framework

We partnered with the Centre for Alcohol Policy Research (a joint undertaking of La Trobe University and the Foundation for Alcohol Research and Education) and the Alcohol and Drug Foundation (formerly the Australian Drug Foundation) to develop this Framework, drawing on alcohol research literature and expert opinion. The Framework defines alcohol cultures and provides a lens for designing and implementing programs to shifting drinking cultures with the ultimate aim of reducing alcohol-related harm.

Innovation Challenge: Alcohol

Two of our winners of the Innovation Challenge: Alcohol created ways to increase conversation through media around alcohol consumption. We awarded cohealth Arts Generator \$85,000 to launch a social marketing campaign supporting young African Australian men to drink less alcohol. Be a Brother has been a welcome, culturally appropriate innovation, using video and social media to successfully introduce new conversation around alcohol in the community and create a culture of support for change. The #SoberSelfie Challenge also contributed to Victorians' ability to say no to a drink, with participants reporting a reduction in alcohol consumption since the completion of the Challenge.

Trialling water in licensed premises

Increasing water consumption while having alcohol through better visibility and availability was the focus of this trial in three bars across Melbourne. Although providing free water is a requirement in licensed premises, we have begun testing three different interventions. The results of these trials will be available in late 2016.

Hello Sunday Morning

We used social media to successfully start conversation around drinking culture in our three-year partnership with Hello Sunday Morning, during which there was an increase in registrations (up by 933 per cent) and online interaction with over 100 per cent increase across blogs. Of those evaluated, nearly two-thirds reported reduced alcohol consumption following completion of the program and over half of the sample reporting improved physical health (53 per cent) and positivity (51 per cent).

Improving mental wellbeing: build stronger approaches to resilience focusing on young people

Preventing violence against women in Victoria

In July 2015, VicHealth hosted a two-day conference with leading experts from across Australia to share insights and expertise ahead of the recommendations of the Royal Commission into Family Violence in 2016.

We subsequently made a submission to the Royal Commission, drawing on years of partnerships and acquiring evidence, expertise and program best practice, in preventing violence against women and its link to gender inequality.

Change the story

Our Watch, VicHealth and Australia's National Research Organisation for Women's Safety (ANROWS) launched a framework for a consistent and integrated national approach to prevent violence against women and their children. *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia* brings together the latest international evidence on what drives violence against women, and what works to prevent it. It shows that to change the story that ends in violence against women, we must begin with gender equality and respect in all areas of life.

A high price to pay

Violence against women and their children costs Australia \$21.6 billion each year, with governments carrying more than a third of the cost burden; as shown in the report *A high price to pay: the economic case for preventing violence against women*. The report was prepared by PriceWaterhouse Coopers with support from Our Watch and VicHealth.

Generating Equality and Respect

The Generating Equality and Respect program was a model for saturating a local government area with gender equality and preventing violence against women projects. It aimed to build communities and cultures that promote gender equality and provide a number of transferable tools and resources that can be used by local governments, workplaces and organisations across Australia and internationally. The program reached over 1100 employees, 15,000 community members, 30 local schools and youth agencies, 50 male employees who became anti-violence ambassadors, and 58 first-time parents who were supported to maintain equal and respectful relationships in the transition to parenthood.

National survey on Australians' attitudes on violence against women

We surveyed 1923 Australians aged 16 to 24 about their views on violence against women and gender equality as part of the *2013 National Community Attitudes towards Violence against Women Survey*. The report released in 2015 provides a snapshot of young people's community attitudes to violence and the need for future prevention activity.

Mental Wellbeing Strategy

Our *VicHealth Mental Wellbeing Strategy 2015–19* builds on our extensive experience in promoting mental wellbeing and introduces a new focus to our work: building resilience. We have identified that focusing on young people aged 12–25 years is an important part of the mental wellbeing picture, and that building resilient communities fosters good health, prevents illness and benefits everyone. Our priority focus for the next three years is therefore building resilience and social connection with a particular focus on young people.

Young Victorians' resilience and mental wellbeing survey

A landmark survey of 1000 Victorians aged 16 to 25 has found one in four has lower than normal wellbeing, placing them at higher risk for depression, with females 50 per cent more likely to be affected than males. Although the majority of young people experience normal levels of wellbeing, many young Victorians are lonely and struggling to cope with daily life, according to VicHealth research.

Megatrends report – A VicHealth-CSIRO project

The Bright Futures: Megatrends report, commissioned by VicHealth and undertaken by CSIRO, paints a picture of the challenges facing young people into the future and provides a unique opportunity to build young people's resilience, social connection and mental wellbeing to withstand and bounce back from the stresses of these rapid changes. The report's findings underpin the *VicHealth Mental Wellbeing Strategy 2015–19*.

Workplaces

Victorian workers spend around one-third of their time in the workplace and the work environment can provide a positive sense of community and connection with others, as well as build self-esteem and provide recognition and rewards for individual workers and teams.

Creating healthy workplaces

A healthy workplace promotes the physical, mental, economic and social wellbeing of its employees, and in turn the health of their families, communities and society. Our four-year *Creating Healthy Workplaces* program highlights the important role workplaces have in promoting good health and wellbeing and preventing chronic disease. The program focused on the best ways to tackle alcohol-related harm, prolonged sitting, stress and violence against women.

Victorian Workplace Mental Wellbeing collaboration with Superfriend and WorkSafe

VicHealth, SuperFriend and WorkSafe Victoria have formed a collaboration to help workplaces create positive and supportive cultures and environments that enable workers to be more engaged, positive and effective at work. Approaches such as developing a positive leadership style, designing jobs for mental wellbeing, communicating effectively, recruitment and selection of employees, work-life demands, and supporting and developing employees are all important components of workplace mental wellbeing.

Innovation Challenge: Arts

In 2015, VicHealth announced the winners of the inaugural VicHealth Innovation Challenge: Arts. More than 40 submissions were received and two dynamic projects were chosen, using technology to promote physical and mental wellbeing. The successful projects were *Dance Break – No Lights, No Lycra* and *The Cloud – Pop Up Playground*.

Knowledge and research

In September 2015, we opened the VicHealth Innovation Research Grant round, a highly regarded grant which provides an opportunity for research teams to trial an innovative idea, research a new concept or methodology, or to develop better supporting evidence relevant to the theory, policy and practice in health promotion. This round resulted in funding for four projects for a total of \$800,000 over two years until 2018.

We also opened an NHMRC Partnership Project Grant round in which we supported, in principle, three projects as an industry partner, for a total of \$450,000. The full applications are awaiting the final funding decision from the NHMRC.

Healthy Living apps

Around two in five Australians trust health and wellbeing apps for information about being healthy. Our Healthy Living Apps Guide provides an independent rating of over 200 apps for healthy eating, physical activity, reducing harm from smoking and alcohol, and improving mental wellbeing.

VicHealth Indicators survey

The *2015 VicHealth Indicators Survey* (available late 2016) is the fourth of this survey, providing information at both state and local government area levels to assist with strategic planning and policy development, and help community leaders make informed decisions and plan more effectively for the future. Data will also be used to monitor VicHealth's progress, specifically the achievement of the three-year priorities and 10-year goals of the VicHealth Action Agenda.

Health equity

Fair Foundations

Fair Foundations: The VicHealth framework for health equity is a planning tool for health promotion policy and practice. It has been used by a variety of organisations state-wide to look at the social determinants of health inequities relevant to each issue, and what can be done to address them.

Elevate and the VicHealth Community Challenge

Elevate is a three-year initiative that seeks to promote health equity by enabling innovative thinking and the design of new solutions at community, inter-organisation, and population levels. Our approach draws on learnings from successful incubator, accelerator and innovation lab programs from across the world, with a firm focus on collaboration and networking as the method to transform individual ideas, elevating them into action.

Following our submission to the Hazelwood Mine Fire Inquiry, which report affirmed the importance of understanding the social determinants of health and remedying their unequal distribution across the Latrobe Valley, we launched the VicHealth Community Challenge. This financial year's Community Challenge focused on this region where we invited the community to deliver ideas on how to generate more jobs. Four ideas were shortlisted and Latrobe Valley community members were invited to participate in an intensive business planning support program.

Healthy communities

Selandra Rise

To learn how to incorporate this into all aspects of a community and look at how key design features could impact the health and wellbeing of residents, we conducted five-year study on housing development Selandra Rise.

Two in five residents reported an increase in physical activity after moving to the neighbourhood and 25 per cent were strongly satisfied with Selandra Rise as a convenient location compared to residents in previous neighbourhoods. However, the research also identified key recommendations to be considered for future development and planning of residential communities, such as increase in public transport, local employment opportunities and open spaces suitable for all weather.

Leading Thinker initiative

VicHealth developed the Leading Thinkers initiative to make international thought leadership in behavioural insights practical and accessible for Victoria. Our first Leading Thinker was Dr David Halpern of the UK Behavioural Insights Team. His residency brought new knowledge about 'what works' in getting people to change their health behaviour.

Seven behavioural trials were designed for delivery by VicHealth and our partners. Within 12–15 months, some trials have achieved significant results, and all have provided new insight into how we use human behaviour to inform policy and practice.

We convened Victoria's Citizens' Jury on Obesity which saw 100 'everyday Victorians' deliver a consensus view on the 20 recommendations, or 'asks,' that, if implemented by government, industry and community, would enable Victorians to eat better.

It has been an exceptional year and I would like to thank each staff member at VicHealth for their determination and commitment to our work, and their encouragement of each other as we sought to explore new approaches to achieve our vision of one million Victorians with better health and wellbeing by 2023.

I congratulate and thank all of VicHealth's partners including our colleagues across the Victorian Government who shared our vision and worked with us and others for common goals. I especially thank our partners and the community leaders in regional Victoria and metropolitan Melbourne who took part in our Action Agenda refresh consultations, and whose advice helped inform our updated plan for 2016–19.

I would like to thank our Board for their expertise and support in navigating old and new challenges. I thank the Chair, Emeritus Prof John Catford, for his leadership and guidance.

I particularly thank the Minister for Health, The Hon. Jill Hennessy MP for her support and tireless advocacy for health equity. I also thank the Minister for Mental Health, The Hon. Martin Foley MP, the Minister for Sport, The Hon. John Eren MP, the Minister for Women and Prevention of Family Violence, The Hon. Fiona Richardson MP, other Ministers, and their Advisers for their guidance and support.

On behalf of the VicHealth team, I look forward to next year, using the strong core achieved in VicHealth's first 30 years to enable current and future Victorians achieve better health and wellbeing.



Jerril Rechter

Chief Executive Officer

View our Action Agenda for Health Promotion
www.vichealth.vic.gov.au/actionagenda

VicHealth Action Agenda for Health Promotion 2013–2023

VicHealth Action Agenda Scorecard

We use our Action Agenda Scorecard as a system to track our progress towards achieving targets set in the VicHealth Action Agenda for Health Promotion, our 10-year vision for championing the health and wellbeing of all Victorians.

By 2023, one million more Victorians will experience better health and wellbeing.*

OUR 10-YEAR GOALS



OUR THREE-YEAR PRIORITIES

BY 2019, THERE WILL BE:



RESULTS: We track our progress through the VicHealth Action Agenda for Health Promotion Scorecard



Our focus

Aligned with the World Health Organization's Ottawa Charter for Health Promotion, VicHealth takes action at multiple levels:

- Building healthy public policy in all sectors and at all levels of government
- Creating supportive environments for health where people live, work and play
- Strengthening community action for social and environmental change
- Developing personal skills that support people to exercise greater control over their own health
- Reorienting services to promote better health

Our model

INNOVATE

discovering how to accelerate outcomes for health promotion

INFORM

giving individuals and organisations the best information for healthier decisions

INTEGRATE

helping Victoria lead health promotion policy and practice

Our actions

- Introducing cutting-edge interventions
- Empowering through digital technologies
- Undertaking pioneering research
- Leveraging cross-sectoral knowledge
- Utilising social marketing
- Fostering public debate
- Providing tools and resources
- Developing strategic partnerships
- Advancing best practice
- Supporting policy development
- Strategic investments and co-funding
- Building capacity in individuals, communities and organisations

Our difference

We are proud of what sets us apart:

- A track record of delivering innovation
- An independent, trusted and credible voice
- Investment in research to drive change
- Connecting with people where they live, learn, work and play
- Focused on the positive state of health

Our origin

VicHealth is the world's first health promotion foundation, established in 1987 with funding from government-collected tobacco taxes and mandated to promote good health in the state of Victoria. VicHealth's very inception was a pioneering act that set the stage for our unique contribution to better health.

Our healthscape

Social, economic, environmental, technological and demographic trends are driving an epidemic of non-communicable, chronic disease globally.

The Victorian Government is committed to addressing the social determinants of health and their unequal distribution across the population as evidenced by:

- The Victorian Public Health and Wellbeing Plan 2015–2019
- The Royal Commission into Family Violence
- The Hazelwood Mine Fire Inquiry – Health Improvement Report

VicHealth will prioritise action that advances women and explores new ways of working with communities to address disadvantage. Our status as a World Health Organization Collaborating Centre for Leadership in Health Promotion enables us to share Victoria's world-class health promotion nationally and internationally.

OUR COMMITMENTS: Fairness | Evidence-based action | Working with community | Partnerships across sectors

* A technical paper describes the calculations underpinning the 10-year goals and three-year priorities. As some individuals may achieve goals across more than one imperative, the total number in each 10-year target exceeds one million to account for this.

Operational and budgetary objectives and performance against objectives

Budgetary performance

Under section 33 of the *Tobacco Act 1987*, the budget of VicHealth must include provision for payments to sporting bodies (not less than 30 per cent) and to bodies for the purpose of health promotion (not less than 30 per cent). The VicHealth Board also set the following parameters on grant expenditure for the financial year. These targets are used to guide the level of investment in each strategic imperative and in research and evaluation.

Our performance against these targets is summarised in Table 1.

Table 1: Performance against statutory and Board policy expenditure targets⁽ⁱ⁾

Performance measures	2015–16 minimum or target	2015–16 budget	2015–16 actual	2015–16 amount (\$'000)
Statutory expenditure target⁽ⁱⁱ⁾				
Sporting bodies	30%	31%	32%	\$12,074
Health promotion	30%	35%	35%	\$13,129
Board policy expenditure target				
Promote healthy eating	5%	11%	8%	\$3,161
Encourage regular physical activity	21%	27%	33%	\$12,299
Prevent tobacco use	13%	14%	14%	\$5,199
Prevent harm from alcohol ⁽ⁱⁱⁱ⁾	5%	5%	3%	\$1,218
Improve mental wellbeing ^(iv)	8%	9%	7%	\$2,599
Research and evaluation ^(v)	12%	14%	13%	\$4,745

Notes:

- (i) Percentage figures are calculated as expenditure as a proportion of our budgeted government appropriation for the financial reporting period. For the 2015–16 financial year our appropriation was \$37,589,000. Figures exclude payments sourced from special funds unless otherwise indicated.
- (ii) Spend against statutory expenditure targets is not exclusive of spend against Board policy targets. Expenditure coded against the statutory targets is also coded against the Board expenditure targets. Expenditure on 'health promotion' in this instance is defined as total grant payments less grant monies issued to sporting bodies.
- (iii) If special funded projects are included, expenditure becomes \$1,279,000 or 3.4% of the appropriation.
- (iv) If special funded projects are included, expenditure becomes \$3,304,000 or 8.8% of the appropriation.
- (v) The research and evaluation figure may include expenditure allocated to other statutory and Board expenditure categories.

Our operating performance against budget is summarised in Table 2.

Table 2: Operational performance against budget

Funding source	2015–16 actual (\$'000)	2015–16 budget (\$'000)
Total funds		
Total revenue	38,561	37,680
Total expenses	37,594	37,338
Total operating surplus/(deficit)	967	342
Appropriation funds		
Revenue	37,839	37,657
Expenses	36,729	37,230
Operating surplus/(deficit) from appropriation	1,110	427
Special funding		
Revenue	723	23
Expenses	866	108
Operating surplus/(deficit) from special funding	(143)	(85)

VicHealth's operations can be viewed as having two distinct funding sources. VicHealth receives core funding via the Department of Health and Human Services (DHHS) to deliver its objectives as outlined in the *Tobacco Act 1987*.

Additionally, VicHealth periodically receives special funding from various government agencies to deliver specific programs. Often this funding is received as a lump sum, with expenditure subsequently incurred over multiple years to deliver the programs. This has the potential to create either a large operating surplus or deficit in particular financial years, as the revenue is recorded in the year of receipt and expenses recorded when the expenditure is incurred. This is the key reason for the \$0.14 million operating deficit from special funding this year.

Overall, the operating surplus for the year was \$0.97 million, being \$0.63 million greater than the budget surplus of \$0.34 million.

Total revenue was \$0.9 million higher than budget due to the receipt of additional special funding (\$0.7 million) mainly for National Community Attitudes towards Violence against Women Survey (NCAS), and a slightly higher appropriation from government (\$0.1 million).

Total expenditure of \$37.6 million was \$0.3 million higher than the budget, due to the receipt and subsequent expenditure of the NCAS project. Operating costs and personnel costs underspend by a combined \$0.5 million due to measures implemented to reduce these costs, with the resultant cost savings being used to invest more monies in various health promotion programs and campaigns.

Granting of funds

As part of its core business, VicHealth has continued to provide assistance to organisations to deliver program outputs against our strategic framework through the granting of funds for health promotion and prevention purposes.

Significant grant expenditure is defined as:

- any grant funding round where payments to successful organisations total \$250,000 or more during the financial reporting period
- single projects where payments to the organisation total \$250,000 or more during the financial reporting period.

Details of significant grant funding rounds are provided in Table 3.

Table 3: Grants⁽ⁱ⁾ with payments totalling \$250,000 or more during the reporting period

Funding round	No. of organisations receiving payments	Payments (\$'000)
Active Club Grants	624	1,712
Deliberative Forums on Obesity	10	296
Female Participation in Physical Activity	7	1,068
Good Sports Program	1	300
Innovation Challenge – Alcohol	5	298
Innovation Challenge – Physical Activity	23	718
Innovation Research Grant	5	540
Leading Thinkers	10	337
Local Government – Arts	5	392
National Community Attitudes Towards Violence Against Women Survey (NCAS)	8	560
Quit Victoria	1	4,658
Regional Sports Program	14	1,500
Salt Reduction	1	477
State Sports Program	25	2,150
Sunsmart	1	500
TeamUp	11	853
The McCaughey Centre	1	250
VicHealth Indicators	2	626
Vicsport	1	306
Victoria Walks	1	673
Walk to School	59	599
Water Initiative	27	1,684

Note:

(i) Grants include health promotion expenditure such as programs, funding rounds, research grants, campaigns and directly associated activities.

Payments include \$19,937,000 from appropriation funds and \$560,000 from special purpose funds.

Details of significant project payments to individual organisations are provided in Table 4.

Table 4: Organisations receiving grant payments⁽ⁱ⁾ totalling \$250,000 or more during the reporting period

Organisation name	Project name(s)	Payments (\$'000)
AFL Victoria Ltd	Increasing Female Participation in Sport Initiative	258
Australian Drug Foundation	#SoberSelfie; Good Sports Program; Vicsport Partnership	343
Behavioural Insights Team	Leading Thinkers	493
Cancer Council Victoria	Alcohol Legal and Regulatory Policy Project; Nicotine products and implications for smoking cessation project; Obesity Prevention Policy Coalition; Quit Victoria; Sunsmart	5,402
Deakin University	Healthy eating policies in public settings: building the business case for increasing access to water, reduced salt and other healthy food options; Walk to School 2015 – research and evaluation; STICKE Healthy Eating – Systems Thinking In Community Knowledge Exchange; Creating supermarket food environments that encourage healthy eating; Arts About Us Evaluation; Healthy Living Apps project	316
Gymnastics Victoria	Female Participation in Sport Initiative – Move My Way; State Sport Program: Gymnastics Victoria – Focus Area # 1; TeamGym – Innovation Challenge	297
Latrobe University	Sport in Regional Australia conference; Sport programs evaluation; Alcohol cultures in middle and older age groups in Victoria research project; Pride Game evaluation	477
Melbourne Renegades	H30 Challenge Partnership; VicHealth Women's Big Bash League Major Sponsor Partnership	250
Melbourne Stars Ltd	H30 Challenge Partnership; VicHealth Women's Big Bash League Major Sponsor Partnership	300
National Heart Foundation of Australia (Vic)	Salt Reduction: scoping options to work with food industry; Smoking and heart disease: taking steps to reduce the risk; Innovative approaches to salt reduction: working with the food industry; VicHealth and Heart Foundation Salt Awareness campaign; Alcohol planning resources for local government on the Heart Foundation's Healthy Active by Design website	364
Netball Victoria	CardioNET – Innovation Challenge: Physical Activity; Rock Up Netball; State Sport Program; Physical Activity Sponsorship 2015–16: Find Your Motivation campaign	530
The Social Research Centre Pty Ltd	Survey Partnership – National Community Attitudes Towards Violence Against Women Survey and data management; VicHealth Indicators	610
The University of Melbourne	Promoting mental health of children living in low income families (fellowship); Onemda VicHealth Koori Health Unit; The Association of Local and Regional Accessibility with Active Travel and Physical Activity: Health and Economic Impacts; Kids as catalyst: evaluating a child-led social action program promoting child and youth resilience and mental wellbeing; NHMRC Partnership 2011–12: Does access to paid parental leave improve young mother's social and economic participation and mental health?; Aboriginal Young People in Victoria and Digital Storytelling; The role of new models of governance in improving the quality of health promotion programs; Violence against women – a media intervention; Building Resilience Teacher Training Project	681
Victoria Walks	Local Government Area Grant Program to create new park and walk options at primary schools; Victoria Walks	673

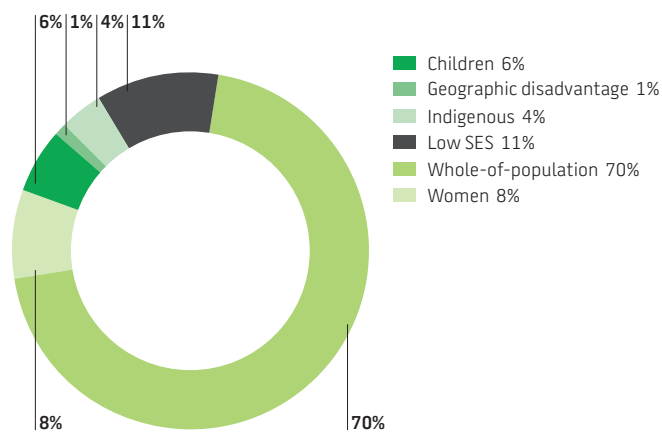
Note:

(i) Payments include \$10,955,000 from appropriation funds and \$38,500 from special purpose funds.

Target populations

Seventy per cent of our grant funding was targeted at whole-of-population approaches to health promotion. The remaining 30 per cent was targeted at one or more of our target populations as summarised in Graph 1.

Graph 1: Allocation of grant expenditure across target population groups⁽ⁱ⁾



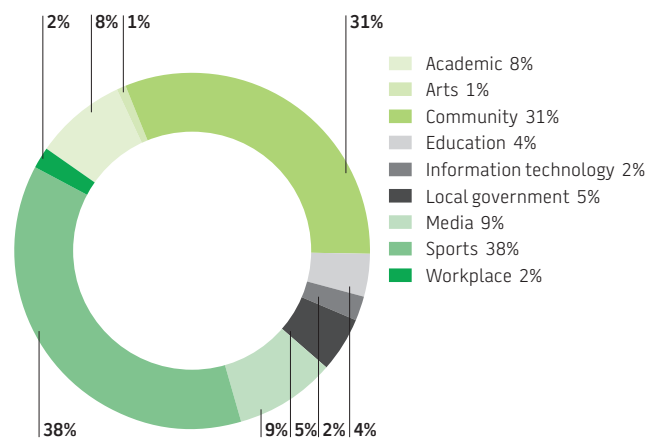
Note:

(i) Percentages are used to provide a relative indicator of investment across target populations. The percentages are a proportion of grant payments from appropriated revenue expended on each population group.

Settings

The proportion of grant funding allocated within each setting is provided in Graph 2. The largest setting is Sports which reflects VicHealth's statutory obligation to provide grants to sporting bodies, closely followed by grants which focus on the community.

Graph 2: Allocation of grant expenditure across settings⁽ⁱⁱ⁾



Note:

(ii) Percentages are used to provide a relative indicator of investment across settings. The percentages are a proportion of grant payments from appropriated revenue expended within each setting.

Five-year financial summary

Table 5: Five-year financial summary

	2016 (\$'000)	2015 (\$'000)	2014 (\$'000)	2013 (\$'000)	2012 (\$'000)
Operating Statement					
Revenue from government	38,233	37,503	37,328	41,173	40,657
Other income	328	371	376	401	444
Total income	38,561	37,874	37,704	41,574	41,101
Grant and other expense transfers	26,451	29,915	28,055	30,500	29,122
Employee expenses and other costs	11,143	11,298	10,617	9,827	9,137
Total expenses	37,594	41,213	38,672	40,327	38,259
Net surplus/(deficit) for the period	967	(3,339)	(968)	1,247	2,842
Balance Sheet					
Total assets	5,493	5,825	9,415	10,488	11,871
Total liabilities	1,984	3,283	3,534	3,639	6,269
Total equity	3,509	2,542	5,881	6,849	5,602

Major changes affecting performance

Overall, VicHealth generated an operating surplus of \$0.97 million. The fact that special funding is usually received in one financial year, and then expended in subsequent financial years, tends to cause fluctuations in VicHealth's revenue, expenditure and operating results which has occurred in recent years as is illustrated in Table 5.

The 2015–16 operating result from special purpose funding has accounted for a \$0.14 million operating deficit, whereas an operating surplus of \$1.12 million from appropriation funds was generated.

Revenue of \$38.6 million was \$0.69 million higher than last year. The core funding received from the DHHS under the *Tobacco Act 1987* was \$37.6 million. This was higher than the previous year after an indexation increase of \$0.74 million, but was partially offset by the less interest income reflecting the decline in interest rates. Special funding of \$0.7 million was consistent with last year.

Total expenditure on program delivery and operating costs of \$37.59 million decreased by \$3.62 million from the prior year, with grants and direct implementation costs accounting for the majority of this reduction.

This decrease in expenditure from the prior year was in the main attributed to a \$3.0 million decrease in special purpose funding expenditure, as most of the special funding projects were completed by June 2015, with NCAS being the major special funded project undertaken this financial year. Salaries and wages and other operating costs decreased slightly (\$0.16 million) as a result of strategies implemented to mitigate cost escalations.

VicHealth's assets are valued at \$5.5 million, comprising mostly bank balances (\$4.4 million) and receivables (\$0.5 million). VicHealth operates a fiscally responsible approach to cash management, so that cash reserves are maintained at levels consistent with parameters stipulated in our cash reserves policy.

Total liabilities have decreased from \$3.0 million to \$2.0 million this year, being primarily via a reduction in payables resulting from the timing of processing funding obligations at year end. Provision for employee benefits is VicHealth's largest liability which increased by \$0.1 million to \$1.3 million.

As at balance date total equity increased by \$1.0m to \$3.5 million as a result of the nearly \$1.0 million operating surplus. Retained earnings of \$3.1 million are, in part, earmarked for allocation for a potential future upgrade of our IT applications in addition to maintaining reserves to fund employee provisions and other liabilities.

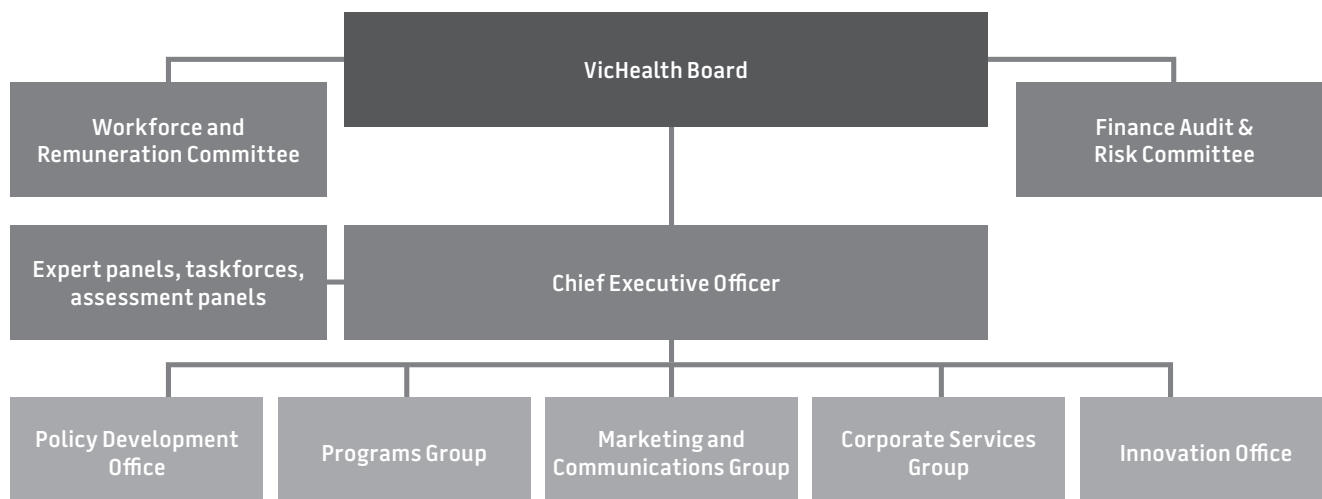
Subsequent events

The Minister for Health announced that Ms Fiona McCormack was appointed to the VicHealth Board, with effect from 1 July 2016. Additionally, the Minister announced Ms McCormack as the Board Chair designate, with effect from 1 October 2016, at which time the current Board Chair, Emeritus Prof John Catford's tenure would cease.

There were no subsequent events occurring after balance date which may significantly affect VicHealth's operations in subsequent reporting periods.

Section 2: VicHealth organisation structure

VicHealth organisation structure



The key function of each of the groups/offices is outlined as follows:

Policy Development Office

Drive VicHealth’s strategic imperatives and model, and ensure the organisation’s policy, position statements and programs achieve world-class outcomes.

Programs Group

Design and execute program investment, grants, funding rounds, research and partnership activities to maximise outcomes from the Action Agenda for Health Promotion.

Marketing and Communications Group

Develop and deliver the organisational marketing and communications strategies, including branding, social marketing, campaigns, communications, publications and events to enhance VicHealth’s unique brand and reputation.

Corporate Services Group

Provide the finance, business planning, information technology and management, people and culture functions and manage the governance framework to support the work of VicHealth.

Innovation Office

Lead an organisation-wide innovation process for health promotion and internal business operations, and the VicHealth business model to inform, innovate and integrate.

Executive Management

These positions were held by the following people during the financial reporting period:

Chief Executive Officer
Ms Jerril Rechter

*Executive Manager, Corporate Services Group;
Chief Finance and Accounting Officer (CFAO)*
Mr Dale Mitchell

Executive Manager, Marketing and Communications Group (Acting)
Ms Liz Sannen (1 July 2015 to 10 December 2015)

Executive Manager, Marketing and Communications Group
Ms Natasha Levy (1 December 2015 to 30 June 2016)

Executive Manager, Programs Group
Dr Bruce Bolam

Lead, Innovation Office (Acting)
Dr Lyn Roberts (1 July 2015 to 11 October 2015)

Executive Lead, Innovation Office
Ms Nithya Gopu Solomon (12 October 2015 to 30 June 2016)

Lead, Policy Development Office
Mr Darryl Kosch (1 July 2015 to 11 December 2015)

Executive Lead, Policy Development Office
Ms Kellie Horton (29 February 2016 to 30 June 2016)

Employee Committees

VicHealth has a number of cross-organisational employee committees or groups to assist management in operations:

- Diversity Committee
- Employee, Wellbeing and OHS Committee
- Enterprise Agreement Group
- Executive Team
- Incident Management Team
- Management Team
- Risk Management Committee.

VicHealth Board

The VicHealth Board members during the year were:

Emeritus Prof John Catford – Chair

Professor Catford is Executive Director, Academic and Medical, at Epworth HealthCare. He was previously Deputy Vice-Chancellor, Vice-President and Dean (Faculty of Health, Medicine, Nursing and Behavioural Sciences) at Deakin University.

Having trained as a pediatrician and public health physician, he was Chief Health Officer and Executive Director of Public Health for the Victorian Government from 1998 to 2002. In 1994 to 1995, he worked for the World Health Organization as Health Policy and Public Health Adviser to health ministers in Central and Eastern Europe. Professor Catford is Chair of the Editorial Board of the journal Health Promotion International published by Oxford University Press, which he helped establish in 1986 and was Editor-in-Chief until 2013. He has published widely with more than 300 publications, and was co-author of the WHO's Ottawa Charter for Health Promotion in 1986, the Bangkok Charter for Health Promotion in a Globalized World in 2005, and the Nairobi Call to Action for Closing the Implementation Gap in Health Promotion in 2009. He is currently one of three Commissioners on the reopened Hazelwood Mine Fire Inquiry with special responsibilities for considering ways to improve the health of the Latrobe Valley.

Ms Nicole Livingstone OAM – Deputy Chair

Ms Livingstone is currently a host and swimming broadcaster on Network Ten Australia and ONE HD. She is a former elite athlete who has a strong background in sport, community, communications and media. She chaired the Ministerial Community Advisory Committee on Body Image.

She is Vice-President of the Victorian Olympic Council, a member of the Executive of the Australian Olympic Committee and a Director of Swimming Australia.

Ms Livingstone has previously worked with VicHealth and VicHealth's funded projects including Quit Victoria and Victoria Walks where she has demonstrated a good knowledge of health promotion.

Ms Susan Crow

Ms Crow is currently employed as the Head of Community, Melbourne City Football Club where she is responsible for the development and delivery of Melbourne City's Social Responsibility program.

She has 20 years' experience in sports administration roles, as the Chief Executive Officer of Netball Victoria and Softball Australia and the Executive Director, Women's Cricket Australia.

Ms Margot Foster AM

Ms Foster has a wealth of experience on not-for-profit boards, both government and private, and currently serves as Chairman of Vicsport, President of the Melbourne University Sports Association, member of the committee of the Women of the MCC, among others, as well as mentoring and advising young women rising through the sports system. She has significant governance, management and leadership experience arising from her many board roles and professional life as a lawyer.

Ms Foster is a former elite athlete representing Australia in rowing at the Olympic and Commonwealth Games, winning medals at both events.

Ms Foster was awarded an AM in the 2015 Queen's Birthday Honours for her significant service in sports administration and governance, as an elite athlete and for support for women's sport.

Mr Nick Green OAM

Mr Green is an experienced leader who has worked in senior roles across numerous areas including elite high-performance sport, governance, finance and government relations. He is currently Chief Executive Officer of Cycling Australia. Before this, he spent six years at the Victorian Major Events Company, his last position being Group Manager of Acquisition and Development. He is President of the Victorian Olympic Council, an Executive Board Member of the Australian Olympic Committee, and a Fellow and Director of Leadership Victoria.

Nick has attended seven Olympic Games and was the Chef de Mission for the 2012 Australian Olympic Team. He was awarded the Order of Australia Medal and inducted into the Sport Australia Hall of Fame in recognition of his sporting achievements (dual Olympic Champion – rowing 1992 and 1996).

Professor Margaret Hamilton AO (10 November 2015 to 30 June 2016)

Professor Hamilton has over 45 years' experience in the public health field, specialising in alcohol and drugs including clinical work, education and research. She has a background in social work and public health and was the Founding Director of Turning Point Alcohol and Drug Centre in Victoria and Chair of the Multiple and Complex Needs Panel in Victoria.

She served as an Executive member of the Australian National Council on Drugs and on the Prime Minister's Council on Homelessness. She is a member of Cancer Council Victoria and recently retired as President.

Professor Hamilton contributes to many other advisory groups in the areas of children in out-of-home care, youth drug problems, alcohol policy and research. She has recently been appointed to the Civil Society Task Force planning for the Special Session of the United Nations' General Assembly meeting on drugs in 2016.

Professor Hamilton holds an honorary position at the University of Melbourne and is retired but remains active.

Professor Mike Morgan

Professor Morgan is Head of the Melbourne Dental School and Chair of Population Oral Health at the University of Melbourne. Mike is currently President of the Australian Dental Council Governing Board and chairs the Health Professions Accreditation Councils' Forum.

His principal teaching responsibility is in Community Dental Health, focusing on disease causation in relation to social factors, models of health behaviour and communication. He has a strong background and interest in the causes and prevention of oral disease.

Ms Andrea Tsalamandris (10 November 2015 to 16 February 2016)

Ms Tsalamandris resigned immediately upon notification of her appointment and did not attend any Board meetings, although the official resignation date is effective 16 February 2016.

Ms Veronica Pardo (10 November 2015 to 30 June 2016)

Ms Pardo is the Executive Director of Arts Access Victoria, the state's leading arts and disability organisation. In this role, she has led an ambitious agenda of social and artistic transformation for people with a disability and the communities in which they live. With a passion for social justice and equity, she has spearheaded campaigns relating to the inclusion of people with a disability in arts and culture, as audiences and cultural innovators.

Ms Pardo has a successful history of employment at senior levels in the not-for-profit sector, with a major focus on policy and advocacy. She has a long track record of leading research programs aimed at addressing barriers to participation. A linguist by training, she has specialised in Australia Sign Language (Auslan), where she holds two postgraduate qualifications.

Ms Sarah Ralph (3 May 2016 to 30 June 2016)

Ms Ralph is a workplace relations lawyer based in Melbourne. With more than 15 years' experience managing workplace relations issues for employers, Sarah's advice to employers is informed by her past experience working in the Victorian government, manufacturing and labour hire sectors.

Mr Simon Ruth (10 November 2015 to 30 June 2016)

Mr Ruth is CEO of the Victorian AIDS Council. He has more than 20 years of experience in the fields of AIDS and HIV awareness, advocacy and treatment, alcohol, drug treatment and Indigenous services, youth work and community development. He is also a Board Member of the Victorian Alcohol and Drug Association and Vice President of the Australian Federation of AIDS Organisations.

Mr Stephen Walter

Mr Walter is a senior corporate affairs professional with over 35 years' experience in corporate communications, stakeholder relations, marketing and business development gained through the public and private sectors. He is currently principal and owner of Persuade Consulting, specialising in sports management and public affairs advisory services. Previous to this, he was Group General Manager Corporate Public Affairs and Chief of Staff at Australia Post, where he also served on the Executive Committee for a decade.

Mr Walter formerly held board memberships at the Australian Association of National Advertisers and RMIT Alumni Association. His community contributions include pro bono work for Cottage by the Sea, a charity supporting disadvantaged children, and Opera Australia.

The Members of Parliament appointed to the Board are:

Ms Colleen Hartland, MLC (12 April 2016 to 30 June 2016)

Ms Hartland has been the Greens MP for the Western Suburbs of Melbourne and the Victorian Greens Spokesperson for Health since 2006.

Ms Hartland was raised in Morwell and has lived in Footscray for many years. She was a founding member of the Hazardous Materials Action Group (HAZMAG), campaigning for protection for residents from industrial hazards in the western suburbs, including the Coode Island explosion.

Amongst her varied job history, Ms Hartland worked at the Western Region Health Centre for five years, supporting older residents in the Williamstown high rise housing estate. She was a City of Maribyrnong Councillor between 2003 and 2005. She is passionate about addressing the social determinants of health.

The Hon. Wendy Lovell, MLC (12 April 2016 to 30 June 2016)

Ms Lovell has represented the Northern Victoria Region as a Liberal Party member in the Victorian Legislative Council since 2002 and served as Minister for Housing and Minister for Children and Early Childhood Development from 2010 until 2014.

Through her role as a regional Member of Parliament and her former Ministerial responsibilities Ms Lovell has developed a strong interest in maternal and child health and the health outcomes in rural and regional communities.

Prior to entering Parliament Ms Lovell enjoyed a career in small business as a newsagent and is well known for her commitment to community service and as a strong advocate for her region.

Ms Natalie Suleyman MP (12 April 2016 to 30 June 2016)

Ms Suleyman is the State Member for St Albans. In April 2015, she was appointed a member of the Parliamentary Committee for Law Reform, Road and Community Safety and also as a member of parliament's House Committee. Natalie is secretary of the Victorian Parliamentary Friendship Groups for Turkey, Lebanon and India.

Previously, Ms Suleyman served as a local councillor at the Brimbank City Council, including three terms as Mayor. She was awarded the Certificate of Outstanding Service – Mayor Emeritus by the MAV and received the Victorian Multicultural Award for Excellence – Local Government.

Ms Suleyman is pleased to be working with her community on the new \$200 million Joan Kirner Women's and Children's Hospital project in Sunshine, a significant redevelopment of health services in Melbourne's West.

Finance, Audit and Risk Committee

The purpose of the Committee is to assist the Board in fulfilling its governance duties by ensuring that effective financial management, auditing, risk management and reporting processes (both financial and non-financial) are in place to monitor compliance with all relevant laws and regulations and best practice.

During the reporting period, the Committee members were:

Ms Sally Freeman (Independent) – Chair
Ms Margot Foster AM (Board Member)
Mr Nick Green OAM (Board Member)
Ms Kylie Maher (Independent)
Mr Peter Moloney (Independent)
Mr John Thomson (Independent)
Mr Adam Todhunter (Independent)

Workforce and Remuneration Committee

The purpose of the Committee is to review the CEO's performance and remuneration. Additionally, it provides strategic advice to the CEO on workforce strategy and planning, organisational structure, human resources policies and alignment of VicHealth's policies with relevant industrial relations and employment legislation and Victorian government policies.

During the reporting period, the following Board members were members of this committee:

Ms Nicole Livingstone OAM – Chair
Emeritus Prof John Catford
Ms Veronica Pardo
Mr Stephen Walter

Advisory Governance Framework

The VicHealth Advisory Governance Framework outlines VicHealth's decision-making processes with regard to the provision of programs, research and grants. The principles provide VicHealth, stakeholders and the community with confidence that the processes are efficient, financially responsible and are meeting the objectives, policies and strategic plans of VicHealth.

The Advisory Governance Framework comprises three distinct groups, which make recommendations to the VicHealth CEO. These groups are established as required to examine specific health promotion and prevention issues. These are:

- Expert panels: to examine key strategic matters that affect the pillars of the Action Agenda for Health Promotion
- Taskforces: to investigate and provide operational and implementation advice on key strategic priorities and high-profile community health issues
- Assessment panels: to determine funding recommendations and/or review major funding/grant, and/or procurement proposals.

During 2015–16 the following groups were formed:

Expert panels

- Female Participation In Sport

Taskforces

- Health Intelligence Taskforce
- Citizens Jury Steering Group
- Leading Thinkers Taskforce

Assessment panels

- Female Participation in Sport
- Regional Sport Program
- State Sport Program
- VicHealth Innovation Challenge – Physical Activity
- Active Club Grants
- VicHealth-National Health and Medical Research Partnership Projects
- VicHealth Innovation Research Grant Applications

Board and Committee attendance register

Board	No. of meetings attended in 2015–16	Eligible meetings in 2015–16
Emeritus Prof John Catford, Chair	5	5
Ms Nicole Livingstone OAM, Deputy Chair	3	5
Ms Susan Crow	5	5
Ms Margot Foster AM	5	5
Mr Nick Green OAM	3	5
Prof Margaret Hamilton AM ⁽ⁱ⁾	3	3
Ms Colleen Hartland MP ⁽ⁱⁱ⁾	1	1
The Hon. Wendy Lovell MP ⁽ⁱⁱ⁾	1	1
Prof Michael Morgan	4	5
Ms Veronica Pardo ⁽ⁱ⁾	3	3
Ms Sarah Ralph ⁽ⁱⁱⁱ⁾	0	0
Mr Simon Ruth ⁽ⁱ⁾	3	3
Ms Natalie Suleyman MP ⁽ⁱⁱ⁾	1	1
Ms Andrea Tsalamandris ^(iv)	0	0
Mr Stephen Walter	5	5

Finance, Audit and Risk Committee	No. of meetings attended in 2015–16	Eligible meetings in 2015–16
Ms Sally Freeman, Chair	4	4
Ms Margot Foster AM	4	4
Mr Nick Green ^(v)	0	0
Ms Kylie Maher ^(vi)	2	3
Mr Peter Moloney	4	4
Mr John Thomson ^(vii)	1	1
Mr Adam Todhunter ^(vi)	3	3

Workforce and Remuneration Committee	No. of meetings attended in 2015–16	Eligible meetings in 2015–16
Ms Nicole Livingstone OAM, Chair	3	3
Emeritus Prof John Catford, Deputy Chair	3	3
Ms Veronica Pardo ^(viii)	0	0
Mr Stephen Walter	2	3

⁽ⁱ⁾ Appointed 10 November 2015

⁽ⁱⁱ⁾ Appointed 12 April 2016

⁽ⁱⁱⁱ⁾ Appointed 3 May 2016

^(iv) Appointed 10 November 2015. Ms Tsalamandris resigned immediately upon notification of her appointment. The Governor in Council accepted her resignation effective 16 February 2016.

^(v) Appointed 26 April 2016

^(vi) Appointed 1 November 2015

^(vii) Term expired 31 October 2015

^(viii) Appointed 26 April 2016

Patron-in-Chief

VicHealth is pleased and honoured to have as its Patron-in-Chief, The Honourable Linda Dessau AM, Governor of Victoria.

Section 3: Workforce data

Occupational Health and Safety (OHS) management

VicHealth's Occupational Health and Safety (OHS) policy demonstrates our commitment to the provision of a safe and healthy workplace.

VicHealth is committed to fostering and enshrining a culture within the organisation that values the importance of a healthy and safe work environment.

To further these aims, VicHealth has an established Employee Wellbeing and OH&S Committee. This comprises staff from across the organisation to act as an employee consultation group by undertaking the following tasks and functions:

- provide an avenue for employee consultation relating to wellbeing and OH&S
- promote employee wellbeing and OH&S
- deliver employee health and wellbeing activities/topics.

Our performance against key OHS indicators during the 2015–16 financial year is summarised in Table 6.

Table 6: Performance against OHS management measures

Measure	Indicator	2015–16	2014–15
Incidents	No. of incidents	1	4
	No. of standard claims	0	0
Claims	No. of lost time claims	0	0
	No. of claims exceeding 13 weeks	0	0
Claim costs	Average cost per standard claim ⁽ⁱ⁾	\$50	\$50

Note:

- (i) Average cost per claim includes medical expenses only and does not include salary or wages.

Equity and diversity principles

Our equity and diversity policy demonstrates our commitment to creating and maintaining a positive working environment free of discrimination and harassment, which provides equal opportunities for all and values diversity.

In further support of this, VicHealth has established a Diversity Committee comprising employee representatives from all groups of the organisation. The primary objectives of this Committee are to:

- be responsible for the development and oversight of action plans (including the Reconciliation Action Plan and Disability Action Plan) to meet legal and moral obligations
- provide input into current organisational practices to ensure positive diversity outcomes and to promote best practice
- examples externally
- promote and celebrate diversity across the organisation.

Public administration values and employment principles

VicHealth continues to implement the previous directions of the Commissioner for Public Employment with respect to upholding public sector conduct, managing and valuing diversity, managing underperformance, reviewing personal grievances and selecting on merit.

VicHealth annually reviews its suite of detailed employment policies, including policies with respect to grievance resolution, recruitment, performance management and managing diversity.

In support of the above, VicHealth has engaged in a consultative process driven by staff and developed an Employee Culture Charter. The Charter outlines four principles that set the cultural and professional standards to which we all commit and expect other employees to demonstrate. The four principles are Trust, Challenge, Accountability and Results. At the end of the year, a peer-based recognition is awarded to staff members who best demonstrate these principles.

Workforce data

Table 7: Employee headcount (HC) and full-time equivalent (FTE)

	June 2016			June 2015		
	<i>Ongoing</i>	<i>Fixed-term & casual</i>	Total	<i>Ongoing</i>	<i>Fixed-term & casual</i>	Total
Employee headcount (HC)	66	13	79	68	9	77
Full-time (HC)	53	7	60	56	6	62
Part-time (HC)	13	6	19	12	3	15
Full-time equivalent (FTE)	62.5	10.7	73.2	65	7.4	72.4

Table 8: Breakdown of headcount by gender

<i>Gender</i>	June 2016						June 2015					
	<i>Ongoing</i>		<i>Fixed-term & casual</i>		Total		<i>Ongoing</i>		<i>Fixed-term & casual</i>		Total	
	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE
Male	19	18.4	1	1	20	19.4	23	22.8	1	1	24	23.8
Female	47	44.1	12	9.7	59	53.8	45	42.2	8	6.4	53	48.6
Total	66	62.5	13	10.7	79	73.2	68	65	9	7.4	77	72.4

Table 9: Breakdown of headcount by age

Age	June 2016						June 2015					
	Ongoing		Fixed-term & casual		Total		Ongoing		Fixed-term & casual		Total	
	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE
Up to 19	0	0	0	0	0	0	0	0	0	0	0	0
20–24	0	0	1	1	1	1	0	0	1	1	1	1
25–29	7	7	1	1	8	8	9	9	0	0	9	9
30–34	15	14.8	2	2	17	16.8	20	19.8	5	4.6	25	24.4
35–39	15	13.7	3	3	18	16.7	12	11	1	1	13	12
40–44	13	12.2	2	1.2	15	13.4	9	8.4	0	0	9	8.4
45–49	6	5.6	2	1.6	8	7.2	8	7.6	1	0.6	9	8.2
50–54	4	3.8	2	0.9	6	4.7	4	3.8	1	0.2	5	4
55–59	5	4.6	0	0	5	4.6	5	4.6	0	0	5	4.6
60–64	1	0.8	0	0	1	0.8	1	0.8	0	0	1	0.8
65+	0	0	0	0	0	0	0	0	0	0	0	0
Total	66	62.5	13	10.7	79	73.2	68	65	9	7.4	77	72.4

Table 10: Breakdown of headcount by classification

Classification	June 2016						June 2015					
	Ongoing		Fixed-term & casual		Total		Ongoing		Fixed-term & casual		Total	
	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE
Grade A	3	2.8	1	0.8	4	3.6	2	1.8	1	1	3	2.8
Grade B	0	0	1	1	1	1	1	1	0	0	1	1
Grade C	14	13	1	1	15	14	14	13.4	0	0	14	13.4
Grade D	27	25.6	8	6.3	35	31.9	29	27.8	7	5.4	36	33.2
Grade E	16	15.1	2	1.6	18	16.7	18	17	1	1	19	18
Grade F	0	0	0	0	0	0	0	0	0	0	0	0
Executives	6	6	0	0	6	6	4	4	0	0	4	4
Total	66	62.5	13	10.7	79	73.2	68	65	9	7.4	77	72.4

Notes:

All workforce data figures reflect active employees in the last full pay period of June of each year.

'Ongoing employees' means people engaged in an open-ended contract of employment and executives engaged on a standard executive contract who were active in the last full pay period of June.

'FTE' means full-time staff equivalent.

The headcounts exclude those persons on leave without pay or absent on secondment, external contractors/consultants, temporary staff employed by employment agencies, and a small number of people who are not employees but appointees to a statutory office, as defined in the *Public Administration Act 2004* (e.g. persons appointed to a non-executive Board member role, to an office of Commissioner, or to a judicial office).

Executive Officer data

An executive officer is defined as a person employed as a public service body head or other executive under Part 3, Division 5 of the *Public Administration Act 2004*. All figures reflect employment levels at the last full pay period in June of the current and corresponding previous reporting year.

Table 11: Breakdown of Executive Officers

	Headcount		
	Male	Female	Vacancies
CEO	0	1	0
Executives Managers	2	1	0
Executive Leads	0	2	0
Total	2	4	0

The number of executives in the Report of Operations is based on the number of executive positions that are occupied at the end of the financial year.

Table 12: Reconciliation of executive numbers

		2015–16
	Executives with remuneration over \$100,000	5
<i>Add</i>	Vacancies (Table 11)	0
	Executives employed with total remuneration below \$100,000	0
	Accountable Officer (CEO)	1
<i>Less</i>	Separations	0
	Total executive numbers at 30 June	6

Section 4: Other disclosures

Consultancies

Table 13: Details of consultancies over \$10,000 (excluding GST)

Consultant	Purpose of consultancy ⁽ⁱ⁾	2015–16 total approved project fee (\$'000)	2015–16 actual expenditure (\$'000)	Future expenditure (\$'000) ⁽ⁱⁱ⁾
Blue Connections	Systems consulting services	12	12	0
Data#3 Limited	Systems consulting services	72	72	0
Enabling Better Business	Systems consulting services	14	14	0
Enterprise Knowledge	Business consulting services	19	19	0
Ernst & Young	Business consulting services	28	28	0
Horton International Pty Ltd	Recruitment services	14	14	0
Jo Fisher Executive Pty Ltd	Recruitment Services	16	16	0
Kinship Digital Pty Ltd	Systems consulting services	42	42	0
LR Associates	Business consulting services	133	133	0
Mercer (Australia) Pty Ltd	Human resources consulting services	20	20	0
Practicus Australia Pty Ltd	Record management and business consulting	21	21	0
Victorian Government Solicitors Office	Legal services	35	35	0
Xala Pty Ltd	Business Consulting Services	24	24	0

Note:

- (i) Consultancy agreements cover the period 1 July 2015 to 30 June 2016.
- (ii) Unless otherwise indicated there is no ongoing contractual commitment to these consultants. These consultants may be engaged beyond June 2016 as required.

Details of consultancies under \$10,000

In 2015–16, there were 28 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during the financial year in relation to these consultancies is \$143,000 (excl. GST).

Information, communication and technology (ICT) expenditure

Details of ICT expenditure during the financial year were:

Table 14: ICT expenditure

Business as Usual ICT expenditure Total (\$'000)	Non-Business as Usual ICT expenditure Total = A + B (\$'000)	Non-Business Operational expenditure A (\$'000)	Non-Business as Usual Capital expenditure B (\$'000)
1,012	614	581	33

Advertising expenditure

VicHealth delivered the following campaigns in the last financial year, for which the media expenditure was greater than \$100,000:

Table 15: Advertising expenditure during 2015–16 (excluding GST)

Name of campaign	Campaign summary	Start/end date	Advertising (media) (\$'000)	Creative and campaign development (\$'000)	Research and evaluation expenditure (\$'000)	Print and collateral expenditure (\$'000)	Other campaign expenditure (\$'000)
Find Your Motivation	This project aims to motivate women aged 25–44 who are inactive or somewhat active to seek physical activity information, and to increase participation	01/03/16–30/06/16	\$90	\$24	\$89	\$0	\$608

VicHealth also ran the following campaigns for which the paid media expenditure was less than \$100,000:

- Walk to School – a month-long activity in October 2015 encouraging primary-school children to walk to and from school more often.
- General health promotion posts (e.g. Facebook, Twitter) raising awareness for and encouraging action on various VicHealth initiatives across the five strategic imperatives – promoting healthy eating, encouraging physical activity, preventing tobacco use, reducing alcohol harm, improving mental wellbeing.

Disclosure of major contracts

VicHealth entered into one funding agreement for greater than \$10 million during the financial reporting period. The Cancer Council Victoria were awarded a four-year grant for the Quit Victoria program as part of our commitment to resolving harm from tobacco. The total value of the contract is \$18.9 million and the contract period is for four years, ending in December 2020.

Compliance with the *Building Act 1993*

VicHealth does not own or control any government buildings and consequently is exempt from notifying its compliance with the building and maintenance provisions of the *Building Act 1993*.

Freedom of Information

The *Freedom of Information Act 1982* allows the public a right of access to documents held by VicHealth. Information is available under the *Freedom of Information Act 1982* by contacting the following person:

Chief Finance and Accounting Officer
Victorian Health Promotion Foundation
15–31 Pelham Street
Carlton VIC 3053
Phone: (03) 9667 1333
Fax: (03) 9667 1375

For the 12 months ending 30 June 2016, VicHealth received one application which was a non-personal request from a government agency. VicHealth agreed to the release of the relevant document. No other applications were received.

Compliance with the *Protected Disclosure Act 2012*

The *Protected Disclosure Act 2012* (replacing the repealed *Whistleblowers Protection Act 2001*) encourages and assists people in making disclosures of improper conduct by public officers and public bodies. The Act provides protection to people who make disclosures in accordance with the Act and establishes a system for the matters disclosed to be investigated and rectifying action to be taken.

VicHealth has structures in place to take all reasonable steps to protect people who make such disclosures from any detrimental action in reprisal for making the disclosure. It will also afford natural justice to the person who is the subject of the disclosure to the extent it is legally possible.

No disclosures were made within the financial reporting period.

Compliance with DataVic Access Policy

Consistent with the DataVic Access Policy issued by the Victorian Government, the information included in this Annual Report will be available at <http://www.data.vic.gov.au/au> in machine-readable format. VicHealth will progressively release other data in the future as it becomes available.

VicHealth Disability Action Plan

VicHealth is committed to improving the health of all Victorians, including those with a disability. Many of the barriers to better health experienced by Victorians with a disability are not due to physical or intellectual limitations, but are instead due to the attitudes, practices and structures in society that are, in fact, disabling. Changes to these societal factors will prevent the disadvantage that results in unequal health outcomes.

For VicHealth, this starts with our own practice. As a public body, we are also required under the *Victorian Disability Act 2006* to develop a Disability Action Plan (DAP) and report our progress.

In 2013, VicHealth released its first Disability Action Plan 2013–15. The DAP outlines a range of actions to be progressively implemented over this period. These actions include improving accessibility and removing barriers for people with disabilities so that they are treated equally. Initiatives include office modifications, website accessibility audit, improved employment policies and opportunities as well as staff awareness training.

VicHealth is pleased to report that it has implemented most of these initiatives. Following the completion of this DAP reporting cycle VicHealth will be updating our DAP for the next triennium.

VicHealth Reconciliation Action Plan

VicHealth has a strong history of working collaboratively with Aboriginal and Torres Strait Islander communities to meet locally identified needs in culturally appropriate ways. VicHealth's first Reconciliation Action Plan (RAP) is one of a number of mechanisms that VicHealth will implement over the period of our new Action Agenda to ensure that we are supporting best practice in Aboriginal health promotion, both with our partner organisations and within our own organisation.

VicHealth released its RAP in 2013. The RAP outlines practical actions VicHealth will undertake to build a stronger relationship and enhance respect with Aboriginal and Torres Strait Islander peoples, including culture awareness sessions for employees, developing Indigenous language protocols and an Indigenous governance framework, and encouraging staff to participate in National Reconciliation and NAIDOC weeks. VicHealth will commence updating our RAP for the next three years.

Victorian Industry Participation Policy

VicHealth abides by the requirements of the Victorian Industry Participation Policy (VIPP) within its procurement practices. VIPP requirements must be applied to tenders of \$3 million or more in metropolitan Victoria and \$1 million or more in rural Victoria.

During the financial reporting period, no tenders or contracts fell within the scope of application of the VIPP.

National Competition Policy

VicHealth's activities did not require reporting against the National Competition Policy during the financial reporting period.

Office-based environmental impacts

VicHealth has implemented actions to reduce its electricity consumption by 10 per cent over the past three years, from 150,000 to 135,000 kilo watt hours. Additionally, internal printing has been reduced by 18 percent in the last 12 months. VicHealth will continue to investigate other initiatives to operate in an environmentally sustainable manner.

Additional information available on request

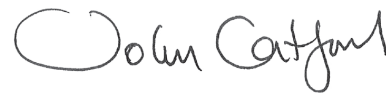
In compliance with the requirements of the Standing Directions of the Minister for Finance, additional information has been retained by VicHealth and is available to the relevant Ministers, Members of Parliament and the public on request (subject to the Freedom of Information requirements).

For further information please contact:

Chief Finance and Accounting Officer
Victorian Health Promotion Foundation
15–31 Pelham Street
Carlton VIC 3053
Phone: (03) 9667 1333
Fax: (03) 9667 1375

Attestation of compliance with Ministerial Standing Direction 4.5.5 – Risk Management Framework and Processes

I, John Catford, certify that VicHealth has complied with Ministerial Direction 4.5.5 – Risk Management Framework and Processes. The VicHealth Finance, Audit and Risk Committee verifies compliance with this Direction.



Emeritus Prof John Catford
Chair of the Board
24 August 2016

Attestation on data integrity

I, Jerril Rechter, certify that VicHealth has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. VicHealth has critically reviewed these controls and processes during the year.



Ms Jerril Rechter
Accountable Officer and Chief Executive Officer
24 August 2016