

# Report of Operations

Victorian Health Promotion Foundation

**2012–13**

# 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 2013.

A handwritten signature in black ink that reads "Mark Birrell". The signature is written in a cursive, slightly slanted style.

**Mr Mark Birrell**  
Chair of the Board  
Victorian Health Promotion Foundation

*14 August 2013*

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# Section 1: Year in review

## Our origin

The Victorian Health Promotion Foundation (VicHealth) is a world-first health promotion foundation. 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. David Davis MLC.

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

- In partnership with others, we promote good health.
- We recognise that the social and economic conditions for all people influence their health.
- We promote fairness and opportunity for better health.
- We support initiatives that assist individuals, communities, workplaces and broader society to improve wellbeing.
- We seek to prevent chronic conditions for all Victorians.

## Our work

VicHealth has played a unique role since 1987. We have been at the forefront of health promotion and illness prevention. We have addressed sensitive and difficult issues – many that involved venturing into untested territory or affecting Victorians with limited capacity to have their voices heard. We have funded unproven but promising practice, including highly successful programs that are now recurrently funded by other sources. We have invested in exploratory research and grown a research culture in health promotion.

# Chair's report

It is my pleasure to present this report on VicHealth's work and achievements for the financial year 2012–13.

It has been a momentous year for health promotion. There have been significant successes from long-standing health promotion campaigns and a suite of fresh initiatives – including the launch of the VicHealth Action Agenda for Health Promotion.

Australia sealed its leadership in tobacco control with the world-first legislation on plain packaging of cigarette products which came into effect in December 2012. In addition to mandating the removal of branding on packs, the size of the graphic warnings on the front of packs has increased by 75 per cent. This was a historic step towards building a smoke-free, healthier generation.

In Victoria, the State Government implemented smoke-free patrolled beaches and announced the introduction of smoke-free public spaces such as children's playgrounds and swimming pools. VicHealth welcomed these changes as part of our work to protect non-smokers from secondhand smoke, as well as to reduce among young people the desirability of a product that kills one in every two long-term users.

We also welcomed the release of the Victorian Government's new alcohol and drug strategy, 'Reducing the alcohol and drug toll: Victoria's plan 2013–2017', which specifies actions to prevent alcohol-related injuries, diseases and death as well as implement a plan to strengthen liquor licensing bans. The Government's plan addresses key contributors to excessive drinking; a necessary move given risky alcohol use continues to be a leading cause of preventable mortality and morbidity. VicHealth will play a role in this plan from the next financial year by supporting the development and commencement of an alcohol cultural change program. This initiative aims to foster healthier attitudes to alcohol consumption, through special funds of \$2.6 million received in 2012–13, as reported in this document.

In the fight against obesity, we worked with our partners to vigorously promote the messages of banning junk food advertising during television viewing hours of children. VicHealth also funded a range of physical activity initiatives to give as many Victorians as possible the opportunity to increase their activity levels in sports and in workplaces. We made submissions to the State Government including a response to the Road Safety Strategy with recommendations to address important concerns such as parental road safety fears which are preventing parents from letting their kids walk to school.

As a leader and innovator in health promotion, VicHealth launched several ground-breaking programs to build on its achievements, including the Creating Healthy Workplaces pilot projects and the Healthy Sporting Environments program, which will deliver a wealth of evidence on how we can prevent chronic disease and improve Victorians' health and wellbeing in places where they work and play. VicHealth also launched TeamUp – a digital campaign that offers people easy opportunities to increase their physical activity – acknowledging that digital technology is the new frontier in health promotion.

VicHealth celebrated its 25<sup>th</sup> anniversary in November 2012. It was an occasion to reflect on our beginnings, from the buy-out of tobacco sponsorship to the challenging health promotion action areas that VicHealth has strived to address since. It was also an opportunity to renew our commitment to our mandate of preventing illness, knowing that the landscape of health promotion is changing rapidly.

During the 25<sup>th</sup> anniversary celebration held at Government House in December, we presented awards to eight of the state's health promotion champions, with nominations from VicHealth-funded projects as well as externally-funded work. The awards signal VicHealth's recognition of the value of health promotion across all sectors in its potential to save lives and millions of dollars.

In the new financial year and beyond, we expect to make new and greater strides to overcome barriers that prevent Victorians from enjoying the benefits of health and wellbeing. In addition to our involvement in the Government's alcohol and drug strategy, we will also participate in the Active Cities initiatives through special funds of \$1.2 million received in 2012–13, in an effort to boost physical activity among those employed in the city.

These are examples of new initiatives that VicHealth will trial and develop to deliver its commitments and priorities in the next three years and beyond to 2023, as stated in the VicHealth Action Agenda for Health Promotion. In this plan of action, we have identified five strategic imperatives: promote healthy eating, encourage regular physical activity, prevent tobacco use, prevent harm from alcohol and improve mental wellbeing. These imperatives address the greatest burden on disease and disability in our state.

Recognising the importance of a strong governance framework, this year the VicHealth Board reviewed and updated its suite of corporate governance policies, together with the Board and its Committees' Charters to ensure alignment to the Victorian Government governance framework and best practice. This included an independent review of the governance structure surrounding our Advisory Committees. I am grateful for the Board's commitment to this process.

I would like to take this opportunity to extend my appreciation to all the Victorian Members of Parliament for their support of VicHealth, in particular the Minister for Health, The Hon. David Davis MLC, for his continuing support and leadership. I also want to express my gratitude to the many government agencies for their work with us.

We are indebted to our previous and current board and partners whose encouragement and contributions along the journey of our 2009–13 Strategy and Business Plan were invaluable. I would like to thank Mr Leigh Johns, Chair of our Finance, Audit and Risk Committee for his service to VicHealth from April 2005 to May 2013.

In particular, I thank CEO Jerril Rechter for her leadership of this unique organisation, championing the new Action Agenda for Health Promotion and advocating new initiatives that will help VicHealth navigate through an increasingly complex and fast-moving context.

Finally, none of the accomplishments of the past year and strategic plan would have been possible without the efforts and professionalism of VicHealth staff – they can be proud of these achievements.

I look forward to the next three years as VicHealth takes on fresh challenges in the new Action Agenda to deliver its work for the health and wellbeing of Victorians.



**Mark Birrell**  
Chair of the Board

# Chief Executive Officer's report

Change. Challenge. Collaboration. Our recent financial year has been an ambitious and rewarding one as we closed off our 2009–13 Strategy and Business Plan and developed the VicHealth Action Agenda for Health Promotion, which details our focus for the next three years against the bigger picture of our vision and aspirations over the next decade.

In the last financial year we witnessed shifts in our environment, notably the groundswell in digital technology and how Victorians have embraced new ways of communicating and engaging. The persistent problems emanating from tobacco harms and risky alcohol consumption, continuing high prevalence of obesity, and increasing rates of mental illness revealed the need for new approaches. There is clearly more for VicHealth to do in partnership with others to address these health issues.

In the 2009–13 Strategy and Business Plan, we continued our work on preventing chronic disease by focusing on risk behaviours (e.g. alcohol misuse), risk conditions (e.g. stress) and the broader social and economic factors contributing to them (e.g. poor community connections).

The 2012–13 financial year has demonstrated some of the gains in these areas and I am proud to report on our achievements.

## Operational performance

We achieved our statutory expenditure target of making payments of not less than 30 per cent to sporting bodies (30 per cent expended) and not less than 30 per cent for health promotion activities (44 per cent expended).

In addition to these, the Board set targets on grant expenditures. We expended 19 per cent of our appropriation on research and evaluation (against a target of 20 per cent) and 15 per cent on tobacco health issues (against a target of 12 per cent).

From our appropriation we made 674 grant payments totalling \$25.4 million, of which \$7.8 million was distributed to support our objective of increasing participation in physical activity. The next highest grant expenditures were \$6.5 million for the purpose of reducing tobacco use and \$3.1 million in creating environments that improve health.

Other key highlights of our investments:

- On a program/project level, our top investment in the last year was the State Sporting Association Participation Program, with \$4.0 million distributed among 74 organisations. The largest number of organisations receiving payments was in Active Club Grants, a funding where 472 community sports clubs shared \$1.1 million to obtain sports injury prevention and management equipment, essential sporting equipment/items, volunteer and club training, and portable sun shade, with the aim of increasing opportunities for participation.
- The organisations which received the largest payments during this period were the Cancer Council Victoria for the Quit Victoria and SunSmart programs (\$7.9 million), and the Social Research Centre for the National Community Attitudes Towards Violence Against Women Survey (\$1.5 million).
- Fifty-nine per cent of our investments were allocated to whole-of-population approaches to health promotion.
- The sports sector received 39 per cent of our investments followed by the community sector at 33 per cent, the academic sector at 12 per cent and the remainder distributed among local governments, the arts, education, information technology, media and workplaces.

## Highlights of the year

### Encouraging healthy eating

In a first, VicHealth with support from The Australian Centre for Social Innovation launched the Seed Challenge which brought together individuals and groups to collaborate and develop innovative, contemporary solutions to get more Victorians eating healthy food. With a final prize of \$100,000 to the top two successful ideas, the Seed Challenge to date has generated a shortlist of 10 ideas that address the question “How do we improve fruit and vegetable supply and access, as well as develop and promote a culture of health eating in Victoria?” These will address the problem of nine in 10 Victorian adults not meeting the recommended minimum daily intake of vegetables and half not meeting the intake for fruit, both fundamental for good health.



### **Increasing physical activity**

Nearly 40 per cent of our grant expenditure went to our strategic priority of increasing physical activity.

We opened a new \$3.3 million funding opportunity under the Healthy Sporting Environments program, so that hundreds of Victorian sports clubs can make comprehensive changes to become healthier places. This will be realised through nine regional sports assemblies partnering with clubs to; reduce harmful alcohol use, offer more nutritious food, reduce smoking, and increase the number of women, culturally and linguistically diverse (CALD) people and Indigenous people in local sport. This builds on the learnings from VicHealth's Healthy Sporting Environments Demonstration Project with 78 sports clubs in the Geelong region.

VicHealth also established partnerships with five councils to deliver the Be Active program with a total funding of \$2.7 million to get more people more active, more often. This program, located within the Healthy Together Victoria community sites, is particularly targeted at children, families, older people and volunteers.

These investments, along with our State Sporting Association Program and the Active Club Grants, comprise a third of our funding provided to sporting bodies.

We approached our Walk to School campaign in October 2012 with a significant change — making this a month-long activity instead of a single day event. The return on investment was remarkable. Over 11,000 children walked a total of 241,000 kilometres in October 2012, equivalent to six times the circumference of the earth. We are proud of the achievements of the participating schools, their staff, parents and children. Our research has confirmed that in addition to its physical benefits, children who make walking their primary mode of transport benefit from better motor skills, self-esteem and social skills, and start off a great lifetime habit — significant to fitness and preventing obesity.

This year, VicHealth launched TeamUp, a new digital campaign to make physical activity more accessible to everyone. It offers Victorians more than 100 activities to choose from in local neighbourhoods, and to take part in both traditional structured sports and casual, informal ones. TeamUp acknowledges that people have different lifestyles and preferences and offers opportunities to participate easily in a range of ways. This campaign includes partnerships with both elite and grassroots sports working with ambassadors to encourage wide participation.

### **Reducing harm from alcohol, tobacco and UV**

VicHealth funded landmark research that showed the rise in harms from alcohol during public holidays and major sporting events. The research consisted of data compiled from hospital admissions, ambulance and police attendances and emergency department presentations. The results clearly showed the need for a change in our attitudes, behaviours and actions towards drinking, as well as the impact of linking alcohol promotion to such events, an exposure that is particularly harmful to young people.

We are proud to be the recipient of additional funding from the Department of Health to develop and commence in 2013–14, the statewide alcohol cultural change program as part of its alcohol and drug strategy, 'Reducing the alcohol and drug toll: Victoria's plan 2013–2017', launched by the Minister for Mental Health, The Hon. Mary Wooldridge MP. This important work will focus on encouraging a healthier drinking culture among young Victorians.

This year, we welcomed the implementation of the plain packaging legislation, a significant beginning to further drive down the smoking rates. Research has shown that while less people are taking up smoking, one in 10 smokers still do not believe that smoking causes illness. With its established links to lung cancer, heart disease and emphysema, smoking continues to be a scourge and a block to preventing chronic disease.

Through our investment in Quit Victoria and its work and campaigns, we contributed to the decline of smoking among Victorian adults to 14.4 per cent regularly smoking, down from 18.3 per cent in 2005. This brings the smoking rates closer to the 13.8 per cent State Government target set for 2013.

We are proud to have been a major supporter of SunSmart. After more than 30 years, the program has produced one of the most remarkable changes in the attitudes of Victorians towards preventing disease. Skin cancer rates have decreased, 90 per cent of schools now participate in the program and the iconic Slip, Slop, Slap, Seek, Slide campaign is widely recognised. We acknowledge this fruitful partnership and are confident that this exemplary work will continue to contribute to the reduction of cancers from UV exposure.

### **Social connection and the arts**

VicHealth opened a second round of MOTION funding which awarded grants to five arts and cultural organisations to produce creative new ways to get communities physically active through participating in art. This follows the success of seven projects in the original MOTION program. The opportunities that these new projects will create for community members will enable anyone to participate in physical activity while benefitting from the social connection such group activities bring, and improving their mental wellbeing.

### **Reducing race-based discrimination**

This year, we released the results of a survey conducted among people of CALD and Indigenous backgrounds showing that a majority have experienced high levels of racism and have been targets of verbal or physical abuse or discriminatory behaviour. At the same time, reports showed higher levels of psychological distress as racism increased. This adds to the evidence of the serious impact of racism on health.

Our research findings on bystander attitudes and behaviours when witnessing racism also released this year, showed that we need to support such bystanders with tools and approaches, and trigger their willingness to stand up against racist behaviours. The release of these findings generated extremely strong media coverage, public debate and commentary, with several newspapers running supportive editorials on the importance of tackling race-based discrimination citing our research as evidence of its impacts.

### **Preventing violence against women**

We announced the funding of a ground-breaking \$1 million project over three years that will see an integrated program across an entire local government area, employing a range of proven prevention initiatives to promote respectful relationships and ultimately prevent violence against women. Our partner Monash City Council, along with MonashLink, will drive the cultural change working with schools, workplaces, youth services, health services and community education programs. Launched by the Minister of Women's Affairs, The Hon. Heidi Victoria MLA, this trial will build a collection of evidence and best practice that can be rolled out to other municipalities.

We welcomed the State Government's \$7.9 million action plan to minimise the impact of violence against women and support much needed activity to take action for the health and wellbeing of women.

### **Creating healthy environments**

This year, we announced the funding of pilot projects in workplaces as part of our \$3 million Creating Healthy Workplaces project, to trial ways to make workplaces healthier. These organisations will implement a range of initiatives to reduce stress, prolonged sitting and race-based discrimination, promote a culture of responsible drinking, and increase gender equity.

With many adults spending a third of their day at work, the impact of these changes will be far-reaching and have the potential to improve the health of working Victorians.

### **Where we are headed**

The achievements over the last four years have been significant. VicHealth's new Action Agenda for Health Promotion is our response to the challenges facing us today. It charts our vision for the next decade and our priorities for 2013–16. We will continue to work on the most important areas that will reduce the impact of chronic disease on the lives of Victorians and increase their health and wellbeing.

In this plan, we will approach our work using the business model with the key elements of 'Innovate, Inform, Integrate'. This ensures that we continue VicHealth's legacy as a risk-taker backed by evidence, and subsequent creator of proven innovations that are ultimately integrated into mainstream work.

I thank our Chair Mark Birrell for his support and guidance, and members of the VicHealth Board and Committees for their expertise and insights. I would also like to acknowledge the support and encouragement from the Department of Health and other government agencies.

Our achievements need to recognise the contribution of our partners and other supporters who share our values and vision.

We are never immune from ongoing challenges and I congratulate and thank all the staff at VicHealth for their untiring dedication and efforts to achieving our goals.

The rapidly changing environment will influence our approaches and the scope of what we can do. How fast we learn, re-learn and apply will be key as we deliver on our Action Agenda. We, together with our collaborators, are eager to take on the opportunities and challenges that lie ahead as we continue on with our unique role in health promotion and illness prevention.



**Jerril Rechter**  
Chief Executive Officer

Discover our Action Agenda for Health Promotion  
[www.vichealth.vic.gov.au/actionagenda](http://www.vichealth.vic.gov.au/actionagenda)

# 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 targets on grant expenditure within internal policy for the financial year:

- 20 per cent of the appropriation is to be expended on research and evaluation
- 12 per cent of the appropriation is to be expended on tobacco health issues.

Our performance against these targets is summarised in Table 1.

**Table 1: Performance against statutory and policy financial targets<sup>(i)</sup>**

Performance measures	Unit of measure	2012–13 actual	2012–13 budget	2011–12 actual
<b>Statutory expenditure target</b>				
Sporting bodies	per cent	30%	30%	30%
Health promotion <sup>(ii)</sup>	per cent	44%	40%	48%
<b>Board policy expenditure targets</b>				
Research and evaluation <sup>(iii)</sup>	per cent	19%	20%	19%
Tobacco	per cent	15%	12%	14%

Notes:

- (i) Percentage figures are calculated as grant expenditure as a proportion of our budgeted government appropriation for the financial reporting period. For the 2012–13 financial year our appropriation was \$35,543,000.
- (ii) Spend against statutory expenditure targets is not exclusive of spend against Board policy targets. Expenditure on ‘health promotion’ in this instance is defined as total grant payments less grant monies issued to sporting bodies. It includes research and evaluation payments and payments made directly towards tobacco issues.
- (iii) The research and evaluation figure may include expenditure allocated to other categories.

Our operating performance against budget is summarised in Table 2.

**Table 2: Operational performance against budget**

Funding Source	2012–13 actual (\$'000)	2012–13 budget (\$'000)
<b>Total Funds</b>		
Total revenue	41,574	35,833
Total expenses	40,327	35,712
Total operating surplus/(deficit)	1,247	121
<b>Appropriation Funds</b>		
Revenue	35,988	35,833
Expenses	36,101	35,523
Operating surplus/(deficit) from appropriations	(113)	310
<b>Special Funding</b>		
Revenue	5,586	0
Expenses	4,226	189
Operating surplus/(deficit) from special funding	1,360	(189)

VicHealth's operations can be viewed as having two distinct funding sources. VicHealth receives core funding from the Department of Health 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 payment, with expenditure subsequently incurred to deliver the programs over multiple years. This has the potential to create either a large operating surplus or deficit in particular financial years. Overall, the operating surplus was \$1.1 million higher than the budget, predominately due to unbudgeted revenue and expenditure associated with special funding programs as follows.

Total revenue exceeded budget by \$5.7 million due to special funding for specific programs including National Community Attitudes Towards Violence Against Women Survey (NCAS), Alcohol Cultural Change and Active Cities. Funding for the latter two programs was received in late 2012–13, consequently these funds were largely unspent as at 30 June, but the programs will be delivered in 2013–14.

Expenditure was \$4.5 million higher than budget, with \$4.0 million being due to unbudgeted expenditure associated with the delivery of special funding programs; Cancer Prevention Initiatives, Tobacco Social Marketing Campaigns and NCAS as these funds were received late in 2011–12, after the 2012–13 budget was established. Expenditure on these programs, whilst unbudgeted, is consistent with the funding agreements. Expenditure from appropriation funds was higher than budget due to the bringing forward of grant payments to Quit Victoria and McCaughey Centre into this financial year, partially offset by savings in general operating expenditure and wages costs.

# Performance against Strategic Framework

## The Victorian Health Promotion Foundation Strategic Framework 2009–13

### Priorities for focus

Reducing smoking	Improving nutrition	Reducing harm from alcohol	Increasing physical activity	Increasing social and economic participation	Reducing harm from UV exposure
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### Key result areas

#### KRA 1 Health inequalities

- 1.1 Improve the physical and mental health of those experiencing social, economic or geographic disadvantage.
- 1.2 Contribute to closing the health gap between Indigenous and non-Indigenous Victorians.

#### KRA 2 Participation

- 2.1 Increase participation in physical activity.
- 2.2 Increase opportunities for social connection.
- 2.3 Reduce race-based discrimination and promote diversity.
- 2.4 Prevent violence against women by increasing participation in respectful relationships.
- 2.5 Build knowledge to increase access to economic resources.

#### KRA 3 Nutrition, tobacco, alcohol and UV

- 3.1 Create environments that improve health.
- 3.2 Increase optimal nutrition.
- 3.3 Reduce tobacco use.
- 3.4 Reduce harm from alcohol.
- 3.5 Reduce harmful UV exposure.

### Our approach

To lead the development and implementation of innovative ways to promote health through partnering, advocacy and capacity building.

### Key result areas

#### KRA 4 Knowledge

- 4.1 Produce, synthesise and translate practical health promotion knowledge.
- 4.2 Evaluate health promotion practice.

#### KRA 5 Communications

- 5.1 Develop, implement and evaluate marketing and communications approaches to improve health.
- 5.2 Develop evidence on effective social marketing.
- 5.3 Provide accurate, credible and timely information to stakeholders on health promotion issues.

#### KRA 6 Business operations

- 6.1 Ensure effective business and risk processes and systems.
- 6.2 Develop high-performing people in a healthy and sustainable work environment.
- 6.3 Operate transparently and with accountability.

2012–13 was the final year of operation of VicHealth's four-year strategic framework and business plan.

Our performance across the new strategic framework and a comparison to last year is summarised within this section. Full details of financial performance are provided in the audited financial statements at the back of this annual report.

## 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 specific purposes.

\$25,360,000 of our state government appropriated revenue was expended in grant payments in 2012–13 across all of our strategic objectives, as summarised in Table 3.

**Table 3: Summary of grant payments made<sup>(i)</sup>**

Strategic objective	2012–13 No. of grants	2012–13 payments (\$'000)	2011–12 No. of grants	2011–12 payments (\$'000)
<b>KRA 1: Health inequalities</b>				
1.1 Improve the physical and mental health of those experiencing social, economic or geographic disadvantage.	9	1,144	11	1154
1.2 Contribute to closing the health gap between Indigenous and non-Indigenous Victorians.	4	655	15	917
<b>KRA 2: Participation</b>				
2.1 Increase participation in physical activity .	549	7,776	611	8074
2.2 Increase opportunities for social connection.	8	284	18	868
2.3 Reduce race-based discrimination and promote diversity.	16	749	17	1388
2.4 Prevent violence against women by increasing participation in respectful relationships.	14	773	24	1256
2.5 Build knowledge to increase access to economic resources.	4	154	7	231
<b>KRA 3: Nutrition, tobacco, alcohol and UV</b>				
3.1 Create environments that improve health.	30	3,162	23	2484
3.2 Increase optimal nutrition.	5	559	4	333
3.3 Reduce tobacco use.	2	6,457	7	4681
3.4 Reduce harm from alcohol.	10	1,031	16	1771
3.5 Reduce harmful UV exposure.	3	1,524	1	1501
<b>KRA 4: Knowledge</b>				
4.1 Produce, synthesise and translate practical health promotion knowledge.	19	959	47	1431
4.2 Evaluate health promotion practice.	1	47	1	16
<b>KRA 5: Communications</b>				
5.2 Develop evidence on effective social marketing	1	86	-	-
<b>Total</b>	<b>674</b>	<b>25,360</b>	<b>802</b>	<b>26,104</b>

Notes:

- (i) In addition to the \$25,360,000 paid out in grants from government appropriation, VicHealth also issued grants totalling \$1,846,000 from other special funding sources.

## Significant grant expenditure

Significant grant expenditure is defined as:

- any grant funding round where payments to successful bodies total \$300,000 or more during the financial reporting period
- single projects where payments to the organisation total \$300,000 or more during the financial reporting period.

Details of significant grant funding rounds are provided in Table 4.

**Table 4: Funding rounds with payments totalling \$300,000 or more during the reporting period**

Funding round	Number of organisations receiving payments	2012–13 payments (\$'000)
Active Club Grants	472	1,057
Arts About Us	13	414
TeamUp Campaign	24	1,125
Healthy Sporting Environments	18	1,450
Local Government Physical Activity (BE ACTIVE)	5	800
MOTION – Arts and physical activity grants	9	301
State Sporting Association Participation Program 2011–14	74	4,045

Details of significant project payments to individual organisations are provided in Table 5.

**Table 5: Organisations receiving grant payments totalling \$300,000 or more during the reporting period**

Organisation name	Project name	2012–13 payments (\$'000)
AFL Victoria Ltd	Alcohol Cultural Change Project	500
Australian Drug Foundation	Good Sports Program 2010–13	300
Cancer Council Victoria	QUIT Victoria 2012–15	6,370
Cancer Council Victoria	SunSmart Program 2009–13	1,500
GippSport	Healthy Sporting Environments roll out	310
The University of Melbourne	The McCaughey Centre 2011–17	810
The University of Melbourne	Onemda VicHealth Koori Health Unit	380
The Social Research Centre Pty Ltd	National Community Attitudes Towards Violence Against Women Survey (NCAS)	1,510
Victoria Walks Inc	Victoria Walks	330



## Strategic priorities

The proportion of grant funding in 2012–13 targeting each of VicHealth’s strategic priorities is provided in Table 6.

**Table 6: Allocation of grant expenditure across strategic priorities<sup>(i)</sup>**

Strategic priority	2012–13 allocation	2011–12 allocation
Reducing smoking <sup>(ii)</sup>	28%	20%
Improving nutrition	5%	4%
Reducing harm from alcohol <sup>(iii)</sup>	7%	14%
Increasing physical activity <sup>(iii)</sup>	39%	25%
Increasing social and economic participation <sup>(iii)</sup>	15%	31%
Reducing harm from UV exposure	6%	6%

Notes:

- (i) Percentages are used to provide a relative indicator of investment across strategic priorities. The percentages are a proportion of grant payments from appropriated revenue expended on each priority.
- (ii) This 28 per cent figure against reducing smoking is different to the 15 per cent figure against the tobacco target spend reported in Table 1. This is due to the following:
- the Table 1 tobacco target is calculated as a proportion of our total appropriation (\$35,543,000). This figure in Table 6 is calculated as a proportion of grants payments from appropriation (\$25,360,000).
  - spend against the tobacco target in Table 1 includes money spent directly on tobacco issues only. Some of our other investments include a partial focus on interventions to reduce smoking. The calculation in Table 6 recognises this spend.
- (iii) The increase in allocation to physical activity is predominantly due to the significant new investment in the TeamUp campaign commencing in 2012–13. The reduction in investment in social and economic participation reflects how a number of significant programs in this area have reached completion as VicHealth transitions its strategic focus to mental wellbeing in the coming years.

## Target populations

Fifty-nine per cent of our grant funding was targeted at whole-of-population approaches to health promotion. The remaining 41 per cent was targeted at one or more of our target populations as summarised in Table 7.

**Table 7: Allocation of grant expenditure across target population groups<sup>(i)</sup>**

Target population	2012–13 allocation	2011–12 allocation
Whole-of-population approach	59%	55%
Low socioeconomic status	11%	12%
Indigenous	9%	11%
Geographic disadvantage	6%	5%
New-arrival communities	4%	5%
People with disabilities	4%	6%
Children	6%	7%

Notes:

- (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 Table 8.

**Table 8: Allocation of grant expenditure across settings<sup>(i)</sup>**

Setting	2012–13 allocation	2011–12 allocation
Arts	2%	3%
Community	33%	27%
Education	0%	1%
Information technology	2%	1%
Local government	6%	9%
Media	2%	1%
Sports	39%	37%
Workplace	4%	7%
Academic	12%	14%

Notes:

- (i) 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.

## Workforce development

VicHealth's strategic plan indicates that our mission is to build the capacities of organisations and communities as well as the skills of individuals to improve health.

VicHealth contributed to increasing the health promotion knowledge and practice of workers from sectors such as local government, education, justice, health, sports, arts and community through the design and delivery of short course training. Each two-day short course aims to increase the skills and capacity of workers to integrate successful health promotion activity into their work. This results in improved service delivery.

Through VicHealth's Capacity Building Program we aim to:

- improve methods of knowledge translation arising from our investments
- provide practical assistance and tools to support required policy and practice reform
- improve the quality of cross sector activity, including that of organisations funded by VicHealth
- build ambassadors and champions of health promotion across government departments, regions and diverse sectors.

Table 9 indicates the variety of short courses which were provided during 2012–13. Evaluations of these courses have indicated that sustainability of learnings will be maximised through improved alignment of courses for workers and their managers. Demands for the development of courses in new health areas and settings such as nutrition and workplaces will form the plan for the next 12 months.

**Table 9: Short course training provided**

Short course	2012–13 number of courses held	2012–13 total number of participants	2011–12 number of courses held	2011–12 total number of participants
Participation for Health	6	118	4	98
Preventing Violence Against Women	10	156	3	75
Reducing Race-based Discrimination and Supporting Diversity for Health	3	71	2	43
Participation for Health Senior Manager/CEO Masterclass	0	0	1	20
Preventing Violence Against Women Executive Masterclass	2	33	1	28
Healthier Sporting Environments	4	63	8	131
Workplace Health Forum	1	184	0	0
Presentations to local and international stakeholders	7	300	0	0

## Five-year financial summary

Table 10: Five-year financial summary

	2013 (\$'000)	2012 (\$'000)	2011 (\$'000)	2010 (\$'000)	2009 (\$'000)
Revenue from government	41,173	40,657	35,381	32,749	31,744
Total income from transactions	41,574	41,101	35,756	34,511	35,052
Total expenses from transactions	40,327	38,259	37,627	33,482	35,838
Net result for the period	1,247	2,842	(1,871)	1,029	(786)
Total assets	10,488	11,871	6,308	7,235	8,056
Total liabilities	3,639	6,269	3,548	2,604	4,455
Total equity	6,849	5,602	2,760	4,631	3,601

### Major changes affecting performance

Revenue of \$41.6 million is consistent with last financial year, although significantly higher than prior years denoting the receipt of special funding (outside VicHealth's core funding) to deliver specific programs such as National Community Attitudes Towards Violence Against Women Survey (NCAS), Alcohol Cultural Change, and Active Cities. This additional funding reflects the confidence that various Government agencies have in VicHealth to deliver and manage high quality health promotion and prevention programs. The core funding received from the Department of Health under the *Tobacco Act 1987* was \$35.5 million, an increase of \$0.7 million from the prior year.

Expenditure on program delivery and operating costs of \$40.3 million has increased by \$2.0 million from the prior year, reflecting the expenditure on special funded programs such as Cancer Prevention Initiatives, Tobacco SocialMarketing Campaigns and NCAS. The fact that special funding tends to be received in one financial year, and then incurred in subsequent financial years, is a key contributing factor to the operating surplus of \$1.2 million.

VicHealth's assets are \$10.5 million, comprising mostly of bank balances (\$8.0 million) and receivables (\$2.3 million). These relatively large balances are due mainly to special funding either received or receivable in late 2012–13 which will be expended in future years. As at balance date, reserves attributed to these unspent special funds amounts to \$5.1 million.

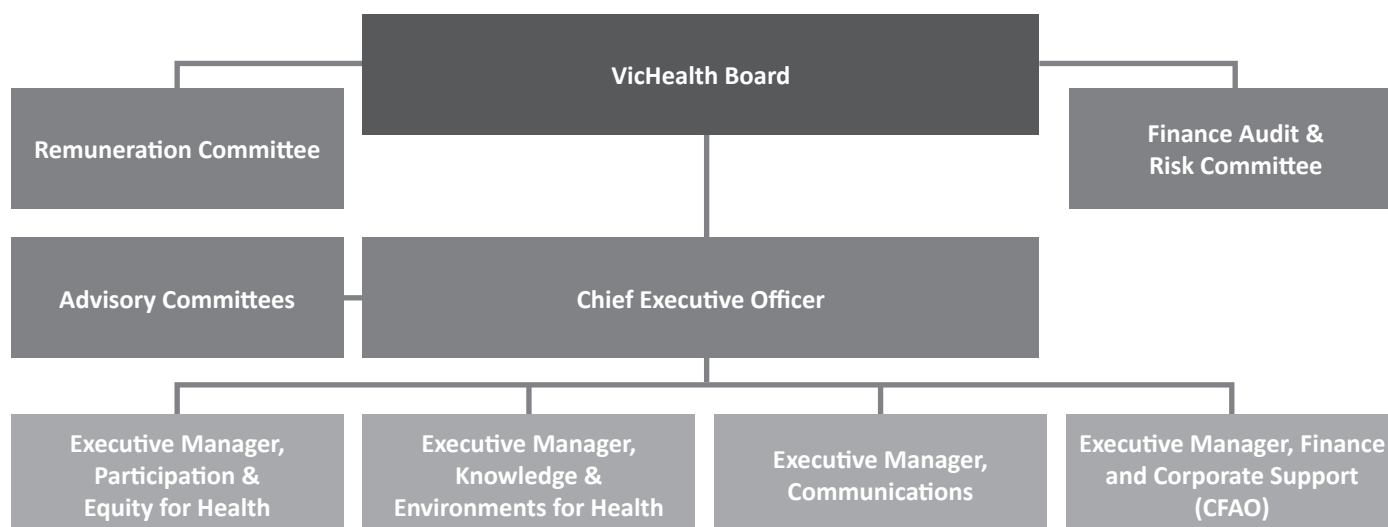
Total liabilities amounted to \$3.6 million at balance date. VicHealth historically tends to have a relatively large amount of payables as at 30 June, reflecting the operating cycle of grant payments which are paid in early July.

### Subsequent events

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

## Section 2: Victorian Health Promotion Foundation Board of Governance and organisational structure

### VicHealth organisation structure



### VicHealth Board

#### Mr Mark Birrell – Chair

Mr Birrell is a lawyer and company director with deep experience in public policy. He previously served as a Cabinet Minister and Government Leader in the Legislative Council, playing a leading role as Shadow Minister for Health in the passage of the *Tobacco Act 1987* and the creation of VicHealth. Mark is the Chairman of the Port of Melbourne Corporation. Among his other roles, Mr Birrell is Deputy President of the Victorian Employers Chamber of Commerce and Industry.

#### Professor Emeritus John Catford – Deputy Chair

Professor Catford is Executive Director Medical Services at Epworth HealthCare. He was previously Deputy Vice-Chancellor, Vice-President and Dean (Faculty of Health, Medicine, Nursing and Behavioural Sciences) at Deakin University. From 1998 to 2002, he was Chief Health Officer and Executive Director of Public Health for the Victorian Government. 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 Editor-in-Chief of the journal *Health Promotion International* published by Oxford University Press, which he helped establish in 1986. 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.

#### Ms Susan Crow

Ms Crow is currently employed as the General Manager Community, Melbourne Heart Football Club where she is responsible for the development and delivery of Melbourne Heart's Social Responsibility program. She has twenty years experience in sports administration roles, as the Chief Executive Officer of Netball Victoria and Softball Australia and the Executive Director of Women's Cricket Australia.

#### Ms Belinda Duarte

Belinda Duarte is a Wotjobaluk woman and a descendant from the country of Poland. Born and raised in Ballarat, Victoria her professional experience involves extensive work with young people, Aboriginal communities and pathway programs in education, training and employment. She is a qualified teacher and a former elite athlete. Positions held by Belinda have included: General Manager – Indigenous & Multicultural Employment Program with AFL SportsReady, Chair – National Aboriginal Sporting Chance Academy, Director – Indigenous Leadership Network of Victoria, Australian Indigenous Leadership Centre graduate, council member of the National Aboriginal & Torres Strait Islander Health Equalities Council, and member of National Congress of Australia's First Peoples. Belinda is currently the Director of the Korin Gamadji Institute based at Richmond Football Club – a facility established to provide leadership, accredited training and career pathway programs for young Indigenous people together with pathway partners.

#### Ms Margot Foster

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

medals at both events. She has over 25 years experience in law and is currently self-employed in her own law practice. Ms Foster is currently a Director of vicsport and Gymnastics Australia, and a committee member of Australian University Sport. She has had significant roles on various not-for-profit boards and committees in sport, education, national parks and women's affairs.

#### **Professor Margaret Hamilton AO**

Professor Hamilton has over forty 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. She was the Founding Director of Turning Point Alcohol and Drug Centre in Victoria, and Chair of the Multiple and Complex Needs Panel, a statutory body in Victoria. Professor Hamilton is currently a Member of the Executive of the Australian National Council on Drugs and the Prime Ministers Council on Homelessness. She is President of the Cancer Council and chairs the alcohol advisory group to the Australian National Preventive Health Agency. Professor Hamilton is retired.

#### **Ms Nicole Livingstone OAM**

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. 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.

#### **Professor Mike Morgan**

Professor Morgan is the Colgate Chair of Population Oral Health, University of Melbourne, and Executive Director, Oral Health Leadership, Dental Health Services Victoria. Professor Morgan is a member of the Australian Dental Council Executive and chairs the Australian Dental Council Accreditation Committee. 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.

#### **Professor Ruth Rentschler OAM MAICD**

Professor Ruth Rentschler is an experienced non-profit director. She is Chair, Academic Board and Chair and Professor of Arts Management, Deakin University. She is a member of University Council and the University Executive. She is on the boards of VicHealth, Art Gallery of Ballarat, Multicultural Arts Victoria

and the Duldig Gallery. She is on the boards of the international arts management association (AIMAC) and various refereed journals. She has worked with national, state and local organisation boards. She has conducted governance research in Australia for visual arts organisations, arts ministries, performing arts organisations (to name a few) and has spoken internationally on the topic in the UK, Europe and Taiwan as an invited key note speaker. She is contracted to Routledge UK to write a book on arts governance.

The three Members of Parliament appointed to the Board are:

#### **Neil Angus MLA**

Neil Angus was elected to the Victorian Parliament as the member for Forest Hill in November 2010 and was appointed soon after as a member of the Public Accounts and Estimates Committee. Prior to entering Parliament, he was a chartered accountant in public practice for over 25 years, specialising in audit and investigations. Mr Angus has been actively involved in the community for many years, serving on the board of a range of not-for-profit organisations, including his children's school and his local church. He is married and has four children.

#### **Tim Bull MLA**

Tim Bull is MP for Gippsland East and is a member of The Nationals. He sits in the Parliamentary Committee on Environment and Natural Resources. Before entering politics, Mr Bull worked as a newspaper editor, journalist, and sports program coordinator with the Australian Sports Commission. He is active in community sporting groups including cricket and football. He helped establish the East Gippsland Specialist School and continues to serve in the school's council as well as Bairnsdale West Primary School. Mr Bull lives in Bairnsdale with his family and three children where they enjoy an active lifestyle.

#### **Danielle Green MLA**

Danielle Green is MP for the district of Yan Yean, to which she was elected in 2002 and re-elected in 2006 and 2010. She is currently Shadow Minister with responsibilities for these portfolios: Child Safety, Disability Services, Health Promotion, and Women. She has been a member of the Australian Labor Party since 1988. Ms Green is a member of a number of local clubs and community organisations, including as a CA volunteer firefighter who fought the 2009 Black Saturday Bushfires and has worked tirelessly in the process of recovery including as a member of the Expert Reference Panel of the Victorian Bushfire Reconstruction and Recovery Authority. Earlier this year Danielle represented Australia at the United Nations International Parliamentarians' Conference on Population and Development and Women's Health in Istanbul, Turkey.

## Finance, Audit and Risk Committee

During the reporting period, the Finance, Audit and Risk Committee consisted of the following members:

Mr Leigh Johns (Independent) – Chair  
Mr Neil Angus MLA  
Mr Tim Bull MLA  
Ms Sally Freeman (Independent)  
Ms Danielle Green MLA  
Mr Peter Moloney (Independent)  
Mr Jeremy Nott (Independent)  
Mr John Thomson (Independent)

## Remuneration Committee

During the reporting period, the Remuneration Committee consisted of the following members:

Professor John Catford – Chair  
Mr Mark Birrell  
Professor Margaret Hamilton AO

## Advisory Committees

VicHealth's Advisory Committees advise the CEO on a range of health promotion areas. The members comprise subject matter experts from VicHealth, its Board and external organisations. These committees are the:

- Victorian Indigenous Health Advisory Committee
- Social Connection Advisory Committee
- Physical Activity Advisory Committee
- Race-based Discrimination and Supporting Diversity Advisory Committee
- Preventing Violence Against Women Advisory Committee
- Economic Resources and Workplace Health Advisory Committee
- Alcohol Strategy Advisory Committee
- Knowledge Advisory Committee

## Executive Management

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

*Chief Executive Officer*  
Ms Jerril Rechter

*Executive Manager, Participation and Equity for Health*  
Ms Lyn Walker – 1 July 2012 to 1 January 2013  
Ms Monica Kelly (Acting) – 2 January 2013 to 30 June 2013

*Executive Manager, Knowledge and Environments for Health*  
Dr Bruce Bolam

*Executive Manager, Communications*  
Ms Kerry Grenfell

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

## 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.

Our performance against key OHS indicators during the 2012–13 financial year is summarised in Table 11.

**Table 11: Performance against OHS management measures**

Measure	Indicator	2012–13	2011–12
Incidents	No. of incidents	3	3
Claims	No. of standard claims	0	1
	No. of lost time claims	0	0
	No. of claims exceeding 13 weeks	0	0
Claim costs	Average cost per standard claim <sup>(i)</sup>	\$0	\$80

Notes:

- (i) Average cost per claim includes medical expenses only and does not include salary nor 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.

### Young people

#### The Youth Employment Scheme (YES)

YES is a Victorian Government initiative to enable young people to enter the workforce, acquire skills and capabilities and build sustainable careers. In 2012–13 VicHealth took on one YES scheme trainee during the financial year.

### 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, redeployment and managing diversity.

## Workforce data

**Table 12: Headcount and full-time equivalent**

	Headcount			Full-time equivalent (FTE)		
	Females	Males	Total	Females	Males	Total
<b>Total staff</b>	52	26	78	47.6	25.4	73

### Age groups

**Table 13: Breakdown of headcount by age group**

	Headcount		
	Females	Males	Total
Up to 19 years	0	0	0
20 – 24	1	1	2
25 – 29	11	5	16
30 – 34	8	9	17
35 – 39	7	2	9
40 – 44	10	4	14
45 – 49	5	2	7
50 – 54	5	1	6
55 – 59	5	1	6
60 – 64	0	1	1
65 +	0	0	0

### Base salary groups <sup>(i)</sup>

**Table 14: Breakdown of headcount by base salary group**

	Headcount		
	Females	Males	Total
Up to \$20,000	0	0	0
\$20,001 to \$29,999	0	0	0
\$30,000 to \$39,999	0	0	0
\$40,000 to \$49,999	1	0	1
\$50,000 to \$59,999	5	1	6
\$60,000 to \$69,999	6	3	9
\$70,000 to \$79,999	12	10	22
\$80,000 to \$89,999	8	2	10
\$90,000 to \$99,999	3	0	3
\$100,000 +	17	10	27

Notes:

(i) Salary depicted as full-time annualised salary.



## Executive officer data

An executive officer (EO) 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 15: Breakdown of executive officers**

Headcount			
	<i>Males</i>	<i>Females</i>	<i>Vacancies</i>
EO	2	2	0
<b>Total</b>	<b>2</b>	<b>2</b>	<b>0</b>

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 16: Reconciliation of executive numbers**

		<b>2012–13</b>
	Executives with remuneration over \$100,000	3
<i>Add</i>	Vacancies (Table 15)	0
	Executives employed with total remuneration below \$100,000	1
	Accountable Officer (CEO)	1
<i>Less</i>	Separations	0
	<b>Total executive numbers at 30 June</b>	<b>5</b>

## Section 4: Other disclosures

### Consultancies

Table 17: Details of consultancies over \$10,000 (excluding GST)

Consultant	Purpose of consultancy	2012–13 total approved project fee (\$'000)	2012–13 actual expenditure (\$'000)	Future expenditure <sup>(i)</sup> (\$'000)
Christine Kotur Consulting	Facilitation services	11	11	0
Arnold Bloch Leibler	Legal services	12	12	0
Horton International Pty Ltd	Recruitment services	13	13	0
Kriss Will Consulting Pty Ltd	Specialist Human Resources and Industrial Relations advice and assistance	13	13	0
Sean Spence & Associates Pty Ltd	Executive coaching	20	20	0
Thomas Cho	Writing services	24	24	0
Ernst & Young	Business consulting services	28	28	0
Maddocks Lawyers	Legal services	45	45	0
Advantage International	Project management services	52	52	0
Gerrard Bown Pty Ltd	Organisation development consulting services	65	65	0
Pitcher Partners	Internal audit services	88	88	90
Collabforge Pty Ltd	Strategic and digital consulting services	91	91	0

Notes:

- (i) Future committed expenditure relates to contractual or other commitments for the completion of projects that are coming to completion in the 2013–14 financial year.

#### Details of consultancies under \$10,000

In 2012–13, the total for the 16 consultancies engaged during the year, where the total fees payable to the consultants was less than \$10,000, was \$67,756. All figures are excluding GST.

## Advertising expenditure

VicHealth delivered the following campaigns in the last financial year; TeamUp (a free physical activity smartphone app and Facebook presence that connects people who are looking for an exercise partner), and Walk to School, a month-long activity in October 2012, encouraging children to make walking their main mode of getting to school.

VicHealth's advertising expenditure for each campaign was less than \$150,000 during the financial reporting period.

## Disclosure of major contracts

VicHealth entered into no contracts greater than \$10 million during the financial reporting period.

VicHealth retains one existing contract over \$10 million which is a four-year grant provided to the Cancer Council Victoria's Tobacco Control Unit for the Quit Victoria program as part of our commitment to resolving harm from tobacco. The total value of the contract is \$19.7 million and the contract period is for four years.

## 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 2013, VicHealth received no applications.

## 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.

## **VicHealth Disability Action Plan**

VicHealth is committed to improving the health of all Victorians, including those with a disability. 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 March 2013, VicHealth released its Disability Action Plan 2013–15. The DAP outlines a range of actions to be progressively implemented over the next three years. 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 and staff awareness training.

VicHealth is pleased to report that it has already implemented a number of initiatives and is on track to implement initiatives planned for future 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 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**

In 2012–13, VicHealth commissioned The National Centre for Sustainability at Swinburne University of Technology to review VicHealth's environmental management policy and framework. This included development of an environmental reporting framework to monitor its progress towards continuing to operate in an environmentally sustainable manner. This reporting framework was used to benchmark 2011–12 results against the current year. There have been some areas of improvement implemented during the year, with further progress planned in future years.

## **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 St  
Carlton South  
VIC 3053  
Phone: (03) 9667 1333  
Fax: (03) 9667 1375

## **Attestation of compliance with the Australian/New Zealand Risk Management Standard**

I, Mark Birrell, certify that the Victorian Health Promotion Foundation has:

- risk management processes in place consistent with the Australian/New Zealand Risk Management Standard (or equivalent designated standard)
- an internal control system in place that enables the executive to understand, manage and satisfactorily control risk exposures
- critically reviewed the risk profile of the Victorian Health Promotion Foundation within the last 12 months.



**Mr Mark Birrell**  
Chair of the Board

*14 August 2013*

### **Attestation on data integrity**

I, Jerril Rechter, certify that VicHealth has put in place appropriate internal controls and processes to ensure that reported financial data reasonably reflects actual performance. VicHealth has critically reviewed these controls and processes during the year. VicHealth is of the opinion that non-financial data reasonably reflects actual performance, however, cannot attest to full compliance with all aspects of 3.4.13 Information Collection and Management, Standing Directions under the *Financial Management Act*. VicHealth has implemented some actions during 2012–13 to address areas of non-compliance with further work planned for 2013–14.



**Ms Jerril Rechter**  
Accountable Officer and Chief Executive Officer

14 August 2013

### **Attestation for compliance with the Ministerial Standing Direction 4.5.5.1 – Insurance**

I, Jerril Rechter certify that VicHealth has complied with Ministerial Direction 4.5.5.1 – Insurance.



**Ms Jerril Rechter**  
Accountable Officer and Chief Executive Officer

14 August 2013