


# **Report of Operations**

Victorian Health Promotion Foundation

**2013–14**

# 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 2014.

A handwritten signature in black ink, reading 'Mark Birrell' in a cursive style.

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

*26 August 2014*

# 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 the 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

In a time of significant change in the landscape of health promotion, having a clear plan of action to steer the 'lifestyle' choices of Victorians towards better health has never been more important.

While we are living longer, more people are living with largely preventable diseases, including heart disease, type 2 diabetes and some cancers, that greatly impact on their quality of life.

Nearly two in three Australian adults are overweight or obese. Over the past 33 years, the increase of obesity in our population jumped from 9.4 per cent to 28.6 per cent – one of the world's fastest growth rates. Poor diet, physical inactivity, smoking, risky alcohol consumption and exposure to risk factors that cause stress or anxiety – these are the major influences contributing to ill health in Victoria and increasing the burden on the health system. Tackling this is at the heart of the VicHealth Action Agenda for Health Promotion, the organisation's strategic plan to 2023.

In our first full year of implementing the Action Agenda, we are shifting all of our organisation's energy and muscle into the five areas where the most health gains can be made: promoting healthy eating, encouraging regular physical activity, preventing tobacco use, preventing harm from alcohol, and improving mental wellbeing.

We are not doing this on our own. For 27 years VicHealth has drawn together diverse groups of people and organisations to influence and improve health, and this year we have continued to forge new partnerships and deepen existing ones across governments and agencies in health, sports, research, the arts and community.

Only 12 months into our plan, we can see the benefits of having a clearer vision where we are adding value to the Victorian Prevention System. We have received significant support from the Victorian Government in a range of areas, from a partnership to prevent rising alcohol-related harms, to the Premier's Active April Challenge to get Victorians outdoors in the autumn air. The Victorian Minister for Health, The Hon. David Davis MLC, led the extension of smoke-free areas, which has seen the full roll-out of the State Government's expansion of smoking bans on train and tram platforms, and within 10 metres of playgrounds, parks and public pools.

This past financial year, VicHealth began a forthright conversation about our drinking culture that has led to more of us questioning and changing risky behaviour. This was a partnership with the State Government and other agencies, as an initiative to support the Government's *Reducing the alcohol and drug toll: Victoria's plan 2013–2017* launched by The Hon. Mary Wooldridge MP.

A partnership with the Victorian Commission for Gambling and Liquor Regulation and the Emergency Services Telecommunications Agency has resulted in an online liquor licensing map, a valuable interactive resource for councils and agencies about Victoria's 19,000 liquor licences.

We know being active every day is one of the greatest lifetime habits we can pass on to young people, which has inspired our *Active for Life* resource and another successful *Walk to School* campaign. This past year we broke all participation records with over 30,000 students from more than 300 Victorian primary schools taking part.

From our *Active Cities* partnership with the City of Melbourne and the Department of Health to tackle sedentary behaviour in the city's workplaces, to a marathon 12-hour dance session at Melbourne's White Night festival which got tens of thousands moving, to the popular For You dance floor at the National Gallery of Victoria's Melbourne Now exhibition, and a large-scale game of Twister at the Australian Open, VicHealth is taking centre stage to inspire more of us into moving for our physical and mental health.

VicHealth has always been a pioneer in pushing boundaries and we are now making better use of new and emerging technologies for health promotion. We are engaging Victorians through our TeamUp digital platform so they can get active and connected in physical activity when and where they want. Our Seed Challenge's online market place has linked farmers and consumers to healthy food hubs, and helped transform a vacant car park in Fitzroy into an urban agricultural oasis.

This year, VicHealth also laid the groundwork for its inaugural Leading Thinker initiative, which aims to generate fresh ideas and inspire new solutions to contemporary health issues. We have engaged Dr David Halpern, Chief Executive of the United Kingdom's Behavioural Insights Team, an expert in applying behavioural economics and psychology to deliver better public policy and services. Dr Halpern's residency will focus on obesity – a complex issue requiring innovative approaches that encourage and enable people to make healthier choices.

VicHealth continued its legacy as a leader in promoting mental wellbeing through its partnerships and research. Our work in the prevention of violence against women was acknowledged with a partnership to develop a national framework to prevent violence, with the federal Foundation to Prevent Violence Against Women and their Children led by its Chair, Natasha Stott-Despoja AM.

VicHealth's leadership in gathering and synthesising evidence in the area of race-based discrimination continued with the release of a research review on the impacts of racism on young people's health.

We continued our investment in the arts as an important setting to reach people and promote health, based on many years of experience of the contribution of the arts to enhanced physical activity levels and mental wellbeing. We supported a range of arts projects through large and small collaborations.

VicHealth is deeply indebted to our partners, advocates and supporters, without whom our 10-year vision could not have progressed this far or this fast, and in so many creative ways.

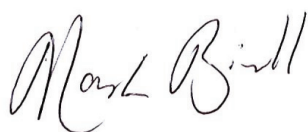
On behalf of the VicHealth Board, I thank in particular The Hon. David Davis MLC, who has supported our strategic imperatives at every stage, and all Members of Parliament for their ongoing support of VicHealth's work.

VicHealth has always enjoyed tripartisan support that sets us apart from other organisations, giving us the opportunity to work with a variety of partners to tackle complex health issues.

We have also been fortunate to have a diverse and knowledgeable Board, drawing on experience and adding valuable insight to guide the work of the organisation. I am extremely grateful to our Board members for their advice and energy, and for acting within a strong governance framework. I would like to acknowledge outgoing Board Members Ms Belinda Duarte and Mr Tim Bull MLA for their service to the Board. Together with our outstanding CEO, Jerril Rechter, we have positioned VicHealth to continue its unique role in promoting health, preventing ill health and reducing the burden of disease.

To our partners – old and new – thank you for your tremendous support and willingness to work with us on new approaches in a complex and challenging environment.

It gives me great pleasure to present this report on VicHealth's work and achievements.



**Mark Birrell**  
Chair of the Board

# Chief Executive Officer's report

In the first year of the VicHealth Action Agenda for Health Promotion we have taken positive steps towards tackling our most pressing health issues by engaging people where health happens – in our homes, workplaces, online and in our communities.

Change starts with recognising a problem, and we have started some of the most difficult conversations with Victorians in the last 12 months, including those about our risky drinking culture and the public health emergency that is obesity. Engaging young people to understand why they drink to get drunk has shown us the value of a positive and non-judgemental social marketing campaign that encouraged people to talk openly. Two out of three Victorians are now classified as overweight or obese, and this will rise to 83 per cent of men and 75 per cent of women by 2025 if we don't change our lifestyle.

Important conversations about time spent sitting, the impacts of racism and violence against women are now happening.

Building greater connections in the community and the digital world has helped us and our partners turn unused space into communal veggie gardens, empowered football clubs to respond to racist taunts, and put Victoria's myriad of liquor licences on a digital map to support better decision-making.

From our groundbreaking partnership with the Foundation to Prevent Violence Against Women and their Children to sweeping changes to sporting clubs to become healthier and more welcoming places, I am extremely proud of what has been achieved in just 12 months of the Action Agenda.

The highlights of the 2013–14 financial year are a credit to the VicHealth staff and our many partners who have joined with us to start the conversations and inspire the actions that will help all Victorians lead longer and healthier lives.

## Operational and budgetary performance

The first three-year phase of the 10-year Action Agenda has involved the alignment of investments to meet longer-term goals. In the last financial year we have restructured the internal organisation and streamlined operations to match our goals, as well as implemented improvements and enabled career progression opportunities for staff.

This was a challenging time for all and I would like to thank all VicHealth staff for their hard work, perseverance and professionalism during this period.

We merged our previous program units and our combined Programs Group reflects the Action Agenda's five strategic imperatives along with our integrated themes of knowledge, health equity, and sport and healthy communities. In addition, the creation of two new offices reporting to the CEO – an Innovations Office and a Policy Development Office – is supporting VicHealth's roles as a world-leader and trailblazer in health promotion and adding value to our local, national and global collaborations.

We have also completed the foundations for VicHealth's Leading Thinker initiative which will see VicHealth pushing the envelope to uncover new solutions to today's health and wellbeing problems. Our first Leading Thinker, Dr David Halpern, will challenge our approaches to program design and delivery in addressing obesity.

A new Results Framework is evaluating the benefits of our investments, and we are building equity into our programs by filtering activity through our *Fair Foundations* framework.

VicHealth met its statutory expenditure targets of making payments of not less than 30 per cent to sporting bodies (32 per cent expended), and 30 per cent to health promotion expenditure (37 per cent expended) of our budgeted appropriation.

All expenditure targets relating to the five Strategic Imperatives and research were within the Board-approved ranges. We made over 1300 grant payments totalling \$25.5 million, of which \$11.1 million supported our objective to increase participation in physical activity. The next highest grant expenditures were \$3.6 million to support the strategic imperative of preventing tobacco use, and \$3.4 million for improving mental wellbeing.

## Other key highlights of our investments:

Our largest health investments are aimed at improving the health of all Victorians with 60 per cent of investment given to whole-of-population approaches to health promotion.

Improving health through sport remains a top priority, with this sector receiving 35 per cent of our investments. However, we are also increasing our impact through new settings by greater investment in the arts (4 per cent) and in workplaces (5 per cent). We have maintained support for the academic sector which received 12 per cent of our investments. The remaining funds were distributed among local governments, education, community, media, information technology, and workplaces.

To increase opportunities to participate in sport, \$3.5 million was invested through the State Sporting Association Participation Program (SSAPP), \$1.6 million in the roll-out of our Healthy Sporting Environments program, and \$1.8 million to 742 community clubs through the Active Club Grants.

We invested \$1.4 million in the TeamUp digital campaign, which connected Victorians and enabled them to become more active through participation opportunities in casual sports and physical activity.

After the SSAPP, the next largest payment went to the Cancer Council Victoria for the Quit Victoria program (\$3.4 million).

## Highlights of the year

### Promoting healthy eating: more people choosing water and healthy food options

We live in a time where poor diet may overtake smoking as the biggest killer in Australia. Making sure Victorians have access to healthy, affordable food now and into the future is a key part of our work. Our Seed Challenge, with support from The Australian Centre for Social Innovation, brought together innovators and healthy eating experts to develop new ways of working together, prototyping the brightest ideas and using digital technology to improve local fresh food distribution and access. The two winners have invested in online platforms to make it easier to access affordable local food. The 3000acres initiative is turning unused urban, suburban and rural spaces for food gardens, while the Open Food Network is growing an online market for farmers, consumers and independent food enterprises to connect, trade and manage their business. Online food hubs have been set up with over 40 farmers participating to date.

VicHealth is also supporting the Food Alliance, a network of key health organisations, to protect food-growing areas on Melbourne's fringe and mapping Melbourne's land capability as the city grows outwards.

Another collaboration focused on young people's nutrition is the Parents' Jury and the Fame and Shame Awards, showing the worst and best of food advertising directed at children.

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

Research has found that less than a third of Australians are getting enough physical activity to benefit their health, and our sedentary lifestyles are costing the nation almost \$14 billion a year.

We know being active every day is one of the greatest lifetime habits we can pass on to young people, yet 80 per cent of Victorian school children aren't getting the hour of exercise crucial for good health every day. This inspired our *Active for Life* resource to help teachers, sporting clubs and community leaders find new ways to integrate movement into everyday life, and to deliver the month-long *Walk to School* campaign.

Our work with the Parenting Research Centre on the biggest-ever survey about 'cotton-wool' kids will help us understand what drives concern from parents about the dangers of children riding or walking to school so we can develop strategies to turn this problem around.

But it's not just our kids. With obesity in Australian adults on a steep rise, we joined forces with the City of Melbourne and the Victorian Government in June through the *Active Cities* initiative to offer 100 ways to get Melbourne's two million city workers moving with free activities before, during and after work. A survey of 1413 Melbourne adults by VicHealth and Griffith University found gender differences in the way we exercise, with women over 30 facing more barriers and finding time the biggest hurdle.

We have reached huge numbers of Victorians to overcome the barrier of lack of time to exercise in the TeamUp campaign; our app connects you to more than 150 sports and activities from a casual kick in the park to a dance class that's near you.

Understanding the important role of the arts in increasing physical activity, a second round of MOTION funding has supported tens of thousands of people to get physical through local arts initiatives, such as free community dance workshops and theatre in the park.

Over 200,000 members in 742 sports and active recreation clubs across Victoria have been supported through Active Club Grants. Seventy clubs in the Barwon region which trialled our Healthy Sporting Environments Program have made sweeping changes in their operations and governance to make their clubs healthier, more welcoming and inclusive. The same changes are now being implemented by a further 250 community sports clubs in country Victoria.

### Preventing tobacco use: more people smoke-free and less harm among resistant smokers

Australian Treasury data shows cigarette sales have fallen 3.4 per cent in Australia since the introduction of world-leading plain packaging, which shows the success of cumulative measures to prevent disease associated with tobacco use. This is a great outcome, and we can expect



less harm from smoking with the Victorian Government's extension to bans in public places to include train and tram platforms, public playgrounds, swimming pools and smoking during organised underage sporting events. It was good to see unprecedented support among universities to ban smoking across all campuses. Next year smoking will also be phased out in all Victorian correction facilities.

As well as continuing to support and fund the Quit Victoria program, VicHealth is researching new trends and evidence nationally and internationally to help those who find it hardest to quit.

### **Preventing harm from alcohol: more people actively seeking the best ways to reduce alcohol-related harm**

Our *Name That Point* campaign has brought questions about our drinking culture out into the open and exceeded all expectations in terms of exposure and engagement with young people. With more than 45,000 web visits, 125,000 views of its YouTube clips and over 1800 entries to the campaign that encouraged people to name that point during drinking when clear thinking turns into more drinking, an evaluation found it more than reached its goal of encouraging young people to think about the place of alcohol in their lives. An unexpected and welcome result was that three in 10 campaign users reported drinking less alcohol as a result. The findings will shape the second phase of the campaign later in 2014.

VicHealth also joined forces with *Hello Sunday Morning*, a tried and tested initiative that has helped thousands of Australians rethink their relationship with booze, and released important research into Victoria's drinking habits.

Our work with RMIT helped us understand the four different types of drinkers in Victoria, with the results of this research reported widely and positively in state and national media. Another VicHealth survey of 6000 drinkers on their attitudes towards cider – one of the fastest-growing alcohol categories for under 30s – has given us insights to fine tune our alcohol-harm messages.

In the 2013 Australasian Professional Society Alcohol and Drug Conference, VicHealth presented new research on 'loading' behaviours which showed that Victorian drinkers are drinking before they go out, between venues, and after they get home. These findings showed how common this practice is, and raised concern about the acceptability of consuming alcohol beyond recommended levels without regard for potential risks.

Researcher Professor Anne Kavanagh surveyed 2334 people from 21 local government areas within 20 kilometres of the Melbourne CBD and found that it is not how close you live to a bottle shop that determines heavy drinking patterns, but the sheer number of alcohol stores in the area.

Our launch of an online interactive map showing where the 19,000 Victorian liquor licences are held will help local government decision-makers to make informed decisions about the density of liquor licences at a glance.

Just how hard the task of shifting our drinking culture is was underscored by research into the impact of alcohol advertising during live sports broadcasts, finding half of all alcohol ads (49.5 per cent) and fast-food ads (46 per cent) were aired during sports programs. Victorians were not spared from in-game advertising (ground and uniform signage) either – viewers had significantly more time exposure to alcohol drink products through advertising on the ground than they did through advertising during breaks.

### **Improving mental wellbeing: building stronger approaches to resilience, focusing on young people**

It's a tough world for a young person. One in four will develop a mental illness, many are exposed to cyberbullying and young people from minority groups are often targets of racism. There are strong links between exposure to racism and serious mental illness, which is why VicHealth has been tackling it in our schools and on the sporting fields.

This year a VicHealth and University of Melbourne study entitled 'Talking Culture', by Dr Naomi Priest, looked at how eight- to twelve-year-old primary school children in Melbourne learn about racial, ethnic and cultural diversity and racism and found that parents generally only broach the topic if their child raises it first, while teachers sometimes feel unqualified to discuss it. The study and the learnings from previous diversity projects will assist educators and parents in talking about cultural diversity.

Through our partnership with Football Federation Victoria, we empowered the football community to respond and intervene safely when racism is seen or heard. The *Don't Stand By, Stand Up!* campaign, supported by various ambassadors and representatives from Melbourne Victory and Melbourne Heart, hopes to boot out subtle to overt forms of racism on and off the sports field.



VicHealth's *Arts About Us* program and travelling roadshows are also helping improve understanding of the impacts of race-based discrimination through celebrating cultural diversity, while we continue to support Indigenous arts through the Victorian Indigenous Performing Arts Awards.

Our entire portfolio of arts investments also grew with various collaborations, large and small, that continue to prove that the arts is a key way to increase physical health and mental wellbeing. Our funding of large-scale events got thousands moving, such as the For You dance floor at the National Gallery of Victoria's Melbourne Now exhibition which saw an attendance of 750,000 people. In addition, we launched a new Arts for Health website to help people to find out about how and where they can participate in these events and showcase our funded projects' achievements.

A continued focus this year has been on eliminating the cause of violence against women by promoting equal and respectful relationships between men and women. Ten years ago VicHealth pioneered frontline community action in local government, media, sporting clubs and associations, faith-based organisations, schools and education organisations. This work has been a catalyst for our groundbreaking partnership with the federal Foundation to Prevent Violence Against Women and their Children.

More guidance on where to focus government and community efforts will come from our joint work with the University of Melbourne and Social Research Centre on the National Community Attitudes Towards Violence Against Women Survey, funded by the Commonwealth Government, which will be released in late 2014.

## Where we are headed

From the obesity epidemic, to racism in schools, binge drinking and cotton-wool parenting, we have opened up important conversations about our most pressing health challenges.

As we continue to build on VicHealth's 27 years of pioneering history, the next year of the Action Agenda goes beyond asking Victorians to eat well and do more exercise, to understanding why we're not.

Removing the barriers to better health and reducing chronic illness is a massive task, and I thank our many collaborators who are eager, like us, to take this on.

As we head deeper into the Action Agenda, we will ensure VicHealth's legacy as a risk-taker is backed up by strong evidence that informs all our work.

I thank our Chair, Mark Birrell, and the VicHealth Board and Committees for their support, encouragement and guidance through our first year of the Action Agenda. The support we have had from the Minister for Health, The Hon. David Davis MLC, and from across the Victorian Government, members of the Victorian Parliament, other government agencies and key partners has been instrumental in supporting new approaches.

We work in a challenging environment where change is the only constant, and the staff at VicHealth have embraced this with great enthusiasm. I thank each and every one of them for their unswerving commitment to improving the health and wellbeing of Victorians.

With the complexities of chronic disease growing and the pressure for sustainable health solutions a national priority, VicHealth's unique role in health promotion and illness prevention has never been more important. We look forward to redoubling our efforts to meet the challenge.



**Jerril Rechter**  
Chief Executive Officer

View 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 parameters on grant expenditure for the financial year.

Our performance against these targets is summarised in Table 1.

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

Performance measures	2013–14 range or minimum amount	2013–14 budget	2013–14 actual
<b>Statutory expenditure target<sup>(ii)</sup></b>			
Sporting bodies	30%	30%	32%
Health promotion	30%	39%	37%
<b>Board policy expenditure targets</b>			
Promote healthy eating	5% to 10%	7%	6%
Encourage regular physical activity	25% to 35%	30%	32%
Prevent tobacco use	12% to 16%	12%	12%
Prevent harm from alcohol	5% to 10%	6%	6%
Improve mental wellbeing	11% to 18%	12%	11%
Research and evaluation <sup>(iii)</sup>	14% to 20%	15%	16%

Notes:

- (i) Percentage figures are calculated as expenditure as a proportion of our budgeted government appropriation for the financial reporting period. For the 2013–14 financial year our appropriation was \$35,736,000. Figures exclude payments sourced from special funds.
- (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) 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	2013–14 actual (\$'000)	2013–14 budget (\$'000)
<b>Total funds</b>		
Total revenue	37,704	36,614
Total expenses	38,672	38,907
Total operating surplus/(deficit)	(968)	(2,293)
<b>Appropriation funds</b>		
Revenue	36,140	36,614
Expenses	36,024	36,513
Operating surplus/(deficit) from appropriations	116	101
<b>Special funding</b>		
Revenue	1,564	0
Expenses	2,647	2,394
Operating surplus/(deficit) from special funding	(1,083)	(2,394)

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, 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 deficit was \$1.1 million, being \$1.3 million less than the budget deficit of \$2.4 million, predominantly due to unbudgeted revenue and expenditure associated with special funding programs.

The operating surplus from appropriation funds was consistent with the budget surplus of \$0.1 million, with the variance in the overall operating result being attributable to special funding operations.

Total revenue exceeded budget by \$1.1 million due to special funding for Tobacco Control and the State Government Violence Against Women Action Plan project which was partially offset by a reduction in funding representing VicHealth's contribution to the State Government's Healthy Together Victoria program. Expenditure associated with the Tobacco Control program will occur next financial year.

Expenditure was \$0.2 million lower than budget, with \$0.9 million being due to unbudgeted expenditure associated with the delivery of special funding Active Cities, as these funds were received late in 2012–13, after the 2013–14 budget was established, partially offset by the partial deferral of the National Community Attitudes Towards Violence Against Women Survey and Alcohol Cultural Change programs.

Expenditure from appropriation funds was lower than budget due to savings across a range of general operating expenditure categories and wages costs as a result of temporary staff vacancies following an organisational restructure in late 2013, partially offset by expanding the Active Club Grants and Walk to School programs.

# **The VicHealth Action Agenda for Health Promotion**

**OUR ORIGIN**

**OUR COMMITMENT**

**OUR FOCUS**

**OUR 10-YEAR GOAL**

**OUR THREE-YEAR PRIORITIES**

**OUR MODEL**

**OUR ACTIONS**

**OUR RESULTS**

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):

- to fund activity related to the promotion of good health, safety or the prevention and early detection of disease

- to increase awareness of programs for promoting good health in the community through the sponsorship of sports, the arts and popular culture
- to encourage healthy lifestyles in the community and support activities involving participation in healthy pursuits
- to fund research and development activities in support of these activities.

- 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.

**Promote healthy eating**

**Encourage regular physical activity**

**Prevent tobacco use**

**Prevent harm from alcohol**

**Improve mental wellbeing**

**More Victorians adopt a healthier diet**

**More Victorians engage in physical activity**

**More Victorians tobacco-free**

**More Victorians drink less alcohol**

**More Victorians resilient and connected**

**More people choosing water and healthy food options**

**More people physically active, participating and engaging in sport and walking**

**More people smoke-free and less harm among resistant smokers**

**More people actively seeking the best ways to reduce alcohol-related harm**

**Build stronger approaches to resilience, focusing on young people**

## INNOVATE

**Bold new ways to address our health priorities**

- Cutting-edge interventions
- Digital technologies
- Pioneering research
- Cross-sectoral knowledge

## INFORM

**Instigate action and broaden our impact**

- Social marketing
- Public debate
- Communications
- Strategic partnerships

## INTEGRATE

**Embed interventions into the Victorian Prevention System**

- Policy and best practice
- Supporting the Victorian Prevention System
- Strategic investments and co-funding
- Training and development

We track our progress through:

- Measuring effectiveness
- Evaluation of processes

- Economic analysis
- Engagement with community and professional reference groups

## 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.

**Table 3: Summary of grant payments made**

	No. of payments made	Payments (\$'000)
<b>Strategic Imperatives<sup>(i)</sup></b>		
Promote Healthy Eating	40	1,177
Encourage Regular Physical Activity	985	11,156
Prevent Tobacco Use	24	3,606
Prevent Harm from Alcohol	56	2,055
Improve Mental Wellbeing	175	3,413
<b>Integrated Themes<sup>(ii)</sup></b>		
Knowledge	36	910
Sport and Healthy Communities	31	1,937
Health Equity	12	701
<b>UV</b>		
UV	8	515
<b>Total<sup>(iii)</sup></b>	<b>1,367</b>	<b>25,470</b>

Notes:

- (i) Grants have been recorded in the table above, based on the predominant area to which the grant relates. For the purposes of Table 1, expenditure is allocated proportionally to the relevant strategic imperative(s) to which it contributes.
- (ii) Integrated themes grants are allocated proportionally to the relevant strategic imperatives in Table 1 based on the proportion that they contribute to those imperatives.
- (iii) Grant expenditure includes \$23.6 million from appropriation funds and \$1.9 million from special purpose funds.

## Significant grant expenditure

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 4.

**Table 4: Grant funding rounds<sup>(i)</sup> with payments totalling \$250,000 or more during the reporting period**

Funding round	No. of organisations receiving payments	Payments (\$'000)
Active Cities	1	900
Active Club Grants	746	1,857
AFL Victoria Alcohol Cultural Change project	1	425
Alcohol Cultural Change	12	682
Arts About Us	12	601
Creating Healthy Workplaces – Alcohol research and advocacy strategy	1	350
Good Sports program	1	250
Healthy Sporting Environments roll-out	10	1,600
Innovations research	4	307
Local Government Physical Activity (BE ACTIVE)	6	885
National Community Attitudes Towards Violence Against Women Survey (NCAS)	12	352
Onemda VicHealth Koori Health Unit	1	540
Quit Victoria	1	3,494
Respect, Responsibility and Equality program – phase IV (GEAR)	5	530
State Sporting Association Participation program	35	3,532
SunSmart program	1	500
TeamUp	18	1,401
Victoria Walks	1	389
Walk to School	61	961
Water Initiative – City of Melbourne partnership	1	350

Note:

(i) Payments include \$18.1 million from appropriation funds and \$1.8 million from special purpose funds.



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

**Table 5: Organisations receiving grant payments<sup>(i)</sup> totalling \$250,000 or more during the reporting period**

Organisation name	Project name	Payments (\$'000)
AFL Victoria Ltd	AFL Victoria Alcohol Cultural Change project	425
Australian Drug Foundation	Good Sports program	250
Cancer Council Victoria	Quit Victoria	3,494
Cancer Council Victoria	SunSmart program	500
City of Melbourne	Active Cities	900
City of Melbourne	Water Initiative – City of Melbourne partnership	350
GippSport	Healthy Sporting Environments roll-out	310
LeeJenn Health Consultants	Creating Healthy Workplaces – Alcohol research and advocacy strategy	350
Monash City Council	Respect, Responsibility and Equality program – phase IV (GEAR)	479
Onemda VicHealth Koori Health Unit – The University of Melbourne	Onemda VicHealth Koori Health Unit	540
Victoria Walks Inc	Victoria Walks	389

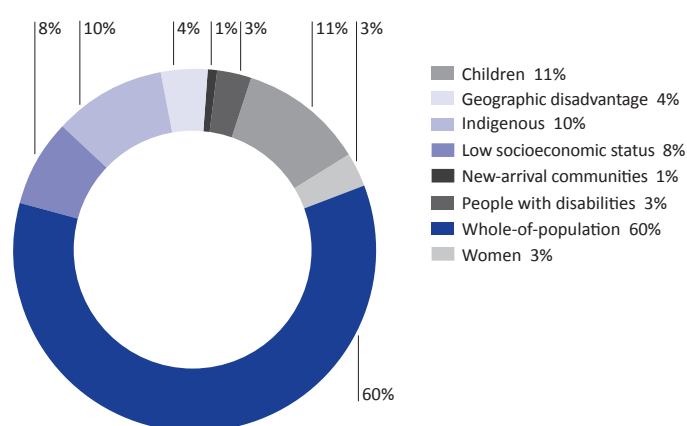
Note:

(i) Payments include \$7.0 million from appropriation funds and \$1.0 million from special purpose funds.

## Target populations

Sixty per cent of our grant funding was targeted at whole-of-population approaches to health promotion. The remaining 40 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<sup>(i)</sup>**



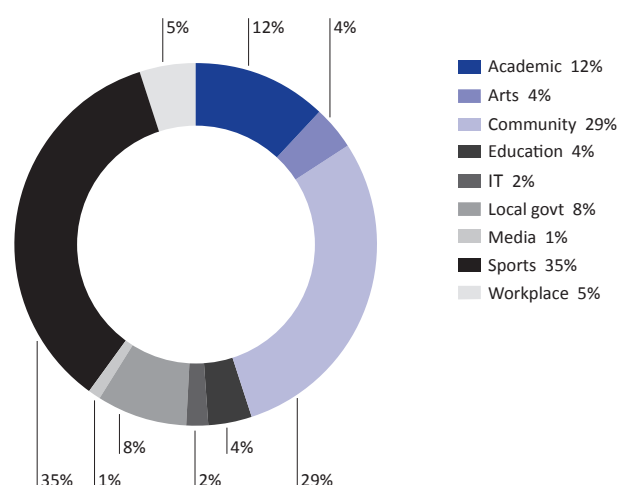
Note:

- (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.

**Graph 2: Allocation of grant expenditure across settings<sup>(i)</sup>**



Note:

- (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.

## Five-year financial summary

Table 6: Five-year financial summary

	2014 (\$'000)	2013 (\$'000)	2012 (\$'000)	2011 (\$'000)	2010 (\$'000)
Revenue from government	37,328	41,173	40,657	35,381	32,749
Total income	37,704	41,574	41,101	35,756	34,511
Total expenses	38,672	40,327	38,259	37,627	33,482
Net surplus/(deficit) for the period	(968)	1,247	2,842	(1,871)	1,029
Total assets	9,415	10,488	11,871	6,308	7,235
Total liabilities	3,534	3,639	6,269	3,548	2,604
Total equity	5,881	6,849	5,602	2,760	4,631

## Major changes affecting performance

Overall VicHealth incurred an operating deficit of \$1.0 million. The fact that special funding tends to be received in one financial year, and then expended in subsequent financial years, tends to cause significant fluctuations in VicHealth's revenue, expenditure and operating results.

The operating result from special purpose funding has accounted for a \$1.1 million operating deficit, whereas a modest operating surplus of \$0.1 million from appropriation funds was generated.

Revenue of \$37.7 million is significantly lower than last year, due mainly to limited receipt of special funding (outside of VicHealth's core funding) to deliver special purpose programs in comparison to the past two years.

The core funding received from the Department of Health under the *Tobacco Act 1987* was \$35.7 million, which was \$0.2 million higher than the prior year, after accounting for an increase due to indexation, which was partially offset by a reduction to contribute to the State Government's Healthy Together Victoria program.

Total expenditure on program delivery and operating costs of \$38.7 million has decreased by \$1.3 million from the prior year. Expenditure from appropriation funds is consistent with last year. Expenditure associated with special purpose funding programs was \$2.7 million, representing a decrease of \$1.6 million as less special purpose programs were undertaken this year compared to last year.

VicHealth's assets are \$9.4 million, comprising mostly bank balances (\$8.1 million) and receivables (\$1.0 million). These relatively large bank balances are due mainly to special

funding received in prior years that will be expended in future years. As at balance date, reserves attributed to these unspent special funds amount to \$4.1 million.

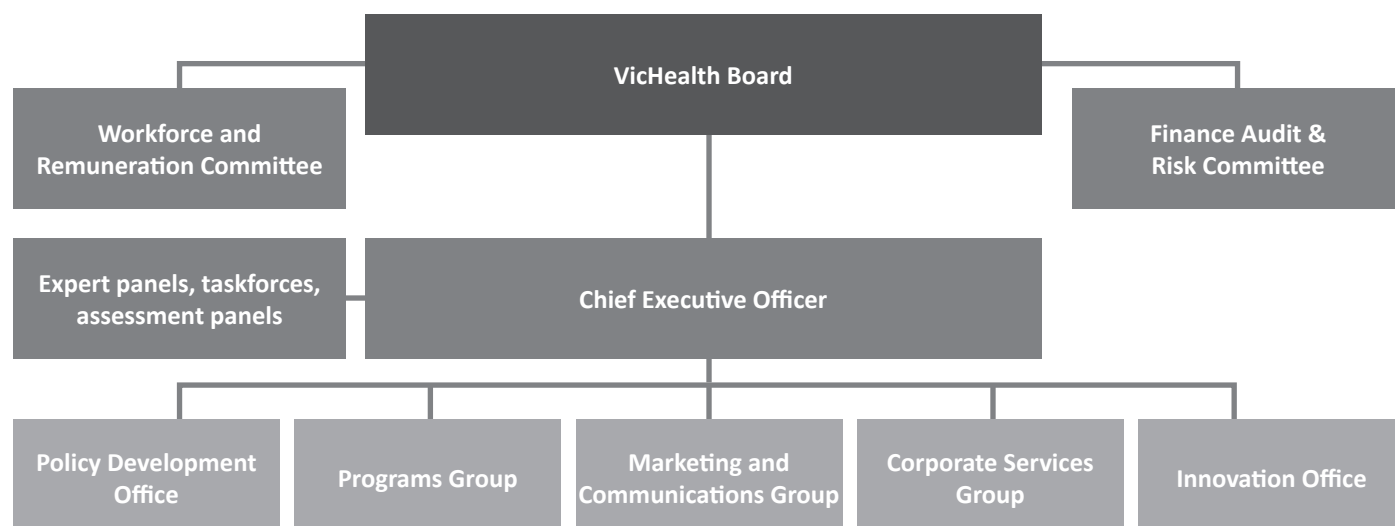
Total liabilities amounted to \$3.5 million at balance date. VicHealth historically tends to have a relatively large amount of payables as at 30 June, reflecting the operating cycle of grant payments which are paid in early July.

## Subsequent events

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

## Section 2: VicHealth Board and organisational structure

### VicHealth organisational structure



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

#### Corporate Services Group

To 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 of inform, innovate and integrate.

#### 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.

#### 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.

### 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;*

*Chief Finance and Accounting Officer (CFAO)*

Mr Dale Mitchell

#### *Executive Manager, Marketing and Communications Group*

Ms Kerry Grenfell

#### *Executive Manager, Programs Group*

Dr Bruce Bolam

#### *Lead, Innovation Office*

Mr Nick Boyle (1 December 2013 to 30 June 2014)

#### *Lead, Policy Development Office*

Mr Jack Quinane (31 March 2014 to 20 June 2014)

#### *Lead, Policy Development Office (Acting)*

Ms Sue McGill (21 June 2014 to 30 June 2014)

## VicHealth Board

The VicHealth Board members during the year were:

### **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.

He is currently the Chairman of Infrastructure Australia, the Port of Melbourne Corporation, and Citywide. He is also the President of the Victorian Employers' Chamber of Commerce and Industry.

Other roles have included being founding Chairman of Infrastructure Partnerships Australia, Deputy Chairman of the Board of Australia Post and Chairman of Evans & Peck Limited. Mr Birrell is a Fellow of the Australian Institute of Company Directors.

### **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, Women's Cricket Australia.

### **Ms Belinda Duarte (resigned 26 February 2014)**

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.

**Mr Peter Gordon**

Mr Gordon is a lawyer in private practice and a leader in smoking and health litigation in Australia. He was first appointed to the VicHealth Board in 2006 and during his time on the Board, he has taken on the roles of Deputy Chair, Chair of Victoria Walks and Chair of the Australian Community Centre for Diabetes.

Mr Gordon is President of Footscray (Western Bulldogs) football club, and a former AFL Director (1990-93). He was founding co-chair of the McCabe Centre for Law and Cancer. He currently serves as Director of Gordon Legal, and Comprehensive Legal Funding LLC.

**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 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.

**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. Previous to this, he was Chief of Staff at Australia Post where he also sat in 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 advisory services to the Special Olympics and Opera Australia.

The three Members of Parliament appointed to the Board are:

#### **Mr 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 twenty five 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

#### **Mr Tim Bull MLA (resigned 28 March 2014)**

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.

#### **Ms 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**

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  
Mr Neil Angus MLA  
Mr Tim Bull MLA (resigned 28 March 2014)  
Ms Danielle Green MLA  
Mr Peter Moloney (Independent)  
Professor Ruth Rentschler OAM  
Mr John Thomson (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 Committee members were:

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



## Advisory Governance Framework

The VicHealth Advisory Governance Framework was reviewed during the year. As a result, VicHealth has implemented a new framework.

The governance principles outlined in the framework provide VicHealth stakeholders and the community with confidence that the decision-making processes with regard to the provision of programs, research and grants 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 will be 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.

## 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 2013–14 financial year is summarised in Table 10.

**Table 7: Performance against OHS management measures**

Measure	Indicator	2013–14	2012–13
Incidents	No. of incidents	3	3
Claims	No. of standard claims	0	0
	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	\$0

Note:

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

### Organisation restructure

VicHealth implemented, with effect from December 2013, a restructure in order to align the organisation to the Action Agenda for Health Promotion, improve career opportunities and implement other administrative reforms. The restructure was implemented with consultation from the employee representative group and the union. Management acknowledges that this was a challenging period for our employees, and would like to thank them for their continued hard work and professionalism during this time. The new organisation structure is represented on page 23.

### Enterprise agreement

VicHealth entered into negotiations with employees and the union for a new multi-year agreement following the nominal expiry of the existing arrangements in March 2014. An in-principle agreement was reached, effective from 1 June 2014, although implementation is pending formal endorsement from a staff ballot and approval from the relevant Government agencies.

### 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.

### 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.

### Healthy workplace

VicHealth has registered to become a healthy workplace as part of the Healthy Together Victoria Achievement program. There are five health priority areas outlined in the program that are closely aligned to our externally focused strategic imperatives:

- healthy eating
- physical activity
- mental health and wellbeing
- alcohol
- smoking.

VicHealth has undertaken a workplace assessment in terms of our current practices and policies against the programs' benchmarks and is developing action plans to achieve all benchmarks. It is envisaged that VicHealth will achieve formal recognition as a healthy workplace by June 2015.

## Workforce data

**Table 8: Employee headcount (HC) and full-time equivalent (FTE)**

	June 2014			June 2013		
	Ongoing	Fixed-term & Casual	Total	Ongoing	Fixed-term & Casual	Total
Employee headcount (HC)	70	8	78	58	20	78
Full-time (HC)	58	5	63	13	13	26
Part-time (HC)	12	3	15	11	7	18
Full-time equivalent (FTE)	66.8	6.8	73.6	55	18	73

**Table 9: Breakdown of headcount by gender**

Gender	June 2014						June 2013					
	Ongoing		Fixed-term & Casual		Total		Ongoing		Fixed-term & Casual		Total	
	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE
Male	22	21.8	2	2.0	24	23.8	19	18.8	7	6.6	26	25.4
Female	48	45.0	6	4.8	54	49.8	39	36.2	13	11.4	52	47.6
<b>Total</b>	<b>70</b>	<b>66.8</b>	<b>8</b>	<b>6.8</b>	<b>78</b>	<b>73.6</b>	<b>58</b>	<b>55.0</b>	<b>20</b>	<b>18.0</b>	<b>78</b>	<b>73.0</b>

**Table 10: Breakdown of headcount by age**

Age	June 2014						June 2013					
	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	-	-	-	-	-	-	-	-	-	-	-	-
20–24	-	-	1	1.0	1	1.0	1	1.0	1	0.8	2	1.8
25–29	11	11.0	1	0.8	12	11.8	10	10.0	6	5.8	16	15.8
30–34	20	19.6	4	3.8	24	23.4	11	10.6	6	6.0	17	16.6
35–39	11	10.5	-	-	11	10.5	7	6.8	2	1.4	9	8.2
40–44	12	10.9	-	-	12	10.9	11	10.1	3	2.7	14	12.8
45–49	4	3.7	-	-	4	3.7	5	4.4	2	1.3	7	5.7
50–54	3	2.8	2	1.2	5	4.0	6	5.4	-	-	6	5.4
55–59	8	7.3	-	-	8	7.3	6	5.7	-	-	6	5.7
60–64	1	1.0	-	-	1	1.0	1	1.0	-	-	1	1.0
65+	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>70</b>	<b>66.8</b>	<b>8</b>	<b>6.8</b>	<b>78</b>	<b>73.6</b>	<b>58</b>	<b>55.0</b>	<b>20</b>	<b>18.0</b>	<b>78</b>	<b>73.0</b>

**Table 11: Breakdown of headcount by classification**

Classification	June 2014						June 2013					
	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	2.7	1	1.0	4	3.7	4	3.7	-	-	4	3.7
Grade B	2	2.0	-	-	2	2.0	4	3.6	-	-	4	3.6
Grade C	13	12.6	-	-	13	12.6	10	9.6	5	4.8	15	14.4
Grade D	30	28.4	6	4.8	36	33.2	19	17.5	12	10.7	31	28.2
Grade E	17	16.1	1	1.0	18	17.1	17	16.6	3	2.5	20	19.1
Grade F	-	-	-	-	-	-	-	-	-	-	-	-
Executives	5	5.0	-	-	5	5.0	4	4.0	-	-	4	4.0
<b>Total</b>	<b>70</b>	<b>66.8</b>	<b>8</b>	<b>6.8</b>	<b>78</b>	<b>73.6</b>	<b>58</b>	<b>55.0</b>	<b>20</b>	<b>18.0</b>	<b>78</b>	<b>73.0</b>

**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 12: Breakdown of executive officers**

	Headcount		
	Males	Females	Vacancies
CEO	0	1	0
Executive Manager	2	1	0
Office Lead	1	0	1
<b>Total</b>	<b>3</b>	<b>2</b>	<b>1</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 13: Reconciliation of executive numbers**

	2013–14
Executives with remuneration over \$100,000	4
<i>Add</i> Vacancies (Table 15)	1
Executives employed with total remuneration below \$100,000	0
Accountable Officer (CEO)	1
<i>Less</i> Separations	1
<b>Total executive numbers at 30 June</b>	<b>5</b>

## Section 4: Other disclosures

### Consultancies

**Table 14: Details of consultancies over \$10,000 (excluding GST)**

Consultant	Purpose of consultancy	2013–14 total approved project fee (\$'000)	2013–14 actual expenditure (\$'000)	Future expenditure <sup>(i)</sup> (\$'000)
Achemar Advisory	Business consulting services	40	40	10
Arnold Bloch Liebler	Legal services	31	31	0
Corrs Chambers Westgarth	Legal services	24	24	0
Decisions Consulting	Business consulting services	28	28	0
Dixon Appointments	Recruitment services	36	36	0
Ernst & Young	Business consulting services	25	25	0
Hinton Talent Solutions	Recruitment services	15	15	0
Horton International	Recruitment services	49	49	0
Kriss Will consulting	Specialist human resources and industrial relations advice and assistance	13	13	0
Maddocks Lawyers	Legal services	54	54	0
Mercer (Australia)	Business consulting services	16	16	0
MicroChannel Services	Systems consulting services	17	17	0
Pitcher Partners	Internal audit services	58	58	85
Premium IT Recruitment	Systems consulting services	83	83	0
Right Management	Specialist human resources and industrial relations advice and assistance	33	33	0
Talent 2	Recruitment services	10	10	0
The Access Guru	Systems consulting services	13	13	0
Thomas Peer Solutions	Information technology services	21	21	0

Note:

- (i) Future committed expenditure relates to contractual or other commitments for the completion of projects that are coming to completion in the 2014–15 financial year.

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

In 2013–14, the total for the 16 consultancies engaged during the year, where the total fees payable to the consultants was less than \$10,000, was \$32,049. All figures are excluding GST.

## Advertising expenditure

VicHealth delivered the following campaigns in the last financial year:

- TeamUp – a unique smartphone and Facebook ‘physical activity marketplace’ app. TeamUp encourages people to connect and take part in any physical activity, whenever and wherever they want.
- Walk to School – a month-long activity in November 2013 encouraging primary school children to walk to and from school more often.
- Name That Point – a five-month campaign engaging the public in an online conversation about alcohol culture in Victoria. This campaign is part of the integrated Alcohol Cultural Change project.

VicHealth’s paid media 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, ending in December 2015.

## 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 2014, 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 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 and staff awareness training.

VicHealth is pleased to report that it has already implemented a number of initiatives and is scheduled to implement further initiatives in 2014–15.

## VicHealth Reconciliation Action Plan

VicHealth released its Reconciliation Action Plan (RAP) in May 2013. The RAP outlines practical actions VicHealth will undertake to build a stronger relationship and enhance respect with Aboriginal and Torres Strait Islander peoples. During the year VicHealth implemented a number of actions including improved employment policies, installation of Indigenous signage and artwork, and encouraging staff to participate in National Reconciliation and NAIDOC weeks. Further action is planned in 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 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

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 is used to benchmark our environmental performance.

## 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:

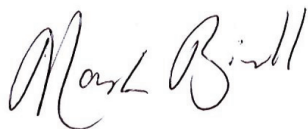
Chief Finance and Accounting Officer  
Victorian Health Promotion Foundation  
15–31 Pelham St  
Carlton VIC 3053  
Phone: (03) 9667 1333  
Fax: (03) 9667 1375



## 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

26 August 2014

## 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 datasets reasonably reflect 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 1994*.

VicHealth has implemented a range of actions during recent years to improve data integrity, and will implement a range of improved internal controls during the coming year to address areas of partial compliance.



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

26 August 2014

## 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

26 August 2014

## Compliance with DataVic Access Policy

Work has begun on VicHealth's compliance with the DataVic Access Policy, with registering and classification of many of our datasets occurring during the year.

In 2014–15, we will make available a catalogue of all datasets, and work through processes for release of all those that are high priority. Other datasets will be released progressively.