

# Annual Report

## 2011–12

Victorian Health Promotion Foundation

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# Report of Operations

Victorian Health Promotion Foundation

2011–12

# 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 2012.

A handwritten signature in black ink that reads "Mark Birrell". The signature is written in a cursive style with a large initial 'M' and 'B'.

**Mr Mark Birrell**  
Chair of the Board

*22 August 2012*

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# Section 1: Year in review

## Establishment of the Victorian Health Promotion Foundation

The Victorian Health Promotion Foundation (VicHealth) was established by the *Tobacco Act 1987* No. 81 (the Act). The responsible minister is the Minister for Health, The Hon. David Davis MP.

## Objectives

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 the Foundation
- provide sponsorships for sporting or cultural activities
- keep statistics and other records relating to the achievement of the objects of the Foundation
- provide advice to the Minister on matters related to its objects referred by the Minister to the Foundation 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 the Foundation
- 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 the Foundation 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 vision

VicHealth envisages a community where:

- health is a fundamental human right
- everyone shares in the responsibility for promoting health
- everyone benefits from improved health outcomes.

## Our mission

Our mission is to build the capabilities of organisations, communities and individuals in ways that:

- change social, economic, cultural and physical environments to improve health for all Victorians
- strengthen the understanding and skills of individuals in ways that support their efforts to achieve and maintain health.

## Our values

Brave, Just, Creative

# Chair's report

It is a privilege to present this report on VicHealth's work and achievements for the financial year 2011–12.

This has been a significant year for VicHealth. Internally, a substantially new Board and a new CEO, Jerril Rechter, began in the early part of the financial year. Both were appointed with the challenge of ensuring the continuity of the organisation's work to promote good health and prevent ill health in Victoria, as well as taking stock of opportunities in the external environment.

The new Board is committed to advancing VicHealth's long term mission and objectives and has established a common understanding of the tasks ahead, advising on solutions to challenges and assessing and approving new investments.

Externally, key developments have taken place that show the Victorian Government's continuing commitment to the prevention of ill health, with some complimentary initiatives at a national level.

The Victorian Department of Health launched our state's first ever public health plan to fight chronic disease. The Victorian Public Health and Wellbeing Plan 2011–2015 set the agenda for improving health and wellbeing over four years.

This was followed up with the roll-out of the Prevention Community Model, a major investment to support and encourage Victorians to turn around unhealthy lifestyles through targeted health plans, initially in 14 local government areas. The Department also put in place actions to address childhood obesity such as the Victorian Healthy Eating Advisory Service.

To support preventative health research and ensure evidence-based action, The Centre of Excellence in Intervention and Prevention Science was established to gather the best possible research partners.

The impetus for these moves is compelling.

Earlier this year, the findings of the Victorian Population Health Survey 2009, based on research of 7500 adults, pinpointed priority areas for health promotion. It showed Victorians do not eat enough fruit and vegetables, and more and more Victorians are becoming obese or developing Type 2 diabetes. It also showed that while smoking rates have decreased, there are still almost 4000 Victorians who die each year from tobacco-related illness.

Such developments reinforce the purpose of VicHealth's mission, showing that there is much work to be done to successfully prevent ill health and address the social and economic determinants of health that influence the broader risk conditions in which people find themselves.

VicHealth's unique role focusing on health and wellbeing has been articulated consistently in our programs and investments for nearly a quarter of a century – with considerable and enduring results.

This year VicHealth forged its work in healthy environments with major investments in addressing determinants of workplace health and in community sport.

As a leader and innovator in health promotion, the organisation's achievements and successes in 2011–12 highlighted in the CEO's report encapsulate best practice in Australia.

VicHealth's role and focus complements the work of public and private health bodies, and make it an asset to efforts in illness prevention and its attendant costs and burden to the health system.

As we reach our 25th year, we are looking to a renewed strategic direction.

A 'stocktake' exercise commenced in early 2012 and its findings were documented in a report which articulates where, why and how VicHealth is focusing its health promotion work. This report will be drawn upon in the development of the 2013–16 Strategic Plan.

VicHealth's future direction will be created from an assessment of current and future priorities and the broader environment with its emerging issues, mindful of lessons from the body of health promotion work to date.

I would like to take this opportunity to personally thank members of both previous and current Boards for their unfailing support, as well as our committee members and the VicHealth staff for their dedication and perseverance to pursuing our objectives.

I especially acknowledge former Board Chair Ms Jane Fenton, for her work and commitment to VicHealth for 10 years. Jane's thorough knowledge of VicHealth's history and operations helped steer the organisation through changes and keep its focus on its unique contribution to health promotion in Victoria and beyond.



Our appreciation also goes to Mr Peter Gordon, who was a Board member since 2006, Deputy Chair from June 2010 to June 2011 and was Acting Chair on a number of occasions. Peter has been an ardent advocate for VicHealth's work.

I thank CEO Jerril Rechter for confidently leading the organisation with fresh perspectives and a renewed energy and enthusiasm.

We are also indebted to our partners, advocates and supporters without whom the successes of this year would not have been achieved.

On behalf of the Board, I thank the Victorian Minister for Health, The Hon. David Davis MP, for his support and leadership.

I look forward to the next steps in our journey as we work with the Victorian Government and our other partners to address fresh and continuing challenges, and delivering meaningful outcomes for the state of health in Victoria.



**Mark Birrell**  
Chair of the Board

# Chief Executive Officer's report

It gives me great pleasure to report back on our achievements in the past twelve months.

It has been an honour to build on the work of my esteemed predecessors who have kept true to the vision of a leading health promotion body that improves the lives of all Victorians and beyond.

This report recognises the efforts of our Board and committee members, partners and staff, for their contributions in the last 12 months to driving innovative approaches to health promotion.

## Highlights of the year

### Increasing participation in sport and active recreation

We expanded our work in sport and active recreation through the State Sporting Association Participation Program, a \$10.2 million funding program over three years that aims to create sporting environments that are safe, accessible, inclusive and equitable. Targeting 30 State Sporting Associations, it offers the potential to reach 80 per cent of direct and indirect formal sport participants in Victoria.

Our Everyone Wins resource, a comprehensive system of support to sporting groups, is being trialled at the state level and provides a rich and profound base of knowledge and strategies to help these groups develop sustainable projects to improve community sport environments.

The Be Active Program – commenced in June 2012 – is a partnership with local governments and Sport and Recreation Victoria to increase participation by children, families and older people, and increase civic leadership through volunteering. This program will be implemented with Local Government Areas which are also part of the Victorian Government's Prevention Community Model. This allows us to identify and respond to physical activity participation challenges as they emerge at the community level.

We evaluated our Streets Ahead program which analysed the enablers and barriers to children walking to and from school, and around their neighbourhood. The lessons from this program complement the findings from our research report 'Towards active and independently mobile children' on Victorian community attitudes about active travel for children. These endeavours significantly raised the awareness of active travel at the local government level and highlighted areas for consideration to increase this.

Our Active Club Grants continued to support community sport and active recreation clubs and organisations for sports injury prevention, essential sporting equipment, portable shade and volunteer training. In some Victorian towns, the sport's club is the only opportunity for families to gather and connect with their communities. These grants have had a positive impact on more than half a million Victorians in the past three years.

### Creating healthy environments

VicHealth is playing a leading role in building the Australian knowledge base on effective workplace health interventions with our Creating Healthy Workplaces evidence review series and pilot projects.

With 11.4 million Australians in workplaces – 70 per cent in full-time employment, each month working a total of 1.6 million hours – workplaces are ideal to promote health and wellbeing to a large audience. Underpinned by a rich base of international workplace health research, VicHealth has established five large-scale pilot projects to find solutions to prevent workplaces from contributing to ill health. These areas include the reduction of stress, prolonged sitting, alcohol-related harm, the prevention of race-based discrimination and violence against women. The program puts VicHealth in a leadership role, partnering with researchers and corporate organisations to translate health knowledge into tangible actions.

In sport, our Healthy Sporting Environments program took the valuable lessons from our demonstration project that ran in the Barwon region in the last two years, and translated this into a comprehensive support system for nine Regional Sports Assemblies to roll-out. The Barwon region project ran in partnership with the regional sports assembly Leisure Networks. It sought to improve club culture through changes to the use of alcohol in clubs, reduced tobacco use, encouraging healthy eating, creating safe and inclusive environments for women and addressing race-based discrimination.

The new statewide program has the potential to reach a quarter of a million Victorians to improve their participation and experience of sport, and will benefit both their physical and mental health.

## Reducing harms from alcohol and tobacco consumption and UV

Our work with the Australian Football League (AFL) Victoria continued to focus on a cultural change program addressing alcohol consumption by integrating what we know from research with policy development. This includes trials of reduced alcohol beverages in community AFL Victoria events.

With research partners Australian Drug Foundation and Turning Point, we released various findings of the impact of alcohol in the community. Notably, our work with Turning Point has revealed disturbing trends of an increase in alcohol outlets in areas where people can least afford it.

We also researched the relationship between social occasions and alcohol consumption, pointing to increases in harms during such periods, a finding corroborated by data from law enforcers and emergency services.

To address the growing trend of alcohol use in young people, we worked with the Departments of Health and Justice, and the Australian Drug Foundation to launch the ‘Teen Drinking Law’ project, to make parents and young people aware of a new law prohibiting the supply of alcohol to minors without parental consent. This project, which also focused on raising awareness about the harms alcohol can cause teenagers, includes practical resources such as a website, mobile device application and series of community forums to drive home these important messages. We also supported ‘Say When’, the Department of Health’s free and confidential online tool that gives Victorian adults a chance to assess their drinking and what it means for their health and wellbeing.

We continued to work with our partners Quit and SunSmart to direct public programs to change attitudes and behaviours on smoking and UV exposure.

## Healthy eating

This year, we partnered with the Heart Foundation Victoria to develop and disseminate a manual to improve knowledge and skills that ensure urban planning and design includes food supply and access. This work will ultimately benefit those with busy lifestyles to ensure that healthy eating is possible within the realm of city life.

Our work with the Obesity Policy Coalition, focusing on reducing overweight and obesity particularly in children, has resulted in submissions to government enquiries and advocacy work with regulatory bodies. As well, through the Obesity Policy Coalition, VicHealth and its partners have made public expressions against poor industry practices that hinder Victorians’ efforts in improving their nutrition.

## Addressing health inequalities

Recognising the significant impact of housing on health and wellbeing, we released our research reports on housing ‘stress’ being experienced by many Victorians. This piece of work has made an important contribution to the evidence base in this area, and the work on determining housing and health interventions.

Our support for the Indigenous Surfing Program has continued to yield gains from the participation of Indigenous Victorians in surfing. In addition, the program has been expanded to address broader opportunities for the participants through links to education and employment in the aquatic and sporting industry.

## Increasing social connection

This is a truly enabling program that helps build community connections – MOTION is an arts, social connection and physical activity program that fuses creativity through physical movement such as dance with engagement with other people.

## Preventing violence against women

Building upon our body of work in preventing violence against women, the evaluation of our Respect, Responsibility and Equality program resulted in tools and strategies for local governments and community organisations. The support for these groups was enhanced with the release of the final report of the Local Government Networking and Capacity Building project, which reinforces the leadership role that local governments play in addressing the prevention of violence against women through planning and policy making.

In sport, the 'Fair Game: Respect Matters' program with the Australian Football League has continued to introduce the importance of respectful relationships through training sessions and resources. Through this program we work closely with community football clubs across Victoria to develop safe, inclusive and respectful environments for girls and women.

The release of our research findings on bystander (witness) attitudes to sexist behaviours and language showed that Victorians do not accept these behaviours and many are willing to act. Sexism has known links to violence against women. Our research included a statewide survey to examine Victorian's readiness for bystander action against sexist comments and behaviours. The findings provide a solid base with which we and others can develop programs that encourage pro-social bystander action and push for respectful attitudes.

## Reducing race-based discrimination

We developed and implemented the social marketing campaign 'See Beyond Race' in the Cities of Shepparton and Whittlesea engaging local residents who became the faces of this Australian-first four-month campaign. This fostered discussion and greater understanding about cultural differences and community connection.

Our 'Arts About Us' program supported 16 organisations to share the benefits of diversity as well as the harmful impacts of discrimination on health, reaching 700,000 Victorians through audiences in arts events or through articles in the media.

## Building capacity

As a leader in developing the health promotion workforce, we have conducted Short Courses on health promotion including specific areas such as healthier sporting environments. We have also established a partnership with the Department of Human Services and the Department of Justice to introduce skills and knowledge in illness prevention to local governments.

## Conclusion

It has been an exceptional year for VicHealth. Some of these highlights are pioneering projects in Australia. Some involved many partners. This is the essence of VicHealth – performing to our mission and objectives using creative ways to build and reinforce knowledge and trialling solutions – a unique but vital approach.

This essence will continue into the next VicHealth strategic plan, while refining our unique role and focus to address new challenges in health and wellbeing.

I would like to thank the current and previous Boards and committees for their expert advice. In particular, I am indebted to former Board Chair Jane Fenton for her vision and guidance.

I would also like to thank the staff for their dedication and commitment to our work, and for their support and encouragement as I embarked upon my first year at VicHealth.

Congratulations and thanks are due to our partners at both state and community levels who have worked with us to champion common goals. Our appreciation goes to the Department of Health and other State agencies whose broader work helps sharpen our focus.

I look forward to the next year as we continue our work in partnership with organisations and communities to promote good health and prevent ill health for all Victorians.



**Ms Jerril Rechter**  
Chief Executive Officer

# Operational and budgetary objectives and performance against objectives

## Budgetary performance

Under section 33 of the *Tobacco Act*, 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 budget is to be expended on research and evaluation
- 12 per cent of budget 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	2011–12 actual	2011–12 budget	2010–11 actual
<b>Statutory expenditure target</b>				
Sporting bodies	per cent	30%	30%	30%
Health promotion <sup>(iii)</sup>	per cent	48%	47%	48%
<b>Board policy budget targets</b>				
Research and evaluation <sup>(iii)</sup>	per cent	19%	16%	18%
Tobacco	per cent	14%	14%	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 2011–12 financial year our appropriation was \$34,829,000.
- (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 figure includes 20 per cent of our major grant to QUIT which is disclosed under our tobacco target and also allocated to research and evaluation activity. In dollar terms this equates to \$825,000 for the financial reporting period. Please note that in the Annual Report of Operations for the 2010–11 financial year, the figure of 20 per cent which reflects this methodology is noted in footnote 3 of Table 1.

Our operating performance against budget is summarised in Table 2.

**Table 2: Operational performance against budget**

	<b>2011–12 actual \$000</b>	<b>2011–12 budget \$000</b>
Total revenue	41,101	35,683
Total expenses	38,259	36,155
Operating surplus / (deficit)	2,842	(472)

Revenue exceeded budget by \$5.4 million due to special funding for specific programs for SunSmart, Secondary Alcohol Supply, National Survey of Community Attitudes to Violence Against Women, UV and tobacco. Funding for the latter three programs was received in late 2011–12 consequently, these funds were largely unspent as at 30 June, but the programs will be delivered in 2012–13. Expenditure was \$2.1 million higher than budget, due to the delivery of programs as SunSmart and Secondary Alcohol Supply programs. General operating expenditure was consistent with the budget. The operating surplus of \$2.8 million is attributed to the receipt of unbudgeted funding in late 2011–12 as outlined above and will be spent on program delivery next year.

# 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
Key result areas					
<b>KRA 1 Health inequalities</b> 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.		<b>KRA 2 Participation</b> 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.		<b>KRA 3 Nutrition, tobacco, alcohol and UV</b> 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					
<b>KRA 4 Knowledge</b> 4.1 Produce, synthesise and translate practical health promotion knowledge. 4.2 Evaluate health promotion practice.		<b>KRA 5 Communications</b> 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.		<b>KRA 6 Business operations</b> 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.	

The financial year 2011–12 was the third 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.

Our state government appropriated revenue of \$27,504,000 was expended in grant payments in 2011–12 across all of our strategic objectives, as summarised in Table 3.

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

Strategic objective	2011–12 No. of grants	2011–12 payments \$000	2010–11 No. of grants	2010–11 payments \$000
<b>KRA 1: Health inequalities</b>				
1.1 Improve the physical and mental health of those experiencing social, economic or geographic disadvantage.	11	1,154	13	974
1.2 Contribute to closing the health gap between Indigenous and non-Indigenous Victorians.	15	917	13	1,197
<b>KRA 2: Participation</b>				
2.1 Increase participation in physical activity .	611	8,074	609	8,896
2.2 Increase opportunities for social connection.	18	868	27	1,244
2.3 Reduce race-based discrimination and promote diversity.	17	1,388	34	1,879
2.4 Prevent violence against women by increasing participation in respectful relationships.	24	1,256	20	1,033
2.5 Build knowledge to increase access to economic resources.	7	231	15	618
<b>KRA 3: Nutrition, tobacco, alcohol and UV</b>				
3.1 Create environments that improve health.	23	2,484	6	946
3.2 Increase optimal nutrition.	4	333	11	721
3.3 Reduce tobacco use.	7	4,681	4	4,926
3.4 Reduce harm from alcohol.	16	1,771	17	1,303
3.5 Reduce harmful UV exposure.	1	1,501	1	1,500
<b>KRA 4: Knowledge</b>				
4.1 Produce, synthesise and translate practical health promotion knowledge.	47	1,431	25	1,981
4.2 Evaluate health promotion practice.	1	16	1	36
<b>TOTALS</b>	<b>802</b>	<b>26,104</b>	<b>798</b>	<b>27,255</b>

Notes:

- (i) In addition to the \$26,104,000 paid out in grants from government appropriation, VicHealth also issued grants totalling \$625,000 from other revenue sources.



## Significant grant expenditure

Significant project expenditure is defined as:

- any grant funding round where payments to successful bodies total \$300,000 or more during the financial reporting period, or
- 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	2011–12 payments \$000
Active Club Grants	524	\$952
Arts About Us	18	\$608
Healthy Sporting Environments	17	\$1,045
Innovations Research	11	\$769
Localities Embracing and Accepting Diversity (LEAD)	7	\$745
Localities Enhancing Arts Participation (LEAP)	5	\$475
Local Government Physical Activity (BE ACTIVE)	9	\$797
State and Regional Grants program – Regional Sports Assembly	20	\$1,173
State Sporting Association Participation Program 2011–2014	76	\$4,154

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	2011–12 payments \$000
AFL Victoria Ltd	Alcohol Cultural Change Project	\$500
Australian Drug Foundation	Good Sports program	\$400
Cancer Council Victoria	Quit Victoria – Tobacco Control Unit	\$4,126
Cancer Council Victoria	Quit Social Marketing	\$341
Cancer Council Victoria	SunSmart Program	\$1,501
Deloitte Access Economics Pty Ltd	State Sporting Association Participation Program Evaluation	\$400
Leisure Networks	Healthy Sporting Environments Demonstration Project	\$653
Monash City Council	Preventing Violence Against Women Respect, Responsibility and Equality program	\$300
The University of Melbourne	The McCaughey Centre core funding	\$700
The University of Melbourne	Onemda VicHealth Koori Health Unit	\$480
Victoria Walks Inc	Victoria Walks	\$400

## Strategic priorities

The proportion of grant funding in 2011–12 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	2011–12 allocation	2010–11 allocation
Reducing smoking <sup>(ii)</sup>	20%	20%
Improving nutrition	4%	5%
Reducing harm from alcohol <sup>(iii)</sup>	14%	7%
Increasing physical activity <sup>(iii)</sup>	25%	35%
Increasing social and economic participation <sup>(iii)</sup>	31%	27%
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 20 per cent figure against reducing smoking is different to the 14 per cent figure against the tobacco target spend reported in Table 1. This is due to the fact that the Table 1 tobacco target is calculated as a proportion of our total appropriation (\$34,829,223). This figure in Table 5 is calculated as a proportion of grants payments from appropriation (\$26,104,000).
- 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 5 recognises this spend.
- (iii) The variance in allocation to alcohol, physical activity and social and economic participation is due to a change in design of significant programs in the sport setting. Traditionally programs in this area have been predominantly focused on increasing physical activity. This financial year the focus has been to integrate measures to reduce harm from alcohol and create more inclusive healthy sporting environments.

## Target populations

Fifty-five per cent of our grant funding was targeted at whole-of-population approaches to health promotion. The remaining 45 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	2011–12 allocation	2010–11 allocation
Whole-of-population approach	55%	55%
Low socioeconomic status	12%	10%
Indigenous	11%	10%
Geographic disadvantage	5%	5%
New-arrival communities	5%	7%
People with disabilities	6%	5%
Children	7%	8%

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	2011–12 allocation	2010–11 allocation
Arts	3%	5%
Community	27%	27%
Education	1%	1%
Information technology	1%	0%
Local government	9%	7%
Media	1%	1%
Sports	37%	36%
Workplace	7%	7%
Academic	14%	15%

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 2011–2012. 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	2011–12 Number of courses held	2011–12 Total number of participants	2010–11 Number of courses held	2010–11 Total number of participants
Participation for Health	4	98	16	256
Preventing Violence Against Women	3	75	3	62
Reducing Race-based Discrimination and Supporting Diversity for Health	2	43	0	0
Participation for Health Senior Manager/CEO Masterclass	1	20	1	28
Preventing Violence Against Women Executive Masterclass	1	28	0	0
Healthier Sporting Environments	8	131	0	0

## Five-year financial summary (\$'000)

	2012	2011	2010	2009	2008
Revenue from government	40,657	35,381	32,749	31,744	30,850
Total income from transactions	41,101	35,756	34,511	35,052	32,701
Total expenses from transactions	38,259	37,627	(33,482)	(35,838)	(30,196)
Net result for the period	2,842	(1,871)	1,029	(786)	2,532
Total assets	11,871	6,308	7,235	8,056	6,958
Total liabilities	6,269	3,548	2,604	4,455	2,571
Total Equity	5,602	2,760	4,631	3,601	4,387

### Major changes affecting performance

Revenue has increased by \$5.3 million to \$41.1 million due to receipt of funding outside VicHealth's core funding to deliver specific programs for SunSmart, Secondary Alcohol Supply, National Survey of Community Attitudes to Violence Against Women, Cancer Prevention Initiatives and Tobacco Social Marketing Campaigns. Expenditure on program delivery and operating costs of \$38.3 million has increased slightly from the prior year reflecting the expenditure on delivery of the previously mentioned projects, although around \$3.4 million of this funding is anticipated to be spent in future years, thus the key contributing factor to the operating surplus of \$2.8 million. This operating surplus is in contrast to the \$1.9 million operating deficit from 2010–11.

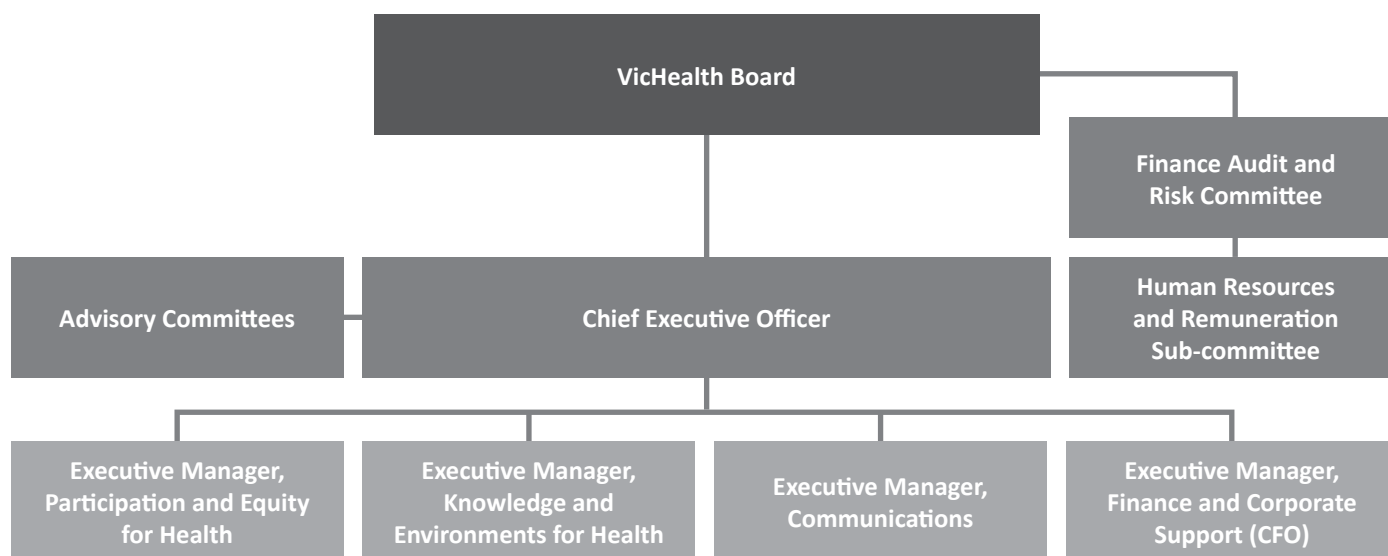
VicHealth's assets are \$11.9 million, comprising mostly of bank balances (\$10.5 million), rising by \$6.3 million which is predominately a result of the receipt of special funding in late 2011–12 which will be expended in future years and an increase in creditors balances as outlined below. Total liabilities amounted to \$6.3 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. Grants payable were \$4.6 million. The increase compared to last year is mostly attributable to timing of grant submissions and payments, which were paid to grant recipients 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: Governance and organisational structure

### VicHealth organisational structure



### VicHealth Board

The Board members during the year were:

#### Ms Jane Fenton AM – Chair

Ms Fenton AM is the founder and chair of Fenton Strategic Communications, which she founded in 1987. She has held the position of Board Chairperson since 2006 and is being appointed as Chairperson for a final one year period, to provide continuity for the new Board. Ms Fenton has served on the VicHealth Board since 1999. She has more than 25 years experience providing strategic communications advice to clients across a range of sectors including professional services, health, government and not-for-profit.

#### Mr Mark Birrell – Deputy 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 John Catford

Professor Catford is the Deputy Vice-Chancellor and Vice-President (Academic) and Professor of Health Development at Deakin University. Professor Catford has a strong history in health promotion and disease prevention. From 1998 to 2002 he was the Chief Health Officer and Executive Director of Public Health for the Victorian Government. During 1994 and 1995 he worked for the World Health Organization as Health Policy and Public Health Adviser to health ministers in Central and Eastern Europe. He 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 recent 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**

Ms Duarte is the General Manager, Indigenous and Multi-cultural Employments Programs with AFL Sportsready, a position she has held since 2009. She has been involved with the sporting industry for many years as an elite athlete competing at a national level. Ms Duarte is an ambassador for *beyondblue* and a Director for the National Aboriginal Sporting Chance Academy (NASCA) which is committed to improving participation in sport. Ms Duarte has served on VicHealth's Board since 2001 where she has played a leading role in progressing Indigenous health and discrimination in a sports setting.

**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 (resigned 2 April 2012)**

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 also a former AFL Director (1990-93) and President of Footscray Football Club (1989-96).

**Professor Margaret Hamilton AO**

Professor Hamilton has over thirty-five 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 Vice-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 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**

Professor Rentschler is Foundation Professor in Arts and Entertainment Management at Deakin University and is the Director of Deakin University's External Research Program. Professor Rentschler is the Deputy Chair of the board of Multicultural Arts Victoria and has published widely including: Cultural and Entertainment Industries Handbook, Shaping Culture (in English and translated into Chinese), Innovative Arts Marketing, The Entrepreneurial Arts Leader, Museum Marketing in a Global Marketplace and Reflections on ANZAC Day. One of her key research interests is arts governance.

The three Members of Parliament appointed to the Board are:

**Neil Angus MLA**

Neil 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, Neil was a chartered accountant in public practice for over twenty five years, specialising in audit and investigations. Neil 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. Neil 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. He 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 CFA 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.



## 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

## 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 Jane Fenton AM  
 Ms Sally Freeman (Independent)  
 Mr Peter Gordon (resigned 2 April 2012)  
 Ms Danielle Green MLA  
 Mr Peter Moloney (Independent)  
 Mr Jeremy Nott (Independent)  
 Ms Carol Pagnon (Independent, resigned 28 March 2012)  
 Mr John Thomson (Independent)

## Human Resources and Remuneration Sub-committee

Ms Jane Fenton AM  
 Mr David Saunders (Independent)

## Executive Management

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

### *Chief Executive Officer*

Associate Professor John Fitzgerald (Acting) – 1 July 2011 to 16 October 2011

Ms Jerril Rechter – 17 October 2011 to 30 June 2012

### *Executive Manager, Participation and Health Inequalities*

Ms Irene Verins (Acting) – 1 July 2011 to 2 October 2011

Ms Lyn Walker – 3 October 2011 to 30 June 2012

### *Executive Manager, Knowledge and Environments for Health*

Ms Jeanette Pope (Acting) – 1 July 2011 to 30 September 2011

Mr Brian Vandenberg (Acting) – 1 October 2011 to 13 May 2012

Dr Bruce Bolam – 14 May 2012 to 30 June 2012

### *Executive Manager, Communications*

Ms Kerry Grenfell

### *Executive Manager, Finance and Corporate Support; Chief Finance and Accounting Officer (CFAO)*

Mr Randall Kent (Acting Chief Finance and Accounting Officer) – 1 July 2011 to 1 April 2012

Mr Nick Boyle (Acting Executive Manager, Corporate Support) – 1 July 2011 to 1 April 2012

Mr Dale Mitchell – 2 April 2012 to 30 June 2012

## 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 2011–12 financial year is summarised in Table 10.

**Table 10: Performance against OHS management measures**

Measure	Indicator	2011–12	2010–11
Incidents	No. of incidents	3	2
Claims	No. of standard claims	1	1
	No. of lost time claims	0	0
	No. of claims exceeding 13 weeks	0	1
Claim costs	Average cost per standard claim <sup>(i)</sup>	\$80	\$592

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) is a Victorian Government initiative to enable young people to enter the workforce, acquire skills and capabilities and build sustainable careers. In 2011–12, we employed 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 as at 30 June 2012

	Headcount			Full-time equivalent (FTE)		
	<i>Females</i>	<i>Males</i>	<i>Total</i>	<i>Females</i>	<i>Males</i>	<i>Total</i>
<b>Total staff</b>	49	23	72	41.7	22.8	64.5

### Age groups

	Headcount		
	<i>Females</i>	<i>Males</i>	<i>Total</i>
Up to 19 years			
20 – 24	3	1	4
25 – 29	9	6	15
30 – 34	7	5	12
35 – 39	4	3	7
40 – 44	9	6	15
45 – 49	5	0	5
50 – 54	7	1	8
55 – 59	5	0	5
60 – 64	0	1	1
65 +	0	0	0

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

	Headcount		
	<i>Females</i>	<i>Males</i>	<i>Total</i>
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	3	0	3
\$50,000 to \$59,999	5	1	6
\$60,000 to \$69,999	7	3	10
\$70,000 to \$79,999	12	7	19
\$80,000 to \$89,999	6	2	8
\$90,000 to \$99,999	1	2	3
\$100,000 +	15	8	23

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 11: Breakdown of executive officers**

	<i>Male</i>	<i>Female</i>	<i>Vacancies</i>
<i>Class</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>
EO	<b>2</b>	<b>3</b>	<b>0</b>
<b>Total</b>	<b>2</b>	<b>3</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 12: Reconciliation of executive numbers**

		<b>2011–12</b>
	Executives with remuneration over \$100,000	4
<i>Add</i>	Vacancies (Table 9)	0
	Executives employed with total remuneration below \$100,000	0
	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

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

Consultant	Purpose of consultancy	Total approved project fee 2011–12 \$000 (excluding GST)	Actual Expenditure 2011–12 \$000 (excluding GST)	Future Expenditure <sup>(i)</sup> \$000 (excluding GST)
Horsburgh Consulting Services	Risk and Governance review and improvement	\$75	\$57	\$0
Kriss Will Consulting Pty Ltd	Specialist Human Resources and Industrial Relations advice and assistance	\$21	\$21	\$0
Arnold Bloch Leiber	Legal services	\$43	\$43	\$0
Ernst & Young	Internal audit services	\$85	\$88	\$0

Notes:

- (i) Ernst & Young ended a six-year contract as VicHealth's internal auditor on 30 June 2012. A new internal audit contract with Pitcher Partners started in operation on 1 July 2012.

While it is possible that Kriss Will Consulting Pty Ltd and Arnold Bloch Leiber will be utilised in the future, no expenditure has yet been confirmed so the future expenditure has been reported as \$0.

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

In 2011–12, the total for the 16 consultancies engaged during the year, where the total fees payable to the consultants was less than \$10,000, was \$72,498. All figures are excluding GST.

#### Disclosure of major contracts

VicHealth entered into one contract greater than \$10 million during the financial reporting period.

That contract is a renewal of our four-year grant provided to the Cancer Council Victoria's Tobacco Control Unit for the Quit program as part of our 12 per cent annual budgetary commitment to resolving harm from tobacco. The total value of the contract is \$19,700,000. The contract was finalised following a significant formal review of performance and a reprioritisation of focus for the next four years. Contract payments commenced in January 2012.

## Disclosure of ex-gratia payments

Ex-gratia payments during the reporting period were:

- 2011–12 \$107,166
- 2010–11 \$0

## 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 2012, VicHealth received no applications.

## Compliance with *Whistleblowers Protection Act 2001*

The *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.

## 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 \$1m 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

Subsequent to an audit of environmental performance in the 2010-11 financial year, a number of initiatives to reduce energy, paper and waste were implemented in the 2011–12 financial year. An audit of performance against baseline data will be conducted in the early part of the 2012–13 financial year.

VicHealth operates in a mixed tenant facility and is currently working with the landlord to identify additional opportunities to improve the environmental performance of the overall building, including greener air conditioning technology.

## 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 the Victorian Health Promotion Foundation and is available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements).

For further information please contact:

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

## **Attestation of compliance with 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) and an internal control system is in place that enables the executive to understand, manage and satisfactorily control risk exposures. The Finance Audit and Risk Committee reviews this framework and confirms that the risk profile of the Victorian Health Promotion Foundation has been critically reviewed within the last 12 months.



**Mr Mark Birrell**  
Chair of the Board

*22 August 2012*

## **Attestation on data integrity**

I, Jerril Rechter, certify that VicHealth has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. VicHealth has critically reviewed these controls and processes during the year. VicHealth has met all the requirements of 3.4.13 Information Collection and Management, Standing Directions under the *Financial Management Act* except for certain requirements relating to non-financial data. VicHealth is developing an action plan in 2012–13 to address areas of non-compliance.



**Ms Jerril Rechter**

Accountable Officer and Chief Executive Officer

22 August 2012



## Disclosure index

The Annual Report of the Victorian Health Promotion Foundation is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of VicHealth's compliance with statutory disclosure requirements.

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