



ANNUAL
REPORT
2013/14

ANNUAL REPORT FOR THE YEAR ENDED 30 JUNE 2014

HON MINISTER FOR HEALTH

In accordance with Section 63 of the Financial Management Act 2006, we hereby submit for your information and presentation to Parliament, the Annual Report of the Western Australian Health Promotion Foundation (Healthway) for the financial year ended 30 June 2014.

The Annual Report has been prepared in accordance with the provisions of the *Financial Management Act 2006* and other legislative requirements.

The Western Australian Health Promotion Foundation is constituted under the authority of the *Tobacco Products Control Act 2006*.



Assoc. Prof Rosanna Capolingua
CHAIRPERSON



Mr Cathcart Weatherly
DEPUTY CHAIRPERSON

Date: 28 July 2014

RESPONSIBLE MINISTER

MINISTER FOR HEALTH

Hon Dr Kim Hames MB BS JP MLA

ACCOUNTABLE AUTHORITY

Western Australian Health
Promotion Foundation Board

BOARD OF MANAGEMENT CHAIRPERSON

July 2013 – June 2014

Assoc. Prof Rosanna Capolingua

EXECUTIVE DIRECTOR

Mr David Malone

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COVER PHOTO:

Mellen Events Summer Concert Season 2013 -2014 Live at the Quarry.

PHOTOGRAPHER: DUNCAN BARNES

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ABOUT HEALTHWAY

WHO WE ARE

Healthway seeks to promote and support healthy lifestyles to reduce the burden of preventable chronic disease in Western Australia.

Healthway (the Western Australian Health Promotion Foundation) was established in 1991 under Section 15 of the *Tobacco Control Act 1990* as an independent statutory body reporting to the Minister for Health. Healthway now functions under Part 5 of the *Tobacco Products Control Act 2006*.

Healthway provides sponsorship to sports, arts and racing organisations to promote healthy messages, facilitate healthy environments and increase participation in healthy activities. Healthway also provides grants to a diverse array of organisations to encourage healthy lifestyles and advance health promotion programs.

The key priorities for Healthway are to make smoking history, reduce harm from alcohol, reduce obesity and promote good mental health.

CHAIRPERSON'S Report

During the year of 2013/14 Healthway celebrated many noteworthy achievements and also continued to demonstrate the flexibility required to respond effectively to new public health challenges.

The year began by building on the momentum of the previous 12 months when we successfully engaged with an increasing number of sports, high profile sporting teams and major arts organisations who chose to reject unhealthy sponsorships and partner with Healthway to promote healthy lifestyles and environments.

In September, we launched a new three year partnership with the WA Cricket Association after having been out of partnership with them for around 12 months. It is very pleasing to acknowledge that both our organisations share the primary goal of ending unhealthy promotions associated with the much loved sport of cricket in Western Australia.

The sponsorship represents Healthway's largest ever sponsorship investment and we are delighted that the WACA, one of our State's most iconic sporting bodies, decided to work with Healthway to promote the *Alcohol. Think Again* message and to discontinue all alcohol and soft drink branding and promotions, except at point of sale.

As a result, the safe drinking message is now promoted by the *"Alcohol. Think Again Western Warriors"*, and *"Alcohol. Think Again Western Fury"*. The message is also consistent and prominent throughout district cricket, the Twenty20 Community Cup and Indigenous cricket development programs.

The new partnership was endorsed by WA cricket champion and WACA President, Dennis Lillee, who said: *"There is a drinking culture around sport – and not just cricket – which poses a risk, not only to participants and people themselves, but to the sports that choose not to address this problem."*

The partnership with the WACA made sporting history – for the first time in a century, WA cricket ceased promoting alcohol and I again congratulate the WACA for showing leadership in cricket Australia-wide.

Very early in the partnership, during the third Ashes test at the WACA in December, the link between alcohol and sport was brought into sharp public focus when Cricket Australia demanded the removal of signs displaying the message *Alcohol and Sport Don't Mix*. The message was developed by the McCusker Centre for Action on Alcohol and Youth (MCAAY) and the Drug and Alcohol Office. Although the message had to be removed from outside the WACA ground, the incident generated strong public debate across Australia and challenged the acceptance of alcohol and sport being inextricably connected.

Shortly after the cricket season got underway, the MCAAY commissioned independent market research company

Painted Dog to survey public opinion on the Healthway sponsorship of the WACA.

Healthway is encouraged by the results which showed very strong support – 76% of West Australian adults supported the sponsorship, with 19% neutral and only 5% opposed. In addition, even more (79%) believed the AFL, rugby and Little Athletics should join most other WA sports and reject alcohol and junk food sponsors in favour of healthy promotions. Support for this was very strong among women with 85% being in favour.

The theme of alcohol and sport not being a good mix continued throughout the year with Good Sports, the Australian Drug Foundation's program, which was brought to WA in 2012 with funding from Healthway and DAO, increasing its community reach and now working with almost 300 sporting clubs.

Good Sports is a free program aimed at helping sporting clubs to manage alcohol responsibly. Since the program was launched in WA, Good Sports now has clubs across the state covering 46 local government areas and over 40 different sporting codes. Good Sports is now working face to face with clubs in Perth, Geraldton, Northam, Manjimup, Collie, Bunbury and Albany.

Just as the year drew to a close, the 100th WA sporting club, the South Perth Cricket Club, achieved the first level of Good Sports accreditation and Healthway and DAO agreed to continue to support the work of Good Sports in WA for a further two years.

Last year, I recorded my disappointment with both Rugby WA and WA Rugby League making the choice to maintain their partnerships with unhealthy sponsors. However, that all changed this year with both the rugby codes agreeing to promote health messages in partnership with Healthway. The WARL came on board early in the year and, as the year drew to a close, Healthway agreed to support a partnership with Rugby WA which will see the Western Force and rugby union as a whole move away from unhealthy sponsors. These sports have responded responsibly to the Western Australian community's concerns about the exploitation of sport by unhealthy sponsors. We look forward to working with rugby to promote health messages to the many fans of this important sport.

While it is rewarding to note the successes of the year, it is also prudent to be aware of the ever changing and challenging environment in which Healthway works. Complacency is not part of the way in which we operate. During the year, new public health issues developed including gambling, electronic smoking, the potential glamourisation of smoking in arts performances and the future of tobacco control campaigns for young people.

In October, Healthway adopted a policy on the emerging issue of gambling and its adverse health impacts on an increasing number of West Australians. This policy is a result of much research and discussion and it is available on Healthway's website.

During the year, several sponsored organisations raised queries about the increasing prevalence of smoking electronic cigarettes and the implications for Healthway's minimum health policy requirements, which include mandatory smoke free environments.

After considering information from international research, Healthway decided to include prohibiting the use of electronic or e-cigarettes in all venues (both indoor and outdoor) under the control of sponsored organisations.

Around the same time, the issue of smoking on stage during arts performances was raised by some arts organisations. Reducing tobacco use in Western Australia remains a priority for Healthway and this includes ensuring that smoking is not glamourised or depicted under the guise of entertainment. In line with this, Healthway will maintain a firm stance on not supporting arts organisations that portray smoking on stage during performances.

Some arts organisations have already stated they are keen to support Healthway and are making changes to their annual performance schedules so smoking is not portrayed on stage – we thank them for their support.

Community organisations sponsored by Healthway have been notified of the decisions on e-cigarettes and depicting smoking in arts performances.

In June, the Federal Government's first budget contained some challenges for the health promotion community across the nation, including in WA. These included the winding up of the Australian National Preventive Health Agency (ANPHA) and the *Be the Influence* community sponsorship fund. The loss of this fund has implications for some of Healthway's sport sponsorship partners and we will be monitoring the impact of those changes very closely during the coming year.

In line with the need to be mindful of changing environments, Healthway commissioned an independent review of our investment in tobacco control initiatives. The review noted that the *Smarter than Smoking* project, which aims to discourage young people from taking up smoking, has played a key role over the last decade during which there had been a substantial decrease in the numbers of young people in WA starting to smoke.

The campaign has done a great job over the years however, with fewer young people taking up smoking, the environment has changed significantly and Healthway decided to discontinue funding for the *Smarter than Smoking*

project. It is envisaged that other tobacco control campaigns will now incorporate more focus on young people as there is always a new generation targeted by tobacco companies to take up smoking and we must never give up the fight to protect young people from the health risks of tobacco.

In the second half of the year, we were informed that Healthway's Health Promotion Research Project grants are now to be listed on the Australian Competitive Grants Register (ACGR).

The ACGR is run by the Federal Department of Education and it lists grant schemes that provide nationally competitive research grants to universities and research institutions. As a result of the Healthway listing, universities in WA that are awarded Healthway health promotion research grants will now be eligible to receive infrastructure income for these grants from the Australian Government's Research Block Grants Scheme and the WA Medical Research Infrastructure Fund. This is an important acknowledgement of the rigor around Healthway's Health Promotion Research Grants and the dedication of all involved in the assessment and administration of these grants.

Given the very positive developments during the year, I am confident that Healthway will continue to build on this while being ready, as always, to deal with challenges that come our way.

I would like to thank everyone involved who has helped to make this another year of achievement for us. In particular, I would like to acknowledge my fellow Board members and especially Deputy Chair, Cathcart Weatherly. I am also very proud to note that during the year, Healthway Board member Professor Mike Daube was appointed an Officer in the Order of Australia (AO) in the Australia Day Honours list for 2014. A well deserved recognition for achievements that have saved the lives of many. Healthway thanks and congratulates Mike Daube.

Thanks also to the many experts who give their time to serve on Healthway's advisory committees and of course, the Healthway staff without whom none of these achievements would be possible.

I look forward to working with you all in the year ahead as we strive to create a Healthier WA.



Associate Professor Rosanna Capolingua
CHAIR OF THE HEALTHWAY BOARD

EXECUTIVE DIRECTOR'S Report

The 2013/14 year was the first full financial year under the guidance of the Strategic Plan 2012-2017. In accordance with the key strategic objectives outlined in the Plan, Healthway continued its focus on maximising health promotion returns on investments, raising community awareness and debate on key health issues, and forging new partnerships with community organisations.

Reducing overweight and obesity, reducing short and long-term alcohol related harms, and making smoking history continue to be the 'big three' priorities, together accounting for over 68% of Healthway funding across all program areas during 2013/14. This approach is strongly supported by a large body of evidence that these risk factors have the most significant influence on the burden of preventable chronic disease in Western Australia.

Competition for available sponsorship and grant funds increased over the previous year and this in turn raised the bar in terms of the quality of approved projects. Demand for sport and arts sponsorships remained particularly high over the past year, with total requests increasing by 15% while available funds remained relatively static. The sponsorship program was oversubscribed by a ratio of 3 to 1, with total requests of approximately \$32.5 million to a total budget of approximately \$11 million.

Healthway also continued to receive a large number of enquiries regarding its health promotion grants program. The research grants program in particular was heavily oversubscribed. In 2013/14 Healthway received research grant requests totalling approximately \$5.2 million and was only able to fund projects to the value of approximately \$1.5 million.

Consolidation and review

The past year has been one of consolidation and review, with some long-standing policy and program approaches coming under careful examination.

In late 2013 the Board considered the findings and recommendations of an independent review of Healthway's Co-sponsorship Policy. The Co-Sponsorship Policy, first introduced in 2004, supports Healthway's objective to reduce promotions for alcohol and unhealthy foods in association with sport or arts activities wherever possible. The Reviewer consulted some 42 organisations and considered an extensive body of relevant scientific literature and technical reports.

The review found that the scientific evidence for the policy was strong; the policy was appropriate and reflective of Healthway's strategic positioning as an agent of change; and the policy has helped stimulate public debate on the

inappropriateness of alcohol and fast food sponsorship. Most pleasingly, the review also found that the policy has worked to maximise the return on Healthway's investment of public funds without negatively impacting on participation in sport or the arts.

In response to the Review the Board decided to revise the Co-Sponsorship Policy to further strengthen its effectiveness in reducing the promotion of unhealthy brands. Notably, the concept of "quarantining" of unhealthy brands or messages was deleted from the policy in acknowledgement of the growing body of evidence indicating that young people cannot be effectively quarantined from unhealthy promotions associated with an organisation's other activities involving adults or elite performers.

During the year Healthway also commissioned an independent review of its investment in tobacco control campaigns to ensure it continues to fund activities in the future that are closely aligned with current international research evidence.

Healthway's support for the Australian Drug Foundation's Good Sports club accreditation program in Western Australia was also reviewed and extended by the Board for a further two years. The Good Sports program provides free support to help sporting clubs change their culture and reduce high risk drinking. Participating clubs are assisted to focus more on young people, families and sport participation, and less on drinking alcohol. The importance of Good Sports is underscored by the fact that none of the West Australian sports clubs achieving accreditation since the program was launched were fully compliant with the conditions of their liquor license at the time of their initial assessment. Pleasingly, the value of this unique program has been recognised by the Australian Government, with federal funding extended for the next four years.

Challenging community norms

Healthway is an agent of change in moving community thinking and action into a healthier direction and the Strategic Plan 2012-2017 recognises the importance of challenging and encouraging individuals to adopt healthier behaviours. Raising public awareness of health issues and influencing public debate are important strategies to facilitate change and, in accordance with the Strategic Plan, Healthway implemented a number of strategies over the past year to stimulate public debate and enhance community awareness on matters relating to priority health areas.

The launch in 2013 of a new sponsorship of the WA Cricket Association (WACA) generated a high level of public debate

and interest. The decision by Cricket Australia in December 2013 to insist on the removal of both some health promotion campaign signage from the WACA ground and an alcohol campaign advert produced for the Test match program by a number of health agencies (including the Telethon Institute for Children's Health Research), focused an unprecedented level of media attention on the links between alcohol and sport in Australia.

Health promotion returns on investment

A stronger focus on maximising health promotion returns on investment and benchmarking sponsorship benefits (both key strategies in the 2012-2017 Strategic Plan) were critical success factors in a year where Healthway's sponsorship programs delivered excellent results.

The most recent independent evaluation of the effectiveness of the Healthway sponsorship program was undertaken by the Health Promotion Evaluation Unit (HPEU) at the University of Western Australia and published in July 2013. Pleasingly, this evaluation demonstrated substantially higher levels of action in comparison to previous evaluations of the program with 16.1% of survey respondents taking action in regards to related health behaviours following exposure to a health message at a Healthway-sponsored event. This compared favourably to the 2008/9 (9.8%) and 2006/7 (10.7%) HPEU evaluation results for reported action. The reported levels of comprehension and awareness of health messages were also positive, particularly given the cessation of mass media campaigns surrounding health messages such as 'Go for 2&5' and 'Find 30 every day' during the period of the study. While the comparison of results with previous sponsorship evaluations needs to be interpreted with some caution, the evaluation strongly supports the effectiveness of Healthway sponsorship as a strategy leading to self-reported action and behaviour change.

The success of the sponsorship program is due to the expertise of the sponsorship team who continue to explore ways to best activate health messages through sponsorship, the highly-valued support and cooperation of Healthway's arts and sport partners, the activities of the campaign teams based at health agencies, and the contribution of Healthway sponsorship advisory committees. To further increase the effectiveness of the sponsorship program, HPEU recommended that new and innovative methods for leveraging health messages continue to be a priority for the Healthway sponsorship team and that the message-matching process (where health messages are strategically matched to sponsorships) continues to be a focus of operations.

While the sponsorship program is Healthway's largest and most visible program, the health projects and research grants programs continued to deliver benefits for the community. Healthway demonstrates its strong commitment to evidenced-based health promotion by supporting high quality research with clear links to health promotion policy and practice, supported through the hard work and expertise of staff involved in the Research Grants program together with the expert input of Healthway's Research and Health Advisory Committees. In 2013/14 Healthway awarded 11 new research grants in total, including Starter Grants, Research Project Grants, Graduate and Indigenous Scholarships, a Fellowship and a Visiting Fellowship. All of the successful applications addressed high priority health issues or target groups.

Corporate

Over 2013/14 Healthway continued to maintain a lean operating cost base in order to maximise the funds available for grants and sponsorships. During the past reporting year Healthway corporate expenses accounted for a modest 16 cents out of every \$1 of total budget.

Healthway's small corporate services team once again worked diligently and productively over the past year. Notable highlights included the successful roll-out and development of the electronic applications system, a continued focus on good corporate governance with IT security and procurement reviews, and the bedding down of electronic records management across the organisation.

Acknowledgements

In closing I would like to acknowledge the hard working Healthway team, whose expertise continues to have a direct benefit on the long-term health of many West Australians. I would also like to acknowledge the work of Healthway's Board, in particular the contributions of the Chair, Dr Rosanna Capolingua and Deputy Chair, Mr Cathcart Weatherly.



David Malone
EXECUTIVE DIRECTOR

SIGNIFICANT ISSUES IMPACTING The agency

1. Increasing obesity

Being obese or overweight is a major risk factor for a number of preventable chronic diseases, including Type 2 diabetes, cardiovascular disease, hypertension, stroke and some cancers. The health consequences range from increased risk of premature death, to serious chronic conditions that reduce the overall quality of life. Obesity can also compound other social determinants of health, for example contributing to poor body image and self-esteem that can manifest in social isolation and poor mental health. Preventing overweight and obesity is identified as a high level priority in the Healthway Strategic Plan 2012-2017.

There was a significant increase in the prevalence of obesity in Western Australian adults from 2002 to 2012, increasing from 21.0% to 28.3%. More than 60% of Western Australians are overweight or obese. This significant increase in the prevalence of obesity in Western Australian adults has occurred despite there being a significant increase in the proportion of both males and females undertaking sufficient physical activity (150 moderate minutes over 5 or more sessions) in 2012 compared to 2002, which highlights the importance of diet on a healthy weight.

Increasing rates of childhood obesity in Australia is of particular concern. A recent report on children's health released by the Australian Institute of Health and Welfare (AIHW) in June 2014 found that the percentage of five to 14-year-olds who were overweight or obese increased from 23% to 26 % between 2006 and 2012.

The Obesity Policy Coalition (a coalition of health organisations including the Cancer Council, Diabetes Australia and the World Health Organisation) recommend the following key actions to address the obesity problem:

1. Take steps to reduce children's exposure to marketing of unhealthy food;
2. Support effective implementation of the health star rating food labelling system; and
3. Investigate food pricing policies to encourage healthier eating patterns.

2. Gambling and Sport

Gambling is a common recreational pursuit in Australia. The spectrum of gambling is wide, ranging from the relatively innocuous forms of Lotto to those that pose greater harms such as electronic gaming machines (e.g. 'pokies'), racing and sports wagering, table games (e.g. roulette and blackjack) and the burgeoning online gambling industry.

About 60-70% of Australian adults and 50-70% of Australian adolescents gamble each year and per capita gambling expenditure in Australia is among the highest in the world. While classifying problem gambling and obtaining prevalence estimates is complex, the Productivity Commission estimates that between 80,000-160,000 (0.5-1.0%) of Australian adults are 'problem gamblers' while a further 230,000-350,000 (1.4-2.1%) are at risk of developing problems with gambling. Despite the apparently relatively lower prevalence (in comparison with other public health issues such as smoking, alcohol misuse and obesity), the social cost of problem gambling in Australia is estimated to be at least \$4.7 billion a year.

The health effects of problem gambling are wide ranging. Problem gamblers experience high levels of comorbid mental health disorders and substance abuse, and may experience stress-related physical and psychological ill health as a consequence of their gambling activities. Other adverse effects include family breakdown, domestic violence, criminal activity, disruption to or loss of employment, and social isolation.

Community support for gambling reforms is increasing, with around three quarters of Australian adults of the opinion that gambling does more harm than good for the community. A recent WA study examined public perceptions of sponsorship activities undertaken by companies promoting unhealthy products and behaviours, including gambling. The study found that gambling companies were considered to be the least appropriate sponsors of sports (followed by alcohol companies and unhealthy food/drink companies) and community events.

Of particular concern for Healthway, is the proliferation of gambling sponsorship and advertising in Australian sport and the potential for this to further normalise the association between sport and gambling. An increasing association between gambling and sport in Western Australia has the potential to undermine Healthway's strategy to use sport as a vehicle to promote good health.

3. Increasing demand for Healthway sponsorship

Demand for Healthway sponsorship from arts and sport organisations has increased markedly over recent years and continues to increase. Total annual requests for Healthway sponsorship have more than doubled since 2009/10, from \$14.7 million to \$32 million in 2013/14. Demand increased by 15% over the previous year. The Healthway annual sponsorship budget in 2013/14 was approximately \$11 million.

Increased demand from organisations seeking to work with Healthway is welcomed, particularly given the tightening requirements of Healthway sponsorship with respect to alcohol and junk food co-sponsorship requirements and the opportunities new partnerships create for Healthway to advance its mission. However, this trend will create challenges as the level of oversubscription of the sponsorship program increases.

4. Winding up of the Australian National Preventive Health Agency

The most recent Australian Government budget contained a number of measures that may have implications for preventative health projects and health promotion more generally in Western Australia, the ramifications of which will need to be closely monitored.

Of note, the Australian National Preventive Health Agency (ANPHA) and its Community Sponsorship Fund (CSF) were wound up on 30 June 2014. While some ANPHA projects will continue through the Department of Health, the CSF has been discontinued. The CSF provided sponsorship to national sport associations for the purpose of 'buying out' alcohol sponsorship and to promote the *Be the Influence* anti binge drinking campaign. Some features of the CSF were similar to the Healthway sponsorship program and most of the sports who previously received CSF funding were also sponsored at the state level by Healthway.

The loss of health promotion sponsorship at the national level may have some effect at the state sport association level.

BOARD Members

Membership of the Board of Healthway is set out under section 61 of the Tobacco Products Control Act 2006.

Under the Act, the Board consists of 11 members of whom one is to be the Chairperson appointed by the Minister for Health on the nomination of the Premier.

Of the other 10 members of the Board, six are appointed by the Minister for Health on the nomination of stakeholder groups, as set out in the Act, and four are the nominees of the Chief Executive Officers of State Government agencies, as also set out in the Act.

Board members are appointed for three year terms and cannot serve more than two consecutive terms on the Board.

As at 30 June 2014 the Board member nominee from the WA Local Government Association (WALGA) was vacant. The members of the Board on that date were:



**Associate Professor
Rosanna Capolingua**
CHAIRPERSON

Associate Professor Capolingua joined the Board of Healthway as the nominee of the Australian Medical Association (WA) in 2000 and was appointed Chairperson in 2009.

Dr Capolingua has played an active leadership role within the medical profession and she has a keen interest and extensive experience in community health and effective governance of public and private organisations.

She has been a general practitioner in Perth for more than 20 years and is principal of her own successful medical practice. She served two terms as State AMA President and two terms as AMA National President where she chaired the AMA Ethics and Medico Legal Committee and the Taskforce on Indigenous Health.

She is a member of the Mutual Board of the Medical Defence Association National, the Board of St John of God Healthcare, the University of WA's Raine Foundation, Health Training Australia and the Board of Governors of the University of Notre Dame. In 2012 Dr Capolingua was appointed Chair of the Governing Council for Child and Adolescent Services in WA. She also chairs the WA Immunization Implementation Steering Committee.

Dr Capolingua is a former member of two National Health and Medical Research Council advisory bodies, has served on the Medical Board of WA, has chaired the Australian Medical Publishing Company and is a former Board member of MercyCare.

As Medical Director of the AMA (WA) Youth Foundation, Dr Capolingua is the driving force behind the Dr Yes and Youth Friendly Doctor programs which have helped more than 90,000 high school children deal with issues such as sexual health, mental health, drugs and alcohol.



Cathcart Weatherly
DEPUTY CHAIRPERSON

Mr Weatherly was appointed to the Board as the nominee of the WA Arts Federation – now the Chamber of Arts and Culture Western Australia. He has a passionate interest in the arts, culture and social justice issues.

Originally from Tasmania, he moved to Western Australia in the early 1990's and, in 1996, was appointed founding Executive Director of the Community Housing Coalition of WA – the peak representative body for non-government, not-for-profit housing providers. In that role he was a member of many state and national committees including a three year term as Chairperson of the Community Housing Federation of Australia and a Board member of the WA Council of Social Service (WACOSS).

In 2001, he served on the State Government's State Homelessness Task Force which inquired into and proposed an action plan for resolving the issue of homelessness in WA.

From July 2005 to December 2010, Mr Weatherly was the General Manager of the Spare Parts Puppet Theatre in Fremantle. He currently works part-time for Country Arts WA as well as in his own consultancy and is a Board member of the Chamber of Arts and Culture Western Australia.



Brett Ashdown

Mr Ashdown was appointed to the Board as the nominee of the Western Australian Sports Federation (WASF) in August 2011.

For many years, Mr Ashdown has combined a keen interest and involvement in many sports with a successful business career in the chemical industry.

As a sportsman, he has been a state ranked squash player and has played golf and cricket extensively.

In sports administration, he was the inaugural Chairman of Cricketwest and is currently President of the Swan Helena Cricket Association and a Life Member of the Forrestfield Cricket Club. He was also President of the Belmont Squash Club. He has a strong interest in all sports, but Mr Ashdown is a keen follower of Australian Rules football, Cricket, Hockey, Cycling, Swimming and Athletics.

Mr Ashdown is the current Chairman of the Healthway Sports Sponsorship Advisory Committee and is newly elected to the Finance and Risk Committee.

Mr Ashdown has worked in the chemical industry for 26 years and is currently the manager for Western Australia and the Northern Territory for a large multi-national chemical distribution company.

BOARD Members



Graham Brimage

Mr Brimage was appointed to the Board as the nominee of the Department of Sport and Recreation (DSR) where he is Director Strategic Policy and Regional Services.

He has fulfilled a range of executive and management roles within DSR which have involved developing sport in key areas including the introduction of business planning to State sporting associations, local and regional services and facilities planning with local governments, camps management and strategic planning at agency, industry and sector levels. Mr Brimage was involved in the establishment of Healthway when he was seconded from DSR to develop the role of Sport Program Manager within Healthway.

Mr Brimage's interest in public policy development has led to increased cooperation between the sport sector and many other sectors including water, environment, justice, local government, Indigenous Affairs, communities, tourism, health and education. He chairs the Centre for Sport and Recreation Research at Curtin University which promotes multi-disciplinary enquiry on these diverse agendas and has also been the coordinator of Strategic Directions for the Western Australian Sport and Recreation Industry plans.

He has served on numerous inter-jurisdictional committees and forums developing national policy and research frameworks to improve coordination and collaboration impacting key Australian sport and recreation agendas.

Mr Brimage's own sport interests include surfing, snowboarding and cycling. He is an active volunteer with Surfing WA in events and program delivery.



**Professor
Mike Daube**

Professor Daube was appointed to the Board as the nominee of the Australian Council on Smoking and Health (ACOSH). He is the President of ACOSH.

Professor Daube is Professor of Health Policy at Curtin University and Director of the Public Health Advocacy Institute and the McCusker Centre for Action on Alcohol and Youth.

Before joining Curtin University in January 2005, Professor Daube was Director General of Health for Western Australia. He has played a leading role in health administration and public health in Australia and internationally since 1973. Since moving to WA in 1984 he has held many key roles in both government and non-government organisations in WA, nationally and internationally and has received many national and international awards for his contributions to public health.



**Clinical Professor
Gary Geelhoed**

Dr Geelhoed was appointed to the Board as the nominee of the Australian Medical Association (WA).

He is the Chair of the Drug and Alcohol Office and Chief Medical Officer for WA. He is a medical expert on child health, a paediatrician, and was Director of Princess Margaret Hospital for Children's Emergency Department for 22 years.

He is also involved in medical research on many areas of children's health and has contributed to medical textbooks including the *Encyclopaedia of Respiratory Medicine* and the *Textbook of Paediatric Emergency Medicine*.

Dr Geelhoed is a past State President of the AMA (WA) and is a member of the AMA's Federal Council.



Colin Walker

Mr Walker was appointed to the Board as the nominee of the Department of Culture and the Arts. He is the Director of the Department's Cultural Development and Strategic Programs.

Mr Walker is a senior arts manager with extensive experience and networks in the private, not for profit arts and government sectors.

Prior to joining the Department in 2006, Mr Walker was Director, Arts & Business West Midlands in Birmingham in the UK and Head of International Development Arts & Business in London.

He has acted as an arts sponsorship consultant to a range of international brands and many of the most recognisable arts institutions in the UK.

In his current role with the Department of Culture and the Arts, Mr Walker is responsible for developing and implementing the Department's policies relating to Indigenous arts, young people and the arts, the collections sector, international, urban planning, public art, digital arts, research, arts in health and arts in education. He is Chair of the Urban Art sub-committee of the State Graffiti Taskforce.

BOARD Members



Ms Kay Benham

Ms Benham was appointed to the Board as the nominee of the Director General of the Department of Child Protection and Family Support.

She has a Bachelor of Behavioural Science, a Bachelor of Social Work and a Masters in Business Administration. She has a passionate interest in the protection of children and has worked in a variety of positions in the public sector in Western Australia for over twenty years commencing with the then Departments for Community Services, Community Development and Family and Children's Services. Ms Benham then took up senior roles within other areas of government including Manager of Victim Support and Child Witness Services at the Department of Justice and Director of Court Counselling at the Department of the Attorney General. She returned to work in the area in which she began her public service career by joining the Department for Child Protection and Family Support in October 2010 to take up her current position of Executive Director, Policy and Learning.



Ms Denise Sullivan

Ms Sullivan was appointed to the Healthway Board as the nominee of the WA Department of Health. Her career spans over twenty years in senior management and executive roles in the state public and not-for-profit sectors.

Ms Sullivan is currently Director Chronic Disease Prevention with the WA Department of Health and leads the development of state chronic disease prevention policy and planning frameworks and contributes to the development of the national preventive health policy agenda. She is an expert member of many state and national committees established to progress chronic disease prevention strategies.

Ms Sullivan's professional interests cover many aspects of chronic disease prevention involving health communications, health promotion and research, public policy on health and workforce planning and development. In addition to her work with the Department of Health, Ms Sullivan is an Adjunct Senior Research Fellow with the Centre for Behavioural Research in Cancer Control, Curtin University and a doctoral candidate with the University of Western Australia's School of Population Health.



Professor Helen Parker

Professor Parker was appointed to the Board as the nominee of the Australian Council for Health, Physical Education and Recreation WA (ACHPER), an organisation with which she has been very involved for many years, including serving as a member of the National Board.

Professor Parker has a Bachelor of Education with First Class Honours, a Master of Education and a Doctor of Philosophy from The University of Western Australia. She currently lectures part time to graduate students within the School of Health Sciences at The University of Notre Dame Fremantle and prior to 2012, she was Executive Dean, College of Health Sciences, at The University of Notre Dame Australia. She is also an examiner and former chief examiner for the School Standards and Curriculum Authority for the upper school WACE course, Physical Education Studies.

An experienced health promotion researcher, her special areas of interest lie in motor development and physical education and in physical activity and health. She has published her work extensively in peer reviewed scientific journals. In 2011, Dr Parker was awarded the Distinguished Service Medal by the University of Notre Dame.

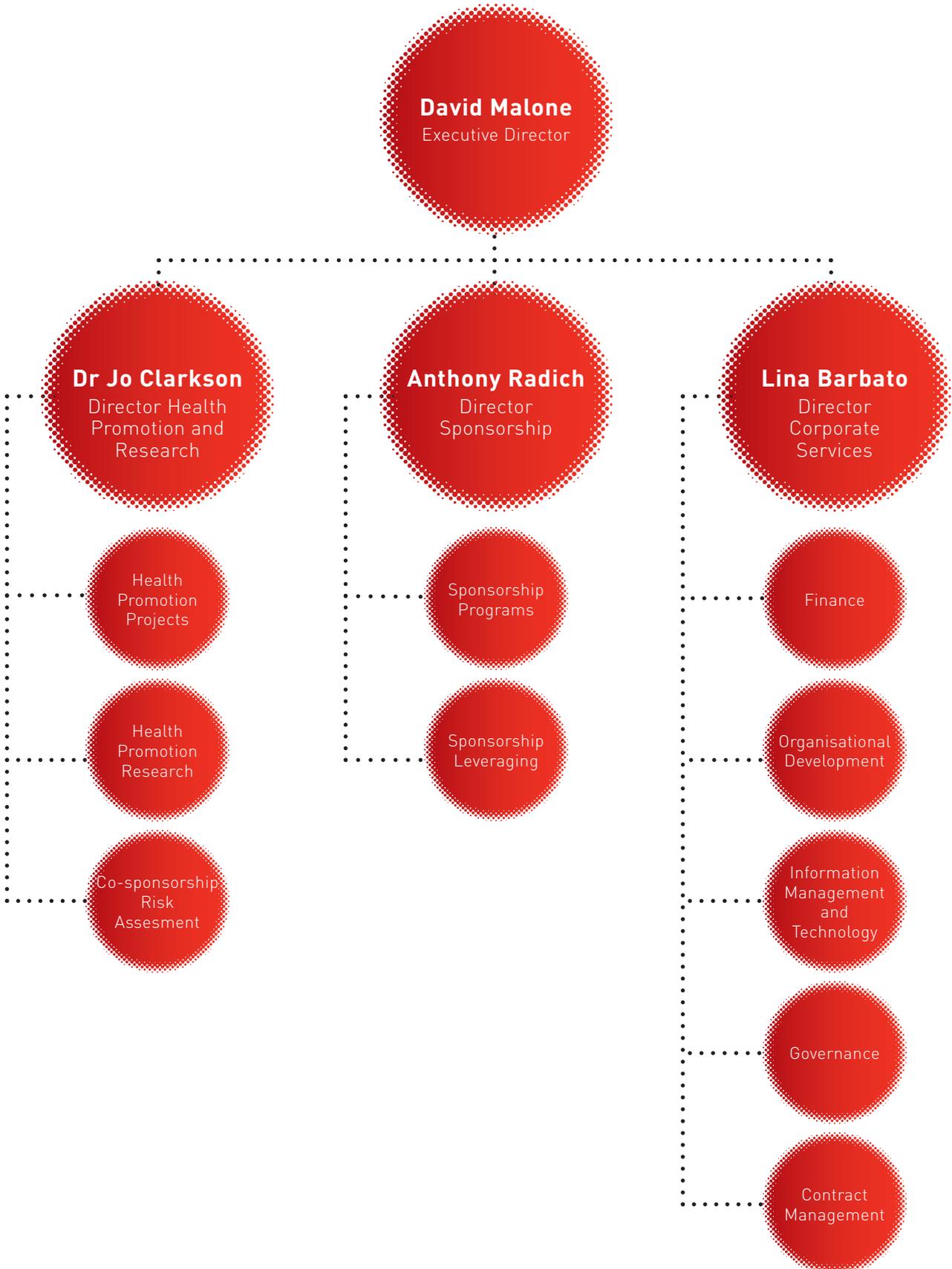
MEETINGS Attended

Attendance at Healthway Board Meetings 2013/14 – by Board Member or Deputy

Board Member	Scheduled meetings 2013/14	Meetings relevant to Member's term	Meetings attended by Member	Meetings attended by Deputy
Assoc Prof Rosanna Capolingua (Chair)	6	6	5	
Mr Cathcart Weatherly	6	6	6	
Mr Brett Ashdown	6	6	6	
Ms Kay Benham *	6	4	3	
Mr Graham Brimage	6	6	6	
Prof Mike Daube	6	6	6	
Ms Margaret Dawkins *	6	2	2	
Prof Gary Geelhoed	6	6	3	1
Mr John Giorgi *	6	4	1	1
Prof Helen Parker *	6	1	1	
Ms Denise Sullivan *	6	2	2	
Mr Colin Walker	6	6	5	
Mr Andrew Watt *	6	5	4	
Prof Tarun Weeramanthri *	6	4	3	1

*Term commenced or ended during 1st July 2013 to 30 June 2014.

HEALTHWAY Corporate structure



MEMBERS OF THE Corporate Executive

Mr David Malone EXECUTIVE DIRECTOR

David Malone was appointed Executive Director of Healthway in 2008.

David has over 15 years of senior management experience gained through CEO or equivalent roles held across the commercial, Government, and not-for-profit sectors. David's experience and expertise extends across the areas of strategic planning, organisational development, corporate governance, business development, negotiation and marketing.

David gained a Masters in Business Administration (Major in Marketing) from the University of New England in 2005. He also holds Degrees in Physiotherapy and Human Movement. In 2003, David was awarded the Centenary Medal for services to medicine and society.

Dr Jo Clarkson DIRECTOR, HEALTH PROMOTION

Jo Clarkson is the Director of Health Promotion at Healthway, and took up the role in 2002.

Jo's early training was in medical research and she has more than 25 years' experience in health promotion. She gained her Masters in Health Education and Health Promotion in 1992 from the University of Wales. Before moving to Western Australia in 1996 she was an evaluation specialist and programme manager with the "Heartbeat Wales" program, which was the first community-based heart disease prevention programme in the UK. Before joining Healthway she was Senior Consultant and then Director of the Health Promotion Evaluation Unit at UWA.

Jo leads the Health Promotion Division at Healthway, which has responsibility for grants, research, health promotion and evaluation support for the sponsorship program, and strategic health promotion advice across the organisation.

Ms Lina Barbato DIRECTOR, CORPORATE SERVICES

Lina has over 20 years experience in the public sector. Her previous experience includes holding senior positions at the Department of Treasury before moving to the position of Manager Corporate Services at the now Department of Fire and Emergency Services and also at the former Anti-Corruption Commission.

Leading the Corporate Services Division and as the Chief Finance Officer, Lina's responsibilities include finance, organisational development, governance, contract management and Information, Communication and Technology.

Lina holds a Bachelor of Business (Accounting) from Curtin University, an Advanced Diploma in Leadership and a Diploma in Project Management. Lina is also a member of the Institute of Public Accountants and a graduate member of the Australian Institute of Company Directors.

Mr Anthony Radich DIRECTOR, SPONSORSHIP

Anthony has in excess of 15 years senior managerial experience in Marketing, Commercial, and Sponsorship roles across publishing, retail and sporting industries. He has held the position of National Marketing Manager for one of Australia's leading print marketing and publishing organisations and also for one of Australia's largest QSR groups. Anthony also holds a degree in Commerce (Double Major in Marketing & Management) from the University of Western Australia.

Prior to joining Healthway, Anthony was the General Manager of the Perth Glory Football Club and whilst there in the capacity of Commercial Manager he was instrumental in managing a significant Healthway sponsorship. Anthony leads the Sponsorship Program and Leveraging team and brings to it invaluable commercial experience gained from a rights holders and sponsors perspective together with a sophisticated marketing acumen which ensure sponsorships deliver return on investment and meet Healthway's strategic objectives.

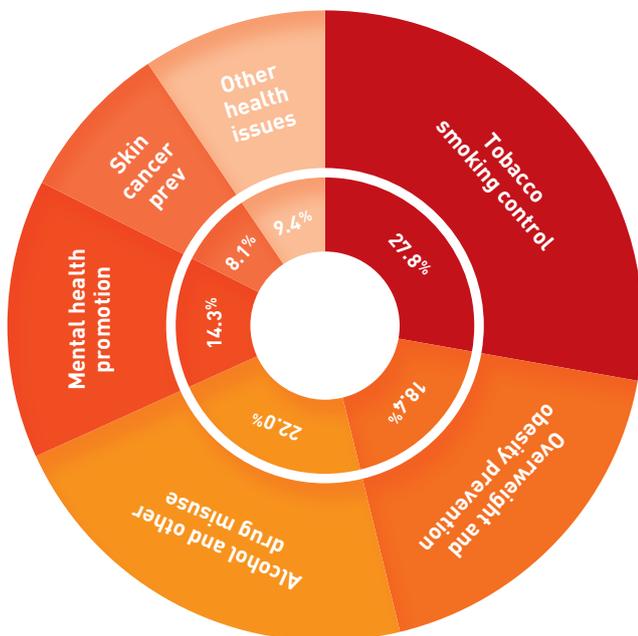
AGENCY **PERFORMANCE**

AGENCY Performance

PRIORITY HEALTH AREAS

The majority of all deaths in people aged under 75 years are due to chronic diseases that are potentially preventable. The main risk factors for chronic disease in the WA community are tobacco and alcohol use, along with overweight and obesity resulting from poor nutrition and sedentary lifestyles. Poor mental health is also a major contributor to the overall burden of disease and disability in the WA community. The Healthway Strategic Plan for 2012-2017 identifies these risk factors as Healthway’s highest priority health issues. In 2013/14, more than 80% of funding across all program areas was allocated to activities focusing on these high priority health issues. The 2012-2017 Strategic Plan additionally identifies preventing skin cancer as a focus in the current period, and in 2013/14, 8.1% of expenditure was allocated to activities addressing this important area.

Percentage of Healthway funding in 2013/14 allocated to high priority health issues (across all program areas)



Tobacco smoking control	27.8%
Overweight and obesity prevention	18.4%
Alcohol and other drug misuse	22.0%
Mental health promotion	14.3%
Skin cancer prevention	8.1%
Other health issues	9.4%

Reducing Smoking and Working Towards a Smoke-free WA

Smoking rates have been declining since the 1980’s and great progress has been made in terms of smoke-free environments and controls on the sale and marketing of tobacco products. However, smoking-related diseases continue to kill around 1,200 West Australians annually, and among some groups in the community such as Aboriginal people, the prevalence of smoking is considerably higher than the 12% average among adults in the State. The Healthway Strategic Plan for 2012-2017 identifies reducing smoking and working towards a smoke-free WA as a continuing high priority.

Healthway allocated nearly one third of its total funding for health promotion projects in 2013/14 to projects addressing tobacco control. Support continued for three major tobacco control initiatives; the Cancer Council of WA’s (CCWA) Make Smoking History project which is co-funded with the CCWA and the WA Department of Health, the Australian Council on Smoking and Health (ACOSH) and the Heart Foundation’s youth-focused “Smarter than Smoking” project. During the year Healthway commissioned an independent review of its investment in tobacco control campaigns to ensure it continues to fund activities in the future that are closely aligned with current international research evidence.

A Healthway-funded research project by an early career researcher from Curtin University, Dr Lucy Lewis, is trialing a smoking cessation intervention for young pregnant women aged 16 – 24 years old. The research will use a visual test which will illustrate the physical impacts of tobacco smoke on the unborn child. The study will assess the feasibility of this intervention in assisting young pregnant smokers to change behaviors and attitudes, in the hope that this will reduce the long term health implications for mothers and their babies.

In 2013/14 Healthway allocated 27.8% of its total budget to grants and sponsorships focusing on reducing harm from tobacco, higher than the previous year. In addition to this, all outdoor and indoor areas under the control of sponsored organisations must be maintained as smoke free, reflecting Healthway’s strong commitment to lead the way in tobacco control and extend its requirements in this area beyond the legal minimum. This way, everyone attending and participating in Healthway-sponsored activities can enjoy full protection from tobacco smoke.

In the Sponsorship Program, more than 31% of the total budget and 23% of all sponsorship projects were allocated

to the prevention of harm from tobacco in 2013/14. These projects represented all the main areas of the Healthway Sponsorship Program: Sports, Arts and Community Events. Four smoking control messages were used throughout the year; Smarter than Smoking, Quit, Smoke free WA and Make Smoking History. The messages were assigned to relevant projects to maximise participant and spectator engagement, focusing on Healthway priority populations and appropriate target audiences.

The Smarter than Smoking message was the most extensively promoted of all the tobacco control messages across a diverse range of organisations, sponsorship categories and sponsorship types. Sports sponsorships strategically aligned to communicate the message included major Western Australian sporting associations such as Softball WA, West Australian Hockey, Netball WA, Football West, WA Basketball Federation, Lacrosse WA, Western Australian Rugby League, Baseball WA and Golf WA.

Regionally, the message was promoted across the state through Sports sponsorships in towns such as Collie, Bunbury, Manjimup, Albany, Augusta, Pingrup, Avon Valley, Carnarvon and Broome and the greater Wheatbelt.

The Smarter than Smoking message was delivered into remote Aboriginal communities through Healthway's ongoing support of the Garnduwa Amboorny Wirnan Aboriginal Corporation and the Active Community Project and the Western Desert Council's Western Desert League Premiership Season. The continued growth and development of these sponsorships are realising important community health outcomes and reforms across a number of priority population groups.

The Active Community project aims to assist communities to design and implement sustainable sport and recreation programs linked to education and employment outcomes. The project spans thirty five communities, thirty one which are remote and four rural, including Halls Creek, Derby and Fitzroy Crossing.

Similarly the Western Desert Council now comprises seven representatives from each of the Western Desert communities charged with the responsibility of organising and running the largest single event within the region. The Council continues to work closely with Healthway on effective ways to communicate and promote the Smarter than Smoking message while delivering important environmental improvements at the event such as the removal of soft drinks, barbeque meats, oils and white bread, the introduction of stews, stir fry's and pastas and the provision of fresh fruit and water.

Motorsport sponsorships promoting tobacco control messages have been an effective strategy for Healthway in targeting audiences with higher smoking rates. Sponsorships in 2013/14 included the Collie Racing Drivers Association, Bunbury Car Club, Manjimup Speedway, WA Car Club, Motorcycle WA, Speedway Motorcycle Club, Albany Speedway, Coastal Motorcycle

Club, Augusta Margaret River Hot Rod Club, Lightweight Motorcycle Club and Targe West Rallies.

In the Arts, the Smarter than Smoking Message was promoted through sponsorships such as the Musica Viva in schools program, the West Australian Opera's Access all Aria's and regionally through the South West Opera Company's calendar of events.

During the year Healthway also extended its suite of tobacco control messages in sponsorship to include the CCWA's Make Smoking History campaign message, which is well suited to larger outdoor arts event sponsorships. The message was used in adult or family-focussed events, reaching in excess of 140,000 Adults aged 18 and over during the year. Some of the sponsorships included the City of Joondalup Events Cultural Program, Mellen Events Summer Concert Season, the Nocturnal Concert Series at Perth Zoo, Make Smoking History Murray Auto Xtravaganza 2014 and community events such as Wagin Woolorama and the Northampton Community Concert Presented by Make Smoking History.

The Smoke free message was promoted through notable Arts sponsorships such as NAIDOC Perth Opening Ceremony 2013, Smoke Free WANAIIDOC Survival Perth 2014, and Community Event sponsorships with the South Perth Fiesta, the Kelmscott Agricultural Show, Derby Freshfest, and the Smoke Free WA TET New Year Celebration 2014, reaching over 31,000 Adults aged 18 and over. The Shinju Matsuri Festival, a marquee ten day cultural and arts event in Broome was again supported in 2013/14 and continues to deliver exceptional message promotion opportunities.

Within the realm of tobacco control two major issues emerged during the year with direct implications for the sponsorship program. These were the portrayal of smoking in Arts performance and electronic cigarettes. The Healthway Board unanimously agreed to maintain its position of not sponsoring arts organisations that portray smoking on stage in any performance. The Healthway Board also expanded Healthway's minimum smoke-free policy requirements to include prohibiting the use of electronic cigarettes in all venues (indoor or outdoor) under the control of sponsored organisations, bringing its policy on this issue in line with that of the WA Department of Health.

Reducing harm from alcohol

Alcohol is a major contributor to ill-health, as well as to crime, family disruption, traffic injury and violence. The amount of alcohol consumed per capita in Australia has slowly increased over the past two decades and consumption in WA is reported to be higher than the national average. Healthway has increased its focus on preventing harm from alcohol in 2013/14 and allocated 22.0% of its total budget to grants and sponsorships addressing prevention of alcohol and other drugs misuse, a significant increase on the previous year.

AGENCY Performance continued

In 2013/14, 20.6% of the Health Promotion Program budget was allocated to projects focusing on preventing alcohol and other drugs misuse. Healthway continued to support the major Alcohol. Think Again campaign targeting parents and teenagers, and run by the WA Drug and Alcohol Office in collaboration with the McCusker Centre for Action on Alcohol and Youth. The first phase of the campaign focused on highlighting the impact of alcohol on the developing brain and raising awareness of the National Health and Medical Research Council guideline which states that for young people aged under 18 years, no alcohol is the safest choice. Encouragingly, early evaluation results show a significant increase in the proportion of parents who correctly recalled this message in relation to young people and alcohol.

A Research Starter Grant awarded to Dr Robyn Johnston at Edith Cowan University in 2013/14 aims to determine the factors that influence parents' behaviour and attitudes, and the impact on their children's alcohol consumption. The findings will inform the development of effective parent interventions to reduce alcohol consumption amongst adolescents.

A Healthway Visiting Research Fellowship awarded to the McCusker Centre for Action on Alcohol and Youth at Curtin University supported a visit to WA in October 2013 by world-leading alcohol policy expert from the UK, Professor Sir Ian Gilmore. Professor Gilmore presented a number of public lectures and round table discussions in Perth and regional WA, as well as meeting with state and federal decision makers, alcohol policy researchers and clinicians. Professor Gilmore also met with the Chair of the Liquor Control Act Review Committee where he reinforced the message that alcohol is not an ordinary commodity and cautioned policy-makers against measures that would make it more readily available, in advance of the Review Committee recommendations for the Minister for Racing and Gaming.

In 2013/14 Healthway continued its partnership with the Drug and Alcohol Office (DAO) to offer community grants aimed at preventing and reducing harm from alcohol, and during the year the partnership was extended to support research designed to inform policy around alcohol harm reduction. Community projects supported through the program extended to Esperance and the Kimberley, and aimed to reinforce the Alcohol. Think Again message at local level. The special policy driven research initiative resulted in grants awarded to Professor Simone Pettigrew from Curtin University to study alcohol-related beliefs and behaviours among young people aged 18 to 21 years, and to a team of researchers at the National Drug Research Institute, to develop a model that will predict the impact of proposed and planned licensing changes on a range of alcohol related indicators including emergency department presentations, road crashes and assaults.

Nearly 26% of the sponsorship budget was allocated to the prevention of harm from alcohol, an increase of around 7% from the previous year. Healthway's policy on co-sponsorship, introduced in July 2010, has also significantly reduced alcohol promotions including signage and other promotional activity associated with Healthway sponsored events and activities.

During 2013/14 Healthway continued to align the Drug and Alcohol Office's Alcohol. Think Again message with some of its highest profile sponsored organisations, in order to leverage off the very high levels of reach, awareness, publicity and associated media coverage achieved by these organisations.

A new, landmark three-year partnership with the Western Australian Cricket Association enabled Healthway to acquire naming rights to the Western Australian District Cricket competition, the Western Warriors, Western Fury, Women's and Indigenous teams, and its Community Cups. The sponsorship represents the single largest and most significant Healthway sponsorship in mainstream sport. It has also enabled Healthway to achieve wide scale health promoting reforms throughout the sport including the requirement to remove all promotions for unhealthy food and beverage brands from affiliated clubs.

The announcement of the partnership drew significant media coverage, and created discussion and debate within the sport itself, particularly around the conflicts created at a national level due to the very strong alcohol and junk food connections with the sport and with Cricket Australia.

Although only 6% of sport projects and 7% of all sponsorship projects carried the Alcohol. Think Again brand, these sponsorships were among the most recognisable of all Healthway sponsorships during the year. In addition to the WACA and the Western Warriors, the Perth Wildcats represent Australia's most successful sporting franchise and captured their sixth National Basketball league title, with record breaking crowds and media exposure. The Alcohol. Think Again Perth Heat similarly grabbed headlines after winning their third Australian Baseball title, and the Western Australia's most popular elite female team The West Coast Fever includes a number of high profile ambassadors for the health message.

Similarly in the Arts, Healthway presenting rights sponsorships of the Masters Series of concerts for the Western Australian Symphony Orchestra (WASO) and West Australian Ballet's season of Giselle evidenced a high profile strategic approach to promoting the Alcohol. Think Again message. The new partnership with one of Western Australia's leading Arts companies, the WASO, was a highlight of the Healthway Arts sponsorship program in 2013/14. Independent surveys conducted over

many years by the UWA Health Promotion Evaluation Unit indicate high levels of alcohol consumption by arts patrons. Healthway sponsorship additionally provided the opportunity to reach these audiences, and to raise awareness among people of influence and key opinion leaders about the importance and relevance of the Alcohol.Think Again message.

Preventing overweight and obesity

In recent years the burden of disease attributable to a poor diet in Australia has overtaken that of tobacco smoking. Overweight and obesity are the consequence of a poor diet characterised by the overconsumption of energy dense foods and drinks, and often combined with physical inactivity. Between 2002 and 2012, the prevalence of obesity increased from 21% to more than 28% among adults aged 16 years and over in WA. A further 38% of adults were classified as overweight in 2012. In addition, around 22% of children aged 5 -15 years in WA are classified as overweight or obese.

Excess body weight is a major factor in the development of chronic diseases such as cancer, coronary heart disease and type 2 diabetes. In recent years Healthway has placed greater emphasis on projects and sponsorships that encourage physical activity and promote healthy eating, and this focus has continued into the new Strategic Plan. In 2013/14 Healthway allocated 18.4% of its budget for projects and sponsorships on activities aimed at preventing overweight and obesity.

In the Health Promotion Program, more than 40% of the research budget in 2013/14 was allocated to studies focusing on good nutrition promotion and/or encouraging physical activity. This included a Research Training Scholarship awarded to support a study by PhD student Karen Lombardi in the Child Health Promotion Research Centre at Edith Cowan University. Ms Lombardi's research will develop and test a series of online nutrition resources to support parents to adopt healthy food and eating behaviours in the home environment. The research will equip parents with the tools to implement rules around eating in the home and modelling healthy nutrition behaviours aligned with national guidelines and with health education delivered in school.

Professor Bruce Maycock and his team at Curtin University were awarded research funding in 2013/14 to build on previous work and explore the cost effectiveness of programs to enhance the role of support from fathers in the initiation and continuation of breastfeeding. The research aims to improve nutritional outcomes for infants and children by delaying the use of infant formula and solid foods.

In 2013, Healthway funded Dr Jonine Jancey and her team from Curtin University to develop and implement a community-based healthy lifestyle program in retirement villages in Perth. The research will involve program

ambassadors and develop intervention materials focusing on improving nutrition and physical activity levels through goal setting tailored specifically for retirement villages.

In the Sponsorship Program, approximately 20% of the program budget and 22% of projects in 2013/14 promoted either the good nutrition message Go for 2&5, the physical activity message Be Active or the Liveliighter campaign message. These messages were distributed across the sports and arts sponsorship programs, and in the Community Events program nearly 50% of the budget was allocated to projects promoting these messages.

In addition, since July 2010, when Healthway introduced the new co-sponsorship policy, promotions for energy dense foods and drinks have been significantly reduced at Healthway-sponsored events and activities.

Healthway sponsorships promoting the Be Active message focused in particular on the priority populations of children and youth, with the message promotion opportunity often integrated into the participatory element. These included Western Australian Fencing Association Junior Fencing Championships, Badminton Association of WA Play Badminton program, Canoeing WA and The Rink Pty Ltd.'s Annual Program offering extensive reach to youth in the south west region of the state.

A similar rationale was applied to Arts sponsorships, where the Be Active health message was allocated to projects with audiences comprising predominantly children and youth. Educational programs were the popular program form along with associations around the disciplines of artistic dance and movement such as Ballet Workshop Inc., Steps Youth Dance Academy, Buzz Dance Theatre's annual program and West Australian Ballet's education and schools programs.

The Go For 2&5 health message is enduring, well known and understood in the community. In Healthway sponsorships, the message has broad application and flexibility across a diverse range of sponsorships. In 2013/14 Healthway promoted the message through Gymnastics WA with programs for children and youth, as well as more broadly through aerobics, cheerleading, and programs tailored for Aboriginal people, disabled people and migrants, extending the reach of the message to these priority population groups. The Community Development program run by the West Australian Institute of Sport (WAIS) provided unique opportunities to deliver the message by utilising its athletes as powerful ambassadors in primary schools and sporting clubs. In addition, the Royal Life Saving Society and West Australian Athletics Commission took the message into remote areas of the state as well as the Pilbara and Kimberley regions through their respective regional community programs.

Healthway sponsorship of Spare Parts Puppet Theatre Inc. for the Go for 2&5 Regional Touring Program, reached to up to 6000 children and youth aged up to

AGENCY Performance continued

17, throughout regional Western Australia. The annual partnership between Spare Parts Puppet Theatre and Healthway uses innovative methods to promote the Go for 2&5 message, such as integrating the message into performances and associated workshops that engage a young audience.

Other notable Go for 2&5 sponsorships within the Arts included the City of Bunbury's Funtabulous Bunbury Kidsfest, Awesome Arts Creative Challenge, Monkey BAA Theatre for Young People and Postcards for Pete the Sheep, the Goldfields Kidsfest as well as Children's Book week and WA Children's Week.

Community Events more commonly in the form of agricultural shows provided a natural fit with the Go for 2&5 message, and examples included sponsorship of the Kalamunda Districts Agricultural Show, the Kelleberrin District and Agricultural Show, the Bindoon Show and the Shire of Nannup Family Fun Day.

During 2013/14 Healthway continued to increase its promotion of the Heart Foundation's Livelighter campaign message through sponsorship. This multi-layered campaign offers considerable scope for Healthway sponsorship to capitalise and build on the growing levels of campaign awareness in the community. Healthway's major sponsor status with the Perth Glory Football Club provided significant opportunities to promote the Livelighter message and further increase community awareness through club apparel, extensive signage, website, e-communications, high profile Livelighter brand ambassadors and integrated game day opportunities. Independent evaluation of the Perth Glory Livelighter sponsorship by the Health Promotion Evaluation Unit at the University of Western Australia showed that awareness of the Livelighter message increased throughout the season to levels significantly higher than background campaign awareness in the broader community.

A partnership with the HBF Outdoor Fitness program presented by Livelighter in 2013/14 represented a powerful alignment of the two brands and proved successful over the summer months. Continuing associations with Masters Swimming and the Seniors Recreation Council maintained the delivery of this important health message to older adults.

Promotion of the Livelighter message continues to increase within the Community Events program, especially within the south west and metropolitan regions. The use of exclusive naming rights during the year, such as the Livelighter Harvey Harvest Festival and Livelighter Araluen's Fremantle Chilli Festival resulted in the message reaching several thousand adults attending these events. Other successful community events included the Livelighter Bunbury Show-Horse and

Country Event, the Livelighter Willetton Rotary Fair 2014, the Livelighter Donnybrook Apple Festival, the Livelighter Pinjarra Festival and City of Wanneroo Livelighter Global Beats and Eats.

Healthway has continued its strategic partnership with the Western Australian Canteen Association (WASCA) to assist in the assessment of food & beverage vendors at sponsored organisation events as well as offering educational and resource assistance to better enable the provision of healthy choice options. In addition, WASCA undertakes pilot projects within specific sports in collaboration with Healthway, to bring about wider environmental health reforms within local club environments in particular.

Promoting Good Community and Individual Mental Health

Mental ill-health is the leading cause of non-fatal burden of disease and injury in the community, affecting one in seven adults in WA, and with around one-half of these (7% of all respondents) undergoing medical treatment. There is clear evidence that people's mental health and resiliency skills can be strengthened through health promotion approaches that support them to participate in community activities and improve their social support networks.

Promoting positive mental health is a high priority for Healthway's work and supporting a wide range of community health, sport, arts and recreational activities makes a significant contribution to promoting positive mental health in WA.

In 2013/14 Healthway allocated 14.3% of its total grants and sponsorship funding to projects promoting positive mental health. During the year, Healthway renewed its commitment through the Health Promotion Project Grants to continue as a major funder of the internationally recognised Mentally Healthy WA Campaign for a further three years. Healthway initiated this campaign through commissioned scoping research in 2002, and over the past 12 years the campaign has surpassed all expectations, initially progressing from a small pilot program in 6 regions in 2005 to a major state-wide program today with 24 local sites, 26 collaborating (state-wide) partners, and 72 local community partners. The campaign is based at Curtin University, has a number of funding partners in WA including Healthway, and has been replicated in other Australian states and internationally.

A number of Health Promotion Research Grants awarded in 2013/14 focus on innovative approaches to improving mental health in the community, particularly that of young people in WA. Professor Donna Cross from the

Telethon Kids Institute (TKI) was awarded funding to address cyber-safety issues around young people and 'sexting' behaviours. The research team at TKI will explore young people's understanding of online behaviour, particularly sexting, and will look to understand how and why young people interact with and respond to sexual images in a cyber-environment. The research will inform the development of an online resource which will be implemented through schools in WA.

In late 2014, the Telethon Kids Institute will also host Dr Melanie Barwick from Canada, an international leader in knowledge translation (KT), funded through a Healthway Visiting Research Fellowship awarded in 2013/14. The visit will include various public seminars in the metropolitan area and in two major regional areas of WA. The Fellowship will build KT capacity among public health researchers to enhance their skills, confidence and strategies, and will challenge barriers to KT, aiming to identify strategies for fostering and strengthening the occurrence of translation in the research community.

In 2013/14 Healthway continued to promote the Act Belong Commit health message through a wide range of sponsorship projects. The message was allocated to 23% of sponsorship projects, many of them in the 'Under \$5,000' category, comprising 12% of the overall sponsorship program expenditure. In the Arts and Community Events program areas, Act Belong Commit was the dominant sponsorship message, promoted through 34% of all Arts projects and 49% of the Arts budget.

Overall a diverse range of Arts sponsorships enabled the Act Belong Commit message to reach both the broader community and high priority populations in unique and engaging ways. These included the Theatre Kimberly Youth Theatre Program, the Esperance Community of the Arts – Pathway to the Arts 2013/14, the City of Canning Season of Events, Kinetica Circus Arts Youth Program and the Tom Price Nameless Festival. The Mukinbudin and Narrogin Spring Festivals, the Toodyay Show, the City of Albany's New Year's Eve Fireworks and the Australia Day Family Festival were prime examples of Community Events that encouraged people to Act Belong Commit.

Country Arts WA Inc. has embraced the Act Belong Commit message to promote their Annual Performance Program, Shows on the Go and the Sand Tracks. The collaboration between Healthway, Country Arts WA and Mentally Healthy WA has been instrumental in reaching nearly 11,000 people throughout Western Australia, mostly from Aboriginal, remote and regional communities. The Program seeks to enrich people's lives, build community cohesion, increase sense of place and boost activities that engage people of all ages using Arts and Culture.

Although fewer projects were allocated the Act Belong Commit message in the Sport sponsorship program, the message was successfully promoted through a number of

open and inclusive community sports events such as the Act Belong Commit Dwellingup 100 Mountain Bike and the Act Belong Commit Augusta Adventure Race Festival.

New Priorities – Preventing Skin Cancer and Reducing Harm from Illicit Drug Use

Two new priorities identified for the 2012-2017 Strategic Plan period are preventing skin cancer and reducing harm from illicit drug use. In 2013/14 Healthway allocated 8.1% of funding for grants and sponsorships to projects addressing skin cancer prevention. In the Sponsorship Program, this included a range of outdoor activities promoting the SunSmart message. In the health promotion program, funding continued towards the Cancer Council of WA's (CCWA) successful SunSmart social marketing campaign, which includes television, radio and a range of community and web-based strategies in the summer months to communicate the importance of sun protection to the community.

Promotion of the Sun Smart message continued in 2013/14 through enduring associations with several sporting organisations, and Healthway's close relationships with these organisations produced new and increased message promotion and leveraging opportunities. These were further enhanced through close consultation between the Healthway sponsorship team and the CCWA.

Sponsorships promoting the Sun Smart message typically involve summer activities when UV levels are at their highest and the need for sun protection is increased. Annual sporting programs and high profile sporting events highlight the Sun Smart portfolio including Surf Life Saving Western Australia's Surf sports Program, Tennis West's Community Engagement Program, Ironman 70.3 Mandurah Triathlon, Tri Events Women's Triathlon, Busselton Festival of Triathlon, Busselton Jetty Swim, Karri Valley Triathlon and Surfing Western Australia's Incorporated Annual Program.

Another flagship major event sponsorship for the Healthway is the Drug Aware Margaret River Pro. Both the event and the Drug and Alcohol Office's Drug Aware message are targeted at a predominantly youth audience, and the 2014 event was considered one of the most successful one to date, providing Healthway with a unique opportunity to develop innovative ways to engage an audience known to be particularly difficult to reach. With the marketing of the event revolving heavily around social media, the Healthway sponsorship team was able to use this technology creatively to reach this audience with the health message.

Surfing competitions and classes coupled with the Drug Aware message have been an effective and creative way to reach youth. The message was also promoted in metropolitan, regional and remote high school communities through the Indigenous Communities

AGENCY Performance continued

Education Awareness program. The City of Armadale's Ignite Basketball and the YMCA's Drug Aware Skate Series additionally presented prime environments and opportunities to deliver the Drug Aware message to youth, a priority population group for Healthway.

The Arts is typically conducive to offering unique ways to engage young people. The sponsorship of the Drug Aware Open Arts and Margaret River Skate Art Music Festival in 2013/14 are examples of creativity in promoting Drug Aware to youth at risk, while Country Arts and the Y Culture Regional Program empowered Aboriginal youth in regional and remote regions to develop their own arts activities for young people within their own communities.

The City of Swan's annual HyperFest Program provided a vibrant range of visual and performing Arts activities to meet the diverse interests of young people in the City of Swan and surrounding areas. Healthway's sponsorship of HyperFest 2014 and Hyper Miniseries and Concerts promoted the Drug Aware message to over 12000 children and youth aged up to 17 years, many of whom were recognised as disadvantaged or disengaged.

PRIORITY POPULATIONS

Some groups in the community are at greater risk of preventable chronic disease and have higher levels of unhealthy behaviours. These include Aboriginal people, rural and remote populations, and people disadvantaged through economic, socially cultural, social or economic factors. In 2013/14 Healthway continued to prioritise health promotion activities focusing on these groups. Healthway also supported research and local projects to better understand how they can be supported to have healthier lifestyles.

Healthway's strong focus on regional and remote areas is aligned with the WA government goal of improving the overall quality of life for people living in remote and regional areas of the state. Children and young people remain an important target group for Healthway in the new strategic period, reflecting the evidence linking early childhood experiences and behaviours with lifelong patterns of health.

In 2013/14 Healthway allocated funds to high priority target groups across all its program areas as follows.

Projects and funding to high priority groups in 2013/14 across all Healthway programs;

Priority group	% of total projects in 2013/14	% of total program budget in 2013/14
Aboriginal people	41.8%	50.5%
Rural and remote populations	51.5%	63.2%
Children and Youth	87.0%	98.6%
Other disadvantaged groups e.g. low income	39.2%	35.6%

NB. This classification allows for multiple responses therefore the %'s in the table add to more than 100%

In 2013/14, 41.8% of Healthway projects and sponsorship reached Aboriginal people and 50.5% of all program funding was allocated to activities that included Aboriginal people. Sponsorships of this nature had a strong focus on regional and remote areas and were particularly targeted towards children and young people. An example is Yirra Yaakin Aboriginal Corporation, who brought the Respect Yourself Respect Your Culture message to life through its schools and regional touring program during 2014. Similarly, ABMUSIC Aboriginal Corporation's Connect Program promoted the Respect Yourself Respect Your Culture message through a touring program delivered to high schools to foster cultural expression through music. The Mowanjum Festival successfully encompassed art and traditional performance in the West Kimberley region.

During the year, more than half of all Healthway sponsorships and projects, and nearly two thirds of funding across all program areas was allocated to activities that reached rural and remote populations. In addition 87% of all projects included children and youth, with 98.6% of funding allocated to activities reaching these groups, and 39.2% of projects encompassing other disadvantaged groups such as people on low incomes and culturally and linguistically diverse groups. More than one third of all funding was allocated to activities that included other disadvantaged groups.

In 2013/14 Healthway continued to sponsor organisations that provide opportunities for people with disabilities

to access physical activity programs. Healthway has long term associations with a number of these organisations, including Wheelchair Sports WA, Riding for the Disabled, Special Olympics, WA Disabled Sports Association, Sailability WA as well the Good Choices Project administered by Ability Solutions. During the year Healthway also sponsored the Rotary Sail into Life Program through Enable Southwest and the WA BBA Australian Championships run by the Vision Impaired and Blind Bowlers of Western Australia.

In the Health Promotion Projects Program, 65% of funding in 2012/13 was allocated to projects that included children or young people. This included 29 individual school grants addressing tobacco, nutrition, physical activity or mental health, and the majority of these grants were awarded to schools in low SES and/or regional areas. In addition, many major projects funded through this program include children and young people as the main or a key target group, including Smarter than Smoking, the SunSmart campaign, and the Alcohol. Think Again teenagers and parents campaign.

Healthway's Aboriginal Health Promotion grants are designed to support small community driven health promotion projects that address local needs and priorities identified by the Aboriginal community. Although Healthway does not receive a large number of applications for these grants, in recent years they have supported a range of innovative Aboriginal health projects across WA. In 2013/14 grants supported the development of a locally relevant publication on pregnancy and health for Aboriginal women in the Kimberley and for a women's health education project run by the Kimberley Aboriginal Medical Services Council. In addition to these targeted grants, many other health promotion projects funded by Healthway included strategies that reached Aboriginal people. More than 42% of the funding for health promotion projects in 2013/14 was allocated to projects that either targeted or included Aboriginal people.

A Research Starter Grant awarded to Dr Julie Dare from Edith Cowan University in 2013/14 will study the factors that influence participation and engagement in community programs by older people. The research aims to identify the socioeconomic, cultural and individual determinants of engagement in order to improve participation among a group known to suffer disadvantage through social isolation.

HEALTH PROMOTION RETURNS ON INVESTMENT

Healthway is committed to supporting activities that are evidence-based or help to build the evidence around what works in health promotion, and are well evaluated, and this commitment is articulated in the 2012-2017 Strategic Plan.

Supporting high quality research in WA with clear links to health promotion practice and policy is a key part of this commitment to supporting evidence-based health promotion. The Healthway Research Program is based on a competitive funding model, and all major research applications undergo a comprehensive review process involving assessment by up to 4 independent experts from outside of WA to ensure rigor and transparency in decision-making.

In 2013/14 Healthway awarded 11 new research grants in total out of 47 applications received, including Starter Grants, Research Project grants, Graduate and Indigenous Scholarships, a Fellowship and a Visiting Fellowship. All of the successful applications addressed high priority health issues and/or target groups for Healthway.

A strong focus for Healthway's work is on increasing the translation of research findings into effective and sustainable policy and practice. As a result of the introduction of a new 5 year Research into Practice Grant initiative in 2009, Healthway is currently supporting five of these major research translation studies. Two of these studies focus on physical activity and the other three focus on mental health and bullying, nutrition, and Aboriginal health. For example, the Research into Practice grant awarded to Professor Sandra Thompson at the WA Centre for Rural Health in Geraldton seeks to better understand how Aboriginal and non-Aboriginal organisations can successfully work in partnership to address priority issues identified by the Aboriginal community, and the study entered into the translation phase during 2013/14. The study is grounded within a framework that combines both Aboriginal and mainstream ways of thinking and uses participatory action research methods, whereby Aboriginal community members and organisations who are subjects in the research also influence how the research findings are used. This study also highlights another important focus for Healthway's research and health promotion projects program, which is to build knowledge and understanding to address health inequalities.

Healthway maximises its returns on investment through partnerships with other agencies to address high priority health concerns. The successful Community Alcohol Grants partnership with the Drug and Alcohol Office (DAO) launched in late 2009 has supported more than 35 innovative local projects aimed at preventing alcohol-related harm. In 2013/14, Healthway also partnered with

AGENCY Performance continued

DAO for a second year to offer a limited priority driven research opportunity, funded by DAO, with a focus on supporting high quality research designed to inform alcohol policy. A grant was awarded to a team from the Turning Point Centre for Alcohol Policy Research in Melbourne, with collaborators from the National Drug Research Institute at Curtin University, to survey Western Australians' alcohol purchasing and consumption patterns. The WA data will be compared with similar data collected in other States and countries through the International Alcohol Study, shedding new light on the contexts of alcohol purchasing and consumption in WA, and with important implications for policy, in light of the planned introduction of the revised Liquor Control Act in WA later in 2014.

Investing in projects that achieve sustainable change helps to ensure that Healthway funding provides good returns on investment. The strategic association with the Western Australian Canteen Association (WASCA) to improve the range of health food choices available through Healthway sponsored activities illustrates this goal. Another example is a major sponsorship of the City of Perth's trial of Smoke Free Malls in Hay St, Murray St and Forrest Place in the Perth CBD during the year. High profile message promotion opportunities and significant publicity for the promotion of a smoke free environment have helped to support implementation and public support for the policy.

The Healthy Club Program involved sixty eight sporting clubs during 2013/14. However, with Healthway's increased strategic focus on preventing harm from alcohol in sporting environments, during the year the Healthy Club Program was phased out and replaced with the Good Sports Program, supported in WA through a partnership between Healthway, the WA Drug and Alcohol Office and the Australian Drug Foundation. Participating Healthy Clubs are still eligible to apply for Healthway sponsorship in the 'under \$5,000' sponsorship category.

The Good Sports program has continued to make progress nationally in assisting grass-roots sporting clubs to develop and implement health policies designed to create a healthy sporting environment. More than 300 clubs are now registered and participating in the program in WA, with the numbers growing monthly. The importance of Good Sports is underscored by the fact that none of the clubs achieving accreditation was fully compliant with the conditions of their liquor license at the time of their initial assessment. A national marketing campaign will be launched by the Australian Drug Foundation later in the year to build on the 1,000 clubs that have been accredited nationally in the last twelve months, taking the total number of nationally accredited clubs to 6,750.

Healthway has an ongoing commitment to funding independent evaluation of its health promotion and sport, arts and racing projects through an independent academic group at UWA, the Health Promotion Evaluation Unit (HPEU). This work contributes significantly to the evidence base around health promotion and sponsorship and in 2013/14 the HPEU published eight peer reviewed journal articles based on Healthway's work as well as eleven technical papers and reports.

COMMUNITY AWARENESS, ENGAGEMENT AND PARTNERSHIPS

Healthway's sponsorship program plays a major role in building community awareness of Healthway as an organisation as well as awareness and engagement with health promotion campaign messages promoted through sponsored activities.

The impact of Healthway's sponsorship program is evaluated every two years using the HPEU series of audience surveys at sponsored events, the 'Sponsorship Monitor', which measures audience awareness, understanding, attitudes, intentions and behaviours in relation to health messages promoted at the events. The results over more than 15 years show that more than 70% of people attending Healthway-sponsored events are typically aware of the health promotion campaign message promoted by Healthway at the event. The Sponsorship Monitor was not implemented in 2013/14, having been collected in the previous year, but will be repeated in 2014/15.

Healthway continued to build community awareness of its work and programs through maintaining a regular media presence on topical health issues as well as promoting its funded projects and sponsorships. Healthway support continued for the highly successful Health and Medicine supplement in the West Australian newspaper. Health and Medicine provides a highly readable and factually based source of information on topical health issues relevant to Healthway priorities. Health and Medicine is one of the most widely read of the weekly lift-outs in the West Australian and in recent years has been extended into an online version with Healthway support, extending its reach to a new audience.

Throughout the year, Healthway hosted two seminars showcasing the work of Healthway-funded research to a range of health promotion researchers and practitioners. Professor Sandra Jones from the University of Wollongong visited WA to assist Healthway with the assessment of our research project grant applications in July 2013. Professor Jones presented at a seminar on alcohol advertising; highlighting the influence of strategic marketing strategies employed

by the alcohol industry and outlining the way forward for public health practitioners and policy-makers. This seminar also saw the launch of the first year report for the Alcohol Advertising Review Board by the McCusker Centre for Action on Youth. The second seminar was held in November 2013 and provided an introduction to Healthway's 2014 Research Funding round. The seminar also showcased a Healthway-funded Research Starter Grant awarded to Associate Professor Stacey Waters which investigated the impact of FIFO/DIDO workers on the mental health of families, and young adolescents in particular. These two seminars were attended by around 100 health professionals, including researchers, practitioners and policy-makers.

Capacity building in health promotion is an important strategy for improving the health of the population in a way that is sustainable. Healthway places emphasis in its work on supporting skill-building for individuals and organisational support, along with resource development to support health promotion practice in WA.

A key approach is by investing in workforce development through scholarships, fellowships, traineeships and other development opportunities. In 2013/14 Healthway awarded a Health Promotion Graduate Scholarship and a post-doctoral Research Fellowship to students at Curtin and Edith Cowan Universities. Both new researchers are conducting studies that address Healthway high priority health areas of good nutrition promotion and alcohol harm reduction. Healthway additionally continued to fund and partner with the Australian Health Promotion Association WA Branch (AHPA-WA), to support the highly successful Healthway/AHPA Graduate Scholarship and ATSI Traineeship programs, which marked 20 years of achievements with a special celebration event during 2013/14. Healthway staff have also contributed to the health promotion and public health teaching programs at the University of WA, Curtin and Edith Cowan Universities during the year.

In May 2014 Healthway awarded Capacity Building Scholarships to 11 health professionals, who were mainly based in regional WA, to attend the 43rd Annual Public Health Association of Australia annual conference in Perth. This major conference will attract delegates and speakers from across Australia and showcased a number of Healthway-funded initiatives including the WA School Canteen Association (WASCA) Fuel to Go resource. Healthway's partnership with the WASCA has supported sponsored groups to offer healthier food and drink options in their venues and events in ways that are sustainable.

Another approach to building health promotion capacity is through facilitating collaborative partnerships between diverse sectors and agencies. The Healthway sponsorship program illustrates how partnerships between health organisations and sponsored sporting and arts groups can be used to advance health promotion messages and

achieve sustainable change. The minimum health policy requirements for all sponsored organisations include completely smoke-free indoor and outdoor areas, free drinking water, provision of healthy food choices where food is served and low-alcohol options where alcohol is served.

Developing the health promotion leaders of the future is instrumental in building health promotion capacity. In 2013/14 Healthway recruited 15 participants to the 2014 Healthway Leadership Development in Health Promotion Program, this has been run four times since its introduction in 2002/3. More than 45 health and related professionals have graduated through the program, which is highly valued by participants. The Program is unique in tailoring leadership development to the health promotion and community health industries and many past participants have successfully taken up more senior positions since completing the program.

The Healthway Visiting Fellowship program helps to facilitate partnerships between the tertiary sector, government and community organisations, and helps to build the capacity of organisations to conduct evidence-based health promotion work. For example, the Visiting Fellowship funded in 2013/14 will bring Dr Melanie Barwick, an international leader in knowledge translation (KT) and implementation science, to WA later in 2014. Dr Barwick has extensive experience in translating research into practice and policy, and while in WA will run training in knowledge transfer methods for health professionals, researchers, health policy makers and health promotion practitioners in WA.

Healthway recognises that capacity building should not be confined to the health promotion workforce and is committed to increasing health promotion leadership and literacy across sectors, Healthway stakeholder groups and at the community and individual levels. Healthway guides and supports community groups and agencies from sectors outside health to apply for health promotion project funding, including linking prospective applicants with health promotion experts at local level, who can assist in project delivery. In 2013/14 Healthway supported multicultural groups, community organisations, schools and Aboriginal organisations to successfully apply for health promotion grant funding.

Healthway is one of the inaugural members of the International Network of Health Promotion Foundations, which has a role to share experiences internationally on effective programs and support the development of new Foundations. In 2013/14 Healthway continued to contribute to the work of the Network, which has led to the development of strong national and international collaborations.

DISCLOSURES & LEGAL

Compliance

GOVERNANCE DISCLOSURES

Governance disclosures relate to government policy requirements, such as those regarding potential conflict of interest or ministerial directives. Healthway is also committed to good governance and applies the Public Sector Commission's Good Governance Guide for Public Sector Agencies across the organisation.

Ministerial Directives

No Ministerial directives were received during the financial year.

Contracts with Senior Officers

In accordance with the Treasurer's Instruction 903, senior officers are required to disclose particulars outside of normal contracts of employment, of any interest in any existing or proposed contract which the senior officer; or a firm of which a senior officer is a member; or an entity in which a senior officer has a substantial financial interest, has made with the agency or any subsidiary body, related body or affiliated body of the agency.

At the date of reporting, other than normal contacts of employment of service, no senior officer, or firms of which senior officers are members, or entities in which senior officers have a substantial interest, had any interests in existing or proposed contracts with Healthway.

Board and Committee Remuneration

Healthway's enabling legislation the Tobacco Products Control Act 2006 establishes the Healthway Board and some Advisory Committees to the Board. The table below reports the remuneration received by each Board and Committee member during 2013/14.

Position	Name	Type of remuneration	Period of membership	Gross remuneration
Board Chair	Assoc Prof Rosanna Capolingua	annual fee	27/5/2013 to 27/5/2016	\$19,686.94
Deputy Board Chair	Mr Cathcart Weatherly	annual fee	17/12/2012 to 17/12/2015	\$7,974.46
Board Member	Mr Brett Ashdown	annual fee	22/8/2011 to 22/8/2014	\$7,974.46
Board Member	Mr Andrew Watt	annual fee	7/2/2011 to 7/2/2014	\$7,054.33
Committee Member	Mr Timothy Cooper	sitting fee	8/5/2012 to 8/5/2015	\$568.00
Committee Member	Ms Kelly Kennington	sitting fee	8/5/2012 to 8/5/2015	\$284.00
Committee Member	Ms Louanne Munz	sitting fee	15/3/2012 to 15/3/2015	\$710.00
Committee Member	Mr Stephen Pratt	sitting fee	27/03/2012 to 27/3/2015	\$1,846.00
Committee Member	Ms Melissa Stoneham	sitting fee	6/4/2013 to 6/4/2016	\$568.00
Committee Member	Mr Ross Tapper	sitting fee	30/4/2013 to 30/4/2016	\$568.00
Committee Member	Mr Rhys Williams	sitting fee	28/9/2012 to 28/9/2015	\$284.00
Committee Member	Ms Noni Walker	sitting fee	30/4/2013 to 30/4/2016	\$710.00
Total				\$48,228.19

Indemnity Insurance Premium

Healthway covers members of the Healthway Board and senior management under a Directors and Officers Liability Insurance policy limited to \$5 million at a cost of \$4,686 (exc GST). Board members make a small contribution towards the premium costs.

OTHER DISCLOSURES

Employment and Industrial Relations

During 2013/14 Healthway employed 20.5 full time equivalents (FTEs) which included part-time and other flexible work arrangements. A number of fixed term contracts reflect coverage for vacant positions or finite period projects.

Flexible working arrangements have continued to be provided to the workforce where operationally practical. In 2013/14 these arrangements continued to be expanded.

Healthway has some 33% of women within its management structure and overall women represent some 65% of Healthway's total workforce.

Employee Profile at 30 June 2014

Employee Profile	2013-14	2012-13
Full-time Permanent	10.0	10.0
Part-time Permanent	0.5	0.5
Fixed Term Part-time	1.0	-
Fixed Term Full Time	9.0	10.0
Total FTE	20.5	20.5

Staff Development

Healthway remains committed to training and developing its employees.

Healthway's Diversity Workforce Plan 2012-2017 which incorporates its Equal Opportunity Plan places a focus on attracting and retaining staff, increasing diversity, offering development opportunities, encouraging flexible work practices and identifying leaders for succession planning.

During 2013/14 an employee was provided with support to undertake a 12 month leadership in health promotion course and an additional employee was supported to undertake governance training. Healthway also continued to support tailored courses for staff and formal studies.

During the year staff were trained in dealing with difficult customers, refresher workshops were undertaken on human resources, corporate policies and ethical and accountable decision making and a mental health workshop was also presented to employees. In addition, Healthway management were provided with an Occupational, Safety and Health refresher workshop.

Healthway also continued to offer development opportunities for Indigenous employees and students involved with Health Promotion through its Scholarship program.

Industrial Relations

There were no industrial issues during the year and no services to the public were disrupted.

Occupational Safety and Health (OSH) and Injury Management

(Public Sector Commissioner's Circular 2009-11: Code of Practice: Occupational Safety and Health in the Western Australian Public Sector)

Statement of agency's commitment to OSH and injury management with an emphasis on Executive commitment

Healthway recognises the value of its employees and is committed to providing a safe and healthy work environment free from work-related harm or injury. Executive commitment is highlighted in Healthway's Policy and Procedures Manual and all new staff are inducted and made aware of the strong culture and commitment towards a safe and healthy workplace. In addition, a standard agenda item for OSH matters is in place for corporate executive meetings.

Consulting employees on OSH and Injury Management matters

Monthly inspections of the workplace are undertaken by Healthway's trained Occupational Health and Safety officers who report and raise with staff and management any issues identified. Inspection reports are reviewed by Corporate Services and issues are tabled for discussion at Corporate Executive Meetings. The OSH officers are accessible to all staff to assist in the discussion and resolution of OSH issues.

OSH is a standing agenda item at staff meetings, providing a forum for OSH consultation within Healthway. Staff notice boards and on-line induction resources contain relevant OSH information, including details of health, safety, first aid, grievance, evacuation and emergency contacts.

Statement of compliance with injury management requirements of the Workers' Compensation & Injury Management Act 1981 including the development of return to work plans

During 2013/2014 no time was lost from work as a result of work-related illness or injury. Healthway's OSH Policy and Procedures Manual contains documented Injury Management procedures that includes a commitment to support employees with a work-related illness or injury through its return to work program.

Statement confirming that an assessment of the occupational safety and health system has been completed (within the past five years or sooner depending on the risk profile of the agency) using a recognised assessment tool and reporting percentage of agreed actions completed

In 2009/2010 an external consultant used a gap analysis assessment tool compliant with the AS/NZS4801:2001 and reported that overall Healthway was compliant with OSH requirements and OSH had high visibility within the organisation.

Areas identified for improvement were addressed and implemented in an action plan with responsibilities and target dates identified and all completed within set timeframes.

Another independent assessment is schedule for the early part of 2014/2015.

2013/2014 highlights in OSH included:

- A Mental Health Workshop was held during the year covering topics such as psychological wellness, mental illness vs mental health, mental illness relativity to work and work-life balance;
- A half day refresher of key areas of OSH responsibilities for managers was conducted covering areas such as duty of care, compliance with the legislation and understanding bullying and harassment in the workplace;
- Continued promotion of Healthway's Health and Wellbeing Program which encourages healthy lifestyles and supports work life balance initiatives, including influenza vaccinations, fruit bowl, access to an employee assistance program for employees and immediate family members, access to physical activity opportunities and topical workshops;
- An OSH inspection regime continued to raise issues which were reviewed by the corporate executive each month; and
- Continued to provide information, training and supervision for employees to provide a safe and healthy workplace.

A report of annual performance for 2013/2014 against the following:

Indicator	2013/14 Target	2013/14 Actual
Number of fatalities	0	0
Lost time/injury/diseases (LTI/D) incidence rate	0	0
Lost time injury/diseases severity rate	0	0
Percentage of injured workers	0	0
Return to work	0	0
Percentage of managers trained in occupational safety and health and injury management responsibilities	100	100

DISABILITY ACCESS INCLUSION PLAN

Following changes to the Disability Services Act 1993 Healthway developed a formal Disability Access Inclusion Plan 2014-2019 (DAIP), which came into effect from 1 July 2014. While no formal DAIP was previously required, Healthway elected to adopt the DAIP principles and progress many initiatives that support better access and inclusion of people with disability. The new Plan which provides strategies for the seven outcomes as outlined in the Act can be accessed on Healthway's website and is available in alternative formats upon request.

OTHER LEGAL COMPLIANCE

Recordkeeping Plans

Following a comprehensive review of Healthway's Recordkeeping Policies and Procedures and Record Keeping Plan (RKP) during 2012/2013 the State Records Commission approved Healthway's revised RKP for 5 years to 2018.

During 2013/2014 substantial work was undertaken to upgrade from Healthway's electronic document records management system (EDRMS) TRIM to HP Records Manager 8.

Healthway continuously monitors and improves record keeping practices to ensure they are consistent with the requirements of the State Records Act 2000 and State Records Commission Standard 2, Principle 6:

State Records Commission - Standard 2, Principle 6 - Compliance	
Compliance Indicator	Healthway Compliance
The efficiency and effectiveness of Healthway's recordkeeping systems has been evaluated.	This formed part of the RKP review undertaken in 2013. The State Records Commission acknowledged that the RKP demonstrates progress towards better recordkeeping practices that are consistent with the State Records Act 2000 and approved the revised RKP in 2013. A strict regime of system health checks monitors and evaluates the efficiency and effectiveness of the EDRMS and regular audits of paper based records in the file compactus continue to be undertaken.
Healthway conducts a recordkeeping training program.	New staff are trained in the use of the EDRMS and this is enhanced by a systematic mentoring program that continues to ensure adequate recordkeeping training and an understanding of records management responsibilities.
The efficiency and effectiveness of Healthway's recordkeeping training program is reviewed from time to time.	The mentoring team meets regularly to review the EDRMS and staff meetings continue to provide the forum for staff to openly discuss the effectiveness of recordkeeping training and identify requirements for further training.
Healthway's induction program addresses employee roles and responsibilities in regard to their compliance with the recordkeeping plan.	The Induction Program was reviewed during the year and on-line access to the Induction Manual and records management policies and procedures is available to all staff. A comprehensive Records Manager User Guide continues to be reviewed and improved by the mentoring team.

Advertising

In accordance with section 175ZE of the Electoral Act 1907, Healthway must report on details of expenditure incurred in relation to advertising, market research organisations, polling, direct mail and media advertising. In 2013/14 Healthway incurred \$3,812 in costs to an advertising organisation.

Compliance with Public Sector Standards and Ethical Codes

In accordance with s31(1) of the Public Sector Management Act 1994, Healthway is required to report on compliance with Public Sector Standards in Human Resource Management and Codes of Ethics and Codes of Conduct.

During 2013/14 Healthway continued to foster a culture and commitment to achieving a high standard of compliance in relation to public sector standards, code of ethics and codes of conduct. Refresher courses on human resource policies, public sector standards, code of ethics, code of conduct and OSH were undertaken with all staff. In addition, staff continued to be trained in accountable and ethical decision making.

During 2013/14 there was one claim for a breach in relation to the Public Sector Recruitment Standard. This claim was assessed by the Public Sector Commission and the subsequent adjudication was that the Standard had not been breached.

OPINION OF Auditor General



Auditor General

INDEPENDENT AUDITOR'S REPORT

To the Parliament of Western Australia

WESTERN AUSTRALIAN HEALTH PROMOTION FOUNDATION

Report on the Financial Statements

I have audited the accounts and financial statements of the Western Australian Health Promotion Foundation.

The financial statements comprise the Statement of Financial Position as at 30 June 2014, the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, and Notes comprising a summary of significant accounting policies and other explanatory information.

Board's Responsibility for the Financial Statements

The Board is responsible for keeping proper accounts, and the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards and the Treasurer's Instructions, and for such internal control as the Board determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

As required by the Auditor General Act 2006, my responsibility is to express an opinion on the financial statements based on my audit. The audit was conducted in accordance with Australian Auditing Standards. Those Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Foundation's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements are based on proper accounts and present fairly, in all material respects, the financial position of the Western Australian Health Promotion Foundation at 30 June 2014 and its financial performance and cash flows for the year then ended. They are in accordance with Australian Accounting Standards and the Treasurer's Instructions.

Report on Controls

I have audited the controls exercised by the Western Australian Health Promotion Foundation during the year ended 30 June 2014.

Controls exercised by the Western Australian Health Promotion Foundation are those policies and procedures established by the Board to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions.

Board's Responsibility for Controls

The Board is responsible for maintaining an adequate system of internal control to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of public and other property, and the incurring of liabilities are in accordance with the Financial Management Act 2006 and the Treasurer's Instructions, and other relevant written law.

Auditor's Responsibility

As required by the Auditor General Act 2006, my responsibility is to express an opinion on the controls exercised by the Western Australian Health Promotion Foundation based on my audit conducted in accordance with Australian Auditing and Assurance Standards.

An audit involves performing procedures to obtain audit evidence about the adequacy of controls to ensure that the Foundation complies with the legislative provisions. The procedures selected depend on the auditor's judgement and include an evaluation of the design and implementation of relevant controls.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the controls exercised by the Western Australian Health Promotion Foundation are sufficiently adequate to provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions during the year ended 30 June 2014.

Report on the Key Performance Indicators

I have audited the key performance indicators of the Western Australian Health Promotion Foundation for the year ended 30 June 2014.

The key performance indicators are the key effectiveness indicators and the key efficiency indicators that provide information on outcome achievement and service provision.

Board's Responsibility for the Key Performance Indicators

The Board is responsible for the preparation and fair presentation of the key performance indicators in accordance with the Financial Management Act 2006 and the Treasurer's Instructions and for such controls as the Board determines necessary to ensure that the key performance indicators fairly represent indicated performance.

Auditor's Responsibility

As required by the Auditor General Act 2006, my responsibility is to express an opinion on the key performance indicators based on my audit conducted in accordance with Australian Auditing and Assurance Standards.

An audit involves performing procedures to obtain audit evidence about the key performance indicators. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments the auditor considers internal control relevant to the Board's preparation and fair presentation of the key performance indicators in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the relevance and appropriateness of the key performance indicators for measuring the extent of outcome achievement and service provision.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

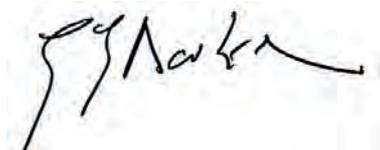
In my opinion, the key performance indicators of the Western Australian Health Promotion Foundation are relevant and appropriate to assist users to assess the Foundation's performance and fairly represent indicated performance for the year ended 30 June 2014.

Independence

In conducting this audit, I have complied with the independence requirements of the Auditor General Act 2006 and Australian Auditing and Assurance Standards, and other relevant ethical requirements.

Matters Relating to the Electronic Publication of the Audited Financial Statements and Key Performance Indicators

This auditor's report relates to the financial statements and key performance indicators of the Western Australian Health Promotion Foundation for the year ended 30 June 2014 included on the Foundation's website. The Foundation's management is responsible for the integrity of the Foundation's website. This audit does not provide assurance on the integrity of the Foundation's website. The auditor's report refers only to the financial statements and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements or key performance indicators. If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial statements and key performance indicators to confirm the information contained in this website version of the financial statements and key performance indicators.



GLEN CLARKE
DEPUTY AUDITOR GENERAL
Delegate of the Auditor General for Western Australia
Perth, Western Australia
25 July 2014

2013-2014 FINANCIAL STATEMENTS

The accompanying financial statements of the Western Australian Health Promotion Foundation have been prepared in compliance with the provisions of the *Financial Management Act 2006* from proper accounts and records to present fairly the financial transactions for the year ended 30 June 2014 and the financial position as at 30 June 2014.

At the date of signing, we are not aware of any circumstances which would render the particulars included in the financial statements misleading or inaccurate.



Associate Professor Rosanna Capolingua
CHAIRPERSON



Mr Cathcart Weatherly
DEPUTY CHAIRPERSON



Ms Lina Barbato
CHIEF FINANCE OFFICER

18 July 2014

FINANCIAL Statements

Western Australian Health Promotion Foundation

Statement of Comprehensive Income
For The Year Ended

30 June 2014

	Note	2014 \$	2013 \$
COST OF SERVICES			
Expenses			
Employee benefits expense	6	2,322,051	2,005,726
Supplies and services	7	692,172	876,949
Depreciation and amortisation expense	8	72,072	56,474
Accommodation expenses	9	480,386	461,800
Grants and sponsorships	10	19,662,043	18,264,201
Other expenses	11	82,192	85,199
Total cost of services		23,310,916	21,750,349
Income			
Revenue			
Interest revenue	12	517,552	647,385
Other revenue	13	1,163,154	647,891
Total Revenue		1,680,706	1,295,276
Total income other than income from State Government		1,680,706	1,295,276
NET COST OF SERVICES		21,630,210	20,455,073
INCOME FROM STATE GOVERNMENT			
	14		
Service appropriation		21,783,000	21,420,000
Services received free of charge		12,419	-
Total income from State Government		21,795,419	21,420,000
SURPLUS/(DEFICIT) FOR THE PERIOD		165,209	964,927
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		165,209	964,927

The Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

Western Australian Health Promotion Foundation

Statement of Financial Position

As At

30 June 2014

	Note	2014 \$	2013 \$
ASSETS			
Current Assets			
Cash and cash equivalents	15	8,740,207	7,949,003
Receivables	16	697,196	849,801
Other current assets	17	12,856	49,591
Total Current Assets		9,450,259	8,848,395
Non-Current Assets			
Property, plant and equipment	18	24,227	50,479
Intangible assets	19	96,510	68,729
Total Non-Current Assets		120,737	119,208
TOTAL ASSETS		9,570,996	8,967,603
LIABILITIES			
Current Liabilities			
Payables	20	5,673,882	5,344,799
Provisions	21	241,403	244,770
Other current liabilities	22	67,693	60,920
Total Current Liabilities		5,982,978	5,650,489
Non-Current Liabilities			
Provisions	21	228,002	122,307
Total Non-Current Liabilities		228,002	122,307
Total Liabilities		6,210,980	5,772,796
NET ASSETS		3,360,016	3,194,807
EQUITY			
Accumulated surplus	23	3,360,016	3,194,807
TOTAL EQUITY		3,360,016	3,194,807

The Statement of Financial Position should be read in conjunction with the accompanying notes.

Western Australian Health Promotion Foundation

Statement Of Changes In Equity
For The Year Ended

30 June 2014

	Note	Accumulated surplus/(deficit)	Total equity
		\$	\$
Balance at 1 July 2012	23	2,229,880	2,229,880
Surplus		964,927	964,927
Other comprehensive income		-	-
Total comprehensive income for the year		964,927	964,927
Balance at 30 June 2013		3,194,807	3,194,807
Balance at 1 July 2013		3,194,807	3,194,807
Surplus		165,209	165,209
Other comprehensive income		-	-
Total comprehensive income for the year		165,209	165,209
Balance at 30 June 2014		3,360,016	3,360,016

The Statement of Changes in Equity should be read in conjunction with the accompanying notes.

Western Australian Health Promotion Foundation

Statement of Cash Flows

For The Year Ended

30 June 2014

	Note	2014 \$	2013 \$
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriation		21,783,000	21,420,000
Net cash provided by State Government		21,783,000	21,420,000
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(2,222,626)	(2,101,591)
Supplies and services		(777,414)	(914,572)
Accommodation		(445,574)	(461,800)
Grants and sponsorships		(19,342,126)	(19,606,346)
GST payments on Purchases		(1,998,765)	(2,122,057)
Receipts			
Interest received		530,061	684,570
GST receipts on sales		115,578	71,371
GST receipts from taxation authority		2,060,717	1,980,325
Other receipts		1,161,953	669,196
Net cash provided by/(used in) operating activities	24	(20,918,196)	(21,800,904)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Purchase of non-current physical assets		(73,600)	(59,486)
Net cash provided by/(used in) investing activities		(73,600)	(59,486)
Net increase/(decrease) in cash and cash equivalents		791,204	(440,390)
Cash and cash equivalents at the beginning of period		7,949,003	8,389,393
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	24	8,740,207	7,949,003

The Statement of Cash Flows should be read in conjunction with the accompanying notes.

Western Australian Health Promotion Foundation

Notes To The Financial Statements

For The Year Ended

30 June 2014

1 AUSTRALIAN ACCOUNTING STANDARDS**General**

The Authority's financial statements for the year ended 30 June 2014 have been prepared in accordance with Australian Accounting Standards. The term 'Australian Accounting Standards' refers to Standards and Interpretations issued by the Australian Accounting Standard Board (AASB).

The Authority has adopted any applicable, new and revised Australian Accounting Standards from their operative dates.

Early adoption of standards

The Authority cannot early adopt an Australian Accounting Standard unless specifically permitted by TI 1101 Application of Australian Accounting Standards and Other Pronouncements. There has been no early adoption of Australian Accounting Standards that have been issued or amended (but not operative) by the Authority for the annual reporting period ended 30 June 2014.

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**(a) General Statement**

The Authority is a not-for-profit reporting entity that prepares general purpose financial statements in accordance with Australian Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the AASB as applied by the Treasurer's instructions. Several of these are modified by the Treasurer's instructions to vary application, disclosure, format and wording.

The Financial Management Act 2006 and the Treasurer's instructions impose legislative provisions that govern the preparation of financial statements and take precedence over Australian Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the AASB.

Where modification is required and has had a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

(b) Basis of Preparation

The financial statements have been prepared on the accrual basis of accounting using the historical cost convention.

The accounting policies adopted in the preparation of the financial statements have been consistently applied throughout all periods presented unless otherwise stated.

The financial statements are presented in Australian dollars rounded to the nearest dollar (\$).

Note 3 'Judgements made by management in applying accounting policies' discloses judgements that have been made in the process of applying the Authority's accounting policies resulting in the most significant effect on amounts recognised in the financial statements.

Note 4 'Key sources of estimation uncertainty' discloses key assumptions made concerning the future and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

(c) Reporting Entity

The reporting entity comprises the Authority only.

(d) Income**Revenue recognition**

Revenue is recognised and measured at the fair value of consideration received or receivable. Revenue is recognised for the major business activities as follows:

Sale of goods

Revenue is recognised from the sale of goods and disposal of other assets when the significant risks and rewards of ownership transfer to the purchaser and can be measured reliably.

Provision of services

Revenue is recognised by reference to the stage of completion of the transaction.

Interest

Revenue is recognised as the interest accrues.

Service Appropriations

Service Appropriations are recognised as revenues at fair value in the period in which the Authority gains control of the appropriated funds. The Authority gains control of appropriated funds at the time those funds are deposited to the bank account or credited to the 'Amounts receivable for services' (holding account) held at Treasury.

Grants, donations, gifts and other non-reciprocal contributions

Revenue is recognised at fair value when the Authority obtains control over the assets comprising the contributions, usually when cash is received.

Other non-reciprocal contributions that are not contributions by owners are recognised at their fair value. Contributions of services are only recognised when a fair value can be reliably determined and the services would be purchased if not donated.

Gains

Realised and unrealised gains are usually recognised on a net basis. These include gains arising on the disposal of non-current assets and some revaluations of non-current assets.

(e) Property, Plant and Equipment**Capitalisation/Expensing of assets**

Items of property, plant and equipment costing \$5,000 or more are recognised as assets and the cost of utilising assets is expensed (depreciated) over their useful lives. Items of property, plant and equipment costing less than \$5,000 are immediately expensed direct to the Statement of Comprehensive Income (other than where they form part of a group of similar items which are significant in total).

Initial recognition and measurement

Property, plant and equipment are initially recognised at cost.

For items of property, plant and equipment acquired at no cost or for nominal cost, the cost is the fair value at the date of acquisition.

Subsequent measurement

Property, plant and equipment are stated at historical cost less accumulated depreciation and accumulated impairment losses.

Depreciation

All non-current assets having a limited useful life are systematically depreciated over their estimated useful lives in a manner that reflects the consumption of their future economic benefits.

Depreciation is calculated using the straight line method, using rates which are reviewed annually.

Estimated useful lives for each class of depreciable asset are:

Motor Vehicles	5 years
Furniture, Fixture and Fittings	5 to 20 years
Office Equipment	5 to 20 years
Computer Equipment	3 years

(f) Intangible assets**Capitalisation/expensing of assets**

Acquisitions of intangible assets costing \$5,000 or more are capitalised. The cost of utilising the assets is expensed (amortised) over their useful life. Costs incurred below these thresholds are immediately expensed directly to the Statement of Comprehensive Income.

Intangible assets are stated at historical cost less accumulated depreciation and accumulated impairment losses.

Amortisation for intangible assets with finite useful lives is calculated for the period of the expected benefit (estimated useful life which is reviewed annually) on the straight line basis. All intangibles assets controlled by the Authority have a finite useful life and zero residual value.

The expected useful lives of intangible assets are:

Software	3 to 5 years
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Software that is not integral to the operation of any related hardware.

(g) Impairment of Assets

Property, plant and equipment and intangible assets are tested for any indication of impairment at the end of each reporting period. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount and an impairment loss is recognised. As the Authority is a not-for-profit entity, unless a specialised asset has been identified as a surplus asset, the recoverable amount is the higher of an asset's fair value less costs to sell and depreciated replacement cost.

The risk of impairment is generally limited to circumstances where an asset's depreciation is materially understated, where the replacement cost is falling or where there is a significant change in useful life. Each relevant class of assets is reviewed annually to verify that the accumulated depreciation/amortisation reflects the level of consumption or expiration of the asset's future economic benefits and to evaluate any impairment risk from falling replacement costs.

Intangible assets with an indefinite useful life and intangible assets not yet available for use are tested for impairment at the end of the reporting period irrespective of whether there is any indication of impairment.

The recoverable amount of assets identified as surplus assets is the higher of fair value less costs to sell and the present value of future cash flows expected to be derived from the asset. Surplus assets carried at fair value have no risk of material impairment where fair value is determined by reference to market-based evidence. Where fair value is determined by reference to depreciated replacement cost, surplus assets are at risk of impairment and the recoverable amount is measured. Surplus assets at cost are tested for indications of impairment at the end of each reporting period.

(h) Leases

The Authority has entered into an operating lease arrangement for the rent of the office building and motor vehicles where the lessor effectively retains all of the risks and benefits incident to ownership of the items held under the operating leases. Operating leases are expensed on a straight line basis over the lease term as this represents the pattern of benefits derived from the leased properties.

(i) Financial Instruments

In addition to cash, the Authority has two categories of financial instrument:

- Loans and receivables; and
- Financial liabilities measured at amortised cost.

Financial instruments have been disaggregated into the following classes:

Financial Assets

- Cash and cash equivalents
- Restricted cash and cash equivalents
- Receivables

Financial Liabilities

- Payables

Initial recognition and measurement of financial instruments is at fair value which normally equates to the transaction cost or the face value. Subsequent measurement is at amortised cost using the effective interest method.

The fair value of short-term receivables and payables is the transaction cost or the face value because there is no interest rate applicable and subsequent measurement is not required as the effect of discounting is not material.

(j) Cash and Cash Equivalents

For the purpose of the Statement of Cash Flows, cash and cash equivalent (and restricted cash and cash equivalent) assets comprise cash on hand and short-term deposits with original maturities of three months or less that are readily convertible to a known amount of cash and which are subject to insignificant risk of changes in value, and bank overdrafts.

(k) Accrued Salaries

Accrued salaries (see Note 22 Other liabilities) represent the amount due to staff but unpaid at the end of the financial year. Accrued salaries are settled within a fortnight of the financial year end. The Authority considers the carrying amount of accrued salaries to be equivalent to its net fair value.

(l) Receivables

Receivables are recognised at original invoice amount less an allowance for any uncollectible amounts (i.e. impairment). The collectability of receivables is reviewed on an ongoing basis and any receivables identified as uncollectible are written-off against the allowance account. The allowance for uncollectible amounts (doubtful debts) is raised when there is objective evidence that the Authority will not be able to collect the debts. The carrying amount is equivalent to fair value as it is due for settlement within 30 days.

(m) Payables

Payables are recognised when the Authority becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amount is equivalent to fair value, as settlement is generally within 30 days.

(n) Provisions

Provisions are liabilities of uncertain timing or amount and are recognised where there is a present legal or constructive obligation as a result of a past event and when the outflow of resources embodying economic benefits is probable and a reliable estimate can be made of the amount of the obligation. Provisions are reviewed at the end of each reporting period.

Provisions - Employee Benefits

All annual leave and long service leave provisions are in respect of employees' services up to the end of the reporting period.

Annual leave

Annual leave is not expected to be settled wholly within 12 months after the end of the reporting period and is therefore considered to be other long term employee benefits. The annual leave liability is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

When assessing expected future payments consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions, as well as the experience of employee departures and periods of service. The expected future payments are discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

The provision for annual leave is classified as a current liability as the Authority does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period.

Long service leave

Long service leave is not expected to be settled wholly within 12 months after the end of the reporting period is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

A liability for long service leave is recognised after an employee has completed four years of service based on remuneration rates current as at the end of the reporting period.

An actuarial assessment of long service leave undertaken by Barton Consultancy Pty Ltd at 30 June 2014 determined that the liability measured using the short-hand measurement technique was not materially different from the liability determined using the present value of expected future payments. This calculation is consistent with the Authority's experience of employee retention and leave taken.

Unconditional long service leave provisions are classified as current liabilities as the Authority does not have an unconditional right to defer the settlement of the liability for at least 12 months after the end of the reporting period. Pre-conditional and conditional long service leave provisions are classified as non-current liabilities because the Authority has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

Superannuation

The Government Employees Superannuation Board (GESB) and other fund providers administer public sector superannuation arrangements in Western Australia in accordance with legislative requirements. Eligibility criteria for membership in particular schemes for public sector employees varies according to commencement and implementation dates.

Eligible employees contribute to the Pension Scheme, a defined benefit pension scheme closed to new members since 1987, or the Gold State Superannuation Scheme (GSS), a defined benefit lump sum scheme closed to new members since 1995.

The GSS is a defined benefit scheme for the purposes of employees and whole-of-government reporting. However, it is a defined contribution plan for agency purposes because the concurrent contributions (defined contributions) made by the Authority to GESB extinguishes the agency's obligations to the related superannuation liability.

The Authority has no liabilities under the Pension Scheme or the GSS. The liabilities for the unfunded Pension Scheme and the unfunded GSS transfer benefits attributable to members who transferred from the Pension Scheme, are assumed by the Treasurer. All other GSS obligations are funded by concurrent contributions made by the Authority to the GESB.

Employees commencing employment prior to 16 April 2007 who were not members of either the Pension Scheme or the GSS became non-contributory members of the West State Superannuation Scheme (WSS). Employees commencing employment on or after 16 April 2007 became members of the GESB Super Scheme (GESBS). From 30 March 2012, existing members of the WSS or GESBS and new employees became able to choose their preferred superannuation fund. The Authority makes contributions to GESB or other fund providers on behalf of employees in compliance with the Commonwealth Government's Superannuation Guarantee (Administration) Act 1992. Contributions to these accumulation schemes extinguish the Authority's liability for superannuation charges in respect of employees who are not members of the Pension Scheme or GSS.

Provisions - Other

Employment On-Costs

Employment on-costs, including workers' compensation insurance, are not employee benefits and are recognised separately as liabilities and expenses when the employment to which they relate has occurred. Employment on-costs are included as part of 'Other expenses' and are not included as part of the Authority's 'Employee benefits expense'. The related liability is included in 'Employment on-costs provision'.

(o) Superannuation expense

The superannuation expense in the Statement of Comprehensive Income comprises employer contributions paid to the GSS (concurrent contributions), WSS, the GESBS, or other superannuation fund.

(p) Comparative Figures

Comparative figures are, where appropriate, reclassified to be comparable with the figures presented in the current financial year.

(q) Assets or services received free of charge or for nominal cost, that the Authority would otherwise purchased if not donated, are recognised as income at the fair value of the assets or services where they can be reliably measured. A corresponding expense is recognised for services received. Receipts of assets are recognised in the Statement of Financial Position.

3 JUDGEMENTS MADE BY MANAGEMENT IN APPLYING ACCOUNTING POLICIES

The preparation of financial statements requires management to make judgements about the application of accounting policies that have a significant effect on the amounts recognised in the financial statements. The Authority evaluates these judgements regularly.

Operating Lease Commitments

The Authority has entered into commercial leases for accommodation and vehicles and has determined that the lessor retains all the significant risks and rewards of ownership of the property. Accordingly, the leases have been classified as operating leases.

4 KEY SOURCES OF ESTIMATION UNCERTAINTY

Key estimates and assumptions concerning the future are based on historical experience and various other factors that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year.

Long Service Leave

Several estimations and assumptions used in calculating the Authority's long service leave provision include expected future salary rates, discount rates, employee retention rates and expected future payments. Changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision.

5 DISCLOSURE OF CHANGES IN ACCOUNTING POLICY AND ESTIMATES

Initial application of an Australian Accounting Standard

The Authority has applied the following Australian Accounting Standards effective for annual reporting periods beginning on or after 1 July 2013 that impacted on the Authority.

AASB 13	<p>Fair Value Measurement</p> <p>This standard defines fair value, sets out a framework for measuring fair value and requires additional disclosures for fair value measurements for non-financial assets and liabilities. There is no financial impact.</p>
AASB 119	<p>Employee Benefits</p> <p>This standard supersedes AASB 119 (October 2010) making changes to the recognition, presentation and disclosure requirements.</p> <p>The Authority assessed employee leave patterns to determine whether annual leave is a short-term or long-term employee benefit. The resultant discounting of annual leave liabilities that were previously measured at the undiscounted amounts is not material.</p>
AASB 1048	<p>Interpretation of Standards</p> <p>This standard supersedes AASB 1048 (June 2012) enabling references to the interpretation in all other Standards to be updated by reissuing the service Standard. There is no financial impact.</p>
AASB 2011-8	<p>Amendments to Australian Accounting Standards arising from AASB 13 [AASB 1, 2,3,4,5,7,9,2009-11,2010-7,101,102,108,110,116,117,118,119,120,121,128,131,132, 133,134,136, 138,139,140,141,1004,1023 & 1038 and Int 2,4,12,13,14,28,19,131 & 132].</p> <p>This Standard replaces the existing definition and fair value guidance in other Australian Accounting Standards and Interpretations as the result of issuing AASB 13 in September 2011. There is no financial impact.</p>
AASB 2011-10	<p>Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) [AASB 1,8,101,124,134,1049 & 2011-8 and Int 14]</p> <p>This Standard makes amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 119 in September 2011. The resultant discounting of annual leave liabilities that were previously measured at the undiscounted amounts is not material.</p>
AASB 2012-2	<p>Amendments to Australian Accounting Standards-Disclosures-Offsetting Financial Assets and Financial Liabilities [AASB 7 & 132]</p> <p>This Standard amends the required disclosures in AASB 7 to include information that will</p>

enable users of an entity's financial statements to evaluate the effect or potentially effect of netting arrangements, including rights of set-off associated with the entity's recognised financial assets and recognised financial liabilities, on the entity's financial position. There is no financial impact.

AASB 2012-5 Amendments to Australian Accounting Standards arising from Annual Improvements 2009-11 Cycle [AASB 1,101,116,132 & 134 and Int 2]

This Standard makes amendments to the Australian Accounting Standards and Interpretations as a consequence of the annual improvements process. There is no financial impact.

AASB 2012-6 Amendments to Australian Accounting Standards - Mandatory Effective Date of AASB 9 and Transitions Disclosures [AASB 9,2009-11,2010-7, 2011-7 & 2011-8

This Standard amends the mandatory effective date of AASB 9 Financial Instruments to 1 January 2015 (instead of 1 January 2013). Further amendments are also made to numerous consequential amendments arising from AASB 9 that will now apply from 1 January 2015. There is no financial impact.

AASB 2012-10 Amendments to Australian Accounting Standards - Transition Guidance and Other Amendments [AASB 1,5,7,8,10,11,12,13,101,102,108,112,118,119,127,128, 132,133,134,137, 1023,1038,1039,1049 &2011-7 and Int 12]

This Standard introduces a number of editorial alterations and amends the mandatory application date of Standards for not-for-profit entities accounting for interest in other entities. There is no financial impact.

AASB 2013-9 Amendments to Australian Accounting Standards - Conceptual Framework, Materiality and Financial Instruments.

Part A of this omnibus Standard makes amendments to other Standards arising from revisions to the Australian Accounting Conceptual Framework for periods ending on or after 20 December 2013. Other Parts of this Standard become operative in other periods. There is no financial impact for Part A of the Standard.

Future impact of Australian Accounting Standards not yet operative

The Authority cannot early adopt an Australian Accounting Standard unless specifically permitted by TI 1101 Application of Australian Accounting Standards and Other Pronouncements.

Consequently, the Authority has not applied early any of the following Australian Accounting Standards that have been issued that may impact the Authority. Where applicable, the Authority plans to apply these Australian Accounting Standards from their application date.

Operative for reporting periods beginning on/after

AASB 9	Financial Instruments	1 Jan 2017
	This Standard supersedes AASB 139 Financial Instruments: Recognition and Measurement, introducing a number of changes to accounting treatments.	
	The mandatory application date of this Standard was amended to 1 January 2017. The Authority has not yet determined the application or the potential impact of the Standard.	

AASB 10	<p>Consolidated Financial Statements</p> <p>This Standard supersedes AASB 127 Consolidated and Separate Financial Statements and Int 112 Consolidation – Special Purpose Entities, introducing a number of changes to accounting treatments.</p> <p>Mandatory application of this Standard was deferred by one year for not-for-profit entities by AASB 2012-10 Amendments to Australian Accounting Standards – Transition Guidance and Other Amendments. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2014
AASB 11	<p>Joint Arrangements</p> <p>This Standard supersedes AASB 131 Interests in Joint Ventures, introducing a number of changes to accounting treatments.</p> <p>Mandatory application of this Standard was deferred by one year for not-for-profit entities by AASB 2012-10. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2014
AASB 12	<p>Disclosure of Interests in Other Entities</p> <p>This Standard supersedes disclosure requirements under AASB 127 Consolidated and Separate Financial Statements and AASB 131 Interests in Joint Ventures.</p> <p>Mandatory application of this Standard was deferred by one year for not-for-profit entities by AASB 2012-10. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2014
AASB 127	<p>Separate Financial Statements</p> <p>This Standards issued in August 2011, supersedes AASB 127 Consolidated and Separate Financial Statements, removing the consolidation requirements of the earlier standard whilst retaining accounting and disclosure requirements for the preparation of separate financial statements.</p> <p>Mandatory application of this Standard was deferred by one year for not-for-profit entities by AASB 2012-10. There is no financial impact.</p>	1 Jan 2014
AASB 128	<p>Investments in Associates and Joint Ventures</p> <p>This Standard issued in August 2011, superseded AASB 128 Investment in Associates, introducing a number of clarifications for the accounting treatments of changed ownership interest.</p> <p>Mandatory application of this Standard was deferred by one year for not-for-profit entities by AASB 2012-10. The adoption of the new Standard has no financial impact for the Authority as it doesn't hold investments in associates.</p>	1 Jan 2014

AASB 1031	<p>Materiality</p> <p>This Standard is an interim standard cross-referencing definitions of materiality in other Standards and will remain operative until references to AASB 1031 are removed from other Standards. There is no financial impact.</p>	1 Jan 2014
AASB 1055	<p>Budgetary Reporting</p> <p>This Standard specifies the nature of budgetary disclosures, the circumstances in which they are to be included in the general purpose financial statements of not-for-profit entities within the GGS. The Authority will be required to disclose additional budgetary information and explanations of major variances between actual and budgeted amounts, though there is no financial impact.</p>	1 Jul 2014
AASB 2009-11	<p>Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1,3,4,5,7,101,102,108,1,118,121,127, 128,131,132,136,139,1023 & 1038 and Int 10 & 12]</p>	1 Jan 2015
AASB 2010-7	<p>Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Int 2, 5, 10, 12, 19 & 127]</p> <p>This Standard makes consequential amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 9 in December 2010.</p> <p>The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2015
AASB 2011-7	<p>Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards [AASB 1, 2, 3, 5, 7, 101, 107, 112, 118, 121, 124, 132, 133, 136, 138, 139, 1023 & 1038 and Int 5, 9, 16 & 17]</p> <p>This Standard gives effect to consequential changes arising from the issuance of AASB 10, AASB 11, AASB 127 Separate Financial Statements and AASB 128 Investments in Associates and Joint Ventures. The Authority has determined that there is no financial impact arising from adopting various Standards.</p>	1 Jan 2014
AASB 2012-3	<p>Amendments to Australian Accounting Standards – Offsetting Financial Assets and Financial Liabilities [AASB 132]</p> <p>This Standard adds application guidance to AASB 132 to address inconsistencies identified in applying some of the offsetting criteria, including clarifying the meaning of “currently has a legally enforceable right of set-off” and that some gross settlement systems may be considered equivalent to net settlement. There is no financial impact.</p>	1 Jan 2014

AASB 2013-3	<p>Amendments to AASB 136 - Recoverable Amount Disclosures for Non-Financial Assets.</p> <p>This Standard introduces editorial and disclosure changes. There is no financial impact.</p>	1 Jan 2014
AASB 2013-8	<p>Amendments to Australian Accounting Standards - Australian Implementation Guidance for Not-For-Profit Entities - Control and Structured Entities [AASB 10,12 &1049]</p> <p>The amendments issued in October 2013, provided significant guidance to clarify whether a not-for-profit entity controls another entity when financial returns aren't a key attribute of the investor's relationship.</p> <p>This Standard has no financial impact on its own right, rather the impact results from the adoption of the amended AASB 10.</p>	1 Jan 2014
AASB 2013-9	<p>Amendments to Australian Accounting Standards- Conceptual Framework, Materiality and Financial Instruments.</p> <p>The omnibus Standard makes amendments to other Standards arising from the deletion of references to AASB 1031 in other Standards for periods beginning on or after 1 January 2014 (Part B) and, defers the application of AASB 9 to 1 January 2017 (Part C).</p> <p>The Authority has not yet determined the application or the potential impact of AASB 9, otherwise there is no financial impact.</p>	1 Jan 2014 1 Jan 2017
AASB 2014-1	<p>Amendments to Australian Accounting Standards.</p> <p>The Authority has not yet determined the application or the potential impact of the Standard.</p>	01 July 2014 01 Jan 2015 01 Jan 2016 01 Jan 2018

Western Australian Health Promotion Foundation
30 June 2014

 Notes To The Financial Statements
 For The Year Ended

	2014	2013
	\$	\$
6 Employee benefits expense		
Wages and salaries (a)	2,132,115	1,843,313
Superannuation – defined contribution plans(b)	189,936	162,413
	2,322,051	2,005,726
<p>(a) Includes the value of the fringe benefit to the employee plus the fringe benefits tax component, leave entitlements including superannuation contribution component.</p> <p>(b) Defined contribution plans include West State, Gold State, GESBS and other eligible funds.</p> <p>Employment on-costs such as workers' compensation insurance are included at note 11 'Other Expenses'.</p> <p>The employment on-costs liability is included at note 21 'Provisions'.</p>		
7 Supplies and services		
Communications	61,612	53,821
Consultants and contractors	435,428	643,880
Consumables	83,197	59,407
Travel	22,291	28,155
Other	89,644	91,686
	692,172	876,949
8 Depreciation and amortisation expense		
<u>Depreciation</u>		
Equipment and apparatus	9,084	9,084
Computing equipment and software	17,169	12,845
	26,253	21,929
<u>Amortisation</u>		
Intangible assets	45,819	34,545
	45,819	34,545
Total depreciation and amortisation	72,072	56,474
9 Accommodation expenses		
Lease rentals	401,491	378,446
Cleaning	78,895	83,354
	480,386	461,800

	2014	2013
	\$	\$
10 Grants and sponsorships		
Health promotion and research grants	6,749,421	6,269,034
Arts sponsorships	3,201,066	3,207,200
Sport sponsorships	7,153,911	6,487,227
Racing sponsorships	214,500	526,949
Communiy Events	334,499	-
Support sponsorships	1,531,184	1,282,791
Evaluations	477,462	491,000
	19,662,043	18,264,201
11 Other expenses		
Other Staff costs (a)	30,109	33,230
Maintenance	13,583	14,869
Audit fees	38,500	37,100
	82,192	85,199
<p>(a) Includes workers' compensation insurance and other employment on-costs. The on-costs liability associated with the recognition of annual and long service leave liability is included at note 21 'Provisions'. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.</p>		
12 Interest revenue		
Bank Interest	517,552	647,385
	517,552	647,385
13 Other revenue		
Return of unexpended grants and sponsorships	337,988	162,442
Funds from WA Drug and Alcohol Office (a)	810,000	475,000
Other	15,166	10,449
	1,163,154	647,891
<p>(a) The funds of \$810,000 from WA Drug and Alcohol Office is specifically for Health, Research and Community and Alcohol grants.</p>		
14 Income from State Government		
Appropriation received during the year:		
Service appropriation (a)	21,783,000	21,420,000
Services received free of charge from other State government agencies during the financial period:		
State Solicitor's Office	12,419	-
	21,795,419	21,420,000
<p>(a) Service appropriations fund the net cost of services delivered. The appropriation revenue comprises a cash component only</p>		

	2014	2013
	\$	\$
15 Cash and cash equivalents		
Held at Treasury - WA Health Promotion Fund	8,740,015	7,948,694
Cash on Hand	192	309
	8,740,207	7,949,003
16 Receivables		
Current		
GST receivable	608,807	750,451
Interest receivable	77,277	89,785
Other Debtors	11,112	9,565
	697,196	849,801
17 Other current assetss		
Prepayments	12,856	49,591
	12,856	49,591
18 Property, plant and equipment		
<u>Motor Vehicles</u>		
At Cost	20,382	20,382
Accumulated depreciation	(20,382)	(20,382)
	-	-
<u>Equipment and Apparatus</u>		
At Cost	45,418	45,418
Accumulated depreciation	(37,624)	(28,541)
	7,794	16,877
<u>Computing Equipment and Software</u>		
At Cost	139,568	264,633
Accumulated depreciation	(123,135)	(231,031)
	16,433	33,602
	24,227	50,479

Reconciliations of the carrying amounts of property, plant, and equipment at the beginning and end of the reporting period are set out in the table below.

	Motor Vehicles	Equipment and Apparatus	Computing Equipment	Total
2014	\$	\$	\$	\$
Carrying amount at the start of the year	-	16,877	33,602	50,479
Additions	-	-	-	-
Depreciation	-	(9,084)	(17,169)	(26,253)
Carrying amount at the end of the year	-	7,794	16,433	24,227

There were no indications of impairment to property, plant and equipment at 30 June 2014.

	Motor Vehicles	Equipment and Apparatus	Computing Equipment	Total
2013	\$	\$	\$	\$
Carrying amount at the start of the year	-	25,961	17,966	43,927
Additions	-	-	28,481	28,481
Depreciation	-	(9,084)	(12,845)	(21,929)
Carrying amount at the end of the year	-	16,877	33,602	50,479

	2014	2013
	\$	\$
19 Intangible Assets		
<u>Computers software</u>		
At cost	191,328	117,728
Accumulated amortisation	(94,818)	(48,999)
	96,510	68,729
Reconciliation		
<u>Computers software</u>		
Carrying amount at start of period	68,729	72,269
Additions	73,600	31,005
Amortisation expense	(45,819)	(34,545)
Carrying amount at end of period	96,510	68,729

	2014	2013
	\$	\$
20 Payables		
Current		
Trade payables	63,199	106,362
Grants and sponsorships	5,610,683	5,238,437
	5,673,882	5,344,799
21 Provisions		
Current		
Employee benefits provision		
Annual Leave (a)	176,275	108,204
Long service leave (b)	64,009	135,433
Other provisions		
Employment on-costs (c)	1,119	1,133
	241,403	244,770
Non-current		
Employee benefits provision		
Long service leave (b)	226,945	121,744
Other provisions		
Employment on-costs (c)	1,057	563
	228,002	122,307
(a) Annual leave liability		
Annual leave liabilities have been classified as current as there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:		
Within 12 months of the end of the reporting period	117,587	94,691
More than 12 months after the reporting period	58,688	13,513
	176,275	108,204
(b) Long service leave liability		
Long service leave liabilities have been classified as current where there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:		
Within 12 months of the end of the reporting period	64,009	46,923
More than 12 months after the reporting period	226,945	210,254
	290,954	257,177

	2014	2013
	\$	\$

(c) Employment on-costs

Movements in Other Provisions

Movements in each class of provisions during the financial year, other than employee benefits, are set out below.

Employment on-cost provisions

Carrying amount at the start of period	1,696	1,263
Additional/(reversals of) provisions recognised	480	433
Carrying amount at end of period	2,176	1,696

The settlement of annual and long service leave liabilities gives rise to the payment of employment on-costs including workers' compensation insurance. The provision is the present value of expected future payments. The associated expense is disclosed in note 11 'Other expenses'.

22 Other current liabilities

Accrued salaries	51,270	44,474
Amount owing to the ATO	10,361	10,098
Other	6,062	6,348
	67,693	60,920

23 Equity

Equity represents the residual interest in the net assets of Healthway. The Government holds the equity interest in Healthway on behalf of the community.

Accumulated surplus

Balance at start of period	3,194,807	2,229,880
Result for the period	165,209	964,927
Balance at end of period	3,360,016	3,194,807

24 Notes to the Statement of Cash Flows

Reconciliation of cash

Cash at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:

Cash and cash equivalents	8,740,015	7,948,694
Cash on hand	192	309
	8,740,207	7,949,003

	2014	2013
	\$	\$
Reconciliation of net cost of services to net cash flows provided by/(used in) operating activities		
Net cost of services	(21,630,210)	(20,455,073)
Non-cash items:		
Depreciation and Amortisation	72,072	56,474
Resources received free of charge	12,419	-
(Increase)/decrease in assets:		
Current receivables	10,961	60,620
Other current assets	36,735	(4,536)
Increase/(decrease) in liabilities:		
Current payables	329,083	(1,419,488)
Current provisions	(3,367)	10,378
Other current liabilities	6,771	(37,297)
Non-current provisions	105,695	(68,946)
Net GST receipts/(payments)	177,530	(70,362)
Change in GST in receivables/payables	(35,885)	127,326
Net cash used in operating activities	(20,918,196)	(21,800,904)

At the end of the reporting period, the Authority had fully drawn on all financing facilities, details of which are disclosed in the financial statements.

25 Commitments

(a) Grants expenditure commitments

Grant expenditure commitments relate to the Board's approval to fund applications which were received on or prior to 30 June 2014 and are contingent on Healthway's continued existence and future revenue being received. The balance is not recognised as a liability until the year payment is to be made. The amounts payable are as follows:

Within 1 year	8,985,077	11,235,655
Later than 1 year and not later than 5 years	4,706,427	7,333,933
	13,691,504	18,569,588

The commitments are GST exclusive.

(b) Non-cancellable operating lease commitments

Commitments for minimum lease payments are payable as follows:

Within 1 year	440,316	473,022
Later than 1 year and not later than 5 years	1,686,723	1,859,836
Later than 5 years	144,679	642,005
	2,271,719	2,974,863

Healthway relocated premises in February 2010 and a new non-cancellable lease was established with rent payable monthly in advance. The current lease concludes 31 October 2019 with two, three year options.

26 Contingent liabilities and contingent assets

There were no known contingent liabilities and contingent assets at reporting date and at the date of signing the financial report.

27 Events occurring after the end of the reporting period

No events, matters or circumstances have arisen since the end of the reporting period which significantly affected or may significantly affect the operations of the Authority, the results of those operations, or the state of affairs of the Authority in future financial years.

28 Explanatory statement

(a) Significant variations between estimated and actual results for 2014

Significant variations are considered to be those greater than 10% and \$25,000.

	2014 Budget	2014 Actual	Variance
	\$	\$	\$
Revenues			
Interest revenue	800,000	517,552	282,448
Other revenues	-	1,163,154	(1,163,154)

Downward movements in interest rates impacted on interest earnings for the year.

The variance in other revenue is mainly represented by funds from WA Drug and Alcohol Office to support Research and Community and Alcohol grants, and unexpended funds returned by sponsorship and grant recipients.

(b) Significant variations between actual results for 2013 and 2014

Significant variations are considered to be those greater than 10% and \$25,000.

	2014 Actual	2013 Actual	Variance
	\$	\$	\$
Expenses			
Supplies and services	692,172	876,949	(184,777)
Employee benefits expense	2,322,051	2,005,726	316,325

	2014 Actual	2013 Actual	Variance
	\$	\$	\$
The movement between supplies and services and employee benefit expense mainly reflects vacant positions that were temporarily filled in 2013 and costed to supplies and services.			
These positions were filled permanently in 2014 and costed against employee benefit expense.			
Revenue			
Interest revenue	517,552	647,385	(129,833)
Other revenue	1,163,154	647,891	515,263

Downward movements in interest rates resulted in reduced interest earnings in comparison to 2013.

The increase in other revenue mainly reflects funds from WA Drug and Alcohol Office for Research and Community and Alcohol grants.

29 Financial Instruments

(a) Financial Risk Management Objectives and Policies

Financial instruments held by the Authority are cash and cash equivalents, restricted cash and cash equivalents, receivables and payables. The Authority has limited exposure to financial risks.

The Authority's overall risk management program focuses on managing the risks identified below.

Credit risk

Credit risk arises when there is the possibility of the Authority's receivables defaulting on their contractual obligations resulting in financial loss to the Authority.

The maximum exposure to credit risk at the end of the reporting period in relation to each class of recognised financial assets is the gross carrying amount of those assets inclusive of any allowance for impairment as shown in the table at Note 29(c) 'Financial Instruments Disclosures' and Note 16 'Receivables'.

Credit risk associated with the Authority's financial assets is minimal as interest receipt is the main receivable. At the end of the reporting period there were no significant credit risks.

Liquidity risk

Liquidity risk arises when the Authority is unable to meet its financial obligations as they fall due.

The Authority is exposed to liquidity risk through its trading in the normal course of business.

The Authority has appropriate procedures to manage cash flows including drawdowns of appropriations by monitoring forecast cash flows to ensure that sufficient funds are available to meet its commitments.

Market risk

The Authority's exposure to market risk for changes in interest rates relate primarily to cash investments. The Authority does not trade in foreign currency and is not materially exposed to other price risks.

(b) Categories of Financial Instruments

The carrying amounts of each of the following categories of financial assets and financial liabilities at the end of the reporting period are:

	2014	2013
	\$	\$
Financial Assets		
Cash and cash equivalents	8,740,207	7,949,003
Loans and receivables (a)	88,389	99,350
Financial Liabilities		
Financial liabilities measured at amortised cost	5,741,575	5,405,719

(a) The amount of loans and receivables excludes GST recoverable from the ATO (statutory receivable).

(c) Financial Instruments disclosuresCredit Risk

The following table disclose the Authority's maximum exposure to credit risk and the ageing analysis of financial assets. The Authority's maximum exposure to credit risk at the end of the reporting period is the carrying amount of financial assets as shown below. The table discloses the ageing of financial assets that are past due but not impaired and impaired financial assets. The table is based on information provided to senior management of the Authority.

The Authority does not hold any collateral as security or other credit enhancement relating to the financial assets it holds.

Aged analysis of financial assets

	Carrying Amount	Not past due and not impaired	Past due but not impaired					Impaired financial assets
			Up to 1 Month	1 - 3 Months	3 months to 1 year	1 - 5 years	More than 5 Years	
2014								
Cash and cash equivalents	8,740,207	8,740,207						
Receivables	88,389	88,389						
	8,828,596	8,828,596	-	-	-	-	-	-
2013								
Cash and cash equivalents	7,949,003	7,949,003						
Receivables	99,350	99,350						
	8,048,353	8,048,353	-	-	-	-	-	-

(a) The amount of receivables excludes GST recoverable from the ATO (statutory receivable).

Liquidity risk and interest rate exposure

The following table details the Authority's interest rate exposure and the contractual maturity analysis of financial assets and financial liabilities. The maturity analysis section includes interest and principal cash flows. The interest rate exposure section analyses only the carrying amounts of each item.

Interest rate exposure and maturity analysis of financial assets and liabilities

	Interest rate exposure					Maturity Dates					
	Weighted Average Effective Interest Rate	Carrying Amount	Fixed interest rate	Variable interest rate	Non-interest bearing	Nominal Amount	Up to 1 mth	1 - 3 mths	3 mths to 1 yr	1 - 5 yrs	More than 5 Yrs
2014											
<u>Financial Assets</u>											
Cash and cash equivalents	2.819%	8,740,207		8,740,015	192	8,740,207	8,740,207				
Receivables		88,389			88,389	88,389	88,389				
		8,828,596	-	8,740,015	88,581	8,828,596	8,828,596	-	-	-	-
<u>Financial Liabilities</u>											
Payables		5,673,882			5,673,882	5,673,882	2,156,301	902,958	2,614,623	-	-
Other liabilities		67,693			67,693	67,693	67,693	-	-	-	-
		5,741,575	-	-	5,741,575	5,741,575	2,223,994	902,958	2,614,623	-	-

	Interest rate exposure					Maturity Dates					
	Weighted Average Effective Interest Rate	Carrying Amount	Fixed interest rate	Variable interest rate	Non-interest bearing	Nominal Amount	Up to 1 mth	1 - 3 mths	3 mths to 1 yr	1 - 5 yrs	More than 5 Yrs
2013											
<u>Financial Assets</u>											
Cash and cash equivalents	3.399%	7,949,003		7,948,694	309	7,949,003	7,949,003				
Receivables		99,350			99,350	99,350	99,350				
		8,048,353	-	7,948,694	99,659	8,048,353	8,048,353	-	-	-	-
<u>Financial Liabilities</u>											
Payables		5,344,799			5,344,799	5,344,799	1,183,603	1,291,000	2,870,196	-	-
Other liabilities		60,920			60,920	60,920	60,920	-	-	-	-
		5,405,719	-	-	5,405,719	5,405,719	1,244,523	1,291,000	2,870,196	-	-

The amount of receivables excludes GST recoverable from the ATO (statutory receivable).

Interest rate sensitivity analysis

The following table represents a summary of the interest rate sensitivity of the Authority's financial assets and liabilities at the end of the reporting period on the surplus for the period and equity for a 1% change in interest rates. It is assumed that the change in interest rates is held constant throughout the reporting period.

	Carrying amount	-100 basis points		+100 basis points	
		Profit \$	Equity \$	Profit \$	Equity \$
2014					
<u>Financial Assets</u>					
Cash and cash equivalents	8,740,015	(87,400)	(87,400)	87,400	87,400
		(87,400)	(87,400)	87,400	87,400
2013					
<u>Financial Assets</u>					
Cash and cash equivalents	7,948,694	(79,487)	(79,487)	79,487	79,487
		(79,487)	(79,487)	79,487	79,487

Fair Values

All financial assets and liabilities recognised in the Statement of Financial Position, whether they are carried at cost or fair value, are recognised at amounts that represent a reasonable approximation of fair value unless otherwise stated in the applicable notes.

30 Remuneration of members of the accountable authority and senior officers

Remuneration of members of the accountable authority

The number of members of the accountable authority whose total of fees, salaries, superannuation, non-monetary benefits and other benefits for the financial year, falls within the following bands are:

	2014	2013
\$0 - \$10,000	13	10
\$10,001 - \$20,000	-	1
\$20,001 - \$30,000	1	-
Base remuneration and superannuation	47,878	43,405
Annual leave and long service leave accruals	-	-
Other benefits	-	-
The total remuneration of members of the accountable authority	47,878	43,405

The total remuneration includes the superannuation expense incurred by the Authority in respect of members of the accountable authority.

Remuneration of Senior Officers

The number of senior officers, other than senior officers reported as members of the accountable authority, whose total fees, salaries, superannuation, non-monetary benefits and other benefits for the financial year fall within the following bands are:

	2014	2013
\$20,001 - \$30,000	1	-
\$40,001 - \$50,000	1	-
\$70,001 - \$80,000	-	1
\$120,001 - \$130,000	1	1
\$150,001 - \$160,000	-	1
\$170,001 - \$180,000	1	-
\$180,001 - \$190,000	1	1
\$200,001 - \$210,000	1	1
Base remuneration and superannuation	691,975	667,150
Annual leave and long service leave accruals	17,142	24,610
Other benefits	48,875	48,566
The total remuneration of senior officers	757,992	740,326

The total remuneration includes the superannuation expense incurred by the Authority in respect of senior officers other than senior officers reported as members of the accountable authority.

31 Remuneration of auditor

Remuneration payable to the Auditor General for the financial year is as follows:

Auditing of the accounts, financial statements and performance indicators.	40,000	37,000
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32 Related bodies

The Authority had no related bodies during the financial year.

33 Affiliated bodies

The Authority had no affiliated bodies during the financial year.

CERTIFICATION OF Performance Indicators

We hereby certify that the performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the Western Australian Health Promotion Foundation's performance and fairly represent the performance of the Western Australian Health Promotion Foundation for the financial year ending 30 June 2014.



Associate Professor Rosanna Capolingua
CHAIRPERSON



Mr Cathcart Weatherly
DEPUTY CHAIRPERSON

18 July 2014

KEY PERFORMANCE Indicators 2013/14

KEY OUTCOME

To promote healthier lifestyles and environments

GOVERNMENT GOAL

Results-based service delivery: Greater focus on achieving results in key service

KEY EFFECTIVENESS INDICATORS

In 2013, an independent review of Healthway's key performance indicators reported that the existing indicators remain aligned to the Strategic Plan 2012-2017. The review also recommended that the existing contractual evaluation score (CES) which consolidates an overall measure for value for money and extent to which contractual obligations are met by funded groups be separated into two scales to provide more sensitive measures. This change has been approved by Treasury and in 2013/14 the CES is reported as two separate measures being the extent to which organisations met contractual obligations and value for money.

Contractual Evaluation Measure

Extent to which funded organisations have met the requirements and objectives agreed to with Healthway

Each sponsorship and grant agreement between Healthway and a funded organisation outlines the health promotion related requirements to be delivered by the sponsored group. Healthway sponsorship contracts are written with the aim of attaining the best health related benefits from invested funds.

The CES is the mechanism for assessing the level of implementation of agreed sponsorship or grant activities and the value for money associated with the grant or sponsorship. The first scale in Table 1 represents the level of delivering on agreed contractual obligations with value for money from funded activities shown separately in Table 2. Therefore, the reader must be mindful of a slight variation in score comparisons across the previous years in Table 1 as the 2013/14 scores exclude the value for money dimensions. **It is also important to note that in the previous CES scale, a score of 4 represented that the project outputs were consistent with, or in the vicinity of the requirements of the contract, whereas in the revised scales this level of performance is allocated a score of 3.**

This change has impacted on the target score for 2013/14 that was set prior to the revision to the key performance indicator being approved. The score were based on a six point scoring system that has been modified and reflected in a five point scale, as shown below. Further, during the year a restructure within the funding programs resulted in Community Events being separated from the Arts Program and Racing sponsorship being included within the Sports Program. These movements have been reflected in the table below. In 2014/15 the target for meeting contractual obligations is set at 3.0 across the programs.

Table 1 – Meeting Contractual Requirements

Key to scores

Scale Items	Score
The project greatly exceeded the requirements of the contract.	5
The project exceeded the requirements of the contract.	4
The project was consistent with, or in the vicinity of the requirements of the contract.	3
The project fell short of the requirements of the contract.	2
The project fell well short of the requirements of the contract	1

Meeting Contractual Requirements

Meeting Contractual Requirements	2013/14 Target	2013/14 Actual
Health Promotion Projects	4.0	3.0
Arts projects	4.0	2.7
Community Events Projects	4.0	2.9
Sport and Racing Projects	4.0	2.9

The value for money score has been introduced separately from 2013/14, and reflects the sum of five dimensions that are rated individually with each dimension representing a strategic priority. These predetermined dimensions include areas such as the effective reach of the project into agreed target groups and evidence of a focus on engaging in healthy behaviour. The combination of these scores is reflected as a total score between 1 to 5 as shown below.

In 2013/14 an indicative target of 3.5 was noted across all programs, which aimed at a result that was slightly higher than value for money. However, in applying the value for money dimensions in this initial year, the results have shown that the programs have overall either acquired value for money or are approaching value for money. In 2014/15 the value for money score is set at 3.0 across the programs.

Table 2 – Value for Money Requirements

Key to scores

Scale Items	Score
Very high value for money	5
High value for money	4
Value for money	3
Low value for money	2
Very low value for money	1

Value for Money Table

Value for Money Score	2013/14 Target	2013/14 Actual
Health Promotion Projects	3.5	3.03
Arts projects	3.5	2.81
Community Events Projects	3.5	3.10
Sport and Racing Projects	3.5	2.92

Sponsorship Monitor Survey

Extent to which sponsorship as a strategy contributes to health behaviour change

	2012/13	2011/12	2010/11	2008/09
% People attending Healthway sponsored events who were aware of the health message	72.0	75.6	59%	74%
% People attending a Healthway sponsored event who correctly understood the health message	57.5	59.2	49%	58%
% People who showed intention to act on health message	23.3	14.5	14%	17%

As part of their evaluation work, the Health Promotion Evaluation Unit (HPEU) has developed a standard set of instruments and methodology, which have been published in the peer reviewed scientific literature¹, involving extensive audience surveys at Healthway sponsored events. These surveys compiled over the course of a year are collectively known as the "Sponsorship Monitor" and measure the impact of health messages on audiences; including health message awareness, understanding of the message and, ultimately, the intention to act on the message promoted at the event.

These studies confirm the effectiveness of sponsorship as a strategy to achieve high levels of awareness and comprehension of health messages at sport, arts or racing events. They also provide evidence that health sponsorship can lead to behaviour change.

¹ Donovan R, Jalleh G, Clarkson J and Giles-Corti B. 1991. Evidence for the effectiveness of sponsorship as a health promotion tool. Australian Journal of Primary Health Interchange 5 (4) 81-91

Due to the complexity of the survey methods and the analysis required, these extensive surveys are generally undertaken every alternate year. For this reason, this report includes the results from the most recent Sponsorship Monitor, conducted in 2012/13.

Healthway launched a revised sponsorship program in 2010 and implemented limited Sponsorship Monitors with smaller samples in the 2010/11 and 2011/12 years. The changes introduced to the Sponsorship program in 2010 necessitated amending the inclusion criteria for the Sponsorship Monitor surveys and this means that the sample of projects and the audience demographic characteristics for the 2012/13 Sponsorship Monitor differ slightly from earlier years.

Twenty five major sport, arts and racing projects were surveyed in the 2012/13 Sponsorship Monitor, and surveys were collected from 1,506 people aged over 15 years randomly selected across these projects.

In the 2012/13 Sponsorship Monitor, 42% of respondents completed interviewer-administered questionnaires and 58% completed self-administered surveys. The results show that 72.0% of people who attended a Healthway message-sponsored event were aware of the health message being promoted at the event in 2012/13.

The overall awareness levels in 2012/13 were broadly similar although slightly lower than those measured in 2008/09, which was the last time the Sponsorship Monitor was completed with a similar number of projects. Results from the previous 20 years of monitoring audience awareness at Healthway sponsored events shows average awareness levels typically ranging between 70% and 75%, therefore the results measured in 2012/13 were within the expected range. This level of awareness of health messages in 2013/13 was pleasing given the cessation of mass media campaigns surrounding some health messages during the period of the study.

An important step in encouraging people to adopt healthier lifestyles is to ensure that they correctly understand the health messages promoted at events. The Sponsorship Monitor asks patrons about their understanding of the health message being promoted at the surveyed events. Note that only people who are aware of the message can be asked if they understand its meaning. The levels of message comprehension or understanding measured in the 2012/13 Sponsorship Monitor were similar to earlier years, at 57.5% of all patrons surveyed in 2012/13 (59.2% in 2011/12, 49% in 2010/11 and 58% in 2008/09).

As an indication of changing behaviours and habits, survey participants are asked about their intentions to act on the message. Again, only people who were aware of the message can be asked about their intentions. The proportion of the overall sample who indicated an intention to act on the message was significantly higher in 2012/13 at 23.3% of all respondents surveyed, compared with 14.5% in 2011/12, 14% in 2010/11 and 17% in 2008/09. This increase in the proportion of respondents intending to act on the message is encouraging and suggests that Healthway's sponsorship strategies have successfully incorporated opportunities to encourage behaviour change and effectively promoted healthy environments.

The Sponsorship Monitor Surveys provide evidence over many years that a consistently high percentage of people attending events are aware of and understand the health promotion message promoted at Healthway-sponsored events, and process the information to the extent that they form an intention to act on the messages promoted. The next Sponsorship Monitor will be undertaken within the next year.

Healthway's aim is to ensure that levels of awareness measured through the survey will be maintained within the range of 70% to 75% or higher which is considered to be an indication of effective performance in health sponsorship by health promotion specialists. Similarly measures in comprehension of the health messages and intention to change behaviour are considered to an indication of effective performance if within the range of 50% to 65% and 12% to 20% or higher respectively.

The target results for these surveys aim to maintain previous levels while new leveraging strategies may be put in place in sponsored projects to achieve slight incremental improvements on prior surveys.

Capacity Building

Extent to which Healthway support has enabled capacity building activities in the community

The Healthway Strategic Plan 2012-17 places a priority on building and sustaining capacity of individuals, organisations and communities to promote and improve the health of Western Australians which is recognised in the two overarching themes being "sustainable change" and "investing in the future".

For Healthway, capacity building recognises the development of sustainable skills, structures, resources and commitment to embrace behavioural change that continues beyond the term of a project or program.

Healthway has identified four capacity building domains as follows:

1. Organisational commitment including policy changes;
2. Building partnerships and creating supportive environments;
3. Building health promotion skills and activities; and
4. Reaching new priority groups.

These domains formed part of an extensive and comprehensive Organisational Survey conducted independently for Healthway by the Health Promotion Evaluation Unit (HPEU) every four years from 1992 until 2009. These surveys aim to collect data on the impact of Healthway funding on funded organisations, in terms of policy implementation, population reach and health promotion capacity. Since 2011/12, HPEU has implemented an on-line survey system that will enable Healthway to report on the results every two years in place of the previous four years.

In line with the review of the Healthway Sponsorship Program in 2010, the HPEU reviewed the methodology for the Organisational Survey and introduced a new on-line survey during 2011/12, which all Healthway sponsorships are asked to complete following the end of their contracts. The on-line survey is a shortened version of the previous Organisational survey and will enable Healthway to collect data on capacity building measures on an ongoing basis for the first time. Funded organisations are requested to undertake the online survey within two months of completing a Healthway sponsorship. Improved follow-up measures implemented by Healthway during the year, has resulted in an increased response rate from 44% in 2011/12 to 69% in 2013/14. This type of survey has been undertaken for over 20 years and the targets reflect the long term commitment by organisations over this period to building sustainable capacity in health promotion. For the 2013/14 survey the targets aim at attaining results within the range reported from 2009 (or the past five years) in the table below.

The Table below shows that building partnerships and creating supportive environments scored marginally lower than in previous years. This in part reflects funded organisations already offering activities targeting Healthway priority groups rather than requiring the development of new activities.

The measure for reaching new priority target groups is lower than the previous year but similar levels to the levels measured in earlier years. This shows that a slightly smaller proportion of organisations reported increasing their audience spectator numbers.

The 2013/14 survey results also show that organisations remain committed to building health promotion capacity by acquiring new skills or training in new areas, with a score higher than the previous year and in line in line with the 2009/10 survey.

The overall trend of the data suggests that investment continues to be made in areas that are having a positive impact on health promotion capacity building and that Healthway funded organisations are maintaining a high level of commitment to health promotion and are able to deliver on a range of activities that align with Healthway's stated capacity development objectives. This survey has been under taken for over 20 years and when benchmarked against the historical survey data collected over this period, appropriate targets for the 2014/15 year would be to maintain similar levels within the ranges measured over the last three surveys for each of the capacity building indicators in the table below.

Year and Survey Type	2013/14 Online survey	2011/12 Online survey	2009/1 Full survey	2007/08 Abridged survey	2005/06 Full survey
Surveyed projects	218	72	302	112	462
% organisations implementing health policies and demonstrating commitment to health promotion as a result of Healthway funding	93	94	75	82	75
% organisations building partnerships and creating supportive environments as a result of Healthway funding	64	70	70	72	63
% organisations committed to building and sustaining health promotion skills as a result of Healthway funding	69	66	72	64	73
% organisations reaching new priority groups as a result of Healthway funding	61	70	64	62	69

KEY EFFICIENCY INDICATORS

Grants and Sponsorships

The efficiency indicator is made up of two components that measure the average administrative, corporate and executive costs of processing grant and sponsorship applications and the average costs for management of health promotion benefits. This measure is reflected as an average cost for every \$100 of approved funding for the WA community through the grant and sponsorship programs.

Total administrative, corporate and executive costs are apportioned between grant and sponsorship processing and management of health promotion benefits derived from a methodology involving detailed process mapping of the full life cycle of a grant or sponsorship and measured on a full-time equivalent basis.

From 2012/13 this measure was reported as two separate categories as shown in the table below. The actual average cost for the management of health promotion benefits is marginally higher than the projected target for 2013/14 which is mainly due to the movement of corporate and administrative costs. In 2014/15 it is anticipated that the average cost for every \$100 funded in grant and sponsorships and management of health promotion benefits will remain at a similar level as 2013/14 reaching \$14.91 and \$69.16 respectively.

	2013/14 Target	2013/14 Actual	2012/13 Actual
	\$	\$	\$
Average cost per \$100 of approved grant and sponsorship funding	14.55	14.01	14.24
Average cost for management of health promotion benefits per \$100 of approved funding.	69.77	70.67	80.75

FUNDING

Table

HEALTH PROMOTION GRANTS FUNDED IN 2013/2014

Health Issue/Organisation	Project Title	Amount \$
REDUCING HARM FROM TOBACCO		
Armadale Education Support Centre	SMART Schools Grant - Young Director's Festival 2014	2,500
Australian Council on Smoking and Health	ACOSH 2014-2015	237,279
Balga Senior High School	SMART Schools Grant - Young Director's Festival 2014	2,500
Beckenham Primary School	SMART Schools Grant - Young Director's Festival 2014	2,000
Cancer Council Western Australia	Make Smoking History Campaign 2013-2016	528,274
Canning Vale College	SMART Schools Grant - Young Director's Festival 2014	2,500
Challis Primary School	SMART Schools Grant - Young Director's Festival 2014	2,050
Cyril Jackson Senior Campus	SMART Schools Grant	2,500
East Wanneroo Primary School	SMART Schools Grant - Young Director's Festival 2014	2,500
Kingsley Primary School	SMART Schools Grant - Young Director's Festival 2014	2,500
Lumen Christi College	SMART Schools Grant - Young Director's Festival 2014	2,500
Marri Grove Primary School	SMART Schools Grant - Young Director's Festival 2014	2,500
Merredin College	SMART Schools Grant	2,050
Mirrabooka Primary School	SMART Schools Grant	2,400
National Heart Foundation of Aust (WA Division)	Smarter Than Smoking - Young Director's Festival 2014	9,000
National Heart Foundation of Aust (WA Division)	Smarter than Smoking Project	370,000
Rockingham Senior High School	SMART Schools Grant - Young Director's Festival 2014	2,500
Roleystone Community College	SMART Schools Grant - Young Director's Festival 2014	2,500
Roseworth Primary School	SMART Schools Grant - Young Director's Festival 2014	2,300
Serpentine Primary School	SMART Schools Grant - Young Director's Festival 2014	2,450
St Mary's Primary School	SMART Schools Grant	700
Swan View Senior High School	SMART Schools Grant - Young Director's Festival 2014	2,500
Wanneroo Secondary College	SMART Schools Grant - Young Director's Festival 2014	2,500
West Beechboro Primary School	SMART Schools Grant - Young Director's Festival 2014	2,500
Westfield Park Primary School	SMART Schools Grant - Young Director's Festival 2014	2,500
Willandra Primary School	SMART Schools Grant - Young Director's Festival 2014	2,025
Drug and Alcohol Office	Young People and Alcohol Education Campaign and Engagement Strategy	585,000
Reach Health Promotion Innovations	Harnessing mobile technology to promote safer alcohol consumption behaviour during lactation	30,960

Health Issue/Organisation	Project Title	Amount \$
PREVENTING OVERWEIGHT AND OBESITY		
Comet Bay College	Health Promoting Schools Grant	1,000
Federation of WA Police & Community Youth Centres Collie	Collie PCYC Community Kitchen	4,990
Kimberley Aboriginal Medical Services Council	Good Family Tucker	4,960
Mount Barker Community Resource Centre	Mount Barker Cooking for Healthy Eating	4,425
Pearsall Primary School	Health Promoting Schools Grant	2,300
South Coast Progress Association	Little Grove Edible Gardens for Kids - Garden Grubs	4,925
WA School Canteen Association	Scholarships for Public Health Association 43rd Annual Conference	1,050
Walgenup Aboriginal Corporation	Koolbardi Parent Learning Cookbook and Healthy Eating Program	5,000
Westminster Education Support Centre	Health Promoting Schools Grant	2,500
Westminster Junior Primary School	Health Promoting Schools Grant	2,500
Wongan Hills District High School	Health Promoting Schools Grant	1,340
PROMOTING MENTAL HEALTH AND WELLBEING		
Carey Baptist College	Health Promoting Schools Grant	2,100
Curtin University	Creating a Mentally Healthy WA: The Act-Belong-Commit Campaign Phase IV 2014-2016	570,157
OTHER		
Australian Health Promotion Association (WA)	AHPA-Healthway Health Promotion Scholarship Program 2015-2017	171,900
Australian Medical Association WA Branch	AMA - Healthway Healthier WA Award	17,500
Bidyadanga Aboriginal Community La Grange	The Good Woman Program	9,000
Cancer Council Western Australia	Scholarship for Public Health Association 43rd Annual Conference	1,505
Cancer Council Western Australia	SunSmart Campaign 2011-2014	150,000
Curtin University	Promoting public health advocacy in WA through professional development and building capacity	161,200
Curtin University	Promoting public health advocacy through the knowledge transfer program	183,808
Diabetes Association of Western Australia	Scholarship for Public Health Association 43rd Annual Conference	2,318
Kimberley Aboriginal Medical Services Council	Kimberley Pregnancy Book	8,697

Health Issue/Organisation	Project Title	Amount \$
OTHER		
Local Drug Action Groups	Scholarship for Public Health Association 43rd Annual Conference	1,500
Melville Senior High School	Health Promoting Schools Grant	2,500
Metropolitan Migrant Resource Centre	Scholarship for Australasian Sexual Health Conference 2013	1,500
National Heart Foundation of Aust (WA Division)	Health and Medicine 2013-2015	205,908
WA Country Health Service - Goldfields - Kalgoorlie	Scholarship for Public Health Association 43rd Annual Conference	1,410
WA Country Health Service - Great Southern	Scholarship for Public Health Association 43rd Annual Conference	1,590
WA Country Health Service - Great Southern - Albany	Scholarship for Public Health Association 43rd Annual Conference	1,590
WA Country Health Service - Kimberley	Scholarships for Public Health Association 43rd Annual Conference	3,790
WA Country Health Service - Pilbara - South Hedland	Scholarships for Public Health Association 43rd Annual Conference	4,790
WA Country Health Service - Wheatbelt - Northam	Scholarship for Public Health Association 43rd Annual Conference	840
Wellstead Community Resource Centre	Healthy Living in Wellstead	3,353
	Leadership Development in Health Promotion Program	100,000

HEALTH PROMOTION RESEARCH GRANTS FUNDED IN 2013/2014

Health Issue/Organisation	Project Title	Amount \$
REDUCING HARM FROM ALCOHOL		
Curtin University	Health Promotion Indigenous Research Training Scholarship - Robyn Williams	39,000
Curtin University	Health Promotion Research Fellowship - Tina Lam	108,808
Curtin University	Minimum pricing for alcohol: What does the WA public think	42,217
Edith Cowan University Joondalup	Adolescent alcohol use: Determining priorities for parent interventions	29,690
PREVENTING OVERWEIGHT AND OBESITY		
Curtin University	Food Law, Policy and Communications to Improve Public Health	142,524
Curtin University	Health Promotion Research Training Scholarship - Ms Alison Daly (Phillips)	37,600
Curtin University	Parent Infant Feeding Initiative: a study to enhance breastfeeding duration	117,674
Curtin University	Retirement Village Physical Activity and Nutrition for Seniors Intervention (RVPANS)	94,578
Edith Cowan University Joondalup	Health Promotion Research Training Scholarship - Karen Lombardi	36,500

Health Issue/Organisation	Project Title	Amount \$
PREVENTING OVERWEIGHT AND OBESITY		
Edith Cowan University Joondalup	SNACPlus: A whole-of-centre approach to healthy eating in WA Child Care Centres	28,216
University of WA	A GP delivered intervention for managing maternal obesity in pregnancy	29,393
University of WA	A health related movement based video games rating measure for consumers	150,000
University of WA	HP Research Training Scholarship - Ms Clover Maitland	38,744
University of WA	Long-term follow-up of Liveable Neighbourhoods: research into practice	149,984
PROMOTING MENTAL HEALTH AND WELLBEING		
Curtin University	HP Indigenous Research Training Scholarship - Ms Michelle Anne Webb	59,000
Edith Cowan University Joondalup	Building school capacity to reduce social aggression among students	130,535
Edith Cowan University Joondalup	Promoting social engagement among older people at risk of social isolation	29,550
University of WA	Health Promotion Research Fellowship - Dr Karen Martin	101,622
University of WA	Screen Use & Mental Health from Ages 8-18: A sequential latent growth model	118,724
University of WA	Students leading change to reduce sexting-related harm to young people	25,000
OTHER		
University of WA	Health promoting policy implementation in workplaces	29,954
University of WA	HP Research Fellowship - Dr Sarah Foster	105,019
University of WA	More than talk: An Aboriginal, non-Aboriginal partnership for action	148,403
University of WA	Perceptions of oral health, diet & smoking in Perth Indigenous children	120,000
University of WA	Promoting health self-management by people living with mental illness	79,849
University of WA	Visiting Fellow - Dr Melanie Barwick	34,138

SPONSORSHIP PROJECTS FUNDED IN 2013/2014

Health Issue/Organisation	Project Title	Amount \$
REDUCING HARM FROM TOBACCO		
Albany Speedway Club	Junior Development Programme/Junior Sedan Series	4,000
Art On The Move NETS	Education Events 2013-2014	35,700
Augusta Margaret River Hot Rod Club	Dirt Late Model Rumble on the River and South West Junior Championship	7,500
Australian Jazz Education Association	WA Schools' Jazz Festival 2014	2,500

Health Issue/Organisation	Project Title	Amount \$
REDUCING HARM FROM TOBACCO		
Avon Valley Ladies Golf Association	Avon Valley Junior Golf Program	2,000
Barking Gecko Theatre Company	Workshop and Performance Program 2014	95,000
Baseball WA Limited	Baseball WA Development Programs 2013-2014	75,000
Boab Festival at Derby	Derby & Fitroy Crossing Festivals 2014	30,000
Broome Senior High School	Kimberley Cup	4,500
Bunbury Car Club	Bunbury Speedway	50,000
Bunbury Women Aboriginal Corporation	GWABA Indigenous Football Carnival	5,000
Carnarvon Motorcycle Club	Regional Challenge 2014	2,500
Carnarvon Race Club	Peter Evans Memorial Race Day	5,000
City of Fremantle	Festivals 2013-2014	30,000
City of Greater Geraldton	Family Program at the Queens Park Theatre 2014	18,000
City of Joondalup	Events Cultural Program 2013-2014	35,000
City of Kalgoorlie Boulder	Youth Fest 2014	10,000
City of Kwinana	Live Kwinana 2014	12,000
City of South Perth	South Perth Fiesta 2014	25,000
Coastal Motorcycle Club	Junior Summercross/Senior Summercross	4,000
Collie Racing Drivers Association	Collie Speedway and Junior Sedans Challenge	15,000
Cultural Infusion Ltd	Freestyle 2014	10,000
Desert Feet	Desert Feet Tour 2013 & 2014	50,000
Ellenbrook Cultural Foundation	Youth Arts Program 2014	10,000
Football West Limited	Annual Sponsorship	310,000
Formula Vee Association of WA	Formula Vee Racing	4,950
Garnduwa Amboorny Wirnan Aboriginal Corporation	Active Community Project 2013-2015	210,000
Golf Western Australia	Developing Junior Golf Program 2014	80,000
Greater Wheatbelt Mens Hockey Association (formerly Roe Districts)	Greater Wheatbelt Junior Hockey Development Program	2,500
Improved Production Racing Association of WA	Improved Production Car State Championships 2014	5,000
Indigenous Services Australia Pty Ltd	Yabu Band Tour 2014	35,000
Ironstone Adventure Riding Club	Capel 200 Dirt Bike Rally	2,000
Joondalup Primary School Parents and Citizens Association	Beans Performance Program 2014	20,000
Junior Speedway Racing Association of WA	Junior Sedans Series and Junior Sedan Country Super Series	25,000
Kalamunda and Districts Basketball Association	Australian Under 20 & Ivor Burge Championships	4,500
Kelmscott Agricultural Society	Kelmscott Annual Show 2013	25,000
Lacrosse WA	Annual Program 2013-2014	78,000
Lightweight Motor Cycle Club	Arenacross 2013	5,000
Manjimup Speedway Club	Speedway Season 2013-2014	10,000
Mellen Brunton Discretionary Trust (T/A Mellen Events)	Summer Concert Seasons 2013-2016	150,000

Health Issue/Organisation	Project Title	Amount \$
REDUCING HARM FROM TOBACCO		
Moora Race Club	Moora Cup	5,000
Motorcycling Western Australia	MotorSafe and Minikhana 2014	25,000
Murray Auto Xtravaganza	Murray Auto Xtravaganza 2014 & 2015	10,000
Musica Viva Australia	Musica Viva in Schools Program 2014-2016	65,000
NAIDOC Perth	NAIDOC Perth Opening Ceremony 2013	20,000
NAIDOC Perth	Survival Perth 2014	22,000
Nannup Music Club	Nannup Music Festival 2014	15,000
Netball WA	Community Programs 2013-2015	290,000
Norseman Motorcycle Club	Pig Farm Classic Motocross	4,000
Northam Agricultural Society	Northam Show 2013	4,999
Pingrup Ground Improvement Committee	Pingrup Lightning Carnival	2,000
Shinju Matsuri	Shinju Matsuri Festival 2013-2015	80,000
Shire of Derby West Kimberley	Derby Freshfest 2013	24,000
Shire of Northampton	Northampton Community Concert 2014	12,000
Softball Western Australia	Annual Competition and Participation Programs	70,000
South West Opera Company	Calendar of Events 2014	18,000
Speedway Motorcycle Club WA	U16 Australian Solo and Sidecar Speedway Championships	4,000
Squash Rackets Assoc of WA (WA Squash)	Annual Program 2014	35,000
Targa West Pty Ltd	Killarnée Targa South West 2014	15,000
Targa West Pty Ltd	Targa West 2013-15	75,000
Triumph Sports Owners Association	National Rally Show & Shine 2014	2,000
Vietnamese Community In Australia WA Chapter	TET New Year Celebration 2014	10,000
WA Basketball Federation (Basketball WA)	Development Program 2013-2016	280,000
WA MX	WA State and Junior Motocross Championships	45,000
Wagin Agricultural Society	Wagin Woolorama 2014	30,000
West Australian Car Club	2013 & 2014 RallyWA	7,000
West Australian Car Club	Forest Rally 2013-2015	65,000
West Australian Opera	Access All Arias 2014	75,000
Western Australian Hockey Association (Hockey WA)	Hockey for Health 2013-2014	245,000
Western Australian Rugby League Ltd	Annual Sponsorship 2014-2015	100,000
Western Australian Table Tennis Association	Development Program 2013-2014	16,000
Western Australian Trotting Association	Annual Sponsorship 2013-2014	200,000
Western Desert Sports Council	Western Desert League Premiership Program 2013-2014	50,000
Westside BMX Club	Westside Internationals	4,000
Zaccaria Concerts and Touring	Nocturnal Concert Series at Perth Zoo 2013 & 2014	15,000

Health Issue/Organisation	Project Title	Amount \$
REDUCING HARM FROM ALCOHOL		
ABMUSIC Aboriginal Corporation	CONNECT Program 2014	15,000
City of Armadale	Ignite Basketball Program 2014-2015	60,000
City of Swan	HyperFest 2014	35,000
Country Arts WA	Drug Aware YCulture Regional 2013-2014	70,000
Government House Foundation of Western Australia	Government House Foundation Music Events 2013	3,000
Holyoake the Australian Institute on Alcohol and Addictions	DRUMBEAT Facilitator Training and Youth Leadership Program 2013-2014	32,000
Indigenous Communities Education Awareness (ICEA Foundation)	ICEA Waves Program 2013-2014	20,000
Mowanjum Artists Spirit of the Wandjina Aboriginal Corporation	Mowanjum Festival 2014	20,000
Mundaring Arts Centre	Community Connection Project 2013-2014	33,000
Netball WA	West Coast Fever 2013-2015	260,000
Perth Heat Baseball Club of the Australian Baseball League Pty Ltd	Perth Heat - Australian Baseball League 2013-2016 (2 years)	175,000
Propel Youth Arts WA	Drug Aware YCulture Metro 2013-2014	55,000
Shire of Augusta-Margaret River	Margaret River Skate Art Music Festival 2013	3,000
Surfing Western Australia	Margaret River Pro 2013-14	375,000
Town of Cambridge	Exposure Youth Festival 2014	2,500
University of WA Sport and Recreation Association	Tertiary Sports Program 2013-2014	30,000
West Australian Symphony Orchestra	Master Series Concerts 2014-2015	125,000
Western Australian Cricket Association	Annual Programs 2013-2016	650,000
Western Australian Volleyball Association	Volleyball - Supporting WA	115,000
Wildcats 2000 Pty Ltd	Perth Wildcats 2012-2015	512,500
Yirra Yaakin Aboriginal Corporation	Annual Program 2014	60,000
YMCA of Perth Youth & Community Services	YMCA Drug Aware Open Arts 2013-2014	45,000
YMCA of Perth Youth & Community Services	YMCA Skate Series 2013-2015	37,500
PREVENTING OVERWEIGHT AND OBESITY		
Ability Solutions	Good Choices Program 2013	50,000
Araluen Botanic Park Foundation	Araluen's Fremantle Chilli Festival 2014	35,000
Australian Dancing Society Ltd WA Branch	Night of Stars National Dancesport Championships 2014	5,000
Awesome Arts Australia Ltd	Creative Challenge 2014	80,000
Badminton Association of WA	Play Badminton 2014	25,000
Ballet Workshop	Prompt Corner and Perth City Ballet Program 2013-2014	32,000
Bindoon and Districts Agricultural Society	Bindoon Show 2013	3,000

Health Issue/Organisation	Project Title	Amount \$
PREVENTING OVERWEIGHT AND OBESITY		
Boccia WA	State Title and Promotional Event	2,500
Bunbury Agricultural Society	Bunbury Show-Horse and Country Event 2014	15,000
Buzz Dance Theatre	Annual Program 2014	70,000
Calisthenics Association of WA	Development Projects 2013-2014	12,250
Canoeing Western Australia	Annual Program 2013-2014	40,000
Children's Book Council of Australia (WA Branch)	Children's Book Week WA 2014	18,000
City of Bunbury	Funtabulous Bunbury Kidsfest 2013	15,000
City of Kalgoorlie Boulder	Goldfields KidsFest 2014	15,000
City of Wanneroo	Global Beats and Eats 2014	17,000
Commonwealth Clydesdale Horse Society WA	Dardanup Clydesdale & Heavy Horse Breed & Working Show 2014	2,000
Country Music Club of Boyup Brook WA	West Australian Country Music Awards 2013	20,000
DADAA Limited	Annual Program 2013-2015	45,000
Darling Range Connect	Makuru Arts Festival and Sculpture Workshops 2014	12,000
Donnybrook Apple Festival	Donnybrook Apple Festival 2014	5,000
Enable Southwest	Rotary Sail Into Life Bunbury 2013-2014	7,500
FolkWorld	Folkworld Fairbridge Festival 2014	23,000
Fremantle Children's Literature Centre	Outreach Primary Students Residence Program 2013-2014	40,000
Gingin Coast Tourism Association	Gingin British Car Day 2014	4,000
Gymnastics Western Australia	Various Events 2013-2014	127,000
Harvey Mainstreet	Harvey Harvest Festival 2014	15,000
Kalamunda and Districts Agricultural Society	116th Kalamunda Show 2014	14,000
Kellerberrin and Districts Agricultural Society	Kellerberrin and Districts Agricultural Show 2013	3,500
Kununurra Dragon Boat	Kununurra Biennial Dragon Boat Marathon	2,000
Masters Swimming Western Australia	Swim for your Life Project	25,000
Meerilinga Young Children's Foundation	WA Children's Week 2013 & 2014	52,000
Monkey Baa Theatre for Young People Ltd	Postcards for Pete the Sheep 2014	25,000
Mullewa District Agricultural Society	Mullewa Gift	4,000
Okewood Pty Limited (Perth Glory Football Club)	The Perth Glory Football Club 2013-15	250,000
Orienteering Association of Western Australia	WA School Orienteering Championships 2014	4,000
Pony Club Association of Western Australia	Annual Events 2013-2015	55,500
Princess Royal Sailing Club	Sailability Program 2014	7,500
R2R Sports Pty Ltd	Busselton Spring Running Festival	4,000
Rotary Club of Bridgetown	Rotary Blackwood Marathon 2013 & 2014	9,000

Health Issue/Organisation	Project Title	Amount \$
PREVENTING OVERWEIGHT AND OBESITY		
Rotary Club of Willetton	Willetton Rotary Community Fair 2014-2016	12,000
Royal Life Saving Society Australia WA Branch	Regional & Remote Communities Aboriginal Swimming Program	65,000
Sailability W.A.	Annual Program 2014	25,000
Save the Children Fund (WA Division)	Regional Children and Youth Art Workshops 2014	4,500
Seniors Recreation Council of WA	Annual Program 2013-2015	40,000
Serpentine Jarrahdale Community Resource Centre	Community Fairs 2013-2014	20,000
Shire of Bruce Rock	Bruce Rock "Back to the Bush" Community Concert 2013	2,500
Shire of Cranbrook	Cranbrook Show 2014	3,000
Shire of Mundaring	Trek The Trail 2013	4,900
Shire of Murray	Pinjarra Festival 2014	17,000
Shire of Nannup	Family Fun Day 2014	3,000
Shire of Roebourne	Red Earth Arts Festival 2014	15,000
Silver Threads Band	Making Music is Fun Program 2014	20,000
South West Cycle Club (Bunbury Cycle Club)	Cycle Challenge	3,000
Spare Parts Puppet Theatre	Regional Touring Program 2013-2014	72,000
Special Olympics Australia	Annual Program 2014	37,500
Steps Youth Dance Company	Annual Program 2012-2014	35,000
Swan View and Districts Agricultural and Arts Society	Agricultural & Arts Annual Show 2013	2,500
The Gujarati Samaj of Western Australia	Gujarati Sports Festival	1,500
The Rink Pty Ltd	Annual Program 2013	30,000
Tura New Music Ltd	Regional Program 2014	25,000
Vision Impaired and Blind Bowlers of Western Australia	WABBA Australian Championships	1,500
WA Disabled Sports Association	Annual Sponsorship 2013-2015	235,000
Wagin Trotting Club	Harness Racing Season (6 harness race meetings)	4,500
Warren Arts Council	Manjimup Bluegrass & Old Time Music Weekend 2014	14,000
West Australian Ballet	Education and Access Season 2014	110,000
Western Australian Athletics Commission	Athletics Development Programs 2013-2014 & Perth Track Classic	140,000
Western Australian Fencing Association	Australian Junior Fencing Championships	2,500
Western Australian Institute of Sport	Community Development Program 2013-2014	87,500
Wheelchair Sports WA Association	Perth Wheelcats and Western Stars 2013-2014	46,000

Health Issue/Organisation	Project Title	Amount \$
PROMOTING MENTAL HEALTH AND WELLBEING		
Albany Light Opera and Theatre Company	Let's Shine Forever 2014	3,000
Albany Youth Support Association	Open Access Youth Art Studio Program 2014	40,000
ANW Enterprises Pty Ltd	Avon Alive 2014	4,000
Augusta River Festival	Augusta River Festival 2014	10,000
Australian Dance Council WA Branch (Ausdance)	The Dance 100 and Country Week Program 2014	40,000
Beverley Agricultural Society	Beverley Agricultural Society Show 2014	4,800
Bluegem Holdings Pty Ltd (Trievents WA)	Dwellingup 100 Mountain Bike Classic	20,000
Boddington Community Resource Centre	Arts Program 2014	22,000
Bonsai Society of Western Australia	Bonsai Exhibition 2014	1,500
Broomehill Recreational Complex	Broomehill Big Bash	1,000
Bunbury City Band	Queen's Cup Band Festival 2014	2,500
Bunbury Multicultural Group	Multicultural Night Under The Stars 2014	4,000
Bunbury Musical Comedy Group	Major Musical Production: The Sound of Music 2013	5,000
Bunbury Young Voices	Bunbury Young Voices Mid West Tour 2013	3,000
Cannery Arts Centre	Young at Art 2014	18,000
Canning Vale College	CVC Circus Troupe 2014	4,500
Catch Music	Community Music Program 2014-2016	20,000
Central South Eisteddfod	Central South Eisteddfod 2014	2,500
Cervantes Cultural Committee	Cervantes Festival of Art 2013 & 2014	4,000
Circus Joseph Ashton Pty Ltd	Circus Program 2014	70,000
City of Albany	New Year's Eve Fireworks 2013 and Australia Day Family Festival 2014	25,000
City of Albany	Vintage Vancouver-Family Heritage Festival 2014	10,000
City of Canning	Season of Events 2014-2015	95,000
City of Gosnells	Community Events Season 2013-2014	20,000
City of Greater Geraldton	Big Sky Readers and Writers Festival: Sunlight and Shadows 2013	3,000
City of Mandurah	Stretch Festival 2013 & 2014	30,000
City of Rockingham	PhotoVoice Rockingham and School Banner Competition 2013 & 2014	15,000
Class Act Theatre	Frames 2014	4,000
Collie Country Music Club	Collie Country Music Round Up 2014	2,000
Community Solutions	Youth on Health Festival 2013 & 2014	95,000
Country Arts WA	Shows on the Go and the Sand Tracks 2014	100,000
Denmark Arts Council	Art Program 2014	32,000
Dowerin Events Management	Ag Art Wear Competition 2014	4,000
Esperance Community Arts	Pathway to the Arts 2013-2014	20,000

Health Issue/Organisation	Project Title	Amount \$
PROMOTING MENTAL HEALTH AND WELLBEING		
Federation of Western Australian Police and Community Youth Centres	Strike II 2014	15,000
Friends of the Porongurup Range	Art in the Park 2014	2,000
Gascoyne Circus and Physical Theatre Association	Civic Centre Circus Annual Program 2014	15,000
Gelganyem Limited	Barramundi Dreaming Concert and Barramundi Dreaming Workshop Arena 2014	20,000
Jazz Fremantle	Jazz Fremantle Concert Program 2014	2,000
Kinetica Circus Arts Ltd	Youth Program 2014	20,000
Kojonup Pastoral and Agricultural Society	Kojonup Agricultural Show 2013	3,500
Lions Club of Manjimup	Jazz in the Jarrah 2014	3,000
Mandurah Little Theatre	The Phantom of the Opera 2013	4,000
Mandurah Performing Arts	MPAC 'Get in the Swim' Program 2014	33,000
Mens Resource Centre	Australia Day Fun Run & Walk 2014	3,000
Merredin Senior Centre	Seniors Games 2014	2,500
Mukinbudin Planning and Development Group	Mukinbudin Spring Festival 2013	9,500
Narrogin Spring Festival	Narrogin Spring Festivals 2013 & 2014	9,500
Nulsen Haven Association	As We Are Art Award 2013 & 2014	9,000
Parromus	Summer full of dreams 2014	4,500
Pulse Music World Pty Ltd	WAMED Festival 2014	4,000
Rapid Ascent Pty Ltd	Augusta Adventure Race Festival 2013-2014	80,000
Ravensthorpe Regional Arts Council	Calendar Girls 2014	2,000
Relationships Australia	Moorditj Yarning Art Workshops and Exhibition 2014	8,000
Secret Harbour Residents Association	Spring Market Fair 2013	11,000
Shire of Kulin	Camp Kulin Community Concert 2014	3,500
Shire of Merredin	Merredin Photography Competition 2014	3,000
Shire of Shark Bay	Choir Workshops and Community Concert	3,000
Shire of Woodanilling	Woodanilling Health Show & Expo 2014	3,000
Southern Edge Arts	Annual Program of Activities for 2013-2014	45,000
Stirling Street Arts Centre	Annual Program 2014	40,000
Tambellup Agricultural Society	Tambellup Agricultural Society Show Day 2013 & 2014	8,200
Temple of Fine Arts	Swan Festival of Lights 2013	25,000
Theatre Kimberley	Youth Theatre Program 2013-2014	32,000
Tom Price Nameless Festival	Exhibitions and Workshops 2014	15,000
Toodyay Agricultural Society	160th Annual Toodyay Show 2013	4,000
Toodyay Festivals	The Toodyay Fibre Festival	3,000
WA Circus School	Community Outreach Program 2014-2015	20,000
WA Country Health Service - Kimberley	Mental Health Family Fun Day 2014	3,500

Health Issue/Organisation	Project Title	Amount \$
PROMOTING MENTAL HEALTH AND WELLBEING		
WA Youth Jazz Orchestra Association	WAYJO Education Program 2014	20,000
WA Youth Music Association	WA Youth Orchestra Outreach Program 2014	39,000
WA Youth Theatre Company	Annual Programs 2013-2014	25,000
Williams Gateway Expo	Expo and Entertainment 2014	1,500
Wongan Arts Society	Biennial Exhibition of Art/Craft 2014	4,500
OTHER		
Bluegem Holdings Pty Ltd (Trievents WA)	Women's Triathlon 2014-2015	20,000
Busselton Allsports	Busselton Jetty Swim 2014-2015 (2 years)	60,000
Denmark Surf Life Saving Club	Southern Ocean Classic Swim	3,000
Narrogin Primary School P&C Association	Narrogin Triathlon	3,000
Sports Medicine Australia WA Branch	Healthy Club Program	25,011
Stadium Triathlon Club	Karri Valley Triathlon	3,000
State Sailing Centre of WA Ltd	Active Participation in Boating Education 2013-2014	30,000
Surf Life Saving Western Australia	Surfsports Season	120,000
Surfing Western Australia	Program 2013-2014	140,000
Synchro WA	Get in Sync	20,000
Tennis West	Community Tennis Engagement Program	190,000
USM Events Pty Ltd	Ironman 70.3 Mandurah and Ironman Western Australia	235,000
Water Polo WA	Junior Competition and Referee Program 2013-2015 (2 years)	65,000
Western Australian Swimming Association	Various Events 2013-2014	160,000
Western Australian Triathlon Association	Busselton Festival of Triathlon and Regional Kids Triathlon Series 2014	100,000
York Swimming Club	Country Pennants 2014	9,000

HEALTHY CLUB PROJECTS FUNDED IN 2013/2014

Club	Amount \$
A K Strikers	2,150
Albany Bowling Club	1,380
Alexander Park Tennis Club	450
Ardath Tennis Club	800
Bateman Junior Cricket Club	1,400
Bicton Attadale Cricket Club	800
Blue Gum Park Tennis Club	2,500
Boyup Brook Club	1,200
Braves Baseball Club of Melville City	1,550
Bruce Rock Tennis Club	800
Bunbury and Districts Softball Association	1,900
Bunbury Rowing Club	750
Busselton Surf Life Saving Club	1,750
Carnarvon Golf Club	1,200
Carnarvon Junior Cricket Council	900
Carnarvon Motorcycle Club	1,000
Carnarvon Speedway Club	800
City Beach Green Range Cricket Club	800
City of Perth Surf Life Saving Club	2,500
Dalkeith Nedlands Bowling Club	2,000
Darlington Junior Cricket Club	900
Denmark Country Club	890
Denmark Surf Life Saving Club	1,510
Dongara Cricket Club	1,100
Dunsborough Bay Yacht Club	800
East Fremantle Lawn Tennis Club	500
Eaton Cricket Club	1,100
ECU Chequers Volleyball Club	1,150
Esperance Bay Yacht Club	2,300
Exceed Triathlon Club	1,290
Geographe Bay Yacht Club	1,100
Geraldton Bowling Club	2,200
Gnowangerup Bowling Club	1,000
Goldfields Horse & Pony Club	800
Goldfields Tee-Ball Association	1,800
Harvey Bowling Club	1,000
Hills BMX Club	2,500

HEALTHY CLUB PROJECTS FUNDED IN 2013/2014

Club	Amount \$
Kwinana District Diamond Sports Association	1,000
Lesmurdie Mazonod Junior Cricket Club	1,100
Lesmurdie Walliston Cricket Club	1,000
Mandurah Cricket Club	2,300
Maylands Yacht Club	480
Melville Districts Tee Ball Club	1,900
Melville-Palmyra Tennis Club	2,500
Morley Cricket Club	820
Morley Eagles Baseball Club	2,500
North Beach Tennis Club	2,150
Parkerville Junior Cricket Club	400
Perth Baseball Club	1,300
Perth Blitz Gridiron Club	1,000
Safety Bay Yacht Club	800
South Perth Baseball Club	1,600
South Perth Lawn Tennis Club	1,800
St Marys Cricket Club	1,450
Swan Districts Junior Baseball Club	1,000
Swan Districts Senior Baseball Club	800
Swanbourne Nedlands Surf Life Saving Club	2,500
UWA Baseball and Softball Club	1,000
Victoria Park Belmont Baseball Club	1,800
Victoria Park Carlisle Southern Aquatic Swimming Club	1,000
Visionary Junior Cycling Club .	800
Walpole Country Club	2,000
Wanneroo Giants Baseball Club	2,100
Wanneroo Joondalup Tee Ball Club	2,500
Western Suburbs Cricket Club	1,850
Westoz Wakeboarding	1,000
Westside Steelers Gridiron Club	1,000
Woodlands Tee-Ball Club	2,050

HEALTHWAY

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