

LIFE IS A CHOICE.

HEALTH PROMOTION BOARD ANNUAL REPORT 2007/2008

IT'S NOT JUST ABOUT EATING LOW-FAT FOOD. IT'S NOT JUST ABOUT TRUDGING 10KM A WEEK. AND IT'S DEFINITELY NOT ABOUT REGURGITATING MANTRAS FROM SELF-HELP BOOKS.

HEALTH IS ABOUT ADOPTING AN ENTIRE LIFESTYLE. IT'S ABOUT MAKING THE RIGHT CHOICES IN THE WAY YOU LIVE. AND THAT'S WHAT HPB HELPS YOU ACHIEVE.

WITHIN THESE PAGES, YOU'LL SEE HOW.





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APPLE



APPLE PIE

OUR VISION, MISSION & VALUES

OUR VISION

A nation of healthy and fit Singaporeans.

OUR MISSION

We will be a centre of excellence for health promotion. With our partners, we create a supportive environment, and provide health education and preventive health services to empower every Singaporean to attain the best possible health throughout life.

OUR VALUES

Care and concern

Our primary concern is the well-being of Singaporeans. We will do our best to help them improve their health.

Professionalism

We will do our work with the appropriate knowledge, skills and training.

Integrity

We will maintain high standards of ethical conduct.

Respect

We treat everyone with respect.

Commitment

We are committed to our work and to doing our best for Singaporeans.

Innovation

We constantly look for new ideas, approaches and methods to promote health.

CHAIRMAN'S MESSAGE

In the year under review, HPB pioneered several bold and targeted initiatives to fulfil our vision of a nation of healthy and fit Singaporeans. We aim to create a supportive environment for healthy living through programmes and activities that empower Singaporeans — young and old — with the skills and knowledge to make the best health choices for themselves.

It is well established that healthy lifestyle practices need to be inculcated early for them to become life-long habits. HPB tailors its youth-focused programmes for children from birth to adolescence, covering nutrition, physical activity, smoking control, mental well-being, STI/HIV/AIDS prevention and education, and oral health.

In January 2008, we held the inaugural “ImPULSE” youth health symposium, which highlighted health issues and showcased youth-initiated projects. The symposium drew 400 youths aged 16 to 25 years from various educational institutions and youth organisations.

On the nutrition front, the Board released new Child and Adolescent Dietary Guidelines comprising practical, evidence-based recommendations on healthy eating from birth to age 18. Youths were also encouraged to be active through the third “Let’s Work It!” Challenge where students from 26 primary and 15 secondary schools choreographed and performed innovative exercise-based dance routines.

Several creative anti-smoking initiatives were introduced to discourage youths from smoking and encourage young smokers to quit. A video clip competition called “What Youth Should Know about Smoking” was held for secondary school and junior college students to dispel common misconceptions about the smoking habit. The “Care for a Pack”

vending machine dispensing dummy smoke packs with smoking control messages also made the rounds to six tertiary institutions, reaching 4,000 students.

The Board launched several milestone initiatives to promote health among the adult population, including a three-month long public campaign to encourage smokers to quit the habit. The campaign was rolled out in two phases and used hard-hitting visual messages as well as positive quit testimonies by ex-smokers. It stimulated much public discussion and resulted in a five-fold increase in the number of calls to our smoking cessation hotline, QuitLine.

With the increasing emphasis on mental well-being, the Board’s Mental Health Education programme shifted its focus from conditions such as depression, to cultivating positive mental health. The annual National Healthy Lifestyle Campaign adopted the theme “Healthy Mind, Happy Life” and was launched by Prime Minister Lee Hsien Loong at the Singapore Botanic Gardens. It drew more than 5,000 people who participated in experiential activities revolving around the theme of mental well-being.

In line with the Ministry of Health’s continuing focus on chronic disease management, the Board conceptualised the Integrated Screening Programme to provide the public with a one-stop screening service covering chronic diseases and cervical cancer. In July 2008, personalised invitation letters were sent to Singaporeans and permanent residents aged 40 years and older, inviting them to attend screenings at a designated General Practitioner (GP) clinic.

Additionally, the Board developed the Nurse Educator programme, where Nurse Educators would be deployed in the community to support the health education of chronic disease patients seen by private GP clinics.

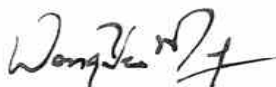
The Board also continued to communicate the HIV/AIDS message through events such as art installations, exhibitions of t-shirts designed by local celebrities on the subject of discrimination and stigmatisation of Persons Living with HIV and AIDS as well as the launch of a new programme called “Love Them. Talk About Sex”, which raised awareness among parents of the importance and means of talking to children about sexuality issues and STI/AIDS.

As we worked hard to promote the health of the population, we also strived for organisational excellence. On 18 Mar 2008, HPB undertook the Singapore Quality Class (SQC) certification exercise and was subsequently awarded the SQC status on 30 Apr 2008. The national certification recognises the Board’s pursuit of all-round business excellence through its management systems and processes. The introduction of the SQC framework will serve as a guiding principle to HPB in our journey towards organisational excellence.

Moving forward in 2008, we are mindful that we are living in a dynamic environment. With an ageing population and the resulting emphasis on chronic disease management, our challenge is to help Singaporeans actively manage disease conditions such as diabetes, while highlighting the importance of positive mental health, physical activity and nutrition as the foundation for health for all Singaporeans, regardless of age.

In addition, we will continue to review our strategies and programmes to address the needs and challenges of the youth. Our aim is to position health as a desirable state of being and motivate our young to embrace health as their aspiration.

Finally, HPB would not be able to achieve its mission and vision without the support of our staff and partners — both public and private. We thank them for their valuable contributions in 2007 and look forward to working even more closely together in empowering Singaporeans to attain the best possible health.



Wong Yew Meng

Chairman

Health Promotion Board



BOARD MEMBERS



Dr Ho Han Kwee
Director
(Primary & Community Care)
Ministry of Health

Mr Tan Boon Huat
Chief Executive Director
People's Association

Mr Wong Yew Meng
Chairman
HPB
Partner
PriceWaterhouse Coopers

Mr Lim Soon Hock
Managing Director
PLAN-B ICAG Pte Ltd

Mr Wong Siew Hoong
Director of Schools
Ministry of Education



Mr Lucas Chow
Group Chief Executive Officer
MediaCorp Pte Ltd

Mr Adam Khoo
Chief Executive Officer
Adam Khoo Learning
Technologies Group

RADM (Dr) John Wong
Chief of Medical Corps
Singapore Armed Forces

Mr Oon Jin Teik
Chief Executive Officer
Singapore Sports Council

Mdm Zuraidah binte Abdullah
Chief Executive Officer
Yayasan Mendaki

Mr Teo Eng Cheong
Chief Executive
Competition Commission
of Singapore

HPB LEADERSHIP



Dr K Vijaya

Director

Corporate Marketing &
Communications Division

Mr Lam Pin Woon

Chief Executive Officer

Mrs Tan Seok Lee

Director

Corporate Services Division

Dr Rose Vaithinathan

Director

Youth Health Division

Dr Theresa Yoong

Director

Adult and Elderly
Health Division

Dr Annie Ling

Director

Research and Strategic
Planning Division

Ms Low Sau Chan

**Chief Information
Officer**

CHAIRMAN

CHIEF EXECUTIVE OFFICER

ADULT & ELDERLY HEALTH DIVISION	YOUTH HEALTH DIVISION	RESEARCH & STRATEGIC PLANNING DIVISION	CORPORATE SERVICES DIVISION	CORPORATE MARKETING & COMMUNICATION DIVISION	CHIEF INFORMATION OFFICER'S OFFICE
PROGRAMME MANAGEMENT	PROGRAMME MANAGEMENT	RESEARCH & EVALUATION	HUMAN RESOURCES	HEALTH INFORMATION	INFORMATION TECHNOLOGY PLANNING
NUTRITION PROGRAMME	YOUTH HEALTH PROGRAMME DEVT 1	STRATEGIC PLANNING	FINANCE	CORPORATE PARTNERSHIP MANAGEMENT	DATA & KNOWLEDGE MANAGEMENT
PHYSICAL ACTIVITY PROGRAMME	YOUTH HEALTH PROGRAMME DEVT 2	MONITORING & SURVEILLANCE	ORGANISATION DEVELOPMENT	CORPORATE MARKETING	APPLICATION SERVICES
SMOKING CONTROL PROGRAMME	PROGRAMME OUTREACH	INTEGRATED INFORMATION MANAGEMENT	ADMIN	CORPORATE COMMUNICATIONS	TECHNICAL SERVICES
MENTAL HEALTH EDUCATION	PRE-SCHOOL & PRIMARY SCHOOL	NATIONAL REGISTRY OF DISEASES OFFICE		RESOURCE DEVELOPMENT SERVICES	
COMMUNICABLE DISEASE EDUCATION	SECONDARY SCHOOL & JUNIOR COLLEGE			WHO COLLABORATING CENTRE FOR HEALTH PROMOTION & DISEASE PREVENTION	
PROGRAMME OUTREACH	TERTIARY INSTITUTION				
WORKPLACE OUTREACH	YOUTH COMMUNITY				
COMMUNITY OUTREACH	PREVENTIVE HEALTH SERVICES				
HEALTHCARE OUTREACH	CHILD AND ADOLESCENT PATIENT EDUCATION				
ACTIVE HEALTH MANAGEMENT	SCHOOL HEALTH SERVICE				
CHRONIC DISEASE MANAGEMENT	STUDENT HEALTH CENTRE				
HEALTH SCREENING INTEGRATION	SCHOOL DENTAL SERVICE				
HEALTHY AGEING INTEGRATION	CLINICAL STANDARDS & QUALITY				

MAKE A HEALTHY HEAD START

A happy childhood starts with sunny smiles, good health and wise habits. HPB partners parents, teachers and the healthcare sector to build a healthy foundation and set our children for life. Our initiatives range from comprehensive screening, immunisation and dental programmes, to patient education and internal audits of best practices. Because if we don't grow a healthy future for our children, who will?



GROWING UP HEALTHY



UNHEALTHY GROWN-UPS



SCHOOL HEALTH SERVICE

NATIONAL CHILDHOOD IMMUNISATION PROGRAMME

Polyclinics and general practitioners provide immunisation against several infectious diseases for infants and pre-school children under the National Childhood Immunisation Programme. The immunisation coverage over the past few years is shown in the table below. Notifications of immunisation to the National Immunisation Registry (NIR) is required by law and reminder letters are sent to parents when their children miss any of the childhood immunisations.

Immunisation¹ Coverage For Children at 2 Years of Age

	2005(%)	2006(%)	2007*
BCG	98	98	98
Diphtheria	96	95	96
Poliomyelitis	96	95	96
Hepatitis B	96	95	95
Measles	96	95	95

Report Date: 06/05/2008

* Preliminary data

¹ Data refers to immunisation given to all Singaporean and Singapore-PR children

The School Health Service (SHS) provides booster immunisations against diphtheria, tetanus, poliomyelitis, measles, mumps and rubella. The second and third booster doses for diphtheria, tetanus and poliomyelitis are administered to Primary 1 and 6 students respectively. Primary 6 students also receive a booster for measles, mumps and rubella (MMR). In 2007, the immunisation coverage for both diphtheria and tetanus (DT) and polio (sabin) was 93% for Primary 1 pupils and 98% for Primary 6 pupils. Coverage for MMR was 96%.

HEALTH SCREENING OF STUDENTS

Annual health screening is carried out at all schools by health teams comprising doctors and nurses. In 2007, 47,512 or 99% of the Primary 1 cohort and 50,308 or 99% of the Primary 6 cohort were screened. In addition, 360,810 students of other levels (Primary 2 to 5 and Secondary 1 to 4) were seen for selected screenings, such as vision screening and scoliosis screening.

STUDENT HEALTH CENTRE

The Student Health Centre (SHC) is a referral centre for students who have been identified with possible growth and development and/or other health problems during the annual health screening in schools. The centre also sees students who have missed immunisations, as well as pre-school and Primary 1 students who require further refraction screening.

Attendance at the various clinics is shown.

Attendance at SHC Clinics (2007)

General Clinics	30,384
Immunisation Clinic	11,870
Refraction Clinic	6,733
Nutrition Clinic	6,933
Specialist Clinic	4,482
Audiometry Clinic	1,109
Psychological Services	540
Total	62,051



The nutrition clinic at the Student Health Centre

SCHOOL DENTAL SERVICE

PRIMARY AND SECONDARY SCHOOL ORAL HEALTH PROGRAMME

The oral health programme provided by the School Dental Service (SDS) for primary and secondary school students seeks to prevent the onset and progression of oral diseases, promote oral health and manage oral conditions in the young.

In 2007, basic dental care was delivered through a network of dental clinics, comprising 197 static Field Dental Clinics in primary and secondary schools, a School Dental Centre (SDC) at HPB and 30 Mobile Dental Clinics.

For the primary schools, 248,732 pupils were eligible for check-ups in 2007. All were checked and 97% rendered dentally fit.

99,687 Secondary 1 and 3 pupils were eligible for dental check-ups. 99% of these pupils were checked and 96% were rendered dentally fit.

In addition, 6,531 pre-schoolers, 2,907 students from six madrasah schools and 1,574 students from 15 special schools received dental treatment from SDS.

A Decayed, Missing and Filled Teeth (DMFT) index of 0.70 and 1.10 was achieved among 12- and 15-year-olds respectively in 2007.

COMPUTERISATION

The implementation of the Integrated Dental Electronic Assessment for Students (IDEAS) system was completed in March 2007.

Laptops and computers deployed throughout the service had their network cards and memories upgraded for faster network access and enhanced storage capacities.

To ensure data accuracy, two refresher sessions were conducted to educate and update users about IDEAS.

TRAINING

i) Nanyang Polytechnic (NYP) Diploma in Dental Hygiene and Therapy course

In May 2007, 25 students graduated from the second batch of the NYP Diploma in Dental Hygiene and Therapy course and they were all employed by HPB.

Student dental therapists (DTs) under clinical training at SDC provided routine dental care to children from seven schools. These included five madrasah full schools at primary and secondary levels and two secondary schools. The student DTs saw 5,759 patients in 2007.

ii) Staff training

Each clinical staff in SDS underwent an average of 57 training hours in 2007.

The 8th SDS Annual Scientific Meeting 2007 was held on 16 Aug 2007. The event, entitled “Minimal Intervention Dentistry: Do Less, Achieve More”, featured speakers such as Prof Hien Ngo (National University of Singapore), Dr Pia Trinos (GC Asia Dental Pte Ltd) and Mr Ng Hock Keong (Central Provident Fund Board).

iii) National University of Singapore (NUS) undergraduate clinical attachment in SDC

Under a clinical attachment agreement, 69 final-year dental undergraduates from the NUS School of Dentistry were attached to the School Dental Centre in afternoon sessions from 4 Jan to 8 Mar and 26 Sep to 29 Nov 2007. They attended to a total of 112 patients.

The types of procedures done were:

	Type of procedure	Units of work
1	Extraction	24
2	X-rays	8
3	Examination and Diagnosis	1
4	Temporary dressing	13
5	Filling 1 surface	41
6	Filling 2 surfaces	28
7	Filling 3 surfaces	10
8	Filling 4 surfaces	8
9	Pulpotomy	2
10	Pulpectomy	12
11	Fissure sealant	3
12	Oral hygiene instruction	1
13	Polishing	2
14	Scaling	2



School Dental Service mobile bus

DEVELOPMENT OF CLINICS

Three primary school dental clinics (CHIJ Katong Primary, Pioneer Primary and Maha Bodhi Primary) and four secondary school dental clinics (Bukit Batok Secondary, Bukit Panjang Secondary, Clementi Town Secondary and Pierce Secondary) were placed in the Ministry of Education's (MOE) Programme for Rebuilding and Improving Existing Schools.

In addition, two new school dental clinics were set up in existing schools — CHIJ Our Lady of Good Counsel and CHIJ Our Lady Queen of Peace. These two clinics started operations on January and July 2007 respectively.

The school dental clinics at Tanglin Special School, Jin Tai Primary School and Pandan Primary School were closed.

INNOVATIVE PROJECT: TOOTHBRUSH

HPB developed and launched the HaPpy Brush, a specially designed toothbrush to make toothbrushing simple and fun for pre-schoolers and lower primary students. The brush features a specially customised brush head and bristles, enabling children to use the simple “scrub” technique when brushing to achieve the same results as more complicated techniques.

Its effectiveness was evaluated among Primary 1 students and the collected data is being analysed. The team is exploring ways to commercialise the product, and is looking into modifying it to suit adults and people with disabilities.

DENTAL THERAPIST REGISTRATION

With the implementation of the Dental Registration Act, all DTs in SDS applied for registration with the Singapore Dental Council on 11 Jan 2008. The Act now allows DTs to work in the private sector under the direct supervision of registered dentists.

It also enables DTs within SDS to assume various roles such as clinical work in the school clinics, training of student DTs and supervisory management positions such as Managers (Dental Therapy), Senior Managers (Dental Therapy) and Principal Dental Therapist.

SCHOOLS ORIENTATION PROGRAMME

Between 21 Sep 2007 and 2 Jan 2008, HPB conducted the Schools Orientation Programme for parents of Primary 1 students in 178 (99%) primary schools, of which six were new schools that started operations in 2008. 86 nurses and 196 dental staff were deployed to deliver presentations and attend to parents' queries. The Board also conducted briefings in 50 (25%) of 199 primary schools for 3,506 school staff, covering topics such as health screening, immunisation, oral health and health promotion services.

EMERGENCY PREPAREDNESS

i) Infectious Diseases Containment

Two internal mobilisation exercises were conducted in August and October 2007. Two mask-fit test exercises were conducted for 19 trainers at Alexandra Hospital and HPB on 12 Mar 2007, by trainers from 3M and Dräger. Dräger respirator-fit tests were conducted on 30 May, 1 Jun and 4 to 5 Jun 2007 for 106 doctors and nurses and 30 HPB Surveillance and Vigilance Teams, which will man triage counters at HPB in the event of any infectious disease outbreak.

ii) Blood Collection Team for National Emergency

28 nurses from the HPB Blood Collection Team went for refresher training at the Centre for Transfusion Medicine, Health Sciences Authority, during the school holidays in March, June, November and December 2007.



Mask-fit test exercise

CLINICAL STANDARDS AND QUALITY

STANDARD OPERATING PROCEDURES (SOPs)

In 2007, 25 SOPs for nurses were reviewed and updated. 18 new ones were developed, of which 11 were for SDS. 46 SOPs were also uploaded into the School-based Health Programme System (SHPS), and the User Acceptance Test was conducted on 28 Mar and 5 Dec 2007, prior to the rollout to all servers.

AUDIT ACTIVITIES

The sixth annual infection control audit was conducted by 15 auditors on all 206 dental therapists and 21 teams of dental officers and their assistants between April and July. 98% of staff obtained the targeted score of 90%. The SHC audit on SHC was conducted on 21 and 23 May 2007, with staff achieving 93%.

Audits on five medical officers and six locum doctors from SHS and SHC were done between May to October 2007, covering areas such as documentation of school-based and clinic-based records. They achieved the target of 100%.

The clinical quality exercise was conducted between May and August 2007 by four Registrars/Senior Registrars. 31 new DTs were assessed and 96.8% obtained the targeted 85% score.

Optometrists at the Refraction Clinics in Choa Chu Kang, Woodlands and Geylang Polyclinics and SHC were audited in June 2007. They achieved a mean score of 94%. The 12 Prevention Programme teams were audited from June to July 2007 and they achieved 96%.

An audit of service provider ST Logistics Pre Ltd was conducted in May and October 2007, to monitor and assess its compliance with guidelines on the storage and maintenance of the vaccine cold chain, surgical supplies and biohazard waste management, procurement procedures, and field equipment inventory. ST Logistics achieved a 100% score.

CUSTOMER SATISFACTION SCORE

In 2007, the customer satisfaction target was set at 85%. All SDS field staff attained a mean principal satisfaction score of 92.6%. Overall, 95.8% of staff achieved the 85% score. SHS health teams achieved a mean satisfaction score of 93%.

The mean score for monthly customer feedback achieved at SDC was 91.5% for clinical staff and 87.6% for counter staff. For SHC, the overall average score achieved was 89.3%.

At SDC, 87% of appointment patients were attended to for consultation within 30 minutes. This is two percentage points above the target of 85%. At SHC, 97% of the patients were registered within 15 minutes and 91% were attended to by the doctor within 20 minutes.

YOUTH HEALTH DIVISION (YHD) SERVICE EXCELLENCE AWARD PRESENTATION 2007

YHD staff received positive feedback on their service delivery from parents and school staff. SHC and SDC achieved satisfaction scores of 89% and 90% respectively. In addition, field staff from SHS, the National Myopia Prevention Programme and SDS received scores of 93%, 86% and 93% respectively. Staff who did well were recognised at the 5th YHD Service Excellence Award Presentation on 9 Mar 2007 at the MOH Auditorium.

CHILD AND ADOLESCENT PATIENT EDUCATION

The Child and Adolescent Patient Education (CAPE) department was set up on 1 Jun 2007 to address medical conditions among unhealthy youths that have become a public health concern. Its initiatives empower youths to understand and manage their health conditions and achieve better patient compliance with treatment.

In 2007, CAPE focused on weight and asthma management for youths within schools and the community. Parents of newborns were educated about the need for the immunisations recommended in the National Childhood Immunisation Schedule. CAPE also partnered the College of Family Physicians Singapore to conduct a Continuing Medical Education module on Adolescent Health for 350 general practitioners from October to December 2007.



Learning the use of the asthma spacer



Types of asthma inhalers

JOINT HPB-MOE CHERISH AWARDS

161 primary schools, 143 secondary schools and 14 junior colleges submitted applications for the inaugural Joint HPB-MOE CHERISH Award in November 2007.



TEACHERS' NETWORKING SESSION

HPB conducted the first networking session for health facilitators in secondary schools, junior colleges and centralised institutes, entitled "Sharing of Good Health Practices cum Networking". Schools shared their good health practices, while HPB staff presented International Union for Health Promotion and Education (IUHPE) best practices.

SCHOOL HEALTH PROMOTION GRANT

In 2007, 31 primary schools, 26 secondary schools and four junior colleges applied for the School Health Promotion Grant, which encourages schools to develop and sustain comprehensive health promotion programmes that will improve their standing within the CHERISH Award scheme.

TEACHERS' TRAINING

i) Key Health Issues Affecting Primary School Children

Two teacher-training sessions entitled "Key Health Issues Affecting Primary School Children" were conducted for primary school teachers in March and November 2007. They covered topics such as childhood myopia and childhood injury prevention, as well as the resources available for further information.

ii) Key Health Issues Affecting Pre-school Children

Five pre-school teacher training sessions were conducted in 2007 for 507 teachers to impart knowledge on key health topics such as myopia, childhood injury prevention, nutrition and oral health.

iii) National Institute of Education pre-service training

Three training sessions were conducted for 1,893 graduating students from the National Institute of Education on 8 and 21 May, and 8 Jun 2007. The training sessions introduced the concept of health-promoting schools and HPB support and resources. Two speakers presented segments on anger and stress management, sexually transmitted infections and sex education.

iv) “Mind Your Mind” teachers training seminar

The “Mind Your Mind” training programme was conducted on 25 Apr 2007 for primary school teachers, covering topics such as cyber-wellness, self-harm and art therapy. Speakers from Touch Youth Limited and Mount Elizabeth Hospital conducted the presentations. There were 167 participants.

v) “Your First Step towards Building a Health Promoting School”

HPB partnered MOE’s Physical Education unit to organise a course that helped teachers plan, implement and evaluate school health promotion programmes. Two sessions were conducted on 3 Apr and 23 Jul 2007 for 144 representatives from primary schools, secondary schools and junior colleges.

vi) Essential Updates on Current Health Issues and Concerns for Schools

A two-day seminar for 72 school teachers was held on 5 and 6 Sep 2007 to update teachers on topics such as asthma, nutrition, physical activity, dental health, anti-smoking measures, mental health, myopia and sexuality.

TEACHERS’ WELLNESS PROGRAMME

In 2007, three wellness programmes for teachers were jointly organised with MOE’s Teachers’ Network, covering topics such as women’s health, back care and depression.

YHD collaborated with MOE’s Staff Well-being Unit on initiatives such as the “ERP@Work” resource kit on physical activity, “Healthy Festive Cooking” sessions and wellness programmes held during events such as the Senior Teachers Conference and EXCEL Fest.

The Board also conducted cluster-based wellness programmes such as the North Zone senior teachers retreat for 300 teachers and the N3 cluster staff wellness programme, which was attended by about 80 staff.

Two workshops were conducted for primary school teachers to equip them with skills and knowledge to lead a healthy lifestyle. The workshops included interactive activities such as cooking demonstrations, quizzes, games and exercise routines. A similar one-day workshop was conducted for pre-school teachers.

NATIONAL MYOPIA PREVENTION PROGRAMME

VISION SCREENING

i) Kindergartens and childcare centres

Vision screening for pre-schoolers continued to be provided. In 2007, the pre-school field teams screened 39,718 five-year-olds and 40,268 six-year-olds at 1,170 pre-schools using the LogMar charts. This represented a 98% coverage of both the K1 and K2 cohorts. About 17% of K1 and 12% of K2 children screened (11,556 children) were referred to Refraction Clinics (RCs) at the three polyclinics and SHC for further evaluation.

Woodlands Polyclinic was closed for renovation in November 2007. Referrals to Woodlands RC were routed to Choa Chu Kang and Geylang Polyclinics and SHC. The overall attendance rate at the four RCs was 75%. The RCs are managed by TTSH (Choa Chu Kang and Woodlands) and the Singapore National Eye Centre (Geylang and SHC).



Vision screening in school

ii) Primary and secondary schools

In 2007, 139,617 (49%) primary school students and 103,631 (68%) secondary school students were found to have defective vision. Those with uncorrected or under-corrected vision were referred to private optometrists and opticians for further testing. Students in Primary 1 were referred to the RCs.

MYOPIA EDUCATION

i) Face-to face education sessions

Pre-school field teams conducted education sessions on good eye-care habits for K1 and K2 pupils at 1,171 pre-schools. From 18 Jun 2007, myopia education sessions at RCs were conducted by optometrists instead of ophthalmic assistants. In 2007, about 15,000 pre-schoolers, Primary 1 students and their parents received myopia education and counselling at the RCs.

ii) Launch of NMPP Campaign '07

HPB collaborated with MediaCorp to launch the NMPP Campaign 2007 at IMM on 31 Mar and 1 Apr 2007. The campaign's tagline, "Keep Myopia at Bay, Go Outdoors and Play!", emphasised outdoor play to prevent myopia. The event attracted 3,322 visitors.

iii) Eye Care Week 2007

Eye Care Week 2007 was held from 26 to 30 Mar 2007 to highlight the importance of caring for the eyes. A “Let’s Play Outdoors” competition was organised to encourage children to think of creative outdoor games. Students from 112 primary schools participated. A pantomime skit entitled “The Search for the Next Big Thing” was performed to 12,000 students in 63 primary schools. 35 pre-schools participated in the event for the first time and also took part in an “Eye Care Jingle” competition. The campaign was publicised across all major media and reached over 1.12 million parents and children.

BEST-SOURCING OF PRE-SCHOOL VISION-SCREENING PROGRAMME

In line with the Economy Drive, the pre-school vision-screening programme was market-tested in September 2007 and awarded to ST Logistics Pte Ltd in partnership with ST Medical Services. The two-year contract took effect on 2 Jan 2008.

EXTERNAL COLLABORATORS

i) Essilor Singapore

HPB renewed its collaboration with Essilor Singapore for the Spectacles Fund initiative, which provides financial assistance to needy students who need spectacles. The partnership, which would have ceased at the end of March 2008, was extended to December 2008. 622 retail outlets have participated in this initiative, which has benefited 2,120 students.

SINGAPORE NATIONAL EYE CENTRE NEUROVISION STUDY

NMPP collaborated with the Singapore Eye Research Institute (SERI) on a NeuroVision pilot study at Evergreen Primary School to evaluate the efficacy of NeuroVision treatments in students with myopia. The one-year follow-up post-intervention on 31 students with myopia of at least 100 degrees in Primary 2 and 3 was completed in December 2007. The findings suggested that the improvement in visual acuity was sustainable and reduced the rate of myopia progression. A randomised controlled trial for 400 to 500 children will be carried out.

CHILDHOOD INJURY PREVENTION PROGRAMME

BABYCARE FESTIVAL

HPB set up a booth at MediaCorp Publishing’s Babycare Festival from 2 to 4 Mar 2007, featuring child safety tips, interactive games and a 15-minute skit. 80,000 people visited the event. Follow-up editorial strips were published in parenting magazines over six months.

HOME VISITS BY SHS NURSES

Nurses from SHS visited 16 families in Bukit Batok during the school holidays in partnership with Bukit Batok Fei Yue Family Services Centre under the Healthy Start Programme. They advised caregivers on home safety, healthy eating and the importance of leading a smoke-free lifestyle.

CHOOSE HEALTH!

Eat healthy, act healthy, think healthy — we want our youth to make these choices even when we're not there to steer them in the right direction. Beyond just life skills, HPB wants to empower youths with the right attitudes to help them cope with the challenges of teenage pressures and young adulthood. Our programmes cover mental wellness, physical activity, nutrition, the promotion of a smoke-free lifestyle, and STI/AIDS prevention. We collaborate with other government agencies and community partners on platforms that reach youths as well as their parents, educators and youth workers.



LETHARGY?



ENERGY!

NUTRITION

CHILD AND ADOLESCENT DIETARY GUIDELINES

HPB launched the new Child and Adolescent Dietary Guidelines with practical, evidence-based recommendations on the benefits of healthy nutrition for those aged 18 years and below. Physical activity guidelines were also introduced to encourage the young to engage in at least 60 minutes of moderate-intensity physical activity, five or more days a week.

EAT RIGHT STAY HEALTHY

The Eat Right Stay Healthy roadshow was held at 30 pre-schools. 3,200 children learned about the Healthy Diet Pyramid and positive dietary practices through a variety of activities such as puppetry, stories, magic and music.

HEALTHY EATING IN CHILD CARE CENTRES PROGRAMME

In 2007, 270 childcare centres participated in the Healthy Eating in Child Care Centres Programme and served their charges healthier food choices. Culinary training workshops also equipped the centres' cooks with the knowledge and skills to prepare healthier meals.

MODEL SCHOOL TUCKSHOP PROGRAMME (MSTP)

Two new guidelines were added to the existing Model School Tuckshop Programme (MSTP) guidelines, requiring schools to sell drinks with the HCS logo and provide at least two water coolers near the school tuckshop. Nutrition education and culinary training workshops were conducted for school tuckshop vendors. In 2007, 74% of schools achieved MSTP status.

FRUITTIE VEGGIE BITES PROGRAMME

A teacher's resource guide was developed to offer schools ideas on weaving information on the nutritional benefits of fruit and vegetables into subjects such as English and Mathematics. 82 schools participated in the programme in 2007.



Students participating in the Fruittie Veggie Bites programme



Example of a balanced meal for children

HEALTHY FOOD TRAIL

HPB piloted a Healthy Food Trail programme in three secondary schools, to teach students how to make healthier food choices. Students attended interactive workshops and visited supermarkets and food courts, where they learned to select products with the Healthier Choice Symbol (HCS) and identify stalls which sell healthier fare.

SCHOOL HEALTH FAIR

In 2007, HPB's school health fair was held in 12 primary schools, featuring exhibition panels and interactive displays about nutrition, exercise, myopia, mental health and staying smoke-free. The fair was subsequently revamped before visiting 10 schools between January and March 2008. It included a skit co-developed by Gardenia and HPB to introduce the healthy diet pyramid while promoting fruit and vegetable intake and the importance of eating calcium-rich foods for strong bones.

OSTEOPOROSIS AWARENESS CAMPAIGN

HPB launched an osteoporosis awareness campaign to communicate the importance of building strong bones from a young age to achieve optimal peak bone mass, consuming calcium-rich diets, and engaging in regular weight-bearing exercises. The campaign was publicised across mainstream and youth-centric media.

WORKING WITH PARTNERS

HPB collaborated with KK Women's and Children's Hospital to organise a two-day camp for severely overweight children and their parents. Participants learned the importance and means of maintaining healthy weight through interactive workshops and visits to food courts and supermarkets.

In February 2007, HPB invited Dr Colin Bell, Director of the Kids Healthy Eating and Physical Activity Programme in New England, New South Wales, to share his experiences and insights on obesity prevention among the young.

The Memorandum of Understanding with Flinders University was reviewed to include training placements for its students pursuing a basic or post-graduate qualification in Nutrition and Dietetics. The Board supervised two Flinders University students on two projects that focused on the development of food marketing guidelines for school leaders, and content analysis of food advertisements on local children's TV channels.

HPB participated actively in MOE's Inter-ministry Committee on Healthy and Active Children. The Board co-organised the inaugural Educating for Health Conference in November 2007, which provided a common platform for education and health professionals to address children's health issues.

PHYSICAL ACTIVITY

LET'S WORK IT! CHALLENGE 2007

The "Let's Work It! Challenge" was conducted for the third year running in 2007, with 26 primary and 15 secondary schools taking part. The challenge gave students the opportunity to choreograph creative and original exercise routines that could eventually be used for their schools' mass workout sessions. Three primary schools and three secondary schools emerged as winners of their respective categories at the finals, held in September with Mr Masagos Zulkifli, Senior Parliamentary Secretary of MOE, as the guest-of-honour.



A team of participants in the Let's Work It! Challenge

NEETEEEN T-SHIRT DESIGN COMPETITION

To promote regular physical activity among the young, a neeTeen t-shirt design competition was organised in early 2008. Youths were invited to create innovative T-shirt designs to brand the active lifestyle as cool and hip. The designs were submitted online and the winners determined via online voting as well as a panel of judges. Adobe Pte Ltd and Noise Singapore partnered with HPB for the competition, which attracted 410 entries.

SMOKING CONTROL

YOUTH-CENTRIC MEDIA

Youth-centric media such as Internet blogs and ZoCards were used to communicate the smoke-free message to youths aged 10 to 24. Advertorials, editorials and posters were also posted on relevant platforms to correct misconceptions about smoking. A microsite (www.yah.sg/shisha) was developed to highlight the adverse consequences of shisha smoking.

The "Care for a Pack" smoking control ambient marketing programme comprised a vending machine that dispensed "smoke packs" containing materials with smoking control messages. It was taken to six tertiary institutions, reaching 4,000 tertiary students.

In November 2007, an episode on smoking was produced and aired on Tab TV, a youth-oriented infotainment show. The episode reached out to about 47,000 youths aged between 14 and 19. It highlighted the impact of smoking and featured chats with local celebrities, a doctor and a Youth Advolution for Health (YAH) member.

SCHOOL-BASED ACTIVITIES

A variety of school-based activities was organised to promote a smoke-free lifestyle among youths. "Clear the Smoke", an interactive theatre programme, reached 50,000 students from 40 primary schools, including almost 11,000 from the lower primary level.

The Too Tuff to Puff programme was revamped to include dancercise, Captain's Ball and unicycling to reach a wider audience. 32,000 lower secondary students participated in the programme from September 2007 to March 2008.

The MyChoice Movie Therapy™ initiative screened movie clips imparting messages on smoking control and quitting the habit to about 5,000 students from nine Institutes of Technical Education (ITEs) and polytechnics.

100 polytechnic students attended a “Win that Job” interview etiquette workshop, covering job-interview techniques and personal grooming, incorporating mental wellness and smoking control messages.

SMOKING CONTROL COMPETITIONS

As part of the National Smoking Control Campaign 2007, a “Smoking Ain’t Cool” MTV competition was organised for primary schools. Students were encouraged to produce their own music videos using provided lyrics that contained anti-smoking messages. 15 entries from 12 primary schools were received. The winning entry was submitted by Chua Chu Kang Primary School.

Students in the secondary schools and junior colleges (JCs) were invited to participate in the “What Youth Should Know about Smoking” video clip competition. Students were encouraged to produce a news report or MTV clip to dispel common misconceptions of smoking among their peers. 15 entries were received from 12 secondary schools and two JCs for the three categories — lower secondary, upper secondary and JC. St Margaret’s Secondary School, Yusof Ishak Secondary School and Innova Junior College clinched first prize for their respective categories.



Students exploring the “Care for a Pack” vending machine

WORLD NO TOBACCO DAY

HPB and 30 YAH members took to the streets on 2 Jun 2007 with an event entitled “Face the Facts”, inspired by Florida’s Truth Campaign in the United States. The event aimed to dispel common misconceptions about smoking via street performances and a walk along Orchard Road. During the walk, mascots bearing placards that highlighted facts about smoking distributed smoking education materials.

PARENT PROGRAMMES

Interactive parent sessions were developed to complement workshops on youth smoking cessation and good parenting. About 400 information booklets were produced and distributed at the workshops as well as healthcare facilities and schools to help parents raise smoke-free teenagers.

WORKING WITH THE MALAY-MUSLIM COMMUNITY

Smoking control messages were incorporated into youth programmes conducted by Malay-Muslim Organisations (MMOs) such as the Association of Muslim Professionals, Mendaki and Clubliya. HPB collaborated with the Ramadan Youth Challenge to organise “My Spex”, a soccer competition to educate youths about the ill effects of smoking on sporting performance.

HPB also partnered Sungguh.com, a website popular with Malay-Muslim youths, to include articles on how to say “no” to smoking.

In August 2007, HPB organised a Smoking Cessation cum Personal Development workshop for young Malay-Muslim females. About 70 girls from schools and various MMOs such as Mendaki and the Malay Youth Literary Association (4PM) attended the 11-session workshop, which covered basic information on social etiquette, skincare, make-up and dress sense, while equipping them with the skills and strategies to quit smoking.

“HIP HOP WEEKEND! BUTTS OFF!” ANTI-SMOKING DANCE COMPETITION

A dance competition called “Hip Hop Weekend! Butts Off!” was held on 17 Nov 2007 at Far East Plaza to encourage youths to lead an active, smoke-free lifestyle. It drew 291 youths and 48 groups from ITEs, centralised institutes, junior colleges and polytechnics. Groups were judged on how well anti-smoking messages were incorporated into their dance routines. Freekzy Nut’z topped Category A for youths aged 13 to 17, and team 5678 clinched the first prize in Category B for youths aged 18 and older.



Participants of Hip Hop Weekend! Butts Off!

MENTAL HEALTH

“I AM A VIP”

A skit entitled “I am a VIP” was performed for 39,560 upper primary students in 36 primary schools to impart positive self-esteem skills.

C.O.P.E.S MANAGING EMOTIONS

A new programme called “C.O.P.E.S Managing Emotions” was conducted in 19 secondary schools for 11,000 students. Youth were taught to cope with difficult situations by remaining Calm, looking for Options, thinking Positively, Exploring alternatives and Seeking help, through a video and a self-awareness quiz.

BODYTALK PROGRAMME

HPB collaborated with DOVE (Unilever) and the Singapore General Hospital to implement the BodyTalk programme for Secondary 2 students in over 30 secondary schools. It included tips on building a positive self-image and debunked myths of “perfect” beauty to prevent the onset of eating disorders.

RELAX STRESS MANAGEMENT WORKSHOP

The RELAX Stress Management Workshop was conducted in nine JCs for 9,000 students and 10 ITEs for 5,000 students, to help them identify sources of stress and equip them with the necessary coping skills.

AUDIBLE HEARTS

Since its launch in 2006, the Audible Hearts online peer support platform has received over 10,000 visitors and YouthPals have responded to about 470 queries. In 2007, training sessions were organised to update YouthPals on basic counselling skills and help them address the needs of their peers.

WORKING WITH PARTNERS

HPB participated actively in the National Mental Health Workgroup for Children and Adolescents to provide input and recommendations on the development of a national long-term plan for promoting youth mental wellness.

HPB supported the production of a mental wellness-themed musical entitled “Saving Grace”, which was staged from 26 to 28 Mar 2008 at the National University of Singapore (NUS) University Cultural Centre Theatre by students from the NUS University Scholars Club. HPB provided content advice and support for publicity efforts.

The Board collaborated with the NUS Counselling Centre to produce mental health promotion brochures for tertiary students, covering topics such as adapting to university life and managing examination stress.

HPB, Ang Mo Kio FSC and IMH jointly organised three training seminars on youth sexuality and mental wellness for 80 lecturers from ITE College East, West and Central. The seminars covered interacting with youths about sexuality issues and updates about mental health issues.

HPB also organised workshops to update parents about youth mental health issues and equip them with skills to help their children manage stress and build mental resilience.

WORKING WITH THE MALAY-MUSLIM COMMUNITY

HPB worked with Clubliya to conduct a series of mental wellness workshops in July 2007 for 20 youths, covering topics such as anger management and communication, and conflict management.

COMMUNICABLE DISEASE EDUCATION

SCHOOL/INSTITUTION-BASED ACTIVITIES

i) Breaking Down Barriers

An enhanced HIV/AIDS programme involving a multi-media mass education segment and class-based life skills sessions was introduced at 134 secondary schools to 45,720 Secondary 3 students. It was also held for 4,738 students in five JCs. HPB partnered MOE's Guidance Branch and the Department of Sexually Transmitted Infections Control (DSC) Clinic to encourage school participation and conduct teacher training sessions.

ii) “Safer than Sorry”

1,300 tertiary students from six ITEs, one vocational training centre and one university attended 11 performances of “Safer than Sorry”, a skit highlighting the consequences of pre-marital sex.

iii) Red Ribbon Project

Raffles Design Institute (RDI) students designed outfits to reflect the theme of HIV/AIDS for the Red Ribbon Project. The outfits were displayed at Centrepoint Shopping Centre during the Singapore Fashion Festival in September 2007 to raise HIV/AIDS awareness and fight discrimination.

iv) StompAIDS Challenge 2007

The StompAIDS website (www.stompaid.org.sg) was revamped and publicity efforts enhanced for StompAIDS Challenge 2007. This resulted in 2,695 unique visitors to the website and 19,178 page views as at October 2007.

A peer-to-peer marketing competition attracted 11 tertiary-level finalist teams that organised activities to raise awareness of HIV/AIDS-related issues, reaching 7,750 students. In a post-programme survey of 498 tertiary students, 80% of respondents said the activities made them consider adopting protective measures against HIV infection.

PROGRAMMES FOR AT-RISK/OUT-OF-SCHOOL YOUTH

Sexuality and life skills programmes incorporating STI/AIDS prevention messages were conducted for out-of-school residents at Muhammadiyah Welfare Home and Pertapis Centre for Women and Girls. Four workshops were conducted for youths and two parenting workshops were held for parents.

WORKING WITH PARTNERS

HPB and the Ministry of Community Development, Youth and Sports (MCYS) developed a new programme called "Love Them. Talk about Sex.", which was launched by Senior Minister of State Dr Balaji Sadasivan on 8 Dec 2007 to raise awareness among parents of the importance and means of talking to children about sexuality issues.

The one-hour interactive programme was launched in workplace and community settings. A helpline, website (www.letstalkaboutsex.sg/parents) and guidebook were also developed, and major media were employed in publicity efforts. Within two months of the launch, the programme's website recorded an increase of about 60% in unique page views.

The Board partnered World Vision Singapore to disseminate HIV/AIDS prevention messages to 800 secondary and post-secondary students participating in the 30-hour Famine Camp. Post-programme knowledge about the facts of HIV/AIDS in Singapore was 90%, compared to the previous 85%.

In collaboration with NUS Business School, six student teams developed and presented campaign concepts to promote STI/AIDS prevention awareness.



Love Them. Talk About Sex. event poster



Workplace programme participants

MEDIA INITIATIVES

Media initiatives in 2007 included disseminating HIV/AIDS messages to 15,000 youths and organising an SMS competition that drew 771 youths at MediaCorp Publishing's annual LIME Sonic Bang event. HPB also partnered MediaCorp TV to explore youth STI/AIDS issues on an episode of Tab TV, which was watched by about 24,000 youths aged 15 to 24.

ORAL HEALTH

PRE-SCHOOL ORAL HEALTH PROMOTION PROGRAMME

The kindergarten programme reached 96% of kindergartens and achieved coverage of 29,385 students. Through interactive activities and presentations conducted in May and October 2007, pre-schoolers were taught the importance of oral health and how to prevent dental caries. The 35- to 40-minute programme comprised a presentation, activities and a toothbrushing demonstration. Parents were also given dental health education resource materials, e.g. My Toothbrushing Diary, to complement what their children learned in school. Many kindergartens responded positively to this programme.

In addition, three Dental Therapists were deployed to assist the HealthZone Oral Health Promotion Programme. 63 talks catering to 2,749 children in 67 childcare centres were conducted.

PRIMARY SCHOOL ORAL HEALTH PROMOTION PROGRAMME

A new Enhanced Toothbrushing Programme was piloted in 2007. Under the programme, DTs conducted individualised chairside toothbrushing drills for all Primary 1 students who consented to be treated by the School Dental Service.

A new toothbrushing starter kit was also developed in collaboration with Colgate Palmolive and distributed to all Primary 1 students. The kit included a toothbrush, toothpaste, toothbrushing diary and a parents' information pamphlet.

The Sparkling Idol event with snippets on gum disease was organised in conjunction with dental health education talks for Primary 5 students in 10 primary schools. These programmes aimed to teach the students about the causes, consequences and prevention of gum disease.

YOUTH ADVOLUTION FOR HEALTH

YOUTH ADVOLUTION FOR HEALTH PROJECTS

In 2007, 50 Youth Advolution for Health (YAH) projects were organised, reaching 56,000 youths.



Symposium workshop in progress



YAH organising committee members

IMPULSE. THE BEAT OF HEALTH: A YOUTH HEALTH SYMPOSIUM

YAH's inaugural Youth Health Symposium, "ImPULSE", was held on 12 Jan 2008 at the Singapore Management University. It highlighted and raised awareness of health issues, showcased youth-initiated projects and encouraged stronger youth engagement and empowerment in youth health promotion. The symposium drew 400 youths aged 16 to 25 from various educational institutions as well as representatives from youth organisations and Family Service Centres.

Five interactive workshops were conducted on gaming, sexuality, emotional health, self-image and the media. Australian youth ambassador Ms Rosie Swanton also shared her experiences as a Reach Out! youth health advocate. Fringe activities included poster exhibitions, booths set up by YAH and Audible Hearts and an interactive message board.

NEW OUTREACH INITIATIVES

KEY PRE-SCHOOLS AND SPECIAL SCHOOLS OUTREACH

i) Focus group discussion (FGD) with special schools

An FGD was held on 27 Jul 2007 with the Executive Directors and principals from nine special schools to better understand the needs of special-needs children. Representatives who attended this session contributed valuable feedback.

ii) “Key Health Issues Affecting Pre-school Children”

Five sessions of pre-school teacher training were conducted in 2007 for 507 teachers to impart knowledge and skills to teach healthy habits related to myopia, childhood injury prevention, nutrition and oral health.

PARENTING SEMINAR

The “‘Firm Foundations’ Nurturing a Healthy Child” parent seminar was held for parents of pre-schoolers aged two to six. It covered nutrition, childhood myopia, oral health and mental health. Separate sessions were conducted in English and Mandarin. A concurrent programme was offered for children aged four to six. The seminar attracted 453 parents and 114 children.

GRANTS

HPB launched three new health promotion grants in 2007 to encourage schools and youth bodies to develop programmes that promote healthy lifestyles among youths.

PRE-SCHOOL HEALTH PROMOTION GRANT

Introduced in November 2007, the Pre-school Health Promotion Grant assists pre-schools in implementing health promotion programmes targeted at students, teachers or parents by offering them grants of up to \$1,000 on a co-funding basis. 61 applications were approved.

YOUTH HEALTH PROMOTION GRANT (YHPG)

The YHPG was launched in May 2007 to help youth community organisations initiate programmes and activities related to youth health. The funding quantum is up to 80% of the project cost, or up to \$3,000, whichever is lower.

Since the launch, 24 community organisations have submitted 30 proposals. 22 proposals covering issues such as smoking, sexuality and nutrition, mental wellness and physical activity were accepted and implemented with consultancy and resource support from HPB.

TERTIARY INSTITUTIONS HEALTH PROMOTION GRANT

A new Tertiary Institutions Health Promotion Grant was launched to assist tertiary institutions in implementing health promoting initiatives. To date, the grant has supported seven projects from ITEs and polytechnics.

STRIKE A BALANCE

Work and family are important, which leaves little time to attend to ourselves. But there's a reason we are told on planes to put oxygen masks on first before tending to our children — if we fall, our loved ones fall. To bring good health to everyone's doorsteps, HPB conducts health programmes in the Central Business District, housing estates and workplaces, to educate busy adults on anti-smoking and AIDS awareness, mental health and exercising right.



STRESS MANAGING YOU



YOU MANAGING STRESS



NUTRITION

BASIC HEALTHY CULINARY COURSE FOR FOREIGN DOMESTIC WORKERS

HPB, the Foreign Domestic Association for Skills Training and Nation Employment Pte Ltd launched the Basic Healthy Culinary Course for Foreign Domestic Workers (FDW) on 24 Jul 2007 to educate them about healthy food choices and food preparation. To date, more than 2,000 FDWs have been trained.



Culinary workshop in progress

LAUNCH OF DIET TRACKER

The Diet Tracker was introduced in 2007 to enable mobile phone users to calculate their caloric and fat intakes. Users enter their personal details to determine their energy requirements and daily fat allowances. Subsequently, they can enter information on the types and quantities of food eaten daily to record their caloric and fat intakes.



Diet Tracker interface

PUBLIC EDUCATION CAMPAIGN ON FAT

In 2007, HPB organised a series of programmes and community events about the health risks posed by the intake of saturated and trans fats. The Board also organised the Healthier Food Fair at AMK Hub in August 2007, where participating food companies and restaurants sold low saturated and low trans fat products.



Healthier Food Fair at Ang Mo Kio



Fat education marketing campaign

HEALTHIER CHOICE SYMBOL PROGRAMME

The Healthier Choice Symbol (HCS) programme was launched in 2001, with 300 products that were lower in fat, salt and sugar, compared to regular products. Now, there are more than 2,100 such products on the market. In 2007, Sheng Siong joined the list of supermarket chains that promote HCS products.



Healthier Choice Symbol education pamphlet

HEALTHIER FOOD CHOICES WHEN EATING OUT

In 2007, HPB worked with 151 restaurants, six quick-service restaurants, six cafes and 30 caterers to offer healthier dishes in their menus. 40 food reviews were featured in major magazines like U-Weekly, Shape and Se Xiang Wei. As at May 2008, 806 hawkers in 78 hawker centres prepare their signature dishes with healthier ingredients; namely, reduced-saturated fat cooking oil, fibre-enriched bee hoon and reduced-salt sauces.

PHYSICAL ACTIVITY

FITNESS @ WORK

In 2007, Fitness @ Work was launched in a new location in Toa Payoh HDB Hub, supported by Central Singapore CDC, California Fitness, the Singapore Sports Council and the Housing Development Board. The weekly hour-long aerobic workout sessions attracted 150 participants in Toa Payoh, as well as 250 participants at UOB River Promenade and National Library Board Plaza. The Fitness @ Work Frenzy Club was also established to enable regular participants to learn about other aspects of healthy living.



Free fitness activities for the public

I-RUN

i-Run was launched in June 2007 to encourage working adults to exercise by running. The initiative attracted both male and female office workers. By March 2008, there were three established running groups, two in the Central Business District and one in Science Park. The groups, numbering 55 to 100, gather for weekly runs of 3km, 5km or 10km as well as monthly running clinics.



i-Run in the CBD

FEET 2 WALK

In conjunction with the National Healthy Lifestyle Campaign 2007, HPB and the National Parks Board rolled out the Feet 2 Walk programme to promote brisk-walking among sedentary adults. 19 walks were conducted at nature reserves and park connectors for more than 1,000 people.



Feet 2 Walk participants

STRENGTH-TRAINING PROGRAMME FOR THE ELDERLY

In 2007, HPB strengthened collaborations with Community Development Councils and grassroots organisations. A non-gym-based strength training routine was piloted with 160 seniors over 12 weeks to reduce their risk of falls by building muscular strength, and improving balance and flexibility. Resource materials were also developed to support the programme from April 2008.



Senior citizens exercising

MENTAL HEALTH EDUCATION

NATIONAL HEALTHY LIFESTYLE CAMPAIGN

In 2007, HPB's annual National Healthy Lifestyle Campaign focused on mental health with the theme, "Healthy Mind, Happy Life". It was launched on 22 Sep 2007 by Prime Minister Lee Hsien Loong.

More than 5,000 people spent a day at the Singapore Botanic Gardens participating in themed experiential activities in five pavilions, named Be Happy, Be Active, Just Relax, Make Friends and Love Yourself. Nearly 900 people attended 13 talks and experiential programmes on improving mental well-being.



Healthy Mind, Happy Life campaign launch

COMMUNITY MENTAL HEALTH PROGRAMMES

In 2007, HPB reached about 160,000 people through targeted community mental health programmes such as talks, workshops, forums, seminars, fairs and exhibitions. To this end, the Board also collaborated with partners such as the Institute of Mental Health, Singapore Association for Mental Health, SAGE Counselling Centre and the Gerontological Society.

NURTURING YOUR MIND @ SINGAPORE BOTANIC GARDENS

A series of free monthly interactive talks called Nurturing Your Mind @ Singapore Botanic Gardens was launched in June to highlight the benefits of positive mental health. More than 1,000 people attended the talks, which covered topics such as stress management, relaxation techniques, building positive relationships and cultivating healthy self-esteem.



Nurturing Your Mind participants

TREASURE YOUR MIND

Treasure Your Mind was launched in October 2007 by the Minister of State for Health, Mr Heng Chee How. The modular programme helps companies improve their employees' mental well-being. It empowers employees with mental wellness skills and encourages management to build supportive and caring work environments. 607 business leaders, HR practitioners and work-life facilitators attended the launch. More than 11,000 employees across 120 public and private organisations have since benefited from the programme.



Launch of Treasure Your Mind

SMOKING

FRESH AIR FOR WOMEN

In 2007, HPB's Fresh Air For Women (FAFW) programme embarked on three new initiatives to curb the rising trend of smoking among young women aged 18 to 34.

a) The Stub Out! Concept Store was displayed along Orchard Road in conjunction with the Great Singapore Sale in June 2007. It contained items of desire price-tagged in terms of the cost of cigarettes to show female smokers the tangible benefits of quitting.

b) An age progression simulation software, REVEAL, was introduced through roadshows in July 2007 to show female smokers personalised photo illustrations of premature skin ageing caused by smoking. The roadshows reached more than 18,000 people, who received educational materials explaining smoking's harmful aesthetic effects.



REVEAL

Name: Amanda, Age: 60
Original VS Non-smoker VS Smoker



Anti-smoking initiatives

c) FAFW launched the “STRONG” campaign in October with role modelling and positive testimonies to inspire female smokers to quit. The multi-prong campaign reached over 90,000 young adults with over 22,000 unique visitors responding to online initiatives.

NATIONAL SMOKING CONTROL CAMPAIGN 2007

HPB launched its longest annual National Smoking Control Campaign, from 20 Mar to 31 May 2007. The campaign’s first phase, “Quitting is Hard. Not Quitting is Harder”, depicted the suffering of a smoker stricken with oral cancer. Phase 2, “Ready to Quit? Give it a Try!”, offered positive testimonies from ex-smokers to help smokers kick the habit. The campaign saw over 5,000 smokers receiving face-to-face smoking cessation counselling. It also created a high level of awareness through a public debate on the values of various anti-smoking strategies.



World No Tobacco Day highlights

ENGAGING HEALTHCARE PROFESSIONALS

HPB increased the number of healthcare professionals engaged in smoking cessation counselling by 35% to 550 professionals. The number of certified quit-smoking consultants also rose from 67 to 97. The Board collaborated with NUS Medical School to train and certify all NUS medical students in smoking cessation counselling. Nanyang Polytechnic Nursing and Optometry Schools also included smoking cessation counselling in their course syllabus.

CENTRE OF EXCELLENCE IN TOBACCO CONTROL

HPB shared its tobacco control experiences at six regional and international meetings while offering expert consultations to three regional countries. The Board also represented Singapore in drafting the World Health Organization Guidelines on Packaging and Labeling for Tobacco Products. The draft will be presented to the 3rd Conference of Parties of the WHO Framework Convention on Tobacco Control in November 2008 for endorsement.

COMMUNICABLE DISEASE EDUCATION

RESPECT

HPB strengthened its HIV/AIDS workplace education programme, Rallying Employers to Support the Prevention, Education and Control of STI/HIV/AIDS (RESPECT). In July, a series of art installations called Art Revelations was launched to address common misconceptions about HIV transmission and challenge viewers to be more caring towards Persons Living with HIV and AIDS (PLWHA). It was viewed by 280,000 adults. The Bridges of Hope interactive workshop helped participants increase their knowledge of HIV and develop more accepting attitudes towards PLWHA. Last year, 39,147 employees benefited from the RESPECT programme.



Launch of HIV/AIDS workplace education programme RESPECT

WOMEN DO KNOW HOW TO LOVE

A new series of workshops called “Women Do Know How to Love” was launched to teach working women to communicate with their partners about sexual health matters.



Workshop participants engaged in discussions

FASHION SHARES

HPB collaborated with the Textile and Fashion Federation (TAFF) for Fashion Shares, which saw local personalities designing t-shirts with the theme of stopping discrimination and the stigmatisation of HIV/AIDS and PLWHA. The t-shirts were displayed in VivoCity and viewed by 27,000 people who also learned how to protect themselves from HIV infection.



Display of t-shirts designed by local personalities

WORLD AIDS DAY

HPB collaborated with World Vision Singapore to create One Life Experience, an audio-visual roving exhibition launched on World AIDS Day to promote greater empathy and public understanding towards PLWHA. The event featured the true stories of three individuals living in Africa, Cambodia and Singapore, whose lives had been affected by HIV/AIDS. It was attended by more than 8,400 people. The AIDS Business Alliance also participated in World AIDS Day by distributing over 1,000 red ribbons in the CBD.

HPB continued to work with partners such as Action for AIDS and DSC clinic, to reach over 30,000 men and over 9,000 streetwalkers in nightspots, red light districts and local ferry terminals.



Highlights of the One Life Experience exhibition

WORKPLACE OUTREACH

WORKPLACE OUTREACH ENQUIRY CENTRE

A one-stop enquiry centre was set up in May 2007 as the first point of contact for HPB's adult health workplace programmes. It handles queries and follow-ups with programme participants, receiving an average of 85 calls each month.

7TH NATIONAL CONFERENCE ON WORKPLACE HEALTH PROMOTION

The 7th National Conference on Workplace Health Promotion, "The Key to a Successful Workplace Programme — Strategies that Work!", was held on 15 Nov 2007 in the Botanic Gardens with 180 participants. The conference covered strategies for an ageing workforce, identifying employees' needs through health screenings, and targeted intervention programmes. It included an inaugural poster competition which attracted 10 entries and an outdoor exercise session.

Findings from the National Workplace Health Promotion Survey 2006 were also shared. The survey involved 688 private companies with more than 50 employees each. 65% of the respondents considered workplace health promotion as a valued human resource strategy — an increase from 50% in 2003. The prevalence of WHP programmes also grew from 45.1% in 2003 to 58.7% in 2006, representing 75.8% of the private sector workforce, compared to 64.9% in 2003.



Poster submission



Conference delegates participating in activities

WORKPLACE HEALTH VIDEOS

On 17 Jan 2008, three video clips called “Stressed Out!”, “The 2nd Hand Killer” and “Snacking Monster!” were launched on YouTube, the Health@Work website and Cathay Cineplexes islandwide on video walls and plasma screens. The videos promoted workplace health in the areas of healthy eating, smoking cessation and managing stress using dark humour and the tagline, “Don’t let this happen in your workplace”. The clips were viewed more than 3,000 times within two months on YouTube.



Video clip focusing on stress

WORKPLACE HEALTH AND SPORTS PROMOTION GRANT

In May 2007, HPB collaborated with the Singapore Sports Council to offer a joint grant of up to \$10,000 to encourage workplaces to implement and sustain workplace health and sports promotion programmes. As of January 2008, 156 grants have been awarded with 40% of the companies being first-time applicants.

PARTNERSHIP AND COLLABORATION

A partnership was formed with EDC@Singapore Manufacturers' Federation (SMA) to promote a workplace health programme to its members. EDC@SMA will consult with and assist members to start and sustain their workplace health programmes.

COMMUNITY OUTREACH

COMMUNITY HEALTH PROMOTION GRANT

The Community Health Promotion Grant was introduced in July 2007 to help community groups start and sustain health promotion initiatives. More than 150 representatives from grassroots organisations and mosques attended briefings that introduced the co-funding grant. 60 community leaders also attended workshops on planning and implementing community health promotion projects.



Grant briefing for community organisations

WORKING WITH COMMUNITY PARTNERS

A health programme at Whampoa constituency was launched in July 2007 to train health ambassadors and educate residents on health topics over the next few years. In the South West district, HPB continued to support ongoing health initiatives. The Board also conducted a health survey from November 2007 to January 2008 to gauge the residents' health knowledge and practices for developing relevant health programmes.

HPB and the People's Association launched Citarasa Kini, a year-long series of thematic cooking workshops, in April 2007. More than 30 workshops were conducted in Malay at community clubs and mosques, covering topics such as mental wellness, women's wellness and fitness. Other collaborations with Malay-Muslim organisations include exercise sessions, cooking demonstrations and interactive exhibitions held at mosques.



Community-based health promotion activities



REACHING OUT TO THE COMMUNITY

From April 2007 to March 2008, the Board participated in 48 health-related community events such as health exhibitions, seminars, public forums and roadshows. These events reached approximately 13,000 people.



Members of the public at a health exhibition

MAINTAIN YOUR HEALTH

Push for the best retirement gift you can give yourself — tip-top health. It's never too late to learn about common health conditions and make lifestyle changes, such as going for regular check-ups and monitoring a chronic disease. HPB encourages older adults to manage their health through chronic disease screenings and health education programmes delivered right to the heart of the community.



SATURDAY MORNING IN THE PARK



SATURDAY MORNING IN THE BOARDROOM

ACTIVE HEALTH MANAGEMENT

CERVICALSCREEN SINGAPORE

CervicalScreen Singapore (CSS) is a national cervical screening programme that encourages women aged 25 to 69 years who have ever had sex to go for Pap smear screenings once every three years. Since its launch in 2004, 95,562 women have been screened. In 2007, of the 24,125 women screened, 26 pre-invasive cancers and two invasive cancers were detected.

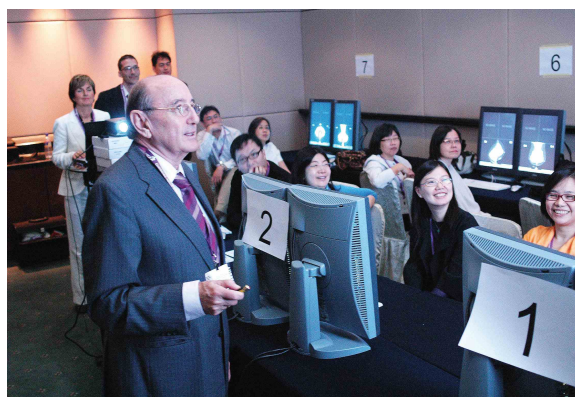
In July 2007, CSS organised a Pap smear-taking course for new nurses. The programme also supported the 12th Annual Colposcopy Course conducted by the Society for Colposcopy and Cervical Pathology of Singapore. Three laboratories were audited under the CSS national quality assurance programme.



BREASTSCREEN SINGAPORE

BreastScreen Singapore (BSS) is a national breast cancer screening programme that encourages women aged 50 to 69 to go for mammographies once every two years. In 2007, of the 47,031 women screened, 192 breast cancers were detected and 34% were ductal carcinomas in situ.

To ensure good service delivery, BSS organised the 3rd Mammography Course for Radiographers in May and audited five BSS screening centres in August 2007. BSS also organised the Combined Asian Breast Diseases-BreastScreen Singapore Breast Cancer Conference with the Asian Breast Diseases Association. 300 delegates from 19 different countries attended the conference from 16 to 18 Nov 2007.



Clinical workshop conducted for radiographers



Participants at a health screening workshop

COMMUNITY HEALTH SCREENING

The Board collaborated with the PAP Community Foundation to screen Singaporeans aged 40 years and older for chronic diseases (hypertension, diabetes and high blood cholesterol). Since April 2007, more than 2,600 residents from 13 electoral divisions have been screened. A third of those who did not have a history of high blood cholesterol were diagnosed with the condition. The detection rates for high blood pressure and high glucose levels among those without a history of these conditions were 4% and less than 1% respectively. 30% of participants were advised to visit their family doctor for follow-up management.

INTEGRATED SCREENING PROGRAMME

The Integrated Screening Programme was conceptualised in 2007 to provide a one-stop health screening service covering cervical cancer and chronic diseases for Singaporeans and permanent residents aged 40 years and above. Personalised invitation letters will be sent to encourage those eligible to be screened at a Chronic Disease Management General Practitioner (GP) clinic. The programme is slated to be launched in 2008.

CHRONIC DISEASE MANAGEMENT

Developed in 2007, the Nurse Educator programme deployed Nurse Educators in the community to support the health education of patients seen by private GP clinics. Apart from specific knowledge and skills on managing chronic diseases, Nurse Educators also espouse the importance of leading a healthy lifestyle.

HPB is collaborating with the Ministry of Health and the Infocomm Development Authority to develop a web-based portal that will empower Singaporeans to take charge of their health and better manage their disease conditions. The initiative will be implemented in three phases from 2008 to 2011.

Active Health Management (AHM) developed a training manual for Wellness Coordinators from the Ministry of Community, Youth and Sports' Wellness Programme for the elderly. The Wellness Coordinators refer those who have chronic diseases or who are at risk of developing them to relevant courses and workshops and ensure that they actively manage their conditions, comply with medication and follow up regularly with their doctors.

OSTEOPOROSIS EDUCATION CAMPAIGN

To increase awareness on how to maintain optimal bone health through an adequate daily intake of calcium and regular exercise, the Board participated in 15 community events and reached over 444,000 people in 2007. Six community talks titled "Osteoporosis — What You Need to Know" were also conducted in English and Mandarin for over 500 participants. Four talks were held on falls prevention to educate the ambulant elderly about the environmental and physical risk factors of falls, as well as the importance of home safety. Over 300 participants attended these talks.

Osteoporosis Education Programme (OEP) partnered the Osteoporosis Society (Singapore) to hold a public forum and Elderly Ladies Walk as part of the World Osteoporosis Day 2007 activities in October 2007.

ORAL HEALTH

The Adult Oral Health Promotion Programme (AOHP) aims to educate Singaporean adults about the prevention of gum disease and the importance of oral health. In August 2007, AOHP supported Colgate Palmolive and Singapore Dental Association during the Oral Health Month, which carried the theme, "Towards Zero Cavities and Healthier Gums". The campaign raised awareness of periodontal disease prevention by brushing twice a day, flossing daily and visiting the dentist at least once a year.

BE INFORMED

Everyone has their preferred way of obtaining information. HPB's health messages and information reach all segments of the population through several channels, from mainstream print and broadcast media and youth-centric new media such as blogs and podcasts, to a well-stocked library and health exhibition centre. We bring the information to your fingertips, to enrich your journey in healthy living.

☐ REACTIVE

☒ PROACTIVE



CORPORATE MARKETING

ADULT HEALTH PROMOTION

A mixed-media approach was used during the three-month long anti-smoking campaign entitled “Smoking Causes Oral Cancer. Quitting is Hard but Not Quitting is Harder”. Surveys showed that 90.1% of smokers who were aware of the campaign could identify oral cancer as a smoking-related disease. The toll-free QuitLine saw a five-fold increase in calls after the launch.

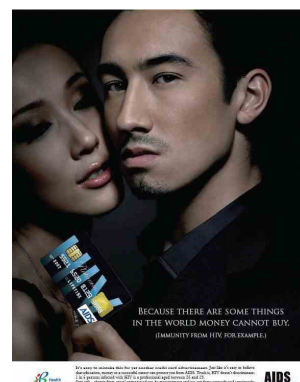


The “Later Later” campaign highlighted the importance of early screening for diabetes, high blood pressure and high blood cholesterol for Singaporeans aged 40 years and above.

The National Healthy Lifestyle Campaign (NHLC) 2007 was launched with special features in a print daily, magazines and radio stations. Its website received 70,000 page views during the campaign period.

The “Fat Education” campaign was launched in all major media to raise public awareness of the harmful effects of trans fat and saturated fat as well as common sources of both types of fat. It generated 19,382 responses from the general public via Ad Tag, an ad-tracking mechanism.

Marketing campaigns were developed to debunk misconceptions about the risks of contracting HIV/AIDS. The “4D” campaign, targeting blue-collar workers, used a gambling analogy to illustrate the chances of contracting HIV/AIDS while the white-collar campaign leveraged the appeal of credit cards to communicate that HIV/AIDS transcends social status. The “4D” campaign resulted in a four-fold increase in calls to the Department of STI (Sexually Transmitted Infections) Clinic while the credit card campaign saw an increase of 60% in visits to www.letstalkaboutsex.sg and a 50% increase in calls to the hotline managed by DSC.



HIV/AIDS awareness marketing campaign for white-collar working males

YOUTH HEALTH PROMOTION

HPB collaborated with the Disney Channel to promote mental wellness messages at the TV premiere of the High School Musical 2 movie. Australian children’s pop group Hi-5 was also engaged to star in a Kids Central TV commercial on myopia prevention and physical activity. Useful eyecare tips to parents with young children were disseminated via all major media.

CORPORATE EVENT

The Board partnered the Singapore Sports Council to organise The Great Singapore Shopathon '07. The event was held over two days in the Marina Bay area and encouraged women to walk 5km across five shopping malls. Participants also learned tips on nurturing healthy kids and gained information on relevant health issues such as breast cancer and cervical cancer.

CORPORATE COMMUNICATIONS

In 2007, 797 media stories were generated about the Board's campaigns, activities and health messages in all the main media and magazines.

As part of its goal to become a centre of excellence for health promotion and education, the Board hosted 30 visits by representatives from diverse organisations in 2007. These included visits by Dr Omi Shigeru, Regional Director of the World Health Organization's Regional Office for the Western Pacific and public health officials from Marikina City in the Philippines, as well as delegates from the public health agencies of Vietnam, Brunei, Malaysia, the United Arab Emirates, the United Kingdom, Korea and China. Other study visits were made by students from Box Hill Institute of TAFE's nursing school in Australia, Nanyang Polytechnic, the National University of Singapore, National Junior College and Singapore Sports School.

CORPORATE COMMUNITY INVOLVEMENT PROGRAMME

HPB continued to support Yong-En Care Centre in 2007 as its official charity under the Corporate Community Involvement Programme (CCIP). Yong-En Care Centre caters primarily to the elderly community as well as children living in Chinatown. The Board raised \$25,377.91 for the centre.



HPB staff spending time with Yong-En residents



CORPORATE PARTNERSHIP MANAGEMENT

The Corporate Partnership Management department was formed in 2006 to strategise, identify and strengthen corporate partnership opportunities for HPB.

In 2007, the department successfully built partnerships to support programmes such as the National Healthy Lifestyle Campaign, Let's Work It Challenge, Fitness @ Work, i-Run and National Smoking Control Programme. Some of HPB's key corporate partners include F&N, Nestle, California Fitness, Allswell, Wyeth, Subway, Lam Soon, Johnson & Johnson, Gardenia, Unilever and Malaysia Dairy Industries.

RESOURCE DEVELOPMENT SERVICES

The Resource Development Services (RDS) department produces resources to support HPB's health promotion programmes. These resources range from print materials and exhibits, to webpages and microsites. They target a wide variety of audiences, including the general public, women, children and patients with specific chronic medical conditions.

In 2007, more than 800 resources were developed. These included:

- a) The Patient Education Toolkit for Healthcare Professionals was developed to help healthcare professionals provide better health outcomes for patients who have one or more of the four chronic diseases, i.e., diabetes, hypertension, lipid disorders and stroke.
- b) Collaterals were produced for the National Healthy Lifestyle Campaign, which focused on mental well-being.
- c) "My Health Diary" was produced to complement the Wellness Programme and Community Health Screenings. It includes a pocket-sized booklet, "My Personal Health Record", which encouraged individuals to record their screening results.



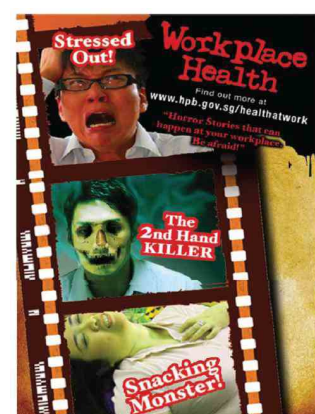
Patient Education Toolkit

NEW MEDIA SECTION

The New Media section produces content webpages and microsites for the Board.

Highlights for the year included:

- a) 12.8 million pageviews for the HPB website in 2007.
- b) The revamped Fresh Air for Women website, which featured MediaCorp artiste Yvonne Lim's quit-smoking blog.
- c) The letstalkaboutsex.sg website that encourages open communication on sexual health issues.
- d) The Shisha microsite, which clinched a spot in the finals of the Best Public Service Website category at the Asia Interactive Awards.
- e) The launch of three online video clips entitled "Stressed Out!", "The 2nd Hand Killer", and "Snacking Monster!". The clips were made available on YouTube and viewed more than 3,000 times in two months. HPB scored a first with this launch as the first government agency to promote workplace health through online videos.



YouTube video clips on stress, smoking and nutrition

HEALTH INFORMATION CENTRE

In 2007, the Health Information Centre (HIC) received 16,315 visitors and distributed 464,262 sets of health education materials.

The existing roving exhibition of HIC was revamped with the theme, “Healthy Weight, Healthy Living”. The exhibition comprising displays related to obesity education was displayed at Toa Payoh, Bedok, Sembawang, Ang Mo Kio and Yishun Libraries in partnership with the National Library Board. An estimated 182,000 people viewed this exhibition and more than 30,000 health education materials were distributed.

HIC Online, a new web-based library system, was launched in January 2007 to enable users to access the library system and resources via the Internet. The website recorded more than 7,860 unique visitors with more than 14,600 page loads for the year.



Visitors viewing exhibits at HIC

HEALTHZONE

HealthZone received 69,000 visitors and conducted 1,446 health education sessions in 2007.

The centre organised the first “Break the Record @ HealthZone Challenge” in March 2007. The event generated four new records that qualified for inclusion in the Singapore Book of Records 2007. They were for the fastest stair climb up seven storeys of the HPB Building (33.61 secs), the longest distance walked while twirling a hula hoop (81.9m), the longest time standing on one leg while carrying weights (37min 38 secs) and the fastest open cross skipping in one minute (109 skips). “Break The Record @ HealthZone Challenge” will be organised biennially.

A new mobile exhibition entitled “Healthy Weight, Healthy Living” was developed in March to raise awareness of weight-related issues. It included computer interactives featuring the causes, consequences, myths and facts about being overweight. More than 50,000 visitors viewed the exhibition.

The annual Project Health Genius attracted 350 health-related projects submitted by 1,400 primary school students — a 75% increase from 2006. The winning entries were showcased at the two-day Project Health Genius Sharing Fiesta in August 2007. More than 1,000 students, teachers, principals and parents attended the event.



An Exciting Eatery exhibit featuring healthy meals for different ethnic groups

In January 2007, 523 primary school students participated in HealthZone's Explore Nutri Town Camp, which highlighted the importance of eating healthily through games and hands-on activities. It was later revamped and renamed the Health Expedition to enable teachers to select the camp's health topic focus. 11 Health Expedition camps were organised for 605 children in 2007.

HealthZone and the School Dental Service conducted the Nothing but the Tooth programme from 26 to 30 Nov 2007 to educate children about the importance of good oral care. The programme comprised a puppet show, a "Tell-the-Tooth" workshop and oral health interactives at HealthZone. More than 3,000 children participated.

As a Museum Roundtable member, HealthZone conducted a special event for older adults from 22 to 24 Nov 2007, in conjunction with the National Heritage Board's "Explore Singapore 2" programme. 209 elderly Singaporeans learned healthy tips on eating out, underwent health checks and toured HealthZone.

HealthZone conducted five workshops for 353 scouts and 13 workshops for 1,400 Girl Guides and Brownies, for the Healthy Lifestyle Proficiency Badge award.



Students and teachers participating in camp activities



In 2007, HealthLine received 138,474 calls to its personalised advice and pre-recorded 24-hour information line. It also organised 10 Doctor-on-Call sessions where a medical specialist was invited to answer calls on topical issues such as trans fat and mental well-being from the members of the public.

WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR HEALTH PROMOTION AND DISEASE PREVENTION

HPB was designated as a World Health Organization Collaborating Centre (WHOCC) for Health Promotion and Disease Prevention for four years from January 2007. As a WHOCC, HPB works with the WHO Regional Office for the Western Pacific (WPRO) to improve the capacity of health promotion practitioners in the region as well as to strengthen inter-regional cooperation.

WHOCC collaborated with WHO/WPRO on a range of activities in 2007:

- a) Two keynote speakers were invited from WPRO to speak on the topics of “Health Promoting Schools” and “Pandemic Flu and Preparedness for Disease Outbreak in Schools” at the 14th Biennial School Nurses International Conference co-organised with School Nurses International in July 2007.
- b) Five WHO study visits and fellowship programmes were organised on topics such as school health promotion, prevention and early detection of new infectious diseases and cancer prevention and control.
- c) HPB representatives functioned as Technical Advisers at the WHO Technical Meeting on Building School Partnership for Health, Education Achievements and Development as well as WPRO’s Health Promotion Foundations: Sharing Lessons and Building Capacity and the ProLead Workshop.
- d) In November 2007, the Regional Meeting on Strengthening Health Systems to Improve Chronic Disease Prevention and Control was co-organised with WPRO and the National Healthcare Group to review the changing trends and impact of chronic diseases on health systems and to identify the priorities and actions required at the country and regional levels. The meeting drew 52 participants from 13 countries in the Western Pacific Region.
- e) WHOCC was also appointed by WPRO to oversee and coordinate the review and update of the Regional Guidelines on Health Promoting Schools.



Conferences co-organised by WHOCC

MAKE THE RIGHT CHOICES

HPB believes that rigorous research, strong evidence and up-to-date knowledge of the latest health trends are the best foundation for our programmes and initiatives. Our people, too, are vital in keeping us at the forefront of what we do. Together, these engines of support drive our quest to be a centre of excellence in health promotion and education.



FEELING GREASY

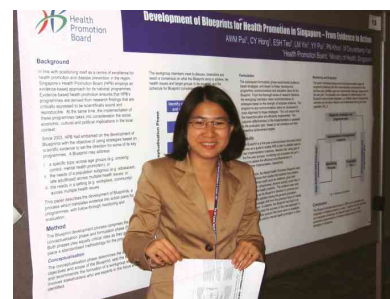


FEELING GREAT



RESEARCH AND STRATEGIC PLANNING DIVISION

In FY07, HPB provided expertise in the areas of tobacco control, health promoting schools and marketing in health promotion on international platforms. Directors were invited to World Health Organization (WHO) meetings and various overseas symposiums. 12 HPB staff were also invited as conference speakers to share their expertise on topics such as obesity, HIV prevention, nutrition, smoking control, myopia, oral health, cancer screening and social marketing. 25 oral and 24 poster presentations were made at local, regional and international conferences. The Board was involved in four collaborative projects and published seven research papers in peer-reviewed local and international journals.



Poster presentation at a conference

STRATEGIC PLANNING DEPARTMENT (SPD)

In 2007, SPD successfully completed the Corporate Planning Exercise for FY08 to better align HPB work plans with MOH's strategic direction. The development of the HPB Blueprint is ongoing. SPD also assumed the secretarial role for Ministry of Health's (MOH) Active Health Management Subcommittee Workgroup 3, which is reviewing key issues for HPB's strategic direction.

The department also completed the Malay Community Health Promotion Blueprint and started developing the Elderly Health Promotion Blueprint.

RESEARCH AND EVALUATION (R&E) DEPARTMENT

The R&E department conducted a study among general practitioners (GPs) enrolled in the Medisave scheme to better understand how HPB's Chronic Disease Management Programme can support the needs of GPs in terms of patient-relevant resources and support services.

Other notable surveys conducted include:

i) The Students' Health Survey

The findings of the survey, which studied the students' attitudes and practices with regard to health and behavioural risk factors, were shared with key healthcare stakeholders and reported in a press conference.

ii) The National Behavioural Surveillance Survey

The survey, conducted among the general population, determined the knowledge of, and attitudes and practices with regard to sexually transmitted diseases. It used the Audio Computed-Assisted Self-Interviewing (ACASI) tool to increase candid responses by participants on this sensitive topic. Survey findings were used to set baseline targets for performance measures of HIV/ AIDS education programmes.

iii) Collaboration with Singapore General Health (SGH) on Calcium Study

In this study conducted by SGH, men over 60 years old were interviewed to explore the association between calcium intake using 24-hour dietary recall, and bone density status. R&E provided training and expertise in assessing the dietary intake of participants.

iv) The Survey on Smoking Control Initiatives and Perception of Smoking-Related Conditions

Adult Singaporeans were surveyed to assess the impact and level of support for a smoking ban at areas outside tertiary campuses and hospitals, and the restriction of smoking at coffee shops and hawker centres. They were also surveyed for their reactions to smoking control initiatives such as those for shisha smoking, awareness of smoking-related health conditions and support for a ban on shisha.

v) The Omnibus Survey

This annual survey among adult Singaporeans tracks the performance of key HPB indicators. The health knowledge, attitude and behaviour of the general population were assessed. Findings were used to fine-tune health promotion strategies and assist HPB programmes in monitoring programme effectiveness.

R&E is collaborating with MOH, the Institute of Mental Health and academics to develop and validate psychometric scales as screening tools for mental health and well-being among adults and school children.

MONITORING AND SURVEILLANCE DEPARTMENT (MSD)

In 2007, MSD was tasked to drive HPB's first exercise to align departmental objectives and key performance indicators to corporate goals. The exercise promoted teamwork and collaboration between divisions and departments.

MSD is also developing the Health Behaviour Surveillance of Singapore (HBSS) system, which will provide timely information on health behaviour trends for the purpose of programme monitoring, benchmarking against international targets and public education.

NATIONAL REGISTRY OF DISEASES OFFICE (NRDO)

In 2007, NRDO launched the Singapore Myocardial Infarction Registry under the National Disease Registries System. NRDO also attended to 80 data requests from MOH and various healthcare organisations in 2007. These institutions asked for aggregate data for monitoring trends, setting targets and matching the institution's data with the registries for clinical management.

In 2007, MOH enacted the National Registry of Diseases Act to provide legislative coverage for disease registries. The Act enables NRDO to access medical information while safeguarding privacy. This ensures that the information collected in the registries is comprehensive and adequate for disease prevention, public health planning and policy-making.

INTEGRATED INFORMATION MANAGEMENT (IIM)

The Health Info Hub project, undertaken by IIM, integrates data across HPB and develops decision support systems for internal users and tools for making data and information more dynamically available to the Board.

IIM also attended to data requests from the National Immunisation Registry and the CervicalScreen Singapore and BreastScreen Singapore registries under its purview.

CORPORATE SERVICES DIVISION

Behind every successful organisation, there is an efficient and responsive team to address its every operational need. The Corporate Services Division encompasses human resource, finance, organisation development and administrative activities, enabling HPB to stay on the forefront of health promotion.

DEVELOPING HPB'S HUMAN CAPITAL

i) HPB's integrated HR framework

HPB adopts an integrated competency framework for all key HR processes, including recruitment, learning and development, career development, performance management, talent management and succession planning. Where gaps between these competencies and HPB's values are identified, employees are counselled so they deliver better outcomes and achieve their fullest potential.

ii) Leadership development

HPB's leaders undergo constant core and functional training as well as skills and knowledge upgrading. Various dialogue tools were introduced to encourage quality decisions based on collective wisdom while building trust and a common vision.

25 Deputy Directors, six Directors and the CEO attended a customised Leadership Development Programme incorporating 360-degree assessments, individual coaching and eight leadership workshops by the end of 2007.

The Board was nominated as a finalist for the Human Resource Management Award 2008 (Leadership Development Category) in recognition of its leadership development efforts.

The HPB Scholarship framework was redesigned in 2007 and five scholarships were granted for postgraduate degrees in public health and general management.



Management training sessions



iii) Career development

HPB introduced a more holistic approach towards staff and leadership development in its career development framework, which provides opportunities for career growth. New staff training roadmaps were developed to identify training needs for each employee based on their required skills and knowledge, leading to focused and relevant training that is customised by staff level.

iv) Employee recognition

116 staff received Long Service Awards at the HPB Dinner and Dance on 8 Mar 2008. Retired staff were also invited to attend the event.



Long Service Award winners

v) Staff awards

Senior Dental Surgery Assistant Ms Faridah Binte Rahmat was awarded the National Day Efficiency Award 2007 for her exemplary work performance. For her contributions as an active member of the Amalgamated Union of Statutory Board Employees DXCO committee, DT Regina Wong Chee Hung was awarded the May Day Model Workers' Award 2007.

YHD staff received positive feedback from parents and school staff on their service delivery. SHC and SDC achieved satisfaction scores of 89% and 90% respectively. In addition, field staff from SHS, the National Myopia Prevention Programme and SDS received scores of 93%, 86% and 93% respectively.

Staff who did well were recognised at the 5th YHD Service Excellence Award Presentation on 9 Mar 2007 at the MOH Auditorium.

vi) Staff engagement

HR development initiatives resulted in a resignation rate of just 7% in FY06 compared to the industry benchmark of 8.4% for statutory boards and 10.5% in the private sector, as stated in the 2007 Public Service Division survey. During exit interviews, resignees rated learning and development as a key employee value proposition.

EFFICIENT RESOURCE USE FOR BETTER RESULTS

i) Cost management

The Finance department reviewed HPB's costing framework to allocate resources efficiently and effectively as part of the Board's reorganisation in FY06.

The Board achieved 15% savings in water consumption for 2007, compared to 2006, resulting in cost savings of about 12%. The HPB Building was also certified to be a Water Efficient Building by the Public Utilities Board for its daily meter readings, prompt repair of leaking fittings, fixing thimbles at flexible hoses and tap spouts and water usage monitoring.

HPB also achieved 4% savings in electricity consumption through measures such as energy-saving lighting, but no cost savings were achieved, due to higher electricity tariffs.

ii) Process improvement

The Finance, HR and Administration departments embarked on a consultancy project with the National Library Board, Health Sciences Authority, Media Development Authority and SPRING Singapore to develop the Corporate Resources System (CREST), a shared HR and finance platform. The implementation phase of CREST is under way and the new system is expected to go live in August 2009.

iii) Best sourcing

In 2007, HPB market-tested the National Myopia Prevention Programme under the Best Sourcing framework to deliver the best value for money to the government and taxpayers. The programme was outsourced in January 2008, with savings of \$238,000 over four years.

iv) Innovation

Participation in the Staff Suggestion and Work Improvement Team schemes improved to 91% in 2007 from 86% in 2006.

SHAPE & IDEAS won the International IT Award for the Healthcare Category at the Asia Pacific Infocomm Technology Award (APICTA). It also won an award at the National Infocomm Awards as well as the World Summit Award for the e-Health Category (2007).

HPB became the first government agency to introduce viral videos that communicated health messages to target audiences. The Shisha microsite was nominated as a finalist in the “Best Public Service Site” for the Asia Interactive Awards 2007.

v) Healthy Workforce Committee activities

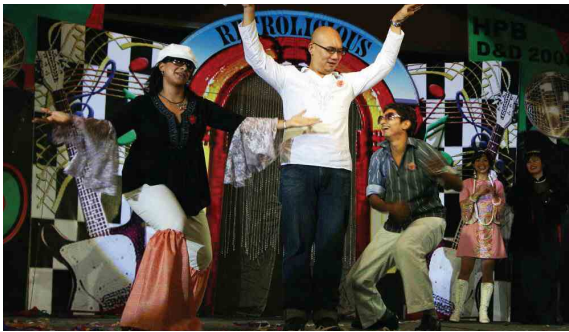
Throughout 2007, the Healthy Workforce Committee (HWC) organised several activities, including lunchtime exercise classes, evening social dance classes, outdoor trips to Kukup and Pulau Ubin and weekly walking sessions around Singapore.

The Nutrition sub-committee organised two successful food fairs (the HCS fair and CNY Food Bazaar) and a “DeepaRaya” lunch where staff were treated to a spread of healthier Indian and Malay dishes.

Quarterly work-life balance talks were also organised, including a laughter yoga session. Other activities included the annual “Kids at Work” day camp and the bi-annual oral health screening.

In October, a “Fitness Fiesta” was organised where staff not only underwent their annual fitness assessment but also partnered with Fraser & Neave to set a new record in the Singapore Book of Records for the most number of people (313) walking for 10 metres with their legs tied together. Staff participation in team and individual sporting events such as the STAR games and HEALTH Family Games, and corporate and public events was also very encouraging, with subsidies and pet points being awarded for participation.

The Board’s annual dinner and dance, “Retrolicious 2008”, was filled with games, surprises, dancercise performances and a delicious healthier Thai food dinner at the Meritus Mandarin Hotel.



Dances put on by HPB staff at the annual Dinner and Dance



FINANCIAL STATEMENTS

**STATEMENT BY
THE HEALTH
PROMOTION
BOARD**

In the opinion of the Board,

- (a) the accompanying financial statements of the Board, together with the notes thereon, are drawn up so as to give a true and fair view of the state of affairs of the Health Promotion Board as at 31 March 2008 and of the results, changes in equity and the cash flows of the Board for the financial year ended on that date.
- (b) at the date of this statement, there are reasonable grounds to believe that the Board will be able to pay its debts as and when they fall due.

On behalf of the Board



.....
MR WONG YEW MENG

Chairman



.....
MR LAM PIN WOON

Chief Executive Officer

Dated: 30 June 2008

We have been engaged by the Auditor-General to audit the accompanying financial statements of Health Promotion Board (“the Board”), set out on pages 74 to 92. The financial statements comprise the balance sheet as at 31 March 2008, the income and expenditure statement, statement of changes in equity and cash flow statement of the Board for the year then ended, and a summary of significant accounting policies and other explanatory notes.

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS OF THE HEALTH PROMOTION BOARD

for the year ended
31 March 2008

Board’s management responsibility for the financial statements

The Board’s management is responsible for the preparation and fair presentation of these financial statements in accordance with the provisions of the Health Promotion Board Act (Chapter 122B) (“the Act”) and Singapore Statutory Board Financial Reporting Standards. This responsibility includes:

- (a) devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair income and expenditure statement and balance sheet and to maintain accountability of assets;
- (b) selecting and applying appropriate accounting policies; and
- (c) making accounting estimates that are reasonable in the circumstances.

Auditors’ responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. The audit was conducted in accordance with the Act and Singapore Standards on Auditing. Those standards require that ethical requirements be complied with, and that the audit be planned and performed to obtain reasonable assurance as to 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 auditors’ judgment, 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 auditors consider internal controls relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the entity’s management, as well as evaluating the overall presentation of the financial statements.

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


**REPORT ON
THE AUDIT OF
THE FINANCIAL
STATEMENTS
OF THE HEALTH
PROMOTION
BOARD**

for the year ended
31 March 2008

(cont'd)

In our opinion:

- (a) the financial statements are properly drawn up in accordance with the provisions of the Act and the Singapore Statutory Board Financial Reporting Standards so as to give a true and fair view of the state of affairs of the Board as at 31 March 2008 and of the results, changes in equity and cash flows of the Board for the year then ended on that date; and
- (b) proper accounting and other records have been kept, including records of all assets of the Board whether purchased, donated or otherwise; and
- (c) the receipts, expenditure, investment of moneys and the acquisition and disposal of assets by the Board during the financial year have been in accordance with the provisions of the Act.



.....
Foo Kon Tan Grant Thornton
Public Accountants and
Certified Public Accountants

Singapore, 30 June 2008

BALANCE SHEET

as at 31 March 2008

	Note	2007/2008 \$	2006/2007 \$
Accumulated surplus	4	22,511,213	20,895,956
Share capital	5	3,743,963	-
		26,255,176	20,895,956
Represented by:			
Property, plant and equipment	6	11,734,094	9,101,415
Intangible assets	7	9,962,891	11,852,161
		21,696,985	20,953,576
Current Assets			
Receivables	8	553,520	323,407
Prepayments		296,965	267,766
Grants receivable	9	2,381,590	4,004,011
Cash and cash equivalents	10	52,475,214	45,583,533
		55,707,289	50,178,717
Current Liabilities			
Payables and accruals	11	(23,401,390)	(19,071,548)
Grants received in advance	9	(393,166)	(1,133,776)
		(23,794,556)	(20,205,324)
Net Current Assets		31,912,733	29,973,393
Non-Current Liabilities			
Obligations in respect of pension scheme	12	(9,372,914)	(9,077,437)
Deferred capital grants	13	(17,981,628)	(20,953,576)
		(27,354,542)	(30,031,013)
		26,255,176	20,895,956

HEALTH PROMOTION BOARD ANNUAL REPORT 2007/2008

The annexed notes form an integral part of and should be read in conjunction with these financial statements.

INCOME AND EXPENDITURE STATEMENT

for the year ended
31 March 2008

	Note	2007/2008 \$	2006/2007 \$
Operating income			
Clinic services fee		270,986	265,333
HealthZone fee		194,104	189,320
Interest income		877,606	1,133,976
Screening fee		-	28,666
Service charge and other fee from tenants		1,070,735	897,075
Miscellaneous income		174,087	120,150
		2,587,518	2,634,520
Operating expenditure			
Staff costs	14	(55,327,947)	(47,246,952)
Operating supplies and services		(17,331,674)	(15,064,559)
Publicity and public relations		(8,186,292)	(7,901,058)
Information technology services		(6,095,436)	(3,342,234)
Amortisation of intangible assets	7	(3,141,608)	(3,368,975)
Rental of premises		(3,050,137)	(3,062,662)
Depreciation of property, plant and equipment	6	(3,021,113)	(3,354,740)
Subventions to polyclinics		(2,541,824)	(2,536,878)
Input Goods and Services Tax		(2,507,859)	(1,661,130)
Staff welfare and development		(2,289,920)	(2,445,219)
Repairs and maintenance		(1,907,442)	(1,945,801)
Other services and fees		(1,520,463)	(1,561,346)
Communications		(1,395,281)	(1,342,317)
Research and reviews		(165,964)	(519,033)
Board members' allowance		(68,750)	(52,500)
Audit fee		(40,000)	(40,000)
Loss on disposal of property, plant and equipment		(11,542)	-
		(108,603,252)	(95,445,404)
Operating deficit before grants		(106,015,734)	(92,810,884)
Grants			
Government operating grants	9	100,832,100	88,234,524
Non-Government operating grants	9	597,245	479,956
Deferred government capital grants amortised	13	6,201,646	6,723,715
		107,630,991	95,438,195
Surplus for the year before exceptional item		1,615,257	2,627,311
Exceptional item	15	-	8,612,641
Net surplus for the year		1,615,257	11,239,952

The annexed notes form an integral part of and should be read in conjunction with these financial statements.

	Share capital	Accumulated surplus	Total equity
	\$	\$	\$
Balance at 1 April 2006	-	9,656,004	9,656,004
Net surplus for the year	-	11,239,952	11,239,952
Balance at 31 March 2007	-	20,895,956	20,895,956
Net surplus for the year	-	1,615,257	1,615,257
Issue of shares	3,743,963	-	3,743,963
Balance at 31 March 2008	3,743,963	22,511,213	26,255,176

STATEMENT OF CHANGES IN EQUITY

for the year ended
31 March 2008

The annexed notes form an integral part of and should be read in conjunction with these financial statements.

CASH FLOW STATEMENT

for the year ended
31 March 2008

	2007/2008 \$	2006/2007 \$
Cash Flows from Operating Activities		
Deficit before grants	(106,015,734)	(92,810,884)
Adjustments for:		
Depreciation of property, plant and equipment	3,021,113	3,354,740
Amortisation of intangible assets	3,141,608	3,368,975
Loss on disposal of property, plant and equipment	11,542	-
Obligations in respect of defined benefit retirement scheme	1,244,000	1,389,012
Operating deficit before working capital changes	(98,597,471)	(86,698,157)
Increase in receivables and prepayments	(259,312)	(114,961)
Increase/(decrease) in payables and accruals	4,329,842	(5,982,739)
Benefits paid in respect of defined benefit retirement scheme	(948,523)	(918,529)
Cash used in operations	(95,475,464)	(91,714,386)
Government grants received	104,976,673	105,440,238
Other grants received	564,181	384,001
Refund of contribution in lieu of tax	-	449,047
Net cash generated from operating activities	10,065,390	14,558,900
Cash Flows from Investing Activities		
Purchase of property, plant and equipment	(5,655,249)	(797,153)
Purchase of intangible assets	(1,312,818)	(5,368,283)
Proceeds from disposal of property, plant and equipment	50,395	-
Increase in short term fixed deposit with maturity exceeding 3 months	(8,009,381)	-
Net cash used in investing activities	(14,927,053)	(6,165,436)
Cash Flows from Financing Activities		
Proceeds from shares issued	3,743,963	-
Net cash generated from financing activities	3,743,963	-
Net (decrease)/increase in cash and cash equivalents	(1,117,700)	8,393,464
Cash and cash equivalents at beginning of year	45,583,533	37,190,069
Cash and cash equivalents at end of year (Note 10)	44,465,833	45,583,533

The annexed notes form an integral part of and should be read in conjunction with these financial statements.

1 General information

The financial statements of the Health Promotion Board for the year ended 31 March 2008 were authorised for issue by members of the Board on the date of the Statement by the Health Promotion Board.

The Health Promotion Board ("the Board") was established in The Republic of Singapore under the Health Promotion Board Act (Chapter 122B).

The registered office is at 3 Second Hospital Avenue, Singapore 168937.

2(a) Basis of preparation

The financial statements are prepared in accordance with the Statutory Board Financial Reporting Standards ("SB-FRS") promulgated by the Accountant-General and the provisions of the Health Promotion Board Act (Chapter 122B). The financial statements have been prepared under the historical cost convention, except as disclosed in the accounting policies below.

Significant accounting estimates and judgements

The preparation of the financial statements in conformity with SB-FRS requires the use of judgement, estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the financial year. Although these estimates are based on management's best knowledge of current events and actions, actual results may differ from those estimates.

The critical accounting estimates and assumptions used and areas involving a high degree of judgement are described below:

Depreciation of property, plant and equipment

Property, plant and equipment are depreciated on a straight-line basis over their estimated useful lives. The Board's management estimates the useful lives of these property, plant and equipment to be within 3 to 10 years. The carrying amount of the Board's property, plant and equipment as at 31 March 2008 are \$11,734,094 (2007: \$9,101,415). Changes in the expected level of usage and technological developments could impact the economic useful lives and the residual values of these assets, therefore future depreciation charges could be revised.

Amortisation of intangible assets

Intangible assets are amortised on a straight-line basis over their estimated useful lives. The Board's management estimates the useful lives of these intangible assets to be not exceeding 5 years. The carrying amount of the Board's intangible assets as at 31 March 2008 is \$9,962,891 (2007: \$11,852,161). Changes in the expected level of usage and technological developments could impact the economic useful lives and the residual values of these assets, therefore future amortisation charges could be revised.

2(b) Interpretations and amendments to published standards effective in 2007

On 1 April 2007, the Board adopted the new or amended SB-FRS and Interpretations to SB-FRS ("INT SB-FRS") that are mandatory for application on that date. This includes the following SB-FRS and INT SB-FRS, which are relevant to the Board:

SB-FRS 10	Events after the Balance Sheet Date
SB-FRS 19	Employee Benefits
SB-FRS 24	Related Party Disclosure

The Board has adopted all the new and amended SB-FRS and INT SB-FRS that are relevant to its operations and effective for annual periods beginning on 1 April 2007. The adoption of these new revised SB-FRS and INT SB-FRS did not result in substantial changes to the Board's accounting policies nor any significant impact on these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended
31 March 2008

NOTES TO THE FINANCIAL STATEMENTS

for the year ended

31 March 2008

(cont'd)

2(c) SB-FRS and INT SB-FRS not yet effective

At the date of authorisation of these financial statements, the following new or revised SB-FRS and INT SB-FRS were issued but not yet effective:

SB-FRS 2	Inventories
SB-FRS 7	Cash Flow Statements
SB-FRS 8	Accounting Policies, Changes in Accounting Estimates and Errors
SB-FRS 19	Employee Benefits
SB-FRS 27	Consolidated and Separate Financial Statements
SB-FRS 33	Earnings per Share
SB-FRS 34	Interim Financial Reporting
SB-FRS 36	Impairment of Assets
SB-FRS 104	Insurance Contracts - Implementation Guidance
SB-FRS 105	Non-current Assets Held for Sale and Discontinued Operations
SB-FRS 106	Exploration for and Evaluation of Mineral Resources
SB-FRS 108	Operating Segments
INT SB-FRS 29	Disclosure - Service Concession Arrangements
INT SB-FRS 104	Determining whether an Arrangement contains a Lease
INT SB-FRS 112	Service Concession Arrangements

The Board does not anticipate that the adoption of these SB-FRS and INT SB-FRS in the future periods of application will have a material impact on the financial statements of the Board.

2(d) Summary of significant accounting policies

(i) Property, plant and equipment and depreciation

Property, plant and equipment are stated at cost less accumulated depreciation and impairment losses, if any. All items of property, plant and equipment are initially recorded at cost. Depreciation is computed utilising the straight-line method to write off the cost of these assets over their estimated useful lives as follows:

Computers	3 - 5 years
Leasehold improvement	8 years
Furniture and fittings	8 years
Office equipment	3 - 10 years
Medical equipment	8 years
Motor Vehicles	10 years

The cost of property, plant and equipment includes expenditure that is directly attributable to the acquisition of the items. Dismantlement, removal or restoration costs are included as part of the cost of property, plant and equipment if the obligation for dismantlement, removal or restoration is incurred as a consequence of acquiring or using the asset.

For acquisitions and disposals during the financial year, depreciation is provided from the month of acquisition and to the month before disposal respectively. Fully depreciated assets are retained in the books of accounts until they are no longer in use.

Capital work-in-progress represents the Building Automation System and Centralised IT Infrastructure which are stated at cost. These assets are not depreciated until such time as the relevant phases are completed and put into operational use.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended
31 March 2008

(cont'd)

(ii) Intangible assets

These comprise computer software and include consultancy fees and related expenses, incurred for and directly attributable to the design and development of new or improved computer programmes and processes. Such costs are capitalised as assets to the extent that it is expected that such assets will generate future economic benefits.

Computer software are amortised from the date the programmes and processes are completed and put into operational use, in a straight-line basis over the estimated useful lives, not exceeding 5 years.

Capital work-in-progress represents computer software design and development work in progress which are stated at cost. These assets are not depreciated until such time as the relevant phases are completed and put into operational use.

(iii) Financial assets

Financial assets, other than hedging instruments, can be divided into the following categories: financial assets at fair value through income and expenditure, held-to-maturity investments, loans and receivables and available-for-sale financial assets. Financial assets are assigned to the different categories by the Board on initial recognition, depending on the purpose for which the investments were acquired. The designation of financial assets is re-evaluated and classification may be changed at the reporting date with the exception that the designation of financial assets at fair value through income and expenditure is not revocable.

All financial assets are recognised on their trade date - the date on which the Board commits to purchase or sell the asset. Financial assets are initially recognised at fair value, plus directly attributable transaction costs except for financial assets at fair value through income and expenditure, which are recognised at fair value.

Derecognition of financial instruments occurs when the rights to receive cash flows from the investments expire or are transferred and substantially all of the risks and rewards of ownership have been transferred. An assessment for impairment is undertaken at least at each balance sheet date to determine whether or not there is objective evidence that a financial asset or a group of financial assets is impaired.

Non-compounding interest and other cash flows resulting from holding financial assets are recognised in income and expenditure when received, regardless of how the related carrying amount of financial assets is measured.

The Board does not designate any financial assets as fair value through income and expenditure, held-to-maturity investments or available-for-sale.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise when the Board provides money, goods or services directly to a debtor with no intention of trading the receivables. They are included in current assets, except for maturities greater than 12 months after the balance sheet date. These are classified as non-current assets.

Loans and receivables are provided against when objective evidence is received that the Board will not be able to collect all amounts due to it in accordance with the original terms of the receivables. The amount of the write-down is determined as the difference between the asset's carrying amount and the present value of estimated future cash flows.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended

31 March 2008

(cont'd)

(iv) Cash and cash equivalents

Cash and cash equivalents comprise cash and bank balances and bank deposits.

(v) Financial liabilities

The Board's financial liabilities include payables and accruals.

Financial liabilities are recognised when the Board becomes a party to the contractual agreements of the instrument. All interest related charges, if any, are recognised as expense in the income and expenditure statement.

Payables are initially measured at fair value, and subsequently measured at amortised cost, using the effective interest method.

(vi) Leases

Operating leases

Rentals on operating leases are charged to the income and expenditure statement on a straight-line basis over the lease term. Lease incentives, if any, are recognised as an integral part of the net consideration agreed for the use of the leased asset. Penalty payments on early termination, if any, are recognised in the income and expenditure statement when incurred.

(vii) Provisions

Provisions are recognised when the Board has a present obligation (legal or constructive) as a result of a past event. It is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

The Board review the provisions annually and where in their opinion, the provision is inadequate or excessive, due adjustment is made.

(viii) Employee benefits

Pension obligations

The Board contributes to the Central Provident Fund ("CPF"), a defined contribution plan regulated and managed by the Government of Singapore, which applies to the majority of the employees. The Board's contributions to CPF are charged to the income and expenditure statement in the period to which the contributions relate.

Provision for the Health Promotion Board Pension Scheme

Cost of providing defined benefit retirement benefit scheme ("the HPB Pension Scheme") is determined using the projected unit credit method, with actuarial valuations being carried out at least once in three years.

The present value of obligation for all pensionable employees is determined by projecting each active officer's benefits accrued from the starting date of their service with the Board (ie, 1 April 2001) up to the valuation date, allowing for salary increases of 1% per annum and the probability of earlier exits, and discounted using a long-term discount rate of 3% per annum. The obligations to existing pensioners under the HPB Pension Scheme are calculated as the present value of pensions payable to the pensioners for their remaining lifetime.

At each valuation date, the total present value of obligation is compared to the book amount to determine any additional gain or loss. Any actuarial gain or loss which exceeds 10% of the present value of the plan obligations will then be amortised to the income and expenditure statement over the average expected remaining working lives of the pensionable employees.

Past service cost is recognised immediately to the extent that the benefits are already vested since the starting date of the pensionable employees' service with the Board.

Employee leave entitlements

Employee entitlements to annual leave are recognised when they accrue to employees. Accrual is made for the unconsumed leave as a result of services rendered by employees up to the balance sheet date.

(ix) Impairment of non-financial assets

The carrying amounts of the Board's non-financial assets subject to impairment are reviewed at each balance sheet date to determine whether there is any indication of impairment. If any such indication exists, the asset's recoverable amount is estimated. An impairment loss is recognised whenever the carrying amount of a non-financial asset exceeds its recoverable amount. Recoverable amount is defined as the higher of value in use or net-selling price.

Any impairment loss is charged to the income and expenditure statement.

An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount or when there is an indication that the impairment loss recognised for the non-financial asset no longer exists or decreases.

An impairment loss is reversed only to the extent that the non-financial asset's carrying amount does not exceed the carrying amount that would have been determined if no impairment loss had been recognised.

A reversal of an impairment loss is credited as income in the income and expenditure statement.

(x) Grants

Grants from the government and contributions from other organisations and persons in the form of depreciable assets (both tangible and intangible) or utilised for the purchase of depreciable assets are taken to the Deferred Capital Grants Account. The deferred grants are recognised in the income and expenditure statement over the periods necessary to match the depreciation and the net book value of disposals and write-offs of the assets purchased with the related grants.

Government grants and contributions from other organisations to meet the current period's operating expenses are recognised as income in the same period.

Both capital and operating grants are accounted for on an accrual basis.

(xi) Income recognition

Income is recognised when the significant risks and rewards of ownership have been transferred to the buyer. Income excludes goods and services taxes.

Service income is recognised when services are rendered and accepted by the customer.

Interest income is accrued on a time-apportioned basis using the effective interest method.

(xii) Functional currency

Items included in the financial statements of the Board are measured using the currency that best reflects the economic substance of the underlying events and circumstances relevant to the Board ("the functional currency"). The financial statements of the Board are presented in Singapore dollars, which is also the functional currency of the Board.

(xiii) Financial instruments

Financial instruments carried on the balance sheet include cash and cash equivalents, financial assets and financial liabilities. The particular recognition methods adopted are disclosed in the individual policy statements associated with each item.

Disclosures on financial risk management objectives and policies are provided in Note 17.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended
31 March 2008

(cont'd)

NOTES TO THE FINANCIAL STATEMENTS

for the year ended

31 March 2008

(cont'd)

3 Principal activities

The principal activities of the Board are to:

- (a) advise the Government, either of its own motion or upon request made to it by the Minister, on all matters connected with the promotion of good health and healthy lifestyles amongst the people of Singapore, including the formulation of policies, the creation of conditions and the provision of public facilities that are conducive to the promotion of good health and healthy lifestyles amongst the people of Singapore;
- (b) devise, organise and implement programmes and other activities for or related to the promotion of good health and healthy lifestyles amongst the people of Singapore, health education programmes and programmes and other activities for or related to the prevention or detection of diseases;
- (c) collaborate with any organisation to devise, organise and implement, or to provide support or assistance to any organisation in devising and implementing, any of the programmes or activities referred to in paragraph 3(b);
- (d) monitor and conduct investigations and research into any matter relating to the health and nutritional statuses of the people of Singapore;
- (e) promote a healthy food supply in Singapore;
- (f) determine, establish and recommend nutritional standards and dietary guidelines, and guidelines for the provision of nutritional information;
- (g) provide healthcare services (including medical, dental, health-screening and immunisation services) to school children and such other persons or class of persons or class of persons as the Board thinks fit;
- (h) provide consultancy services to Government departments, members of the healthcare industry and the private sector on matters relating to health education, the preservation and promotion of health, healthy lifestyles and healthy dietary practices and the prevention and detection of diseases; and
- (i) represent the Government internationally on matters related to or connected with health education, the preservation and promotion of health and the prevention and detection of diseases.

There have been no significant changes in the nature of these activities during the financial year.

4 Accumulated Surplus

The accumulated surplus would be used to fund scholarships and sponsorships for under-graduate and post-graduate studies to build capacity and to fund operational deficits when they arise.

5 Share Capital

	2007/2008	2006/2007
	\$	\$
Issued and fully paid		
Balance at beginning of year	-	-
Issue of shares	3,743,963	-
Balance at end of year	3,743,963	-

During the financial year, the Board issued 3,743,963 shares to Minister for Finance under Section 22A of the Health Promotion Board Act for total consideration of \$3,743,963 for cash to provide funds for the acquisition of property, plant and equipment and intangible assets.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended
31 March 2008

(cont'd)

NOTES TO THE FINANCIAL STATEMENTS

for the year ended

31 March 2008

(cont'd)

6 Property, plant and equipment

	Computers \$	Leasehold improvement \$	Furniture and fittings \$
Cost			
At 1 April 2006	8,414,573	7,131,567	507,128
Additions	407,267	91,134	5,370
Disposals	(538,020)	-	-
Transfers	46	-	-
At 31 March 2007	8,283,866	7,222,701	512,498
Reclassification ***	-	-	-
Additions	1,303,191	2,291,924	-
Disposals	(618,877)	-	(21,867)
At 31 March 2008	8,968,180	9,514,625	490,631

Accumulated depreciation

At 1 April 2006	6,684,554	2,746,351	395,338
Depreciation for the year	857,599	896,716	46,743
Disposals	(538,020)	-	-
At 31 March 2007	7,004,133	3,643,067	442,081
Depreciation for the year	785,196	936,694	20,946
Disposals	(599,568)	-	(15,164)
At 31 March 2008	7,189,761	4,579,761	447,863

Net book value

At 31 March 2008	1,778,419	4,934,864	42,768
At 31 March 2007	1,279,733	3,579,634	70,417

*** Reclassification of Centralised IT Infrastructure from intangible assets to property, plant and equipment.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended
31 March 2008

(cont'd)

Other equipment \$	Medical equipment \$	Capital work- in-progress \$	Motor vehicles \$	Total \$
1,674,248	10,309,320	100,046	377,490	28,514,372
183,172	75,600	34,610	-	797,153
-	-	-	-	(538,020)
100,000	-	(100,046)	-	-
1,957,420	10,384,920	34,610	377,490	28,773,505
-	-	60,480	-	60,480
216,901	175,207	1,668,026	-	5,655,249
(94,909)	(14,266)	(34,610)	-	(784,529)
2,079,412	10,545,861	1,728,506	377,490	33,704,705
1,054,223	5,667,426	-	307,478	16,855,370
308,584	1,192,936	-	52,162	3,354,740
-	-	-	-	(538,020)
1,362,807	6,860,362	-	359,640	19,672,090
215,433	1,057,488	-	5,356	3,021,113
(93,594)	(14,266)	-	-	(722,592)
1,484,646	7,903,584	-	364,996	21,970,611
594,766	2,642,277	1,728,506	12,494	11,734,094
694,613	3,524,558	34,610	17,850	9,101,415

NOTES TO THE FINANCIAL STATEMENTS

for the year ended
31 March 2008

(cont'd)

7 Intangible assets

	Computer software \$	Computer software under development \$	Total \$
Cost			
At 1 April 2006	11,341,210	3,823,901	15,165,111
Additions	46,135	5,322,148	5,368,283
Transfers	8,740,521	(8,740,521)	-
At 31 March 2007	20,127,866	405,528	20,533,394
Reclassification ***	-	(60,480)	(60,480)
Additions	413,971	898,847	1,312,818
At 31 March 2008	20,541,837	1,243,895	21,785,732

Accumulated amortisation

At 1 April 2006	5,312,258	-	5,312,258
Amortisation for the year	3,368,975	-	3,368,975
At 31 March 2007	8,681,233	-	8,681,233
Amortisation for the year	3,141,608	-	3,141,608
At 31 March 2008	11,822,841	-	11,822,841

Carrying Amount

At 31 March 2008	8,718,996	1,243,895	9,962,891
At 31 March 2007	11,446,633	405,528	11,852,161

*** Reclassification of Centralised IT Infrastructure from intangible assets to property, plant and equipment.

8 Receivables

	2007/2008 \$	2006/2007 \$
Debtors	151,519	44,629
Security deposit	291,275	252,212
Other receivables	110,726	26,566
	553,520	323,407

9 Grants receivable/(received in advance)

NOTES TO THE FINANCIAL STATEMENTS

for the year ended
31 March 2008

(cont'd)

Grants receivable

Government

	2007/2008 \$	2006/2007 \$
Balance at beginning of year	4,004,011	4,305,109
Receipts	(6,403,982)	(19,037,832)
Transfer to deferred capital grants	1,204,832	5,913,691
Transfer to income and expenditure statement	3,545,655	12,823,043
Balance at end of year	2,350,516	4,004,011

Non-Government

Balance at beginning of year	-	-
Receipts	(178,000)	-
Transfer to income and expenditure statement	209,074	-
Balance at end of year	31,074	-

Total grant receivable at end of the year	2,381,590	4,004,011
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Grants received in advance

Government

Balance at beginning of year	(1,030,188)	-
Receipts	(98,572,691)	(86,402,406)
Transfer to deferred capital grants	2,024,866	616,263
Transfer to income and expenditure statement	97,286,445	84,755,955
Balance at end of year	(291,568)	(1,030,188)

Non-Government

Balance at beginning of year	(103,588)	(199,543)
Receipts	(386,181)	(384,001)
Transfer to income and expenditure statement	388,171	479,956
Balance at end of year	(101,598)	(103,588)

Total grant received in advance at end of the year	(393,166)	(1,133,776)
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Total government grants received since establishment	663,365,254	558,388,581
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Government grants are grants received from government bodies including Statutory Boards.
Funds received from all other organisations are classified as non-government grants.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended

31 March 2008

(cont'd)

10 Cash and cash equivalents

	2007/2008	2006/2007
	\$	\$
Fixed deposits	51,073,988	44,943,442
Cash at bank	1,400,796	639,711
Cash on hand	430	380
	52,475,214	45,583,533

The fixed deposits have an average maturity of 1.4 month (2006/2007 - one month) from the end of the financial year and effective interest rate of 2.18% (2006/2007 - 2.93%) per annum.

For the purposes of the cash flow statement, the year-end cash and cash equivalents comprise the following:

	2007/2008	2006/2007
	\$	\$
Cash and cash equivalents (as above)	52,475,214	45,583,533
Short-term fixed deposit with maturity exceeding 3 months	(8,009,381)	-
	44,465,833	45,583,533

11 Payables and accruals

	2007/2008	2006/2007
	\$	\$
Payables and accruals	22,736,977	18,369,028
Amount owing to the Ministry of Health	178,183	245,916
Security deposits	486,230	456,604
	23,401,390	19,071,548

12 Obligations in respect of pension scheme

The amounts recognised in the balance sheet are as follows:

	2007/2008	2006/2007
	\$	\$
Present value of unfunded obligations	8,965,960	8,670,483
Unrecognised actuarial gains	406,954	406,954
Net liability	9,372,914	9,077,437

The amounts recognised in the income and expenditure statement are as follows:

	2007/2008	2006/2007
	\$	\$
Current service cost	1,022,000	1,172,000
Interest cost	222,000	217,012
Total included in staff costs	1,244,000	1,389,012

Movements in the net liability recognised in the balance sheet are as follows:

	2007/2008	2006/2007
	\$	\$
Balance at beginning of year	9,077,437	8,606,954
Amounts recognised in the income and expenditure statement	1,244,000	1,389,012
Benefits paid	(948,523)	(918,529)
Balance at end of year	9,372,914	9,077,437

The above pension fund was set up by the Board to meet the ongoing service liability of pensionable employees under the HPB Pension Scheme which commenced on 1 April 2001. The amount of contribution is based on an actuarial valuation dated 25 January 2007 performed by Watson Wyatt Singapore Pte Ltd.

13 Deferred capital grants

	2007/2008	2006/2007
	\$	\$
Balance at beginning of year	20,953,576	21,147,337
Transfer from government grants	3,229,698	6,529,954
	24,183,274	27,677,291
Transfer to income and expenditure statement:		
- to match depreciation funded by the government	(2,998,102)	(3,354,740)
- to match amortisation funded by the government	(3,141,608)	(3,368,975)
- to match net book value of assets disposed	(61,936)	-
	(6,201,646)	(6,723,715)
Balance at end of year	17,981,628	20,953,576

NOTES TO THE FINANCIAL STATEMENTS

for the year ended
31 March 2008

(cont'd)

NOTES TO THE FINANCIAL STATEMENTS

for the year ended
31 March 2008
(cont'd)

14 Staff costs

	2007/2008 \$	2006/2007 \$
Key management personnel:		
Short Term Employee Benefits	2,111,123	1,676,935
Post-Employment Benefits	179,884	176,799
	2,291,007	1,853,734
Other than key management personnel:		
Short Term Employee Benefits	46,778,184	40,306,807
Post-Employment Benefits	5,896,963	4,971,767
Termination Benefits	361,793	114,644
	53,036,940	45,393,218
	55,327,947	47,246,952

The remuneration of the top three key executives of the Board are disclosed in bands as follows:

	2007/2008	2006/2007
\$550,000 to \$600,000	1	-
\$500,000 to \$550,000	-	-
\$450,000 to \$500,000	-	1
\$400,000 to \$450,000	-	-
\$350,000 to \$400,000	2	-
\$300,000 to \$350,000	-	2
Below \$300,000	-	-
	3	3

15 Exceptional items

	2007/2008 \$	2006/2007 \$
Government grants	-	9,344,474
Input Goods and Services Tax	-	(282,786)
Contribution in lieu of tax	-	(449,047)
	-	8,612,641

The exceptional items in the financial year 2006/2007 related to the funding of the transfer of net assets from the Ministry of Health (MOH) to the Board via Government grants.

On the establishment of the Board on 1 April 2001, net assets of \$9,426,205 was transferred from MOH to the Board.. Pending the completion and finalisation of the mode of transfer by the Ministry of Finance then, the transfer was effected through a loan to the Board which has no fixed repayment terms or interest.

In March 2007, the Ministry of Health (MOH) confirmed that the transfer was to be funded by capital grants and this was recognised as an exceptional item in the financial year 2006/2007. The contribution in lieu of tax refers to the provision for the return of the amount originally refunded to the Board during the year resulting from the earlier treatment of the transfer as being funded out of accumulated surplus.

16 Commitments

Capital commitments not provided for in the financial statements are as follows:

	2007/2008	2006/2007
	\$	\$
Estimated amounts committed for future capital expenditure but not provided for in the financial statements	6,260,300	54,000

NOTES TO THE FINANCIAL STATEMENTS

for the year ended
31 March 2008

(cont'd)

17 Financial risk management objectives and policies

The Board is subject to interest rate risk, credit risk and funding risk. The Board recognises that management of financial risks is an important aspect to discharge its regulatory functions, objects and duties under the Health Promotion Board Act (Chapter 122B). The Board has adopted risk management practices to mitigate these risks in a cost effective manner.

Foreign exchange risk

The Board has minimal exposure to foreign exchange risk as it transacts mainly in Singapore dollars.

Interest rate risk

The Board has limited exposure to interest rate risk as interest-bearing assets are short-term in nature.

Credit risk

The Board's credit risk is primarily attributable to its cash and cash equivalents and receivables. Liquid funds are placed with financial institutions with high credit ratings. The credit risk with respect to the receivables is limited as the Board deals with creditworthy counterparties such as government bodies and hospitals.

The Board has no significant concentrations of credit risks. Commercial receivables are spread over a large base of counterparties.

The carrying amount of the financial assets recorded in the balance sheet represents the Board's maximum exposure to credit risk.

Funding risk

The Board's operations are funded by government grants and donations from other non-government bodies. The Board reviews its funds reserves, comprising free cash flows from its operations and government grants, to ensure liquidity is maintained at all times.

18 Financial instruments

Fair values

The carrying amount of financial assets and liabilities with a maturity of less than one year is assumed to approximate their fair values.

CONTACT US

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(Personal Advice)
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Saturday: 8.30am - 1.00pm
Tel: 1800 223 1313

QUITLINE

Monday - Friday: 8.30 - 5.00pm
Saturday: 8.30am - 1.00pm
Tel: 1800 438 2000

HEALTH INFORMATION CENTRE

Level 3, Health Promotion Board
Monday - Friday: 8.30am - 5.00pm
Saturday: 8.30am - 1.00pm
Closed on Sundays and Public Holidays
Tel: 6435 3954
Fax: 6536 1277

HEALTHZONE

Level 2, Health Promotion Board
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Tuesday - Friday: 9.00am - 5.00pm
Saturday: 9.00am - 5.00pm
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