

h e a l t h

what it means to me

HEALTH PROMOTION BOARD ANNUAL REPORT 2009/2010

There's nothing quite as personal as your health.

Like your daily diet or weekly exercise regimen, your health belongs to you, and you alone. A healthy you creates a world of possibilities, and the freedom to live your life to the fullest.

What does your health mean to you?



vision, mission & values

our vision

A nation of healthy and happy people.

our mission

“Promote health excellence by empowering individuals to take ownership of their health”

Through

- Being a centre of excellence for health promotion, disease prevention and patient education
- Establishing, engaging and supporting local and international partnerships
- Being a people-centred organisation that inspires and enables our employees to realise their full potential

our values

Care and concern

We show care and concern for the well being* of our staff and all Singapore residents.

(*well being includes development of staff)

Professionalism

We do our work with expert knowledge and skills.

Integrity

We maintain a high standard of ethics and manage resources responsibly.

Respect

We treat everyone with respect.

Commitment

We are committed to do our best.

Innovation

We constantly seek new and better ways to promote health.

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FINANCIAL STATEMENTS



The financial year under review started on a most challenging note – a sudden outbreak of the H1N1 virus caught Singapore and the world by surprise. HPB responded swiftly with an integrated communication campaign to educate Singaporeans about the virus and to be socially responsible to combat the spread of infection. Our nurses and dental therapists helped in disease containment by visiting households and quarantine centres to serve Home Quarantine Orders (HQO), distribute HQO kits and prescribe and dispense medication. With the concerted efforts of agencies and corporations, the Ministry of Health revised the H1N1 flu alert status in Singapore to “Green” at the start of 2010.

The rest of the year saw many exciting programmes, initiatives and events geared towards educating and empowering Singaporeans with the necessary knowledge and skills to actively manage their health and make informed decisions.

One such programme was the “Lose to Win” Challenge, launched in August 2009, prior to HPB’s annual National Healthy Lifestyle Campaign, to address the rise of obesity in Singapore. This innovative 12-week holistic weight management programme saw participation by teams from 70 companies. About 94% of the participants achieved weight loss the healthy way by the time they completed the Challenge. The Challenge was telecast as a reality TV show enabling the shared experiences, tips and skills to manage weight to be brought to the general public.

The positive response, both in terms of participation and viewership, was very encouraging. In 2010, we scaled up our “Lose to Win” Challenge on a bigger platform base by involving both workplaces and the community.

The workplace continues to be an important setting for health promotion. The National Tripartite Committee on Workplace Health, represented by the Ministry of Manpower, the National Trades Union Congress and the Singapore National Employers Federation, rolled out several of its recommendations to increase the uptake of workplace health promotion programmes.

Based on the recommendations, HPB piloted the “Health Screening on Wheels” programme in September 2009. This programme gave employees of small and medium enterprises the opportunity to undergo essential health screenings at their workplace.

On the nutrition front, we launched a national campaign from October to November 2009 to encourage Singaporeans to consume more whole-grains. The groundwork for this campaign began about two years ago with HPB collaborating with food manufacturers, importers and retailers to improve the range and availability of whole-grain food items. This includes increasing the whole-grain content of selected foods and encouraging hawkers to modify their recipes by incorporating whole-grain ingredients, such as brown rice.

Sales of whole-grain items in major supermarket chains increased by 40% during the campaign period and remained 20% higher one month post-campaign, when compared with before the campaign.

Research continually reinforces the fact that healthy habits need to be inculcated from an early age, as preferences established in childhood are more likely to carry on into adulthood. The Youth Health Division continued in its endeavours to promote healthy lifestyles among the young. To initiate health promotion early in a child’s life, the CHERISH Junior Award was introduced as a pilot project in 2009. This Award, modelled after the Health Promoting School framework, encourages preschools to establish comprehensive health promotion programmes for young children. The pilot was well received and will be rolled out nationally in the following financial year. Recognising the pivotal role parents play in the growth and development of their children, the Youth Health Division stepped up its parent outreach efforts to empower parents to nurture the health and well-being of their children.

As part of tobacco-control efforts among youth and young adults, the National Smoking Control Campaign 2009 focused on four key areas that resonate with youths – appearance, fitness, spending power and the environment. Innovative initiatives, such as a soccer carnival and a rock concert, were organised to bring across these benefits to the youth.

HPB continues to strive for organisational excellence by adopting best practices in Organisational Development and Human Capital Management. I am happy to report that we were awarded the People Developer Re-certification from SPRING Singapore for our continued efforts to develop our employees.

HPB also received the “Leading HR Practices in Learning & Human Capital Development Award” at the Singapore HR Awards 2009 for its innovative talent development and management strategies.

Next year – 2011 – marks HPB’s 10th anniversary. It is a significant milestone that we can be proud of. As we look ahead, we are very sure of our role as we continue to develop new and innovative programmes to promote good health and healthy living among Singapore residents – both young and old.

Thanks to the support of our staff and partners, HPB is where it is today. On this note, I’d like to put on record my sincere appreciation for their invaluable contribution in 2009 and I look forward to an even closer working relationship in the coming years.

Mr Lucas Chow
Chairman
Health Promotion Board

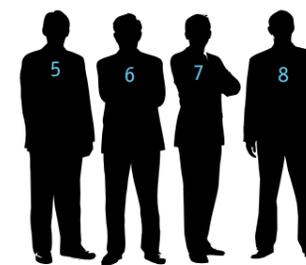


1. **Mr Lucas Chow**
Chairman
HPB
Chief Executive Officer
MediaCorp Pte Ltd

2. **BG (Dr) Benjamin Seet**
Chief of Medical Corps
Singapore Armed Forces

3. **Mdm Zuraidah Binte Abdullah**
Chief Executive Officer
Yayasan Mendaki

4. **Mr Wen Khai Meng**
Chief Investment Officer
Capitaland
Deputy Chairman
CapitaLand Commercial



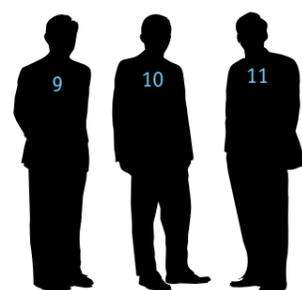
5. **Mr Adam Khoo**
Executive Chairman
Adam Khoo Learning Technologies
Group

6. **Mr Oon Jin Teik**
Chief Executive Officer
Singapore Sports Council

7. **Mr Teo Eng Cheong**
Chief Executive
Competition Commission of
Singapore

8. **Mr Tan Boon Huat**
Chief Executive Director
People's Association

HPB Leadership



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

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

11. **Mr Wong Siew Hoong**
Director of Schools
Ministry of Education



1. **Dr Chew Ling**
Director
Research and Strategic Planning
Division

2. **Mr Vernon Vasu**
Director
Corporate Marketing and
Communications Division
(with effect from 4 Jan 10)

3. **Ms Low Sau Chan**
Chief Information Officer

4. **Mr Lam Pin Woon**
Chief Executive Officer
(Covering Director, Corporate Marketing and
Communications Division from 1 Oct 09 to 3
Jan 10)

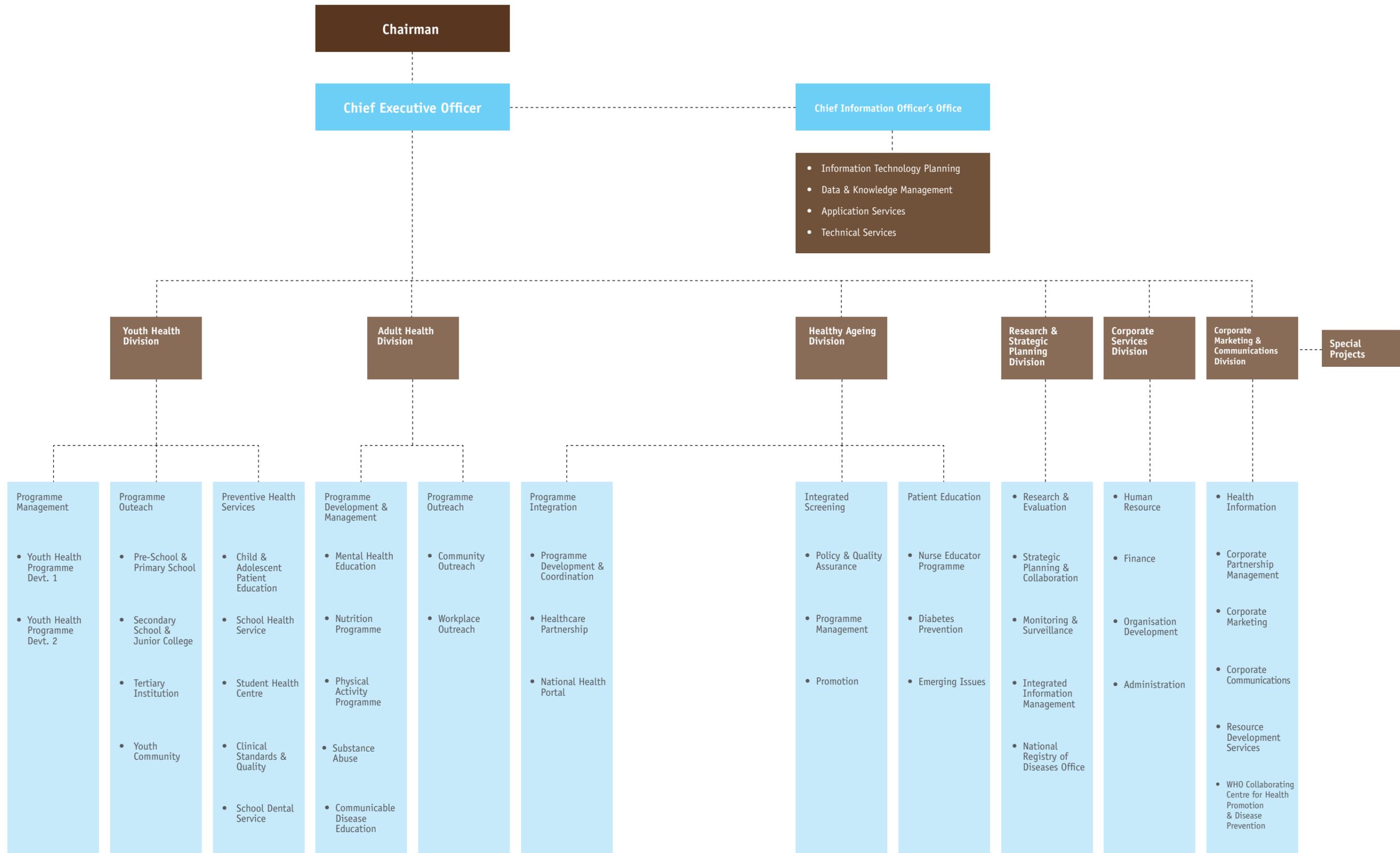
5. **Dr K Vijaya**
Director
Youth Health Division
(with effect from 1 Oct 09)
Was Director, Corporate Marketing and
Communications Division
(up till 30 Sep 09)

6. **Dr Shyamala Thilagaratnam**
Director
Healthy Ageing Division

7. **Dr Annie Ling**
Director
Adult Health Division

8. **Mrs Tan Seok Lee**
Director
Corporate Services Division

Organisational Structure



It means I can protect my friends from pirates!

A healthy childhood starts with healthy habits. Through our youth-focused health-care initiatives for schools and families, HPB's **Youth Health Division** prepares the young for a happy and healthy adulthood.



School Health Service (SHS)

NATIONAL CHILDHOOD IMMUNISATION PROGRAMME

The National Childhood Immunisation Programme in Singapore recommends immunisation against tuberculosis, hepatitis B, diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella and, more recently, pneumococcal infection.

Polyclinics and GPs provide immunisation for infants and preschool children. The immunisation coverage for two-year-olds over the past few years is shown in Table 1.

Table 1: Immunisation Coverage for Two-year-olds

	2006 (%)	2007 (%)	2008 (%)	2009* (%)
BCG	98	99	99	99
Diphtheria	95	97	97	95
Poliomyelitis	95	97	97	95
Hepatitis B	95	96	97	95
Measles	95	95	95	95

SHS provides booster immunisation against diphtheria, tetanus, poliomyelitis, measles, mumps and rubella.

In 2009, the immunisation coverage was 96% for both diphtheria and tetanus for Primary 5 students, 94% for polio (sabin) for Primary 1 students and 97%* for Primary 5 students, and 95%* for measles, mumps and rubella (MMR) for Primary 1 students and 96%* for Primary 5 students.

* Preliminary data

HEALTH SCREENING OF STUDENTS

Annual health screenings are carried out at all schools by health teams comprising doctors and nurses.

In 2009, 42,086 or 98% of the Primary 1 cohort and 44,832 or 99% of the Primary 5 cohort were screened. In addition, 361,073 students from other levels (Primary 2 to 4 and Secondary 1 to 4) were seen for selective screenings such as vision and scoliosis.

Student Health Centre (SHC)

SHC serves as a referral centre for students who have been identified with health problems* during the annual health screening in schools. A total of 55,306 students attended SHC in 2009.

Table 1: Attendance at SHC Clinics (2009)

General Clinics	30,349
Immunisation Clinic	11,787
Refraction Clinic	11,069
Nutrition Clinic	8,334
Specialist Clinic	1,327
Audiometry Clinic	691
Psychological Services	442

*These are related to growth and development problems (such as height, weight and pubertal problems), defective vision, hearing loss, scoliosis, heart conditions (such as heart murmurs) and other health problems detected during screening in schools. Some schoolchildren requiring further specialist assessment are referred to the appropriate SHC specialist clinics (Cardiac and Endocrine Clinic).

School Dental Service (SDS)

SCHOOL ORAL HEALTH PROGRAMME

In FY2009, SDS provided dental care for pupils in 176 primary schools, 161 secondary schools, 19 special schools and a few Madrasah schools. This was done through its 196 school dental clinics and 30 mobile dental clinics as well as HPB's dental centre.

With a team of 194 dental therapists, 202,782 Primary 1, 2, 4 and 6 pupils and Primary 3 and 6 pupils with high caries risk as well as 92,595 Secondary 1 and 3 pupils and Secondary 2 and 4 pupils with high caries risk were screened. Of these, 188,195 primary and 88,908 secondary school pupils were rendered dentally fit. A Decayed, Missing and Filled Teeth (DMFT) index of 0.70 was achieved among the 12-year-olds, with the 15-year-olds obtaining a DMFT of 1.1.

Feedback from schools has been positive, and the services provided by SDS achieved a customer score of 96%, which is well above the 85% target set by HPB.

PLAQUE DISCLOSING PROGRAMME FOR PRIMARY 3 PUPILS



Hands-on activities for pupils to identify plaque

A new oral health educational programme for Primary 3 pupils was introduced in April 2009. The objectives of the Plaque Disclosing Programme are to:

- Highlight the importance of good oral health.
- Enhance pupils' knowledge and understanding of dental plaque.
- Help pupils identify dental plaque.
- Inculcate and develop effective toothbrushing habits and skills to reduce the prevalence of tooth decay and gum diseases.
- Empower pupils to take greater control of their oral health and instil the importance of good home care.

The programme included a presentation about dental plaque and its effects on the gums and teeth. This was followed by a hands-on activity where pupils were taught to identify plaque with the use of disclosing toothpaste, and brush their teeth to effectively remove the stained plaque.

At the end of the session, a pamphlet entitled "Your Child's Teeth and Gums Deserve the Best Care" was given to each pupil's parents to encourage follow-up home care. The programme received positive feedback.

"HAPPY BRUSH"

In 2008, SDS launched its specially designed toothbrush, the "Happy Brush".

The toothbrush has a unique single head with a semi-circular arc in the cross section. Bristles inserted into the arc allow the toothbrush to cover the surfaces of a few teeth at a time when brushing.

The "Happy Brush" provides a simple yet effective way of brushing for children with poor hand dexterity or physical or mental disabilities. Besides being easy to use, it can also clean all three surfaces of a tooth at one time.



The "Happy Brush" – a simple yet effective design

The "Happy Brush" has since been re-packaged to make it more attractive, and is now being promoted and sold in conjunction with several preschool and primary school outreach programmes. The response to the "Happy Brush" has been positive. For its innovative design, the "Happy Brush" clinched a gold award at the PS21 Excel Convention 2009.

COMMUNITY DENTAL PROGRAMME



Oral health for the community

SDS, together with the North East Community Development Council (CDC) and the Faculty of Dentistry, National University of Singapore (NUS), jointly organised a dental programme for the less privileged as well as the elderly residents of the Northeast Community from 14 to 19 June 2009.

Two mobile dental clinics as well as a team of two dental officers and four oral health therapists were deployed at Qiaonan Primary School to offer oral health services to local residents.

The dental officers administered basic treatment while the oral health therapists provided dental hygiene services like scaling and polishing. Dental extractions were carried out by NUS dental undergraduates, under the supervision of their lecturers. A total of 189 elderly residents benefited from the programme.

The Chinese Development Assistance Council (CDAC) organised its annual "Ready for School" project from 19 to 20 December 2009 at the CDAC building. The objective of the initiative was to provide oral health benefits for less privileged pupils and their families, who were receiving assistance from CDAC.

SDS provided basic dental treatment as well as scaling and polishing treatment through the mobile dental clinic. A total of 70 adults benefited from the service.

Clinical Standards & Quality

STANDARD OPERATING PROCEDURES (SOPs) AND AUDIT ACTIVITIES

A total of 42 SOPs for nurses were developed and reviewed. The nursing audit methodology and tools were also reviewed with a focus on patient safety.

Medical officers, nurses, dental therapists, dental officers and their assistants and service providers were assessed on their practice standards, and gaps were identified for improvement.

EMERGENCY PREPAREDNESS

INFLUENZA A (H1N1) INFECTIOUS DISEASE CONTAINMENT



Briefing of CISCO officers and nurses before visits to H1N1 contacts

The Clinical Standards and Quality Department (CSQ) collaborated with the Operations Group from the Ministry of Health (MOH) from 4 May to 9 July 2009, during the H1N1 outbreak.

Five nurses from CSQ and 10 from SHS worked round the clock to mobilise 81 SHS nurses, 28 dental therapists from SDS and 50 doctors from MOH, the National Healthcare Group and SingHealth. The mobilised professionals visited households and quarantine centres with CISCO officers to serve Home Quarantine Orders (HQOs), distribute HQO Kits and prescribe and dispense Tamiflu.

In total, 3,104 visits were made, 2,596 HQO kits were distributed and 1,607 boxes of capsules and 153 bottles of Tamiflu syrup were prescribed and dispensed.

In addition, SHS nurses and doctors:

- Screened and administered influenza vaccination to more than 1,230 staff from MOH, health-care institutions and GP clinics.
- Conducted audits at 546 GP clinics.
- Conducted mask-fit tests for 43 HPB staff from the Surveillance and Vigilant Teams.
- Trained 25 CISCO officers and 117 nursing aides from 13 nursing homes in Personal Protective Equipment (PPE), hand hygiene and mask fitting.
- Conducted H1N1 contact tracing at the Communicable Disease Centre, Tan Tock Seng Hospital (TTSH).
- Conducted three briefings for 120 management and ground staff from Quarantine Housing Agencies.



GP clinic audit

CSQ also coordinated the H1N1 vaccination for Essential Service Personnel (ESP) in other Ministries and Statutory Boards, as well as Healthcare Workers (HCW) in HPB.

More than 742 ESP and HCW received their vaccinations from November 2009 to March 2010. From this group, 292 were from other Ministries and Statutory Boards, 160 were from MOH and 290 were HPB staff.

HPB BLOOD COLLECTION TEAM

A total of 35 medical, nursing and management support staff received refresher training at the Blood Services Group, Health Sciences Authority (HSA), in June and November 2009.

NATIONAL MYOPIA PREVENTION PROGRAMME (NMPP)

Singapore Technologies (ST) Logistics Pte Ltd entered the second year of its contract to conduct preschool vision screening as well as the myopia education programme.

A total of 69,299 children in K1 and K2 were screened in 1,221 preschools. Of these children, 7,148 were referred to Refraction Clinics for further assessment.

A total of 274,526 primary school and 154,464 secondary school students continued to have their vision screening done by SHS. Of these, 75,628 were referred to private optometrists or optical outlets for further testing.

In July 2009, Nation Optical became HPB's second partner participant in the Spectacles Fund initiative. HPB continued to collaborate with both Essilor Singapore and Nation Optical to provide assistance for needy students who need spectacles.



Signing of the Spectacles Sponsorship Agreement with Essilor Singapore

The Spectacles Fund initiative has benefited a total of 1,815 students.

Physical Activity & Nutrition

INTRODUCTION OF NEW BODY MASS INDEX (BMI)-FOR-AGE CUT-OFFS FOR CHILDREN AND ADOLESCENTS

For a long time, the growth and development of our school-going population was monitored using the weight-for-height charts. But in 2009, BMI-for-age cut-offs were introduced as a new measure to replace the existing weight-for-height charts. This move is in line with evidence supporting the use of BMI-for-age cut-offs among the young, and their international adoption.

The move also reflects HPB's continuous efforts to engage in evidence-informed initiatives. A series of briefing sessions was organised in collaboration with the Ministry of Education (MOE) to equip teachers with the knowledge and skills to use the new cut-offs in schools.

Educational resources were also developed to update health-care professionals, parents and other stakeholders about the change.

"EXERCISE YOUR WAY" PROGRAMME

The "Exercise Your Way" physical activity programme encourages teenagers between 13 and 18 years of age to adopt an active lifestyle by using simple everyday items to achieve the recommended 60 minutes of physical activity daily.

The programme this year comprised in-school activities, online teaser videos and a "Shopathon" event. These activities also positioned physical activity as fun and exciting for youths.

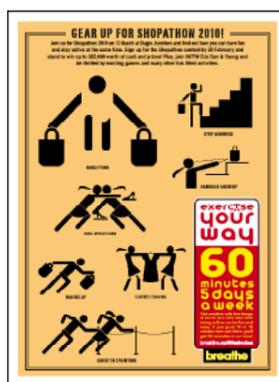
More than 5,700 secondary school students took part in “BODYJAM” exercise sessions, which combine aerobic workouts with contemporary music, enhancing the youth-centric nature of the sessions. Along with this school-based activity, community acts that promoted the different ways youths can use everyday items to achieve an active lifestyle were staged at various youth hotspots along Orchard Road.

These activities culminated with the “Shopathon”, where more than 100 youths raced against time to complete various physical activity challenges at Bugis Junction on 13 March 2010. Almost 1,000 youths turned up for the event to support the participants.

Complementing these ground activities was a series of online teaser videos launched on YouTube, which generated more than 5,000 online views. These videos reinforced the physical activity recommendation among youths, encouraging them to engage in an active lifestyle.



Eager and excited teams at the start of the “Shopathon”



Teenage Magazine advertisement

“WIN WITH MILK” CONTEST

The “Win with Milk” contest raised awareness of the importance of consuming calcium to build strong bones and prevent the onset of osteoporosis later in life.

Secondary school students were invited to submit creative milk-based recipes which would help their peers consume calcium in new ways. A total of 62 entries were received from 27 schools.

Complementing the “Win with milk” contest was a milk carton recycling contest, where youths used empty milk cartons to build a structure that highlighted the importance of consuming calcium to build peak bone mass.



“Win with Milk” recipe competition



“Win with Milk” 3D-structure competition

Mental Health Education

“MANAGING CHANGE & TRANSITIONS” PROGRAMME

A new half-day workshop entitled “Managing Change and Transitions” was organised for graduating primary school students.

It covered the key differences between primary and secondary schools, and equipped Primary 6 students with the knowledge and skills necessary to cope with their transition to secondary school. More than 11,700 students from 40 primary schools participated in this programme from October to November 2009.

About 75% of the student participants surveyed found the programme useful. They also felt more confident about entering secondary school after the programme.



Students at the “Managing Change and Transitions” workshop



Students preparing for an activity on coping skills during the workshop



An activity where students discussed coping strategies for bullying

WORLD MENTAL HEALTH DAY – “POSSE”

In conjunction with World Mental Health Day, the Audible Hearts youths organised “POSSE” at Plaza Singapura on 12 September 2009.

This event comprised live performances by local youth performers, guest appearances by MediaCorp artiste Joanne Peh and an interactive exhibition. “POSSE” highlighted the importance of social network and peer support in fostering mental wellness.

In conjunction with the event, the “Best Buddy Forever (BBF)” competition was organised for youths to gain an appreciation for their friends who have been their source of support and encouragement, especially in challenging times. More than 260 entries were received.



The “Buddy Ride” at “POSSE”, where youths learnt about Audible Hearts and enjoyed singing songs of friendship with their buddies



A participant’s “BBF” entry



“POSSE” event with celebrity performances

AUDIBLE HEARTS WEBSITE REVAMP

Audible Hearts is an online peer support network by youths, for youths.

When it was first launched in November 2006, it focused on providing youths with secure, anonymous and empathetic online support. In 2009, Audible Hearts expanded its role to include peer education.

In line with this, the existing website was revamped to include new features, such as youths sharing their experiences to help their peers cope with common issues and challenges in life.

Since its revamp in November 2009, the website has seen more than 24,000 visitors.

Substance Abuse

NATIONAL SMOKING CONTROL CAMPAIGN (NSCC) 2009

In 2009, NSCC focused on youths and young adults at workplaces (aged 13 to 29 years) with the theme, "Live It Up without Lighting Up".

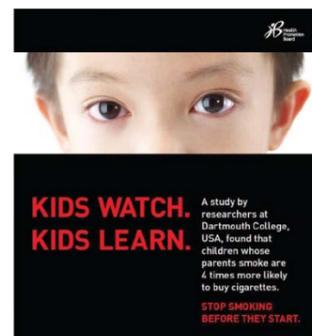
The campaign highlighted the benefits of being smoke-free by focusing on four key areas that resonate with youths – appearance, fitness, spending power and the environment. Innovative initiatives were organised to bring across these benefits. These included fashion events at malls, a soccer carnival, a rock concert, an experiential exhibition, school-based programmes such as "I am a Smoke-free Agent", roadshows helmed by 98.7FM deejays, and the No Butts Project redemption card challenge at workplaces. In total, these initiatives reached out to more than 45,000 youths.

NSCC 2009 was named the Best Youth Marketing Campaign in the Singapore Media Awards 2009. In an online survey conducted among more than 300 youths aged 15 to 24 years, 72% of the non-smokers surveyed felt encouraged to remain smoke-free, while more than a third of the smokers who responded indicated that the campaign strengthened their intention to quit smoking.



Guest of Honour, Minister for Health, Mr Khaw Boon Wan, at the NSCC 2009 launch

PARENT-TARGETED PROGRAMMES



"Kids Watch. Kids Learn." print advertisement

Recognising that parental smoking influences youth uptake of the habit, HPB developed the "Kids Watch. Kids Learn." campaign.

The campaign focused on positive role-modelling and encouraged parents who smoked to quit the habit. It utilised the mass media, workplace and community outreach, along with opportunistic counselling in health-care settings.

HPB's QuitLine received 30% more queries on quitting smoking during the campaign period, which ended on 12 August 2009.

SMOKING CESSATION PROGRAMMES FOR YOUTHS

In May 2009, the mandatory smoking cessation counselling framework was revamped to target first-time offenders (who make up the largest proportion of underage smoking offenders) with a brief online intervention that aims to increase their readiness to quit smoking.

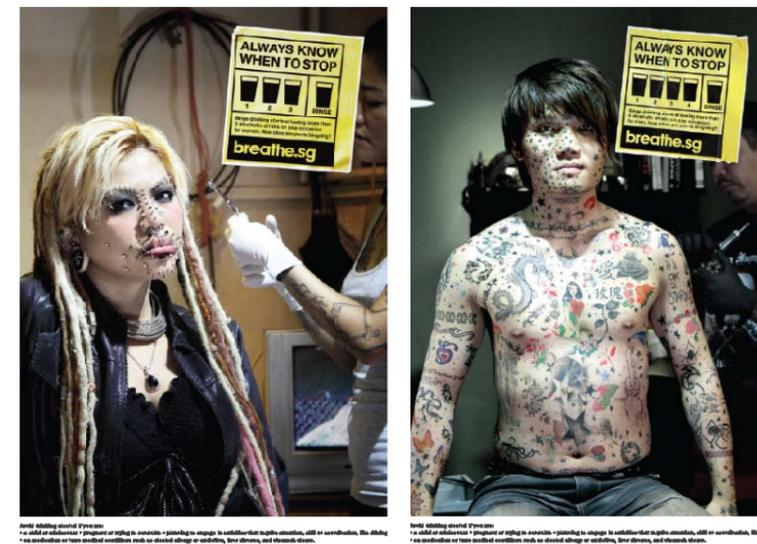
Of the 3,500 first-time underage smoking offenders caught from May 2009 to the end of March 2010, more than 52% completed the online intervention, which allowed them to have their fine waived. A website that utilises testimonies and self-reflection tools – www.breakfree.sg – was also developed to encourage youths to quit smoking. In FY2009, the website recorded 1,070 unique visitors.

School- and community-based smoking cessation efforts were also increased. Tailored training programmes were held to equip school personnel and other youth workers with the knowledge and skills to provide advice and assistance to youths who want to kick the habit. In 2009, 160 teachers, school counsellors and youth workers were trained.

ALCOHOL EDUCATION CAMPAIGN 2010

To discourage binge drinking among youths aged 18 to 29 years, the "Always Know When to Stop" integrated marketing campaign was launched in January 2010.

The campaign highlighted the importance of knowing one's limits when drinking alcohol. It also included initiatives at popular night spots such as Zouk and St James Powerhouse, as well as bus-stop shelter, radio, cinema and online advertisements. These initiatives reached more than 640,000 people.



"Always Know When to Stop" campaign posters

Communicable Disease Education

THE NOT SO SECRET LIVES OF US (NSSL)

The NSSL campaign is an innovative online initiative that aims to encourage youths to adopt protective behaviours (such as abstinence from risky sexual behaviour) and empower them to make informed decisions about sex.



Home page of NSSL (www.ntsossecretlives.com)

The campaign involves a fictitious couple blogging about their lives and relationships. Following its success in 2009, a second season was launched in early 2010, with the theme, "Harmless Fun May Not Be as Harmless as It Seems". Issues such as infidelity, unplanned pregnancy and sexually transmitted infections (STIs) were discussed.

The website was publicised via influential youth bloggers, online banners and other youth-targeted websites, Facebook and radio chat segments. The radio segments discussed issues related to blog

entries and aired a song specially produced for the campaign. An estimated 197,000 youths between the ages of 15 and 24 years were reached through the radio programme.

The website attracted at least 36,000 visitors, of which 23% were repeat visitors (i.e. they were likely to be following the online story). In addition, the Facebook fan page for NSSL garnered 650 members and active discussions.

"LOVE THEM. TALK ABOUT SEX." PROGRAMME



Parents: it's never too early to have a conversation about sex with your children

The "Love Them. Talk about Sex." programme aims to encourage parents to discuss sexuality issues with their children.

The programme includes workshops in the workplace and community venues, along with media outreach. In FY2009, 24 workshops were conducted, reaching out to about 700 parents.

Evaluation conducted at six workshops showed that after attending the workshop, more participants intended to talk to

their children about sexuality issues (83% before, compared to 90% after), and felt more comfortable (48% before, compared to 76% after) and confident (44% before, compared to 78% after) about doing so.

A media campaign – which included radio capsules in English, Mandarin, Malay and Tamil, online advertorials and a revamped website – was launched in March 2010. The radio programme reached more than 330,000 parents, while the online advertorials reached about 6,000 readers. The website – www.parentstalksex.sg – garnered 4,241 page views during the campaign month.

In addition, messages were also woven into relevant episodes on local TV programmes such as *Cinta Ixora* (drama series on *Suria*) and *Arangathil Indru* (current affairs programme on *Vasantham*). These episodes reached a combined audience of about 20,000 viewers.

Myopia Education

EYE CARE WEEK 2009

Eye Care Week 2009 continued to emphasise outdoor activity with the message, "Keep Myopia at Bay, Go Outdoors and Play".

Pre-primary and primary schools received activity guides and other materials about conducting Eye Care Week activities, as well as about cultivating good eye habits. HPB's Eye Care website was also revamped with games and tools to help children learn and practise good eye-care habits.

For the second year running, HealthZone held an interactive programme encouraging good eye-care habits, which was attended by more than 3,000 children from 77 preschools. The Roving Eye Competition – also in its second year – encouraged primary school students to produce news video clips about their schools' Eye Care Week activities. Shortlisted and winning entries were aired on MediaCorp's *okto* channel. A total of 44 submissions were received, and more than 4,000 online votes garnered. About 268,000 kids aged five to 12 years were reached via *okto*.



"Crystal Clear" interactive programme

Eye Care Week 2009 was followed by a parent education campaign comprising bus-stop shelter advertisements, as well as a TV flash advertisement. More than 400,000 parents of children aged four to 12 years were reached via the TV advertisements.

Other myopia education initiatives such as the new "Crystal Clear" preschool interactive programme and the "Bright Eyes" primary school programme reached out to about 16,700 children throughout the year.

Infectious Disease Education

PERSONAL HYGIENE CAMPAIGN

With young children being particularly vulnerable to infectious diseases like the common cold, influenza and Hand, Foot and Mouth Disease, a series of initiatives was launched to educate children, parents and teachers about good personal hygiene and social responsibility.

Highlights included a catchy jingle, "Washy Washy Clean", to teach children the correct hand-washing steps, as well as a workplace workshop to help educate parents about protecting their children against infectious diseases.

For the first time, HPB collaborated with Unilever and the National Environment Agency (NEA) for its "Germ's Go Away" initiative, which was for all preschools. The initiative included a special interactive programme by Act 3 Theatrics, which reached 200 preschools, garnering excellent reviews.

Yet another first was HPB's collaboration with Reckitt Benckiser for a new primary school hand hygiene programme. Entitled "Break the Chain of Infection", the interactive programme reached approximately 25,000 children in 25 primary schools.

The personal hygiene collaborations with Unilever and Reckitt Benckiser also extended to mass-media and below-the-line (BTL) initiatives to educate parents and caregivers regarding the importance of good personal hygiene and socially responsible behaviour.



"Germ's Go Away" interactive programme

Childhood Injury Prevention Programme (CHIPP)

CHIPP CAMPAIGN

An interactive puppet show aimed at inculcating good safety habits in children, entitled "Be Safe, Have Fun", reached out to 60 preschools.

For the first time, special art installations were also set up at SAFRA (Jurong) and the Kandang Kerbau Women's and Children's Hospital (KKH) to drive home child safety messages. In addition, HPB collaborated with the National Parks Board (NPB) to display signage at three popular playgrounds to educate parents and caregivers about playground safety.

The CHIPP media campaign cleverly took advantage of the festive season with Christmas-themed radio jingles, print advertisements, art installations and park signage. The English print advertisement also won *Today* newspaper's "Ad of the Month" prize.

The campaign was further supported by new online games, as well as an activity sheet to help children learn about safety at home and play.



CHIPP print advertisement

Educational Institutes Outreach Department (EIOD)

CHERISH JUNIOR

Recognising that health promotion during early childhood is vital in preventing infectious diseases and promoting a healthy lifestyle into adulthood, HPB introduced the CHERISH Junior Award as a pilot programme in 20 preschools (12 childcare centres and eight kindergartens) in 2009.



Building on the concept of the Health Promoting School, the award seeks to recognise preschools' efforts in establishing comprehensive school health promotion programmes for their stakeholders.

POLYTECHNIC FORUM 2009

The annual Polytechnic Forum was jointly organised by the five polytechnics and the National Youth Council (NYC) to provide a platform for polytechnic student leaders to bond and discuss, share and express their views on national and global issues.

HPB worked with the Singapore Polytechnic – the organiser of the Polytechnic Forum 2009 – to get students involved in health issues. Sixty student participants worked on projects targeting lower-income parents with young children and the elderly to explore health issues that may pertain to them.



Pre-forum workshop on "Rich-Poor Divide" at the Singapore Polytechnic

The students developed a concept paper and resources to help parents improve the health and well-being of their children, as well as to address the health needs of the elderly.

Youth Community and Parents Outreach Department (YCPD)

YOUTH COMMUNITY OUTREACH

HPB continued to work proactively with community organisations to develop innovative programmes, build capacity and strengthen collaborations in youth health promotion through the Youth Health Training Series, the Youth Health Promotion Grant and the inaugural Community Youth Health Conference.

The conference featured keynote speakers from Canada, Australia and Singapore, who presented on pertinent youth health issues, such as sexual health, mental health and substance abuse. Participants included 380 key partners from the Ministry of Community Development, Youth and Sports (MCYS), the National Council of Social Service (NCSS), People's Association (PA), the Malay-Muslim community, school counsellors and youth and social workers from the national social service sector.

The Youth Health Promotion Grant was well received by youth organisations, generating 37 creative youth health projects and reaching out to 30,000 youths. "Project ONE (O- and N-Level Examinations) 2009", an interesting project by the Students Care Service, focused on promoting mental wellness through stress management talks for 3,000 students at 10 schools. It also offered an SMS (Short Message Service) Buddy Service for students during the examination period, which a total of 1,311 students signed up for.



Community Youth Health Conference 2010



Guest of Honour, NCSS' CEO, Ms Ang Bee Lian, delivered the opening address



"Talking about Sex with Adolescents" workshop participants

Youth Engagement

The engagement of youths in the design, organisation and implementation of health promotion approaches allows them to get involved and play an active role in addressing concerns unique to themselves and their peers.

HPB continued to collaborate closely with Youth Advolvement for Health (YAH), Singapore's first youth-led health advocacy group for youths. Key projects included a Street Outreach drive where more than 200 youth advocates garnered pledges from 3,600 youths all over Singapore to lead healthy lifestyles, and the annual "Youth Speak" symposium, which aims to empower youths with the relevant knowledge and skills to become effective health advocates. The symposium was attended by 300 youths.



Hyrul Anwar (left) and Syarif Sleaf (right) replying to viewers' queries during "Live Chat"

A total of 37 youth-led initiatives were supported by HPB through YAH grants. These ranged from campus-wide projects to public events such as "Boulderactive" – a rock climbing competition incorporating anti-smoking messages organised by NUS students.

HPB also engaged young Malay-Muslim celebrities to become health advocates through *Testimoni*, an eight-part programme that was aired on MediaCorp's *Suria* channel. Health concerns such as premarital sex, smoking and parent-child relationships were addressed.

Parent Outreach

Parents play a vital role in promoting healthy living among the young. Establishing healthy lifestyle practices, habits and behaviours at an early age increases the likelihood of children retaining and sustaining a healthy lifestyle as they mature. HPB mounted an outreach strategy to empower parents to positively influence the health of their children, through a number of programmes such as the Firm Foundations Family Carnival, a Parenting Seminar on Sexual Health, and the "Beautiful Mother, Gorgeous Daughter" programme. HPB also collaborated with Yayasan Mendaki to design a parenting module focusing on health for the Mendaki Parenting Series, which trained 1,250 Malay-Muslim parents.

The Firm Foundations Family Carnival reached out to more than 40,000 young parents of children aged two to six years. The highly interactive Carnival featured workshops, quizzes, games and "live" talk shows, which saw parents, health experts and celebrities discussing common health concerns pertaining to children.



Firm Foundations Family Carnival 2010 (left to right): "Let's Talk Health"; CHIPP activity and oral health activity booths

It means looking great in whatever I wear.

Doing what we want when we want to requires us to be healthy. Always. HPB's **Adult Health Division** understands that, and engages Singaporeans by bringing our health initiatives and events to your doorstep – whether it's at work or play. Or even in a shopping mall.



Nutrition

CAMPAIGN TO PROMOTE WHOLE-GRAIN CONSUMPTION

Singaporeans consume predominantly refined grain products. When coupled with sedentary lifestyles, such a diet is a risk factor for diabetes and heart disease.

To combat this, HPB adopted an integrated strategy to promote the local consumption of whole-grains and improve the quality of whole-grain products available in Singapore.

The revised dietary guidelines also better reflect the recommendation of two to three servings of whole-grain foods – or 50g of whole-grains – for adults per day. This means that in an adult's daily intake of five to seven servings of rice and alternatives, half of this should consist of whole-grains. The Healthy Diet Pyramid graphic was amended to reflect the revised whole-grain recommendation.

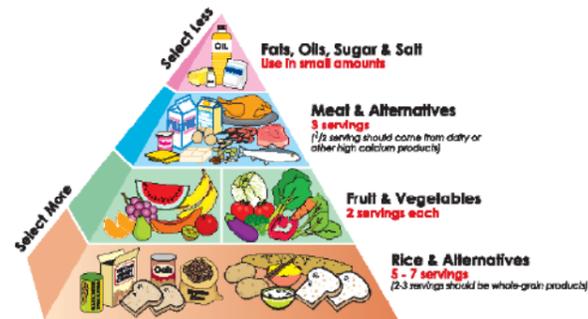
To promote the consumption of whole-grains, a creative media campaign in October 2009 employed the use of the "Whole-grain Hero" to promote the key message – "Eat whole-grains to help protect your health".

Prof Walter C Willett, MD, DrPH, distinguished nutritionist, clinical scientist and researcher from the Harvard Medical School and the Harvard School of Public Health, visited Singapore as an advocate of whole-grains and healthy eating. Hailed as the "father of nutritional epidemiology", Prof Willett and his team met with local health authorities, medical professionals, members of the food industry and the media, and shared his extensive research on the link between diet and disease.



Prof Willett (second from right) and his team with HPB's Dr Grace Soon (far left) enjoying a meal of healthier options with hawker fare

Healthy Diet Pyramid For Adults (19 - 50 Years Old)



The inclusion of whole-grains in the Healthy Diet Pyramid



The "Whole-grain Hero"

As a benchmark for consumers and the food manufacturing industry, HPB has defined guidelines on the use of whole-grain for various product categories. For example, fresh noodles with a whole-grain content of no lower than 8% are to be labelled "Higher in Whole-Grains". Products that meet the whole-grain requirement (as well as requirements on fat, salt and sugar) will be awarded the Healthier Choice Symbol and will feature the tag line – "Higher in Whole-Grains" – to help consumers identify healthier food choices.



The "Higher in Whole-Grains" Healthier Choice Symbol



Chicken rice made with brown rice

To increase the availability of whole-grain food items, HPB worked with chefs from restaurants and cafes to incorporate whole-grains into their dishes. Hawkers were encouraged to incorporate whole-grain ingredients into their dishes as well. This includes *mee siam* cooked with whole-grain vermicelli and chicken rice made with brown rice.

To encourage the consumption of whole-grains at home, there were also supermarket promotions for whole-grain items like unpolished rice, wholemeal bread and whole-grain breakfast cereal. Sales of whole-grain items in major supermarket chains increased by 40% during the campaign period and remained 20% higher one month post-campaign when compared to before the campaign.

Physical Activity

NATIONAL BRISK WALKING PROGRAMME

This was a concerted effort by all five Community Development Councils (CDCs) to encourage more Singaporeans to exercise by brisk walking. The programme was launched in September 2009.

The launch, held at the Singapore Turf Club, saw more than 10,000 people participate in a 3km walk flagged off by Mr Lim Boon Heng, Minister, Prime Minister's Office (PMO).

HPB developed a sustainable platform for the National Brisk Walking programme, with a capacity-building strategy that provides resources for awareness, education and intervention support. By the end of FY2009, there was a 60% increase in the number of brisk walking clubs throughout Singapore, which translates to more than 75,000 members. The number of trained brisk walking support leaders from the community has also increased from 200 to 500.



Participants at the launch of the National Brisk Walking Programme

COMMUNITY AEROBICS PROMOTING PHYSICAL ACTIVITY IN SHOPPING MALLS

HPB constantly seeks new environments and platforms to promote physical activity, and shopping malls provide safe and accessible locations for group participation.

Community aerobics was implemented in several heartland malls to encourage regular physical activity among shoppers and residents living nearby.

The weekly hour-long aerobic workout sessions held in Bukit Panjang Plaza, Junction 8 and IMM had a total annual attendance of about 5,000.



Free community aerobic sessions at Bukit Panjang Plaza

STRENGTH-TRAINING PROGRAMME

FaBulouS, an exercise routine choreographed and piloted in 2008 to promote Flexibility, Balance and muscular-Strength among older adults, gained popularity steadily in 2009.

To increase participation, HPB collaborated with the People's Association (PA) to equip 85 Lifeskills & Lifestyle trainers with the knowledge and skills necessary to conduct FaBulouS classes at the community clubs. By March 2010, 50 of such FaBulouS classes were conducted with more than 630 participants.

To promote strength-training exercises to the masses, HPB launched EasyFit in shopping malls in 2009. EasyFit is a form of circuit training that employs simple exercise equipment and accessories to promote flexibility, balance and muscular strength. Currently, weekly sessions are held at four shopping malls – IMM, Bukit Panjang Plaza, Sembawang Shopping Centre and Junction 8.

The sessions attract both shoppers and residents living near by.



EasyFit sessions at shopping malls

Mental Health Education

WORLD MENTAL HEALTH DAY (WMHD) 2009

In an effort to raise awareness of mental health and address the stigma associated with the mentally ill, nine members of Singapore's mental health fraternity organised the WMHD 2009 commemoration event.

An estimated 6,000 members of the public visited the street festival – themed "Mind Journey" – and marched through the "Highway of Optimism", which featured three sections focusing on "prevention", "detection" and "recovery".

In an HPB-Silver Ribbon effort to fight the stigma associated with mental illness, more than 6,000 "Stamp-Out Stigma Kits" were distributed. The Champion of Mental Health Award was presented to individuals as well as organisations in recognition of their efforts to raise awareness of mental health.

The festival came to a close with a special light-up ceremony, which signified the commitment of HPB and partner organisations to bring mental well-being to all Singaporeans.



WMHD 2009 street festival @ Cheng Yan Place



"Streets" showed aspects of mental health

"TREASURE YOUR EMPLOYEES' MIND" E-PLEDGE

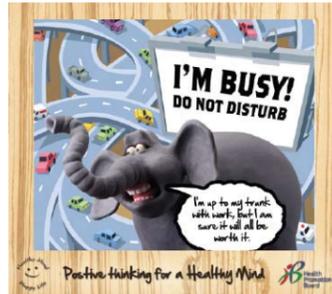
To commemorate WMHD 2009 in the workplace, HPB invited companies to sign an online pledge (www.healthymind.sg/tym) to publicly commit themselves to optimising the mental well-being of their employees.



"Treasure Your Employees' Mind" e-pledge home page



"Pledge Now!" to promote workplace mental health



Special "Treasure Your Employees' Mind" tokens with "positive thinking" messages

Using the iCARE Mental Health Alliance's 10 recommended practices as a guide, 70 organisations across various industries – from both the public and private sectors – pledged their support for building and maintaining a mentally healthy workforce.

About 7,000 unique "positive thinking" tokens were distributed to employees as a reminder for them to take care of their mental health.

"DON'T FORGET TO REMEMBER ME" DEMENTIA EDUCATION



A unique modality for reaching out to the masses

HPB launched the 2009 dementia public education campaign with a play entitled "Don't Forget to Remember Me", which was written and performed by the Necessary Stage, one of Singapore's foremost theatre companies.

The aim was to raise public awareness and understanding of the symptoms of dementia and to encourage people to learn more about the disease. A collaboration between HPB and the Alzheimer's Disease Association, the play portrayed the challenges faced by the caregiver of a dementia patient. A post-show dialogue followed each performance, where an expert panel addressed questions from the audience.

The premiere was held at the Jubilee Hall on 26 March 2009, in conjunction with the 24th Conference of Alzheimer's Disease International.

Amidst rave reviews and positive feedback, HPB brought "Don't Forget to Remember Me" island-wide to more than 2,700 members of the public, with an additional 21 performances of the play.



Performed by professional actors for more than 2,700 people, "Don't Forget to Remember Me" raised awareness of the signs and symptoms of dementia

Substance Abuse

RAMADAN PROGRAMME

The inaugural Ramadan Smoking Cessation Programme was launched in July 2009 to motivate Malay smokers to quit smoking during the fasting month of Ramadan.

In collaboration with the Islamic Religious Council of Singapore (MUIS), HPB distributed culturally tailored anti-smoking educational material to 69 mosques in Singapore, encouraging smokers to call QuitLine or participate in the Ramadan Smoking Cessation Programme.

The Ramadan Smoking Cessation Programme comprised a smoking cessation workshop and three smoking cessation support group sessions held weekly over one month. The programme equipped participants with coping strategies, assisting their abstinence from nicotine during and after the fasting period.

Smokers who were assessed to have high nicotine dependence and interested to try smoking cessation aids were given with Nicotine Replacement Therapy (NRT) discount vouchers. Participants also received ongoing support from the Quit Smoking Consultants through follow-ups via the telephone.

Through the targeted public outreach efforts, 27 participants attended the smoking cessation workshop, with three participants (11%) effectively quitting smoking.



A participant signing up for the Ramadan Smoking Cessation Programme at the mosque

FRESH AIR FOR WOMEN (FAFW) 2009

In 2009, the FAFW programme, which aims to curb the rising prevalence of smoking among young women aged 18 to 29 years, reached out to more than 50,000 women with an integrated marketing campaign.

The campaign included print advertisements, online platforms, events and roadshows and other key initiatives, such as:

- Launch of ASH – a pseudo-cosmetics range made of cigarette ash – served to educate women smokers about the short-term effects of smoking on their appearance and the amount of harmful toxins that cigarettes contain. ASH also explored options to help women quit smoking or remain smoke-free. The ASH launch also saw many non-smokers write on pledge cards to encourage their loved ones to quit smoking. The event reached out to more than 3,000 women.

- Publication of *Novellas*, a collection of short stories based on the lives of real Singaporean women who have given up smoking for the sake of their health, and also because of its harmful impact on their loved ones. *Novellas* was distributed island-wide at retail outlets frequented by women, with the aim of encouraging female smokers to give up the habit through successful real-life accounts.

FAFW also emphasises the importance of peer-to-peer support by building a group of female ex-smokers or non-smokers, who act as influencers to promote a smoke-free lifestyle. The programme trains these ambassadors to act as buddies in other women's smoke-free journeys.

The first ambassador workshop was held in January 2010 and reached out to 150 women. Of the participants, 76% said that they would take steps to help their friends and family quit smoking.



Non-smokers wrote on pledge cards to encourage their loved ones to quit smoking during the ASH launch



ASH promoter "selling" the smoke-free message to participants at the ASH launch

WORLD HEALTH ORGANIZATION FRAMEWORK CONVENTION ON TOBACCO CONTROL (WHO FCTC) WORKSHOP

HPB and WHO jointly hosted the Regional Workshop on the Implementation of the Framework Convention on Tobacco Control from 22 to 24 February 2010.

The WHO FCTC provides a framework for national, regional and international tobacco control measures. It is the first global public health treaty adopted by WHO to address the serious health consequences of tobacco use through international action.

Attended by more than 80 high-level government officials and representatives of non-governmental organisations from both the Western Pacific Region and the South East Asia Region, the workshop saw participants share their experiences and the challenges they faced in implementing the WHO FCTC.

The discussions focused on ways to reduce the prevalence of tobacco use within the two regions, through adherence to four sets of guidelines, which cover:

- Protection of public health policies with respect to tobacco control from commercial interests.
- Protection from exposure to tobacco smoke.
- Packaging and labelling of tobacco products.
- Tobacco advertising, promotion and sponsorship.

The participants also agreed to regional and international collaboration, as well as the rendering of assistance, to successfully implement the treaty at a national level.



International delegates at the WHO FCTC workshop in Singapore

Communicable Disease Education

SINGAPORE IDOL WORLD AIDS DAY SPECIAL 2009

HPB, in association with MediaCorp, developed a World AIDS Day Special for Singapore Idol (SI) 2009.

Because of its popularity, SI was deemed a natural platform to reach out to young adults and working professionals. The top five contestants each composed a song to encourage Singaporeans to be more aware that the Human Immunodeficiency Virus (HIV) or AIDS could affect anyone, and to be more proactive in seeking out information about the condition. Well-known local singing duo Jack and Rai also dedicated their specially composed song to the World AIDS Day 2009.



SI World AIDS Day Special 2009 host Gurmit Singh (left) with local guest singer Nathan Hartono

Some 350,000 Singaporeans watched the SI TV special. Another 1,500 people were reached through the SI roadshows. An online competition about the campaign's website reached another 5,500 people. An evaluation conducted after the programme showed that 85% of the respondents agreed that the TV special improved their understanding of HIV/AIDS.

A similar percentage said that the programme changed their perception of HIV/AIDS, as well as people living with HIV.

MALAY COMMUNITY CAMPAIGN 2010

As part of HPB's community-focused strategy to raise awareness of and increase knowledge about HIV/AIDS, HPB and Action for AIDS developed a campaign to add to the Malay community's understanding of HIV and people living with HIV.

A separate campaign was created to address the disease in a manner that is cognisant of the Malay community's needs. The campaign was well received by the Malay community, which was comfortable with how educational messages were embedded within stage performances, games and stories.

The events – attended by government leaders Mr Tharman Shanmugaratnam, Minister for Finance and Mr Zainul Abidin Rasheed, Senior Minister of State, Ministry of Foreign Affairs as well as religious and grassroots leaders – focused on the theme of "Family".



Mr Tharman Shanmugaratnam graced "Fiesta Famili"

Community Outreach

CAPACITY BUILDING OF GRASSROOTS LEADERS AND COMMUNITY VOLUNTEERS

HPB aims to build capacity for facilitating and leading health interest groups and forging partnerships for more integrated programmes. To this end, the Board embarked on a Health Champions programme to train grassroots leaders to become lay health advocates and lead Health Interest Groups for residents.



Health Champions from the MAECs in the north-west district at training sessions conducted by HPB

A one-year pilot was conducted with the North West CDC and PA for 80 grassroots leaders from nine Malay Activity Executive Committees (MAECs) in the north-west district. They were trained to mentor residents and facilitate peer learning.

Activities such as health talks, healthy food trails and cooking demonstrations were also organised for the Health Champions to enable them to learn more about chronic illnesses, as well as how to prevent and manage these conditions.

The Health Champions programme was soft-launched on 17 January 2010 by Mr Hawazi Daipi, Senior Parliamentary Secretary for the Ministry of Health (MOH) and the Ministry of Manpower (MOM).

Following the one-year pilot, the Health Champions programme will be extended to other grassroots and voluntary welfare organisations.



Mr Hawazi (extreme right) participating in a table game with the Health Champions

OUTREACH TO THE MALAY COMMUNITY

HPB continues to collaborate with the Committee for Community Health – a committee of opinion leaders from the Malay community – to reach out to the Malay population.

Sihat 360° (360° Health), a mosque-led health programme, was piloted from July 2009 for 600 people from mosques in the South West Mosque Cluster.

The programme provides customised activities for participants, following their health screening. One full-time Malay health promotion coordinator employed by HPB is based at the participating mosques to coordinate the organisation of health promotion activities, as well as to encourage active participation in these activities.

A total of 15 MAEC members from the Jurong Green Community Centre have also been trained to share basic health information on chronic disease management with their residents and to help them monitor their blood pressure and glucose levels during door-to-door visits. They were officially appointed as Community Health Ambassadors by Mr Lim Boon Heng, Minister, PMO, on 10 April 2010.



Sihat 360° activities: (From left to right) Health screening session at the Darussalam Mosque, learning to prepare healthier dishes, exercising together at Alkhair Mosque

OUTREACH TO WOMEN

To encourage women to take responsibility for their health and attend regular screenings for breast cancer, HPB partnered the female Members of Parliament (MPs), the Singapore Cancer Society, the People's Association Women's Integrated Network Council and several other organisations to organise "Celebrate Wellness" – a series of roadshows in the community – in 2010 and 2011.

The "Celebrate Wellness" initiative offers a one-time subsidised mammogram screening at \$25 to women aged 50 years and above who have not undergone screening in the last three years. More than 1,000 women attended the first two roadshows held in January and March 2010.

These women participated actively in health talks and workshops at these events, and signed up for a range of health-related courses conducted after the roadshows.



(From left to right) Launch of "Celebrate Wellness" by Mrs Lim Hwee Hua, Minister, PMO and Second Minister for Finance and Transport; mass workout sessions and cooking demonstrations at the roadshows

Workplace Outreach

The Workplace Outreach Department continues to support and steer organisations towards the adoption of healthier practices and empowering environments at the workplace.

NATIONAL TRIPARTITE COMMITTEE ON WORKPLACE HEALTH (TRICOM)

Since its inception in December 2008, the Tricom has reviewed the Workplace Health Promotion (WHP) programme in Singapore and released 12 recommendations at the 9th National Conference on Workplace Health Promotion in October 2009.

These recommendations focus on three key thrusts:

- **Integration and Alignment of WHP with Relevant National Initiatives**
A more holistic strategy to integrate and align WHP with various national frameworks and initiatives is needed to foster a conducive health culture in workplaces. This includes tripartite partnerships across the public, private and people sectors.
- **Increase Uptake of WHP among Employers, specifically the Small and Medium Enterprises (SMEs) and Selected Industries**
The Tricom recognised the various challenges that SMEs and specific industries face, and suggested recommendations aimed at increasing the uptake of WHP programmes among SMEs and specific industry sectors.

- **Increase Uptake of WHP among Employees**

To reap the benefits of WHP, the Tricom proposed various measures to be put in place to cultivate a greater sense of ownership among employees, so that they will take responsibility for their own health.

9TH NATIONAL CONFERENCE ON WORKPLACE HEALTH PROMOTION

The 9th National Conference on Workplace Health Promotion – held on 22 and 23 October 2009 – was attended by more than 350 participants at the Orchard Hotel.



9th National Conference on WHP

The theme of the conference was "Emerging Trends in Health – Implications to Workplace Health Promotion". Prof Dee W Edington, a leading expert on workplace health, delivered the keynote address on the five pillars of health management strategy.

The conference provided attendees with insights into the health challenges facing the current workforce. Topics covered emerging infectious diseases, strategies to build mental resilience, the use of emerging technologies in health communications to influence health behaviours, and best practices highlights through sharing sessions and site visits to award-winning organisations. A CEO dialogue session was also held with Prof Edington.

During the session, Mr T V Narendran, the CEO of NatSteel Holdings Pte Ltd, shared insights on the company's workplace health journey, while other leaders discussed the future strategic leadership of health, as well as its role in overall competitiveness and business excellence.

WHP@SMEs' DOORSTEPS PROGRAMME

Under the WHP@SMEs' Doorsteps Programme, HPB collaborated with commercial and industrial building owners such as Ascendas Services Pte Ltd (Ascendas), CapitaLand Commercial Limited, JTC Corporation and Mapletree Investments to improve access to WHP for SMEs.

A total of 82 buildings have since benefited from the project. Currently, HPB is seeking new partners, such as retail building owners, to come on board.



The Health Screening on Wheels Programme, launched by Health Minister Khaw Boon Wan in September 2009 at TechnoPark@Chai Chee

Among the initiatives, an event entitled "The Amazing Food Race" was held on 9 April 2009, as part of the "Sporting Lifestyle and Wellness Week". Organised by Ascendas and co-organised by HPB, the event's aim was to promote workplace health, sports and wellness. Minister for Health, Mr Khaw Boon Wan, flagged off the race at Cargo Community Network, an SME located at Science Park.

The Health Screening on Wheels Programme – another initiative from the WHP@SMEs' Doorsteps Programme – was launched at TechnoPark@Chai Chee on 17 September 2009 to make chronic disease screening more accessible for individuals working in industrial estates. The enhanced WHP Grant for SMEs was also made available to SMEs from April 2009. SMEs can apply to cover up to 90% of their WHP programme's cost, which is capped at \$10,000.

In addition, they can use the grant for services such as health needs assessments, various healthy lifestyle programmes and follow-up health interventions for high-risk employees.

It means being able to keep up with my grandson.

Just because you're older, it doesn't mean that you can't keep up with the people you love. That's why HPB's **Healthy Ageing Division** strives to keep you healthy in body and mind – so that you can continue enjoying your time with your loved ones.



Integrated Screening

BREASTSCREEN SINGAPORE (BSS)

In 2009, 40,356 women benefited from subsidised breast cancer screening. Of those screened, 68 (0.16%) were found to have pre-invasive cancers and 104 (0.25%) invasive cancers. To ensure that the BSS screening, reading and assessment centres maintain high-quality screening and follow-up procedures, regular audits and continuing education programmes are conducted.

A total of five BSS screening centres (SCs), five reading centres (RCs) and three assessment centres (ACs) were audited in 2009. Of the centres that were audited, five SCs, four RCs and two ACs met the programme's stringent quality standards. The two centres that fell short were advised to address their deficiencies within 12 months of the audit, using the recommended Quality Improvement plan.

In July 2009, the second BSS Customer Training Course for Frontliners was conducted. The course provided 38 participants with an overview of the BSS objectives and policy, and equipped them with the communication and motivational skills required to handle BSS clients.

To determine if there are regional differences in breast cancer screening patterns in Singapore, a collaborative study using the Geographic Information System (GIS) was carried out by HPB and the Singapore Land Authority (SLA).



HPB's CEO Mr Lam Pin Woon (right) receives a token of appreciation from Minister Lim Hwee Hua (centre) at the launch of "Celebrate Wellness"

Findings from the study helped us to better tailor our marketing efforts to increase the uptake of screening among harder-to-reach women. Grassroots and health screening providers were also engaged to reach women residing in regions with a lower screening uptake, and provide these women with mobile screening mammography services near their residences.

HPB is constantly promoting BSS through new initiatives, such as the "Celebrate Wellness" project. This project was initiated by Women Inspiring, Nurturing and Grooming Singaporeans (WINGS), and led by the People's Action Party (PAP) Women Members of Parliament.

A series of roadshows organised as part of the "Celebrate Wellness" project also promoted the early detection of breast cancer. In addition, the roadshows encouraged women to make their health and well-being a priority in their lives.

Through the efforts of the "Celebrate Wellness" organising committee, women who have never gone for a mammogram can enjoy an additional \$25 subsidy for screening mammograms at participating polyclinics, on top of the already subsidised rate of \$50.

This initiative will cover the five districts across Singapore over the next two years.

CERVICALSCREEN SINGAPORE (CSS)

A total of 22,335 women were screened for cervical cancer under CSS in 2009.

Of the women who were screened, 27 (0.16%) were found to have pre-invasive cervical cancer, while 7 (0.05%) were found to have invasive cervical cancer. As part of the quality assurance programme, two laboratories were audited in January and February 2010. Both laboratories did well during the audits, demonstrating their commitment towards providing high quality services.

To encourage continuing medical education among health-care professionals, two courses were conducted – the 15th Colposcopy Course and the 16th Annual Oration on 20 and 21 March 2010, and the 5th Pap Smear Training Course on 27 March 2010.

The Colposcopy Course attracted about 120 participants, including gynaecologists, pathologists, nurses and cytopathologists from Singapore and the South-east Asian region.

As for the Pap Smear Training Course, a total of 28 nurses from both SingHealth and the National Healthcare Group benefited from the lecture and clinical attachments at the hospitals.

INTEGRATED SCREENING PROGRAMME (ISP)

In 2009, 16,231 people participated in the ISP.

Of those who were screened, 10,188 (63%) were eligible for subsidies and 14,791 (91%) were found to have one or more abnormal screening results that required medical follow-up.

To provide accessible and affordable evidence-based screening for Singapore residents, the ISP extended its screening framework to the workplace and community through the "Health Screening on Wheels" programme, as well as the Wellness Programme.

The pilot "Health Screening on Wheels" programme was held in September 2009. With the support of the Workplace Tripartite Committee, the Ministry of Manpower (MOM), the National Trades Union Congress (NTUC) and the Singapore National Employers Federation (SNEF), the programme promoted good health and helped employees working in Small and Medium Enterprises (SMEs) to take charge of their health.

A retrofitted bus, which made stops in areas with a high concentration of SMEs, provided essential, affordable and convenient screening services for SME employees. By the end of March 2010, about 280 SMEs had expressed interest and participated in the programme.



Health Minister Khaw Boon Wan (second from left) tours the screening bus at the launch of the "Health Screening on Wheels" programme in September 2009



Making essential health screening accessible to SME employees

COLORECTAL CANCER SCREENING PILOT PROGRAMME

In an effort to address the burden of colorectal cancer – the most common cancer in Singapore – HPB plans to launch a National Colorectal Cancer Screening Programme.



Engaging the GPs prior to the launch of the Colorectal Cancer Screening Pilot Programme

As part of this initiative, a six-month pilot was carried out at two sites – Ang Mo Kio/Bishan and Queenstown/Tiong Bahru – from October 2009 to March 2010.

The objectives of the pilot were to determine the barriers and motivators to colorectal cancer screening and to test the feasibility of the proposed delivery model using the two-day faecal immunochemical test (FIT) kits.

Holistic Healthy Ageing and Health-care Partnership

LOSE TO WIN 2009

With obesity on the rise in Singapore, HPB continues to raise awareness of issues related to obesity, as well as to motivate the public to manage their weight by adopting a healthy lifestyle.

As such, the inaugural “Lose to Win” Challenge, a 12-week weight management programme, was organised from August to October 2009.

The event, which was a pre-launch initiative for the National Healthy Lifestyle Campaign (NHLC) 2009, saw 251 participants from 70 companies successfully completing the Challenge.

In addition, 94% of the 251 participants achieved weight loss.



“Lose to Win” boot camp – all ready for the whoosh!



Participants with reality show host Mr Gurmit Singh (second from right) anxiously awaiting the next challenge



“Lose to Win” participants taking BIGGER steps towards health and fitness



Thumbs up for fitness – HPB’s CEO Mr Lam Pin Woon (second from left) with HPB’s “Lose to Win” team

NHLC 2009

Following “Lose to Win” Challenge, the obesity-themed NHLC 2009 featured an integrated marketing campaign with the tagline, “Know Your BMI. Know Your Risk”.

Education and outreach efforts focused on what BMI is, how to calculate one’s BMI, understanding the risks and health consequences associated with an unhealthy BMI, and how to incorporate healthy practices into one’s lifestyle to manage one’s BMI.

The campaign was launched by the Minister for Health, Mr Khaw Boon Wan, at the “Big on Health” exhibition on 6 November 2009. Besides picking up useful health tips, visitors at the launch were treated to an array of exciting activities.

These included the prize presentation ceremony for “Lose to Win” Challenge winners, entertaining skits by well-known artistes, performances by celebrities, cooking demonstrations, games and contests.



Driving home the “Know Your BMI. Know Your Risk” campaign message at the “Big on Health” exhibition



The launch of NHLC 2009



“Lose to Win” participants at the NHLC 2009 launch – already Leaner, Tougher and Wiser

PHARMACISTS PARTNERSHIP PROGRAMME

On 29 January 2010, HPB signed a Memorandum of Understanding (MOU) with the Pharmaceutical Society of Singapore (PSS).

The MOU encompasses the Pharmacists Health Ambassador Programme, as well as other collaborations with PSS, such as the Smoking Cessation Intervention Programme (Levels 1 and 2), the Pre-registration Pharmacists Training Programme, Medication Review Programmes by pharmacists, and the provision of continuing educational opportunities for pharmacists to keep abreast of the latest updates.



Signing of the MOU for the Pharmacists Partnership Programme

Various council members from PSS attended the MOU signing. HPB's CEO, Mr Lam Pin Woon, highlighted the important role community pharmacists played in the area of health promotion.

Ms Fatimah Moideen Kutty, President of PSS, expressed the Society's commitment to the programme and ensured its full support.

Patient Education

NURSE EDUCATORS AND THE WELLNESS PROGRAMME

Nurse Educators have supported 53 interactive sessions at the People's Association's (PA) Wellness Programme events, mainly advising screened residents on chronic disease management and encouraging them to register for the chronic disease workshops after seeing their family physicians.

The Nurse Educators also engaged in various Wellness Programme health screening sessions. They conducted 23 chronic disease management workshops and 42 chronic disease management talks, reaching close to 900 participants.

In addition, the Nurse Educators have established a close working relationship with the Wellness Coordinators, and are often invited to host the Nurse Educator Programme and promote chronic disease education at Wellness Carnivals.



Dr Lee Boon Yang, Member of Parliament (MP) for the Jalan Besar Wellness Centre and Mr Lim Boon Heng, Minister, Prime Minister's Office (PMO) visiting our Nurse Educator booth at the Wellness Carnival, Jalan Besar Wellness Centre

CAPACITY BUILDING

To build the capacity of Nurse Educators as key care integrators in the primary care setting, the Patient Education Department organised two training programmes in 2009.

In total, 23 Nurse Educators from HPB, the Ang Mo Kio Thye Hua Kwan Hospital, Healthway Medical, the Saint Andrew's Community Hospital, the National University Hospital, the Singapore Anti-Tuberculosis Association (SATA) and TOUCH Diabetes Support (TDS) attended the programme.



Nurse Educators at a training programme on patient education

Topics covered in the three-day programme included principles of patient and health education, principles of adult learning and teaching, and patient empowerment and self-management.

Participants learnt methods of conducting workshops through didactic sessions as well as role playing.

Nurse Educators who have been through this training programme will be able to apply their learning at their respective organisations to benefit their organisation's chronic disease patients.

CHRONIC DISEASES AND HEALTH SCREENING

To raise awareness of chronic diseases and the importance of early detection, a set of eight posters were developed.

The posters show the benefits of screening regularly, as well as how early detection – combined with the optimal management of the chronic condition – results in better health outcomes.

These posters were featured at the Kidney Dialysis Foundation (KDF) Forum and the 50plus Expo, where Nurse Educators also provided on-site counselling for those with chronic diseases and promoted the chronic disease management workshops.



A set of posters featuring the importance of regular and appropriate screening for chronic diseases



Nurse Educators at the 50plus Expo promoted the Nurse Educator Programme and enrolled individuals diagnosed with a chronic disease in the chronic disease management workshops

It means understanding the state of my body.

At HPB, we believe in helping you understand and care for your body and mind. The **Research & Strategic Planning Division and the Chief Information Officer's Office** do just that, with their health-care policies, programmes and constant research.



Research & Strategic Planning Division

The Research & Strategic Planning Division works in partnership with all divisions to drive and coordinate HPB's strategic direction and formulate public health policies and programmes to improve the health of Singapore residents. These efforts involve the transformation of evidence-based data and its timely, accurate and relevant dissemination.

RESEARCH & EVALUATION

The Research & Evaluation Department (R&E) conducts research and evaluation projects to provide relevant, accurate and timely information for policy planning, programme development and implementation.

In FY2009, R&E handled more than 50 studies, including projects to better understand health behaviour and its determinants among the elderly, younger adults, youth and specific groups. The Department also conducted research on the development and validation of scales to assess health-related conditions and behaviours. In its efforts to constantly strengthen HPB's evidence-based health promotion and to build capacity, R&E is also increasingly collaborating with experts from local and international research/academic centres such as the Nanyang Technological University (NTU) and the University of New South Wales (UNSW) in the area of research and evaluation.

Some notable studies conducted in FY2009 include:

- A Students' Health Survey conducted in partnership with the Ministry of Education (MOE) among secondary schools and junior colleges to assess the prevalence and determinants of health behaviours, including dietary practices, physical activity and mental wellness.
- The evaluation of the Influenza A (H1N1) education and awareness campaign to assess knowledge, attitudes and beliefs regarding the spread of the virus, as well as the action taken to prevent infection.
- The evaluation of the determinants of weight management among study participants in the "Lose to Win" Challenge organised during the National Healthy Lifestyle Campaign (NHLC) 2009, which focused on obesity.
- Validating and developing measurement tools to assess mental health among students and adults.
- The annual Omnibus Survey among adults, which monitors knowledge and attitudes pertaining to health as well as health behaviours in the local population.

STRATEGIC PLANNING & COLLABORATIONS

The Strategic Planning Department was renamed Strategic Planning & Collaborations (SPC) as part of the Board's continual restructuring process in 2009.

SPC's expanded portfolio builds on HPB's existing regional and international partnerships as part of its thrust to position Singapore in the forefront of the curve for health promotion. SPC also took on the coordination of HPB's role as a World Health Organisation (WHO) Collaborating Centre (WHOCC) for health promotion and disease prevention.



WHO WPRO Regional Director Dr Shin Young-soo (centre) with HPB's CEO at HealthZone



HPB's Corporate Planning Exercise 2009

The Department continued to work closely with HPB's Senior Management to set strategic directions for the Board as well as the Board's plans for its health promotion programmes.

New initiatives were developed in 2009 to address the growing needs of the Board. These included a health promotion competency framework to strengthen HPB's capacity, and an environmental scanning model to identify new health trends.

With strong support from its local and international partners, HPB won the bid to host the World Conference on Tobacco or Health 2012. By hosting this conference, HPB aims to learn and share best practices and experiences with its tobacco control networks – particularly from the whole-of-government perspective.

MONITORING AND SURVEILLANCE

The Monitoring and Surveillance Department (MSD) reviews and monitors the Board's Key Performance Indicators (KPIs). It is also responsible for developing the Health Behaviour Surveillance of Singapore (HBSS) system, which is used for programme monitoring as well as benchmarking against international targets.

In 2009, MSD facilitated the alignment of divisional and departmental performance indicators to corporate goals. One of the focal points of this alignment exercise was to review the strategic direction and scorecards of new divisions and departments formed since the previous exercise in 2007.

The HBSS Pilot Study, which was designed to test fieldwork operations, was completed in 2009.

INTEGRATED INFORMATION MANAGEMENT (IIM)

The National Immunisation Registry (NIR) captures the immunisation records of all Singaporeans until 18 years of age.

Table 1: Immunisation coverage for key immunisations in Singapore 2007-2009

	2007	2008	2009*
BCG	99%	99%	99%
Diphtheria	97%	97%	95%
Polio	97%	97%	95%
Hepatitis B	96%	97%	95%
Measles	95%	95%	95%

Source: National Immunisation Registry, Health Promotion Board
*Preliminary Data

During the H1N1 outbreak in 2009, IIM played a major role in the monitoring of the national trend of H1N1 vaccination. Working closely with the Health Sciences Authority (HSA), IMM enhanced the NRI system and streamlined the notification processes to enable notifications of H1N1 vaccination through the Internet, fax or post to facilitate timely reporting to the Ministry of Health (MOH).

In 2009, IIM continued to work on the Health Info Hub (HIH) system to facilitate better use of information by pooling together data from various sources in HPB into a common information repository.

NATIONAL REGISTRY OF DISEASE OFFICE (NRDO)

NRDO collects information on disease conditions that are of public health importance, including cancer, kidney failure, heart attacks, stroke and living organ donation, for the purpose of national health policy planning and programming supporting health services, initiatives and programmes.

The year 2009 marked the beginning of NRDO's journey towards ISO certification, which aligns with NRDO's vision to provide quality, useful, timely and relevant information to support policy planning.



NRDO staff with the ISO 9001:2008 Certificate

In May 2009, NRDO successfully achieved ISO 9001:2008 certification. The certification endorsed the establishment of the Quality Management System in NRDO. In the same year, NRDO also started its preparation for ISO 27001 certification, which looks at the management of information security within the Department.

In 2009, besides annual reports of the existing disease registries to MOH, NRDO also published the sixth Singapore Renal Registry Report for the period of 2005 through 2006. This report is available online.

During the year, NRDO's scope was extended to collect information on health conditions, as well as disease states such as cancer and stroke. A Donor Care Registry was set up in NRDO on 1 November 2009 to facilitate the monitoring of the outcomes regarding living kidney and liver donations under MOH's living donor transplant programme.

AWARDS AND RECOGNITION

In FY2009, HPB had two research papers published in peer-reviewed journals, and there were 11 oral and 14 poster presentations at local, regional and international conferences.

HPB staff have also been invited to international conferences as speakers to share their expertise and experience regarding a wide range of health promotion topics, including "Enhancing Dental Health Materials for Young Children" by Manager (DT) Lee May Sia, "Expanding Smoke-free Environments" by Joanne Chandler and "Recent Trends in Obesity Research: From Science to Policy" by Elaine Tan.

In 2009, HPB was recognised internationally for the country's exceptional efforts in tobacco control. HPB won the WHO World No Tobacco Day Award for its tobacco control strategy in the effective use of labelling, packaging and graphic health warnings on tobacco products.

Chief Information Officer's Office (CIOO)

CIOO constantly strives for organisational excellence. By working closely with our stakeholders, CIOO aims to achieve the Board's vision through the optimal application of technological advances and the efficient use of IT. CIOO's major achievements in FY2009 include:



CIOO staff at their annual retreat

FUNDING APPROVALS FOR NEW IT INITIATIVES

This year, funding was approved for seven new IT initiatives – Partners Connect, HPB Online Uplift, the School-based Health & Immunisation Programme, Knowledge Portal Phase 2, Centralised Infrastructure 2, the Citizens and Partners Relationship Management System and the National Trauma Registry System.

IMPLEMENTATION OF NEW IT INITIATIVES

Eight new IT initiatives were implemented:

- HPB Online Phase 3 was commissioned in May 2009 with Web 2.0 capabilities to support the various health education and promotion programmes as well as an effective information architecture to interpret information on the HPB website.
- A consolidated tender was awarded in May 2009 for eight clinical application systems, thus achieving economies of scale by centralising application solutions for Applications Maintenance and Support Services. We will save approximately \$800,000 per year through this action.
- Integrated Screening System Phase 2 was commissioned in July 2009 to support the nation-wide Integrated Health Screening Programme initiated by the Ministry of Health (MOH).
- The Portion Sizing Tool was implemented in November 2009 to facilitate educating users – via visual guides – about the appropriate portion sizes of food to consume.
- The Health Info Hub, a data warehouse that consolidates key information for trend analysis and monitors Key Performance Indicators (KPIs), was commissioned in November 2009.
- The Corporate Resource System went live in October 2009. This collaborative effort, led by the National Library Board (NLB) with HPB as a participating member, integrated HR, finance and administrative systems.
- Singapore eHealth Portal Phase 1B/1C, created for selected patients to input their health information for self-management, was implemented in November 2009.
- Standard Information and Communication (ICT) Operating Environment (SOEasy) was deployed to HPB in January 2010.

AWARDS AND RECOGNITION

HPB received Merit recognition at the Singapore Infocomm Technology Federation (SITF) Awards 2009 for "Engaging Individuals for Better Health".

The project was also nominated for participation in the Asia Pacific Information and Communication Technologies Awards (APICTA) 2009.

KNOWLEDGE MANAGEMENT (KM)

After an organisation-wide knowledge audit was conducted, a five-year KM Master plan was developed to align the KM initiatives with organisational goals.

By driving KM, CIOO envisions connecting people through Communities of Practice (CoP). KM encourages the cross-pollination of ideas and the promotion of a knowledge-sharing culture. This year, we saw an explosion of CoP in the School Dental Service (SDS), the School Health Service (SHS) and CIOO.

A KM Awareness Week was organised from 29 May to 5 June 2009 for staff to learn more about their personal KM behaviour and various knowledge sharing techniques through a series of talks and exhibitions.



Highlights of the KM Awareness Week

It means having a healthy recipe at my fingertips.

In today's world, it's hard to keep track of all the different media channels. It's even harder to sift through the various types of information that pertain to your physical and mental well-being. That's why HPB's **Corporate Marketing and Communications Division** makes sure that you get the health information that is important to you, through the media channels you use.



Corporate Communications

In 2009, HPB effectively reached the public with 1,382 media stories. HPB's campaigns, activities and health messages were covered through the main media channels and publications.

Thirty-one visits by representatives from diverse organisations were hosted in 2009, underscoring HPB's mission to be a centre of excellence for health promotion and education. These included visits by officials from various government and private-sector organisations from Switzerland, Netherlands, Estonia, Namibia, Botswana, United Arab Emirates, Qatar, Kazakhstan, China, Korea, Taiwan, Hong Kong, Japan, Thailand, Vietnam, Brunei and Philippines.

Students and faculty members from local and international educational institutions such as the National University of Singapore, Zayed University and American University of Sharjah of the United Arab Emirates, and the Khon Kaen University of Thailand also visited HPB for sharing sessions.

In 2009, HPB's Corporate Community Involvement Programme saw a donation of nearly \$6,000 to its charity, Yong-en Care Centre, through various fund-raising efforts. These included a food fair cum jumble sale and the HPB Family Day event.

The Board's current charity, the Singapore Cancer Society (effected in August 2009), offers opportunities for staff to interact with the children of cancer survivors and cancer patients. More than \$13,000 has already been raised, through participation in the charity's fund-raising event, "Race Against Cancer", as well as through HPB employee events such as Staff Appreciation Day, Valentine's Day Mini Fair, and Dinner & Dance.

Corporate Marketing

The year 2009 was a momentous one for HPB, as it rolled out a host of ingenious marketing campaigns and received prestigious industry accolades for its efforts to promote health and encourage disease prevention in Singapore.

Employing inventive marketing strategies and cutting across all communication channels, these health campaigns successfully targeted different segments of the population, stirring their imagination and engaging them to take action.

Some of HPB's most notable campaigns in 2009 were:

INFLUENZA A (H1N1) CAMPAIGN

In a swift response to the emergence and global threat of the H1N1 virus, an integrated marketing campaign was launched to promote personal hygiene and prevent the spread of this highly contagious virus.

The campaign was rolled out in three phases, tapping into various marketing channels – print, TV, radio, online and outdoor – to immediately and effectively reach out to the general population.



A monster campaign that got everyone talking – and washing their hands

An informative TV commercial was aired on local TV channels to illustrate how easily the virus could spread through a simple cough or sneeze. To highlight the importance of regular and proper hand-washing, the campaign also developed "Hand Horrors" print advertisements and posters that featured germs as medieval-style gargoyles.

This captured public attention, prompting *The Straits Times* to call it Singapore's most talked-about poster advertisement in 2009.

"LOSE TO WIN" CHALLENGE

As part of the National Healthy Lifestyle Campaign (NHLC) 2009, the first-ever reality TV series with a health twist was produced for Channels 5 and 8 to encourage Singaporeans to maintain a healthy Body Mass Index (BMI) and adopt a healthy lifestyle.

The four-episode "Lose To Win" TV series followed the journey of 10 participants as they embarked on a 12-week healthy weight management programme that included sessions on nutrition and physical activity.

The success of "Lose To Win", which attracted almost 450,000 viewers during its month-long broadcast, has paved the way for a second season in 2010.



"Lose To Win" featured celebrity hosts Gurmit Singh on Channel 5 and Pornsak, Yuan Shuai and Cui Fang on Channel 8

WHOLE-GRAINS CAMPAIGN

HPB launched a nationwide initiative to encourage Singaporeans to increase their consumption of whole-grain foods. To drive home the message that eating whole-grains can protect one's health, a "Whole-grain Hero" mascot was introduced.



Campaign collaterals featured a "Whole-grain Hero" mascot to illustrate how eating whole-grains can safeguard one's health

HPB also collaborated with media partners to ensure strategic advertisement placements in the press, on radio and in supermarkets. This campaign was further supported by a series of highly visible advertorials featuring information on whole-grains and restaurants that serve whole-grain dishes.

Following the launch of the campaign, major supermarkets reported higher-than-usual sales of whole-grains, with a 20% to 35% spike in sales recorded during the campaign period.

MARKETING AWARDS

In recognition of its innovative and effective marketing campaigns, HPB received the following awards in 2009:

- “Miracle Tonic” (AIDS Blue Collar)
 - Asia Marketing Effectiveness Awards 2009, Gold Winner, Best Use of Direct Marketing
 - Asia Marketing Effectiveness Awards 2009, Bronze Winner, Most Innovative Use of Media
 - Singapore Effie Awards 2009 Bronze Winner
- “If Animals Could Talk” (Mental Well-Being)
 - Singapore Effie Awards 2009 Silver Winner
 - MediaCorp Viewers’ Choice Finalist
- “The Silent Killer” (Diabetes)
 - Singapore Effie Awards 2009 Silver Winner

Corporate Partnership Management

Corporate Partnership Management plays an integral role in building partnerships across a spectrum of industries to promote HPB’s health promotion programmes and to extend their reach.

In 2009, HPB saw the increasing support of its partners, through their involvement in more than 35 programmes and projects. These included major campaigns such as NHLC 2009 and the National Smoking Control Campaign (NSCC) 2009, general programmes such as Firm Foundations, School Health Fairs and Personal Hygiene campaigns, and fitness programmes such as Fitness @ Work and i-Run.

HPB’s major corporate partners include Nestle, F&N, Subway, Pfizer, GlaxoSmithKline, National Trades Union Congress (NTUC) Income, Johnson & Johnson, Unilever, Lam Soon and Allswell.



NHLC 2009 and Lose to Win 2009 were supported by partners such as Nestle, F&N and Subway

Health Information

HEALTH INFORMATION CENTRE (HIC)

HIC is a specialised library for health education, health promotion and disease prevention. It provides a comprehensive range of resource support for health promotion programmes in Singapore.

In 2009, HIC developed three sets of Roving Exhibitions for display at various venues to raise awareness of specific health issues and to encourage the adoption of a healthy lifestyle.

Bringing the health exhibits closer to the public, HIC drove the message home, covering topics such as Chronic Diseases, Smoking for Adults and Smoking for Youths. The Roving Exhibitions were displayed in community libraries, health-care institutions and government agencies, and an estimated 115,448 people have viewed the Exhibitions.



Chronic Disease Roving Exhibition at a community library

HiNews, a quarterly electronic newsletter, was introduced in April 2009 to update HIC members about new resources purchased, new displays, exhibitions and thematic packages available for loan, the capabilities of HIC Online (Library Catalogue), and the Resource Booking System (RMS) for the management of print materials.



Inaugural issue of *HiNews*

HEALTHLINE

The HealthLine Call Centre provides a toll-free telephone information service that supports HPB’s major campaigns and health promotion programmes. This includes personal advice and counselling on health matters by trained nurse advisers.



In 2009, the Call Centre continued to support HPB’s “call for action” programmes, such as the Integrated Screening Programme (ISP), the Colorectal Screening Programme and the Mental Health Programme.

As an extension of its services, HealthLine piloted a joint project with the School Health Centre (SHC), supporting its Kids’ Fun programme. In this programme, the HealthLine nurse advisers followed up with the participants of the Kids’ Fun programme to encourage them to adopt healthier lifestyle habits.

A survey among the caregivers showed that 81.8% found the nurses’ calls useful and effective in helping the participants achieve their goal of leading a healthy lifestyle.

HEALTHZONE

HealthZone, the only fun and interactive healthy lifestyle exhibition centre in Singapore, continued to explore unique ways to reach out to the population – especially schoolchildren – to educate them about the various aspects of healthy living.

In 2009, HealthZone collaborated with the Youth Health Division for a roving interactive exhibition, entitled “60 Minutes a Day, Let’s Play and Get Fit Today”. Targeted at primary schools, the exhibition aimed to raise awareness of the recommended guidelines for physical activity and promote the adoption of a more active lifestyle.

Featuring interactive displays, engaging multimedia programmes and skills-based workshops, the exhibition was displayed at 12 primary schools, reaching out to more than 14,000 students.

A partial revamping of the Addiction Mall section of HealthZone was also completed to support HPB’s prevention education on smoking and binge-drinking issues relevant to youths. The use of varied static and interactive exhibits aims to offer engaging learning experiences for visitors to the Addiction Mall.

To complement personal hygiene education and support the Ministry of Education’s (MOE) Learning Journey programme, HealthZone developed the “Hand-in-Hand, Hygiene and Health” module for lower primary students. Other new initiatives such as the Health Trooper Badge Programme for uniformed groups were also well received by both teachers and students.

Resource Development Services

In 2009, the Department developed more than 700 resources and recorded more than 14 million page views for the HPB website.

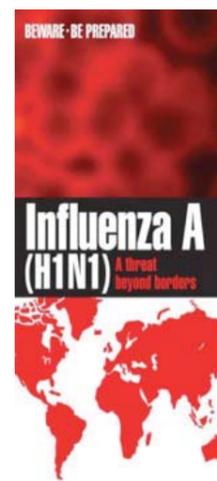
Health information was communicated through print, online and mobile platforms for effective outreach, employing an integrated approach whenever appropriate. Some notable highlights included:

H1N1

H1N1 collaterals educating the public to stop the spread of this form of influenza were produced and distributed to GPs, polyclinics, hospitals, workplaces, community organisations and government agencies.

Mailers about H1N1 were delivered to 1.1 million households in Singapore. Digital and mobile marketing efforts, new media tools and social media platforms were also used extensively to disseminate up-to-date information and updates to the public as the H1N1 situation unfolded in Singapore and around the world.

Educational content was published on HPB Online, and Web 2.0 social platforms such as Facebook, Twitter and YouTube were used to maximise message reach. A series of electronic direct mailers (EDMs) about stopping the spread of H1N1 through personal hygiene was also sent to workplaces and community and government agencies.



The Influenza A (H1N1) pamphlet

NHLC

As a lead-up to the NHLC 2009 event, the “Lose to Win” Challenge was introduced to workplaces. It was publicised through EDMs, posters and flyers. Logbooks and T-shirts were also produced for participants of the Challenge.

A dedicated campaign website with the tagline, “Know Your BMI, Know Your Risk”, (www.knowyourbmi.sg) incorporated comprehensive tools and interactive content. The site provided information about the “Lose to Win” Challenge, and brought together interactive tools and content. These included a BMI Calculator, a Mobile Diet Tracker and videos on exercise routines, to encourage behavioural change through improved nutrition and increased physical activity.



Resources for NHLC 2009

MENTAL HEALTH FOR OLDER ADULTS

Interactive exhibitions roved around various community venues such as shopping malls, hospitals and other Singapore locations to raise awareness of two main mental health concerns for the elderly – dementia and depression.

The interactive dementia exhibition highlighted the warning signs of the illness, and this information was featured within a simulated home environment to drive home the message in a very practical way. To extend message reach to caregivers, short emotive films on dementia were posted on YouTube. Content about dementia was made available alongside the videos on www.healthymind.sg.

The exhibition about depression had an art-gallery concept, showcasing the symptoms of depression in a life-size 3D format. Bearing in mind the affinity working adults have for the Internet, web banners and an interactive game were produced to further engage users to recognise the symptoms of depression among the elderly.



Information about dementia was creatively featured within a simulated home environment



Symptoms of depression portrayed in life-size 3D-format posters

It means being the best that I can be.

At HPB, we're committed to one thing – a healthy and happy Singapore. Our **Corporate Services Division** ensures that HPB as an organisation does the best it can to achieve this vision. Our initiatives and programmes lead us towards better organisational excellence, because Singapore's health depends on us.



Throughout the year, HPB made significant progress towards organisational excellence in several areas by constantly enhancing and improving its structure, systems and processes. These efforts resulted in HPB garnering a number of accolades and awards.

Awards and Recognition

PEOPLE DEVELOPER AWARD RE-CERTIFICATION AND SHRI AWARD

HPB's Learning and Human Capital Development practices continue to take HPB to a higher level of excellence.

The organisation has been achieving the People Developer Standard for its proven and ongoing commitment to develop its people and leaders since 2002. This commitment has enabled HPB's employees to excel in customer service, and do their best for both the organisation and themselves. Once again, HPB successfully obtained the People Developer Re-Certification from SPRING Singapore in 2009.

HPB also received the "Leading HR Practices in Learning & Human Capital Development Award" at the Singapore HR Awards 2009 for its innovative talent development and management strategies. HPB's consistent efforts have helped its employees to learn, share and acquire knowledge that would enable them to perform and contribute more effectively.



Director, Corporate Services, Mrs Tan Seok Lee (right) receiving the People Developer Award from CEO, Mr Lam Pin Woon



"Leading HR Practices in Learning & Human Capital Development Award" received by HPB at the Singapore HR Awards 2009

HPB QUALITY SERVICE AWARD AND EXCELLENT SERVICE AWARD (EXSA)

A total of 40 staff were awarded the HPB Quality Service Award, which recognises and rewards employees who consistently demonstrate high standards of service excellence in their work. In addition, 56 staff received the EXSA, a national award that recognises individuals for their outstanding service. This is a 70% increase from the previous year.



EXCEL AWARDS

Through various initiatives, HPB has demonstrated its commitment towards ongoing improvement and innovation at all levels and across various functions, policies and processes.

The unique "Happy Brush", an innovatively designed toothbrush for children, won the Gold award for Best PS21 Project at the ExCEL Awards 2009.



HPB's "Happy Brush" team received the Best PS21 Project – Gold award from the PS21 ExCEL Convention 2009

Empowering People

EMPLOYEE ENGAGEMENT SURVEY 2009

In 2009, out of the 12 survey categories that were benchmarked against the Public Sector Employee Engagement Survey Norm, HPB outperformed significantly in three categories: Job Growth, Learning and Development, and Leadership/Climate.

The proportion of staff who are engaged by the organisation has improved since the last employee survey in 2004. This is a reflection of the various efforts made over the last few years to help leaders better engage their staff and foster a more collaborative culture. It is also an outcome of the measures taken to enhance staff well-being and create more development opportunities for staff.

LEADERSHIP DEVELOPMENT (IN-HOUSE CUSTOMISED TEAM-BUILDING WORKSHOPS)

Aimed at improving teamwork and working relationships within teams, team-building workshops were introduced to Senior Management and staff groups.

Key learning is achieved by engaging participants through "community theatre" – an organisational learning tool which involves staff members to act out a story. This novel way of imparting knowledge also emphasises the importance of seeing things from one another's perspective.



HPB Senior Management team participating in "community theatre"

SCHOLARSHIPS (TALENT MANAGEMENT)

As part of its overall talent management initiatives, HPB continues to invest in human capital development. HPB regularly seeks to nurture employees as well as attract promising new talent as it strives to be a thought leader in health promotion.

In FY2009, a total of six scholarships were awarded – four to HPB staff to pursue their postgraduate studies and two to undergraduates to pursue their undergraduate studies.



Recipients at the HPB Scholarship Presentation Ceremony 2009

Promoting Innovation

LEARN FEST

The Innovation Activist Groups (IAG), comprising champions across divisions, organised the annual, month-long Learn Fest to promote innovation and sharing among staff.

The activities organised included talks by guest speakers and visits to learn from other organisations.



HPB staff at the Gardenia Bakery during Learn Fest 2009

Organisational Excellence in Service Delivery

RESPONSE TO THE INFLUENZA A (H1N1) PANDEMIC: GOOD BUSINESS CONTINUITY PLANNING

The occurrence of the H1N1 pandemic in 2009, which resulted in the Ministry of Health's (MOH) declaration of DORSCON Alert "Orange" at the peak of the pandemic period, saw the activation of the Flu Pandemic Business Continuity Plan.

Drawing from lessons learnt in the previous Severe Acute Respiratory Syndrome (SARS) episode, as well as from the experiences of related agencies, the response plan ensured that all departments could continue to function at various stages of the DORSCON alert levels.

Despite the difficult circumstances, HPB continued to deliver health promotion services to the general public, while maintaining a high standard of public health.

Organisational Excellence in Processes

CORPORATE RESOURCES SYSTEM (CREST) AND PROGRAMME-BASED ACTIVITY COSTING SYSTEM (PACS)

HPB and four other Statutory Boards have implemented a shared common resources system (CREST), covering finance, procurement and HR processes.

The shared system went live in September 2009, and enables the agencies to enjoy economies of scale using the same application platform and technological architecture. Through CREST, agencies can now use new modules that are currently not available to them, and streamline work processes based on best practices.

HPB also implemented PACS to understand the direct and indirect costs associated with each programme – thus enabling the Board to make informed decisions.



Thumbs up for CREST

LEVERAGING TECHNOLOGY: KNOWLEDGE PORTAL



Who needs paper when you can C.L.I.C.K.?

With the advancement of IT applications and the demand for greater efficiency in service delivery to stakeholders, HPB launched the "e-filing" initiative as part of the Knowledge Portal package in July 2009.

Personnel are now able to conveniently file all e-mail correspondence on their own through the "e-Registry" without printing physical hard copies for the Registry's filing.

This enhances productivity and results in cost savings for the Board.

CENTRALISED LIQUIDITY MANAGEMENT (CLM)

HPB participated in the CLM for Statutory Boards and Ministries, which has been coordinated by the Accountant-General Department (AGD) since November 2009.

Under the CLM, AGD centrally manages the finances of HPB as well as those of other Statutory Boards and Ministries, enjoying economies of scale and managing credit risk as a whole on a governmental level.

RISK MANAGEMENT

HPB has been developing a detailed Risk Management and Assessment Framework since September 2008.

The framework allows the constant updating of HPB's corporate risk profile to sustain ongoing risk management efforts.

This framework ensures that risk scenarios remain relevant, while capturing new risks and maintaining the effectiveness of corresponding controls to mitigate identified risks.

financial statements

Statement by Health Promotion Board

In our opinion,

- (a) the financial statements of the Health Promotion Board (the "Board") set out on pages 81 to 104 are properly drawn up so as to give a true and fair view of the state of affairs of the Board as at 31 March 2010 and the results, changes in equity and cash flows of the Board for the year ended on that date in accordance with the provisions of the Health Promotion Board Act (Chapter 122B) and Statutory Board Financial Reporting Standards; and
- (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.

The Board has, on the date of this statement, authorised these financial statements for issue.

On behalf of the Board



Mr Lucas Chow
Chairman



Mr Lam Pin Woon
Chief Executive Officer

8 June 2010

Independent auditors' report

Member of the Board

Health Promotion Board

Report on the financial statements

We have audited the financial statements of Health Promotion Board (the "Board"), which comprise the balance sheet as at 31 March 2010, income and expenditure statement, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory notes, as set out on pages 81 to 104.

Management's responsibility for the financial statements

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 Statutory Board Financial Reporting Standards.

Management has acknowledged that its responsibility includes:

- (a) designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error;
- (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. We conducted our audit in accordance with Singapore Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the 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 management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion:

- (a) the financial statements are properly drawn up in accordance with the provisions of the Act and Statutory Board Financial Reporting Standards to present fairly, in all material respects, the state of affairs of the Board as at 31 March 2010 and the results, changes in equity and cash flows of the Board for the year ended on that date; and
- (b) the accounting and other records required by the Act to be kept by the Board, including records of all assets of the Board whether purchased, donated or otherwise, have been properly kept in accordance with the provisions of the Act.

Report on other legal and regulatory requirements

During the course of our audit, nothing came to our notice that caused us to believe that the receipt, expenditure and investment of monies and the acquisition and disposal of assets by the Board during the year have not been in accordance with the provisions of the Act.



KPMG LLP

Public Accountants and

Certified Public Accountants

Singapore

8 June 2010

Balance Sheet

As at 31 March 2010

	Note	2009/2010	2008/2009
		\$	\$
Share capital	4	10,124,903	8,354,132
Accumulated surplus	5	35,704,879	27,580,871
		45,829,782	35,935,003
Represented by:			
Non-current assets			
Property, plant and equipment	6	8,228,357	10,451,634
Intangible assets	7	13,828,497	14,022,448
		22,056,854	24,474,082
Current assets			
Receivables	8	1,024,195	304,624
Prepayments		333,945	368,510
Grant receivables	9	8,234,953	7,198,681
Cash and cash equivalents	10	68,834,115	54,796,474
		78,427,208	62,668,289
Current liabilities			
Payables and accruals	11	(29,821,964)	(22,941,236)
Grants received in advance	9	(3,617,619)	(3,161,902)
		(33,439,583)	(26,103,138)
Non-current liabilities			
Deferred capital grants	12	(12,367,546)	(16,040,970)
Obligations in respect of pension scheme	13	(8,847,151)	(9,063,260)
		(21,214,697)	(25,104,230)
		45,829,782	35,935,003

Income and expenditure statement

Year ended 31 March 2010

	Note	2009/2010	2008/2009
		\$	\$
Income			
Service maintenance income		1,384,773	1,281,338
Interest income from bank balances		100,210	354,011
Other income		1,038,634	784,631
		2,523,617	2,419,980
Expenditure			
Staff costs		(49,800,106)	(49,539,059)
Operating supplies and services		(25,380,167)	(22,012,871)
Publicity and public relations		(15,690,908)	(10,945,308)
Information technology services		(7,450,885)	(6,786,801)
Amortisation of intangible assets		(3,767,541)	(3,131,233)
Input goods and services tax		(3,644,470)	(3,432,208)
Depreciation of property, plant and equipment		(3,013,303)	(3,478,784)
Rental of premises		(2,944,981)	(3,015,847)
Repairs and maintenance		(2,691,743)	(2,415,626)
Subventions to polyclinics		(2,186,837)	(2,448,658)
Staff welfare and development		(2,185,887)	(2,227,594)
Other services and fees		(1,928,548)	(1,938,549)
Communications		(1,615,877)	(1,583,177)
Research and reviews		(1,610,781)	(708,485)
Board members' allowance		(71,109)	(71,250)
Audit fee		(42,000)	(39,000)
Loss on disposal of property, plant and equipment		(6,953)	(5,143)
		(124,032,096)	(113,779,593)
Deficit before grants		(121,508,479)	(111,359,613)
Grants			
Government operating grants	9	124,033,359	109,975,979
Non-government operating grants	9	117,862	395,719
Deferred government capital grants amortised	12	5,481,266	6,057,573
		129,632,487	116,429,271
Surplus for the year		8,124,008	5,069,658

The accompanying notes form an integral part of these financial statements.

Statement of comprehensive income

Year ended 31 March 2010

	Note	2009/2010	2008/2009
		\$	\$
Surplus for the year			
		8,124,008	5,069,658
Other comprehensive income		-	-
Total comprehensive income for the year		8,124,008	5,069,658

The accompanying notes form an integral part of these financial statements.

Statement of changes in equity

Year ended 31 March 2010

Note	Share capital \$	Accumulated surplus \$	Total \$
At 1 April 2008	3,743,963	22,511,213	26,255,176
Total comprehensive income for the year			
Surplus for the year	-	5,069,658	5,069,658
Other comprehensive income	-	-	-
Total comprehensive income for the year	-	5,069,658	5,069,658

Transactions with owner, recorded directly in equity

Contributions by owner

Issue of ordinary shares	4	4,610,169	-	4,610,169
At 31 March 2009		8,354,132	27,580,871	35,935,003

Note	Share capital \$	Accumulated surplus \$	Total \$
At 1 April 2009	8,354,132	27,580,871	35,935,003
Total comprehensive income for the year			
Surplus for the year	-	8,124,008	8,124,008
Other comprehensive income	-	-	-
Total comprehensive income for the year	-	8,124,008	8,124,008

Transactions with owner, recorded directly in equity

Contributions by owner

Issue of ordinary shares	4	1,770,771	-	1,770,771
At 31 March 2010		10,124,903	35,704,879	45,829,782

The accompanying notes form an integral part of these financial statements.

Cash flow statement

Year ended 31 March 2010

Note	2009/2010 \$	2008/2009 \$
Cash flows from operating activities		
Deficit before grants	(121,508,479)	(111,359,613)
Adjustments for:		
Depreciation of property, plant and equipment	3,013,303	3,478,784
Amortisation of intangible assets	3,767,541	3,131,233
Loss on disposal of property, plant and equipment	6,953	5,143
Interest income	(100,210)	(354,011)
	(114,820,892)	(105,098,464)
Change in working capital:		
Receivables and prepayment	(685,006)	177,351
Payables and accruals	6,880,728	(460,154)
Obligations in respect of pension scheme	(216,109)	(309,654)
Net cash used in operating activities	(108,841,279)	(105,690,921)
Cash flows from investing activities		
Interest received	100,210	354,011
Purchase of property, plant and equipment	(797,166)	(2,202,467)
Proceeds from disposal of property, plant and equipment	187	1,000
Decrease/(Increase) in short-term fixed deposit with maturity exceeding 3 months	22,498,538	(14,489,157)
Purchase of intangible assets	(3,573,590)	(7,190,790)
Net cash flows from/(used in) investing activities	18,228,179	(23,527,403)
Cash flows from financing activities		
Proceeds from issue of shares	1,770,771	4,610,169
Government grants received	124,603,474	111,527,164
Other grants received	775,034	913,094
Net cash flows from financing activities	127,149,279	117,050,427
Net increase/(decrease) in cash and cash equivalents	36,536,179	(12,167,897)
Cash and cash equivalents at beginning of year	32,297,936	44,465,833
Cash and cash equivalents at end of year	10 68,834,115	32,297,936

The accompanying notes form an integral part of these financial statements.

Notes to the financial statements

These notes form an integral part of the financial statements.

The financial statements were authorised for issue by the Board Members on 8 June 2010.

1. Domicile and activities

Health Promotion Board (the "Board") was established on 1 April 2001 under the provisions of the Health Promotion Board Act (Chapter 122B) (the "Act") and is under the purview of the Ministry of Health. As a statutory board, the Board is subject to the directions of the Ministry of Health, and is required to implement policies and policy changes as determined by its supervisory ministry. The Board's registered office is located at 3 Second Hospital Avenue, Singapore 168937.

The Board is also registered as a charity (Registration No: 01810) under the Charities Act (Chapter 37) since 17 September 2004.

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 lifestyle 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 lifestyle 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 1(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 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.

2. Basis of preparation

2.1 Statement of compliance

The financial statements have been prepared in accordance with the provisions of the Act and Statutory Board Financial Reporting Standards ("SB-FRS"). SB-FRS include Statutory Board Financial Reporting Standards, Interpretations of SB-FRS and SB-FRS Guidance Notes as promulgated by the Accountant-General.

2.2 Basis of measurement

The financial statements have been prepared under the historical cost basis except as described in the accounting policies below.

2.3 Functional and presentation currency

The financial statements are presented in Singapore dollars which is the Board's functional currency.

2.4 Use of estimates and judgements

The preparation of financial statements in conformity with SB-FRS requires management to make judgements, estimates and assumptions that affect the application of accounting policies and reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in any future periods affected.

In particular, information about significant areas of estimation uncertainty and critical judgements in applying accounting policies that have the most significant effect on the amount recognised in the financial statements are described in note 13 – Obligations in respect of pension scheme.

2.5 Changes in accounting policy

Starting as of 1 January 2009 on adoption of new/revised SB-FRSs, the Board has changed its accounting policies in the presentation of financial statements.

Presentation of financial statements

The Board applies revised SB-FRS 1 Presentation of Financial Statements (2008), which became effective as of 1 January 2009. As a result, the Board presents in the statement of changes in equity all owner changes in equity, whereas all non-owner changes in equity are presented in the statement of comprehensive income.

3 Significant accounting policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements, and have been applied consistently by the Board, except as explained in note 2.5, which addresses changes in accounting policies.

3.1 Property, plant and equipment

Recognition and measurement

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

Cost includes expenditure that is directly attributable to the acquisition of the asset. The cost of self-constructed assets includes the cost of materials and direct labour, any other costs directly attributable to bringing the asset to a working condition for its intended use, and the cost of dismantling and removing the items and restoring the site on which they are located. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

Gains and losses on disposal of an item of property, plant and equipment are determined by comparing the proceeds from disposal with the carrying amount of property, plant and equipment, and are recognised net within other income in the income and expenditure statement.

Subsequent costs

The cost of replacing part of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the part will flow to the Board and its cost can be measured reliably. The costs of the day-to-day servicing of property, plant and equipment are recognised in the income and expenditure statement as incurred.

Depreciation on property, plant and equipment is recognised in the income and expenditure statement on a straight-line basis over the estimated useful lives of each property, plant and equipment.

The estimated useful lives for the current and comparative periods are as follows:

Computers	3 to 5 years
Leasehold improvement	8 years
Furniture and fittings	8 years
Other equipment	3 to 10 years
Medical equipment	8 years
Motor vehicles	10 years

Depreciation methods, useful lives and residual values of property, plant and equipment are reviewed, and adjusted as appropriate, at each reporting date.

3.2 Financial instruments

Non-derivative financial assets

The Board initially recognises loans and receivables and deposits on the date that they are originated. All other financial assets are recognised initially on the trade date at which the Board becomes a party to the contractual provisions of the instrument.

The Board derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows on the financial asset in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred. Any interest in transferred financial assets that is created or retained by the Board is recognised as a separate asset or liability.

The Board has the following non-derivative financial assets: loans and receivables, cash and cash equivalents.

Loans and receivables

Loans and receivables are financial assets with fixed or determinable payments that are not quoted in an active market. Such assets are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, loans and receivables are measured at amortised cost using the effective interest method, less any impairment losses.

Cash and cash equivalents comprise cash at bank, with Accountant General's Department and on hand.

Non-derivative financial liabilities

All financial liabilities are recognised initially on the trade date at which the Board becomes a party to the contractual provisions of the instrument.

The Board derecognises a financial liability when its contractual obligations are discharged or cancelled or expire.

The Board has the following non-derivative financial liabilities: payables and accruals.

Such financial liabilities are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial liabilities are measured at amortised cost using the effective interest method.

Share capital

Proceeds from issuance of shares are classified as equity.

3.3 Impairment

Financial assets (including receivables)

A financial asset not carried at fair value is assessed at each reporting date to determine whether there is objective evidence that it is impaired. A financial asset is impaired if objective evidence indicates that a loss event has occurred after the initial recognition of the asset, and that the loss event had a negative effect on the estimated future cash flows of that asset that can be estimated reliably.

Objective evidence that financial assets are impaired can include default or delinquency by a debtor, restructuring of an amount due to the Board on terms that the Board would not consider otherwise, or indications that a debtor or issuer will enter bankruptcy.

The Board considers evidence of impairment for receivables at both a specific asset and collective level. All individually significant receivables are assessed for specific impairment. All individually significant receivables found not to be specifically impaired are then collectively assessed for any impairment that has been incurred but not yet identified. Receivables that are not individually significant are collectively assessed for impairment by grouping together receivables with similar risk characteristics.

In assessing collective impairment, the Board uses historical trends of the probability of default, timing of recoveries and the amount of loss incurred, adjusted for management's judgement as to whether current economic and credit conditions are such that the actual losses are likely to be greater or less than suggested by historical trends.

Non-financial assets

The carrying amounts of the Board's non-financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, the assets' recoverable amounts are estimated.

The recoverable amount of an asset or cash-generating unit is the greater of its value in use and its fair value less costs to sell. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset. For the purpose of impairment testing, assets that cannot be tested individually are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other assets or groups of assets (the "cash-generating unit, or CGU").

An impairment loss is recognised if the carrying amount of an asset or its CGU exceeds its estimated recoverable amount. Impairment losses are recognised in the income and expenditure statement.

Impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

3.4 Intangible assets

Intangible assets that are acquired by the Board, which have finite useful lives, are measured at cost less accumulated amortisation and accumulated impairment losses. Intangible assets are amortised in the income and expenditure statement on a straight-line basis over their estimated useful lives of 3 to 5 years, from the date on which they are available for use.

3.5 Capital work-in-progress and computer software under development

Capital work-in-progress and computer software under development are stated at cost. Expenditure relating to the capital work-in-progress are capitalised when incurred. No depreciation is provided until the capital work-in-progress is completed and the related property, plant and equipment and intangible assets are ready for use.

3.6 Grants

Government grants and contributions received by the Board from other organisations for the purchase of depreciable assets are taken to grants received in advance account in the first instance. They are taken to the deferred capital grants account upon the utilisation of the grants for the purchase of assets which are capitalised.

Deferred capital grants are recognised in the income and expenditure statement over the periods necessary to match the depreciation and write off of the assets purchased or donated, with the related grants. Upon the

disposal of property, plant and equipment, the balance of the related deferred capital grants is recognised in income and expenditure statement to match the net book value of the property, plant and equipment disposed.

Government and other grants received by the Board to meet operating expenses are recognised as income in the year these operating expenses were incurred and there is reasonable assurance that the Board will comply with the conditions attaching to it. Government grants are accounted for on the accrual basis.

Government grants are grants received from government bodies including statutory boards. Funds received from all other organisations are classified as non-government grants.

3.7 Leases

Where the Board has the use of assets under operating leases, payments made under the leases are recognised in the income and expenditure statement on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease payment made. Contingent rentals are charged to the income and expenditure statement in the accounting period in which they are incurred.

3.8 Employee benefits

Defined contribution plan

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution pension plans are recognised as staff costs in the income and expenditure statement in the periods during which services are rendered by employees.

Employee leave entitlement

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

Short-term benefits

Short-term benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided.

A liability is recognised for the amount expected to be paid under short-term cash bonus if the Board has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

Post employment benefits

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 employee's benefits accrued from the starting date of their service with the Board (i.e., 1 April 2001) up to the valuation date, allowing for salary increases and the probability of earlier exits, and discounted using a long-term discount rate. 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 the actuarial 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.

3.9 Revenue recognition

Interest income

Interest income is recognised on a time-proportion basis using the effective interest method.

Service maintenance income

Service maintenance income is recognised when the service is rendered.

3.10 New accounting standards and interpretations not yet adopted

New standards, amendments and interpretations that are not yet effective for the year ended 31 March 2010 have not been applied in preparing these financial statements. None of these are expected to have a significant impact on the financial statements of the Board.

4 Share capital

	No. of shares	
	2009/2010	2008/2009
Issued and fully paid:		
At beginning of year	8,354,132	3,743,963
Issue of share capital	1,770,771	4,610,169
At end of year	10,124,903	8,354,132

During the year, the Board issued 1,770,771 shares to the Minister for Finance under Section 22A of the Health Promotion Board Act for a total cash consideration of \$1,770,771 to provide funds for the acquisition of property, plant and equipment and intangible assets.

The shareholder is entitled to receive dividends as declared from time to time.

Capital management

The Board defines "capital" as share capital and accumulated surplus. The Board's policy is to maintain a strong capital base to safeguard the ability to meet its long-term needs and to maintain creditor and market confidence.

There were no changes in the Board's capital management approach during the year. The Board is not subject to externally imposed capital requirements.

5. Accumulated surplus

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

6. Property, plant and equipment

	Computers	Leasehold improvement	Furniture and fittings	Other equipment	Medical equipment	Motor vehicles	Capital work-in-progress	Total
	\$	\$	\$	\$	\$	\$	\$	\$
Cost								
At 1 April 2008	8,968,180	9,514,625	490,631	2,079,412	10,545,861	377,490	1,728,506	33,704,705
Additions	423,349	-	2,418	58,173	304,493	56,001	1,358,033	2,202,467
Transfers	262,348	185,029	-	1,120,681	-	-	(1,568,058)	-
Disposals	(481,792)	-	-	(47,456)	(49,186)	-	-	(578,434)
At 31 March 2009	9,172,085	9,699,654	493,049	3,210,810	10,801,168	433,491	1,518,481	35,328,738
Additions	104,637	-	37,169	91,116	334,793	-	229,451	797,166
Disposals	(316,223)	-	-	(99,405)	-	(49,979)	-	(465,607)
At 31 March 2010	8,960,499	9,699,654	530,218	3,202,521	11,135,961	383,512	1,747,932	35,660,297
Accumulated depreciation								
At 1 April 2008	7,189,761	4,579,761	447,863	1,484,646	7,903,584	364,996	-	21,970,611
Depreciation for the year	918,324	1,223,505	17,860	268,392	1,044,882	5,821	-	3,478,784
Disposals	(479,462)	-	-	(47,456)	(45,373)	-	-	(572,291)
At 31 March 2009	7,628,623	5,803,266	465,723	1,705,582	8,903,093	370,817	-	24,877,104
Depreciation for the year	706,735	1,204,211	13,352	252,646	830,758	5,601	-	3,013,303
Disposals	(316,223)	-	-	(99,405)	-	(42,839)	-	(458,467)
At 31 March 2010	8,019,135	7,007,477	479,075	1,858,823	9,733,851	333,579	-	27,431,940
Carrying amount								
At 1 April 2008	1,778,419	4,934,864	42,768	594,766	2,642,277	12,494	1,728,506	11,734,094
At 31 March 2009	1,543,462	3,896,388	27,326	1,505,228	1,898,075	62,674	1,518,481	10,451,634
At 31 March 2010	941,364	2,692,177	51,143	1,343,698	1,402,110	49,933	1,747,932	8,228,357

7. Intangible assets

	Computer software	Computer software under development	Total
	\$	\$	\$
Cost			
At 1 April 2008	20,541,837	1,243,895	21,785,732
Additions	3,905,624	3,285,166	7,190,790
At 31 March 2009	24,447,461	4,529,061	28,976,522
Additions	3,252,469	321,121	3,573,590
Disposals	(19,156)	-	(19,156)
At 31 March 2010	27,680,774	4,850,182	32,530,956
Accumulated amortisation			
At 1 April 2008	11,822,841	-	11,822,841
Amortisation charge for the year	3,131,233	-	3,131,233
At 31 March 2009	14,954,074	-	14,954,074
Amortisation charge for the year	3,767,541	-	3,767,541
Disposals	(19,156)	-	(19,156)
At 31 March 2010	18,702,459	-	18,702,459
Carrying amount			
At 1 April 2008	8,718,996	1,243,895	9,962,891
At 31 March 2009	9,493,387	4,529,061	14,022,448
At 31 March 2010	8,978,315	4,850,182	13,828,497

8. Receivables

	2009/2010	2008/2009
	\$	\$
Security deposits	562,730	256,720
Other receivables	461,465	47,904
	1,024,195	304,624
The ageing of receivables at the reporting date is:		
	2009/2010	2008/2009
	\$	\$
Not past due	995,933	272,692
Past due 0 – 30 days	11,518	26,511
Past due 31 – 60 days	817	2,401
Past due 61 – 90 days	2,360	268
Past due 91 – 120 days	116	584
More than 120 days	13,451	2,168
	1,024,195	304,624

Based on historical default rates, the Board believes that no impairment allowance is necessary. These receivables mainly arise from customers that have a good payment record with the Board.

9. Grants receivables/(grants received in advance)

Grants receivables

The movement of grants receivables at the reporting date is as follows:

	2009/2010	2008/2009
	\$	\$
(a) Government		
At beginning of year	7,102,282	2,778,393
Receipts	(9,940,778)	(9,932,611)
Transfers to deferred capital grants	740,021	5,981
Transfers to income and expenditure statement	10,211,889	14,250,519
At end of year	8,113,414	7,102,282
(b) Non-government		
At beginning of year	96,399	31,074
Receipts	(90,000)	(140,509)
Transfers to income and expenditure statement	115,140	205,834
At end of year	121,539	96,399
Total grant receivable at end of the year	8,234,953	7,198,681

The Board's primary exposure to credit risk arises through its grants receivables. Concentration of credit risk relating to grants receivables is limited since mainly they are recoverable from Ministries and Government Agencies. There is no amount provided for collection losses.

Grants received in advance

The movement in grants received in advance during the year is as follows:

	2009/2010	2008/2009
	\$	\$
(c) Government		
At beginning of year	2,477,604	719,445
Grants received	114,662,696	101,594,553
Transfers to deferred capital grants	(1,067,821)	(4,110,934)
Transfers to income and expenditure statement	(113,821,470)	(95,725,460)
At end of year	2,251,009	2,477,604
(d) Non-government		
At beginning of year	684,298	101,598
Grants received	685,034	772,585
Transfers to income and expenditure statement	(2,722)	(189,885)
At end of year	1,366,610	684,298
Total grant received in advance at end of the year	3,617,619	3,161,902

Government operating grants

	Note	2009/2010	2008/2009
		\$	\$
Transferred from grants receivables	9(a)	10,211,889	14,250,519
Transferred from grants received in advance	9(c)	113,821,470	95,725,460
		124,033,359	109,975,979

Non-government operating grants

	Note	2009/2010	2008/2009
		\$	\$
Transferred from grants receivables	9(b)	115,140	205,834
Transferred from grants received in advance	9(d)	2,722	189,885
		117,862	395,719

10. Cash and cash equivalents

Cash and cash equivalents in the cash flow statement consist of the following:

	2009/2010	2008/2009
	\$	\$
Cash at bank and on hand	7,504	5,071,340
Cash with Accountant General's Department	68,826,611	-
Fixed deposits	-	49,725,134
Cash and cash equivalents	68,834,115	54,796,474
Short-term fixed deposit with maturity exceeding 3 months	-	(22,498,538)
Cash and cash equivalents in the cash flow statement	68,834,115	32,297,936

11. Payables and accruals

	2009/2010	2008/2009
	\$	\$
Trade payables and accruals	29,215,453	22,274,272
Amount due to the Ministry of Health	196,859	175,589
Security deposits	409,652	491,375
	29,821,964	22,941,236

The contracted undiscounted cash outflows on other payables and accruals are expected to approximate their carrying amounts and settled within one year.

12. Deferred capital grants

	2009/2010	2008/2009
	\$	\$
At beginning of year	16,040,970	17,981,628
Amount transferred from government grants	1,807,842	4,116,915
	17,848,812	22,098,543
Amount transferred to income and expenditure statement		
- to match depreciation funded by the government	(2,550,799)	(3,019,646)
- to match amortisation funded by the government	(2,923,328)	(3,031,784)
- to match net book value of assets disposed	(7,139)	(6,143)
	(5,481,266)	(6,057,573)
At end of year	12,367,546	16,040,970

13. Obligations in respect of pension scheme

The Board operates an unfunded defined retirement benefit plan for certain employees under the provisions of the Pension Act (Chapter 225, 2004 Revised Edition). The pension fund was set up by the Board on 1 April 2001.

The Board performed an actuarial valuation to determine the liability of the Board in respect of its defined retirement benefit plans. The amount of contribution is based on the actuarial valuation performed by Watson Wyatt Singapore Pte Ltd.

	2009/2010	2008/2009
	\$	\$
Present value of unfunded obligations	9,562,000	10,667,000
Unrecognised actuarial loss	(714,849)	(1,603,740)
	8,847,151	9,063,260

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

	2009/2010	2008/2009
	\$	\$
At beginning of year	9,063,260	9,372,914
Amounts recognised in the income and expenditure statement	1,054,000	1,079,000
Benefits paid	(1,270,109)	(1,388,654)
At end of year	8,847,151	9,063,260

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

	2009/2010	2008/2009
	\$	\$
Current service costs	738,000	863,000
Interest on obligation	173,000	216,000
Actuarial loss recognised	143,000	-
Total included in staff costs	1,054,000	1,079,000

Principal actuarial assumptions

Principal actuarial assumptions at the balance sheet date:

	2009/2010	2008/2009
	%	%
Discount rate	2.00	2.00
Future salary increases	1.00	1.00

Assumptions regarding future mortality are based on published mortality tables. The expected retirement age is at 60 years old (2008/2009: 60 years old).

Source of estimation uncertainty

Pension expense is determined using certain actuarial estimates and assumptions relating to the discount rate used in valuing the defined benefit obligation and future expectations such as future salary increases, retirement age, and mortality rate of covered employees. These estimates and assumptions directly influence the amount recognised in the income and expenditure statements.

14. Key management personnel compensation

Key management personnel of the Board are those persons having the authority and responsibility for planning, directing and controlling the activities of the Board.

Key management personnel compensation is as follows:

	2009/2010	2008/2009
	\$	\$
Salaries and other short-term employee benefits	1,843,608	1,775,166
Post employment benefits	132,826	135,705
	1,976,434	1,910,871

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

	2009/2010	2008/2009
\$350,000 to \$400,000	1	1
\$300,000 to \$350,000	1	2
\$250,000 to \$300,000	1	-
	3	3

15. Commitments

Capital commitments

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

	2009/2010	2008/2009
	\$	\$
Commitments in respect of contracts placed as at balance sheet date	3,878,000	4,291,000

Lease commitments

Commitments in relation to non-cancellable operating leases contracted for at the reporting date but not recognised as liabilities, are payable as follows:

	2009/2010	2008/2009
	\$	\$
Payable:		
Within 1 year	2,900,000	43,000
After 1 year but within 5 years	2,898,000	76,000
	5,798,000	119,000

16. Related parties

Based on SB-FRS 24 paragraph 3A, the Board need not comply with the requirements of paragraphs 17 to 22 of SB-FRS 24 – "Related Party Disclosures" with respect to the disclosures of transactions and balances with parent Ministry and other state-controlled entities.

17. Financial risk management

Overview

Risk management is integral to the whole business of the Board. The Board has a system of controls in place to create an acceptable balance between the cost of risks occurring and the cost of managing the risks. The management continually monitors the Board's risk management process to ensure that an appropriate balance between risk and control is achieved.

Liquidity risk

The Board has minimal exposure to liquidity risk as its operations are funded by government grants. The Board has ensured sufficient liquidity through the holding of highly liquid assets in the form of cash and cash equivalents at all times to meet its financial obligations.

Credit risk

The Board's exposure to credit risk is minimal as its surplus cash is placed with financial institutions with good credit ratings.

The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the balance sheet.

Market risk

Market risk is the risk that changes in market prices, such as interest rates and foreign exchange rates will affect the Board's income or the value of its holdings of financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimising the return on risk.

Interest rate risk

The Board is exposed to fair value interest rate risks mainly from investments in fixed deposits. The Board is not exposed to significant interest rate risk.

Foreign currency risk

The Board's exposure to foreign currency risk is minimal as it transacts mainly in Singapore dollars.

Estimation of the fair values

The notional amounts of financial assets and liabilities with a maturity of less than one year (including cash and cash equivalents, loans and receivables, prepayments, payables and accruals) are assumed to approximate their fair values because of the short period to maturity.

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