



living is...

Health Promotion Board Annual Report 2011/2012

vision, mission & values

our vision

A nation of healthy and happy people

our mission

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

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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chairman's message



“Living well is not only about keeping ourselves in the best of health, but also sharing with those around us and inspiring them to do the same.”

The Health Promotion Board has been a World Health Organization (WHO) Collaborating Centre for Health Promotion and Disease Prevention since 2007. I must say that HPB has been the outstanding flagbearer for such a responsibility and it has been working hard at sharing its expertise with Singaporeans. But I also note that in the past year, HPB has extended its presence beyond our shores, into homes, minds and governments the world over.

One great example of this is when HPB hosted the 15th World Conference on Tobacco or Health in March 2012. About 2,500 local and international delegates from 100 countries came to share best practices, knowledge and expertise at a series of workshops, plenaries and symposiums. HPB showcased its ground-up approach in creating smoke-free environments, with I Quit champions sharing their valuable first-hand experiences in adopting a smoke-free lifestyle.

Also in the last year, HPB has added yet another Centre of Excellence under their belt – the Centre of Excellence (Nutrition). A Centre of Excellence is defined as an entity that is in the position to be a leader in an area of focus and share best practices backed by strong research. HPB's nutrition department was in good placing, having made headway toward creating healthier nutrition choices for Singaporeans with initiatives such as Healthier Hawker Centres in the past year.

One of the latest initiatives by the Centre of Excellence (Nutrition) is the FINEST Food programme, which aims to share best practices with the local food manufacturing industry. The board arms these companies with knowledge and skills to encourage them to develop healthier, functional food products, to address nutritional and health needs of the Singapore population. This is especially pertinent in the face of a rapidly ageing population, rising obesity and chronic diseases like diabetes, high blood pressure and heart health. This new financial year will be an exciting year for the Centre of Excellence (Nutrition) as they roll out a number of prototypes they had instated in 2011.

Also by way of putting HPB on the map, the Board's marketing and communications efforts have paid off. Through the strategic use of mass media, HPB has managed to effectively convey important health messages to Singaporeans. Our colorectal cancer awareness campaign, reached Singaporeans in the form of a heart-warming short film, 'Kaki', played by two characters that Singaporeans could immediately connect with – Ong and Raj. With local producer Royston Tan at the helm, everything from the language to the poignant cinematography captured the hearts and attention of Singaporeans, shedding light on an otherwise difficult topic of discussion. This was set amidst a community outreach effort which saw more than 800 staff mobilised at 34

locations all over the island distributing the colorectal test kits and teaching the elderly how to collect and send samples in for testing.

For this effort, the Board garnered widespread media coverage as well as a bronze Viewers' Choice Award. The marketing campaign was also recognised as finalists for Best TV Campaign in the Singapore Advertising Hall of Fame Awards 2011 and the Effie Awards 2012. The Board's smoking cessation campaigns, I Quit and Live it Up without Lighting Up, also picked up bronze awards for Most Effective Use of Advertising in the Asian Marketing Effectiveness Awards 2012 and the Effie Awards 2011, respectively. 'Ah Kong', a short film about an elderly man beset with dementia, also picked up a silver at the Effie Awards 2011.

Beyond the traditional means of mass media, HPB also concentrated its efforts developing mobile applications, recognising that Singapore has the highest rate of smart-phone ownership in the world. The Interactive Diet and Activity Tracker (iDAT) calculates one's calorie intake and offsets the number of calories burnt through physical activity, while the I Quit iPhone application is a 24/7 smoke-free companion which helps profile users so as to tailor the most effective approach for them to quit smoking. The Healthy Chef app provides healthier but delicious recipes created by renowned chefs. Collectively, these three apps have achieved about 75,000

downloads, with various stories from the health-conscious around the world who have used the apps to great success.

With this new financial year, I would also like to extend a warm welcome to our new Board of Directors who you will get to 'meet' in the next few pages. They each bring with them a wealth of experience and knowledge from different backgrounds and areas of expertise. Together, we hope to bring Singaporeans to even higher levels of health literacy and programmes that would directly address their needs, wants and aspirations so that living in this island nation becomes more meaningful for all of us.

Lucas Chow
Chairman

CEO's message



“To me, living is being able to live long, and live well.”

We've themed this annual report, “Living is...” as it is important that the Health Promotion Board understands the lives and aspirations of Singaporeans in order to help them realise their health ideals. With greater affluence and constant advancements in technology, our expectations have also evolved as we look beyond survival to a better quality of life.

So the question is: how can HPB engage the public better to shape a shared vision of a ‘Healthy Nation’?

How can we respond to their ever-changing needs effectively, urgently and sustainably? What does health mean to Singaporeans?

These questions are the main drivers behind HPB's ground-up approach which we have implemented since 2011. To bring focus to this effort, we also set up a new division – Community Partnerships. This new division has enabled us to forge deeper relationships with the people we serve, and to work with community leaders to co-plan, and co-create solutions that better reflect local needs.

But the solution isn't as easy as setting up a new division and expecting it to take flight. There are three underlying principles that have driven our engagement with Singaporeans.

The first is the speed of delivery. Many of our most pressing health challenges like obesity require urgent preventive action, and we have adopted a prototyping approach that allows us to rapidly create solutions and extract best practices for subsequent roll-out to other areas. In the case of introducing healthier ingredients to create healthier meals, we started with a prototype in the Yuhua Hawker Centre to come up with healthier versions of Singaporean favourites like Char Kway Teow

and chicken rice. We learnt from the experience and subsequently extended this to our school canteens. While the Youth Health division was already working hard with schools to ensure that canteens do not serve too much deep fried food and sweet beverages, we wanted to also widen the range of healthy alternatives. HPB rolled out its first Healthier School Canteen meal at Wellington Primary School within a month of the time the idea was conceived. The initiative presents children with a variety of nutritionally-balanced set meals that include fruits, vegetables and whole grains.

From the first prototype in Yuhua Hawker Centre, the solution has since been extended to three other hawker centres, two coffee shops, a chain of preschools, 14 primary and three secondary schools.

The second principle we worked on was that of co-creation and shared ownership. In this savvy, well-informed society, the best way to engage with our audience is to include them in shaping what they want, where they want it. To create a large-scale social movement, Deputy Prime Minister Teo Chee Hean launched the Health Ambassador Network at the National Healthy Lifestyle Campaign 2011, announcing HPB's plans to raise an army of 10,000 health ambassadors by the year 2015. Many of these health ambassadors are our strongest advocates, and contribute their time

and energy to work with us to shape programmes in their communities. Our health ambassadors draw from a wide spectrum of society, from undergraduates to retirees. We are happy to report that we are on track with the recruitment and training, and celebrated our first batch of graduates on Health Ambassador Day in February 2012.

Third but of no less importance is sustainability. One good example is our Integrated Screening Programme. To encourage our senior citizens to screen regularly, HPB brings a suite of screening services right to their neighbourhood centres. This means that within a couple of hours, an elderly resident would be able to get screened for all the key ailments that they need to be tested for, including chronic diseases, selected cancers and various functions such as hearing, balance, continence, eyesight and dental health. To value-add, a GP, dentist and optometrist are deployed on site to give the elderly immediate follow-up attention, saving them travel time and money. This on-site referral proved to be effective and increased the follow-up rate five-fold. Screened elderly are also channelled to local community initiatives for healthy lifestyle; such as brisk walking groups to engage them physically and mentally. The overall objective is to help seniors get tested and get early intervention so they nip their problems in the bud, and avoid extensive medical treatment later on.

In our rapidly ageing society, we need to ensure that this effort is sustainable. In order to do this, we work closely with the Grassroots Committees to help reach out to their residents and collaborate with the private sector to help keep the costs low. This integrated screening prototype is in the process of being rolled out at all constituencies by the end of 2013. By making it accessible and affordable, the programme will be sustainable as there continues to be a strong demand for HPB's services.

Through the year, we've come to realise that Singaporeans, too, no longer just want long lives, but long lives of the best quality possible. This is why 2012 will see HPB scaling up its programmes to the community, so Singaporeans can look forward to more dynamic, innovative programmes that inspire them to live better and healthier.

Whether it is to be smoke-free, manage chronic diseases better, to have easy access to nutritious meals or to simply be more physically active, HPB will be there for you. I wish all Singaporeans the very best of health.

Ang Hak Seng
Chief Executive Officer

board of directors



Mr Chow Wing Keung, Lucas
Chairman
Health Promotion Board
Executive Director
Far East Organization
Chief Executive Officer & Managing Director
Orchard Parade Holdings Limited



Mdm Moliah Hashim
Chief Executive Officer
Yayasan Mendaki



A/Prof Kwek Yung Chiang, Kenneth
Chief Executive Officer
KK Women's and Children's Hospital



Prof Lee Hin Peng
Professor
Saw Swee Hock School of Public Health
National University of Singapore



Ms Low Khah Gek
Deputy Director - General of Education (Schools) cum Director of Schools
Ministry of Education



Ms Amy Hing Nguk Juon
Deputy Secretary
National Population & Talent Division
Prime Minister's Office



Ms Joan Koh Siew Pheng
Managing Director
The Nielsen Company



Mr Seah Kian Peng
Chief Executive Officer (Singapore)
NTUC FairPrice
Co-operative Limited



Mr Valerio Nannini
Managing Director
Nestle Singapore



Mr Harpreet Singh Nehal
Senior Counsel
Partner
Wong Partnership LLP



Mr Ang Hak Seng
Chief Executive Officer

Dr Chew Ling
Director
Research and Strategic
Planning Division

Mr Vernon Vasu
Director
Corporate Marketing
and Communications
Division

**Dr Shyamala
Thilagaratnam**
Director
Healthy Ageing Division

Dr Annie Ling
Director
Adult Health Division

Dr K Vijaya
Director
Youth Health Division

Mrs Tan Seok Lee
Director
Corporate Services
Division

Dr Wong Mun Loke
Director
Community Partnerships
Division

15TH WORLD CONFERENCE ON TOBACCO OR HEALTH

HPB had the honour of organising the 15th World Conference on Tobacco or Health (WCTOH) from 20 to 24 March 2012

Years of planning, hard work and contributions by staff across all divisions culminated in the five-day conference. Themed “Thinking Globally, Acting Locally”, the event brought together more than 2,500 local and international delegates from 100 countries to champion global tobacco-control efforts.

Both the two-day pre-conference and the main conference were a resounding success, with tobacco-control professionals sharing best practices, knowledge and expertise at fully subscribed workshops, plenaries and symposiums.

Singapore and its comprehensive tobacco-control efforts were showcased to the global community through more than 30 presentations over the course of the conference. To complement the presentations, HPB also set up the Singapore Experience



Launch of the 15th WCTOH by (from left) Prof Harry Lando (Co-Chair, International Liaison Group on Tobacco or Health), Dr Margaret Chan (Director-General, WHO), Mr Gan Kim Yong (Minister for Health, Singapore), Mr Ang Hak Seng [Chief Executive Officer (CEO), HPB] and Prof Philip Eng (President, 15th WCTOH).



“I commend the Health Promotion Board of Singapore for organising an excellent conference. The alliances that were formed here, the information and resources that were shared here, have galvanised the global tobacco control movement. I am sure I speak for all the participants that when we leave, we are better prepared to work for full implementation of the WHO Framework Convention on Tobacco Control and a tobacco-free world.”

**DR MARGARET CHAN
DIRECTOR-GENERAL
WORLD HEALTH ORGANIZATION**

home.

THE STRAITS

S'pore aims to make smoke-free the norm

Health Minister shares country's experience at summit

By SALMA KHALIK
HEALTH CORRESPONDENT

SINGAPORE wants to become a place where being smoke-free is the norm. It was heading that way when smoking rates went down from 18.3 per cent in 1992 to an all-time low of 12.6 per cent in 2004.

But numbers have crept up and now stand at 14.3 per cent, due to a “significant increase” in younger smokers aged 18-29, said Health Minister Gan Kim Yong yesterday.

To counter this, Singapore announced earlier this month that it will align tax for all tobacco products to stop users from shifting to cheaper alternatives, and getting non-smokers to help smokers quit.

Speaking at the opening of the World Congress on Tobacco or Health, Mr Gan said this bad habit puts a toll on health-care expenditure, and results in loss of productivity and absenteeism.

For individuals, spending on tobacco means “income is diverted away from meaningful and more important household purchases and investment such as healthy food and education”.

Painting a broader picture, he blamed tobacco use for killing five mil-



Representatives of Asean member nations at the opening of the World Congress on Tobacco or Health yesterday. PHOTO: LIANHE ZAOBAO

lion people worldwide each year – or about 12 per cent of adult deaths.

On top of that, another 600,000 people die from inhaling second-hand smoke yearly. He said: “Tobacco kills more than tuberculosis, HIV/Aids and malaria combined.”

He also told the 2,600 delegates from 124 countries – including six other health ministers – of Singapore’s fight against smoking which dates back four decades.

“We were the first country in Asia to ban tobacco advertisements in 1971. We have also progressively banned

smoking in public places since 1970.

“In 2004, we were the first country in Asia to implement requirements for all cigarette packets to bear graphic pictures warning smokers about the dangers of smoking.”

The five-day meeting, held every three years since 1967, is recognised as an important forum for international collaboration on the subject, and is attended by policymakers, health-care workers, scientists and academics.

This year’s event at Suntec Convention Centre was organised by the Health Promotion Board (HPB). Partic-

ipants are expected to discuss issues such as whether plain or gory packaging for cigarettes is more effective in reducing its use, whether rich tobacco companies are sabotaging stop-smoking drives and the effectiveness of smoke-free zones and taxation.

HPB chief executive officer Ang Hak Seng in his speech said Mr Gan has given him the task of bringing smoking in the country down to 10 per cent by 2020.

He revealed that less than 8 per cent of smokers who quit were able to stay off for a year because of peer pressure from friends who smoke.

The HPB will try to counter this with support for those trying to make it, he said, noting that the best encouragement is from a former smoker.

Dr Margaret Chan, the World Health Organisation’s director-general, in her keynote address at the opening ceremony yesterday, hit out at tobacco firms for trying to derail anti-smoking campaigns in countries like Uruguay, Norway, Australia and Turkey.

“Big money can speak louder than any moral, ethical or public health argument, and can trample even the most damning scientific evidence.”

Calling smoking a “killing addiction”, she said: “Tobacco use is the world’s No. 1 preventable killer.”

Stopping smoking, she added, “would deliver the single biggest preventive blow to heart disease, cancer, diabetes and respiratory disease”.

Dr Surin Pitsuwan, Asean secretary-general, said 125 million of Asean’s population of 600 million are smokers. Some member countries, he added, still rely heavily on the revenue from tobacco, and ignore the expense caused by smoking.

He announced, to great applause, that the Asean secretariat in Jakarta will be smoke-free from April 1.

Yesterday, the 10 member nations also pledged to create a smoke-free region.

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booth, an interactive display of Singapore’s ground-up ecosystemic approach in creating smoke-free environments.

HPB’s Health Ambassadors were at these booths to share their experiences in advocating a smoke-free lifestyle. There was also keen interest in the Blue Ribbon initiative that encourages smoke-free living environments, as well as the “I Quit” mobile application to support smoking cessation.

The conference has been a catalyst for greater global and regional commitment from governments and non-governmental organisations (NGOs) against the tobacco industry, with Dr Margaret Chan, the Director-General of the World Health Organization (WHO), leading the call during her keynote address.

The opening ceremony also saw Dr Surin Pitsuwan, the Secretary-General of the Association of Southeast Asian Nations (ASEAN), as well as ASEAN Health Ministers and country representatives, pledging their commitment to promote unified action towards smoke-free environments in ASEAN nations. This steadfast commitment was reflected in the 15th WCTOH Declaration at the end of the conference, where delegates resolved to stand firm together to further tobacco-control efforts.

WCTOH YOUTH PRE-CONFERENCE

In conjunction with the 15th WCTOH, the Youth Health Division (YHD) organised the youth pre-conference on 19 and 20 March 2012



Youths from tertiary institutions leading the "Live It Up Without Lighting Up" Global Movement launch.

A total of 74 tobacco-control advocates aged between 17 and 33 years attended the two-day workshop to learn best practices in tobacco-control advocacy. The youth delegates also conceptualised regional plans to tackle tobacco industry interference, and these were implemented on World No Tobacco Day 2012.

About 700 international and local youths also participated in the launch of the "Live It Up Without Lighting Up" Global Movement – a social movement that spurs youths to pursue their talents and engage in positive activities instead of negative ones such as smoking.

HPB has commissioned an original song and dance to launch the movement, which youths worldwide can download to create their own peer-led "Live It Up Without Lighting Up" initiative.



Delegates working on their tobacco-control regional action plan.

NATIONAL HEALTHY LIFESTYLE CAMPAIGN

The Health Promotion Board's annual landmark event marked a giant leap forward in spreading health literacy

To encourage Singapore residents to embrace healthy lifestyle habits and integrate these habits in their daily lives, National Healthy Lifestyle Campaign (NHLC) 2011 focused on creating a social movement by tapping on members of the community. Deputy Prime Minister Teo Chee Hean kicked off the annual campaign at the Sengkang Community Club, which saw the launch of the new Health Ambassador Network, as well as a commitment to raise health literacy in Singapore.

In addition, the Board also embarked on a framework of implementing health-promoting ecosystems across Singapore. These comprise health-promoting malls, schools, MRT stations, community clubs and hawker centres. These health-promoting ecosystems are conveniently designed and placed throughout the island to make healthy living easily accessible to every family in Singapore.

NHLC 2011 also saw the launch of the Interactive Diet and Activity Tracker (iDAT), a free smartphone application to help Singapore residents better manage their personal health.



10 YEARS OF INSPIRING HEALTHY LIVING

HPB marked its first decade with a nationwide healthy lifestyle programme and the launch of national colorectal cancer screening programme

As part of its 10th year anniversary, the Health Promotion Board (HPB) involved its entire staff in a series of community events in 34 community clubs nationwide. HPB staff spent the morning engaging with more than 4,000 needy and aged residents by demonstrating ways to lead healthier lifestyles through interactive games and physical activity demonstrations. This ground-up initiative aimed to empower members of the community with knowledge so that they become inspirations to their peers and loved ones and create a sustainable momentum of healthy living.

One key message of the day's programme was the importance of screening for colorectal cancer, Singapore's

number one cancer among men. The cancer ranks number two among women, after breast cancer, and often shows no symptoms in its early stages. There are close to 1,460 newly diagnosed cases and 640 deaths in Singapore related to colorectal cancer each year.

To increase awareness of the cancer to all Singapore residents, HPB also launched a short film that day. Entitled 'Kaki', the film was also adapted to shorter television, print and radio commercials to address the misconceptions people have towards screening for colorectal cancer.



AT THE HEART OF HPB

Recognising the power of a social movement in spreading best practice in health, HPB's Health Ambassador Network recruits and trains an army of dedicated volunteers from the community



Health Ambassadors are specially-trained members of the community who play a crucial role in cascading health information to the people around them. The Health Ambassador Network was officially launched at the National Healthy Lifestyle Campaign on 22 October 2011 by Deputy Prime Minister Teo Chee Hean, where HPB pledged to recruit and train an army of 10,000 health ambassadors by the year 2015. Ranging across all ages, these Ambassadors are trained and equipped with knowledge on how to live healthy lifestyles. They are also trained to then take these messages to share with the people in their communities.

These volunteers are HPB's arms, legs and mouthpieces, working hand-in-hand with HPB staff, to push out messages in the language and manner that appeals best to those around them.

Seeded in August 2011, HPB's Health Promotion Academy was set up to train our Health Ambassadors. HPB signed a Memorandum of Understanding (MoU) with the National University of Singapore's Saw Swee Hock School of Public Health (SSHSPH) to enhance the partnership in training, curriculum development and research.

To celebrate the selfless contributions of Health Ambassadors, the inaugural Health Ambassador Day was held on 10 February 2012, which saw the graduation of over 400 Health Ambassadors from the Health Ambassador Training Programme. To lend to the effort of rallying Singaporeans, Dr Amy Khor, Minister of State for Health, took on the responsibility of being the Chief Health Ambassador.

BUILDING A HEALTH PROMOTING ECOSYSTEM

HPB makes the healthy choice the easiest and most accessible choice

At the heart of health promotion is changing an individual's behaviour, habits and lifestyle. This is especially challenging in an environment that is constantly evolving and where an educated, affluent and technology-savvy population have many choices available to them. Working closely with '3P' partners in the Public, Private and People sectors, HPB sought to influence these choices by transforming the local environment to create health promoting opportunities in places where Singaporeans live, work and play. Comprising health promoting malls, schools, MRT stations, community clubs and hawker centres, these opportunities are conveniently situated across the island, forming a larger ecosystem which aims to influence lifestyle choices and encourage the cultivation of healthier habits among the population. For example, Health Promoting Malls provide opportunities for physical



Launch of Healthier Hawkers Programme at Yuhua Hawker Centre.

activities in an air-conditioned environment. HPB also brings health into the workplace by supporting organisations through health talks, online health portals and exercise programmes.

All this serves to build infrastructures that empower Singaporeans to help themselves and to make the right choices. Through this ecosystem, HPB is also more effectively positioned to customise programmes to better suit the changing needs and aspirations of all Singaporeans.



Launch of Health Promoting Community Club.



Mall Walk at Health Promoting Mall.



EXCELLENCE RECOGNISED

As the Board strives to do better each year, a record number of awards in the year celebrates the effectiveness of HPB's efforts

WINNING MARKETING CAMPAIGNS

HPB was awarded Brand of the Year at the Singapore Advertising Hall of Fame Awards 2011, which measures the engagement and resonance a brand creates in the marketplace. Corporate Marketing & Communications Director Vernon Vasu was also named Marketer of the Year.

Kaki (Colorectal Cancer)

- Bronze, Viewers' Choice Awards 2011
- Finalist, Best TV Campaign, Singapore Advertising Hall of Fame Awards 2011
- Finalist, Effie Awards 2012

I Quit (Smoking)

- Bronze, Most Effective Use of Advertising, Asian Marketing Effectiveness Awards 2012
- Finalist, Effie Awards 2012

Ah Kong (Dementia)

- Silver, Effie Awards 2011

Emobot (Youth Mental Wellness)

- Silver, Effie Awards 2011
- Finalist, Best Digital Campaign, Singapore Advertising Hall of Fame Awards 2011

Live it Up without Lighting Up (Smoking)

- Bronze, Effie Awards 2011

SINGAPORE HR AWARDS

Organised yearly by the Singapore Human Resource Institute (SHRI), the Singapore HR Awards honour and recognise individuals and organisations that have made significant contributions in enhancing people and human capital management and development practices. We are pleased to announce that HPB is the recipient of the Singapore HR Awards 2011 in the following categories:

- Leading HR Leader Award to Ms Tan Seok Lee (Director, Corporate Services)
- Leading HR Practices Award in Quality Work-life, Physical and Mental Well-Being
- Leading HR Practices Award in Performance Management
- Leading HR Practices (Special Mention) Award in HR Communications and Branding

SHRI AWARDS 2012

HPB's CEO Mr Ang Hak Seng received the Leading CEO Award

PRISM AWARDS 2012

HPB's Colorectal Cancer Campaign won the Best Integrated Marketing Campaign award

NATIONAL DAY AWARD

- The Public Service Star - Ang Hak Seng
- Public Administration Medal - Chor Swee Suet (Bronze)
- Efficiency Medal - Kang Lee Lin, Ng Bee Hoon
- Long Service Medal - Tan Seok Lee, Raymond Tan Chong Hock, Lim Geok Hoon, Halimahton bte Abdul Kadir



HPB's CEO Mr Ang Hak Seng receiving the Leading CEO Award at the Singapore HR Awards.

PUBLIC SERVICE AWARD 2012 FOR STAKEHOLDER ENGAGEMENT

Health Promotion Board's Ground-Up, Community-Centric and 3P Engagement to Inspire Healthy Living

KNOWLEDGE MANAGEMENT EXCELLENCE AWARD

KM Culture & Technology (Silver)

TOTAL DEFENCE AWARDS 2012

3rd tier Meritorious Defence Partner Award

BLOOMBERG RANKINGS

Singapore was named the World's Healthiest Country by Bloomberg Rankings in August 2012 through an assessment of health scores and health-risk scores for countries with populations of at least 1 million.



living is...

getting a good head start

Promoting good health and development is critical early in life. Adopting a healthy lifestyle during childhood and adolescence provides the right start, preventing chronic health problems in the future. This will reduce costs associated with health problems, and allow our children the best chance to maximise their potential. The **Youth Health Division (YHD)** empowers and equips Singapore's youth and other key stakeholders with health information and skills to stay healthy, through a broad range of policies, programmes, and services delivered in engaging and innovative ways.

Nutrition

HEALTH PROMOTING SCHOOL CANTEEN PROGRAMME

The Health Promoting School Canteen (HPSC) Programme is an enhancement of the Healthy Eating in Schools Programme 2010, in which participating schools work with HPB to serve healthy set meals.

These meals incorporate the appropriate proportions of food from four main food groups – rice and alternatives, meat and alternatives, fruit and vegetables – ensuring that students receive the right nutrients necessary for their growing needs.

The programme was launched in Wellington Primary School in July 2011 and will be rolled out in 50 primary and secondary schools by the end of 2012.



A nutritionist conducting a nutrition workshop for canteen stall vendors.



EAT THESE...

Tom Yam Chicken Noodle
Healthier version: low sodium. Healthier fats (monounsaturates) and nitrous to be MSG at all.
Sauce of chicken removed to keep fat content low.
Whitespin noodles for more vitamins and minerals.

Curry Chicken with Rice
Healthier version: Low-fat milk instead of coconut milk. A mixture of brown rice provides more fibre, vitamins B and E, zinc and selenium.

Chicken Pizza
Healthier version: higher in vitamins and minerals. More vegetables and mushrooms added for more vitamins and minerals.
Wholemeal bread, which has more fibre than white bread.
Low-fat cheese.

Healthier meals for schoolchildren

Vendors serve specially prepared low-fat, low-salt sets

By Fiona Low

THE canteen stalls in Wellington Primary School will food like curry chicken and pizza but, lest you think they could be unhealthy, they are not.

Thanks to a new initiative by the Health Promotion Board (HPB), the recipes have been modified to contain ingredients such as brown rice and low-fat milk in a bid to lower obesity rates among the young in Singapore.

The five kiosk stalls now prepare set meals for some 1,400 pupils that feed the needs of growing children aged seven to 12. Each set meal, served on a bendi-like tray, contains the right proportions from the four main food groups – rice and alternatives, meat and alternatives, fruit and vegetables.

In the pilot programme launched at the school yesterday, HPB chief executive

... NOT THESE

Top five unhealthy food sold in school canteens

Chicken nuggets
Calories: 200 (one piece)
Unhealthy because: High in salt, fat and trans fat. Trans fat lowers good cholesterol and increases bad cholesterol in the body, increasing the risk of heart disease.

Sausages
Calories: 240 (each)
Unhealthy because: High in salt and fat. Contains the chemical preservatives nitrite and nitrate. These are converted into nitrosamines in the stomach, which is carcinogenic.

Fried chicken
Calories: 230 (drumstick)
Unhealthy because: High in salt and fat. High salt intake may increase the risk of getting high blood pressure.

Potato chips
Calories: 280 (one 25g)
Unhealthy because: High in salt and fat.

Curry puffs
Calories: 180 (each)
Unhealthy because: High in fat, which increases the risk of high blood pressure, diabetes, heart disease and stroke.

HEALTHY CANTEEN PROGRAMME

The Healthy Canteen Programme (HCP) equips food-stall holders in tertiary institutions with basic knowledge of healthy nutrition, enhancing their culinary skills to prepare healthier meals for both students and staff.

Canteens in the three Institutes of Technical Education (ITEs) have participated in the HCP, and have undergone the culinary training workshop.

Plans are under way to introduce this programme to other institutes of higher learning.

Mental Wellness

“BOUNCE BACK STRONGER!” YOUTH RESILIENCE CAMPAIGN

The Youth Resilience Campaign was launched on 20 February 2012 to inspire and ignite Singapore's youth with resilience skills to manage challenges. To make mental health relevant and accessible to youths, the “Bounce Back Stronger!” Youth Online Kit was launched. This one-stop youth-centric platform consists of a checklist and a wealth of resources for youths to assess themselves and discover opportunities to improve their resilience.

An inspiring video has also been created, featuring true stories of Singaporean youths who have overcome adversities and emerged stronger. Since then, “Stories of Resilience” has received 166,000 views online.

Several youth-led mental health projects were also featured at the launch.

home.

Mental health programme trains youth to help friends

By DARYL CHEN

WHEN young people are feeling the blues, chances are they will first turn to their friends.

That is why having a strong peer support network in place can help tackle problems early on.

A new initiative – the Youth Support Youth programme – unveiled yesterday by the Health Promotion Board at ITE College West aims to do just that.

The three-day workshop will teach participants – aged 17 to 25 – how to help friends who are suffering from emotional problems, spot the warning signs and encourage them to seek treatment early.

The programme was developed by HPB, the Institute of Mental Health (IMH), non-profit organisation Silver Ribbon and Samaritans of Singapore.

It is the first local mental health peer support programme endorsed by the World Federation for Mental Health.

Already, about 90 students from Temasek and Republic polytechnics and Nanyang Technological University have gone through this training. The target is to train more than 250 by next year.

Dr Swapna Verma, project director of the Community Health Assistant Team, IMH's youth-oriented offshoot, said such a programme is a good way to reach out to young people grappling with mental and emotional problems.

Young people generally do not like to



Young people taking part in an exercise at the launch of HPB's online portal yesterday. The site gives tips to help young people cope with stress in a fast-paced world. ST PHOTO: MUGILAN RAJASEGERAN

confide in counsellors, she noted. They are also reluctant to have themselves registered with institutions offering help because of the perceived negative connotation associated with such bodies.

“Instead, they turn to their friends,” said Dr Verma. “So one way of doing things is to then empower the youths and train them to help each other.”

Such a programme can also help with early detection. The latest Singapore Mental Health Study found that 12 per cent of 6,600 respondents, surveyed in 2010, will have some kind of mental disorder in their lifetime. For most, mental illness will hit by the time they are 29.

“So it's really important to target this group,” she noted.

Besides this, HPB also launched a new online portal yesterday offering tips to help young people cope with stress in a fast-paced world.

Mr Jonathan Ng, 19, is one of those who shared his experience over the online portal. He has witnessed his mother undergoing depression and succumbing to cancer, and the death of his best friend. He also suffered acute kidney failure and had bad grades after falling in with bad company.

He said: “In the end, my friends and my family played a large part in helping me through this.”



A youth volunteer showing MOS Amy Khor and Mr Ang around the booth for Audible Hearts, an anonymous online peer-support network for youths by youths.

youth health division

A NETWORK OF YOUTH AMBASSADORS

Leveraging the significant role youths' friends play in their lives, the Youth Mental Health Ambassador (YMHA) and Youth Support Youth (YSY) Programmes empower passionate youths in mental health advocacy and peer support.

YMHAs develop and implement their own outreach projects to promote mental well-being to their peers. The YSY Programme, which equips youths with peer support skills for early detection, is endorsed by the World Federation for Mental Health, and is a collaboration between HPB, the Institute of Mental Health's (IMH) Community Health Assessment Team, Silver Ribbon Singapore and the Samaritans of Singapore (SOS).

To date, a total of 266 youth ambassadors have been trained across tertiary institutions and in the community.



YMHAs in training.



A YMHA telling Deputy Prime Minister (DPM) Teo Chee Hean about his project - "I Love Myself 7 Day Challenge".



Youth ambassadors received their certificates at HPB's Health Ambassador Day.



Mr Ang, guest of honour Ms Grace Fu and distinguished guests at the Starhub Smart Security Carnival 2011.

CAPACITY-BUILDING FOR STAKEHOLDERS

In promoting mental wellness to youths, HPB reaches out to stakeholders such as parents, teachers, counsellors and youth workers.

Some recent key initiatives include collaborations with Starhub to promote cyberwellness to parents, a partnership with the Ministry of Education (MOE) for the Annual Full-Time School Counsellors Awareness Briefing, the "Got To Go" cyberwellness package for youth workers and HPB's 1st Mental Health Symposium for Special Education Teachers and Allied Health Professionals.

Substance Abuse

"LAST MAN STANDING" ALCOHOL EDUCATION CAMPAIGN

To promote responsible drinking and highlight binge drinking limits among youth aged 18 to 25 years, HPB implemented a creative alcohol education campaign called "Last Man Standing" from December 2011 to January 2012.

A giant breathalyser machine, which measures blood alcohol concentration, was created and it roved to popular night spots such as Zouk and Zirca over six weekends, reaching more than 2,000 youths. Of 400 people surveyed, 74% have opined that not drinking excessively has its benefits, and 47% have indicated that they will drink less the next time they are out.



Youths exhaling into the giant breathalyser machine to find out if they are the "Last Man Standing".

PARTNERSHIPS WITH YOUTH-CENTRIC ORGANISATIONS

HPB continues to work with youth-centric organisations to infuse and reinforce the “Live It Up Without Lighting Up” message, to encourage youths to commit to a smoke-free lifestyle.

In 2011, the organisation collaborated with partners such as Youth Empire, Cathay Ad-House, the Young Women’s Leadership Connection (YWLC) and *Teens* magazine to organise various events targeting youth, including a dance contest and a talent competition.

An estimated 10,000 youths have been reached through these initiatives and social media platforms such as Facebook and online blogs.



Teams working together to solve a word puzzle at the “Beauty, Freedom, Friendship” event at Orchard Central, organised by YWLC.



Youths celebrating a tobacco-free lifestyle at Romp VI, a dance performance event organised at Zirca by Youth Empire.



STIs AND HIV Education

NOT SO SECRET LIVES OF US 3

Riding on the success of previous campaigns of the same name, Not So Secret Lives of Us (NSSL) 3 has taken on the form of an interactive film.

Like its predecessors, the NSSL movie has raised awareness of sexually transmitted infections (STIs) and the human immunodeficiency virus (HIV) among youth, by highlighting the consequences of high-risk behaviour.

Unlike the first two seasons, NSSL 3 has focused on the power of choice. Encouraging engagement and interactivity, viewers made decisions for the characters in this short film. Each decision would alter the way the story ended.

The interactive film was directed by Boo Junfeng, an award-winning, young local talent, and it has been screened at five tertiary institutions, reaching out to 1,200 students.



Students SMSing their votes during the interactive film.



Parents listening attentively during the keynote address.

PARENT FORUM IN ENGLISH AND MANDARIN

In March 2012, HPB, supported by the Ministry of Community Development, Youth and Sports (MCYS), organised two parent seminars in English and Mandarin.

At the seminars, parents learnt practical skills to communicate with their children about sexuality issues. The sessions were conducted by experts in the areas of youth work, social work and counselling.

The seminars, which reached more than 300 parents, were well received. More than 90% of the participants agreed that useful information and practical tips were provided.

The participants also felt more confident about initiating a conversation regarding sexuality issues with their child.

PARENT-CHILD WORKSHOP IN MALAY

In March 2012, HPB organised its first parent-child workshop in Malay, which was supported by Clubilya, a Malay Muslim organisation.

The workshop raised parents' awareness of the need to talk to their children about sexuality, equipped both parents and youth with the knowledge and skills to broach the topic, and created a safe environment for them to discuss sexuality issues.



A mother and son completing a worksheet together.



An SHA conducting a talk for student health ambassadors.

STUDENT HEALTH ADVISOR PROGRAMME

The Student Health Advisor (SHA) Programme, which was piloted in eight secondary schools in 2010, has been rolled out in four more secondary schools as well as ITE College East.

Trained and qualified nurses are based in these schools to provide health counselling and advice for students, and to facilitate the timely detection, referral and management of their health conditions.

YOUTH HEALTH PROGRAMME OUTREACH

Educational Institution Outreach

The Educational Institution Outreach Department (EIOD) works closely with schools to promote health through a variety of effective outreach strategies.

EIOD's efforts include the introduction of healthy set meals, the training of student leaders to be health advocates and the development and implementation of a health-promoting framework in institutes of higher learning.

SECONDARY SCHOOL HEALTH AMBASSADOR PROGRAMME

The Secondary School Health Ambassador Programme equips students with the knowledge and skills to undertake effective peer-led health promotion in their schools and community.

Through the programme, students learn about their roles as health ambassadors, pertinent youth health issues and important life skills, such as event management, teamwork and creativity.

PEER-LED PROJECTS BY ITE STUDENTS

The ITE College East Student Council, Youth Advolution for Health (YAH) and the Community Care & Social Service Department of ITE College East jointly organised a World Mental Health Day event on 10 October 2011, reaching out to more than 1,000 students.

The project was conceptualised and implemented by students who completed HPB's YMHA Programme. Various Voluntary Welfare Organisations (VWOs) were also invited to showcase their mental health promotion services, and provide students with information and advice about stress management.



ITE College East students celebrating World Mental Health Day on 10 October 2011.

youth health division

HEALTHY CAMPUS FRAMEWORK

The Healthy Campus Framework has been implemented in Singapore's ITEs, polytechnics and universities.

The working framework is based on WHO's recommendations for adopting a settings approach to health promotion, and includes key elements that define a health-promoting campus.

Youth Community And Parent Outreach

Plugging into the wider ecosystem where youth and parents live, work and play allows the Youth Community and Parent Outreach Department (YCPOD) to stay relevant in terms of their needs and evolving trends.

The department also seeks to make health promotion more pervasive and deep-rooted by empowering and supporting the ground-up efforts of key stakeholders, as well as leveraging peer advocacy.

YOUTH ADVOLUTION FOR HEALTH

YAH, Singapore's first youth-led health advocacy group, celebrated its sixth anniversary in February and March 2012 by organising a "Health-Tee Me!" campaign at six institutions.

The campaign saw the collection of 800 pledges by youths to embrace a healthier lifestyle. YAH formed its fourth Health Alliance with the NTU Students' Union in February 2012, signifying both parties' commitment towards promoting youth health on campus.



A youth pledging to stay healthy during the "Health-Tee Me!" campaign.



Signing of a Health Alliance between YAH and the NTU Students' Union.

PARENT OUTREACH

A series of healthier-lifestyle interactive workshops have thus been organised to equip parents with the right knowledge and tips to guide their children who are aged three to six years. The workshops cover health topics such as nutrition, physical activity and mental wellness.

A total of 28 workshops have been conducted at libraries, community centres, outreach events, preschools and workplaces, reaching 555 parents in total.



Parents making a healthy sandwich at an interactive workshop for parents of children aged three to six years.

EMPOWERING COMMUNITY PARTNERS TO SUPPORT GROUND-UP EFFORTS

In 2011, deeper engagements were forged between YCPOD and community partners, such as the Chinese Development Assistance Council (CDAC) and the Malay Youth Literary Association (4PM).

A nine-hour cyberwellness programme targeting CDAC parents was developed during the year, reaching out to 70 CDAC parents. YCPOD aims to reach out to at least 200 CDAC parents by the end of 2012.

CDAC and HPB have also co-developed two editions of the recipe book, "It's Dinner Time!", which features healthy and affordable dishes to encourage families to make healthier food choices. These books have been presented to 11,000 CDAC low-income families. In addition, a total of 24 CDAC Youth Befrienders have been trained



From left: Mr Kang Puay Seng, Managing Director of Mr Bean; Mr Ang Hak Seng, Chief Executive Officer (CEO) of HPB; Mr Sam Tan, Chairman of the CDAC Family Workfare & Support Committee; and Mr Baey Yam Keng, Chairman of the CDAC Volunteers Engagement & Development Committee, at the launch of the recipe books.



From left: Mr Ang Hak Seng, CEO of HPB; Mr Sam Tan, Chairman of the CDAC Family Workfare & Support Committee; and Mr Baey Yam Keng, Chairman of the CDAC Volunteers Engagement & Development Committee, preparing their own healthier dishes at the launch of the recipe books.

to mentor 160 children aged 10 to 12 years about engaging in healthy eating and an active lifestyle.

Between June and August 2011, HPB also collaborated with 4PM on its Ramadhan on Wheels (ROW) project, reaching out to over 260 families and 1,200 youth volunteers. HPB and 4PM co-developed a nutrition education programme as well, educating parents about good nutrition, how to buy healthier choice ingredients and how to cook healthier meals.

Over 70% of the participants attending the programme agreed that traditional Malay dishes can be prepared healthily.



Mr Ang Hak Seng, CEO of HPB, receiving a token of appreciation from ROW 2011's guest of honour, Mr Lim Swee Say, and being accompanied (on his right) by Mr Izzuddin Taherally, President of 4PM.

Preventive Health Services

CLINICAL QUALITY AND SAFETY FRAMEWORK

The Clinical Quality and Safety Framework is a comprehensive tool to monitor the service standards and performance of the various departments in Preventive Health Services (PHS).

It includes the setting of standards, staff training, supervisory checks and reviews, risk management, auditing, customer feedback and the monitoring of service providers.

The framework was approved for implementation by the Medical and Dental Board in 2011.

QUALITY ASSURANCE COMMITTEE

The Quality Assurance Committee (QAC) was formalised in April 2011 to provide a consistent system for reviewing all clinical incidents, serious reportable events, mortality and morbidity, in line with guidelines from the Ministry of Health (MOH).

QAC ensures good governance, and that corrective action for continual improvement are implemented as required.

NATIONAL EMERGENCY PREPAREDNESS

HPB plays an important role in national emergency preparedness.

In 2011, MOH added two new responsibilities to the role of nurses in preparing for national emergencies. Two doctors and 24 registered nurses received training about the issuing of Anti-viral Prophylaxis by registered nurses during an emergency.

Seven registered nurses were also prepared to become trainers and supervisors for mass small pox vaccination.

Student Health Centre

The Student Health Centre (SHC) serves as a convenient and affordable referral centre for students who have been identified with possible growth and development or other health problems during the annual health screening in schools.

In 2011, 62,183 students visited SHC, and the attendance at the various clinics is shown in the table below.

General clinics	40,792
Immunisation clinic	10,228
Refraction clinic	11,524
Nutrition clinic	8,412
Specialist clinic	1,262
Audiometry clinic	702

Attendance at SHC clinics (2011).

VISION SCREENING

HPB's study on myopia – conducted in schools over six years – has shown a reduction of almost 5% in the prevalence of myopia among primary school students.

In 2004, 38% of the students were myopic, but only 33% had the same condition in 2009, which means that there are currently about 12,500 fewer students with myopia in Singapore's primary schools.



The new wall murals enhance the vibrancy of SHC.



Public relations director Casuarina Peck decided to make her children's eye care a priority when her daughter Rachel, 12, started wearing glasses two years ago. Her son Joshua Rajendran, nine, has managed to keep his vision perfect.

Fewer short-sighted kids here

Jalelah Abu Baker

For the first time since myopia was flagged as a problem among children in Singapore, fewer kids are becoming short-sighted.

A six-year study by the Health Promotion Board (HPB) showed there has been a 5 per cent drop in the number of children who have had to turn to spectacles.

The dip in numbers, believed to be the first in the world, is the likely result of a comprehensive 10-year National Myopia Prevention Programme that promotes early intervention and good eye-care habits in schools, said the board.

About 20,000 pupils between seven and 12 years old from 12 pri-

mary schools took part in vision screenings in HPB's survey. It found that while 38 pupils out of every 100 had myopia in 2004, the number dropped to 33 in 2009. Singapore has one of the world's highest rates of myopia. About 65 per cent of children aged 12 here are short-sighted.

Health Minister Gan Kim Yong said that while the figures from the study attested to the good efforts made, individuals should play their part.

"I know how difficult it will be to tear you away from your computer screens and your iPhones, even for a second. But I encourage you to try to get outdoors every now and then," he said at the launch of the National Eye Care Week at Pan

Pacific Singapore yesterday.

Since 2001, the HPB has tried to improve the myopia situation here by mainly targeting children.

Through its annual screening, started in the 1980s, HPB reaches half a million children yearly, and about 80,000 are referred to its refraction clinic for further assessment. It started screening kindergarten children in 2002.

The board encourages schools to get pupils to spend time outdoors and to take a break from looking at the computer or reading, whenever possible. Pupils are also educated through pamphlets and exhibitions.

Continued on >>Page 10

CHOOSE RIGHT@NORTHLIGHT SCHOOL

SHC partnered Northlight School (NLS) in 2011 to pilot a nutrition education programme for students in their third year.

A total of 177 students attended eight weekly sessions that were conducted by specially trained teachers. The highlights of the programme included a health fair, a sandwich-making competition and an assembly talk.

There has been an overall increase in physical activity and the intake of fruit and vegetables, as well as a decrease in the consumption of deep-fried foods and sweetened drinks.



NLS students having fun while learning how to prepare healthy sandwiches.



Students in ReFRESH planning a balanced diet for a day.

REFRESH

In 2011, SHC developed and implemented ReFRESH, a new school-based nutrition education programme for severely overweight students [body mass index (BMI)-for-age > 97th percentile], in eight secondary schools.

A total of 298 students participated in the programme, which comprises three bi-monthly nutrition education sessions conducted by trained SHAs.

School Health Service

NATIONAL CHILDHOOD IMMUNISATION PROGRAMME

The National Childhood Immunisation Programme (NCIP) was introduced to prevent and control common childhood vaccine-preventable diseases.

With high immunisation coverage, the School Health Service (SHS) has contributed to the elimination and prevention of diseases such as diphtheria and poliomyelitis. Diseases like measles have also been brought under control. SHS provides booster immunisation against diphtheria, tetanus, poliomyelitis, measles, mumps and rubella for school-going children, through its school-based immunisation programme. The immunisation coverage for Primary 1 and Primary 5 students over the past four years is shown in the table below.



Immunisation being administered for children in schools by SHS nurses.

Type of Immunisation	2008	2009	2010	2011*
MMR (Primary 1)	93.2	94.8	96.4	93.8
MMR (Primary 5 and 6)	95.5	96.5	97.2	96.1
Oral Sabin Booster 2 (Primary 1)	92.4	94.3	96.3	95.0
Oral Sabin Booster 3 (Primary 5)	96.6	97.4	98.0	97.6
DT and Tdap Booster 2 (Primary 5)	96.1	95.8	95.6	94.1

Immunisation coverage (%) for school-going children.

**Preliminary report
(MMR was brought down from Primary 5 to Primary 1 from 2008 onwards)*

Polyclinics and General Practitioners (GPs) also provide immunisation for infants and preschool children. The immunisation coverage for two-year-olds over the past five years is shown in the table below.

Type of immunisation	2007	2008	2009	2010	2011*
BCG	99	99	99	99	99
Diphtheria	97	97	97	96	95
Poliomyelitis	97	97	97	96	95
Hepatitis B	96	97	96	96	95
Measles	95	95	95	95	94

Immunisation coverage (%) for two-year-olds.

**Preliminary report*

HEALTH SCREENING FOR STUDENTS

SHS's team of doctors and nurses conduct an annual health screening for students in every school.

In 2011, health screening was conducted for 429,500 students in 375 schools. These schools consisted of 179 normal primary schools, 171 secondary schools, 18 Madrasahs or religious schools, six special schools and one private school.

The health screening coverage for the past five years is shown in the table below.



Doctors and nurses conducting health screening at schools.

	2007	2008	2009	2010	2011
Total number screened (primary and secondary school students)	458,700	451,900	448,000	435,900	429,500

Health screening coverage.

SCHOOL DENTAL SERVICE

SCHOOL ORAL HEALTH PROGRAMME

In 2011, the School Dental Service (SDS) provided routine screening for 240,954 students in Primary 1, 2, 4, and 6, as well as Secondary 1 and 3.

A total of 229,776 of the students were rendered dentally fit. In addition, 33,829 students from the other levels with a high caries risk have been reviewed and given treatment. The students are from government, government-aided, Madrasah and special schools.

Compared to 2010, the oral health of the 12- and 15-year-olds has improved. The decayed, missing and filled teeth (DMFT) index has also declined from 0.60 to 0.56 for the 12-year-olds, and from 1.10 to 1.05 for the 15-year-olds.

SDS has continued to receive positive feedback regarding its service and staff from school principals, parents and patients. In fact, the field dental clinics and SDS have received a customer satisfaction score of 97.5% and 96% respectively.

In total, SDS received 1,329 compliments throughout the year.

PRESCHOOL PROGRAMME

SDS moved further upstream in 2011, piloting a screening programme at three childcare centres to detect caries at a younger age.

Among the 61 three-year-olds examined, 23% have been found to have caries. The parents have been provided with information about their child's oral health status, how to encourage and supervise their child to practise good habits at home, and the availability of follow-up dental treatment at HPB.

The parents have also been given a diary to monitor their child's daily tooth-brushing habits.



Parliamentary Secretary, Ministry of Health & Ministry of Transport, Associate Professor Muhammad Faishal Ibrahim on a visit to the School Dental Centre.

COMMUNITY DENTAL PROGRAMME

To support HPB's ground-up approach in health promotion, SDS expanded its reach in 2011 by participating in nine community projects to provide accessible and affordable dental screening and treatment for the needy elderly.

Two of the events were in collaboration with HPB's Healthy Aging Division (HAD). Besides deploying mobile dental clinics, SDS also operates the school dental clinics during the school holidays. This has allowed a total of 417 needy elderly individuals to be screened and treated.

The patients have also been advised to visit the dental clinics under the Community Health Assist Scheme for their follow-up treatment.



An HPB staff member teaching children to count as they brush.



Using fun stickers to promote good oral hygiene.

living is...

a breath of fresh air

Enjoying a breath of fresh air is only possible with smoke-free living. From promoting tobacco-free initiatives to encouraging Singaporeans to eat healthy and get active, the **Adult Health Division (AHD)** is at the heart of it all. As the main driver of adult health promotion, the division covers many facets of our lives, such as physical activity, nutrition, mental health, substance abuse and workplace health.



Workplace Health

10TH NATIONAL CONFERENCE ON WORKPLACE HEALTH PROMOTION

The 10th National Conference on Workplace Health Promotion, themed “Optimising Employees’ Health: New Perspectives for the Singapore Workforce”, was held from 10 to 11 November 2011.

At the conference, more than 300 participants, experts and practitioners from various disciplines shared strategies to optimise the health of employees. The keynote speaker, Prof Dame Carol Black, the National Director for Health and Work in the United Kingdom (UK), highlighted the impact of organisational culture and management quality on employees’ health.



Guest of honour Dr Amy Khor, the Minister of State (MOS) for Health, announced that companies may apply for Workplace Health Promotion (WHP) grants of up to \$15,000 from April 2012 – an increase from the current \$12,000 – to improve the health of their employees. These companies can use the increased funding to implement comprehensive mental health programmes and targeted intervention programmes for at-risk employees, such as those with obesity or chronic diseases.

In addition, \$200,000 will be set aside under the WHP Capability Development Grant from July 2012 onwards, to encourage service providers and consultants to develop creative workplace health programmes for companies. During the conference, HPB and the Enterprise Development Centre@Association of Small and Medium Enterprises (EDC@ASME) also signed a Memorandum of Understanding (MOU) to promote workplace health among SMEs, which employ 60% of Singapore’s workforce.

EDC@ASME will be reaching out to companies to raise awareness of workplace health, and provide them with consultation for the designing of suitable workplace health programmes.

Mental Health Education

POSITIVE WELLBEING BUS

To facilitate the early detection of depressive symptoms among the elderly, a Positive Wellbeing bus went to seven community locations island-wide between July and September 2011.

The initiative, which involves partners from the public, private and people sectors, has screened 2,900 seniors for depression. It is the first of its kind to provide a one-stop solution for depression screening, where on-site counselling and consultation with a psychiatrist are provided for seniors at risk.

The Positive Wellbeing initiative is now integrated with HPB’s Community Functional Screening Programme for seniors.



MENTAL HEALTH INITIATIVES FOR SENIORS

Nurture Your Mind (NYM), HPB’s key psychosocial programme for seniors, was organised at 20 constituencies in 2011, benefiting over 2,000 seniors.

A total of 5,000 people also joined Minister Gan Kim Yong and Mayor Maliki Osman for the Walk for Dementia 2011 at the East Coast Park on 9 October 2011. The participants learnt about the warning signs of dementia during the 2km walk, through fun and experiential activities.



Minister Gan launched HPB’s Mental First Aid Kit Programme as well – a comprehensive initiative comprising NYM and Stimulate Your Mind (SYM), a series of workshops about cognitive stimulation. The programme is conducted using different modalities, including art, music, drama and games, providing psychosocial education and cognitive-skill training in areas such as memory, reasoning and processing speed.

The Mental First Aid Kit Programme has been piloted with two groups of seniors in Marine Parade, and will be available at all senior activity and wellness centres.

LIFE LESSONS IN RESILIENCE FORUM

Life Lessons in Resilience, a forum about mental well-being, was attended by more than 500 people on 19 February 2012.

Local celebrities Chew Chor Meng and Bryan Wong shared their personal stories of resilience at the forum, and the audience was also inspired by how other speakers – including a caregiver and a young doctor – triumphed over the adversities in their lives.



WORKPLACE HEALTH

The year 2011 saw strategic partnerships forged with business and trade associations to reach workplaces – particularly SMEs. In November 2011, HPB collaborated with the Singapore Business Federation (SBF) and ASME to launch a counselling hotline for employees. This helpline has since received over 200 calls – including 117 from SMEs – regarding work-related stress, concerns about depressive symptoms and relationship issues.

Through an MOU with ASME in July 2011, over 1,100 SMEs have benefited from individualised consultations about mental health initiatives at the workplace. A total of 648 companies have also been able to conduct mental health initiatives through HPB's workplace mental health top-up grant, and more than 200 SMEs have successfully tapped this resource.

The uptake for this initiative is more than twice of 2010's.



Nutrition

HEALTHIER HAWKERS PROGRAMME

Since the launch of the Healthier Hawkers Programme at Yuhua Hawker Centre in April 2011, HPB has rolled out the programme at three more hawker centres in the east.

Half the stalls at these hawker centres have participated in the programme. These stalls have reported having brisk business, due to a significant increase in the demand for healthier food options.

The increased demand is reflected by the larger volume of ingredients ordered from suppliers as well. In addition, the healthier choices are identified on the menu boards at the hawker centres to help consumers make informed food choices.

Through the public, private and people (3P) partnership, HPB will continue working with grassroots organisations, hawker associations and the food industry to introduce these healthier ingredients to 20 hawker centres by the end of FY2012.

prime-news

Chicken rice, no skin? Yes, at this 'healthier' coffee shop

HPB to open 19 more such eateries offering less fatty food by year end

By STACEY CHIA

THE Health Promotion Board (HPB) opened the first healthier coffee shop yesterday, one that more people are dining out and obesity rates are rising.

Food King Coffee House in Bukit Batok East Avenue 5 has eight stalls that all serve dishes made with ingredients such as brown rice, wholegrain noodles and less fat-tasting oil.

For instance, a standard order of chicken rice will come without skin and with brown rice instead. This means it has 500 calories, compared with about 600 for a regular plate of chicken rice.

Dishes that have been modified will have their calorie count displayed on the menu boards. This is part of the HPB's Healthier Coffee Shop Initiative.

Its chief executive Ang Hai Seng said there will be at least another 19 such coffee shops by the end of the year.

He said many of the stall owners at the new Bukit Batok outlet they were concerned that switching to healthier ingredients would raise the cost and reduce the taste. So HPB linked stall owners with suppliers who agreed to sell bulk-ordered healthier ingredients at the same price as regular ones. It also advised cooks on how to reduce the fat and salt in their dishes without compromising on taste.

Mr Ang said it had convinced stallholders the change would not hurt their business. "Many of our food establishments are selling less healthy food, therefore those



Stallholders at Food King Coffee House advise the public on eating wisely. The coffee shop in Bukit Batok serves dishes made with healthier ingredients such as brown rice, wholegrain noodles and less fat-tasting oil. (ST PHOTO: CHIA HUI JOO)

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Trans-fat limit for cooking oils

Fine, jail or both for selling ingredients and food floating 2g limit

By POON CHIAU HUI

FIVE times a week, housewife Doreen Tay, 56, puts bread, pastries and curry puffs on her family's breakfast table.

It has occurred to her that these foods may be unhealthy for her husband and two children, one of whom is overweight. But she says: "What can I do? I don't know what the shops use to make their bread."

When new trans-fat limits kick in this May, consumers like her can rest assured that what they eat will have less of this harmful fat. (See graphic.)

It is raw ingredients of these food items – margarine, shortening and cooking oil – that the laws are targeted at.

From May, the ingredients that are used in the locally made pastries and curry puffs Madam Tay buys will not be allowed to contain more than 2g of trans-fat for every 100g of their weight.

This was announced by Minister of State for Health Amy Khor in the Budget debate on Wednesday.

Imported processed or packaged foods that may have trans-fat and oils, such as biscuits and potato chips, do not fall under these new regulations. This is because many of these imports are also sold to countries in which trans-fat limits are already in force, and where trans-fat labelling is compulsory.

To allow time for importers and retailers here to run down their stocks of raw ingredients high in trans-fat, import and sale of such products will be barred only from May next year.

After that, those who flout the rules may be fined up to \$5,000; subsequent offenders may be fined up to \$10,000, jailed up to three months, or both.

How serious is the problem of over-consumption of trans-fat?

The Health Promotion Board (HPB) has found that three in 10 individuals here eat more than the 2g daily limit recommended by the World Health Organisation.

And two-thirds of them are aged 18 to 39, the age group that tends to eat out more and snack more, said the HPB.

Consumers like Madam Tay see the

wisdom of the move to legislate a limit on trans-fats, but sales officer Sam Lim, 41, has his doubts.

He said: "Although it'll be better for health, I'm concerned it will affect the taste of the food."

He pointed out that some food-sellers, in a bid to spice up their dishes to compensate for a loss of taste in the future, may switch to adding other ingredients that are just as unhealthy.

Among manufacturers, suppliers and retailers, there is generally less resistance. Some, being ahead of the curve, have already taken steps to comply and have found little difficulty doing so.

General manager of bakery chain Four Leaves Shreeveng, for example, said the chain switched to a healthier margarine at no extra cost last year, and has not received any customer complaints.

"If the taste, baking process and prices remain the same, why not?" he said.

A manager of a major manufacturer of cooking oil, margarine and shortening, who declined to be named, said partially hydrogenated soya bean oil is high in trans-fat, and that a substitute like palm oil can readily be used without compromising on quality.

Fast-food chain McDonald's said it has been using vegetable oil that contains less than 0.5 per cent of trans-fat.

Mr Wong Meng Hong, who heads the Singapore Food Manufacturers' Association, said the new rules are not that big a shock because other places have already taken the lead.

These include the United States and European nations like Denmark, closer to home, Taiwan, Hong Kong and South Korea already have trans-fat legislation.

The Agri-Food & Veterinary Authority of Singapore (AFVISA), which is implementing the regulations with the HPB, said supermarkets will be encouraged to source for and replace fats and oils to fall in with the new rules.

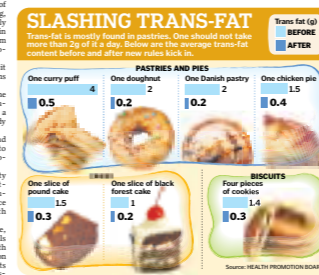
Supermarket chain NTUC FairPrice, which has more than 200 household outlets and margarine that already comply with the new legislation, has been working on lowering its trans-fat products since 2009, said its director of purchasing and merchandising, Mak Kah Kah Wei.

"That was the year that stickers with the 'Healthier Choice' symbol – a red pyramid that began to come with 'Trans-fat free' taglines as well.

Spokesmen for supermarkets such as



A cook at Keng Eng Kee Seafood Frying Miao Zhi Ball. From May next year, food outlets must use healthy oil that contains no more than 2g of trans-fat per 100g. (ST PHOTO: DESHOND WEE)



Cold Storage and Prime said they will work with suppliers to find out what they need to do, including changing the labels on such food items.

The HPB said food operators had expressed initial concern that the new rules would raise their operating costs, but that manufacturers had managed to average on a new processing method to make low trans-fat oils.

"Although there are costs incurred, these are one-off and not substantial,"

What is trans-fat?

TRANS-FAT comes about when vegetable oils undergo the chemical process of hydrogenation to make them remain solid at room temperature and easier to handle.

This kind of fat is bad for the body because of its double-whammy on cholesterol levels. It increases the amount of "bad" cholesterol in the blood while decreasing "good" cholesterol.

Partially hydrogenated soya bean oil is the main source of such fats.

Margarine, shortening and cooking oil account for up to 70 per cent of trans-fat Singaporeans eat on average.

Studies have shown that consuming an additional 4g of trans-fat every day leads to a 23 per cent increase in the risk of coronary heart disease.

The World Health Organisation has described trans-fat as an industrial additive that has "no demonstrable health benefits and poses clear risks to human health".

Other than trans-fat, saturated fats also raise one's risk of heart disease. They are mostly found in animal fats, such as cheese and butter.

said Dr Grace Soon, chief nutritionist at HPB's Centre of Excellence for Nutrition. She said the costs would largely be absorbed at the manufacturers' level.

"Take, for example, Bunge International, which imports oils and fats from countries like Malaysia and Indonesia to package them for sale.

"The company's managing director Narayanan Pillango said he may have to order tests for each batch of oil products he imports as a precaution.

"The tests are not troublesome, but they will cost the company up to \$1,000, which he estimated that each round of testing food dishes at his stall in Alexandra Village, is not sure yet if his costs will go up. His top concern is consistency. Many of the healthier oils he will have to use.

"If the quality is not good, the oil will turn black after two or three fryings. We will have to change the oil more often."

Additional reporting by Jessica Lim

TRANS-FAT LEGISLATION

The trans-fat legislation, which came into effect in May 2012, limits the trans-fat content of fats and oils to no more than 2g per 100g of product, and requires the mandatory labelling of trans-fat content on the packaging of fat and oil products in the retail market.

According to the National Nutrition Survey in 2004 and 2010, three in 10 adult Singaporeans exceed the daily limit of trans-fat consumption recommended by the World Health Organization (WHO). The Centre of Excellence (Nutrition) actively engages local food manufacturers to reduce trans-fat in their products, and has been promoting trans fat labelling since 2004.

adult health division

FINEST FOOD PROGRAMME

The FINEST (Functional, Innovative, Nutritious, Effective, Science-based, and Tasty) Food Programme is a step forward in industry partnerships.

The inter-agency collaboration with SPRING Singapore, the Agency for Science, Technology and Research (A*STAR), the Singapore Food Manufacturers' Association (SFMA) and five local polytechnics harnesses food science capabilities to provide one-stop centres for food companies to consult with and procure services for product development.

Innovative products such as reduced-sodium table salt and fishballs, and wholegrain versions of Asian favourites like steamed buns and cakes (pau and tim sum), are some new entrants to the local market.

In three years, 30 of such functional foods are slated to be launched.



BLUE RIBBON SMOKE-FREE MOVEMENT

The Blue Ribbon Smoke-Free Movement is part of the larger smoke-free movement that the WHO Western Pacific Region has embarked on.

Launched in March 2012, Singapore is the first country regionally to adopt the initiative on a nationwide scale.

The Blue Ribbon Smoke-Free Movement recognises communities and businesses that commit to creating and promoting a smoke-free environment.

Since March 2012, more than 10 hawker centres across the island have been awarded the Blue Ribbon. These hawker centres have voluntarily removed their demarcated smoking zones because they believe in the importance of having a smoke-free environment.

The Bukit Batok East Nature View estate has also become the first residential estate in Singapore to impose a voluntary ban in common areas, such as void decks, under the initiative.



Adam Road Food Centre. TODAY FILE PHOTO

Blue Ribbon award for smoke-free food centres

AMANDA LEE
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SINGAPORE – Ten food centres around the island have voluntarily removed their demarcated smoking zones as part of a Health Promotion Board (HPB) programme to encourage a smoke-free environment.

They were recognised by the HPB yesterday under a Blue Ribbon initiative for their commitment. The board aims to encourage 20 per cent of the 107 food centres islandwide to be smoke-free by next year.

The Blue Ribbon initiative is part of the larger smoke-free movement that the World Health Organization (WHO) Western Pacific Region has embarked on. Singapore is the first country in the region to adopt this initiative on a nationwide scale.

"While Singapore has one of the lowest smoking prevalence in the world, recent trends suggest a rise in the prevalence, although the vast majority of Singaporeans are non-smokers," said Dr Amy Khor, Minister of State for Health.

Statistics from the HPB show that the prevalence of smoking among adults in Singapore has risen from 12.6 per cent in 2004 to 14.3 per cent in 2010.

Dr Khor added that this bottom-up approach – which engages ordinary Singaporeans to step forward and promote tobacco-free living – is one of the ways to build such smoke-free environments.

Posters will be placed around the 10 food centres to inform the public of the smoke-free policy.

"In addition to providing

WINNERS OF BLUE RIBBON INITIATIVE

1. ABC Brickworks Market and Food Centre
2. Adam Road Food Centre
3. Albert Centre Market and Food Centre
4. Ghim Moh Market and Food Centre
5. Block 79 and 79A Circuit Road Food Centre
6. Block 89 Circuit Road Food Centre
7. Kaki Bukit 511 Market and Food Centre
8. Kovan Hougang Market and Food Centre
9. Upper Boon Keng Market and Food Centre
10. Tampines Round Market and Food Centre

The New Market

You can stub it out

Smokers will get a lot of help to kick the habit, but they must take the first critical step

BY LIM YAN LING

The Health Promotion Board (HPB) – organizer of the 20th World Conference on Tobacco or Health (WCTOH), to be held in Singapore for the first time from March 20 to 24 – is gearing up its efforts in a global commitment towards a tobacco-free world.

"Tobacco kills more people worldwide than AIDS, liver flukes, illegal drugs, road accidents, murder and suicide combined," says the World Health Organization (WHO). Among these listed are passive smokers who do not die from their own habit but from someone else's. The risk of lung cancer in non-smokers exposed to passive smoking is increased by 20 to 30 per cent.

To make it easier for smokers to give up smoking, HPB has created mobile platforms ranging from a free download app to phone support and feedback support group to help to negotiate for free consultancy and subsidised nicotine replacement therapy at the pharmacies.

Says Dr Chris Chuan, deputy director of Substance Abuse at HPB: "The I Quit app identifies users' smoking patterns and issues an alert when their mood is most effective for them."

"The app also tracks carbon monoxide levels from cigarette use and calculates how much one could have saved from the money that is otherwise spent on tobacco."

"I Quit also has a support group on a Facebook page (www.facebook.com/IQUITCLUB) as "smokers are more likely to quit successfully through a support network," says Dr Chuan.

The Electronic Quit Club has more than 1,000 members. It is a community of ex-smokers, smokers and non-smokers who can help and encourage one another.

"In addition to the existing 1800-455 2000 QuitLine and SMS service (9452 3771), which are managed by nurses trained in smoking cessation methods and personalized counselling. Many successful quitters have also volunteered to be trained as "I Quit Champions" to help others on their nicotine journey.

22. An I Quit Champion has been tobacco-free for about a year. She says she will make other people quit more readily. To quit smoking, she says: "I threw away my cigarettes and lighters and signed up for a membership at a gym near my house. The physical symptoms may be hard to deal with at first, but if you really want to quit, you can do it. You will feel more energetic than before and that's how great."

A member Taber, when her lung

can apply for HPB's Workplace Health Promotion Grant at www.hpb.gov.sg/healthcare.

The 12-week programme comprises on-site counselling, phone and SMS coaching, as well as incentives for employers to provide smoke-free workplaces and room for employees to quit.

HPB has also partnered with Johnson and Johnson, producer of Nicorette – an over-the-counter product – and Guardian Health & Beauty, Watsons and Unity pharmacies to offer NRT discounts for smokers who pledge to quit smoking. These pharmacies provide complimentary quit smoking advice to smokers and their loved ones.

The WCTOH will host a youth summit on March 19 and 20 (themed "Towards a Tobacco-Free World") for young adults aged 18 to 25 years old. Representatives from tobacco control organisations are expected to attend.

Do you know?

- There have been more than an estimated 5,400 lung cancer deaths in the United States, according to the Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report 2010.
- According to WHO, the economic costs of smoking to smokers and their families are high.
- If someone following a smoker's prevalence death rate based on statistics, Asian of Malaysia can be the most likely family in Singapore.
- The world's worst tobacco industry lobbyist is Philip Morris International, which has 1,000 subsidiaries and 120,000 employees worldwide. In 1998, a 10% of all cigarettes sold in the US were Philip Morris.

Substance Abuse

I QUIT

As part of the National Smoking Control Campaign (NSCC), I Quit is a community-based, holistic support network that helps smokers to quit smoking.

Using a 3P approach, HPB provides more than 150 touchpoints, making it easier and more convenient for smokers to quit. Recognising the difficulties smokers face in their quitting journey, a supportive online community has also been formed through the I Quit Club Facebook page, where smokers can pledge to quit and find the encouragement they need.

The page has garnered more than 22,000 "likes" since it was launched in May 2011. In addition, 1,800 callers called QuitLine between June 2011 and March 2012, which is a three-fold increase from the same period before the campaign.



REVISION OF TOBACCO LABELLING REQUIREMENTS

Leveraging the 2010 amendments made to the Smoking (Control of Advertisements and Sale of Tobacco) Act, HPB has revised the labelling and packaging requirements for tobacco products.

From March 2013 onwards, all tobacco products will no longer be allowed to use misleading descriptors such as "light" and "low-tar" on their packaging. Cigarettes packs will also be required to carry a new set of health warning messages, and cigarillos will have to be sold in packs of 20.

The changes are aligned with WHO's recommendations and are part of HPB's comprehensive tobacco control measures, which aim to reduce Singapore's smoking prevalence to under 10% by 2020.

Communicable Disease Education

WORLD AIDS DAY 2011

By combining entertainment and education at the World AIDS (acquired immune deficiency syndrome) Day 2011 on 1 December 2011, HPB has empowered more Singaporeans with awareness and information about the human immunodeficiency virus (HIV).

A total of 15,953 Singaporeans attended the Crazy Christmas show, which was co-organised with Dream Academy. Using sketches injected with local humour, awareness of the disease was raised among the audience, in an entertaining manner.

A total of 30,000 people, including MOS Amy Khor, have also been reached through a unique partnership with L'Oreal, encouraging the public to sport a streak of red in their hair to support World AIDS Day 2011.



Revised Singapore National Employer Federation Guidelines

On 27 January 2012, HPB, the Singapore National Employer Federation (SNEF) and the AIDS Business Alliance launched the revised SNEF Guidelines regarding HIV and AIDS education for the workplace.

MOS Amy Khor was the guest of honour at the launch. The revised guidelines consist of three tiers:

- Tier One:** Prevention education (protection of staff so that they remain HIV-negative)
- Tier Two:** Supportive environments that do not discriminate against people living with HIV (who are employees)
- Tier Three:** Workplace policies about managing staff with HIV.

Currently, 54 companies have pledged their commitment towards Tier One of the guidelines, enabling 13,500 employees to be reached.

home.

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Companies to get guidelines on Aids awareness

HPB hopes at least 4,000 firms will adopt them by end-2013; 46 have pledged their support

By LESLIE KAY LIM

COMPANIES which want to educate their employees about HIV/AIDS or set up a work environment supportive of those who are HIV-positive now have a set of guidelines to turn to.

Put together by the Health Promotion Board (HPB) and the Singapore National Employers Federation (SNEF), the SNEF HIV Workplace Guidelines are aimed at raising awareness of the still-incurable disease and combating the stigma surrounding it.

It is up to companies to decide whether they want to adopt these guidelines, but 46 of them in fields from banking to manufacturing, hospitality and the shipyards have counted themselves in.

The HPB hopes to get 4,000 companies on board by the end of next year.

The guidelines have been restructured to make them easier for companies to adopt, with support coming from the HPB in the form of free tool kits to be distributed, workshops and road shows, in addition to information resources.

Set out in 1993 in the form of a booklet, the guidelines have now been recast into three tiers.

Tier 1: Covers employee education and suggests workshops and seminars that can be run.

Tier 2: For creating a supportive workplace. These guidelines suggest, for example, that employers offer confidentiality and support for those living with HIV.

Tier 3: Suggests how a company can establish official, enforceable policies to prevent discrimination against HIV-positive employees. For example, a company may want to outlaw firing an employee for being HIV-positive.

Minister of State for Health and chairman of the National HIV/AIDS Policy Committee Amy Khor said implementing the guidelines would be a "positive and useful first step" in fighting AIDS.

Ms Ho Lai Peng, the principal medical social worker at Tan Tock Seng Hospital, said she sees five to six HIV-positive individuals daily and has heard more often about their being ostracised or fired than their being given support. She cited the case of an individual who was asked not to eat lunch with others in the company, and another who was asked to leave after 10 years in service when his HIV status came to light. She said: "Knowledge is different from attitude. You can give the person knowledge, but he has to change his attitude. We've a long way to go."

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(From left) Mr Zakirri Baharudin, chairman of AIDS Business Alliance; Mr Ang Hak Seong, CEO of the Health Promotion Board; Dr Amy Khor; and Dr Lee Suet Han, council member of the Singapore National Employers Federation, holding up a red ribbon yesterday to pledge their support for workplace HIV education. ST PHOTO: ASHLEIGH SIM



Physical Activity Centre of Excellence

The Physical Activity Centre of Excellence (PACE) was established in 2011, with the mission of increasing physical activity and decreasing sedentary behaviour in Singapore.

To fulfil this mission as a thought leader in the field, the centre undertakes three key areas of work – research to practice, education and solutions, and programme development.

10 minutes of mopping, taking stairs count too, says HPB

By Fiona Low

150 minutes of moderate-intensity activity per week is the new recommendation from the Health Promotion Board (HPB). It is an accumulation of at least 10 minutes of moderate-intensity aerobic activity daily.

The HPB is advocating this flexible approach to physical activity by encouraging individuals to make small, lifestyle changes such as mopping and taking stairs to help meet the goal.

Daily activities such as mopping the floor or washing the car can also be counted towards the weekly goal.

A recent National Health Survey found that only 10 per cent of Singaporeans do not meet the minimum physical activity guidelines for good health. The guidelines are simple to follow: at least 150 minutes of moderate-intensity activity per week, broken down into at least 10 minutes of activity every day.

HPB chief executive Ang Hui Hong said at the launch of the new guidelines yesterday: "A common-sense request for not exercising is a lack of time. We can overcome this by building physical activity into our daily routines."

The new physical activity guidelines are tailored for three groups of people – 18 to 49-year-olds, those who are 50 years and older, and over-

weight individuals looking to shed kilos.

Adults in both age groups should aim for 150 minutes of moderate-intensity aerobic activity weekly, with strength exercises at least two days a week.

Overweight individuals with a body mass index of 25 to 30 should aim for 150 to 300 minutes of moderate-intensity aerobic activity weekly.

A moderate-intensity activity is one which noticeably raises the breathing and heart rates.

Adults should still be able to talk during the activity, but engaging through it will be difficult.

High-intensity activities should cause a large increase in the breathing and heart rates; adults should still be able to say a few words but are not out of breath.

A variety of vigorous activity is equivalent to two minutes of moderate-intensity aerobic activity, so if one engages in a vigorous activity, 75 minutes a week would be the minimum.

Strength training exercises, aimed at strengthening muscles, bones and joints, include: using hand-held weights, dumbbells and resistance bands; push-ups; sit-ups; squats; lunges; sit-to-stand; and sit-to-stand with a chair.

These older than 50 should also train their sense of balance through activities such as Tai Chi.

Dr Bernard Tan, who heads the Changi Sports Medicine Centre at Changi General Hospital, advises individuals to look for activities that they enjoy and which are easily accessible, such as going to a swimming pool or a park.

"The key is to make sure it is a sustainable routine. If it is convenient and fun, individuals are more likely to continue doing it in the long run," he said.

HPB will work with SMRT to promote physical activity in MRT stations. Selected stations will have strategic commuters to take the stairs instead of the escalators. Details of the stations will also show the new Great Singapore Walk.

Accountant Philip Choo, 50, said: "If people are prepared to set aside several hours for the exercise, they are more likely to engage in physical activity in their daily lives and it should be more interesting."

IT'S NOT A CHORE, IT'S EXERCISE

Daily activities and household chores can help burn calories and count towards your weekly recommended target of 150 minutes of exercise to stay healthy.

Activities	Calories burnt
Walking the stairs for 10 minutes with your groceries	100
Walking the stairs for 30 minutes	300
Swimming the bathroom for 10 minutes	100
Carrying shopping bags for 10 minutes	100
Mopping for 10 minutes	100
Washing for 10 minutes	100

The intensity of an activity is determined by your breathing and heart rate. One minute of a moderate-intensity activity:

- Sweating
- Breathing heavily
- Heart rate increases
- Heart rate increases
- Heart rate increases
- Heart rate increases

STAYING FIT? DO IT ANYTIME, ANYWHERE

At the launch of the new physical activity guidelines at Joozoo Central Park, HPB CEO Ang Hui Hong explains the goal with participant Lee Eng Chee. 150 minutes of activity that can be counted towards the 150-minute weekly goal. (PHOTO: THE STRAITS TIMES)



NATIONAL PHYSICAL ACTIVITY GUIDELINES

The first National Physical Activity Guidelines were launched in August 2011, recommending that individuals engage in 150 minutes of physical activity every week – any time and anywhere.

This approach encourages Singaporeans to engage in aerobic and strength activities, which can be done at home, at work, when commuting or at leisure.

The national guidelines provide a common platform for the 3P sectors to unite and promote a culture of active living in Singapore.

PHYSICAL ACTIVITY CAMPAIGN

The key messages of the National Physical Activity Guidelines were disseminated through the 2011 Physical Activity Campaign.

This campaign has utilised highly visible channels to increase the awareness, knowledge and uptake of the new guidelines. These have included working with SMRT to promote physical activity and increase stair usage at its train stations.

The results of the campaign evaluation have shown that 25% of Singaporeans have become more active, and stair usage has increased by 24%.

RIGHT ON TRACK: The Health Promotion Board (HPB) has placed floor stickers at the platform of City Hall MRT station to encourage commuters to get active. Commuters can do light walks on the 'track' while waiting for the train to arrive. This is in line with the HPB's message that exercise can be done anytime, anywhere.

News watch

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Local

THE PICTURE: SARAN CHOW

VALIDATING FITNESS ASSESSMENT METHODS

Aerobic fitness is an important indicator of how well your body functions during physical activity, and it is a key marker for overall health and well-being. To provide Singaporeans with a simple and accurate way to measure their fitness, HPB and PACE have led a study, collaborating with the Republic Polytechnic (RP) and Duke-NUS to validate two distinct assessment methods – the local validation of a brisk 2km walk and the resting heart rate method.

The outcome of the study has provided more accurate and accessible ways for measuring fitness in Singapore, and these will be used in the community, worksite and health-care sectors to help residents become fitter.

adult health division

INTERACTIVE DIET AND ACTIVITY TRACKER

Launched in November 2011, the Interactive Diet and Activity Tracker (iDAT) is an innovative solution designed to provide a sophisticated exercise and diet tracking experience.

The first smart-phone application in the world to take into consideration the body types of Asians, the iDAT leverages social media to provide users with a supportive virtual community.

With an activity and food database customised for the daily lifestyle of Singaporeans, the application has empowered more than 50,000 users within a year of its launch.



DPM Teo trying out the Interactive Diet and Activity Tracker (iDAT) mobile application before touring the exhibits at the NHLC 2011.



NATIONAL BRISK WALKING PROGRAMME

The year 2011 marked the highlight of the three-year development and promotion of the National Brisk Walking Programme.

HPB and PACE have worked with various governmental partners to provide consistent awareness, education and evaluation to support the national initiative. The whole-of-government approach has also helped to create a 105,000-member base for the National Brisk Walking Programme.

The final evaluation figures have shown that brisk walkers are three times more physically active and 8% more fit than the average Singaporean.

PHYSICAL ACTIVITY ADVICE TOOL

Evidence has shown that brief physician counselling helps to improve one's health behaviour.

The Physical Activity Advice Tool (PAAT) is an evidence-based online application designed for physicians to easily and quickly provide tailored physical activity advice for their patients.

The tool is currently being piloted, with plans to roll it out in 2013.





living is...

guiding one another along the right path

A healthy life and ageing well are crucial as we get on in years. The active advocates in the **Healthy Ageing Division's (HAD)** Senior Health Ambassador Programme play an important role in guiding Singaporeans to stay up to date with current health information and engaging in preventing health measures, such as screenings. This is just one of the many ways that the division educates and helps Singaporeans to age healthily and actively, empowering them to enjoy a clean bill of health through the silver years.

healthy ageing division

Chronic Disease Management

Efforts in chronic disease management continue to focus on targeted education and empowering individuals with chronic diseases to better manage their conditions.

Nurse Educators are key facilitators and promoters of healthy lifestyle practices in these patient education initiatives.

NURSE EDUCATOR PROGRAMME

During the year, Nurse Educators conducted 79 on-site counselling and health screening sessions as well as 45 health talks in the community and at workplaces, reaching 7,184 individuals in total.

HPB's Nurse Educators also actively participated in large-scale events, such as the 50+ EXPO 2012.

WORLD DIABETES DAY 2011

HPB supported the Diabetic Society of Singapore (DSS) for World Diabetes Day 2011, which took place at Suntec City on 13 November 2011.

At the event, health ambassadors staffed the booth and kept the public engaged with a game about screening for chronic diseases. Body mass index (BMI) screening was conducted by the health ambassadors as well, who referred those with BMIs that put them at moderate to high risk of disease conditions to the Lose to Win recruitment station.



Demonstration on resistance band exercises at World Diabetes Day 2011.



HPB's Health Ambassador taking Minister Gan Kim Yong's BMI.

50+ EXPO 2012

HPB took a new approach to this year's 50+ EXPO by introducing digital media at the healthy ageing-themed education booth.

Visitors were greeted by "gigantic iPads" featuring various health topics, including screening, chronic disease management, osteoporosis and fall prevention.

In addition, the visitors had their BMI and blood pressure measured on-site, and received advice from HPB's Nurse Educators about their weight and chronic diseases, such as diabetes, high blood pressure and high blood cholesterol.



HPB's booth at 50+ EXPO 2012 organised by Council of Third Age.



"STAY HEALTHY, FEEL YOUNG" ROADSHOW

To mark the first anniversary of the Senior Health Ambassador Programme, which started the movement to build an army of 10,000 health ambassadors, the "Stay Healthy, Feel Young" roadshow was organised at the Toa Payoh Hub on 17 and 18 March 2012.

Senior health ambassadors fronted on-site activities such as the food pyramid game, Rummy-O and the "Know-Your-Body" challenge, where participants learnt more about nutrition, mental wellness, chronic disease management and how to raise awareness of holistic healthy ageing.

The two-day roadshow attracted more than 4,000 people who participated in booth activities. Over 100 of these individuals aged 40 years and older signed on to become health ambassadors.



healthy ageing division

CAPACITY BUILDING

HPB continues to invest in capacity building for the nurses in the community.

Structured training workshops covering patient education, dietary and stress management in chronic disease care, and methods of conducting chronic disease management were organised for 48 Nurse Educators from HPB, the Hua Mei Seniors Clinic, the Singapore Anti-Tuberculosis Association (SATA), the Tzu Chi Foundation, Ren Ci, Econ Medicare, the Bright Vision Hospital and the Kwong Wai Shiu Hospital.

Over the year, HPB has worked very closely with tertiary institutions to engage in capacity building among students pursuing their nursing diplomas. A total of 23 student nurses from the Ngee Ann Polytechnic (NP) have been trained through a half-day course that has empowered them with the skills and knowledge to assist Nurse Educators in answering health queries during health screening sessions, health talks and events.

HEALTH-CARE PARTNERSHIPS

Reaching out to the at-risk and unhealthy population is not possible without health-care professionals.

Through partnerships with health-care institutions, general practitioners (GPs), dentists, pharmacists and other allied health-care professionals, HPB is working towards bringing more direct access to services through an integrated screening model, with on-site follow-up sessions at the community level.

PHARMACIST HEALTH AMBASSADOR PROGRAMME

Through the Pharmacist Health Ambassador Programme (PHAP), community pharmacists from three major retail pharmacy outlets – Guardian, Unity and Watsons – have effectively reached out to a total of 1,300 clients from April 2011 to March 2012, providing members of the public with free health advice and referrals to a range of services, such as smoking cessation, weight management, health screening and chronic disease prevention and management.

On 4 December 2011, HPB presented the Annual Pharmacist Health Ambassador Award to the top 10 contributing pharmacists, recognising their efforts to deliver health advice and help their clients adopt a healthy lifestyle.



MANAGEMENT OF FUNCTIONAL DECLINE IN OLDER ADULTS E-MODULE

The Management of Functional Decline in Older Adults e-courseware was launched on Saturday 25 February 2012 at HPB for over 100 GPs at HPB, in conjunction with the College of Family Physician's skills course about the same topic.

The e-learning module was developed to upgrade the skills of family doctors and other health-care professionals about following up with older adults screened via the Community Functional Screening Programme across six domains – Physical Function, Mood, Continence, Vision, Hearing and Oral Health.

This learning tool is the first e-module to be launched by HPB, and it is supported by the Singapore Medical Council, which has recognised the organisation as a Category 3B provider of distance learning, where GPs can receive Continuing Medical Education (CME) points for completing HPB's e-courseware.



ORAL HEALTH PROMOTION

Using oral health roadshows, residents aged 18 to 69 years are educated about the importance of good oral health, as well as the need for an annual dental visit.

At these roadshows, an oral health therapist provides tips on oral care, denture care and correct brushing techniques, using models and educational interaction.

Through four roadshows, HPB has reached out to over 900 participants at COMNET@Sin Ming Senior Activity Centre (SAC), the Kolam Ayer wellness site, the Kampong Glam CC and Marine Parade.

Integrated Screening

NATIONAL COLORECTAL CANCER SCREENING PROGRAMME

In July 2011, HPB introduced colorectal cancer screening to Singaporeans using a two-day Faecal Immunochemical Test (FIT), as part of the Integrated Screening Programme.

An educational campaign about colorectal cancer screening has also been launched to raise awareness of Singapore's number-one cancer. The multi-pronged approach used in the campaign aims to inform Singaporeans that screening is important, colorectal cancer may not show early signs and symptoms, and screening is not a one-off event.

In addition, the campaign encourages Singaporeans aged 50 years and older to go for regular colorectal cancer screenings.

As part of HPB's 10th anniversary celebration, residents aged 50 years and older were also given healthy lifestyle tips, and the organisation distributed FIT kits to needy residents at over 30 sites island-wide on 2 July 2011.

Through HPB's efforts, close to 1,700 residents have been screened for colorectal cancer.



Colorectal screening programme kicks off

The Government has launched a nationwide drive to get 900,000 older Singaporeans to get themselves tested early for colorectal cancer. Every year, 1,500 new cases of the disease are diagnosed. It accounts for 640 deaths here a year. The killer shows few symptoms in its early stages, which is why the Health Promotion Board (HPB) wants those aged 50 and older to go for an annual screening for it. HPB chief executive Ang Hak Seng said, "By 2030, one in five Singaporeans will be 65 and older, and the chances of getting colorectal cancer increases with age especially after the age of 50." He added that the HPB, which kicked off its National Colorectal Screening Programme at its 10th anniversary celebrations at Chua Chu Kang Community Club yesterday, is hoping to convince 900,000 residents aged 50 and above to take the test over the next three years. Patients who find out they have the cancer early can go for colonoscopy treatment to remove the cancerous growth, preventing the disease from developing further. At the launch event, graced by Health Minister and Chua Chu Kang GRC MP Gan Kim Yong, the HPB gave out free home testing kits worth \$30 each to 4,000 residents. Participants take these home to collect a stool sample over two days. These are then sealed and sent to a laboratory where the sample is analysed for the presence of blood, an early warning sign. Test results are usually ready within a month, and the participant will be notified by the HPB to have a follow-up medical appointment for further tests if necessary. Colorectal cancer screening at polyclinics usually costs between \$45 and \$55, including the cost of the kit and consultation fees of between \$15 and \$25. The incidence of colorectal cancer, which affects the large intestine including the colon and rectum, has been rising over the years in part due to modern diets high in animal fat, said the HPB. Colorectal cancer is now the commonest cancer in Singaporean men and the second-most common for women after breast cancer. Reducing meat and alcohol intake and eating more fruits and vegetables, as well as exercising more, can help reduce the risk of the cancer, the HPB said.

COMMUNITY SCREENING PROTOTYPES

In 2011, HPB launched its community screening prototypes, which aim to provide accessible, convenient and affordable one-stop screenings and follow-up services for Singaporeans.

On 1 October 2011, a community one-stop chronic disease and cancer screening prototype was launched in Whampoa. The prototype brings together the different types of screenings, making it easier for the residents. For the first time, HPB also formed a local GP network comprising nine GP clinics within Whampoa to support and tighten post-screening follow-up sessions.

To improve and enhance the screening follow-up rate, HPB introduced community-based functional screening with basic on-site follow-up services for residents aged 60 years and older on 4 December 2011. The on-site follow-up services included GP consultation, counseling, refraction prescription by optometrists and dental treatment on HPB's dental bus.

HPB also integrated the two prototypes and launched a three-in-one "One-stop Integrated Health Screening and On-site Follow Up" on 31 March 2012. By collaborating with the Singapore Cancer Society, the Singapore Optometrist Association, the Tzu Chi Foundation and the Singapore Action Group of Elders (SAGE), people-centric health screening was made more convenient and affordable.

This has provided seniors with a one-stop platform to access the full range of recommended health screenings and on-site follow-up sessions by health-care professionals.



Lose To Win

Over the past two years, HPB's Lose to Win© (LTW) Programme has successfully helped overweight and obese Singaporeans to lose weight the healthy way.

In 2010, 93% of the participants lost weight, and 99% had an improved fitness index. The LTW Motivators Programme was also set up in December 2010 to build strong social support networks within the community, so that the participants can sustain their lifestyle changes for weight loss and maintenance.

LTW Motivators are past LTW participants who understand the challenges faced when losing weight. As volunteers and role models, they become buddies with new recruits, motivating them in their personal diet and exercise endeavours.

The LTW Motivators are also imperative in strengthening the growing LTW community. They do this by sharing their success stories, encouraging their peers, forming interest groups and promoting lively discussions on the LTW Facebook page.

As of May 2012, a total of 50 active LTW Motivators have been recruited.

12 WEEKS TO BETTER HEALTH

Nurse Siti gets seriously physical



By GWENDOLYN NG

WHEN she was encouraging a diabetic patient to eat healthily several years ago, nurse Siti Sofawati Yabey's words of advice were met with a sceptical look. She said: "The patient looked as though he was thinking that he couldn't take me seriously. The reason? Ms Sofawati, at 161cm tall, was overweight and at her heaviest then. She tipped the scales at about 100kg. Her ideal weight is about 60kg. Though the 27-year-old has since lost about 15kg, she clearly remembers the incident, which took place during her training days when she was in her early 20s.

She said: "As a nurse, I need to be a role model to my patients. I can't convince them to lead a healthy lifestyle when I'm obese and not leading a healthy lifestyle myself."

Having officially embarked on her nursing career at Alexandra Hospital earlier this year, Ms Sofawati felt it was time to get serious and shape up. So, when she heard that she could register for the Health Promotion Board's weight-management programme, Lose To Win, she signed up in January. The programme, now in its third instalment, seeks to inspire and motivate individuals to lose weight the healthy way - through physical activities, and a nutritious and balanced diet. Under the programme, participants get to attend training sessions with fitness trainers. They also get personal consultations with dietitians and can attend mental well-being workshops. The workshops, a first for the Lose To Win programme, aim to help participants understand the emotional aspects of over-eating, obesity and weight loss.

Previously, Ms Sofawati - who has found out that she is a "stress-eater" - tried everything, from crash diets to gym workouts, to lose weight. But she always found it hard to stick to her regime. "One moment, I would have all the motivation to lose weight but, after some time, I lose momentum and stop exercising," she said.

Thanks to Lose To Win, Ms Sofawati has discovered that one reason for her previous lapses was that - like many other busy professionals - she was hard-pressed to set aside an hour or so for regular exercise. That led her to stop her

weight-loss regimes completely. Now, she knows that the little things count, and she incorporates physical activity into daily routines, to make up for her inability to make time for exercise. She makes a mental note to take the stairs instead of the escalator or elevator at MRT stations, at work, or on the way back to her flat.

She said: "Now, when there's a choice between taking the stairs and the lift, I make a conscious effort to choose the stairs. It's all about forming good habits."

After a long day at work, climbing the nine flights of stairs to reach her Choa Chu Kang flat may not appear to be an attractive proposition.

But she said, with a chuckle: "I scribbled a reminder on my arm - 'Take stairs home'!" Ms Sofawati has also learnt that she's more motivated to exercise if she's part of a group. "My teammates and coaches have very contagious positive vibes," she said, adding that everyone encourages each other to stick to their weight-loss goals.

That helps to keep her motivated to exercise three times a week. It was certainly action packed when my paper dropped in on Ms Sofawati last Tuesday during a Lose To Win exercise session. There, she and other participants were undergoing rigorous circuit training. Cheering them on was 2009 Lose To Win participant Jean-

nie Ng, 43, who has since lost about 5kg and now weighs 60kg. She volunteers her time as a "motivator" at training sessions for the current batch of Lose To Win participants. She herself hopes to shed two to three kilos to reach the ideal weight range for her height of 1.61m by joining in the group sessions.

Like Ms Sofawati, Ms Ng, a human-resources executive, likes the "peer pressure" of group exercise. "I find more motivated to continue with exercise when I do it as part of a group. That's why I am involved with Lose To Win again - to motivate others and myself," she said.

nggwen@hph.com.sg

KEEP TABS: HPB's IDAT app helps one monitor his physical activity and caloric intake.

periods of inactivity lasting longer than 30 minutes. Do so with five to 10 minutes of standing, moving around, or doing some form of physical activity.

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living is...
building bonds

Life is all about the bonds we create. The bonds we have with each other play an important role in motivating us to live healthier lives. Understanding this, the **Community Partnerships Division (CPD)** works closely with different community and grassroots organisations to create health promoting solutions and ecosystems within the community, making healthy living a sustainable and viable reality for all Singaporeans.

community partnerships division

National Healthy Lifestyle Campaign 2011

The annual National Healthy Lifestyle Campaign (NHLC) was launched on 22 October 2011 by Deputy Prime Minister (DPM) Teo Chee Hean at the Sengkang Community Club (CC).

The NHLC 2011 celebrated the early success of the community engagement efforts mounted by HPB, showcasing many of the signature prototypes aimed at promoting health and wellbeing across the different age groups.

The two-day event attracted more than 10,000 participants from the community, workplaces, schools and health-care institutions.



DPM Teo taking part in a mass aerobic workout at the launch of the NHLC 2011.



Deep engagement and close collaboration with the local Advisers and Grassroots Leaders have allowed HPB to establish health promoting solutions such as the Healthier Coffeeshop in the community.

Health Promoting Residents' Committee Corner

Residents' Committee (RC) Corners are common access points in the community.

Leveraging the accessibility of these spaces, HPB's CPD piloted the Health Promoting RC Corner in Hong Kah North Zone 6 in December 2011. The corner serves as a nexus to connect residents in the area, through a wide range of healthy lifestyle activities.

Conveniently located at the void deck, residents have benefited from regular

activities at the corner, such as body mass index (BMI) and blood pressure screening, cooking demonstrations and health talks. Health ambassadors have been instrumental in setting up this facility, as well as sustaining the slew of ongoing activities.

An average of 40 residents gather at the Health Promoting RC Corner to participate in the different programmes each week.

Health Promotion in the Community

Through its close partnership with the local community, CPD has brought health promotion closer to the people.

Depending on the needs of the residents, different programmes such as cooking demonstrations have been organised to empower them to embrace healthy lifestyle practices.

CPD has also worked closely with the Admiralty constituency to reach out to low-income families – especially those with children – to equip the parents with the knowledge and skills to nurture healthy lifestyle practices among their children.

Inspiring Healthy Living through Active Citizenry

Healthy living within the community is inspired by active citizenry.

Through continual training and the deployment of health ambassadors, Singapore's citizenry has also played a pivotal role in the timely dissemination of policy-related information, such as the Community Health Assist Scheme (CHAS) that helps the needy access financial assistance for primary health care.



Health Minister Gan Kim Yong attending a healthier cooking demonstration at a Chua Chu Kang Family Wellness Day event held at South View Primary School.



A health ambassador checking the blood pressure of an elderly resident at an Admiralty community event.



A health ambassador taking the time to share about the Community Health Assist Scheme with a resident.



living is...

sowing the seeds of a healthy lifestyle

The **Research & Strategic Planning Division (R&SP)** sows the seeds for a healthier Singapore by steering HPB's strategies and driving the organisation's research and analytics. This facilitates the development of plans, policies and programmes for HPB, laying the foundation for a healthy lifestyle for all Singaporeans. R&SP also helps to position HPB as a thought leader in health promotion, through strategic collaborations with regional and international experts, as well as through sharing best practices, expertise and knowledge.

research & strategic planning division

Strategic Planning

R&SP has established the targets for 2015 and 2020 with the Ministry of Health (MOH), HPB's senior management and its divisions.

This puts in place HPB's visionary goalposts for the next decade. In-depth analytics of priority areas have also been conducted to help identify levers and critical sub-populations for outreach and interventions. In alignment to these, HPB's senior management has validated the organisation's vision and mission at the 2011 corporate planning retreat.

The senior management has also established the principles of Proactiveness, Sophistication and Sustainability to guide HPB's ground-up approach, which includes rapid prototyping and sustaining mature programmes.



The senior management retreat in Malacca, from 16 to 17 June 2011.

Research And Analytics

In 2011, R&SP conducted applied research and analytics to determine the factors influencing health behaviour.

This has provided strong evidence and new insights to plan, monitor and evaluate HPB's strategies, policies and programmes for continuous improvement. The key projects include:

- A preliminary analysis on the data collected in the National Nutrition Survey 2010, which provides a summary of Singaporeans' dietary practices, energy intake and salt intake, helping HPB to define priority areas in combating obesity
- Analytics on data from the Singapore Renal, Myocardial Infarction, Cancer, Stroke, Donor Care and National Trauma Registries, with reports generated for MOH and HPB to develop intervention plans in these areas
- The Students' Health Survey, which has been extended to cover over 4,000 polytechnic students, to understand health practices among Singapore's youth
- A pilot study covering all the wellness sites across Singapore to assess the impact of the Community Functional Screening Programme – which detects functional decline among seniors – and understand the factors that influence health-seeking behaviour among seniors

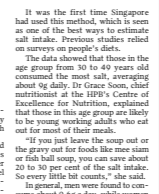


Study: 8 in 10 here take too much salt

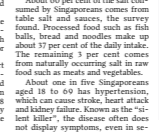
Singaporeans' daily intake on average is over 60% above recommended level

By Fiona Low

It was the first time Singapore had used this method, which is seen as one of the best ways to estimate salt intake. Previous studies relied on surveys on people's diets. The data showed that those in the age group from 30 to 49 years old consumed the most salt, averaging about 9g daily. Dr Grace Soong, chief nutritionist at the HPB's Centre of Excellence for Nutrition, explained that those in this age group are likely to be young working adults who eat out for most of their meals. "If you just leave the soup out or the gravy out for foods like more steam or fish ball soup, you can save about 20 to 30 per cent of the salt intake. So every little bit counts," she said. In general, men were found to consume about 0.6g a day, while women consumed about 0.5g a day. About 60 per cent of the salt consumed by Singaporeans comes from table salt and sauces, the survey found. Processed food such as fish balls, bread and noodles make up about 37 per cent of the daily intake. The remaining 1 per cent comes from naturally occurring salt in raw food such as meats and vegetables. About one in five Singaporeans aged 18 to 49 has hypertension, which can cause stroke, heart attack and kidney failure. Known as the "silent killer", the disease often does not display symptoms, even in se-



**Data obtained via 24-hour urine analyses
*Data obtained through dietary surveys



SOURCE: HEALTH PROMOTION BOARD

TIPS ON REDUCING SALT INTAKE

- When eating out:
 - Ask for less gravy
 - Do not add extra salt or sauces
 - Choose products that are labelled "reduced salt" or "sodium-free"
 - Ask items with the Healthier Choice symbol
- When shopping for food:
 - Choose products that are labelled "reduced salt" or "sodium-free"
 - Ask items with the Healthier Choice symbol

SALT CONTENT OF SOME FOOD

Food	Salt content per serving
Fish ball noodles, soup	7.5g
Meat pie	6.6g
Fish ball noodles, dry	4.1g
Pasta bolognese	3.8g
Roasted chicken rice	2.8g
Skinless chicken	1.1g

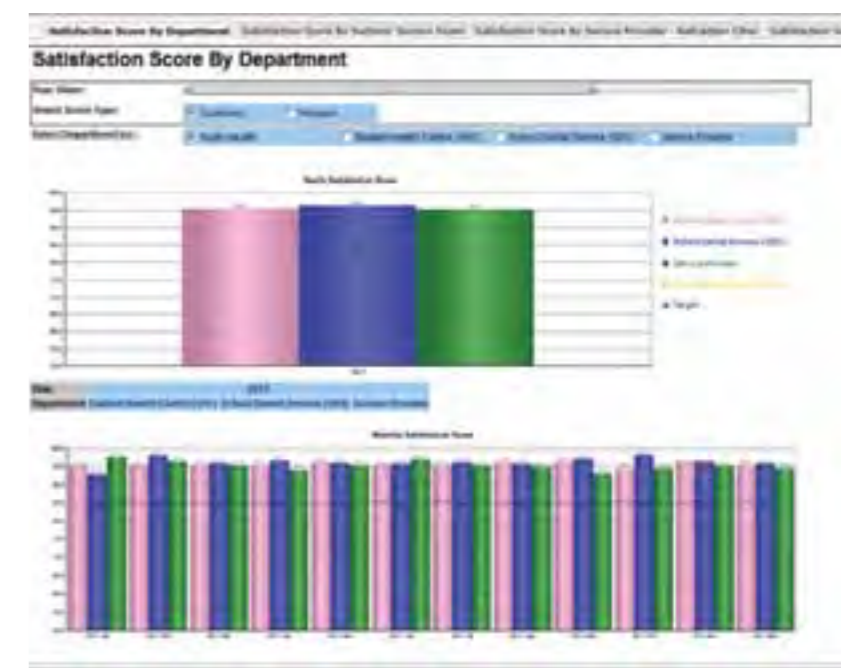
SOURCES OF SALT IN THE SINGAPORE DIET

- Fresh food: 3%
- Naturally occurring salt in meats and vegetables: 1%
- Processed food: 37%
- Table salt and sauces: 60%

COMPARISON OF SALT INTAKES ACROSS AGE GROUPS IN SINGAPORE

The HPB targets to reduce the proportion of people exceeding the daily salt limit to just six in 10 by 2015. Minister of State for Health Amy Khor said the findings of the survey were "a cause for concern". "We need to give people healthier food options, and it is particularly important in Singapore, because six in 10 people actually eat out at least four times a week. In order to get people to go on a healthy diet with less salt intake, you need to give people healthier food options," she said.

The salt intake study was headlined in the local media to raise awareness of excessive salt consumption among Singaporeans.



A Health InfoHub dashboard showing an overview of the customer satisfaction score.

research & strategic planning division

- Twelve focus group discussions with over 100 Singaporeans to guide the development of HPB's mental well-being programmes – Working Minds and Nurture Your Mind (NYM) – which have led HPB to include relevant content in the said programmes, such as how to identify dementia, how to spot the intermediate stages before clinical depression and how dementia is not part of the ageing process

To facilitate the monitoring and evaluation of HPB's programmes and functions, dashboards have been built in the Health InfoHub, a business analytic-cum-data warehouse system that pools together data from various sources. These are in the areas of functional screening, Workplace Health Promotion (WHP) grants and awards, and customer satisfaction for the Clinical and Service Quality Department (CSQ) and the School Dental Service (SDS).

In the pipeline are dashboards to monitor chronic disease and cancer screening, as well as a prototype dashboard providing demographic information according to geographical locations and key health indicators, to facilitate HPB's work in the community.

Positioning HPB as a Thought Leader

Besides R&SP's key role in organising the 15th World Conference on Tobacco or Health in Singapore, the department has also worked on the following endeavours, which have helped Singapore to shine in the international health arena:

WORLD HEALTH ORGANIZATION COLLABORATING CENTRE (WHOCC) FOR HEALTH PROMOTION AND DISEASE PREVENTION

R&SP fronts HPB's collaborations with WHO. In 2011, HPB's achievements in health promotion were showcased through:

- A case-study guide on healthy hawker food – WHO commissioned HPB to develop a case-study guide about bringing healthy hawker food choices to the population for the capacity building of countries in addressing the rising trend in obesity, and this guide covers HPB's multi-sectoral ground-up efforts to harness the resources in the public, private and people (3P) sectors, and realign them into integrated and sustainable health promoting solutions that will support healthy diets.
- Sharing at WHO meetings – In 2011, HPB gave presentations at six WHO meetings about Singapore's ground-up efforts to combat obesity, the nation's experience regarding its multi-pronged tobacco control strategy, its ground-up efforts to encourage smoking cessation through social media, and Singapore's Health Promoting Health Services framework, which builds a supportive environment for health promotion

PUBLICATIONS AND PRESENTATIONS

R&SP's research and analytics work has reached the public domain, showcasing HPB's expertise and knowledge.

This includes the 2nd Cancer Survival Monograph, which updates the cancer survival trends from 1968 to 2007, a review published in the Singapore Medical Journal about Singapore's cancer trends from 1998 to 2009, and a poster presentation about cancer among dialysis patients in Singapore at the 6th Singapore Public Health & Occupational Medicine Conference.

Regionally, Singapore also shared its best practices in managing national registries and the quality of data at the 5th National Conference on Clinical Research Malaysia, as well as the ASEAN (Association of Southeast Asian Nations) Non-Communicable Disease Task Force Meeting in Kuala Lumpur, Malaysia.



A study by R&SP, which found that the overall risk of cancer increases for patients with end-stage renal disease, was presented at the 6th Singapore Public Health & Occupational Medicine Conference, winning the Best Poster Award.

living is...

inspiring positive change

The **Corporate Marketing and Communications Division (CMC)** oversees the full spectrum of HPB's communications, empowering individuals to take ownership of their health by employing a targeted approach. To inspire technology-savvy Singaporeans to make positive changes and adopt healthier practices, CMC also effectively reaches out to the community through integrated marketing communication efforts which harness the best of both traditional and digital media platforms.



corporate marketing and communications division

Corporate Communications

Corporate Communications focuses primarily on raising awareness of HPB as a centre of excellence for health promotion, disease prevention and patient education.

As custodians of the HPB brand, Corporate Communications also actively engages the media, private- and public-sector organisations, corporations, educational institutions, and the public at large. From April 2011 to March 2012, HPB effectively reached the public through 2,517 media stories in all the main media and publications, covering campaigns, initiatives, activities and health messages.

Reflecting HPB's efforts to be a centre of excellence for health promotion and education, a total of 41 visits by representatives from diverse local and international organisations have been hosted as well. These include visits from officials of government- and private-sector organisations from the United Kingdom (UK), China, Taiwan, Malaysia, Vietnam, Brunei and Thailand.

During the year, students and faculty members from educational institutions also visited HPB for sharing sessions.

Corporate Marketing

This year, the Corporate Marketing Department continued its winning streak with innovative social marketing campaigns that not only won the hearts and minds of Singaporeans, but also garnered acclaim from marketing and communications experts.

Making use of valuable consumer insights and the right mix of creativity, wit and humour, these campaigns have successfully engaged the public, spurring positive behavioural change through effective health communications.

saturday *children fight flab* Keeping kilos off with healthier food

KFC is a treat when he gets enough exercise

By **RAMA BEE**

THIRTEEN-YEAR-OLD Debyev Cheng weighed only 7.5kg when he joined the Health Promotion Board's (HPB) nutrition education clinic for overweight children in June last year.

In a year's time, a 45kg boy from what he was when he was "khalangal" from the clinic in January.

"Thank God we did not know the programme was not compulsory," says his mother, Rosemary Lim, 42, with a laugh. "It would have been very difficult for me to force my child to go."

Like many children in the programme, Debyev's weight went up about 10kg, as a result of attending the clinic for fast food with family and friends.

"The way a kid eats and how fast he eats is not very good," says Lim. "The problem was that he had no idea how to eat. He was eating a lot of rice, but the portion was too big and he was eating it in four times a week."

Over the 12-week programme, Debyev began changing his habits gradually. "Step-by-step, we did it," says Lim.

"I had to take the rice down to 100g. He had to eat a little bit of meat, but he had to eat it slowly. He had to eat it slowly and he had to eat it slowly."

He made some of an effort to eat the steamed and baked dishes he was prepared every night - which he used to reject in favour of fast food.

Debyev has lost 1kg since he joined the HPB clinic, despite growing 25cm. He now goes jogging with his father every week. (PHOTO COURTESY OF HPB)

He was worried about his health, and the prospect of extra months of national service was looming large.

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Debyev has lost 1kg since he joined the HPB clinic, despite growing 25cm. He now goes jogging with his father every week. (PHOTO COURTESY OF HPB)

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Tips for parents

Most parents know that too much fat, sugar and salt is bad for their child. But there are some commonly asked nutritional questions - and answers.

Does my child need supplements? A healthy diet should provide all the vitamins and minerals that your child needs. Supplements cannot replace a healthy, balanced diet. Consult your doctor before giving your child supplements.

Should I be concerned about my child's dietary cholesterol intake? The most cholesterol-rich food is red meat. Medical research has shown that eating red meat is linked to heart disease. However, it is not clear if eating red meat is linked to heart disease in children. Consult your doctor before giving your child supplements.

How can I prevent food allergies? Simple steps to prevent food allergies include exclusive breastfeeding and delaying the introduction of potentially allergenic food such as dairy products and eggs. Dairy foods should be given only when the child turns one, and eggs when the child turns two.

Does it count towards my child's daily fruit allowance? Children usually like fruit juice, but when juice is extracted from the whole fruit, the fibre content is reduced. However, if your child usually eats drinks, eating a whole fruit, fruit juice may replace up to half of their recommended intake of fruit.

Is it okay to give my baby soy-based infant formula? Soy-based formula should be given only if your baby has been advised by your doctor.

AMOUNT OF FAT IN COMMON DISHES IN SINGAPORE			
FISH & CHIPS 70g 47g 0.5 tsp	LAU PAU 70g 40g 8 tsp	CHICKEN RICE 70g 35g 7.5 tsp	CHICKEN SOUP 70g 35g 7 tsp
CHICKEN RICE 70g 23g 4.5 tsp	MEE 70g 13g 2.5 tsp	SIU TAI 70g 5g 1 tsp	SIU TAI 70g 5g 1 tsp
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Recommended daily fat allowance for children			
1-3 years	58	50	20g
4-6 years	67	58	23g
7-9 years	79	60	28g

Less sugar, less salt

Most children love sweets. And chocolate. And, basically, anything sweet. To have the best of both worlds, you need to know how to choose your sweets.

Choose plain milk and milk instead of sweetened milk.
Avoid adding sugar to food and drinks.
Choose fruit and drinks labelled 'no added sugar'.
Low in sugar.

Read the label and compare the sugar content in products.
Use the spread table to see how much sugar is in products.
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"KAKI"

"Kaki" is a heart-warming story of friendship between two buddies, Ong and Raj, who joke and laugh together through the day.

They soon realise that not everything is to be treated lightly when the topic of colorectal cancer finds its way into their conversation. The campaign has been supported by three television commercials (TVCs) that have breached the barriers of colorectal cancer in a candid manner, achieving phenomenal outcomes.

Awareness of colorectal cancer reached 77%, with more than 55% of those who saw the TVCs expressing their intention to be screened. As a result, screening rates improved by more than 73 times during the campaign period.

In addition, Singaporeans voted for the TVC as one of their favourite voted advertisements.



Ong and Raj gave Singaporeans a good laugh and something to think about.

I QUIT

Recognising the difficulties smokers face in their attempts to quit smoking, the I Quit campaign focused on sustainable ground-up engagement by building a support network to celebrate "quitters".

The campaign featured real-life accounts about quitting from ex-smokers, who shared about their own personal experience and motivations. The campaign has moved almost 50% of smokers to be one step closer to quitting, resulting in a 313% increase in the number of calls QuitLine received.

In addition, 31.5% of those who signed up for HPB's smoking cessation programme have managed to successfully kick the habit - a quitting rate that is three times higher than the international average.



I Quit Champions pledging their commitment to quit smoking.

corporate marketing and communications division

LET'S GET ACTIVE TOGETHER

Recognising Singaporeans' busy lifestyle, the Let's Get Active Together campaign has shown everyone how easy it is to achieve the recommended 150 minutes of physical activity per week, through daily activities like housework or even taking the stairs when commuting.

Decision prompters in the form of attractive visuals placed in Mass Rapid Transit (MRT) train stations island-wide resulted in a 24% increase in the number of people taking the stairs instead of the escalators during the campaign period.

Public awareness of the campaign reached a high 77%, and 70.7% of those who were exposed to the campaign's messages have declared their intention to engage in regular physical activity.

LAST MAN STANDING

HPB has launched a refreshing activation campaign to demonstrate to Singapore's youth that binge drinking is not necessary to have fun.

Instead of telling youths not to drink, HPB wanted them to see that finishing the night sober is more rewarding. A gigantic breathalyser machine, complete with dazzling lights and awesome sound effects, was moved around the most popular nightclubs in Singapore.

The challenge was simple – do not drink too much and stand a chance to win great prizes and become the "Last Man Standing". The engagement spilled over from on-ground to social media, with a spike of 6,540% in Facebook activity as the campaign went viral.

After seeing the campaign, 75% of the youths indicated their intention to change their drinking habits.



Youths step up to see if they have made the cut as the "Last Man Standing" for staying sober.

Corporate Partnership Management

Corporate Partnership Management (CPM) has a central role in strengthening existing partnerships and exploring new collaborative opportunities to expand HPB's health promotion initiatives.

With the support of over 20 key corporate partners across the food and beverage (F&B), pharmaceutical, grocery retail, information technology (IT) and insurance industries, HPB has successfully executed a wide range of campaigns. These include I Quit, the National Healthy Lifestyle Campaign (NHLC) and Lose to Win© (LTW).

Some of HPB's major corporate partners include F&N, Guardian, Johnson & Johnson, Microsoft, Nestle, National Trades Union Congress (NTUC) Income, NTUC Fairprice, Subway, Unilever, Unity and Watsons.



Health Information Department

The Health Information Department (HID) comprises the Health Information Centre (HIC), HealthZone (HZ), HealthLine and the new Consumer Insights Unit (CIU).

HID provides its target audience with credible health information and skills through marketing research, interactive exhibits, health promotion resources and telephone and online health counselling.

corporate marketing and communications division

HEALTH INFORMATION CENTRE

The HIC is a specialised library with resources about health education, health promotion and disease prevention.

In 2011, the centre extended its membership privileges to the public, through the implementation of a new personal membership scheme. To educate the public about leading a healthy lifestyle, and to promote the HIC's resources such as display models and charts, the centre has also developed mobile exhibits about a variety of health topics.

The exhibits have been moved to several workplaces, schools, health-care institutions and community organisations. In 2011, the HIC also embarked on an exciting journey towards online learning to enhance the health knowledge of Singaporeans.

These eLearning resources have been developed for the public, and serve as training modules for HPB's health ambassadors.

HEALTHZONE

HZ is Singapore's only healthy lifestyle exhibition centre, and it is a proud member of the Museum Roundtable and the International Council of Museums.

HZ aims to educate visitors of all ages about the importance of good health through engaging programmes and permanent and roving interactive exhibits. In 2011, HZ developed several exhibits for large-scale events, such as the 50+ EXPO and Health & You.

Themed "Healthy Together", the exhibits have brought knowledge and skills for a healthy lifestyle to the masses in highly interactive ways. Visitors went for blood pressure and body mass index (BMI) screenings, got physical with Kinect sports games, tasted healthier recipes, played mentally stimulating games such as Rummy-O, and signed up for other health screenings.



In addition, HZ supported the World Conference on Tobacco or Health by developing an exhibition that showcases the healthy lifestyle ecosystem in Singapore. This exhibition displays the various prototypes that HPB has implemented, as well as the social marketing strategies employed in some of its successful campaigns.

HZ has continued with some of its highly successful programmes as well, such as the Holistic Health Programme. A collaboration with the Student Health Centre (SHC), the programme enables primary school students to learn more about healthy weight management, as they participate in fun tele-match games, pick up nutrition tips in a virtual supermarket race and learn about grooming for greater self-esteem.

HEALTHLINE

HealthLine, HPB's toll-free contact centre, supports the organisation's major campaigns, activities and health promotion programmes.

The service provides information, advice and personal counselling regarding health matters and health behaviour. In 2011, the contact centre continued to support major HPB programmes, such as LTW and Kid's Fun.

In FY2011, the total call volume for the contact centre increased to 126,883 calls, and this is expected to rise even more. The QuitLine service from the contact centre has also supported the I Quit programme throughout the year.

As an extension of the service, which guides smokers in their quitting journey, QuitLine has launched its very first Facebook and Short Message Service (SMS) chat facilities.

CONSUMER INSIGHTS UNIT

Set up in 2011, CIU's main role is to facilitate the process of garnering insights through marketing research and intelligence gathering.

The unit works closely with end-users as well, through knowledge sharing and workshop sessions, allowing information on hand to be understood and taken into action. Since its inception, there has been much work done regarding to gain insights on the health perspectives among youth, adult and senior citizens.

CIU has taken a targeted approach to understand the different types of youth in Singapore. Among the Institute of Technical Education (ITE) students, a study has been done to understand their perception of health. CIU has also approached youth clubbers and drinkers to hear what they think about stress management and other mental wellness-related issues.

In addition, CIU has supported the Community Partnerships Division (CPD) to understand how HPB's health ambassadors can better serve and encourage the citizens in the South West Community Development Council (CDC) to lead a healthy lifestyle. CIU has also collaborated with the Nutrition Department to understand shoppers' behaviour in the supermarket, as well as their decision-making process when making purchases. The unit has done food-tasting research regarding the food offerings from healthier hawker centres as well.

During the year, CIU also did marketing research on human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) and sexuality education, smoking, physical activity, cancer screening, and depression.

home. THE STRAITS TIMES WEDNESDAY, JANUARY 18 2012 PAGE B10

How QuitLine helped smoker stub out habit

Consultants at HPB's hotline made follow-up calls to help Calvin Goh go 'cold turkey'

By STACY CHIA

REFORMED smoker Calvin Goh used to light 18 cigarettes a day, but he had to stub out the habit for his health.

He suffered a minor stroke in 2009, caused by a blockage in one of the blood vessels in his brain that doctors attributed to smoking.

The 41-year-old health and safety officer said it was not easy, but he managed to kick the habit with the support of "quit consultants" from the Health Promotion Board's (HPB) QuitLine.

His consultant made follow-up calls to him every two weeks for a year from when he first sought cessation methods.

According to the HPB, during the initial call, nurses run through the caller's smoking history, find out how ready he is to quit, provide advice on different methods of quitting, help him set a date to quit, and refer him to medical professionals if he asks.

The nurses then make follow-up calls to the smoker - the first usually within a month, and then others within three and six months of the initial call. More frequent follow-up calls can be arranged.

Ms Sufiana Abdul Latiff, a quit consultant, said the follow-up calls are just as important as the initial call, to help allay any anxiety the smoker may feel.

Most of her callers are working adults aged between 21 and 30, she said, and there are more men than women. Many cite their health, family and concerns about the cost of smoking as reasons for wanting to quit.

Although QuitLine was a significant factor in helping him quit, Mr Goh also made changes to his lifestyle to take his mind off cigarettes. He took up military scale modelling and brisk walking as hobbies.

He said his family, friends and colleagues were very supportive.

The HPB said that approximately 90 per cent of callers to QuitLine have successfully quit smoking, which means they have gone without cigarettes for more than six months, and that those above the age of 50 seem to have a higher success rate.

"It's a long process towards quitting and the first step is that people need to realise there's no shame in seeking help," said Mr Goh.

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corporate marketing and communications division

Resource Development Services Department

The Resource Development Services Department comprises the Resource Development Unit, the Support Services Unit and the New Media Unit.

The department produces below-the-line (BTL) resources and content for online platforms, carrying HPB's messages to the community. The Resource Development and Support Services Units oversee the production of these BTL resources, which include ambient displays, banners, booklets, decals, hanging mobiles, pamphlets, pillar wraps, posters, t-shirts, table stickers, tent-cards and videos. In 2011, more than 600 types of resources were developed.

The New Media Unit engages the online community through social media channels such as web pages, microsites, blogs, Facebook, Twitter and online forums. The unit constantly monitors feedback via online analytics, and strives to amplify and increase the longevity of HPB's campaigns by engaging and bonding with the online community. In 2011, the New Media Unit achieved 13.1 million page views for HPB's website.

In the past year, the Resource Development Services Department rolled out the following initiatives:

INTERACTIVE DIET AND ACTIVITY TRACKER ROADSHOWS

In line with the launch of the Interactive Diet and Activity Tracker (iDAT), roadshows were held during the Sungei Serangoon Park Connector Campaign on 25 February 2012 and the NTUC U-Run event at The Float@Marina Bay on 26 February 2012, garnering public interest and sign-ups for the iDAT.

The iDAT is a mobile application that calculates a user's calorie and fat intake based on their input, and it tracks the calories burnt during workouts. The application is an improved version of its predecessor, the Diet Tracker.

The iDAT is available for the iPhone, Android, the Blackberry and Java.



HEALTH PROMOTING COMMUNITY CLUBS

The first Health Promoting Community Clubs (HPCCs) were launched at the Hong Kah Community Club (CC) and the Hong Kah North Zone 6 Residents' Committee (RC) on 4 December 2011.

Both locations were decorated with colourful installations bearing health messages to encourage a healthy lifestyle among residents in the area.

The launch serves as a yardstick for other upcoming HPCCs, and it aims to gradually instil healthy practices and values among Singaporeans.



HEALTHIER EATERIES PROGRAMME

Through a partnership with the Bukit Batok East Constituency, Food King Coffee House at Block 233, Bukit Batok East Avenue 5, was transformed into Singapore's first Healthier Coffee Shop in the South West CDC on 19 February 2012.

Other hawker centres soon jumped on board the Healthier Eateries Programme. The Geylang Serai Market and Food Centre, the Haig Road Market and Cooked Food Centre, and the Eunos Crescent Block 4A Market and Food Centre were converted on 21 April 2012.

In an effort to educate Singaporeans about healthier eating habits, healthier options such as brown rice, wholegrain noodles, healthier salt and oil lower in saturated fat have been made available at the eateries. Decals and dishes showing the calories contained in the



corporate marketing and communications division

food have also been displayed on new menu boards, alongside other collaterals such as table stickers and banners with the slogan, "Seriously Yummy, Surprisingly Healthier". In addition, health ambassadors have been deployed on-site to share about the healthier options available at the newly launched Healthier Coffee Shop with fellow residents.

These health ambassadors have also conducted simple BMI and blood pressure tests at the site, shared health tips and information and encouraged residents to get involved in the various nutrition talks, healthy cooking demonstrations and other healthy physical activities held at the CCs.

The New Media Unit

The New Media Unit produces resources for online media platforms to communicate HPB's messages to technologically savvy Singaporeans.

The unit engages the online community using a fully integrated social media marketing approach, leveraging popular social media platforms like blogs, Facebook, Twitter, forums, YouTube and online publications.

HPB Online – a one-stop health information portal – enables constant monitoring and feedback via online analytics and measurements, which amplify and increase the longevity of HPB's campaigns.

Today, HPB has nearly 60,000 active fans following HPBsg, its flagship Facebook page. Breathe, HPB's youth-led social media Facebook page, has nearly 20,000 fans. The New Media Unit constantly develops user-friendly Facebook applications, engaging and interacting with HPB's avid fans.

To enable and empower Singaporeans to monitor and enhance their health at their convenience, HPB has produced mobile applications that complement its programmes towards building a healthy nation.

Some of the popular applications produced by the New Media Unit include:

1. Healthy Chef

The Healthy Chef application provides healthier, mouth-watering recipes created by renowned chefs, which can be searched for according to their calorie content, and be rated and published on Facebook. The application will adjust the amount of ingredients needed for cooking based on the number of servings specified, and consolidate a shopping list for one's convenience. It also highlights products that bear the Healthier Choice Symbol, allowing one to look out for them while grocery shopping. Since its launch in September 2011, Healthy Chef has achieved nearly 15,000 downloads. **Download this application at: <http://itunes.apple.com/sg/app/healthy-chef/id435858652?mt=8>.**



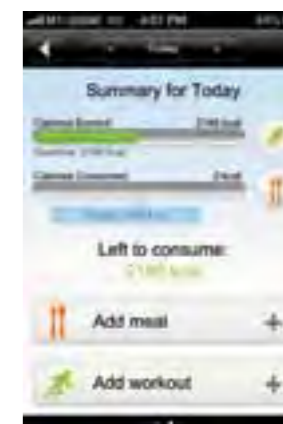
2. iQuit iPhone Application

The iQuit iPhone application is a 24/7 smoke-free companion that helps users identify their smoker profile types, so as to tailor the most effective approach for them to quit smoking. It also helps users to track their quitting journey, and offers tips and coping strategies for users to manage their cravings to smoke. Since its launch in June 2011, the application has achieved nearly 18,000 downloads. **Download this application at: <http://itunes.apple.com/sg/app/hpb-iquit/id477964258?mt=8>.**



3. iDAT

Launched by HPB towards the end of 2011, the iDAT functions as a real-time calorie balance tracker for the health-conscious. Since its launch, it has achieved more than 40,000 downloads, and more than 15,000 active users are tracking their workouts online and interacting with other active users regularly. **Download this application at: <http://itunes.apple.com/sg/app/idat/id470823071?mt=8>.**



corporate marketing and communications division

Health Ambassador Network Department

The Health Ambassador Network Department was formed on 1 September 2011 to create a healthy living social movement in Singapore through HPB's health ambassadors.

The department establishes and manages the framework for the effective recruitment, training, engagement, support, evaluation and recognition of the health ambassadors.



HEALTH AMBASSADOR NETWORK

The Health Ambassador Network was launched during the NHLC on 22 October 2011, at the Sengkang CC by Deputy Prime Minister (DPM) Teo Chee Hean.

Coming from different age groups, HPB's health ambassadors will be trained and equipped with the knowledge to engage in healthy living.

Through a peer-mentoring approach, the health ambassadors will then share healthy lifestyle tips within their personal networks.



HEALTH AMBASSADOR DAY

To recognise the outstanding contributions of HPB's health ambassadors, the organisation celebrated its inaugural Health Ambassador Day on 10 February 2012 with about 1,000 health ambassadors.

The event also saw the graduation of over 400 health ambassadors from the Health Ambassador Training Programme.

To encourage more Singaporeans to be part of the Health Ambassador Network, Dr Amy Khor, the Minister of State (MOS) for Health, stepped forth as the Chief Health Ambassador.



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Health Promotion Academy

The Health Promotion Academy was set up in August 2011, and functions as a Centre of Excellence for Health Literacy to raise awareness of health-related issues, and develop programmes and curricula for health promotion training for HPB's health ambassadors, staff and partners.

TRAINING OF HEALTH AMBASSADORS

The training curriculum for new health ambassador recruits comprises three units that will equip them with the knowledge and functional skills required to share health information, mentor their peers and conduct simple health-related activities such as BMI and blood pressure screening.

After their training, health ambassadors will support HPB's educational and communication outreach efforts through their own networks, as well as various events in community centres, clubs and constituencies.



home.

THE STRAITS TIMES SATURDAY, FEBRUARY 11 2012 PAGE B17

New centre to train health ambassadors

More rigorous training for those who spread healthy living messages

By MELISSA PANG

SSH is the minister responsible for helping to keep Singaporeans healthy. So how does Dr Amy Khoo stay in shape herself? "I always make it a point to go for a run before I start work every morning," she said at an event at the Suntec City convention centre yesterday.

To round off the day, she has a home-cooked meal with her family. "I believe that a healthy mind and a healthy body give me the capacity to live each day more fully," she said.

The school will be a centre of excellence for health literacy, a new area of research aimed at raising awareness of health-related issues. The National University of Singapore's Saw Swee Hock School of Public Health will be helping to improve on the health ambassador training programmes.

Health Promotion Board (HPB) chief executive Ang Hui Song said setting up the academy would give the ambassadors access to "even more rigorous training and development opportunities".



Dr Amy Khoo and HPB chief executive Ang Hui Song writing on a photo wall at an event to honour Singapore's 2,000 health ambassadors yesterday. ST PHOTO: NIRMAL LING

Dr Khoo was also appointed Chief Health Ambassador at the event. She said she would "continue to promote healthy living at every opportunity and to every person she meets", as part of her new role. The HPB aims to have 10,000 ambassadors by 2015. Mr Ang said the scheme, which was started last year, had been very effective. Those ambassadors dedicated to helping people quit smoking had a 50 per cent success rate within the first six months, he said in an opening address. This compared with an international average of 15 per cent. In a blog published yesterday, Dr Khoo also spoke about the importance of health living. As well as encouraging regular exercise and eating well, the Health Ministry intends to "move upstream and target preschools to build an environment that encourages health living among our young children".

HPB STAFF TRAINING

The Health Promotion Academy has commenced programmes to enhance the expertise of HPB's staff.

With grassroots and partnership engagement growing as key strategies for HPB, the academy has launched a new programme to equip the relevant staff with the knowledge and best practices of account management. This provides the staff with the skills to build productive and effective relationships with HPB's partners, and strengthen the organisation's outreach and implementation efforts. The academy has also introduced the Integrated Marketing Communications Programme to enhance the marketing and communications knowledge of CMC's staff.

This has helped the team to collaborate more efficiently across the marketing mix, enabling HPB to produce more holistic and effective campaigns.

MOU WITH THE SAW SWEE HOCK SCHOOL OF PUBLIC HEALTH

The MOU between HPB and SSHSPH aims to facilitate a strong exchange between applied research and policy formulation, as well as the co-creation of innovative solutions on the ground to meet the needs of Singaporeans.

Research is a key collaborative area, where HPB and SSHSPH will jointly identify research opportunities and conduct research projects of mutual interest.





living is...

helping others to realise their full potential

When we help others to realise their goals for healthy living, they can live fuller and healthier lives too. The **Corporate Services Division (CS)** and **Organisational Learning & Excellence (OLE)** believe firmly in this, and maintain HPB's standards of excellence by helping its staff to grow and realise their full potential. Indeed, CS and OLE ensure that HPB is healthy from within, providing crucial operational support through human resource (HR) management, finance management, organisational development and administration.

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Corporate Services Division

The division provides crucial operational support through human resource (HR) management, finance management, organisational development and administration. In short, it maintains HPB's standards of excellence by helping its staff to grow and realise their full potential. With a healthy organisation, HPB can achieve greater heights, developing a healthier nation for all.

Human Resources

SINGAPORE HR AWARDS 2011

Organised annually by the Singapore Human Resource Institute (SHRI), the Singapore HR Awards honour and recognise individuals and organisations that have made significant contributions in enhancing people and human capital management and development practices.



The HR team at the Singapore HR Awards 2011.

The Leading HR Practice Awards confer a distinct recognition on HR professionals and organisations as employer and employee champions that bring out the best through sound and commendable HR and people management practices. HPB is pleased to announce that it is the recipient of the Singapore HR Awards 2011 in the following categories:

- Leading HR Leader Award, earned by Ms Tan Seok Lee, Director, Corporate Services
- Leading HR Practices Award in Quality Work-life, Physical and Mental Well-Being
- Leading HR Practices Award in Performance Management
- Leading HR Practices (Special Mention) Award in HR Communications and Branding

These awards recognise that HPB has consistently been on the right track in its HR strategies, allowing employees to learn, share and acquire knowledge that will enable them to perform and contribute more effectively.

RECOGNISING STAFF CONTRIBUTIONS

HPB is pleased to announce that a total of 138 – or 18.4% – of its staff were promoted in the Ranking & Promotion Exercise for Work Done in 2011. These figures are the highest since the formation of HPB in 2001. The exercise concluded with a promotion ceremony held on 30 March 2012, hosted by HPB's Chairman.

Dr Amy Khor, the Minister of State (MOS) for Health, was the guest of honour.



DEEPENING EXPERTISE

UGRADING OPPORTUNITIES

HPB is committed to developing its staff to their fullest potential. Besides having a comprehensive learning and development framework for all staff, HPB is pleased to announce that it has also extended its sponsorships to the Enrolled Nurses (ENs) to upgrade themselves.

The new Enrolled Nurses Upgrading Sponsorship (ENUS) is open to ENs who wish to take their GCE 'O' Level subjects to qualify for the Diploma in Nursing programme from the Nanyang Polytechnic (NYP).

STAFF SCHOLARSHIPS

HPB firmly believes that staff with potential should be provided with valuable opportunities and be groomed in the relevant areas of expertise, so that they can contribute more effectively in health promotion.

Anticipating the needs of an ageing population and the importance of public health, HPB has awarded two of its staff scholarships to further their studies with a Masters of Gerontology at King's College, University of London, United Kingdom (UK), and a Master of Public Health at the National University of Singapore (NUS).

HPB'S CENTRES OF EXCELLENCE

To further develop expertise and thought leadership among HPB's staff, particularly in the organisation's priority areas, two centres of excellence – the Centre of Excellence for Nutrition (CoEN) and the Physical Activity Centre of Excellence (PACE) – have been set up.

Helmed entirely by HPB's staff, the CoEN seeks to be a leading industry-oriented Food & Nutrition Centre in the region, driving the co-innovation of healthier functional food solutions with Singapore's food industry. The CoEN will also identify key and emerging areas of nutritional concern in Singapore to guide the food industry in the development of healthier functional foods.

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The PACE will strengthen HPB's efforts to reduce Singapore's physical inactivity, and it will spearhead research and partnerships to build an ecosystem that promotes physical activity. The PACE will be a thought leader, a national and regional expert in the domain of physical activity, and an innovator that makes physical activity seamless and convenient. Through continuing education and training, the PACE will educate and empower fitness and allied health professionals, as well as the community.

In addition, there will be programmes to drive the proliferation of physical activity in the public, private and people (3P) sectors.

DEVELOPING POTENTIAL SUCCESSORS

To prepare and enhance the readiness of HPB's potential successors to assume greater responsibilities, the following notable programmes were implemented in 2011:

- **Acting Director and Acting Deputy Director Programme**

As part of HPB's overall talent management framework, suitably qualified officers from across the organisation have been identified to assume the positions of Acting Director and Acting Head of Department (HOD). The programme acts as a test bed for budding officers to hone their leadership skills under the guidance of the Chief Executive Officer (CEO), a Director or a Deputy Director, before they are formally recommended for confirmation in a year.

In early 2011, one officer was appointed as the Acting Director of a new division. In September 2011, seven officers were appointed as Acting Deputy Directors.

- **Learning from the CEO**

With HPB's strong belief in leadership development, the organisation has created structures to grow as many CEOs as possible within HPB.

These structures include the Leadership Group (LG), which comprises the CEO and the Directors, the Executive Group (EG), which comprises the LG and the Deputy Directors, and Strategic Interest Groups (SIGs) for priority areas, which comprise members drawn from various divisions, who are led by an EG member and mentored by an LG member. These groups meet regularly, and, through many conversations, build a shared vision and mission, collectively developing HPB's policies and action plans, and honing their leadership skills on the business front in the process.

HPB's CEO has also shared many learning tools with the EG, such as mind maps and blue ocean strategies.

ATTRACTING TALENT

HPB has embarked on its scholarship journey since 2008. Since the start of that journey, HPB has seen a positive trend, and is very encouraged by both the quantity and quality of its scholarship applicants. The organisation, which is ranked 12th among the scholarship providers, is also pleased to note a 28% increase in the number of applicants this year. A total of eight scholarships – both local and overseas – were awarded in 2010 and 2011, and HPB looks forward to building its talent pipeline in the years to come.

Administration

ESTATE AND FACILITIES

To create a more vibrant working environment for its staff as well as for public comfort, HPB has completed its work to enhance its premises and facilities.

For example, the organisation has maximised its space by adding sofas along the corridor, allowing its staff to relax and have informal discussions. It has started on the second phase of its building's enhancement as well, by replacing obsolete dental equipment and refurbishing its passenger lifts' interior.

In September 2011, HPB also launched its Office Workplace Safety and Health (WSH) Guidebook, and formed a WSH Committee to promote and support workplace safety and health within the organisation. In recognition of HPB efforts in promoting the "Reuse, Reduce & Recycle" programme, the organisation was awarded the Eco-Office label by the Singapore Environmental Council.

BOARD OF DIRECTORS LUNCH

HPB's new Board of Directors will take office from 1 April 2012 to 31 March 2014.

In appreciation of the invaluable contributions from the former Board Members, as well as to welcome the new ones, HPB's Chairman hosted a lunch, where the organisation had the honour of having Health Minister Gan Kim Yong and MOS Amy Khor as guests.



Chairman Lucas Chow receiving his Letter of re-appointment from Minister Gan.



HPB's new and former Board Members with Minister Gan and MOS Khor.

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Organisational Learning & Excellence

As HPB takes on a new ground-up, community-centric and 3P approach to inspire healthy living, the next lap of HPB's organisational excellence journey will focus on unlocking the organisation's potential to harness collective wisdom and thought leadership, building its learning, innovation and knowledge-sharing capabilities, as well as igniting the passion of its employees.

HARNESSING COLLECTIVE WISDOM AND THOUGHT LEADERSHIP

An integrated communications and engagement strategy has been put in place to communicate guiding ideas and inspire HPB's employees about its purpose and mission.

HPB's LG, EG and staff champions have engaged the organisation's employees, influencing change through various face-to-face and online platforms, such as town halls, tea sessions and LINK Kopi – a new blog and discussion forum site on HPB's social intranet platform, CLICK.

CLICK was launched in 2011 with four key purposes – to enable collaboration and integrative work, to facilitate information, document and record management, to connect staff, and to build the community.

Enabling and complementary organisational structures have also been set up to strategically drive HPB's efforts in key priority areas and thought leadership. An example is HPB's SIGs – matrix working committees led by HODs and advised by the LG. These cross-functional groups harness the power of collective thinking and wisdom to propose creative solutions for pressing health concerns.



Tea session with the CEO.



HPB Townhall.

BUILDING ORGANISATIONAL CAPABILITIES

As HPB embarks on an ecosystemic approach for health promotion as well as a more integrative way of working, more sophisticated knowledge-management tools and processes have been adopted across the organisation. These include blue ocean strategies as strategic planning tools, mind maps to facilitate more integrated processes, rapid prototyping and evaluation, and structured project learning frameworks to enhance learning and sharing.

To equip and prepare HPB for its new ground-up and 3P engagement approach, new competencies such as systems thinking, account managing, negotiating and influencing are also being developed internally. HPB's LG and EG – being the key influencers within the organisation – are engaged in various modes of informal learning as well. These include sharing, learning and reflection sessions.

In addition, a book club that maintains a contemporary repository of books and resources has empowered the leadership team, enabling it to hone its personal mastery.

BUILDING CULTURE AND IGNITING PASSION

To build the desired culture and ignite the passion of its employees, HPB places special emphasis on organisation-wide celebrations, recognising employees for their achievements.

Success stories and role-model employees are profiled and celebrated at these platforms. Community health ambassadors, who form an integral part of the HPB family, are also invited to participate in these events.

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LINK FEST 2011

LINK Fest 2011, a month-long learning and innovation festival focusing on 3P engagement, saw more than 600 places for talks and learning journeys being snapped up.

HPB's staff learnt from excellent and innovative organisations at the event, becoming more inspired to achieve innovations and breakthroughs in the organisation's 3P engagement.

The festival culminated in a finale event, where an HPB Marketplace provided employees with the opportunity to showcase their prototypes and innovations to HPB's senior leadership, as well as their colleagues.



Chairman Lucas Chow, the event's guest of honour, touring the HPB Marketplace.



HPB's staff attended talks and learning journeys at the NorthLight School and the NEWater Visitor Centre.

PUBLIC SERVICE WEEK 2011

While the Public Service Week is a time to reflect on the organisation's purpose and mission, and to generate a sense of pride and common identity in the public service, the 2011 commemoration marked the start of a new lap of health promotion, as HPB entered its 10th year of service to the nation.

Guest of honour Ms Lim Soo Hoon, who was the Permanent Secretary of the Public Service Division (PSD), the invited guests and HPB's staff were taken on an exciting journey, featuring the organisation's new ground-up prototypes and whole-of-Singapore approach towards sustainable health promotion.



HPB's health ambassadors at the Public Service Week 2011.



I Quit champion, Mr Anel Kamaludin, sharing his experience.

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EMPLOYEE OF THE YEAR AWARD

The Employee of the Year Award recognises employees who demonstrate HPB's values consistently at work, and engage in proactive knowledge sharing.

In addition to the top three awards, seven special category awards were introduced in 2011 to profile desired behaviour relating to HPB's core values.



Mr Norani Atan, Employee of the Year 2011.

HPB QUALITY SERVICE AWARD AND EXCELLENT SERVICE AWARD

The HPB Quality Service Award recognises employees who consistently show high standards of service in their work.

A total of 103 individuals received 39 Commendation Awards, 46 Silver Awards, nine Gold Awards and nine Star Awards. In addition, six teams received Commendation Awards.

At the national level, 49 employees also received the Excellent Service Award (EXSA), in recognition of their outstanding service.



HPB Quality Service Award recipients.



PROJECT INNOVATION AND IDEATION AWARDS

The Project Innovation and Ideation Awards recognise and reward outstanding innovations and project teams that have demonstrated exemplary teamwork.

In 2011, three teams and three individuals received the award.



(From left to right) Project Innovation Award recipients; The first three of HPB's prototypes – the Healthier Hawkers Programme, the Health Promoting Mall and the Health Promoting Community Club (HPCC).

financial statements

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Statement by Health Promotion Board

In our opinion,

- (a) the financial statements of the Health Promotion Board (the "Board") set out on pages 101 to 124 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 2012 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



Lucas Chow
Chairman



Ang Hak Seng
Chief Executive Officer

14 June 2012

Independent auditors' report

Member of the Board
Health Promotion Board

Report on the financial statements

We have audited the accompanying financial statements of Health Promotion Board (the "Board"), which comprise the statement of financial position as at 31 March 2012, and the 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 information, as set out on pages 101 to 124.

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, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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 about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the 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, the financial statements are properly drawn up in accordance with the provisions of the Act and Statutory Board Financial Reporting Standards so as to present fairly, in all material respects, the state of affairs of the Board as at 31 March 2012 and the results, changes in equity and cash flows of the Board for the year ended on that date.

Report on other legal and regulatory requirements

Management's responsibility for compliance with legal and regulatory requirements

Management is responsible for ensuring that the receipts, expenditure, investment of moneys and the acquisition and disposal of assets, are in accordance with the provisions of the Act. This responsibility includes implementing accounting and internal controls as management determines are necessary to enable compliance with the provisions of the Act.

Auditor's responsibility

Our responsibility is to express an opinion on management's compliance based on our audit of the financial statements. We conducted our audit in accordance with Singapore Standards on Auditing. We planned and performed the compliance audit to obtain reasonable assurance about whether the receipts, expenditure, investment of moneys and the acquisition and disposal of assets, are in accordance with the provisions of the Act.

Our compliance audit includes obtaining an understanding of the internal control relevant to the receipts, expenditure, investment of moneys and the acquisition and disposal of assets; and assessing the risk of material misstatement of the financial statements from non-compliance, if any, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Because of the inherent limitations in any accounting and internal control system, non-compliances may nevertheless occur and not be detected.

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

Opinion

In our opinion:

- (a) the receipt, expenditure, investment of moneys and the acquisition and disposal of assets by the Board during the year are, in all material respects, in accordance with the provisions of the Act; and
- (a) proper accounting and other records required have been kept, including records of all assets of the Board whether purchased, donated or otherwise.

KPMG LLP

Public Accountants and
Certified Public Accountants

Singapore

14 June 2012

Statement of financial position

As at 31 March 2012

	Note	2011/2012 \$	2010/2011 \$
Non-current assets			
Property, plant and equipment	4	8,557,339	7,941,889
Intangible assets	5	11,872,986	14,713,509
		20,430,325	22,655,398
Current assets			
Receivables	6	2,134,263	1,798,965
Prepayments		397,242	300,157
Grant receivables	7	12,534,880	6,358,493
Cash and cash equivalents	8	77,318,993	64,304,789
		92,385,378	72,762,404
Total assets		112,815,703	95,417,802
Equity			
Share capital	9	20,246,033	15,185,397
Accumulated surplus	10	36,238,947	34,268,455
		56,484,980	49,453,852
Current liabilities			
Payables and accruals	11	35,764,985	27,516,605
Grants received in advance	7	2,751,386	2,038,904
		38,516,371	29,555,509
Non-current liabilities			
Deferred capital grants	12	6,163,273	8,028,612
Obligations in respect of pension scheme	13	11,651,079	8,379,829
		17,814,352	16,408,441
Total liabilities		56,330,723	45,963,950
Total equity and liabilities		112,815,703	95,417,802

The accompanying notes form an integral part of these financial statements

Income and expenditure statement

Year ended 31 March 2012

	Note	2011/2012 \$	2010/2011 \$
Income			
Service maintenance income		1,416,318	1,402,585
Interest income		420,716	355,302
Other income		2,092,116	1,068,487
		3,929,150	2,826,374
Expenditure			
Staff costs		(60,286,622)	(60,447,653)
Operating supplies and services		(38,813,506)	(28,291,382)
Publicity and public relations		(19,393,125)	(12,915,762)
Information technology services		(12,299,610)	(9,874,162)
Input goods and services tax		(4,913,493)	(4,285,851)
Amortisation of intangible assets		(4,540,649)	(6,419,252)
Rental of premises		(3,163,098)	(3,001,119)
Repairs and maintenance		(2,896,737)	(2,813,726)
Staff welfare and development		(2,805,839)	(2,397,148)
Research and reviews		(2,736,822)	(2,323,646)
Depreciation of property, plant and equipment		(2,331,315)	(3,316,761)
Subventions to polyclinics		(2,242,722)	(2,225,349)
Other services and fees		(2,042,764)	(2,046,314)
Loss on disposal of property, plant and equipment and intangible asset		(1,623,391)	(155,513)
Communications		(1,466,826)	(1,443,282)
Board members' allowance		(97,188)	(71,250)
Audit fee		(57,000)	(38,000)
Bad debts written off		-	(3,204)
		(161,710,707)	(142,069,374)
Deficit before grants		(157,781,557)	(139,243,000)
Grants			
Government operating grants	7	158,718,072	129,813,781
Non-government operating grants	7	1,271,519	2,157,576
Deferred government capital grants amortised	12	3,178,374	5,835,219
		163,167,965	137,806,576
Surplus/ (Deficit) for the year		5,386,408	(1,436,424)

The accompanying notes form an integral part of these financial statements

Statement of comprehensive income

Year ended 31 March 2012

	2011/2012 \$	2010/2011 \$
Surplus/(Deficit) for the year	5,386,408	(1,436,424)
Other comprehensive income		
Actuarial losses on obligations in respect of pension scheme	(3,415,916)	-
Total comprehensive income for the year	1,970,492	(1,436,424)

The accompanying notes form an integral part of these financial statements

Statement of changes in equity

Year ended 31 March 2012

	Share capital \$	Accumulated surplus \$	Total \$
At 1 April 2010	10,124,903	35,704,879	45,829,782
Total comprehensive income for the year			
Deficit for the year	-	(1,436,424)	(1,436,424)
Other comprehensive income	-	-	-
Total comprehensive income for the year	-	(1,436,424)	(1,436,424)
Transactions with owners, recorded directly in equity			
Contributions by owners			
Issue of ordinary shares	5,060,494	-	5,060,494
At 31 March 2011	15,185,397	34,268,455	49,453,852
At 1 April 2011	15,185,397	34,268,455	49,453,852
Total comprehensive income for the year			
Surplus for the year	-	5,386,408	5,386,408
Other comprehensive income			
Actuarial losses on obligations in respect of pension scheme	-	(3,415,916)	(3,415,916)
Total comprehensive income for the year	-	1,970,492	1,970,492
Transactions with owners, recorded directly in equity			
Contributions by owners			
Issue of ordinary shares	5,060,636	-	5,060,636
At 31 March 2012	20,246,033	36,238,947	56,484,980

The accompanying notes form an integral part of these financial statements

Statement of cash flows

Year ended 31 March 2012

	Note	2011/2012 \$	2010/2011 \$
Cash flows from operating activities			
Deficit before grants		(157,781,557)	(139,243,000)
Adjustments for:			
Depreciation of property, plant and equipment	4	2,331,315	3,316,761
Amortisation of intangible assets	5	4,540,649	6,419,252
Loss on disposal of property, plant and equipment and intangible assets		1,623,391	155,513
Government grants received		154,427,510	132,744,596
Other grants received		1,411,211	1,020,791
Interest income		(420,716)	(355,302)
		6,131,803	4,058,611
Change in working capital:			
Receivables and prepayment		(432,383)	(740,982)
Payables and accruals		8,250,915	(2,305,359)
Obligations in respect of pension scheme		(144,666)	(467,322)
Net cash from operating activities		13,805,669	544,948
Cash flows from investing activities			
Interest received		420,716	355,302
Purchase of property, plant and equipment		(3,039,223)	(3,185,806)
Proceeds from disposal of property, plant and equipment and intangible assets		163,786	-
Purchase of intangible assets		(3,397,380)	(7,304,264)
Net cash used in investing activities		(5,852,101)	(10,134,768)
Cash flows from financing activities			
Proceeds from issue of shares		5,060,636	5,060,494
Net cash from financing activities		5,060,636	5,060,494
Net increase/(decrease) in cash and cash equivalents		13,014,204	(4,529,326)
Cash and cash equivalents at beginning of year		64,304,789	68,834,115
Cash and cash equivalents at end of year	8	77,318,993	64,304,789

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 14 June 2012.

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.

Notes to the financial statements

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 otherwise described 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-FRSs 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 Change in accounting policies

Identification of related party relationships and related party disclosures

From 1 April 2011, the Board has applied the revised SB-FRS 24 *Related Party Disclosures* (2010) to identify parties that are related to the Board and to determine the disclosures to be made on transactions and outstanding balances, including commitments, between the Board and its related parties. Revised SB-FRS 24 improved the definition of a related party in order to eliminate inconsistencies and ensure symmetrical identification of relationships between two parties.

Revised SB-FRS 24 provided an exemption for government-related entities from the need to provide the full disclosures as required under revised SB-FRS 24. Government-related entities could now opt to provide disclosures only in respect of those related party transactions which are considered to be individually or collectively significant. In this respect, the Board has elected to apply the modified disclosure exemptions provided by revised SB-FRS 24.

The adoption of revised SB-FRS 24 affects only the disclosures made in the financial statements. There is no financial effect on the results and financial position of the Board for the current and previous financial years.

Notes to the financial statements

Accounting for employee benefits

From 1 April 2011, the Board has early adopted SB-FRS 19 *Employee benefits* in accounting for employee benefits. The new SB-FRS require actuarial gains or losses on defined benefit plans to be recognised immediately in other comprehensive income, with service cost and net interest on defined benefit plans being recognised in income and expenditure statement

Previously, the actuarial gains or losses were accounted for under the corridor method. 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.

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 measured at cost less accumulated depreciation and accumulated 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/ other expenses in the income and expenditure statement.

Subsequent costs

The cost of replacing a component 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 component 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

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 component of an item of property, plant and equipment.

Notes to the financial statements

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 are reviewed at the end of each reporting period and adjusted as appropriate.

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, which is the date that 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 classifies non-derivative financial assets into the following category: loans and receivables.

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.

Loans and receivables comprise cash and cash equivalent, and receivables.

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, which is the date that the Board becomes a party to the contractual provisions of the instrument.

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

Financial assets and liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Board has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Board classifies non-derivative financial assets into the following category: other financial liabilities.

Notes to the financial statements

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.

Other financial liabilities comprise payables and accruals.

Share capital

Ordinary shares are classified as equity.

3.3 Impairment

Non-derivative financial assets

A financial asset not carried at fair value through profit or loss is assessed at the end of each reporting period 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 loans and receivables at both a specific asset and collective level. All individually significant loans and 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. Loans and receivables that are not individually significant are collectively assessed for impairment by grouping together loans and 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 ("CGU") 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 assets or CGU. 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 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.

Notes to the financial statements

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 the 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 attached 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 an employee benefit expense 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 reporting date.

Short-term employee 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. The Board recognises all actuarial gains and losses arising from post employment benefits in other comprehensive income and all expenses related to defined benefit plans in personnel expenses in income and expenditure statement.

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

A number of new standards, amendments to standards and interpretations that are effective for the annual periods beginning after 1 April 2011 have not been applied in preparing these financial statements. None of these are expected to have a significant effect on the financial statements of the Board.

Notes to the financial statements

4 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 2010	8,960,499	9,699,654	530,218	3,202,521	11,135,961	383,512	1,747,932	35,660,297
Additions	23,800	2,206,208	5,775	103,885	252,731	-	593,407	3,185,806
Reclassifications	1,694,382	53,550	-	-	-	-	(1,747,932)	-
Disposals/ written off	(946,841)	-	-	(41,410)	(151,980)	-	-	(1,140,231)
At 31 March 2011	9,731,840	11,959,412	535,993	3,264,996	11,236,712	383,512	593,407	37,705,872
At 1 April 2011	9,731,840	11,959,412	535,993	3,264,996	11,236,712	383,512	593,407	37,705,872
Additions	1,586,475	-	9,300	28,499	1,321,744	-	93,205	3,039,223
Reclassifications	593,407	-	-	-	-	-	(593,407)	-
Disposals/ written off	(3,499,238)	(1,551,319)	(35,601)	(124,530)	(290,911)	-	-	(5,501,599)
At 31 March 2012	8,412,484	10,408,093	509,692	3,168,965	12,267,545	383,512	93,205	35,243,496
Accumulated depreciation								
At 1 April 2010	8,019,135	7,007,477	479,075	1,858,823	9,733,851	333,579	-	27,431,940
Depreciation for the year	1,566,455	911,601	14,724	288,733	529,649	5,599	-	3,316,761
Disposals/ written off	(793,010)	-	-	(41,410)	(150,298)	-	-	(984,718)
At 31 March 2011	8,792,580	7,919,078	493,799	2,106,146	10,113,202	339,178	-	29,763,983
At 1 April 2011	8,792,580	7,919,078	493,799	2,106,146	10,113,202	339,178	-	29,763,983
Depreciation for the year	956,714	786,899	7,582	225,746	348,774	5,600	-	2,331,315
Disposals/ written off	(3,495,332)	(1,463,352)	(35,601)	(124,044)	(290,812)	-	-	(5,409,141)
At 31 March 2012	6,253,962	7,242,625	465,780	2,207,848	10,171,164	344,778	-	26,686,157
Carrying amount								
At 1 April 2010	941,364	2,692,177	51,143	1,343,698	1,402,110	49,933	1,747,932	8,228,357
At 31 March 2011	939,260	4,040,334	42,194	1,158,850	1,123,510	44,334	593,407	7,941,889
At 31 March 2012	2,158,522	3,165,468	43,912	961,117	2,096,381	38,734	93,205	8,557,339

Notes to the financial statements

5 Intangible assets

	Computer software \$	Computer software under development \$	Total \$
Cost			
At 1 April 2010	27,680,774	4,850,182	32,530,956
Additions	4,740,449	2,563,815	7,304,264
Reclassifications	4,263,762	(4,263,762)	-
Disposals	(4,747,611)	-	(4,747,611)
At 31 March 2011	31,937,374	3,150,235	35,087,609
At 1 April 2011	31,937,374	3,150,235	35,087,609
Additions	2,519,073	878,307	3,397,380
Reclassifications	2,203,293	(2,203,293)	-
Disposals	(3,769,377)	-	(3,769,377)
At 31 March 2012	32,890,363	1,825,249	34,715,612
Accumulated amortisation			
At 1 April 2010	18,702,459	-	18,702,459
Amortisation charge for the year	6,419,252	-	6,419,252
Disposals	(4,747,611)	-	(4,747,611)
At 31 March 2011	20,374,100	-	20,374,100
At 1 April 2011	20,374,100	-	20,374,100
Amortisation charge for the year	4,540,649	-	4,540,649
Disposals	(2,072,123)	-	(2,072,123)
At 31 March 2012	22,842,626	-	22,842,626
Carrying amount			
At 1 April 2010	8,978,315	4,850,182	13,828,497
At 31 March 2011	11,563,274	3,150,235	14,713,509
At 31 March 2012	10,047,737	1,825,249	11,872,986

6 Receivables

	2011/2012 \$	2010/2011 \$
Trade receivables	105,564	491,525
Amount due from Ministry of Health	1,086,663	261,428
Other receivables	690,244	802,293
Security deposits	251,792	243,719
Loans and receivables	2,134,263	1,798,965

Notes to the financial statements

The ageing of receivables at the reporting date is:

	2011/2012 \$	2010/2011 \$
Not past due	2,095,683	1,399,648
Past due 0 – 30 days	7,437	349,134
Past due 31 – 60 days	45	46,699
Past due 61 – 90 days	2,465	3,202
Past due 91 – 120 days	27,347	-
More than 120 days	1,286	282
	2,134,263	1,798,965

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.

Concentration of credit risk relating to receivables is limited since they are recoverable from Ministries and Government Agencies

7 Grant receivables/(grants received in advance)

Grant receivables

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

	2011/2012 \$	2010/2011 \$
(a) Government		
At beginning of year	6,358,493	8,113,414
Deferred capital grants	973,084	739,851
Recognised in the income and expenditure statement for the year	19,213,364	11,591,682
Receipts	(14,010,061)	(14,086,454)
At end of year	12,534,880	6,358,493
(b) Non-government		
At beginning of year	-	121,539
Recognised in the income and expenditure statement for the year	-	(71,539)
Receipts	-	(50,000)
At end of year	-	-
Total grant receivable at end of the year	12,534,880	6,358,493

The Board's primary exposure to credit risk arises through its grant receivables. Concentration of credit risk relating to grant receivables is limited since they are recoverable from Ministries and Government Agencies.

Notes to the financial statements

Grants received in advance

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

	2011/2012 \$	2010/2011 \$
(c) Government		
At beginning of year	1,930,618	2,251,009
Grants received during the year	140,417,449	118,658,142
Deferred capital grants	(339,951)	(756,434)
Recognised in the income and expenditure statement for the year	(139,504,708)	(118,222,099)
At end of year	2,503,408	1,930,618
(d) Non-government		
At beginning of year	108,286	1,366,610
Grants received during the year	1,411,211	970,791
Recognised in the income and expenditure statement for the year	(1,271,519)	(2,229,115)
At end of year	247,978	108,286
Total grants received in advance at end of the year	2,751,386	2,038,904

	Note	2011/2012 \$	2010/2011 \$
Government operating grants			
Transferred from grants receivables	7(a)	19,213,364	11,591,682
Transferred from grants received in advance	7(c)	139,504,708	118,222,099
		158,718,072	129,813,781

Non-government operating grants

Transferred from grants receivables	7(b)	-	(71,539)
Transferred from grants received in advance	7(d)	1,271,519	2,229,115
		1,271,519	2,157,576

8 Cash and cash equivalents

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

	2011/2012 \$	2010/2011 \$
Cash at bank and on hand	5,926	10,665
Cash with Accountant General's Department	77,313,067	64,294,124
Cash and cash equivalents in the cash flow statement	77,318,993	64,304,789

Notes to the financial statements

9 Share capital

	No. of shares	
	2011/2012	2010/2011
Issued and fully paid:		
At beginning of year	15,185,397	10,124,903
Issue of share capital	5,060,636	5,060,494
At end of year	20,246,033	15,185,397

During the year, the Board issued 5,060,636 shares (2010/2011: 5,060,494 shares) to the Minister for Finance under Section 22A of the Health Promotion Board Act for a total consideration of \$5,060,636 (2010/2011: \$5,060,494) 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.

10 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.

11 Payables and accruals

	2011/2012 \$	2010/2011 \$
Trade payables and accruals	35,227,780	26,960,436
Amount due to the Ministry of Health	155,365	158,999
Security deposits	381,840	397,170
	35,764,985	27,516,605

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

Notes to the financial statements

12 Deferred capital grants

	2011/2012 \$	2010/2011 \$
At beginning of year	8,028,612	12,367,546
Amount transferred from government grants	1,313,035	1,496,285
	9,341,647	13,863,831
Amount transferred to income and expenditure statement		
- to match depreciation funded by the government	(949,391)	(2,046,107)
- to match amortisation funded by the government	(1,946,199)	(3,720,599)
- to match net book value of assets disposed	(282,784)	(68,513)
	(3,178,374)	(5,835,219)
At end of year	6,163,273	8,028,612

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 Actuarial Consulting Group in this financial year.

	2011/2012 \$	2010/2011 \$
Present value of unfunded obligations	11,651,079	8,322,000
Unrecognised actuarial loss	-	57,829
	11,651,079	8,379,829

Movements in the net liability recognised in the statement of financial position are as follows:

	2011/2012 \$	2010/2011 \$
At beginning of year	8,379,829	8,847,151
Amounts recognised in the income and expenditure statement	341,787	848,000
Actuarial loss recognised in the statement of comprehensive income	3,415,916	-
Benefits paid	(486,453)	(1,315,322)
At end of year	11,651,079	8,379,829

Notes to the financial statements

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

	2011/2012 \$	2010/2011 \$
Current service costs	179,055	554,000
Interest on obligation	162,732	152,000
Actuarial loss recognised	-	142,000
Total included in staff costs	341,787	848,000

Principal actuarial assumptions at the reporting date:

	2011/2012 %	2010/2011 %
Discount rate	2.10	2.00
Future salary increases	0.32	1.00

Assumptions regarding future mortality are based on published mortality tables. The expected retirement age is at 62 years old (2010/2011: 60 years old).

Sensitivity analysis

A 25 basis points change in discount rate at the reporting date would have increased/ (decreased) surplus for the year by the amounts shown below. This analysis assumes that all other variables remain constant:

	25 bp increase \$	25 bp decrease \$
Effect on service cost	4,166	(4,372)
Effect on defined benefit obligation	319,912	(336,143)

A 25 basis points change in future salary increment rate at the reporting date would have increased/ (decreased) surplus for the year by the amounts shown below. This analysis assumes that all other variables remain constant:

	25 bp increase \$	25 bp decrease \$
Effect on service cost	(1,099)	1,090
Effect on defined benefit obligation	(38,758)	38,442

Notes to the financial statements

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 Related parties

For the purposes of these financial statements, parties are considered to be related to the Board if the Board has the direct and indirect ability to control the party, jointly control or exercise significant influence over the party in making financial and operating decisions, or vice versa, or where the Board and the party are subject to common control or common significant influence. Related parties may be individuals or other entities.

During the financial year, the Board engaged in various transactions in the ordinary course of its operation with entities related to the Board at prevailing prices or on customary terms and conditions. These transactions could have been replaced with transactions with other parties on similar terms and conditions.

Nature and amount of individually significant transactions

	2011/2012 \$	2010/2011 \$
Rental of premises from Ministry of Health	2,964,444	2,898,324
Information technology services from Infocomm Development Authority of Singapore	5,530,919	4,379,582

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:

	2011/2012 \$	2010/2011 \$
Salaries and other short-term employee benefits	2,428,705	2,280,657
Post employment benefits	287,093	96,737
	2,715,798	2,377,394

Notes to the financial statements

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

	2011/2012	2010/2011
\$500,000 to \$600,000	1	-
\$400,000 to \$500,000	-	1
\$300,000 to \$400,000	2	2
	3	3

15 Commitments

Capital commitments

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

	2011/2012 \$	2010/2011 \$
Commitments in respect of contracts placed as at reporting date	3,343,000	2,842,000

Lease commitments

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

	2011/2012 \$	2010/2011 \$
Payable:		
Within 1 year	27,000	3,017,000
After 1 year but within 5 years	-	17,000
	27,000	3,034,000

16 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 monitors the Board's risk management process to ensure that an appropriate balance between risk and control is achieved.

Notes to the financial statements

The Board has exposure to the following risks from its use of financial instruments:

- Liquidity risk
- Credit risk
- Market risk

This note presents information about the Board's exposure to each of the above risks, the Board's objective, policies and processes for measuring and managing risk, and the Board's management of capital. Further quantitative disclosures are included throughout these financial statements.

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.

At the reporting date, the maximum exposure to credit risk is represented by the carrying amount of each financial asset in the statement of financial position.

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's exposure to interest rate risk is minimal as it arises mainly from cash placed with Accountant-General's Department.

Foreign currency risk

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

Fair values

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

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