3DHB Tobacco Control Plan 2015 - 2018

DHB Context

Sub-regional collaboration
Wairarapa, Hutt Valley and Capital and Coast DHBs are three of 20 DHBs across New Zealand.

In addition to being required to meet their statutory objectives, DHBs recognise and respect the Treaty of Waitangi, and the principles of partnership, participation and protection. At a local level, each DHB works to ensure Māori participation at all levels of service planning and service delivery for the protection and improvement of the health status of Māori.

Service Integration and Development Unit (SIDU)
In late 2012, the Capital and Coast, Hutt Valley, and Wairarapa DHBs pooled their Planning and Funding functions into a single unit that is jointly directed by the DHB CEOs but is operationally managed by Capital and Coast DHB. It is now known as the Service Integration and Development Unit (SIDU) and its role is to provide a mix of strategic leadership and change management across the region. Funding pools remain specific to each DHB, but SIDU has the role of maximising opportunities for efficiencies whilst minimising the risk to service delivery and financials for the benefit of all three DHBs.

The DHBs employ the Health, Quality & Safety Commission’s New Zealand Triple Aim for quality improvement:

Across the three DHBs, a sub-regional strategy has been developed. The sub-regional vision is Healthy People, Families and Communities which will be achieved through:

- preventative health and empowered self-care;
- provision of relevant services close to home; and
- quality hospital care and complex care for those who need it.

Alliancing with Primary Care
Across the districts, and in support of the Government’s Better, Sooner, More Convenient Health Services (BSMC) approach, the DHBs have dedicated significant resource and focus to a partnership approach between each DHB’s Hospital services and Primary Care delivery services to improve access to specialist services.
**Tobacco Control Plan**

**Background and context** *(Intervention logic 1 – page 12)*

District Health Board (DHB) tobacco control investments, are designed to lead, coordinate and develop tobacco control activities within each district. DHBs utilise tobacco control plans to outline local objectives, actions and outcome indicators.

Integrating the various parts of the health sector is an important Government priority. Meeting the Better help for smokers to quit and More heart and diabetes checks health targets requires a whole-of-sector commitment. The DHB tobacco control investments therefore also allow for the strengthening of relationships and finding of better ways of working between communities, primary and secondary care.

**Objectives**

The overarching aims of these investments are to:

- Reduce tobacco-related morbidity and mortality
- Decrease tobacco related disparity
- Contribute towards the Government’s Smokefree Aotearoa 2025 goal.

In particular, the tobacco control investments support the DHBs to:

- Develop, implement, and report against the 3DHB tobacco control plan (TCP)
- Achieve the Better help for smokers to quit health target in hospitals, general practice and maternity care services
- Contribute to national outcomes including reducing smoking initiation and increasing smokefree environments.

**Health Target: Better help for smokers to quit** *(Intervention Logic 2-page 13)*

- In 2009 the Government introduced the Better help for smokers to quit health target
- This process is commonly known as ABC

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**The ABC pathway**

- Ask about and document every person’s smoking status.
- Give Brief advice to stop to every person who smokes.
- Strongly encourage every person who smokes to use Cessation support (a combination of behavioural support and stop-smoking medicine works best) and offer to help them access it. Refer to, or provide, cessation support to everyone who accepts your offer.

**Measures:**

- 95 percent of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking
- 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months
- 90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking
- Every patient’s smoking information (including A, B and C) is documented accurately within the patient care record.
Smokefree Aotearoa 2025 (Intervention Logic 3 & 4 – pages 14 - 15)

In March 2011 the New Zealand Government committed to a goal of New Zealand becoming smokefree by 2025. This was in response to a report from the Māori Affairs Select Committee following their inquiry in 2010 into the tobacco industry and the effects of tobacco use on Māori.

The New Zealand tobacco control sector is committed to the goal of a smokefree Aotearoa by 2025 (www.smokefree.org.nz/smokefree-2025), meaning:
- that our children and grandchildren will be free from tobacco and enjoy tobacco free lives
- that almost no-one will smoke (less than 5% of the population will be current smokers)
- it will be very difficult to sell or supply tobacco.

The work of the sector is focused on three action streams to support a reduction in smoking rates to below 5% (adult daily smoking):
- cessation
- regulation and legislation
- public support.

Responsibility and accountability for achieving the 2025 goal is shared between:
- Government
- health services
- the tobacco control sector
- communities.

Stopping Smoking

The health outcomes associated with smoking places significant burden on the health system. Nationally, daily smoking rates remain high for Māori adults (36%) and adults living in the most deprived areas (28%). If this trend continues, inequities in smoking and related diseases will increase. We are committed to achieving the Government’s goal that New Zealand will be Smokefree by 2025; to achieve this we are working with our Alliance Leadership Teams and Māori providers to encourage and support clinical leadership in general practice to achieve the health target which will lead to more people supported to quit, and more quit attempts.

Summary of 3DHB smoking prevalence (Appendix 3, p30)

Geographic

In the sub-region, Wairarapa DHB has the highest overall smoking rate (18%), followed by Hutt Valley (17%), and Capital & Coast (12%). Smoking rates in Wairarapa and Hutt Valley are higher than the national average, while smoking rates in Capital & Coast are lower than the national average. Within each DHB there are pockets with high smoking rates.

- Wairarapa DHB covers a large rural area with a number of towns and small rural communities.
• Hutt Valley DHB and CCDHB have large urban populations with some rural localities

**Strategic implications:**
• Need to maintain and build relationships with stakeholders and cessation services across DHBs and localities.

**Age**
• The rate of smoking among year 10 students across the 3DHBs has fallen dramatically over the last 15 years.
• Nationally, 15% of people over the age of 15 are regular smokers. In comparison, Wairarapa and Hutt Valley residents have higher rates (18% and 17%, respectively), while CCDHB has a lower rate (12%).
• Both nationally and sub-regionally, the smoking rate is highest in the 20-29 year age group. In Wairarapa, smoking rates for people younger than 55 years are higher than national. In Hutt Valley, smoking rates for people younger than 40 years are higher than national. In Capital & Coast, smoking rates are lower than national for all age groups.

**Strategic implications:**
• The time of greatest rate of initiation into the smoking habit is occurring as young people are moving from school on to tertiary education or employment at a time that their earning or spending power is increased and they have independent access to licenced premises.
• There is more exposure to smokers in social situations and recreational environments, for example bars and restaurants with outside seating areas or doorways where smoking is permitted.
• There is a need to promote and support bars, cafes and restaurants to become totally smokefree including outside areas, perhaps with a Smokefree Bar/ café/ restaurant award included in annual quality awards.

**Ethnicity**
• Māori and Pacific have higher rates of smoking than other ethnicities:
  o Nationally, 33% of Māori are regular smokers.
  o In comparison, Māori living in Wairarapa and Hutt Valley have higher rates (36% and 34%, respectively), while Capital & Coast has a lower rate (26%).
  o Nationally, 22% of Pacific are regular smokers. In comparison, Pacific living in our sub-region have higher rates: 23% in Wairarapa, 24% in Hutt Valley, and 24% in Capital & Coast.

**Strategic implications:**
• Health and cessation support services need to continue to build partnerships and strategies with Māori and Pacific people and communities to reduce smoking rates in those populations.
Gaps and Opportunities

Mental Health Services

- The prevalence of smoking of inpatients in CCDHB mental health services is 42% compared to the general ward rate of 13%
- Maintaining smokefree environments in acute and forensic mental health services continues to be challenging including the risk of violence towards staff members.

Strategic implications:

- More work is required to address smoking issues in community mental health services
- Smokefree policies need to be reviewed to address Health and Safety issues for staff and patients.

Maternity Services

Maternal smoking rates

- The smoking rate in mothers is lower than the smoking rate in the general population.
- Māori and Pacific mothers are more likely to smoke than mothers of other ethnicities.
- Figures from hospital maternity data in Hutt and CCDHB show that 30% to 40% of Māori women smoke during their pregnancy.
- These figures are well above the general population prevalence of 17%

Strategic implications:

- Need to develop and maintain relationships and partnerships with Māori, Pacific and other communities to identify practical and effective approaches to reducing the incidence of smoking among girls and women of pre-child-bearing, and child-bearing age
- Anecdotal evidence indicates that some pregnant women do not engage with health services until late term or at the time of birth of their first child
- Many smokers live in home and social environments where smoking is normalised and is ‘...what everyone does...’
Pregnant women who smoke during pregnancy

The data shows that 30% to 40% of Maori women in the 3DHB sub-region smoke throughout pregnancy and postnatal.
### Pregnant women who smoke during pregnancy

<table>
<thead>
<tr>
<th></th>
<th>Wairarapa</th>
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<th></th>
<th>Capital &amp; Coast</th>
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### Cumulative

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<td>Total</td>
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<td>228</td>
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<td>%</td>
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<tr>
<td>%</td>
<td>40%</td>
<td>50%</td>
<td>30%</td>
<td>67%</td>
<td>18%</td>
<td>12%</td>
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</table>
Stop Smoking Support

Number of smokers to quit by 2025

The calculation and analysis in Table 1 shows the number of smokers per time period needed to have successfully quit to result in having no enrolled smokers by the end of 2025. Ten people per week need to quit and stay quit in Wairarapa, 28 in Hutt Valley, and 46 in Capital & Coast districts. About half of these quitters need to be ‘high need’ (Māori, Pacific, or living in deprived (quintile 5) areas), as these groups currently have higher smoking rates.

Table 1: A breakdown of the number of smokers to quit by 2025 in each of our sub-regional PHOs. ‘Quitters’ refers to people who quit and stay quit by 2025. These calculations do not factor in new smokers.

<table>
<thead>
<tr>
<th>Wairarapa</th>
<th>Quarter ending 30/09/2014</th>
<th>Current smokers</th>
<th>Total enrolled</th>
<th>Prevalence</th>
<th>Quitters/quarter</th>
<th>Quitters/month</th>
<th>Quitters/week</th>
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<tr>
<td>Total pop</td>
<td>Compass Health</td>
<td>5,989</td>
<td>28,765</td>
<td>21%</td>
<td>133</td>
<td>44</td>
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<tr>
<td>High need</td>
<td>Compass Health</td>
<td>2,595</td>
<td>7,435</td>
<td>35%</td>
<td>58</td>
<td>19</td>
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<tr>
<td>Hutt Valley</td>
<td>Quarter ending 30/09/2014</td>
<td>Current smokers</td>
<td>Total enrolled</td>
<td>Prevalence</td>
<td>Quitters/quarter</td>
<td>Quitters/month</td>
<td>Quitters/week</td>
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<tr>
<td>Total pop</td>
<td>Hutt Valley DHB</td>
<td>16,449</td>
<td>90,068</td>
<td>18%</td>
<td>366</td>
<td>122</td>
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<td></td>
<td>Ropata (Cosine)</td>
<td>1,358</td>
<td>13,036</td>
<td>10%</td>
<td>30</td>
<td>10</td>
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<tr>
<td></td>
<td>Te Awakairangi</td>
<td>15,091</td>
<td>77,032</td>
<td>20%</td>
<td>335</td>
<td>112</td>
<td>25.7</td>
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<tr>
<td>High need</td>
<td>Hutt Valley DHB</td>
<td>8,638</td>
<td>29,240</td>
<td>30%</td>
<td>192</td>
<td>64</td>
<td>14.7</td>
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<td>2,302</td>
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<td>Te Awakairangi</td>
<td>8,217</td>
<td>26,938</td>
<td>31%</td>
<td>183</td>
<td>61</td>
<td>14.0</td>
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<tr>
<td>Capital &amp; Coast</td>
<td>Total pop</td>
<td>Compass Health</td>
<td>27,270</td>
<td>208,658</td>
<td>13%</td>
<td>606</td>
<td>202</td>
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<tr>
<td>High need</td>
<td>Well Health</td>
<td>2,669</td>
<td>8,972</td>
<td>30%</td>
<td>59</td>
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<td></td>
<td>Cosine PHO</td>
<td>2,206</td>
<td>23,285</td>
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<td>21,168</td>
<td>181,181</td>
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<td>470</td>
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<td>10,249</td>
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<td>19</td>
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<td>1.4</td>
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<tr>
<td></td>
<td>Capital &amp; Coast</td>
<td>12,104</td>
<td>47,397</td>
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<td>269</td>
<td>90</td>
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<td></td>
<td>Well Health</td>
<td>593</td>
<td>3,344</td>
<td>18%</td>
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<td></td>
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<td>2,110</td>
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<td>47</td>
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<td>Compass Health</td>
<td>7,538</td>
<td>33,665</td>
<td>22%</td>
<td>168</td>
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<td></td>
<td>Ora Toa PHO</td>
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<td>36%</td>
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<td>1,042</td>
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The graphs below show the tracks needed to achieve the 2025 target.
Development of new approaches to help pregnant women to quit (*Intervention Logic 5, p17*)

**Intersectoral relationships and collaboration**
- The 3DHBs will work collaboratively with communities and other health and social services to develop new approaches to supporting women of child bearing age who smoke to quit and to promote and support whanau and communities to become smokefree, provide smokefree living environments and de-normalise smoking.

**Service funding, development and integration**
Activities could include:
- Boosting efforts to ensure total PHO enrollments to enable more accurate identification of smokers needing support to quit
- The review and update of health service specifications to enhance systems and procedures to support pregnant women who smoke to quit
- Extending current work promoting smokefree environments with Te Kohanga Reo to other organisations and services providing maternal and early childhood services.

**Actions – new approaches to help pregnant women to quit**

<table>
<thead>
<tr>
<th>Service description</th>
<th>Objectives</th>
<th>Activities</th>
<th>Performance measures (KPIs)</th>
<th>Who</th>
<th>Time frames</th>
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<tr>
<td>Intersectoral relationships and collaboration</td>
<td>Denormalisation of smoking in the community</td>
<td>Community engagement to develop a results based approach</td>
<td>Stakeholder mandated programme developed</td>
<td>SIDU</td>
<td>Q4 2015-16</td>
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<tr>
<td></td>
<td>Supporting women of child bearing age who smoke to quit</td>
<td>Review and update of health service specifications</td>
<td>Maternal and early childhood service specifications include cessation support clauses</td>
<td>SIDU</td>
<td>Q4 2015-16</td>
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## Actions – Continuation of current activity summary

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<th>Objectives</th>
<th>Activities</th>
<th>Performance measures (KPIs)</th>
<th>Who</th>
<th>Time frames</th>
</tr>
</thead>
</table>
| **Health Target: Better help for smokers to quit** | Achieve and maintain the Better help for smokers to quit health target in hospitals, general practice and maternity care services | o ABC, NRT competency training is provided to all health professionals  
 o Health target information is kept up to date and accessible to health professionals  
 o Delivery of ABC in clinical practice and other settings  
 o Constant improvement of ABC data collection processes and systems | 95 percent of hospitalised smokers will be offered brief advice and support to quit smoking  
 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months  
 90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking  
 Advice and support to quit is documented and coded accurately | DHB HSS, PHOs, DHB HHS, LMCs | Quarterly, Quarterly, Quarterly |

| Efficient referral pathways to cessation support and services | Develop systems to support referrals to specialist smoking cessations services  
 Constant improvement of smoking cessation support service referral processes and systems | Referrals to smoking cessation providers  
 - Number of referrals  
 - Number enrolled into cessation programmes  
 - Number of successful quit attempts | On-going |

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<table>
<thead>
<tr>
<th>Service description</th>
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<th>Activities</th>
<th>Performance measures (KPIs)</th>
<th>Who</th>
<th>Time frames</th>
</tr>
</thead>
</table>
| Contribution to Smokefree Aotearoa 2025 | • Reduce tobacco-related morbidity and mortality  
• Decrease tobacco related disparity | Controlled Purchase Operations (CPOs) | 10% subregion outlets | RPH | Ongoing |
| | All contracted smoking cessation services participate in the 'shared care' project | Build and maintain collaborative relationships with key stakeholders  
Number and types of collaborative relationships or projects developed with key stakeholders. | Increasing successful smoking cessation | RPH  
Quitline  
Cessation Support Services  
Community | Ongoing |
| | Support pregnant women who smoke to quit | Sub-contract/monitoring of Wairarapa Incentivised programme for pregnant women. | Programme in place | RPH  
Wairarapa DHB  
Whaiora | Ongoing |
Intervention Logic One – 3DHB Tobacco Control Plan

The 3 DHBs are committed to achieving the Government’s Smokefree 2025 goal.

**Assumptions**
At present, tobacco smoking places a significant burden on the health of New Zealanders and on the New Zealand health system. Tobacco smoking is related to a number of life-threatening diseases, including cardiovascular disease, chronic obstructive pulmonary disease and lung cancer. It also increases pregnant smokers’ risk of miscarriage, premature birth and low birth weight, as well as their children’s risk of Asthma and Sudden Unexplained Death in Infants (SUDI).

**Prevalence**

<table>
<thead>
<tr>
<th>Year</th>
<th>Wairarapa</th>
<th>Hutt Valley</th>
<th>Capital &amp; Coast</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>20%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>2013</td>
<td>15%</td>
<td>18%</td>
<td>15%</td>
</tr>
</tbody>
</table>

**Resources**

- Capital & Coast DHB Tobacco Control
- Hutt Valley DHB Tobacco Control
- Wairarapa DHB Tobacco Control
- RPH - Tobacco Control

**Process**

- Tobacco control and smoking cessation activity are imbedded within all health service activity
- Collaborative planning with primary care sector
- Effective use and sharing of information
- Seamless Services
- Improved Integration and regionalisation

**High Level Outcomes**

- Achieve the ‘Better help for smokers to quit’ health target in hospitals, general practice and maternity care services
- Contribution to national outcomes including reducing smoking initiation and increasing smokefree environments.
- By 2025, less than 5 percent of the DHB’s population will be a current smoker

**Overarching aims**

- Reduced tobacco-related morbidity and mortality
- Decreased tobacco related disparity
- Achievement of the Government’s Smokefree Aotearoa 2025 goal
**Intervention Logic 2 – Health Target: Better Help for Smokers to Quit**

<table>
<thead>
<tr>
<th>Assumptions</th>
<th>Systems, processes and interventions</th>
<th>Outputs</th>
<th>Measures</th>
<th>High Level Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for a more sustainable way of managing health target activity</td>
<td>Identified tobacco health target champions in all health services (Wards / GPs)</td>
<td>Tobacco Health Target champions in place</td>
<td>95 percent of patients who smoke and are seen by a health practitioner in public hospitals will be offered brief advice and support to quit smoking</td>
<td>Achieve the “Better help for smokers to quit” health target in hospitals, general practice and maternity care services</td>
</tr>
<tr>
<td></td>
<td>KPIs Health Target Achievement</td>
<td>Health professionals embrace the ABC concept and implement it</td>
<td>Efficient data collection processes</td>
<td>90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 16 months</td>
</tr>
<tr>
<td></td>
<td>Ensure all health professionals are aware of their roles and responsibilities regarding the Health Targets</td>
<td>Ask about and document every person’s smoking status.</td>
<td>Coding</td>
<td>90 percent of pregnant women who identity as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered advice and support to quit smoking</td>
</tr>
<tr>
<td></td>
<td>Ensure health clinicians have up to date and accurate information about the tobacco health target, ABC process, and data collection process</td>
<td>Give Brief advice to stop to every person who smokes</td>
<td>Data feedback loop to Wards / GPs</td>
<td></td>
</tr>
</tbody>
</table>
Intervention Logic 3 – Smokefree Aotearoa 2025
Intervention Logic 4 – Reducing supply and demand, smoking initiation, and increasing smokefree environments
Intervention Logic 5 – Smoking in Pregnancy

An integrated approach to addressing Smoking in Pregnancy

Assumptions
- Māori and Pacific mothers are more likely to smoke than mothers of other ethnicities.
- Figures from hospital maternity data in Hutt and CCDHB show that 30% to 40% of Māori women smoke during their pregnancy.
- These figures are well above the general population prevalence of 17%.
- Variated interventions are not joined up, reducing the potential synergy that could arise were they more comprehensive and better integrated.
- Some pregnant women have little or no contact with health services antenatally.
- Mix of public and independent Maternity Care Providers (MCPs)

Enablers
- Smokefree 2025 - Govt target
- Tobacco Control Plan - AP
- Māori Partnership Board - Māori Health Plan
- Smokefree Policies
- Health Targets - tobacco

Current Tobacco Control programmes
- Tobacco Control DHB - ABCONRT training and support HHS and Primary care
- Community cessation support (Realignment under way)

Innovation
- Project Proposal - Tupoeke Koro Hapu Wahine

Gaps
- Community engagement
- Early intervention

Systems, processes and interventions
- Activities to strengthen clinical leadership, engagement and behaviour around smokefree interventions for pregnant women

Activities to join up existing services, including community and clinical services that can support pregnant women to quit smoking

Outputs
- Stakeholders are identified and consulted
- MCPs attend ABC training and complete E-learning tool
- MCPs have access to NRT to dispense
- MCPs know about community cessation support options
- MCPs refer clients who smoke to community cessation support services

Clear process of handover / referrals through support service chain

Intermediate Outcomes
- Reduction of gaps in service provision so that every pregnant woman who smokes is given the information and support she needs to make a successful quit attempt
- Improved effectiveness and quality of clinical and community services that aim to address smoking in pregnancy

Every Maternity Care Provider (MCP) is confident and competent to deliver smoking cessation support

Number of MCPs complete E-learning tool

Lower incidence of smoking in pregnancy

Target and indicator
- 90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered advice and support to quit smoking.

1 2014-15 CCD014-HB Annual Plan
2 CFA 104169 / 350640/00 CCDHB Tobacco Control and Community Smoking Cessation Services