

3DHB Tobacco Control Plan 2015 - 2018

DHB Context

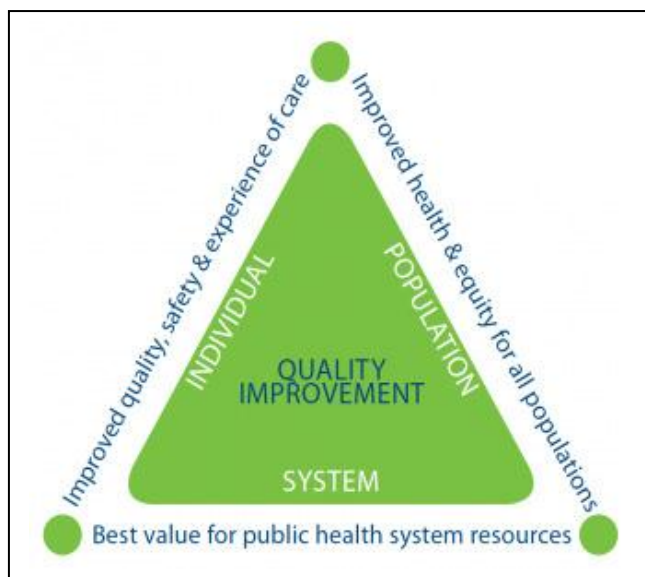
Sub-regional collaborationⁱ

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 contextⁱⁱ (*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

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 2025ⁱⁱⁱ (*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:

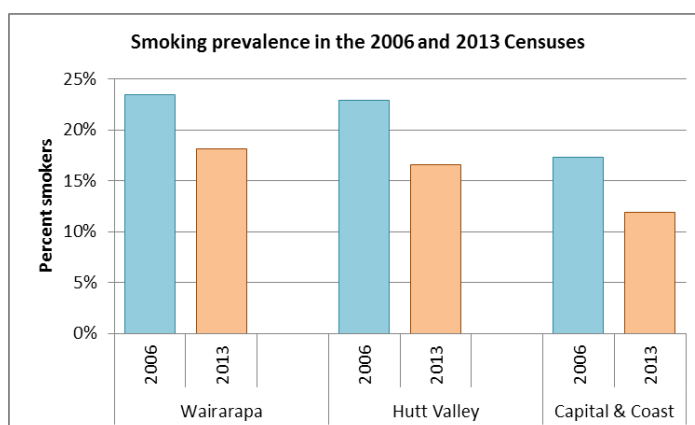
- Government
- health services
- the tobacco control sector
- communities.

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:
 - Nationally, 33% of Māori are regular smokers.
 - In comparison, Māori living in Wairarapa and Hutt Valley have higher rates (36% and 34%, respectively), while Capital & Coast has a lower rate (26%).
 - 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

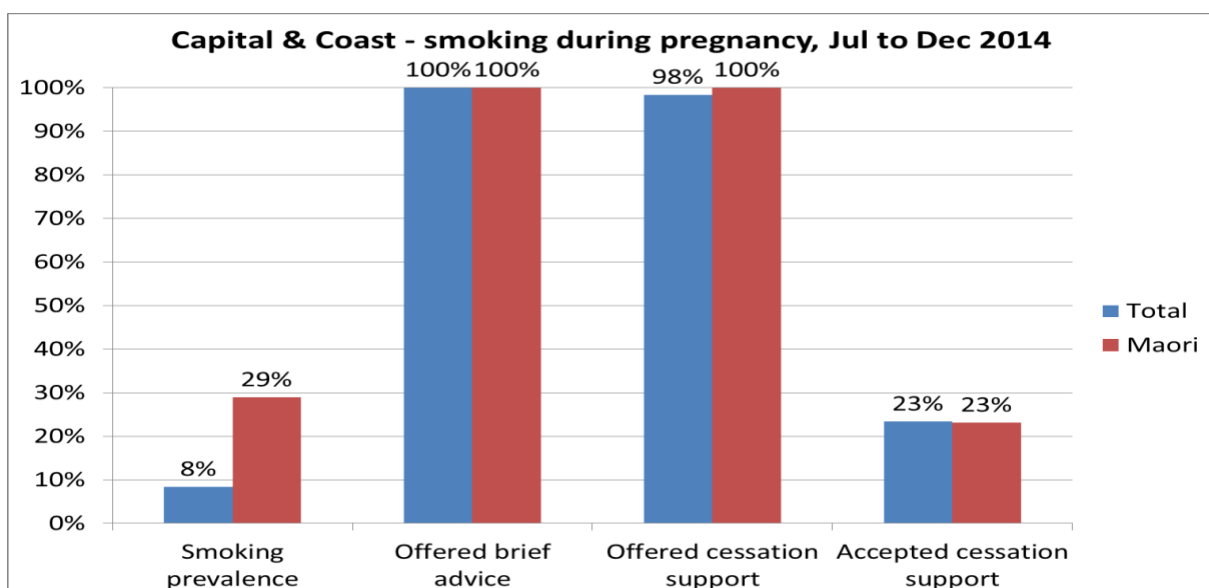
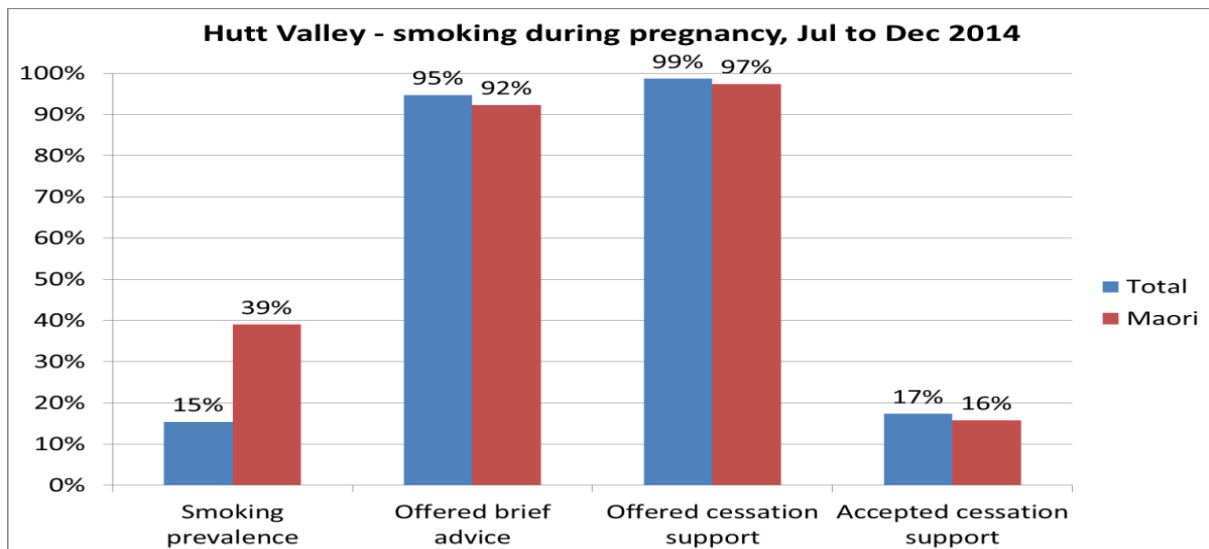
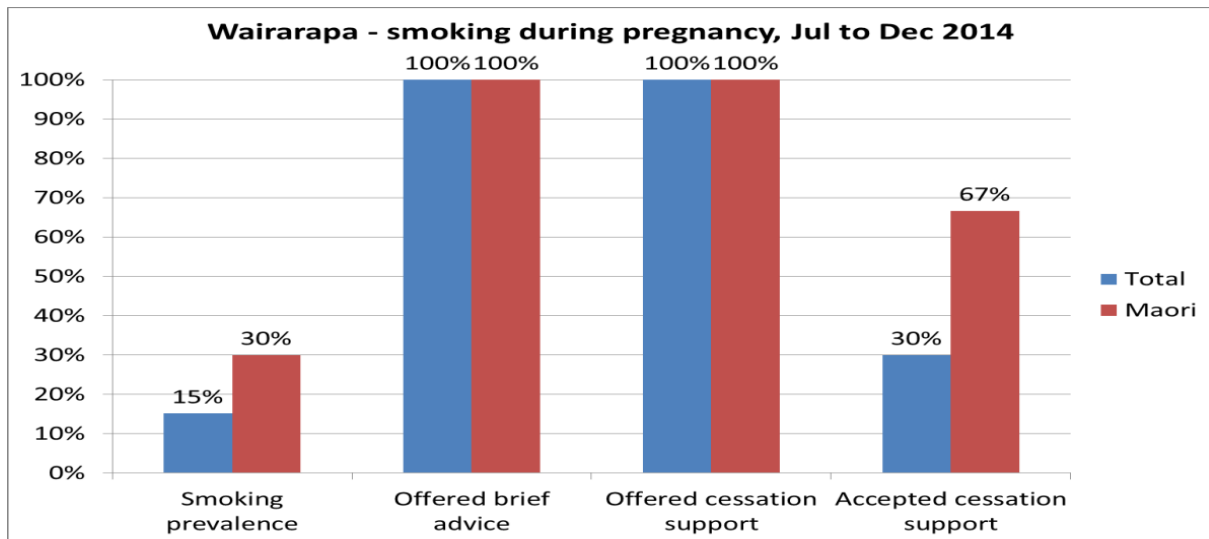
- The smoking rate in mothers is lower than the smoking rate in the general population.
- Māori and Pacific mothers are more likely to smoke than mothers of other ethnicities.
- Figures from hospital maternity data in Hutt and CCDHB show that 30% to 40% of Māori women smoke during their pregnancy.
- 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												
2014/15	Wairarapa				Hutt Valley				Capital & Coast			
	Q1		Q2		Q1		Q2		Q1		Q2	
	Total	Maori	Total	Maori	Total	Maori	Total	Maori	Total	Maori	Total	Maori
Events	24	6	42	4	228	49	228	49	362	40	368	50
Smoking prevalence	5	2	5	1	29	18	29	18	32	12	29	14
%	21%	33%	12%	25%	13%	37%	13%	37%	9%	30%	8%	28%
Offered brief advice	5	2	5	1	29	18	29	18	32	12	29	14
%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Offered cessation support	5	2	5	1	28	17	28	17	31	12	29	14
%	100%	100%	100%	100%	97%	94%	97%	94%	97%	100%	100%	100%
Accepted cessation support	2	1	1	1	5	2	5	2	6	2	8	4
%	40%	50%	20%	100%	18%	12%	18%	12%	19%	17%	28%	29%
Cumulative	Q1		Q2		Q1		Q2		Q1		Q2	
	Total	Maori	Total	Maori	Total	Maori	Total	Maori	Total	Maori	Total	Maori
Events	24	6	66	10	228	49	228	49	362	40	730	90
Smoking prevalence	5	2	10	3	29	18	29	18	32	12	61	26
%	21%	33%	15%	30%	13%	37%	13%	37%	9%	30%	8%	29%
Offered brief advice	5	2	10	3	29	18	29	18	32	12	61	26
%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Offered cessation support	5	2	10	3	28	17	28	17	31	12	60	26
%	100%	100%	100%	100%	97%	94%	97%	94%	97%	100%	98%	100%
Accepted cessation support	2	1	3	2	5	2	5	2	6	2	14	6
%	40%	50%	30%	67%	18%	12%	18%	12%	19%	17%	23%	23%

Stop Smoking Support

Number of smokers to quit by 2025

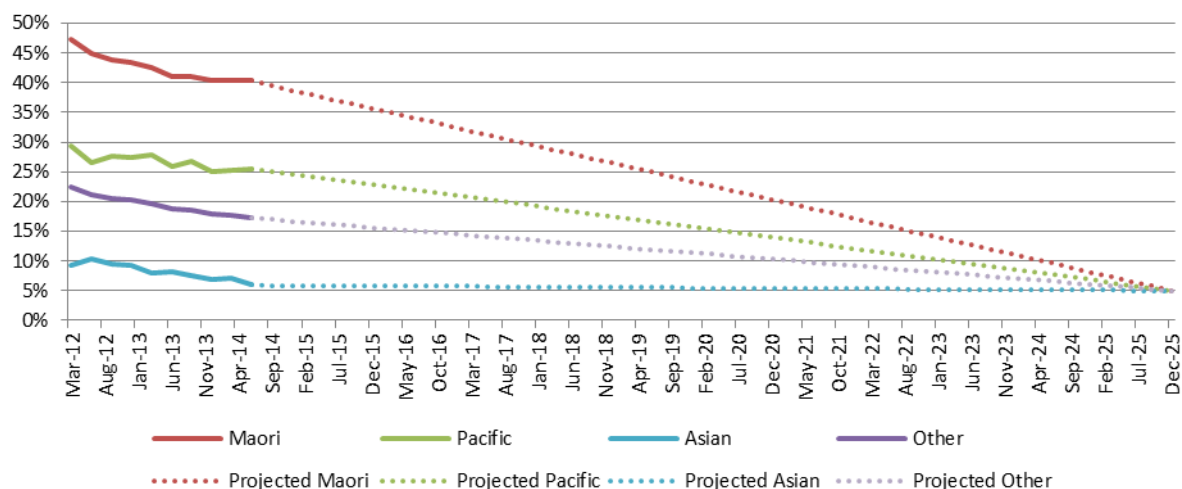
The calculation and analysis in Table 1 shows the number of smokers per time period needed to have successfully quit to result in having no enrolled smokers by the end of 2025. Ten people per week need to quit and stay quit in Wairarapa, 28 in Hutt Valley, and 46 in Capital & Coast districts. About half 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.

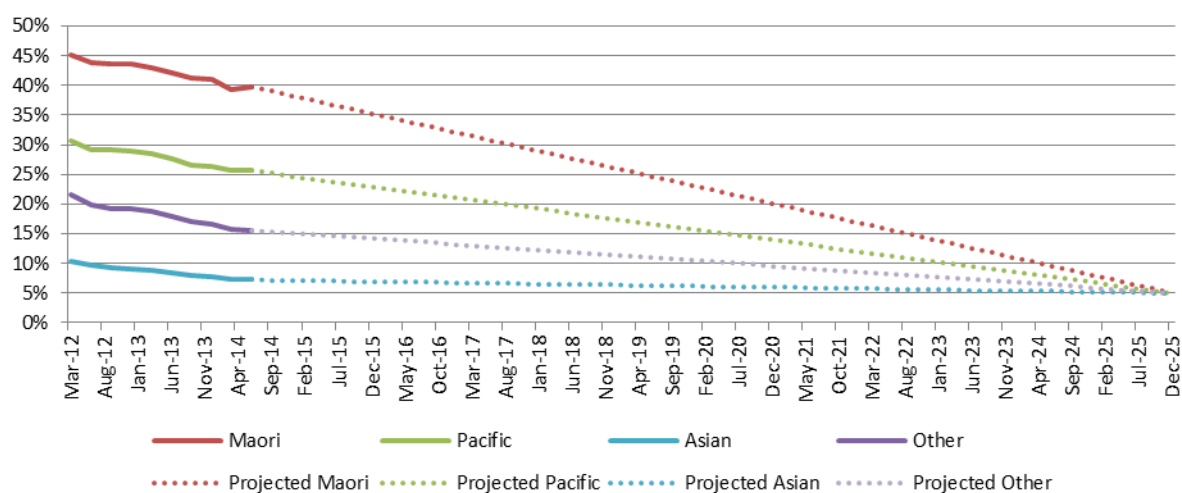
Wairarapa	Quarter ending 30/09/2014	Current smokers	Total enrolled	Prevalence	Quitters/ quarter	Quitters/ month	Quitters/ week
Total pop	Compass Health	5,989	28,765	21%	133	44	10.2
High need	Compass Health	2,595	7,435	35%	58	19	4.4
Hutt Valley	Quarter ending 30/09/2014	Current smokers	Total enrolled	Prevalence	Quitters/ quarter	Quitters/ month	Quitters/ week
Total pop	Hutt Valley DHB	16,449	90,068	18%	366	122	28.0
	Ropata (Cosine)	1,358	13,036	10%	30	10	2.3
	Te Awakairangi	15,091	77,032	20%	335	112	25.7
High need	Hutt Valley DHB	8,638	29,240	30%	192	64	14.7
	Ropata (Cosine)	421	2,302	18%	9	3	0.7
	Te Awakairangi	8,217	26,938	31%	183	61	14.0
Capital & Coast							
Total pop	Capital & Coast	27,270	208,658	13%	606	202	46.4
	Well Health	2,669	8,972	30%	59	20	4.5
	Cosine PHO	2,206	23,285	9%	49	16	3.8
	Compass Health	21,168	181,181	12%	470	157	36.1
	Ora Toa PHO	2,585	8,256	31%	57	19	4.4
	Karori (Cosine)	848	10,249	8%	19	6	1.4
High need	Capital & Coast	12,104	47,397	26%	269	90	20.6
	Well Health	593	3,344	18%	13	4	1.0
	Cosine PHO	2,110	6,290	34%	47	16	3.6
	Compass Health	7,538	33,665	22%	168	56	12.8
	Ora Toa PHO	2,284	6,400	36%	51	17	3.9
	Karori (Cosine)	172	1,042	17%	4	1	0.3

The graphs below show the tracks needed to achieve the 2025 target.

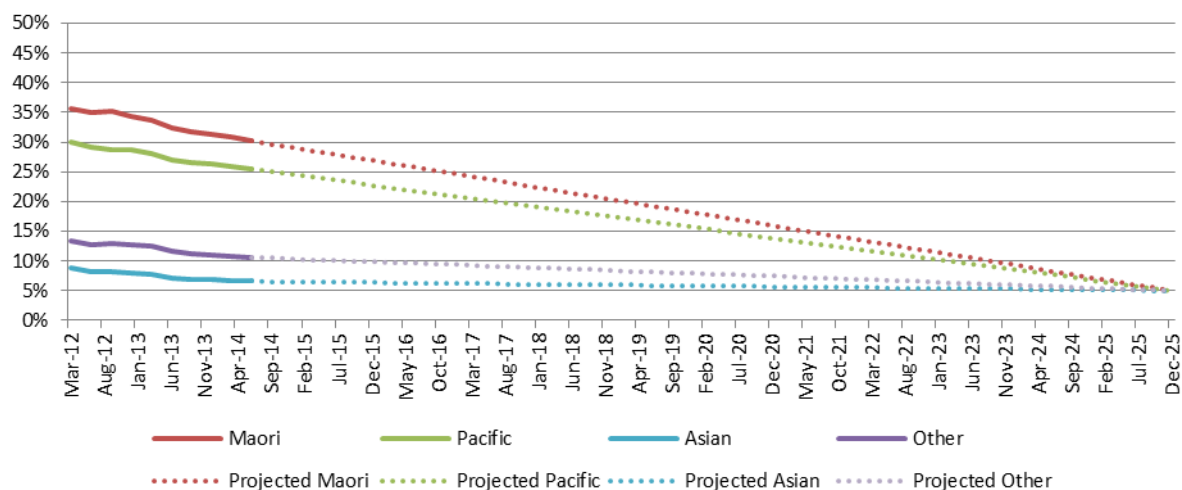
**Proportion of enrolled smokers in Wairarapa PHO,
and projected proportion per quarter required to reach 2025 target**



**Proportion of enrolled smokers in Hutt Valley PHO,
and projected proportion per quarter required to reach 2025 target**



**Proportion of enrolled smokers in Capital & Coast PHOs,
and projected proportion per quarter required to reach 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

Service description	Objectives	Activities	Performance measures (KPIs)	Who	Time frames
Intersectoral relationships and collaboration	Denormalisation of smoking in the community	Community engagement to develop a results based approach	Stakeholder mandated programme developed	SIDU RPH DHBs	Q4 2015-16
Service funding, development and integration	Supporting women of child bearing age who smoke to quit	Review and update of health service specifications	Maternal and early childhood service specifications include cessation support clauses	SIDU	Q4 2015-16

Actions – Continuation of current activity summary

Service description	Objectives	Activities	Performance measures (KPIs)	Who	Time frames
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	○ ABC, NRT competency training is provided to all health professionals	95 percent of hospitalised smokers will be offered brief advice and support to quit smoking	DHB HSS	Quarterly
		○ Health target information is kept up to date and accessible to health professionals	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	PHOs	Quarterly
		○ Delivery of ABC in clinical practice and other settings			
		○ Constant improvement of ABC data collection processes and systems	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	DHB HHS LMCs	Quarterly
			Advice and support to quit is documented and coded accurately		
	Efficient referral pathways to cessation support and services	Develop systems to support referrals to specialist smoking cessations services	Referrals to smoking cessation providers		On-going
		Constant improvement of smoking cessation support service referral processes and systems	<ul style="list-style-type: none"> • Number of referrals • Number enrolled into cessation programmes • Number of successful quit attempts 		

Service description	Objectives	Activities	Performance measures (KPIs)	Who	Time frames
Contribution to Smokefree Aotearoa 2025	<ul style="list-style-type: none"> 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	

Intervention Logic One – 3DHB Tobacco Control Plan



3DHB Tobacco Control Outcomes Logic

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

Smoking prevalence in the 2006 and 2013 Censuses



Resources

Capital & Coast DHB Tobacco Control

Community Smoking Cessation Service CCDHB

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

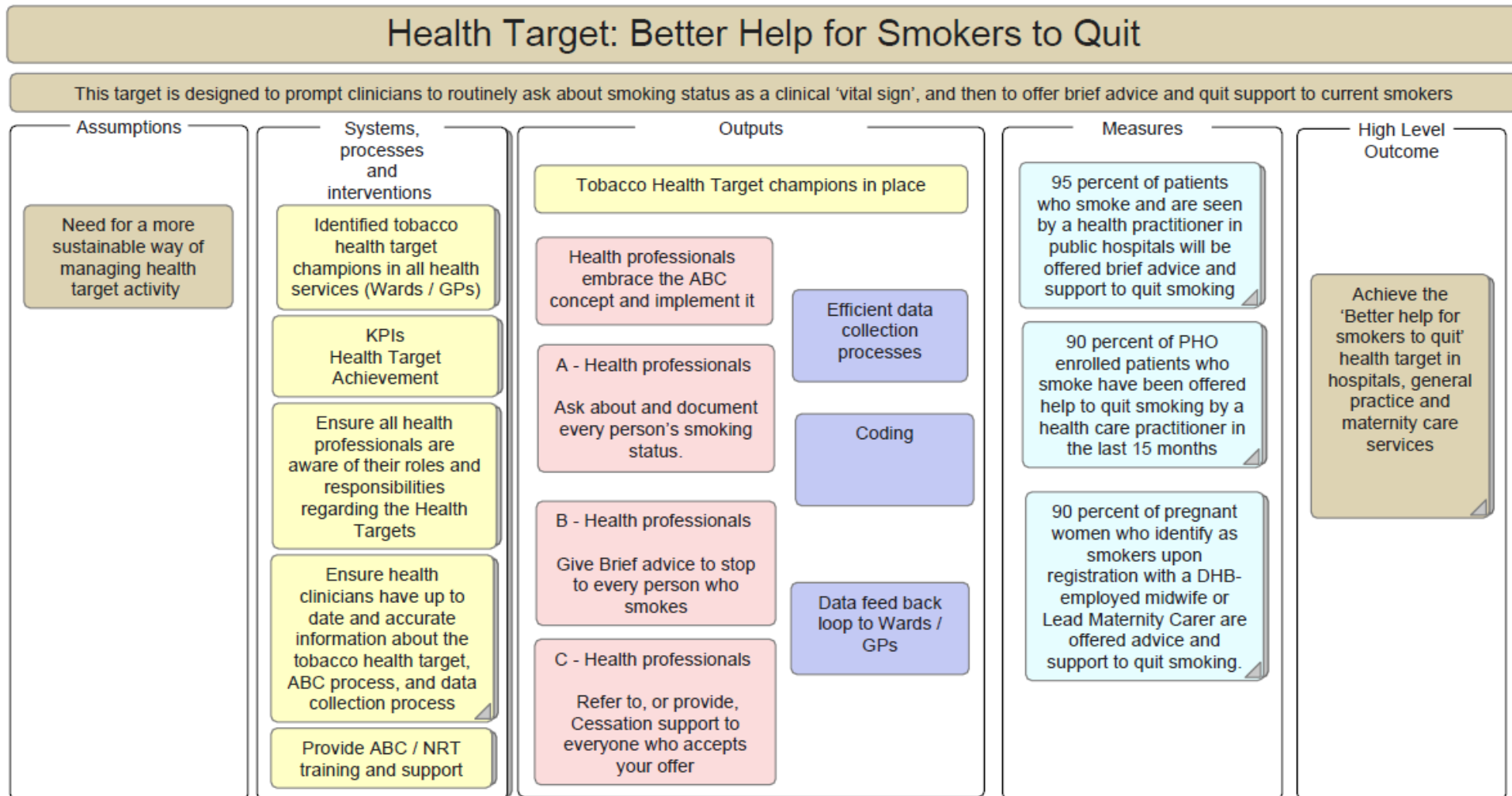
Overarching aims

Reduced tobacco-related morbidity and mortality

Decreased tobacco related disparity

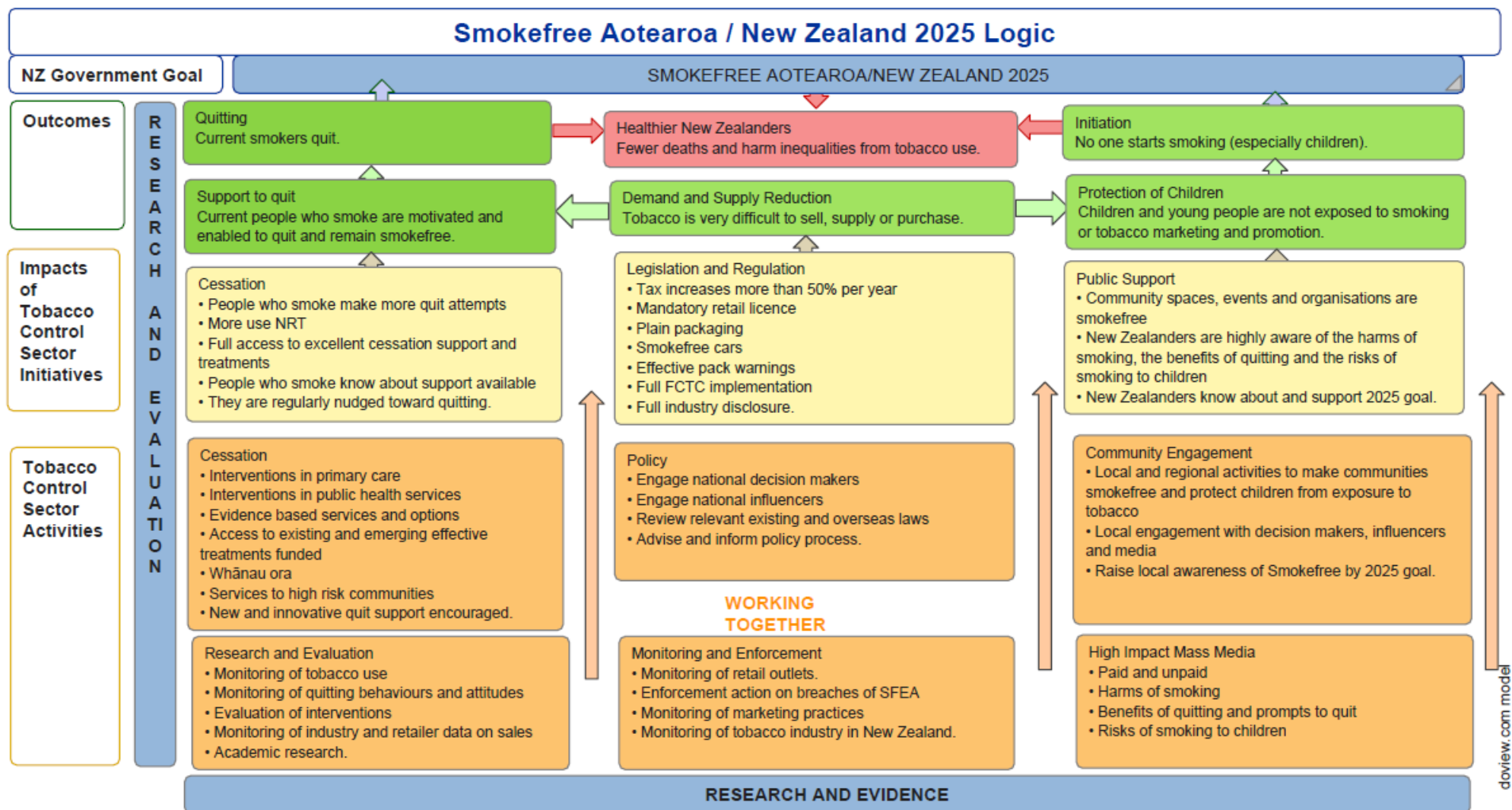
Achievement of the Government's Smokefree Aotearoa 2025 goal

Intervention Logic 2 – Health Target: Better Help for Smokers to Quit

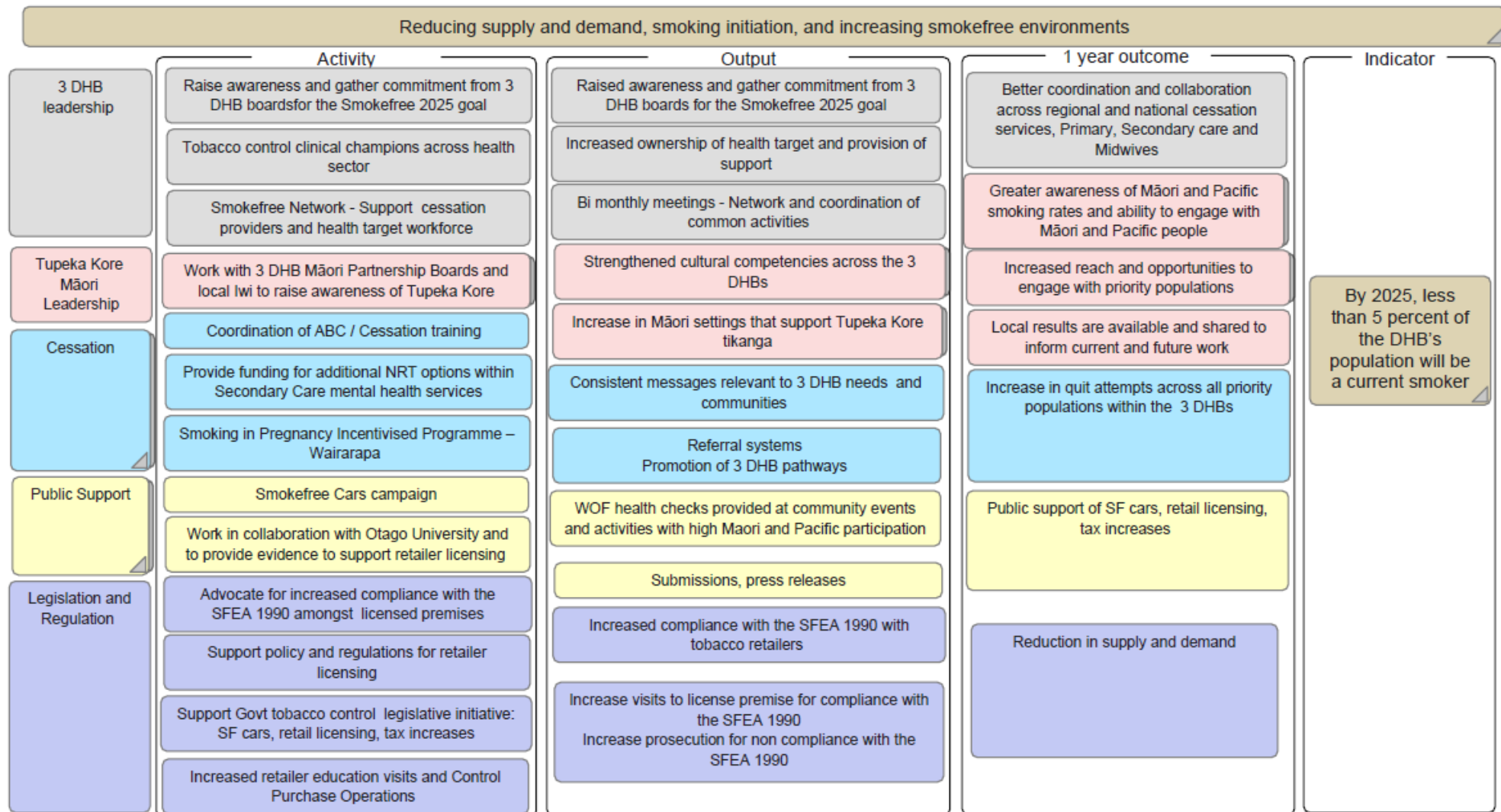


doview.com model

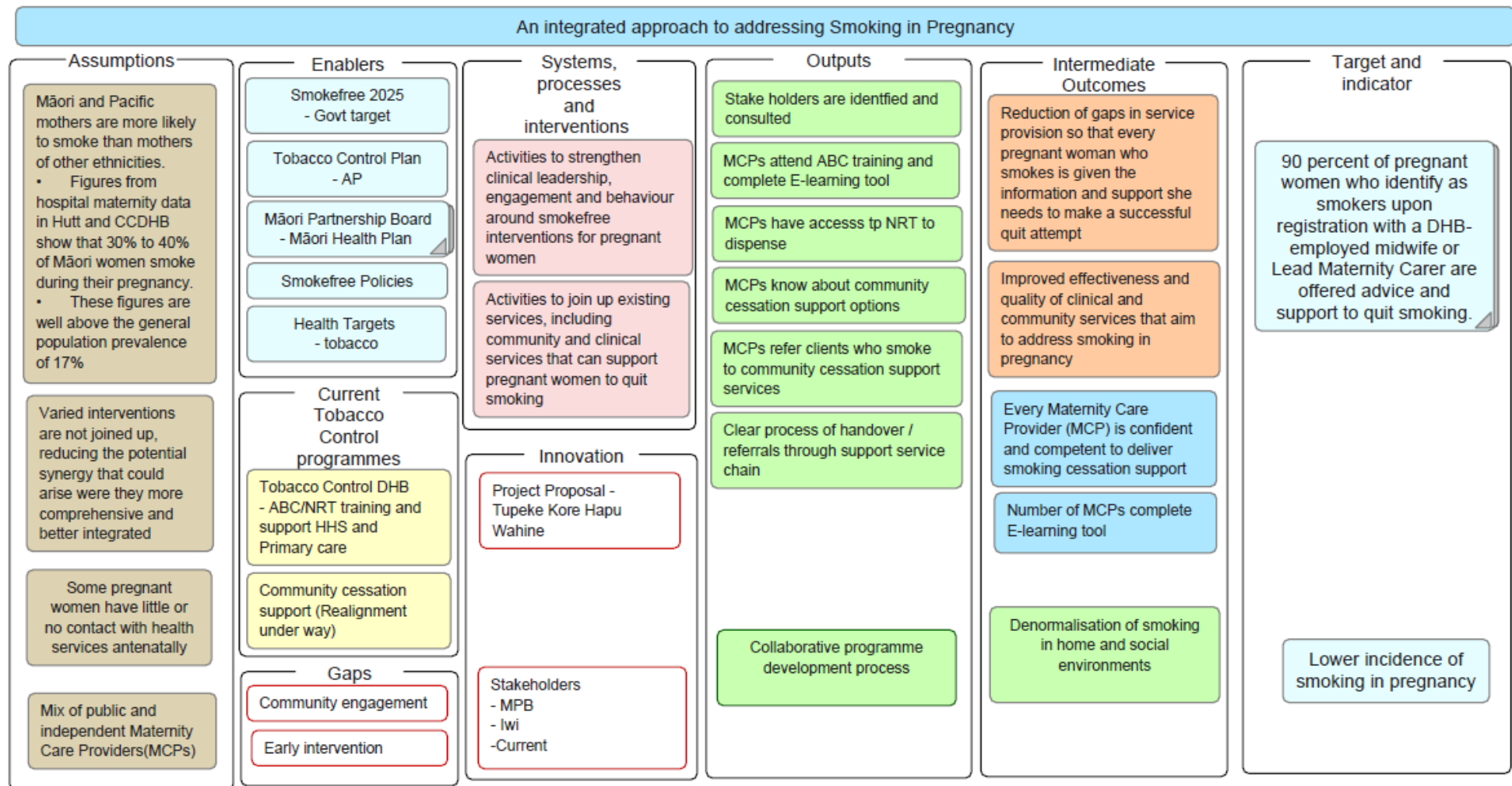
Intervention Logic 3 – Smokefree Aotearoa 2025



Intervention Logic 4 – Reducing supply and demand, smoking initiation, and increasing smokefree environments



Intervention Logic 5 – Smoking in Pregnancy



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ⁱ 2014-15 CCD014-HB Annual Plan

ⁱⁱ CFA 104169 / 350640/00 CCDHB Tobacco Control and Community Smoking Cessation Services

ⁱⁱⁱ <http://smokefree.org.nz/smokefree-2025> (Accessed 25 March 2015)