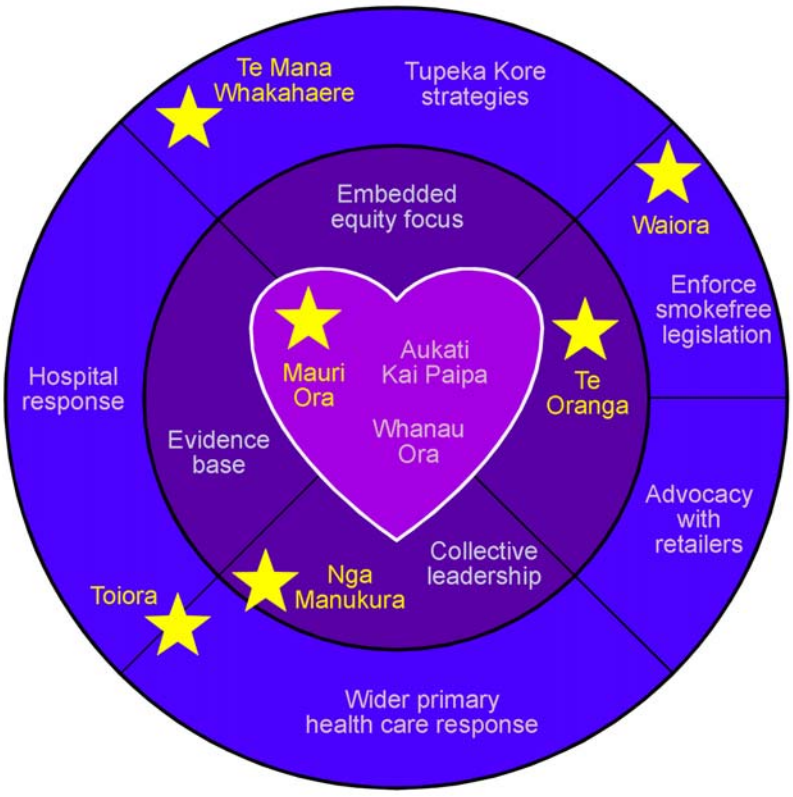
NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora A Rohe O Te Tai Tokerau

Tupeka Kore Te Tai Tokerau
Tobacco Free Northland
2011 to 2013



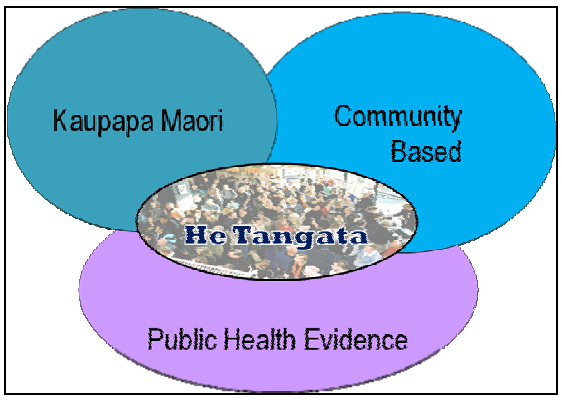
Contents

1 Purpose

This plan is a revision of the *Tupeka Kore Plan* signed off by the Ministry of Health (MoH 2008). It places tobacco control efforts within a wider public health movement provided by the *Te Tai Tokerau Strategic Public Health Plan*[1] and the *Te Tai Tokerau Māori Health Plan*[2]. Fundamental to both plans is ensuring access to the building blocks of hauora for all Northlanders. The public health plan specifically details a Te Tai Tokerau approach to public health issues that puts people in the centre, examines public health evidence, reflects community aspirations and is inclusive of Māori world views (see figure). Te Tiriti o Waitangi as always remains the foundation of public health interventions.

Adopting a wider population health approach supports the integration of tobacco control and cessation programmes, achieving positive health gain for the people of Northland.

Te Tai Tokerau Approach to Public Health



Reducing inequalities forms the backbone of Northland DHB's prioritisation tool. The process of developing this plan was guided by the use of the Health Equity Assessment Tool (HEAT) in assessing needs and developing priorities. A significant feature of this plan is to refocus existing tobacco control activities on reducing inequalities.

Māori leadership is recognised and applied across the implementation of the *Tupeka Kore Plan 2011-2013*. It is envisaged that Māori leadership in this context is Māori determining their own aspirations (*rangatiratanga)* to achieve the plan's desired outcomes. The success of any tobacco control programme for Māori, whether it is the implementation of the ABC approach or a health promotion initiative, rests with commitment by the DHB, PHU (Public Health Unit), PHOs (Primary Health Organisations) and NGOs (Non-Government Organisations) to form alliances with Māori leaders across government, Māori whanau, hapū, iwi and, most important, the Māori smoker to improve Māori health outcomes.

[1] *Te Tai Tokerau Strategic Public Health Plan 2007-2010.*
[2] *Te Tai Tokerau Māori Health Plan 2007-2013.*

2 How this plan evolved

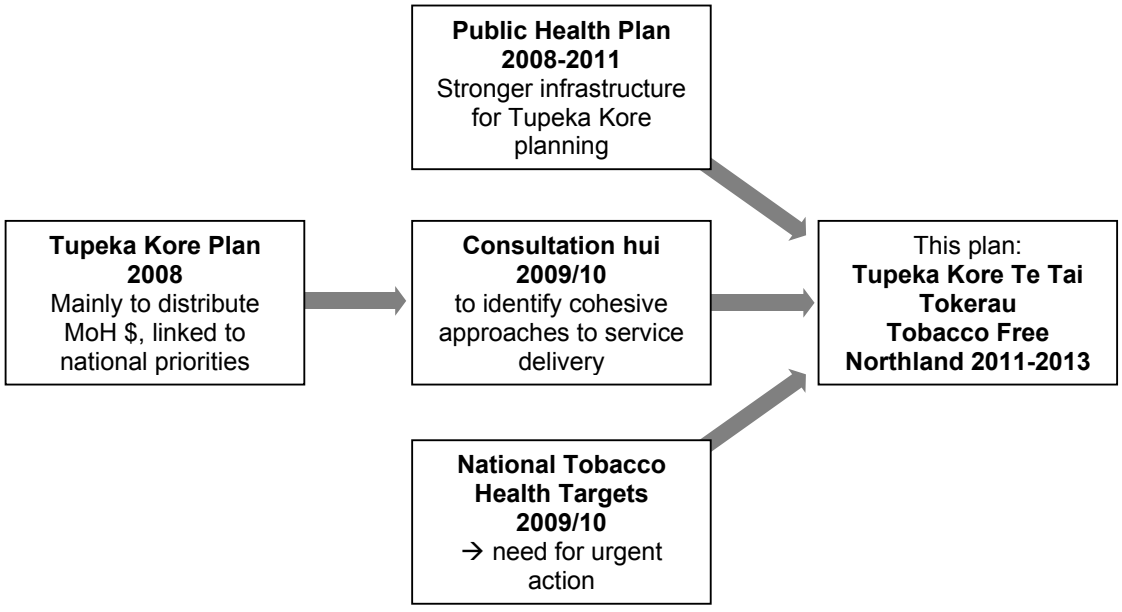
2.1 The 2008 Tupeka Kore Plan

In 2008 Northland DHB along with other strategic partners developed a tobacco plan for the region incorporating initiatives and strategic direction for the next three years. The plan, *Tupeka Kore Te Tai Tokerau: Tobacco Free Northland 2008-2011* targeted audiences[3] which included primary care providers and professionals (particularly Māori health care workers, general practitioners, nurses and pharmacists), Māori, Pacific, parents and youth (particularly Māori), low socio-economic status, and pregnant women.

The 2008 plan's priority tobacco control outcomes for 2008-11 were:

- reduce the prevalence of tobacco smoking in Northland focusing on Māori and priority groups to reduce inequalities
- increase the engagement of local Māori leadership in tobacco control
- increase the proportion of Year 10 students who are never smokers, focusing on Māori and priority groups to reduce inequalities (increase in 2008/09 at least 3% absolute increase over 2007/08 with greater increase for Māori)
- reduce prevalence of non-smokers exposed to second-hand smoke inside the home to less than the 2007 baseline, with greater reductions for Māori
- extend and strengthen Tupeka Kore, tobacco-free environments in Te Tai Tokerau

The 2008 Tupeka Kore Plan was primarily a vehicle for allocating MoH funding for 2008/09 national priorities, but it was always recognised that the plan had limitations and would need to be reworked. This was the main driver behind Northland DHB facilitating a series of consultation hui around Northland during 2009/10. The emergence of Northland's *Public Health Plan* in 2009 provided a stronger basis for Tupeka Kore planning, and the introduction of national Health Targets for tobacco in July 2009 compelled urgent action on tobacco. These influences are summarised in the following diagram.



[3] *Tupeka Kore Te Tai Tokerau: Tobacco Free Northland 2008-2011.*

2.2 The Public Health Plan

The implementation of the *Te Tai Tokerau Strategic Public Health Plan 2008-2011* strengthened the infrastructure to support the 2008 Tupeka Kore Plan. Its primary foci are on improving health status and reducing inequalities with a spotlight on Māori health gain. Health gains are framed around the elements of Professor Mason Durie's Te Pae Mahutonga [4] (whose principles are described in Appendix One).

Te Pae Mahutonga is one way of conceptualising the tasks ahead. We need to create a climate within which human potential can be realised and this will require action on several fronts. Health is more than simply the provision of health services. It is about health cultures, healthy environments, healthy lifestyles and healthy participation in the wider society.

As described in the *Te Tai Tokerau Strategic Public Health Plan 2008-2011*, a comprehensive health sector quality improvement programme also commenced across Northland, focusing on strengthening public health planning and evaluation. The Public Health Plan illustrates this new approach to quality improvement by completing a stocktake and gap analysis of tobacco control activity in Northland, reviewing evidence, determining a three year pathway for tobacco control, and embedding evaluation within the planning process and delivery. Evaluation reports will be completed in 2010/2011 and 20012/13, which will inform the future direction of tobacco investment and planning within Te Tai Tokerau.

The Tupeka Kore Plan has now been strengthened. It incorporates many of the components of an integrated and comprehensive blueprint for intervention (refer section 6). The plan emphasises solutions to the devastation caused by tobacco in Northland and develops public health analysis.

2.3 Consultation hui

Consultation hui were held with providers and key stakeholders in 2009/10. They identified a number of approaches critical to achieving cohesive service delivery:

- Adopting an integrated Māori framework with Māori knowledge, values, beliefs and experiences, models of care and holistic approaches to wellbeing informing tobacco control interventions.
- Locating behavioural changes within the broader Māori world view of health and wellbeing.
- Drawing on the delivery of Aukati Kai Paipa (AKP), whose interventions have been shown to be particularly effective for tangata whenua. Northland has recorded successful AKP supported quit attempt rates, and the district is fortunate to have two of the top three nationally performing Aukati Kai Paipa providers. A whanau ora approach leaves providers frequently booked to capacity to support whanau to break the broader addiction cycle.

Following completion of a draft copy of this Tupeka Kore Plan, further consultation occurred. Consultation and feedback included:

- Te Tai Tokerau Public Health Management Group
- Northland Patu Puauahi Network of Smoking Cessation Practitioners
- Northland DHB Public Health Advisory Group
- Northland DHB Smokefree Hospitals Coordinator
- Northland DHB Executive Leadership Team
- Northland Cancer Control Network

The draft plan was also forwarded to the Ministry of Health's national tobacco leads.

[4] Durie M.1999. Te Pae Mahutonga: A Model For Māori Health Promotion. *Health Promotion Forum Newsletter 49.*

2.4 Health Targets introduced

Health Targets are key vehicles for the accountability of DHBs and are publicised quarterly in the national media. In 2009 the following Health Target was introduced, initially for hospital patients and later for people seen in primary care:

> *"Eighty percent of hospitalised smokers will be provided with advice and help to quit by July 2010; 90 percent by July 2011; and 95 percent by July 2012. Similar targets for primary care will be introduced from July 2010 or earlier, through the PHO Performance Programme."*

This strengthened national direction reinforces the need for Northland DHB and the health sector in Northland to achieve significant gains (reduction) in smoking rates.

3 Northland's Smoking Profile

3.1 Smoking overall

Smoking is the single largest preventable cause of illness and early death. Over 5,000 people die of smoking related disease in New Zealand every year. Smoking is a major drain on health sector resources, with significantly increased use of health services and interventions by smokers.

Northland experiences a higher burden from smoking than the rest of New Zealand. The prevalence of smokers in Northland is 28.2% (compared with 21.1% for NZ). Māori (62.1%) and Pacific peoples (39.6%) have higher smoking rates than other ethnicities[5]. Northland has a higher prevalence of ex-smokers and a lower proportion of never smokers than the rest of NZ. Smoking in Northland is related to 25% of all deaths (47% of all Māori deaths, and 18% of non-Māori deaths). Smoking related hospitalisations in Northland (1,161 per 100,000 hospitalisations) are 1.5 times higher than the national rate.

3.2 Smoking among Māori

Whereas in absolute terms in Northland there are more non-Māori smokers than Māori smokers, in relative terms premature death and disease caused by tobacco are predominantly shouldered by Māori whanau.

Northlanders experience disproportionately high levels of deprivation compared with other New Zealanders. Households stretched by debt, food security issues, and transport challenges make survival-based decisions that may be hard to understand from the perspective of relative privilege. The reasons for the uptake of, and continued use of tobacco, are complex and for many families systemic and inter-generational. The profile of people who smoke in Northland needs to be considered within the wider historical, cultural, and socio-economic context. Despite these challenges Māori and non-Māori health professionals and communities continue to resist the efforts of the tobacco industry in Te Tai Tokerau.

In the short to medium term there is significant scope to deliver additional smoking cessation services through a wider range of community and social services agencies who have contacts with whanau e.g through "Family Start" program, Iwi Social Services. This would support smokers being surrounded by a culture of support for quitting.

3.3 Smoking among youth

The proportion of Year 10 (14 and 15 year old) students in Northland smoking daily, monthly and more often significantly decreased between 1999 and 2007, while the proportion of never smokers significantly increased. The national Year 10 Survey showed that Northland was one of only two DHBs in which parental smoking increased between 2001 and 2006.[6]

The recently reported survey[7] sampled 42% of the recorded Year 10 population; fourteen schools from Northland participated.

Generally, Northland statistics are higher, but are still showing a positive downward trend, as the following table shows.

[5] Data supplied by Public Health Intelligence from Ministry of Health their source NZ Health Survey 2006/07.
[6] Scragg R. 2007. Report of 1999-2006 National Year 10 Snapshot Smoking Surveys: Prepared for ASH and the Health Sponsorship Council. Auckland: School of Population Health, University of Auckland.
[7] Paynter J. 2010. National Year 10 ASH snapshot survey, 1999-2009: trends in tobacco use by students aged 14-15 years. Report for Ministry of Health, Health Sponsorship Council and Action on Smoking and Health: Auckland, New Zealand.

2009 data from ASH Year 10 Survey

Measure	New Zealand					Northland				
	All	Māori		European		All	Māori		European	
		Girls	Boys	Girls	Boys		Girls	Boys	Girls	Boys
Daily smokers	5.6%	18.0%	11.1%	4.0%	3.2%	7.3%	20.0%	7.0%	1.5%	3.0%
Regular smokers[8]	10.9%	29%		7.2%		14.6%	25.5%		6.5%	
Never smokers	64.0%	31.8%	46.0%	*	*	50.2%	20.0%	41.0%	*	*

* ASH is not able to extract this data.

Key points:

- Generally, Northland statistics are higher than New Zealand's, though over time they are still showing a positive trend.
- The highest smoking prevalence continues to be amongst Māori girls and boys. In Northland many more Māori youth are still smoking regularly (25.5%, compared to non-Māori 6.5%).
- Out of the 21 DHBs, Northland DHB region had the lowest percentages of students who had never smoked.

3.4 Parental smoking

Nationally, parental smoking and smoking in the home continues to decrease but only slowly. This is of concern because teenagers with parents who smoke or are exposed to smoking in the home are more likely to smoke, as described in the following table.

2009 data on parental smoking from ASH Year 10 Survey

Measure	New Zealand			Northland		
	All	Māori	European	All	Māori	European
One or both parents smoke	37.0%	62.0%	31.0%	52.5%	71.0%	37.0%
Neither parent smokes	63.0%	*	*	29.0%	*	*
Smoking allowed inside the home	19.5%	27.0%	*	33.5%	43.0%	*
Home is smokefree	81.0%	*	*	67.0%	*	*

* ASH is not able to extract this data.

Key points:

- Parental smoking as reported by teenagers was higher in Northland than any other DHB.
- The average age of smoking initiation in Northland is 11-years old compared to 11.6-years old nationally.
- 5% of New Zealand European students reported age of smoking initiation to be 7 years of age or younger, compared to 12% of Māori students.
- The main source of cigarettes is from friends, ahead of parents or care givers. A smaller proportion are accessing cigarettes from retailers (approximately 8% in Northland).

[8] The combined total of students who reported smoking daily, weekly or monthly

3.5 Smoking in pregnancy

The estimated proportion of Northland pregnant women who smoke is 26% compared with 22% of the total pregnant New Zealand population.

In 2009 NDHB funded an evaluation through the DHB's Public Health Unit of pregnancy-specific smoking cessation services. The key findings were:

- There is a high burden of smoking in pregnancy in Te Tai Tokerau (Northland), with an estimated 40% of pregnancies involving smoking.
- The number of Māori smoking during pregnancy is much higher than that for non-Māori, and this is likely to be a very significant factor in the inequities in birth outcome and child health in Northland.
- There are no pregnancy-specific smoking cessation services or initiatives currently operating in Northland. Very few (approximately 5%) pregnant women who smoke in Northland are supported by a smoking cessation programme.
- Women who continue to smoke in pregnancy, particularly Māori, have high need for cessation support. They are more likely to have complex issues that make quitting very difficult and are often surrounded by smokers in family, work, and social environments. The impact of smoking during pregnancy on infant and child health is substantial.
- Smoking cessation interventions during pregnancy are effective at reducing the prevalence of smoking in late pregnancy, and at reducing preterm births and low birth weight. They are also cost-effective.
- Interventions incorporating incentives, biofeedback and enhanced social support appear to be the most effective for smoking cessation in pregnancy.

3.6 Second-hand smoke

Northland people also have a higher rate of exposure to second-hand smoke than the national average with 25.4% reporting that others smoke in the home sometimes (7.5%), or always (17.9%), compared to 16.8% nationally. The national Year 10 Survey showed that Northland was one of only two DHB areas in which parental smoking increased between 2001 and 2006. Northland was one of five DHB areas which showed no change over the same period in the proportion of student homes which allow smoking, whereas other DHB areas had a declining proportion (MoH 2007b).

Ongoing exposure to tobacco smoke after birth makes a baby or child more likely to suffer respiratory infections and asthma, glue ear, and learning and behavioral difficulties. These factors impact greatly on a child's development and success in life[9]. Furthermore maternal smoking is a risk factor for adolescent smoking which means that the cycle of tobacco dependence (and smoking in pregnancy) is more likely to be perpetuated into the next generation[10].

3.7 Quit attempts

The Ministry of Health has estimated that approximately 40% of all people who smoke will attempt to quit in any year, which translates into approximately 13,700 people in Northland attempting to quit this year[11]. It can take anything up to fourteen attempts to make a successful (long term) quit attempt. A choice of different treatment options for people who smoke is important but these should include at least four follow-up contacts via the telephone or face-to-face (individual or group).

[9] DiFranza JR, Aligne CA, Weitzman M. Prenatal and postnatal environmental tobacco smoke exposure and children's health. Pediatrics 2004;113(4):1007-15.
[10] Scragg R, Glover M. Parental and adolescent smoking: does the association vary with gender and ethnicity? NZMJ 2007;120(1267): Available from: www.nzma.org.nz/journal/120-1267/2862
[11] Evison K, Wall J. 2007. *Confidential Tobacco Report: Northland DHB.*

The Ministry of Health has prescribed clear national priorities and target audiences for tobacco planning:

- primary care workforce involvement in Ask, Brief advice, Cessation support (ABC)
- hospital service workforce involvement in ABC
- children and youth whose parents smoke
- pregnant women

Tobacco control is specifically included in Northland DHB's planning in respect of three key strategies – cardiovascular disease, cancer control, and child and youth[12]. Taken together, the strategies' goals are to reduce the prevalence of smoking, reduce the incidence of cancer through primary prevention, and encourage and support a healthy population. The key actions from these strategies have been incorporated into *Tupeka Kore*.

12 Northland District Health Board. 2008. *District Annual Plan 2008/09.*

4 Tobacco Control

In adopting the vision *Tupeka Kore Te Tai Tokerau: Tobacco Free Northland*, we acknowledge the leadership of Shane Kawenata Bradbrook, who explains that Tupeka Kore (literally meaning without tobacco) provides a clear, unambiguous message that is a progression from more traditional terms Auahi Kore and smoke-free. Tupeka Kore is focused on Māori communities and the assertion of tino rangatiratanga through the reclamation of tikanga and Māori leadership.

This plan aims to normalise tobacco free environments and smoking cessation. As Northland is one of the four district health boards in the country with the poorest health and the most unequal distribution of health,[13] all tobacco control activities in Te Tai Tokerau need to embrace an inequalities approach.

4.1 Current Tobacco Control Activities

Māori, public and primary health providers are individually and collectively engaged across the continuum of care in tobacco control activities to foster a social movement of tobacco resistance.

Within Te Tai Tokerau health providers deliver a range of smoking cessation services targeted at Māori, pregnant women and youth, aimed at preventing initiation and intervening in community and clinical settings. They include Kaupapa Māori programmes within Māori settings, regulatory tobacco control endeavours and collaborative action with national programmes, and partnership with Cancer Society Northland.

Local Provider	Tobacco Control Activities
Northland DHB	Community action initiatives
	Healthy public policy advocacy
	Auahi Kore marae programme
	Contribute collaborative projects with other partners eg smokefree homes, smokefree cars
	Smokefree DHB Coordinator; convene Patu Puauahi (PHU and community)
	Smokefree Environments Act 1990, regulatory function
	Inpatient cessation service, Hospitals Smokefree Coordinator, clinical change management champions, ABC Educator and cessation practitioners, across Northland DHB provider arm
	Within the Healthy Promoting Schools and Fruit in Schools programmes, staff work with tobacco control issues when they are identified by the school community
Ngati Hine Health Trust	Organisational policy zero tolerance to staff smoking
	Lead provider for regional social marketing/change management campaign
	Most nurses trained as quit card providers
	Tobacco messages entrenched within all holistic health promotion programmes
	Provide an Aukati Kai Paipa cessation service
Whakawhiti Ora Pai	Tobacco messages embedded within Korikori A Iwi programme
	Building capacity within staff to be quit coaches
Te Runanga o Te Rarawa	Tobacco messages embedded within all holistic health promotion programmes as part of a wider drug minimisation approach
Te Hauora o te Hiku o te Ika	Provide an Aukati Kai Paipa cessation service
	Tobacco messages and referral offers embedded within all holistic public health activities
	Specific tobacco programmes about promotion of auahi kore environments whether that be homes, cars, marae or sports fields

[13] Ministry of Health. 2005. Monitoring Health Inequality Through Neighbourhood Life Expectancy: Public Health Intelligence occasional bulletin no. 28. Wellington: Ministry of Health.

Local Provider	Tobacco Control Activities
	All staff familiar with ABC quit framework, with strong leadership with whanau by Kaupapa Māori Advanced Nurse Practitioner
Nga Manga Puriri	Tobacco control abstinence messages are embedded within comprehensive harm minimisation kaupapa across the organisation
	Kaumatua and kuia within governance structure are advocates for healthy lifestyles inclusive of Tupeka kore.
Ki A Ora Ngatiwai Trust	Tobacco messages embedded within Korikori A Iwi and CAYAD programmes
	Significant number of trained quit coaches on staff
Te Ha o te Oranga o Ngati Whatua	Provide an Aukati Kai Paipa service
Whangaroa PHO/ Whangaroa Health Services Trust	Building organisational capacity to respond to the challenges of tobacco addiction within their high needs community Provide free PHC-ABC services
Hokianga Health Enterprise Trust/ Integrated PHO	Tobacco control messages embedded within all health promotion work in both school and marae settings including Green Prescription and CAYAD
	Actively engaged in supporting Auahi Kore Marae programme
	Developing capacity of health professionals, clinical kaimanaki tangata to become quit coaches
	Provide free PHC-ABC services
	Provide community and inpatient cessation service
Manaia PHO	Participate in annual World Smokefree Day media blitz campaign linking primary and public action
	Ongoing strategic relationship with Quit Group brokering information, resources and training for Northland
	Healthy public policy advocacy
	Lead PHC-ABC provider
	Trialing targeting free access to cessation interventions within pockets of high need urban communities
	Growing number of practice nurses being trained as quit coaches. Tobacco messages are embedded in all primary health care clinical delivery
Kaipara Care Inc	Provide free PHC-ABC
Te Tai Tokerau PHO	Smoking status incorporated within routine adolescent HEADDSS assessment process and referral to appropriate interventions
	Zero tolerance to smokers within the PHO workforce
	Provide free PHC-ABC services
Broadway House Health, Kaikohe	Provide free cessation support by doctors and nurses to their high needs community
	Local quit coaches have been trained. Provide free PHC-ABC services
Cancer Society	Reducing youth initiation, healthy role modeling and advocacy in schools
	Smokefree parks and environments including campaigning to ban tobacco displays at point of sale
	Working with budget advice service to use quitting to help manage household budgets
	Not directly government funded so are able to do advocacy

4.2 Current Tupeka Kore Funding

Existing Core Regional Public Health Funding			ABC Smoking Cessation			AKP Enhancement-service coverage and capacity		
Aukati Kai Paipa	NHHT & Te Hiku	**$609,555,** 1 yr contract expires June 2011	**ABCPHC**	Manaia PHO lead provider	**$750,000** over 3 yrs, contract expires June 2012	**Top up AKP**	NHHT & Te Hiku	**$212,000**, contracts expires June 2011
Tobacco Control Public Health	PHU	**$1,291,016.88,** 3yr contract expires June 2012	**Hapu/Iwi strategies, targeting young women/pregnancy care pathway**	Hokianga Health	**$50,000**pa, contract expires June 2011(funding available for a further 1 yr)			
Tobacco Control Personal Health	PHU	**$336,830.92,** 3yr contract expires June 2012		Whangaroa Health	**$50,000**pa, contract expires June 2011(funding available for a further 1 yr)			
			Smoking Cessation-DHB Hospital	NDHB Provider Arm	**$150,000,** 1 yr contract expires June 2011			

Red text = Contracts funded by Ministry of Health
Green text =Northland DHB "one-off" funding to June 2012
Blue text = Northland DHB sustainable funding

Note:

1. The current annual investment for tobacco control in Northland is $1,864,170.80.
2. In addition to the funding allocated to existing contracts Northland DHB's Nicotine Replacement Therapy actual cost (NRT) for 2009/2010 was $503,645.00.
3. The national signal is that devolution of all tobacco funding to DHBs will occur 2011/12.This decision is being taken within the broader national devolution context ie not unique to tobacco funding.
4. A key health target is: *better help for smokers to quit* and there is an expectation that for 2011/2012 the current funding streams will continue in some form. Northland DHB has not received any notification from MOH that the contracts expiring 30 June 2011 will be exited.
5. Specific funding assumptions include:
    - existing core regional Public Health funding will continue at $1,152,170.90 per annum.
    - existing smoking cessation (DHB hospitals) funding will continue at $150,000 per annum.
    - funding for ABCPHC (primary care) will continue after June 2012, providing resource to meet PHO performance targets.
    - Maori provider contracts (NHHT/Te Hiku) could be subject to decisions regarding approved Whanau Ora organisations, prior to devolution(MOH memo 13/12/10).This could effect $609,555 of current MOH annual funding allocation. NDHB would need to decide if the sustainable $212,000 AKP Enhancement funding would also transfer or be reprioritized.
    - An assumption Northland DHB is not going to allocate any more funding to Tupeka Kore.
6. Devolution does not pose a risk in delivering the 2011-2013 Tupeka Kore Plan.
7. Any reduction in funding allocation by MOH would require Northland DHB to work with key stakeholders to reprioritize and realign the total available funding for Northland to meet the 2011-2013 Tupeka Kore Plan's agreed priorities. Northland DHB's Prioritisation Policy and tools would be applied.
8. Northland DHB's Tupeka Kore Plan sets maternal/youth smoking as a priority which is consistent with the national direction, Northland's SUDI rates, and the 2009 year 10 survey.
9. The MoH national tobacco team report that a significant priority area emerging for the Minister is maternal smoking.

5 Current Smoking Cessation Activities

5.1 The ABC Approach

Smoking cessation has been identified by government as a priority for the NZ tobacco control programme and therefore is a significant part of the work that will be considered in this plan as significant gains can be made when smokers are supported to quit. The health sector's approach to smoking cessation can be made more systematic by integrating the ABC approach into the everyday practice of all healthcare workers who have contact with smokers, thus generating "more supported quit attempts, more often"[14]. For Māori significant gains can be made if the ABC approach becomes routine practice for all healthcare workers across all settings, because simply advising people to stop has been shown to have an effect, increasing quit rates by 1-3%.

5.2 Cessation Strategies

NDHB Regional Hospitals

There has been a steady rise in Northland DHB's ABC Smokefree Health Target figures. Smokers offered advice and support to quit reached 30% in January 2010 and was closer to 76% as at October 2010.

The focus continues to be on mitigating barriers and ensuring inpatient ABC smokefree data is adequately captured, then accurately recorded and coded.

NDHB currently analyses and reports on hospitalised smokers, admissions, patients given ABC by service, ethnicity and hospital. These figures with a tracking graph are passed to clinical leads and managers to encourage consistent, Northland DHB-wide improvements among staff implementing ABC.

There have been significant operational and clinical initiatives applied over the past year:

- the Smokefree Hospitals team, previously under the Public Health Unit, now sits within Clinical Services to boost staff perception of ABC and support smokefree behaviours
- smokefree staff champion numbers have also increased and now cover all service areas and all regional hospitals
- Te Poutokomanawa Takawaenga are completing specific training and participating in ABC to strengthen support for Smokefree behaviour for inpatients and their whanau
- A schedule of training updated for hospital champions and staff around ABC implementation and consistent, effective use of Nicotine Replacement Therapy (NRT)
- A new training plan is being developed and will continue to raise the profile of the clinical smokefree champions.
- there are new and/or updated ABC recording tools
- NRT prescribing for inpatients who smoke is becoming mandatory; standing orders now make more NRT options available for inpatients, and stickers have been developed for the new drug charts

Primary Care

The aim is to strengthen full delivery of ABC interventions within primary care, particularly minimising barriers to accessing NRT. This will help meet the primary care Health Target introduced for 2010/11 of 80% of smokers being offered advice and help to quit.

[14] Ministry of Health. 2007. *New Zealand Smoking Cessation Guidelines.* Wellington: Ministry of Health.

Manaia PHO is the lead provider for:

- developing and implementing initiatives to prepare for capturing the Health Target data required from July 2010
- increasing the number of supported Quit attempts across Northland
- building connected IT systems to prompt practitioners to initiate ABC with patients, accurately recording cessation data across all Northland PHOs

This work is being delivered within the following key objectives:

- Māori, parents (15-45 years) and pregnant women access practice based cessation services equitably
- connected IT systems are still under development, but progressing

Each PHO/practice across Northland has been allocated a certain number of introductory quit product and information packages to be distributed at initial contact with patients. This is based on the population demographic for each practice and the percentage of Māori/non-Māori to ensure equitable distribution among targeted populations. Each quarter, practices are monitored against this quota to support equitable access by Māori.

Referral pathways have been developed to ensure prompt referrals between general practice and other specialist cessation providers eg Aukati and Quitline.

Quit Card Providers

The Quit Card Programme compliments the free-phone Quitline Service where Nicotine Replacement Therapy (NRT) is made available to callers, and is a mechanism for achieving quicker access to cessation support (ABC). The programme allows for people with an interest in smoking cessation to distribute Quit Cards to clients wanting to quit smoking.

The providers are typically involved in health and social services that come into contact with people who smoke.

A Quit Card is a card handed to clients wishing to quit, which the client can redeem for Government subsidised nicotine gum or patches.

Northland has done extremely well in growing the number of registered Quit Card providers from 5 in 2005, 85 in 2008, and 370 in 2010.

Community action and social marketing

The funded community action and social marketing strategy aims to strengthen delivery of health messages to whanau and engage with tobacco retailers to reduce the number of tobacco displays and tobacco supply outlets across Te Tai Tokerau.

Māori leadership is crucial for this collaborative provider led initiative to reach vulnerable communities and populations. Ngati Hine Health Trust is the lead provider for this strategy.

This plan will strengthen and extend these efforts and provide a solid platform for Māori leadership to address the pressing tobacco problems of Te Tai Tokerau.

Kaupapa Māori Services

Aukati Kai Paipa Services (AKP) and enhanced ABC training is provided by two Kaupapa Māori Services in Northland. The providers are Ngati Hine Health Trust and Te Hauora O Te Hiku Te Ika. The aim of AKP is to support Māori whanau to achieve maximum health and wellbeing by promoting healthy lifestyles (tobacco cessation) to reduce the consumption of tobacco in Māori whanau, hapu, iwi and Māori communities.

Services are linked to a range of public health initiatives and are delivered in a holistic way incorporating Māori knowledge, values, beliefs, experiences and models of care.

6 Priority Outcomes for 2010-2013

(Based on programme logic model workshop August 2009)

The Tupeka Kore Intervention Logic Model for tobacco on the following page describes the key outcomes for Tupeka Kore to be achieved by 2013. Targets are aligned to Ministry performance measures and targets for tobacco control.

The model illustrates a Te Tai Tokerau-wide population health intervention approach, across sectors, agencies and contracted providers, to address the significant priority groups identified in Northland's smoking profile (section 3).

The impacts in the model express the specific *impacts* and *outcomes* we collectively need to achieve or contribute to, that were identified during Northland's 2009 stakeholder workshops.

Priority outcomes provide a base against which *actual performance* can later be assessed, and to assist in moving from recording outputs to focussing on outcomes and actual results. The model will help create a cohesive focus for all providers and stakeholders, and forms a stronger platform for evaluating Northland's performance, 2011/12.

Whakauae Research Services, Northland DHB's contracted evaluation organisation, has been working with providers in 2009/2010, to develop their Tupeka Kore Programme Logic Models to assist stakeholders to focus on their related outcomes and activity, while at the same time enable use of the best means to achieve them.

The corresponding purpose of undertaking a programme intervention logic exercise as part of an evaluation is to:

- Create a shared understanding between evaluators and programme planners and/or managers about how a programme is expected to work
- Assist with programme planning and/or operation
- Assist with evaluation design

Tupeka Kore Intervention Logic Model

Vision		Whanau Ora – full participation in society				
High level outcomes		Improved health and disability status		Improved equity	Tupeka kore Te Tai Tokerau	
High level measures		↑ life expectancy	↓ mortality rate	↓infant mortality	↓ gaps between: (a) Māori & non-Māori (b) Northland & NZ	% population smokefree
Outcomes		Protecting children from exposure to tobacco	Reduced health impacts from smoking-related conditions		Reduced whanau, social and economic impacts from smoking	
Impacts		Never-smokers remain smokefree	No new smokers	Smokefree pregnancies/ secondhand smoke	Smokers quit	Societal intolerance
Impact measures		**Never smokers** % never smokers. Increase the proportion of Year 10 students who are never smokers, *(increase in 2009/10 at least 3% (absolute increase) with a greater increase for Māori).* % 25-year-olds who have never smoked.	**Smoking initiation** % Y10s who start smoking each year. % 25-year-olds who start smoking each year. Number of smoke free campaigns. Number of schools with smoke free education.	**Vulnerable groups** Reduced impacts from smoking: Māori age-standardised death rate from smoking-related conditions (male, female, total) (including lung cancer). Māori age-standardised registrations for lung cancer. Infant deaths from smoking-related conditions. % of pregnant women who smoke. % of births that are preterm and/or low birth weight. Increase in the number of Marae and other Māori settings adopting Tupeka Kore Policy and actions.	**Smokers** Total deaths from smoking-related conditions (male, female, total) (including lung cancer). Total adult (15+) registrations for lung cancer. Proportion of the adult (15+) population who smoke (male, female). Proportion of smokers who have quit 3 months following cessation. Quit rate initiation rate.	**Intersectoral** Total tobacco sales. Reduction in exposure to second hand smoke.
Outputs (services, activities)	**Y1**	A Te Tai Tokerau Māori leadership group is engaged in regulation of tobacco sales targeting at risk populations and communities. Compliance/educational activity targets retailers in very high priority locations (deprivation quintile 5 and/or close to schools). Audits targeting 20% of tobacco retailers in very high priority locations (deprivation quintile 5 and/or close to schools, including CPOs where appropriate) in accordance with the Ministry of Health Smokefree Enforcement Manual. Northland stakeholders effect changes to tobacco control policy through submissions to central/ local government/and other agencies. Regional media coverage of tobacco control and smoking cessation services activity.	Regulatory enforcement on tobacco sales to minors. Targeted and linked community awareness campaigns about the harms of tobacco. In-school education about the harms of smoking.	Tobacco control for Maori communities remains a Northland DHB priority. Māori Tupeka Kore Advisory Group provides leadership and accountability for Māori as a priority population. Pregnancy and 'new mum' specific pathway in 2 very high need communities with evaluation outcomes 2011/12. Targeted cessation services for patients/ clients accessing NDHB mental health services.	Northland Public Health Management Group provides leadership and advisory support. Northland Patu Puauahi Network provides regional smoking cessation coordination and expertise at the point of access. Coordination of a tobacco control focus in clinical practice. ABC and cultural support to all hospitalised smokers. ABC support provided to all smokers across primary care services. Aukati Kai Paipa support provided to eligible whanau, inclusive of Māori practice, custom and lifestyle. Regional smoke free website www.smokefreenorth.org.nz .	Development of workforce capacity and capability, both technical and cultural, aligned to service growth and demand.
	Y2	Kaupapa Māori Tupeka Kore based youth development programmes delivered in very high needs areas (deprivation quintile 5). Te Tai Tokerau social service and community agencies included under smoking cessation activities and training.	Targeted cessation services for Rangatahi Māori and youth. Cessation services and NRT at least 2 educational institutions (link to development of Youth Strategy 2010/11). Cessation services in at least 5 social or community services, or Māori settings. Engagement with school boards of trustees. Targeting of schools with high Māori enrolments.	Māori-led and controlled Tupeka Kore-related decisions. Pregnancy quit support groups aligned with antenatal classes. Pregnancy specific resources show the benefits of quitting at each stage of pregnancy ABC support services to all pregnant women.	ABC training included in sectors other than health by Jan 2011. Access to NRT products, to all smokers attempting to quit. Access to counselling services.	
	Y3			A 'vulnerable pregnancies' model/service delivery supports psychosocial support around women with multiple risk factors for adverse pregnancy/child outcomes.		Tobacco control action within Te Ope Matatu o Te Tai Tokerau (Northland's across government Māori advisor forum), and Iwi and Runanga services.
Output measures		Reduction in the prevalence of non-smokers exposed to second hand smoke in the home and vehicles to less than the 2009 baseline, with greater reductions for Māori. Reduction in the number of complaints, nature, location and outcome. Audit 20% of retailers each year. An additional 2 unregulated environments smokefree each year. Number of retailers who stop selling or displaying tobacco products, from 19 to 22. Reduce tobacco displays/sales by 3 additional retailers per year, across Northland from 19 to 22. Media coverage utilising Māori media (radio, newsletters).	Number of cessation services: targeted at Rangatahi Māori and youth. in educational institutions, especially schools with high Māori enrolments in social, community or Māori settings. Number of school boards of trustees engaged with.	Reporting number of smokefree homes and cars. Percent of pregnant women provided with support to quit. Cultural Competencies integrated into at least 80% PHC practice by Dec 2011. Cultural Competencies integrated into at least 90% PHC practice by Dec 2012. Two non-health partners adopt tobacco control policies and projects by June 2011. Number of smokefree marae that have adopted smokefree policies.	Percentage of smokers who have been offered advice and help to quit in primary care services. Number of people who access Quitline services. 90% of hospitalised smokers will be by the end of June 2011. Percentage of smokers provided with advice and help to quit in NDHB's mental health services. Proportion of smokers who remain non-smokers 3 months following cessation. 80% using NRT and 30% smoke free at 3 month assessment. Smoking Cessation workforce FTE across Te Tai Tokerau.(realignment to sustain progress against health targets). Number community and government agencies accessing ABC training.	Number of retailers who stop selling or displaying tobacco products, from 19 to 22. An additional 2 unregulated environments smokefree each year. Smokefree parks and sports grounds/skate parks Whangarei and Kaipara from 77 to 141. Smokefree parks Far North District Council from 0 to 12. Number of non-health or social agencies and Iwi organisations adopting tobacco control policies, from 1 to 3. 1 Control Purchase Operation in each TLA per year. Audit 20% of retailers selling tobacco products in each TLA per year.

Colour codings describe how outputs fit with Te Pae Mahutonga, the Māori public health model that provides a framework for the implementation of this plan.	Mauri Ora Access to Te Ao Māori	Waiora Environmental Protection	Toiora Healthy Lifestyle	Te Oranga Participation in Society	Nga Manukura Leadership	Te Mana Whakahaere Autonomy

Appendix One: Principles of Te Pae Mahutonga

Te Pae Mahutonga[o] is a well known Māori health model and will provide the framework for the implementation component of this plan.

Mauri Ora (Access to Te Ao Māori) good health depends on many factors, but among indigenous peoples world over, cultural identity is considered to be a critical factor. Identity means little if it depends only on a sense of belonging without actually sharing the group cultural, social and economic resources. Therefore a secure identity requires access to:

- language and knowledge
- culture and cultural institutions
- Māori economic resources such as land, forests, fisheries
- social resources such as whanau, hapu, iwi networks

Waiora (Environmental Protection) is linked to the external world and recognises the importance of one's environment to the health and wellbeing of people and places. There needs to be balance between development and environmental protection, and recognition of the fact that the human condition is intimately connected to the wider domains of Rangi (Sky Father) and Papa (Earth Mother). Harmonising people with their environment requires that:

- air can be breathed without fear of inhaling irritants or toxins
- water is free from pollutants
- opportunities are created for people to experience the natural environment
- earth is abundant in vegetation

Toiora (Healthy Lifestyle) depends on personal behaviour, though it would be an oversimplification to suggest that everyone has the same degree of choice regarding the avoidance of risk. Risks are highest where poverty is greatest. A shift from harmful lifestyles to healthy lifestyles requires actions at several levels. Key areas for consideration include:

- harm minimisation
- targeted interventions
- risk management
- cultural relevance
- positive development

Te Oranga (Participation in Society) wellbeing is not only about a secure cultural identity or an intact environment, or even about the avoidance of risks. It is also about the goods and services which people can count on, and the voice they have in deciding the way in which those goods and services are made available. While access is one issue, decision making and a sense of ownership is another. Evidence indicates that Māori participation in wider society falls considerably short of the standards of a fair society. Therefore enhancing the levels of wellbeing for Māori will require an increase of Māori participation in:

- economy
- education
- employment
- knowledge in society
- decision making

Nga Manukura and ***Te Mana Whakahaere*** recognise that good health cannot be prescribed and that communities, whether based on hapu, marae, iwi, whanau or place of residence, must ultimately be able to demonstrate a level of autonomy, leadership and self-determination in promoting their own health. For Māori, health is more than simply the provision of health services; it is also about healthy cultures, healthy environments, healthy lifestyles and healthy participation in the wider society.

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o Durie, Mason (1999), 'Te Pae Mahutonga: a model for Māori health promotion'