West Coast District Tobacco Free Plan

2011-2014

Our Purpose

Introduction
This plan is to be the guiding document for the shared strategic smokefree vision between the West Coast District Health Board, West Coast Primary Health Organisation and Community and Public Health over the next three years. This plan will be multifaceted: it will include the full range of public health interventions and activities aimed at reducing smoking initiation, promoting quitting, and reducing exposure to second-hand smoke. The primary aim of this document is to provide strategic direction, with details of how progress will be made and how these strategies will be implemented.

The attitude towards smoking has changed within our community. Current research shows more support for a smokefree nation, and for changes such as the extension of smokefree laws to cover cars and various outdoor settings. A recent survey also showed that two in three New Zealanders support ending commercial tobacco sale by 2020. (Action on Smoking in Health, 2010).

This plan provides a snapshot of current thinking, so it may evolve over time. It has been prepared as a tool to facilitate the integrated planning, programme and service delivery of the three mentioned organisations under the Healthy West Coast banner to meet the needs of our communities.

Our Vision:
The long term vision for smokefree in Aotearoa is to have a tobacco-free society by 2025.

To help achieve a tobacco-free Aotearoa by 2025 our three year vision is to achieve an increase in smoking cessation capacity within the West Coast community which will lead to a decrease in the West Coast regular smoking rate of 10% (from the 2006 Census).

Why we need to make a change
Smoking and exposure to second hand smoke kills an estimated 5,000 people in New Zealand every year, and smoking related diseases are a significant cost to the health sector. Smoking remains the single most common cause of preventable death and morbidity in New Zealand and it is estimated that half of all long term smokers die of a smoking related illness. (Ministry of Health, 2009). Tobacco use is embedded in our culture and is a major contributor to health inequalities both nationally and on the West Coast. Tobacco and poverty are inextricably linked and the West Coast is home to some of the most deprived sub-populations in New Zealand. In some of our communities, a sizeable portion of household income is spent on tobacco, resulting in less money being available for necessities such as education, nutrition and health. Supporting our population to say no to tobacco smoking is our foremost opportunity to target improvements in the health of populations with high need and to improve Māori health.

The Ministry of Health estimates that over 28% of the health system costs for adults relate to smoking (MOH, Nov 2008). The total cost of smoking to the health system is difficult to calculate precisely, but it is currently estimated by the Ministry of Health to be at least $1.9 billion out of the total Health Budget of around $12 billion.

Our Challenges

- Reducing Inequalities – Areas of particular concern include: the high rate of smoking on the West Coast (25.7%) compared to the national rate (20.7%); 20-24 year olds having the highest smoking rate of all age brackets; the high rate of smoking among Māori (43.3% of wahine and 39.6% of tane); and the high prevalence of parental smoking on the West Coast (48% of Year 10 students have parents who smoke regularly, ASH 2009).

- Geography of the West Coast – a region of sparse and dispersed population, and home to some of the most socio-economically deprived population in the country, which makes smoking cessation service delivery more difficult.

- Moving towards a tobacco Free Society 2025 – there will be some resistance amongst the population towards this vision. Our challenge in working towards this long term vision centres around the provision of evidence-based public health interventions and appropriate education.

Core Direction – tools for the way forward

1. Improve the health of our community

    - Improved and shared data collection – data on key priority areas, such as women and pregnancy, needs to be collected appropriately, analysed, and made available for planning and reporting purposes.
    - Shared performance indicators need to be developed around the delivery of programmes, interventions and services so we can best meet our community needs.
    - An increased focus on lifestyle disease prevention and early intervention.
    - Encourage healthier lifestyles through education and health promotion and develop coordinated approaches with other external agencies to address the determinants of health and to support a population health continuum.
    - Skills to provide brief smokefree intervention by both health professionals and health workers will increase personal commitment and make ABC and cessation more sustainable.

2. Working together

    - Active leadership through key organisations including the Māori community, to promote a smokefree workforce and community
    - Working together through a single Tobacco Control Plan for the West Coast region:
        - The plan is strategic with a long term vision and looks at the wider picture of tobacco control

- The plan meets the needs of our community and population
- The plan works towards reducing inequalities by considering target populations and groups such as Māori and Pacific Island people
- Development of the plan will involve meaningful consultation which ensures better commitment from both the community and service providers
- Programmes that are agreed to are evidence-based, have a built-in evaluation plan and can be changed if necessary
- There is active commitment from key organisations on working together in an open constructive way with a single regional coordinator
- The Healthy West Coast Governance Group will provide the governance for the shared plan. The Smokefree Coordinator will directly report to this group on smokefree strategy implementation, activities and on behalf of the West Coast Tobacco-free Coalition
- Engage with stakeholders and enhance partnerships through a local tobacco-free coalition and other networks.

Our Strategic Priorities - Where we will focus our effort:

1. To improve the health of our community through the reduction of smoking and exposure to second-hand smoke within our community, especially focussing on these groups:

    - Maori & Pacific people
    - Women & pregnancy
    - Low income
    - Youth
    - Parents & guardians
    - People with mental illness
    - Health work force

2. Implementation of a sustainable ABC model across Secondary, Primary and NGO services. Ensuring that there is **"better help for smokers to quit"** is now a key Health Target for the whole health sector. Healthcare providers will increasingly have to demonstrate that they are offering support to smokers to help them quit. This is measured against national benchmarks in secondary services, and primary care services. Within this health target, Māori are a priority group.

3. Having accessible and acceptable smoking cessation services for all groups.

4. Increasing the number of public smokefree environments across the whole of the West Coast.

5. Implementing strategies that reduce smoking initiation.

6. Building on health and non-health sector relationships to gain support for example from the tertiary education sector, territorial local authorities, the business sector, central government agencies, and professional health bodies.

The West Coast Smokefree Strategic Plan 2011-2014

How was this strategic plan developed?

In order to develop a plan for smokefree on the West Coast over the next three years a variety of information sources were assessed:

- Government Health Policies, Priorities and Targets
- The West Coast Health Needs Assessment 2010
- The West Coast DHB Statement of Intent, Annual Plan and Strategic 10 year plan
- Ministry of Health key tobacco control strategies
- Canterbury District Health Board Strategic Plan and tobacco control plans
- The West Coast tobacco-free strategic plan 2008-2011
- Other regional strategic tobacco control plans.

Achievements over the past three years:

- Increase in smoking cessation service providers.
- Increase in number of quit attempts on the West Coast using local and national smoking cessation services.
- Major increase in NRT use on the West Coast in both the hospital and community.
- More staff in both the public sector and private sector supporting their patients and clients around quitting smoking.
- Māori Service Provider has shifted their work culture towards Smokefree both for themselves and their clients.
- Workplaces have been active in supporting their staff to become smokefree by allocating staff to train as a quit card provider. In some cases this has led onto the worksite becoming totally smokefree (Spring Creek Mine – Solid Energy).
- The Mental Health Unit became totally smokefree in 2009.
- Extensive training has been provided for hospital staff, government departments, NGOS, and Workplaces on Smokefree & Motivational Interviewing.
- An active Tobacco Free Coalition is now meeting and working on projects together.
- More FTE has been employed to focus on Smokefree in WCDHB, PHO and C&PH on the West Coast.
- The three District Councils have discussed and reviewed smokefree environments in play grounds and parks in their areas, with some positive changes and signage being placed in playgrounds.

ACTION PLAN

1. Leadership and Coordination

Rationale:
Healthy West Coast Governance Group (HWCGG) has the ability to provide direction for the region to support our society in moving towards a tobacco free NZ

Lead Organisation:
HWCGG
Associated Organisations:
Te Runanga O Ngati Waewae
Te Runanga O Ngati Makaawhio

OBJECTIVE	ACTION	EVIDENCE
What are we trying to achieve?	What action will we take to make this happen?	How will change be evident?
Better use of resources by having a single plan and governance	HWCGG will sign up to the vision and a single plan with adequate resources. Memorandum of understanding for working with one Tobacco Control Plan completed and signed by key organisations. Clear lines of responsibility for completing smokefree projects and reporting will be documented. Conflict resolution model developed to meet groups needs Clear role and job description is developed for Smokefree Coordinator position.	• Plan signed off. • Memorandum of understanding signed off. • Integration of smokefree targets will occur across other areas/services within WCDHB, WCPHO and CPH. • Resources are adequate to implement plan. • HWCGG receives reports regular on progress of Smokefree Plan. • Conflict resolution model in place. • Smokefree Coordinator delivers agreed outcomes and outputs.
Māori engagement & leadership will reduce inequalities on the West Coast	Identify key groups and organisations to lead tobacco control for Māori. Engage Māori for input into the Smokefree plan Identify strategic opportunities to create momentum for smokefree Iwi leadership Align programme of action with Māori health plans to prioritise tobacco control Identify, incentivise and support key iwi leaders to champion	• Key leadership groups are found and engaged with regarding tobacco control. • Key Maori leaders have been consulted and have had input into the Smokefree plan. • Smokefree plan includes Māori as a key priority group and objectives and actions have addressed specific needs of this group. • Smokefree Champions have been identified and utilised.

	a healthy, smokefree lifestyle.	• Provide regular progress reports to iwi on the implementation of the Smokefree Plan.
Alignment of the Smokefree vision with regional planning and funding	Align this vision with contracts. ABC included in all contracts that have clinical services. Look for collaborative approaches across other programmes in public health.	• Appropriate components of the smokefree vision will be included in West Coast contracts • ABC will be included in all clinical service contracts on the West Coast. • Wider collaboration across public health programmes is evidenced amongst programme and service delivery.
Inter-sectoral Collaboration	The West Coast Tobacco Free Coalition will be a forum for the coordination of inter-sectoral tobacco control activities and advocacy.	The Coalition meets on a regular basis and reports back to HWCGG via the Smokefree Coordinator and 6 monthly reports.

2. Health Targets

Rationale: Providing better help for smokers to quit is a government health target. Providing brief advice to smokers is shown to increase the chance of smokers making a quit attempt. The ABC programme is now embedded in our hospital and specialist service divisions and the commitment is to achieve the 95% target by the end of the 2011/2012 year. We will subsequently support Primary Care in their efforts to develop systems to record smoking status, provide advice and support to meet the primary care targets

Lead Organisation:
WCDHB and PHO
Associated Organisation:
CPH

OBJECTIVE	**ACTION**	**EVIDENCE**
What are we trying to achieve?	What action will we take to make this happen?	How will change be evident?
SECONDARY CARE 90% of hospitalised smokers will be provided with advice and help to quit by and 95% by July 2012.	Systems and processes in place within the hospital to enable staff to document smoking status, offer of brief advice and/ or help to quit, and then accurately capture and report this data to the MOH. Training and education for all staff on why ABC is important and its implementation in secondary care. Patients, visitors and staff have easy access to NRT at the WCDHB. Buy in from senior management and clinicians within the hospital. All appropriate areas will have a Smokefree Champion in place to provide support for staff. Policy and procedures that support smokefree interventions e.g. Nurse Initiated Medication Policy will include Nicotine Replacement.	Percentage of adults 15+ admitted to hospital either acutely or for elective procedures who are provided with advice and help to quit. Staff trained in ABC and actively implementing the processes within the hospital setting to achieve the Government Health Target. NRT is being accessed and is always available. Senior management and clinicians lead the way with ABC implementation and reaching the Government Health Targets. Smokefree Champions are in place and used as positive smokefree communicators. Policies and procedures will be supportive of smokefree interventions and help the attainment of

		Government Health Targets.
PRIMARY CARE More patients in primary care will be provided with advice and help to quit.	Systems and processes in place within the primary care sector through the PPP (Primary Health Organisation performance programme) to enable staff to document smoking status, offer brief advice and/ or help to quit, and then accurately enter this data. Primary care staff will understand how practices receive funding from achieving this health goal through the PPP. Training and education will be offered to all staff on why ABC is important and its approach in primary care. All Health Practices on the West Coast will have the opportunity to provide the Coast Quit Programme.	Primary Care's better help for smokers to quit national goal will be achieved 90% of enrolled patients will be provided with advice and help to quit by July 2012. Data will be collected from the Primary Health Organisation performance programme that shows the percent of: • *Eligible population who have ever had a smoking status recorded;* • *Whose current smoking status is recorded as current smoker;* • *Current smokers who have been given brief advice in the last 12 months;* • *Current smokers who have been seen by or referred to cessation support services in the last 12 months.* Staff will be ABC trained and be effectively implementing it within the primary care setting. An increase in General Practices who offer the Coast Quit programme.

3. Smoking Cessation & Increased Smoking Cessation Capacity

Rationale:

Support increases quitting success and is a Government health target and Ministry of Health priority area. Increasing the smoking cessation capacity of individuals and organisations, particularly non-health organisations such as social service agencies will help reach target priority groups more efficiently and effectively.

Lead Organisation:

HWCGG

OBJECTIVE	**ACTION**	**EVIDENCE**
What are we trying to achieve?	What action will we take to make this happen?	How will change be evident?
Maintain and improve provision of smoking cessation services on the West Coast	The Tobacco-free Coalition and the West Coast Health Promotion Governance group will oversee this programme. This group will review effectiveness of service delivery and look for new opportunities. Services will be reviewed against goals of service provision. Services can vary from very brief interventions to longer and more intensive follow up. There will be a seamless interface between services provided and there will be different services available that will meet the various needs of priority groups.	Reduction in the smoking rate on the West Coast, particularly among priority groups such as Māori and pregnant women. 10% of all smokers access smoking cessation support services on an annual basis. 15% of all Māori smokers access smoking cessation support services on an annual basis. Services were reviewed on a bi-annual basis or as required. Cessation services will be easily accessed by all smokers in targeted priority groups.
Seamless referral pathways from health and non-health agencies to cessation services	Appropriate education about referral processes and services and seamless linkages established between community members and cessation programmes/services.	- **X** people enrolled in AKP programme. - **X** people accessing DHB cessation services. - **X** people enrolled with Coast Quit. - Health and non-health agencies are aware of available cessation services.
Where possible smoking cessation products will be accessible and affordable for all smokers who	A variety of cessation products will be available for the community to access, and targeted support may be considered (funding used to pay for products; this could be partial or full).	Amount of NRT used on an annual basis. Feedback from Cessation Providers.

want to use them to quit.		
More staff attending Smokefree training will support the implementation of the Smokefree program	All clinical staff in primary and secondary services will be offered training in smokefree, covering brief advice and administering NRT, and have information on making a referral to specialist cessation services (ABC). A register in the WCDHB will be kept of training provided and staff who have attended smokefree training and ABC E-Learning training, plus any other related training. Training, educational packages and resources (General Practice & ward resources; information on Intranet) will be available to support staff to implement the ABC model.	Training reviewed on an annual basis or as required. Biannual survey to staff within the Health sector on knowledge and satisfaction with training opportunities in Smokefree. Number of staff who have taken part in training. All resources kept up-to-date and made available for all staff.
Services meet needs of Māori and other target population groups e.g.. clients with mental illness, smoking and pregnancy, and 20-24 year olds in Buller	Smoking Cessation services are evaluated to ensure they meet needs of Māori and other target population groups e.g. clients with mental illness, women and pregnancy, low income.	15% of all Māori smokers access smoking cessation support services on an annual basis. Specific programmes developed to meet target groups and evaluations carried out.
Increased capacity of organisations and people who can provide smoking cessation support	Determine the current capability and training needs amongst community groups and stakeholders. Organise the appropriate training to meet needs.	Increased number of quit card providers across a variety of organisations on the West Coast.

4. Smokefree/Supportive Environments

Rationale:
Reduces smoking initiation, denormalises smoking and supports those making cessation attempts.
Lead Organisation:
C&PH
Associated Organisations:
WCDHB
PHO

OBJECTIVE	ACTION	EVIDENCE
What are we trying to achieve?	What action will we take to make this happen?	How will change be evident?
Increase in smokefree outdoor areas on the West Coast	Work in conjunction with Coalition members to advocate to the appropriate local agencies Work with District Councils around smokefree ▪ Identify, target and work with District Councils to develop and implement smokefree outdoors plans by utilising the learning processes from other successful projects • Develop ways to recognise District Councils who demonstrate and implement smokefree outdoors plans eg. Media publicity	An increased number of smokefree parks and outdoor areas on the West Coast All Districts Councils in the West Coast Region have smokefree outdoors policies
Retailers and workplaces are compliant with legislation	Carry out enforcement of the Smokefree Environments Act by responding to complaints and taking appropriate action Carry out a minimum of three controlled purchase operations to test compliance of retail outlets Provide information to retail stores and workplaces on the changes to the Smokefree Environment Act	100% complaints investigated in accordance with the Act. Compliance checks carried out. Education information supplied to retail outlets when changes to The Act have been made.
Banning of retail tobacco displays	Support the National Tobacco Free Coalition move towards removal of tobacco displays Work with supermarkets, dairies and service stations to reduce and then cease the sale on tobacco products. Educate retail stores of proposed changes to the Smokefree Amendments Act.	Retail tobacco displays are banned and new legislation brought in. The changes will be supported and retailers will receive appropriate education.

Smokefree needs in schools are met via the Health Promoting Schools programme	HPS schools are kept up-to-date with smokefree information and specific smokefree needs are met by the HPS schools advisor and C&PH smokefree health promoter	All Health Promoting Schools are developing a positive smokefree strategy and are working towards implementing this.
Identify an evidence-based approach to reducing youth initiation on the West Coast	Literature review of evidence-based approaches to be undertaken and planning put in place towards the implementation of a youth smokefree project.	An annual decrease in youth uptake of smoking

5. Reducing Inequalities in health

Rationale:

Progress with the goals of smokefree environments and cessation will support the aim of reducing inequalities in health and improve health outcomes for Respiratory, CVD and Cancer conditions.

Lead Organisation:

HWCGG

Associated Organisation:

Māori providers
NGOs
West Coast Tobacco-Free Coalition

OBJECTIVE	**ACTION**	**EVIDENCE**
What are we trying to achieve?	What action will we take to make this happen?	How will change be evident?
Increased number of smokefree pregnancies	Increasing public awareness on the importance of a smokefree pregnancy Health professionals' clinical responsibility to promote smokefree pregnancy - ABC Smoking Cessation Service for pregnant women and family wanting to quit Using other NGOS and groups that work with families who could be involved.	Reduced smoking rate for Māori Mothers during pregnancy by 20%
Reduce smoking in rate among Māori	Every Māori Health Provider is trained in smoking cessation so they can support their clients to quit. AKP provider: 1. Provide support for Māori to quit smoking 2. Supports Māori Health Providers to provide smoking cessation 3. Works with practices and maternity services to ensure staff are proactive around smoking cessation with the Māori clients	Reduction in the Māori smoking rate by 20%
Reduce smoking rate in low decile areas	More smokefree services in the community	Number of services and health professionals trained as Quit

	• Provide training and resources for NGOs and health professionals working in the community to implement this. • Targeted programmes provided for low decile communities implemented.	Card smoking cessation providers.
Reduce smoking rate among the mental health community (staff and patients).	Quit Card training & Smoking cessation training available to all staff working in the community both Government and NGO Services, including staff working in Mental Health services. A small group of staff working in this area will meet together to look at how they can best bring about this change.	Number of services and health professionals trained in ABC, Quit Card and smoking cessation providers.
Reduce the smoking rate among health workers so they can be role models for their clients, and this will support moving towards a smokefree health workforce	Health workplaces offering staff support to quit smoking. Reviewing employment options about employing people who are smokefree. Increasing smokefree signage around workplaces.	Number of services that say they provide staff support to quit. Number of services that say they are proactive in employing smokefree staff.

6. Shared Media and Communication Plan

Rationale: Media and communication are part of developing a planned approach to health activities. Having an agreed approach will enhance this activity.

Lead Organisations:
Smokefree Coordinator
Associated Organisations:
HWCGG
West Coast Tobacco-Free Coalition

OBJECTIVE	ACTION	EVIDENCE
What are we trying to achieve?	What action will we take to make this happen?	How will change be evident?
Increase public knowledge on smokefree which includes promoting smokefree lifestyle and smoking cessation services	A media plan is developed through local newspapers, schools, education institutes, workplaces and radio to promote 'Give Quitting a Go'	A plan (with costs) for supporting health promotion activites is completed and budgeted for on an annual basis. Smokefree Day has provided media opportunities.
Using media opportunities	Programmes will include a media campaign where appropriate	
Communication will be an integral part of the plan.	Opportunities will be used to share information with health providers and the general public	List number of communication activities with health professionals

APPENDIX

Major Drivers: Demographics, Mortality and Risk Factors

Demographics

To help set priorities for this smokefree plan we first need to assess the demographic makeup of our communities and the health needs of our population.

The West Coast covers the area between Karamea in the north and Haast in the south and extends east to Springs Junction. Landmass length is approximately equal to the distance between Auckland and Wellington; a land area of 2.3 million hectares, much of which is rugged with scattered, small, isolated pockets of population. The West Coast DHB is the most sparsely populated DHB in the country with a population density of 1.3 people per square kilometre – less the 10% of the New Zealand average.

The West Coast is home to 31, 326 usually resident West Coasters (Census, 2006). At the 2006 Census, the largest share of the population lived in the Grey District (13,221 or 42%), followed by Buller District (9,702 or 31%), and Westland District (8,403 or 27%).

Approximately 42% of the West Coast population lives rurally, which is considerably higher than the national average, of 15%. On the West Coast, only 64% of people live within 60 minutes ("The Golden Hour") travel by car from secondary hospital services and only 2% within 180 minutes travel time by car to the nearest tertiary hospital in Christchurch.

Ethnicity

Nearly one in ten (9.3%) of people in the West Coast DHB population are Maori. Other ethnic groups such as Asians, Pacific Islanders and Middle Eastern/Latin American/African (MELAA) make up very small parts of the West Coast population, that is, less than 1%.

Age Distribution

The West Coast DHB has a slightly older age-structure compared with New Zealand as a whole. The 15-44 year old age bracket makes up 37.6% of the West Coast population, followed by 45-64 year olds (28.2%). 20.4% of the population are 0-14 year olds and only13.7% of the population are in the 65 + age group. The Māori population is much younger than the non- Māori population, where 37.7% of Maori are aged 0-14 years compared with 18.6% of non- Māori. On the other hand, only 4% of Māori are aged 65 years or more compared with 14.8% for non- Māori

Population projections are crucial for health planning purposes. Population projections indicate that in the next 16 years, the overall population of the West Coast DHB is expected to decrease by 3%. All three TLAs will experience a decline in younger age groups, with an increasing number of over 65 year olds. The

pattern is different for the Māori population because growth is expected in all age groups greater than 25 years. The overall Maori population is expected to increase by 7% compared with a reduction of 3% for non- Māori The fastest growth rate for Māori is also expected to be in the oldest age groups.

Deprivation

The West Coast is home to some of the most socio-economically deprived population in the country. Approximately 50% of the population on the West Coast live in NZ Dep 8, 9 and 10 areas. Statistics New Zealand forecast a very slight worsening of socio-economic status for West Coasters by 2021. In 2021, 35% of West Coast Maori and 37% of Pacific people will live in an area considered to be a NZ Dep decile 9 or 10, compared to 30% of non- Māori and non- Pacific people.

Key Health Trends – Mortality and Morbidity

The mortality rate for the West Coast is 918 per 100,000, compared to New Zealand's mortality rate of 745 per 100,000.

The leading causes of mortality on the West Coast include Heart disease (and related conditions such as stroke and diabetes), Respiratory disease (particularly Chronic Obstructive Pulmonary Disease and Pneumonia) and Cancers (particularly lung, colorectal, prostate and breast). These are all illnesses to which lifestyle factors are a significant contributor.

Heart disease is the leading cause of mortality for both male and female West Coasters. Non- Māori on the West Coast have a higher prevalence of heart disease than the national average. Māori males on the West Coast have a much lower rate of heart disease compared to the national average. Maori females on the West Coast have a much higher mortality rate for Ischaemic Heart Disease than the national average.

Cancer is the second leading cause of mortality on the West Coast, although there are no significant differences in cancer prevalence on the West Coast compared to the whole of New Zealand. Māori on the West Coast have substantially higher cancer mortality rates than the national average. In particular, Māori women have much higher breast cancer mortality rates than their South Island and New Zealand counterparts. The incidence rate of diagnosed lung cancer for people residing on the West Coast (86.2 cases per 100,000) is significantly higher compared with the national rate (31.7 cases per 100,000 population). This equates to West Coasters having approximately 2.7 times more lung cancer cases than the national population. Males have a higher rate of lung cancer compared to females and non-Maori have a significantly higher incidence rate of lung cancer compared to Māori

Respiratory illnesses are the third major cause of mortality for West Coasters. West Coast Maori males have a markedly higher lung cancer mortality rate than their South Island and New Zealand counterparts. Asthma is also still one of the leading causes of hospital admissions for children and young people nation-wide.

Health Behaviours and Risk Factors

While the negative health outcomes associated with poor health behaviours and risk factors represent a significant burden on the health system, they also present an opportunity to significantly improve the health and wellbeing of our population and to reduce health expenditure and the demand for more complex care. Social and economic factors such as education, housing, and income are now widely accepted as contributing greatly to a person's health. These determinants of health form the environment within which our population's health can be improved and health outcomes can be achieved.

Health behaviours and risk factors, such as sedentary lifestyle, obesity, poor nutrition, hazardous drinking and tobacco smoking are known to be significant contributors to poor health outcomes. It is tobacco smoking however, that is the single most preventable cause of death. It is a major risk factor for cancer, cardiovascular disease (CVD), diabetes and respiratory disease. Tobacco also disproportionately impacts on Maori and Pacific people, and is seen as a substantial contributor to socio-economically based inequalities in health.

Smoking Prevalence

Smoking is one of the leading causes of mortality and morbidity for the West Coast population. The 2006 Census indicates that 25.7% of the West Coast population are regular smokers, compared to 20.7% nationally. Consistent with the national pattern of prevalence, smoking rates are higher among West Coast Māori (41%) and Pacific peoples (36%) and lower amongst NZ European (26%) residents). In saying this, however, the NZ European smoking rates are higher for West Coasters (26%) than the national rate of 19%.

Exposure to second hand smoke

Exposure to cigarette smoke from parental smoking is a major issue for West Coast children. Smoking prevalence is significantly higher among adults in NZ Dep 9 and 10 areas, where a considerable proportion of West Coast children reside (Paynter, 2010). Significantly, 48% of West Coast Year 10 students (aged 14-15) indicated in the 2010 ASH survey that their parents smoke, making the West Coast the second highest DHB in New Zealand (only behind Northland) for this category (Paynter, 2010).

Exposure to second-hand smoke has a significant impact on child and adolescent health, contributing to increased rates of SIDS, glue ear, asthma, and respiratory conditions. Leading causes of hospitalisation in 0-14 year olds on the West Coast include asthma, and respiratory infections and glue ear. Amongst the main causes for death in children 0-14 years of age on the West Coast are respiratory distress syndrome (13%) and lung disorders (7%).

Recent West Coast DHB Health Survey findings

NB. These results need to be noted with caution as there were only 656 respondents, of which 67% were females, and the majority were aged 45-64 years old. However, the results do give an idea of what some groups of the population think the health needs for the West Coast are, and should be noted when planning smokefree priorities for the next 3 years. Smoking was the second most commonly identified risk factor that the respondents recognised as having the most effect on the health of our community (59%).