



TAIRAWHTI TOBACCO CONTROL
PLAN
2007-2010

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Introduction

Tobacco is a major preventable cause of death and disease in New Zealand. Smoking contributes to the high rates of chronic illness and premature death particularly among Maori, Pacific peoples and low-income New Zealanders (MOH, 2004).

Smoking rates in Tairāwhiti are among the highest in the country, particularly among young Maori women. Smoking contributes to the higher rates of hospitalisation and mortality among Maori when compared to non-Maori for Tairāwhiti.

Reducing and eliminating tobacco use would provide significant health and economic benefits to the population of Tairāwhiti. Despite a small but important decline in smoking prevalence among particular age-groups over time there is still work to be done to reduce the number of smokers and to prevent young people from starting.

The aim of this strategy is to provide a profile of Tobacco Control in this district and identify key issues. Also, included in this document is the *Tobacco Control Action Plan*. This is the preliminary outline of work to be carried out in Tairāwhiti to achieve the aims of this strategy. This plan is described in more detail below.

Background

There are two national strategies to address Tobacco Control in New Zealand. In 2003, Aparangi Tautoko Auahi Kore (ATAK), the Maori Smokefree Coalition published the National Maori Tobacco Control Strategy 2003-2007. This was followed in 2004 by the Ministry of Health (MOH) five year plan, Clearing the Smoke (2004-2009). The Pacific Peoples Tobacco Control Action Plan 2004 was developed by the Pacific Tobacco Control Interim Group.

The National Maori Tobacco Control Strategy has a primary focus on restoring an Auahi Kore culture for Maori. Both plans provide a vision and framework to achieve smokefree lifestyles and eliminate smoking-related morbidity and mortality. This is to be achieved through strategies involving:

- Ⓢ Health Promotion
- Ⓢ Legislation
- Ⓢ Cessation
- Ⓢ Research

The main themes of each are to:

- Ⓢ Reduce the uptake of smoking/Prevent smoking initiation
- Ⓢ Promote cessation
- Ⓢ Reduce exposure to second-hand smoke

Actions from this strategy are aligned to the national Tobacco Control framework described above and also relate to other national and district

health and disability strategies as well as models of best practice for planning and funding.

Tobacco Control has a direct link to the *NZ Cancer Control Strategy (MOH, 2003)* and supports the goals and objectives of the *Healthy Eating, Healthy Action Strategy (MOH, 2003)*.

The Tairāwhiti Tobacco Control Plan is consistent with the top health gain priorities identified in the *TDH Strategic Health Plan 2005-2010*; *TDH District Annual Plan 2006-2007* and *TDH Māori Health Plan 2006-2007*.

Health Inequalities

Māori and Pacific peoples are affected greatly by social, economic and political inequalities that lead to poorer health outcomes when compared to other New Zealanders. TDH has a commitment to reducing inequalities and sees this as critical if health initiatives are to make a difference to the health status of those most disadvantaged.

In Tairāwhiti, 80% of the Māori population reside in the most deprived decile areas 9-10. These factors contribute to greater health risks for the population, and poorer access to health services. Add to this the rurality and geographical isolation of the region and it is clear that Te Tairāwhiti requires particular attention for equitable resource allocation and distribution.

The Ministry of Health is leading a national project to reduce inequalities in DHB areas with the lowest life expectancy including Tairāwhiti¹. A number of issues have been prioritised as part of this project including Tobacco Control. Additional resourcing from MOH and Health Sponsorship Council (HSC) has been allocated to TDH to achieve specific targets aimed at reducing inequalities and improving health outcomes.

MOH Public Health Directorate and HSC are collaborating with TDH to plan how funding can be targeted towards tobacco control. This collaboration resulted in the *Tobacco Control Action Plan*.

How This Plan was Developed

All available data was collated by the Ministry of Health (Public Health Directorate) and Tairāwhiti District Health (TDH) from a number of sources to create a profile of Tobacco Control for this district. The profile includes tobacco control expenditure, service provision and the most recent data relating to smoking prevalence for Tairāwhiti.

¹ This project follows the release of the report 'Monitoring Health Inequalities through Neighbourhood Life Expectancy' published by Public Health Intelligence in 2005, that identified Tairāwhiti, Lakes, Northland and Whanganui DHBs as having the lowest life expectancy and greatest inequalities compared to other DHB regions.

Taki Tahī Toa Mano

Initial planning took place with the Taki Tahī Toa Mano forum in 2006. Taki Tahī Toa Mano is the local smokefree advisory group made up with key Tobacco Control service providers and interested stakeholders including Turanga Health, Ngati Porou Hauora, National Heart Foundation, Gisborne District Council, East Coast/Gisborne Cancer Society

Once again the national framework was used to guide discussion and the results of the planning day are appended to this plan. A key theme for the group was to ensure a 'Whanau Ora' approach was maintained to deliver tobacco control interventions. This involves developing services that are responsive to Maori and can be delivered in environments and settings that are familiar and comfortable for Maori. Issues raised by the group have been addressed in the *Tobacco Control Action Plan* (TCAP).

The Tobacco Control Action Plan

The Health Sponsorship Council (HSC) and MOH Public Health Directorate met with TDH towards the end of 2006 to discuss a plan that can best utilise resources to address the key issues identified for tobacco control in Tairāwhiti. Planning was directed by the newly revised New Zealand Cessation Guidelines (MOH, 2007) and the framework for Reducing Smoking Initiation (HSC, 2005).

The New Zealand Smoking Cessation Guidelines

These Guidelines are based on the latest evidence of best practice, new pharmacotherapies and other treatments, new smokefree legislation and current trends in smoking patterns. The 'Stages of Change' model has been challenged and the Guidelines recommend that all smokers should be advised to quit and that all those that wish to quit should be offered cessation support.

The Reducing Smoking Initiation Framework

The RSI framework identifies factors that increase the risk of smoking among young people. These factors include affordability and access to tobacco products, peer smoking, parental factors, whanau environment, low self-esteem and participation in risk taking behaviours.

Strategies prioritised in the RSI Framework aim to develop personal skills of young people so they may resist tobacco use, reduce affordability and access to tobacco products, and denormalise the use of tobacco.

A project planning approach will be used to further develop the key intervention areas and corresponding activities outlined in the Tobacco Control Action Plan. Project planning will involve input from key stakeholders and community representatives.

The Population of Tairawhiti

The 2006 Census recorded a population of 44,460 for the Gisborne District. This constitutes a 1.1% increase from the population count recorded in 2001. Of the usually resident population, 51.0% identified as European, 44.4% as Maori, 2.9% as Pacific peoples and 1.6% as Asian.

Tairawhiti experiences higher levels of deprivation than New Zealand as a whole, with almost half (47.5%) of the population living within deciles 9 and 10². This trend is exacerbated when split by ethnicity. Seventy-eight percent of Maori in Tairawhiti live within deciles 9 and 10, while this figure reaches 86% for Pacific peoples. Tairawhiti is one of the most isolated regions in the country which has implications for access to health and other services for rural residents.

National evidence shows that smoking is most prevalent among Maori and Pacific peoples and those living in the most deprived areas. This trend is reflected locally and priority must be given to these groups.

The information below describes the priority groups in more detail. This information will assist us to target interventions more effectively.

Priority Populations

Maori constitute almost half of the population in Tairawhiti. This is nearly four times the national number. As a population that is at greater risk than others of smoking and suffering from smoking-related diseases it is important to have a strategy that is responsive to Maori.

Tairawhiti has a small but growing Pacific population. TDH has developed the Pacific Health Plan in partnership with Pacific Islands Community Trust (PICT). The plan includes an objective to implement activities that impact on Pacific peoples for both Tobacco Control and HEHA. Planning for these activities will continue in partnership with PICT.

In Tairawhiti, the rates of smoking are highest among:

- Maori
- Women
- Pregnant or breastfeeding women
- People living in areas of deprivation

Maori women must be considered a priority target for this strategy. This profile is consistent with the national profile and comparisons have been made below between national and local data for the priority groups:

Maori (especially young Maori women)

² Source: NZ Dep2001 Index of Deprivation, (Wgtn School of Medicine (2002).

Nationally, 45.8% of Maori are smokers compared to 20.2% of Non-Maori. The proportion of Maori in Tairāwhiti who smoke is four times higher than for Non-Maori (59.0% versus 14.3%) (see Table 2). In New Zealand, 50.0% of Maori females and 40.0% of Maori males are smokers.

For all Maori females aged between 15 to 19 years, 60.4% are smokers compared to 21.7% of European/Other females. Similar figures are reported for the 20 to 24 year age group. According to the National Year 10 Smoking Survey, 41.2% of Maori females in Year 10 smoke either daily, weekly or monthly compared to 16.5% of European/Other females.

Figures for the Maori population in Tairāwhiti by subgroup (gender and age group) are not available from the Tobacco Use Survey due to a small sample size.

Children and young people

Nationally, 26.8% of young people aged 15 to 19 years and 30.3% aged 20 to 24 years are smokers (see Table 3). For all Year 10 students in New Zealand, 16.8% smoke either daily, weekly or monthly compared to 20.5% of Year 10 students in Tairāwhiti.

Pregnant women/women of child-bearing age

The estimated percentage of all pregnant women who smoke in New Zealand is 22% (for the year ended September 2005). It is estimated that 43% of women who smoke during pregnancy are Maori. The estimated proportion of pregnant women who smoke in Tairāwhiti is 45%, which is double the national average.

Over half (59%) of all pregnant women who smoke are aged 25 to 34 years and 41% are aged 15 to 24 years. Approximately three-quarters of pregnant women who smoke aged 15 to 24 years and one-third aged 25 to 34 years are Maori.

Morbidity and mortality data

In relation to all deaths in Tairāwhiti, 26% are related to smoking (based on smoking attributable mortality), which is 1.5 times higher than the figure for the national population. In Tairāwhiti, 39% of all Maori deaths are related to smoking compared to 18% of all Non-Maori deaths.

In Tairāwhiti, 1216 per 100,000 hospitalisations in 2005 were smoking related (based on public hospital discharge data on adults aged 35 years and older), which is 1.6 times higher than the national rate.

Smoking Prevalence in Tairāwhiti³

The recently released report, *New Zealand Tobacco Use Survey (MOH, 2006)* and the latest *ASH Year 10 Surveys*, provide an up to date summary of smoking prevalence data in New Zealand.

In summary, almost a quarter of New Zealanders smoke (23.5%). Tairāwhiti is ranked fourth (32.1%) behind Northland, Whanganui and Lakes District when compared to other DHB areas for current smoking prevalence.

Table 1 below shows the prevalence of current smokers aged 15 years and older in Tairāwhiti is 32.1%, whereas the national prevalence of current smokers is 23.5%. The percentage of females and males who are current smokers in Tairāwhiti is 34.9% and 28.2% respectively. Approximately a quarter of New Zealanders in each age group under 50 years are smokers (see Table 3). Figures for the Tairāwhiti population by age group are difficult to ascertain due to a small sample size.

Current Smokers by Gender

Table 1: Prevalence of current smokers (%), by DHB and gender (2006).

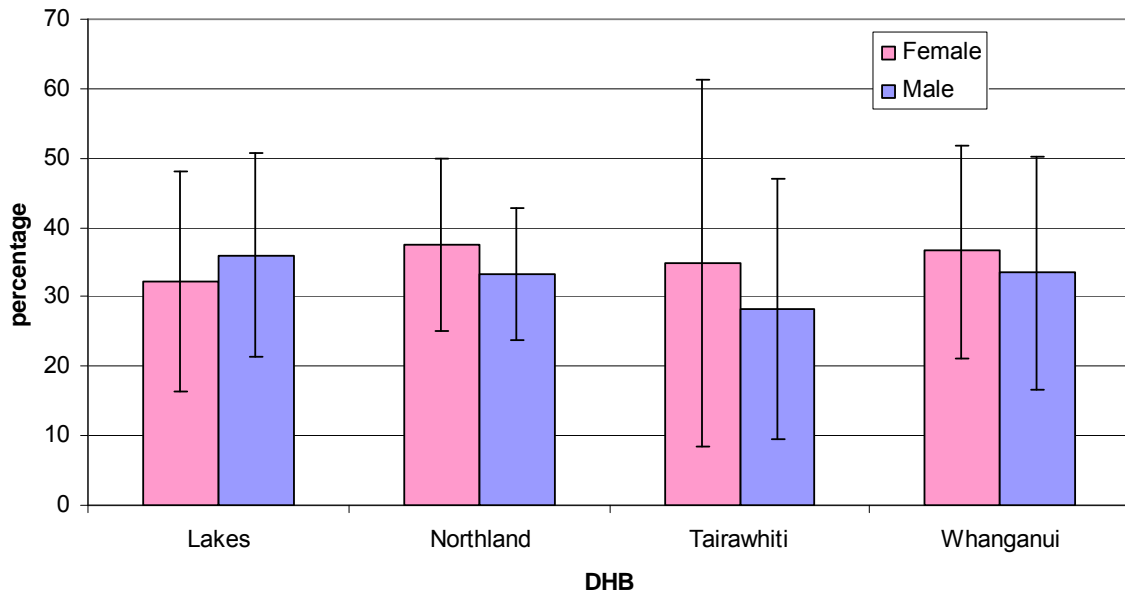
Region	Female	Male	Total
Tairāwhiti	34.9 (8.5, 61.4)	28.2 (9.4, 46.9)	32.1 (12.8, 51.3)
National	22.9 (21.0, 24.7)	24.1 (22.0, 26.2)	23.5 (22.0, 25.0)

Notes:

1. 95% confidence Intervals are given in brackets under each rate
2. Graph is presented below
3. Current Smokers by Ethnic Group

³ This paper contains epidemiological data from the *New Zealand 2006 Census*, the *New Zealand Tobacco Use Survey 2006* (published and unpublished data), and the *National Year 10 Smoking Survey 2005*. Data on pregnant women who smoke was obtained from the *Final Overview Smokefree Pregnancy Services* prepared for the MOH. Analyses on hospitalisation and mortality data were conducted by Public Health Intelligence.

Prevalence of current smokers (%), by DHB and gender, 2006



Current Smokers by Ethnicity

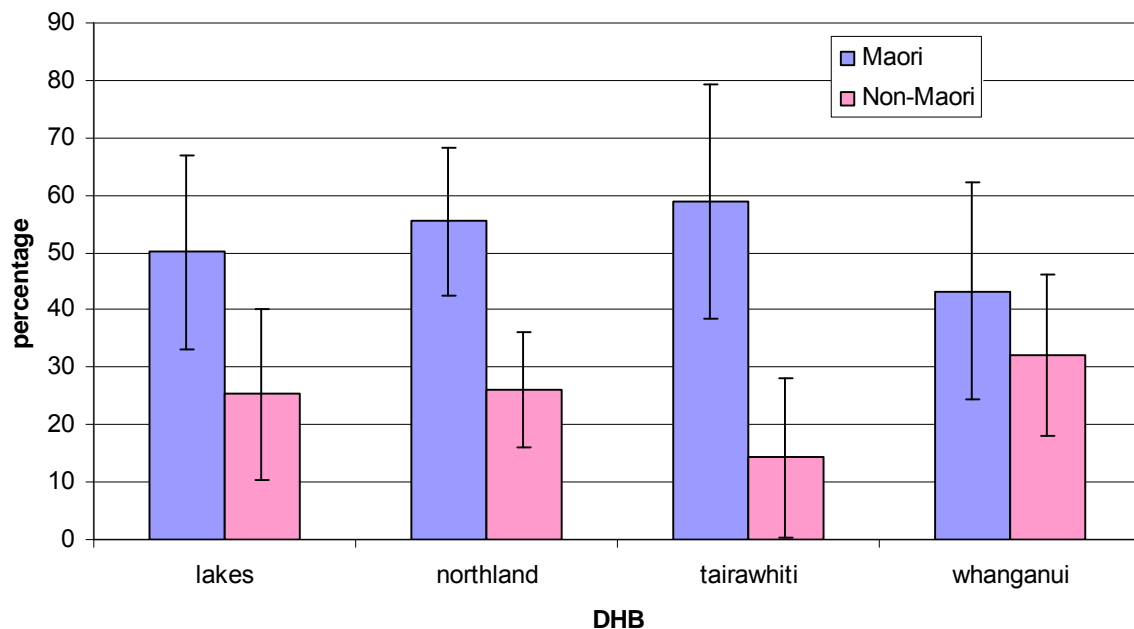
Table 2: Prevalence of Maori vs. non-Maori current smokers (%), by DHB, 2006.

Region	Maori	Non-Maori	Total
Tairāwhiti	59.0	14.3	32.1
	(38.5, 79.4)	(0.5, 28.1)	(12.8, 51.3)
National	45.8	20.2	23.5
	(42.2, 49.5)	(18.5, 22.0)	(22.0, 25.0)

Notes:

1. 95% confidence Intervals are given in brackets under each rate
2. graph is presented below

Prevalence of Maori vs. Non-Maori current smokers (%), by DHB, 2006.



Current Smokers by Age Group

Table 3: Prevalence of current smokers (%), by DHB and age-group (2006).

Age	Tairāwhiti	National
15-19		26.8 (23.1, 30.4)
20-24		30.3 (26.6, 34.1)
25-29		28.7 (22.8, 34.5)
30-39	40.5 (0, 88.6)	25.6 (22.8, 28.3)
40-49	57.8 (8.3, 100)	22.1 (19.0, 25.3)
50-59		17.1 (14.4, 19.8)
60-64		15.6 (11.4, 19.8)
Total	32.1 (12.8, 51.3)	23.5 (22.0, 25.0)

Notes:

1. 95% confidence Intervals are given in brackets under each rate
2. Greyed out boxes indicate rates that have been suppressed due to counts less than 5

Tobacco Control Funding

Roughly half of the MOH tobacco expenditure for Tairāwhiti is spent on the Aukati Kai Paipa cessation programme provided by Ngati Porou Hauora and Turanga Health. The other half is spent with TDH to provide strategic development, smoke-free promotion and enforcement. Below are the overall figures for the direct tobacco control spend in Tairāwhiti for 2006/07.

Ministry of Health Tobacco Control Spend in Tairāwhiti for 2006/07

Provider	Service	Funding
Tairāwhiti DHB	Smoke-free Hospitals	\$ 45,000.00
	Population Health PM (Cancer Control, Diabetes, HEHA and T/C)	\$ 92,500.00
	Tobacco Health Promotion and Enforcement	\$138,485.00
Ngati Porou Hauora	Aukati Kai Paipa	\$175,900.00
Turanganui a Kiwa	Aukati Kai Paipa	\$146,072.00

Total		\$597,957.00

Tobacco Control Providers - Local

This section provides a general stock take of tobacco control programmes and services provided in the Tairāwhiti District Health Board (DHB) region. Tobacco control organisations within this document are divided into national, regional and local. The Ministry of Health provides funding for national cessation and social marketing media campaigns, regional smoke-free coordination, and locally provided cessation, health promotion and regulatory services. Funding levels shown in this document are only for local service contracts and do not include Tairāwhiti's component of funding provided to national organisations by the Ministry.

Reference is made to the local smoke-free advisory group, Taki Tahī Toa Mano (TTTM). This group is made up of local smoking cessation providers, smokefree health promotion and tobacco control advocates including Gisborne District Council, Cancer Society and National Heart Foundation.

Below is a summary of the core tobacco control services in this district listed by Provider. The services are made up of the following areas:

- Planning and Funding
- Smokefree Hospitals
- Health Promotion
- Health Protection
- Aukati Kaipaipa (Cessation)

Tairāwhiti DHB

Planning and Funding - Population Health Portfolio Manager

The focus of the Population Health Portfolio Manager's position is cancer control, comprising the key components of tobacco control and HEHA. The aim of the position is to provide strategic direction and overview planning and coordination for both areas.

The appointment of a Healthy Eating, Healthy Action (HEHA) Manager and Tobacco Control Manager in 2007 may change the focus of this strategic position but oversight of both HEHA and Tobacco control activities will be retained.

In 2006 one off funding provided by MOH for tobacco control infrastructure in Tairāwhiti has assisted in strengthening Taki Tahī Toa Mano and promoting smoke-free environments. Work to expand and promote Smokefree Environments was carried out by TDH in partnership with Gisborne District Council and Tairāwhiti Rugby League, Galaxy Touch Module. We will continue to build on this initiative through the Tairāwhiti Tobacco Control Action Plan.

Contract	Time	Service	Per Annum
305010-00	1 January 06 – 30 June 07	Population Health Portfolio Manager	\$92,500
305010-00	This was for the 2005/06 financial year and one off but TDH spent it in 2006/07	One Off Funding for Tobacco Control Infrastructure	\$50,000

Public Health Unit (PHU)

TDH Public Health Unit (PHU) is contracted to provide regulatory (enforcement of the Smoke-free Environments Act 1990) and health promotion services for tobacco control. Through this role PHU is responsible for implementing several smokefree contracts as described below.

Smoke-free Hospitals

The intention behind smokefree hospitals is to support DHBs to develop and implement smokefree policies and provide leadership in respect to smokefree hospitals and DHB campuses. The service includes the set up of systems to identify the smoking status of patients, to provide brief interventions for in-patients who smoke and provide smoke-free environment for patients, their whanau and staff.

Contract	Time	Service	Per Annum
304187-00	1 July 05 – 30 June 07	Smokefree Hospitals	\$45,000

Health Promotion

The smokefree health promotion aspect is provided through water-based sports and recreation activities, waka ama and smoke-free surfing programmes. Both programmes promote smoke-free activity and encourage smoke-free lifestyles. A national audit is currently underway to review health promotion programmes.

Health Protection

The health protection service of PHU is responsible for enforcing the Smoke-free Environments Act 1990 (SFEA) in the Tairāwhiti DHB region. This involves investigating breaches and providing advice on the SFEA including:

- tobacco sales to minors;
- informing tobacco retailers of their responsibilities under the SFEA;

- investigating complaints of smoking in licensed premises;
- advising licensed premises on smoking areas in licensed premises;
- enforcing guidelines on tobacco products displayed for sale.

Contract	Time	Service	Per Annum
305807-00	1 July 06 – 30 June 09	Tobacco Control (regulatory and health promotion)	\$138,485

Te Hauora O Turanganui a Kiwa (Turanga Health)

Aukati Kai Paipa (Cessation)

Aukati Kai Paipa services are aimed at reducing smoking prevalence rates particularly among Maori women and their whanau. The service offers an eight week treatment programme that combines nicotine replacement therapy (NRT) with counselling to assist smokers who are ready to quit.

Turanga Health is an Iwi-owned health provider based in Gisborne providing a broad range of services in the wider Turanganui-a-Kiwa area. Turanga Health has held the Aukati Kai Paipa contract since July 2004 and employs 2 FTE to deliver the service.

An additional 1 FTE is funded by Turanganui PHO Ltd (TPHO) with the intention of supporting referrals directly from TPHO GPs. This position is based within the Cessation team at Turanga Health.

Turanga Health AKP Funding 2004-2007

Contract	Time	Price Per Annum	FTE Requirement	Participant Requirement for AKP per annum
291894-00	1 July 04 – 30 June 07	\$86,072	1	100 – 120
291894-01	1 July 05 – 30 June 07	\$126,072	1	100 – 120
291894-02	1 April 06 – 30 June 07	\$146,072	2	200 - 210

Ngati Porou Hauora

Aukati Kai Paipa (Cessation)

Ngati Porou Hauora (NPH) has held the Aukati Kai Paipa contract since July 2004. The service is led by a full-time service coordinator who supports up to 8 Kaiawhina working with whanau in their homes. Each of the kaiawhina offers Cessation support as part of a range of services that NPH deliver. The NPH Cessation service encompasses Tairawhiti coastal areas from Kaiti in Gisborne through to Te Araroa in the north of the district.

NPH AKP Contract 2004-2007

Contract	Time	Price Per Annum	AKP FTE Requirement	Participant Requirement for AKP
291892-00	1 July 04 – 30 June 07	Total: \$145,900	2	200 – 240
291892-01	1 July 05 – 30 June 07	\$165,900	2	200 – 240
291892-02	1 April 06 – 30 June 07	06-07 Total: \$175,900	2	250 – 280

It has been difficult for Cessation Providers to meet targets over the past three years. Developing formal referral pathways from primary and secondary health services is a priority of the new Tobacco Control Plan in an effort to boost access to these services. Opportunities to implement pathways via social services are also an option. More trained Quit Card Providers and greater access to NRT drugs is also proposed to increase support for quitters.

It is important that TDH and TTTM work closely with the national Quit provider, The Quit Group, to coordinate services, monitor numbers for this region and offer more choice for consumers.

Tobacco Control Providers - National (Ministry of Health Funded)

TDH and TTTM recognise the contribution that can be made by National Providers to support the implementation of this plan. Building relationships with each of these agencies is a priority.

The Quit Group

The Quit Group provides a National cessation service via the Quitline, training and support for local Quit Card providers and presentation to junior doctors on smoking cessation.

In Tairāwhiti, there were 339 callers to Quitline in the year ended September 2006 (23% of which is 'relapsed' callers). This figure constitutes 1.1% of all callers to Quitline nationally in this time period.

Health Sponsorship Council

HSC provides national social marketing campaigns promoting smokefree environments/communities, smokefree youth and auahi kore. Key social marketing campaigns include the very successful Smokefree Homes in addition to Smokefree Cars.

National Heart Foundation of New Zealand (Heart Foundation)

The National Heart Foundation trains health professionals in how to use the New Zealand Smoking Cessation Guidelines. This training is delivered throughout New Zealand for GPs, practice nurses, health professionals working in specialist inpatient and outpatient services, community health workers and pharmacists. In November 2006, National Heart Foundation provided training for 18 Tairāwhiti health professionals on smoking cessation

Te Hotu Manawa Māori

Te Hotu Manawa Māori provides a national training service for Aukati Kai Paipa staff, therefore providing direct support, advice and training to the two Aukati Kai Paipa sites in Tairāwhiti. In addition to Aukati Kai Paipa, Te Hotu Manawa Māori provides Auahi Kore (smoke-free) service targeted at Māori.

Te Reo Marama (TRM)

TRM provides a national advocacy service that takes a Māori perspective on tobacco control issues. TRM have in the past provided support for the Taki Tahi Toa Mano group in Tairāwhiti.

TRM have recently developed a programme that will teach rangatahi to resist tobacco smoking and to become advocates against the tobacco industry. This programme would be called 'Tika' translated in English as *truth, correct, reliable*. The Ministry is currently considering this programme and discussing the detail of the programme with TRM.

Action on Smoking and Health (ASH) and Smoke-free Coalition (SFC)

ASH and SFC advocate on a range of tobacco control issues and smoke-free lifestyles at a national level. ASH has also provided smoke-free policy support to local tertiary education providers.

Education for Change

Education for Change developed the model for 'Systems First' used for Smoke-free Hospitals service specifications. In addition they provide support for the Smoke-free Hospitals coordinators.

Cancer Society

Cancer Society has a national overview of cancer control issues with a local presence in Tairāwhiti through its Gisborne office. A new Health Promoter has just been appointed at the Gisborne office and will be working twenty hours a week on health promotion, including tobacco control.

Tobacco Control Providers - Regional

Regional Public Health

The Public Health Directorate funds a Regional Smoke-free Coordinator for the central DHB regions. This position is based within Regional Public Health at Hutt Valley DHB. The Regional Smoke-free Coordinator works with TDH Smoke-free Officers and Health Promoters to facilitate smoke-free health promotion and coordinate national and regional smoke-free events.

Conclusion

The summary of services provided above highlights the range of activities to support quitting, promote smokefree lifestyles and expand smokefree environments is available. However, a more targeted and strategic approach is required to ensure programmes are reaching the priority groups and impact can be measured.

Some momentum has been gained in the last year by Taki Tahī Toa Mano that will result in a collective and coordinated approach to service delivery in order to achieve some positive outcomes for Tobacco Control. The Tobacco Control Action plan is intended to build on this progress.

What we plan to do?

Based on what is known about the population of Tairāwhiti, smoking prevalence, morbidity and mortality, and current service provision, TDH in partnership with local and national stakeholders is proposing a series of interventions outlined in the Tobacco Control Action Plan.

Further consultation with local health providers, decision-makers, and community leaders will assist with project planning and implementation of this strategy.

Monitoring progress and evaluating the impact is an important component of this plan that will be overseen by HSC.

A Tobacco Control Manager is to be appointed to oversee the implementation of the final Action plan.

The Tobacco Control Action Plan 2007-2010

The table below outlines the four intervention areas with some broad descriptions of corresponding activities, the agents of influence and objectives. Timeframes are to be set and each activity will require further planning and coordination with key stakeholders. This will be facilitated by the TDH Tobacco Control Manager.

NB: TTTM = Taki Tahī Toa Mano (Smokefree Advisory Group). TTTM are considered primary agents of influence for each activity.

Intervention Areas	Activities	Primary agents of Influence	Objective
1. Increase Cessation among adults (especially parents and caregivers)	Increase Referrals and Brief Interventions	Primary and secondary health providers eg. GPs, nurses and Hospital services.	Increase quit attempts among smokers in Tairāwhiti through brief intervention, cessation and pharmacological support.
	Increase face to face and telephone counselling	Cessation and counselling providers	
	Enable pharmacists to provide NRT to referred clients	Pharmacists Cessation providers	
	Provide Cessation support for pregnant women	Cessation providers Midwives	
2. Smokefree Environments	Support development of healthy public policy in the workplace and public areas of influence	Govt and NGO sectors	<ul style="list-style-type: none"> • Increase/support a range of smokefree environments. • Reduce smoking behaviour in public settings particularly among Maori and Pacific communities • Reduce smoking behaviour in private settings particularly among Maori and Pacific communities
	Investigate opportunities for inter-agency collaboration to expand smokefree environments.	Social sector agencies, Iwi Authorities.	
	Build awareness of need for SF environments, public and	Decision-makers in public and private domains.	

	domestic.		•
	Increase awareness and promote smokefree behaviour in public Maori community settings.	Decision-makers, leaders in Maori communities and domestic settings.	
	Work with Maori community leaders to promote and adopt Auahi Kore lifestyles.	Maori community leaders and whanau	
	Work with Pacific community leaders to promote and adopt Auahi Kore lifestyles.	Pacific community leaders Pacific families	
3. Infrastructure	Prioritise and implement training needs of Cessation workforce.	Health professionals Potential cessation providers	<ul style="list-style-type: none"> • Increase capacity and capability of cessation and counselling workforce. • Increase effectiveness of cessation services and referral agents.
	Strengthen local Cessation network	Existing and new service providers	
	Develop formal referral pathways between Cessation and health and other service providers	Cessation services Primary Health Secondary Health Social sector services	
4. Maori Leadership	Identify local leaders to engage in Auahi Kore activity.	Leaders Whanau	<ul style="list-style-type: none"> • Increase engagement of community leaders • Increase the number of AK role models in community
	Work with identified leaders to develop and implement action plan for Auahi Kore activity.		

Appendix

Taki Tahī Toa Mano
Strategic Planning Outcomes
2006

References