

LIVING SMOKEFREE

**A Strategic Framework (2008 – 2013)
and
Implementation Plan (2008 – 2011)
to Support Living Smokefree in Counties Manukau.**

July 2008

Foreword

Tobacco is the leading preventable cause of death, disease and disability in the world. We have the knowledge and the proven means to reduce tobacco use, but we have not put that knowledge into consistent action. Living Smokefree is the action document for Counties Manukau District Health Board. It takes the evidence, applies it to our people and our district and lays out the priority action area.

The cost of tobacco use to the health of our population is huge. There is sufficient evidence of smoking causing a number of cancers not only lung cancer but also stomach, pancreas, kidney, colon, cervix, and bladder cancer as well, to name just a few.

Smoking, along with an unhealthy diet and inactivity is a major modifiable risk factor in chronic disease such as cardiovascular disease, including ischaemic heart disease and cerebrovascular disease. These are two of the leading causes of death in the world, and also a main reason for the gap in life expectancy between people of Maaori and Pacific ethnicities and the rest of the population.

Smoking increases health inequality. It is most common in areas of low income, placing an extra financial and health burden on those least financially resourced. This document lays out the shocking and unacceptable prevalence of smoking amongst different ethnic groups. The rate of smoking amongst Maaori women of child bearing age is over 50%. For those that are unable to stop smoking during pregnancy or afterwards, it means the first 9 months of development are compromised, the health of the growing child is at risk, and the chance of the child also smoking as it grows older is three times higher than a child growing up in a smokefree household. And so the cycle continues.

Living Smokefree is the name of this document and it is also the vision. The goal is simple – support the people of Counties Manukau to be free of the nicotine addiction and take back control of their health.

Yours in health,

Geraint Martin

CEO

Counties Manukau District Health Board

Acknowledgements

Many people contributed to the Living Smokefree Plan for Counties Manukau and I would like to take this opportunity to acknowledge and thank them for their work.

Firstly, I would like to say thank you to Dr William Rainger who took on this project, listened to the needs and desires of the people in our community and brought together with great patience and understanding this document.

I would also like to thank Louisa Ryan and Manu Sione, GM, Pacific Health, and Project Sponsor for believing in the strength of a plan with wide community input and leading the way in making this happen.

Dr Doone Winnard provided the linkages with this document and Oranga Auahi Kore: Let's Live Smokefree, giving us one plan that establishes Maaori health gains as a key priority. I am extremely grateful to Doone for the valuable input she provided and continues to provide.

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I would also like to acknowledge the project steering group – Dr Siniva Sinclair, Dr Doone Winnard, Manu Sione, Bernard Te Paa, Pip Mathews, Sue Dashfield and Dr Allan Moffitt.

Finally, and not least, I would like to thank our CMDHB communities and whanau for allowing this plan to lead us towards 'living smokefree'.

I am honoured to be leading the implementation of this plan and look forward to continuing to work with you as we bring the document to life and make this vision a reality.

Ingrid Minett
Programme Manager
Living Smokefree

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1. Introduction

Exposure to the products of tobacco combustion is a major cause of avoidable morbidity, disability and mortality. Smoking is a major risk factor for a number of chronic diseases including: ischaemic heart disease, stroke, peripheral vascular disease, chronic obstructive respiratory disease and many types of cancer (particularly lung cancer and cancers of the mouth, throat, gullet and stomach).

Smoking also contributes to adverse outcomes in reproductive and children's health including: unsafe birth weights, sudden infant death syndrome, respiratory diseases of childhood and glue ear.

Collectively these conditions account for approximately 15 per percent of all deaths¹, high levels of hospitalisations and reduced quality of life. Smoking also compounds the complications of diabetes and contributes to poor oral health outcomes.

Despite a wide range of national, regional and locally delivered services to reduce exposure to tobacco smoke, rates of tobacco consumption in Counties Manukau are high relative to national rates – especially among Maaori and Pacific people. Tobacco use significantly contributes to health status inequalities in Counties Manukau.

The Ministry of Health's five year plan, Clearing the Smoke², provides the national strategic framework for tobacco control in New Zealand. The Ministry of Health funds the majority of tobacco control services in the country directly although District Health Boards are becoming increasingly involved in directly funding and delivering services.

Reduction of smoking rates is articulated as a priority in Counties Manukau DHB's current District Strategic Plan and District Annual Plan.

The purpose of this document is twofold:

- to provide a long-term (5 year) strategic framework for planning, funding and delivering Living Smokefree activities within Counties Manukau DHB, and
- to provide a medium-term (3 years) implementation plan of prioritised Living Smokefree services and actions for Counties Manukau DHB.

This plan should be read in conjunction with the following key documents:

- The New Zealand Health Strategy³,
- Clearing the Smoke. A five-year plan for tobacco control in New Zealand,
- The New Zealand Smoking Cessation Guidelines⁴,
- Counties Manukau District Health Board's District Strategic Plan⁵.

¹ Ministry of Health. Our health, our future - Hauora pakari, koiora roa - The health of New Zealanders 1999. Wellington: Ministry of Health.

² Ministry of Health. 2004. Clearing the Smoke: A five-year plan for tobacco control in New Zealand (2004-2009). Wellington: Ministry of Health.

³ Ministry of Health. 2000. New Zealand Health Strategy. Wellington; Ministry of Health.

⁴ Ministry of Health. 2007. New Zealand Smoking Cessation Guidelines. Wellington: Ministry of Health.

⁵ Counties Manukau District Health Board. Healthy Futures: District Strategic Plan 2006-2011.

2. Epidemiology

Current sources of information on the prevalence of tobacco use and exposure to tobacco smoke in Counties Manukau include:

- the New Zealand Tobacco Use Survey (2006)⁶,
- the 2006 National Census⁷, and
- annual National Year 10 Smoking Surveys (now known as the Year 10 Snapshot)⁸.

The proportion of the Counties Manukau DHB population aged 15 years and over who smoke regularly was reported as 22.1% compared to 20.7% nationally in the 2006 Census. However this figure masks significant disparities.

The prevalence of regular smoking by ethnicity among the Counties Manukau DHB resident population was:

- 20.0% of European people (compared with national rate of 19.4%),
- 46.8% of Maaori (42.2%),
- 30.3% of Pacific people (30.3%),
- 9.6% Asian people (11.1%),
- 15.5% among Middle Eastern, Latin American and African people (MELAA, 15.1%), and
- 16.0% among other ethnicities (16.6%)

Table 1: Prevalence of regular smoking among people 15+ years in Counties Manukau (%), by gender and ethnicity.

Ethnicity	Gender	
	Female	Male
Maaori	50.3 %	42.5 %
Pacific	26.7 %	34.3 %
European	19.3 %	20.8 %
Asian	3.4 %	16.3 %
MELAA	8.9 %	22.0 %
Other	15.4 %	16.6 %
Total	20.4 %	24.0 %

Source: 2006 Census data analysed by Statistics New Zealand and supplied by PHI

⁶ Ministry of Health. 2006. *Tobacco Trends 2006: Monitoring tobacco use in New Zealand*. Wellington: Ministry of Health.

⁷ Ministry of Health, Public Health Intelligence. Smoking Prevalence Rates Census 2006. District Health Board Report; Counties Manukau.

⁸ Scragg R. Report of 1999-2006 National Year 10 Snapshot Smoking Surveys. Prepared for ASH and Health Sponsorship Council. June 2007.

Table 2: Prevalence of regular smoking among people in Counties Manukau (%), by age group and ethnicity.

	European	Maaori	Pacific	Asian	MELAA	Other	Counties total	NZ total
15-19 years	18.4	40.0	19.9	4.1	9.1	10.8	18.2	18.8
20-24 years	31.8	54.4	40.4	12.2	15.5	23.2	31.4	29.8
25-29 years	29.8	51.5	39.1	11.5	15.3	24.1	30.0	28.6
30-39 years	25.1	52.2	34.8	10.6	18.1	21.4	26.9	25.6
40-49 years	22.4	51.6	31.6	10.9	19.1	18.0	24.0	23.3
50-59 years	18.0	40.8	25.4	9.1	14.1	13.7	19.3	18.7
60-64 years	15.9	30.6	19.6	7.1	-	9.8	15.8	15.2
65+ years	7.5	18.6	14.3	5.7	-	5.3	8.3	8.0
Counties total	20.0	46.8	30.3	9.6	15.5	16.0	22.1	
NZ total	19.4	42.2	30.3	11.1	15.1	16.6		20.7

Source: 2006 Census data analysed by Statistics New Zealand and supplied by PHI

Smoking among school students aged 14 and 15 years is assessed annually in the National Year 10 Snapshot smoking survey. Results from recent surveys indicate an overall trend towards decreasing consumption in Counties Manukau but the sample size does not allow for analysis by ethnicity.

Table 3: Trends in proportion of Year 10 students (male and female) smoking cigarettes daily, total smoking monthly or more often, or never smoked during 1999-2006 in Counties Manukau.

Smoking Category	1999	2000	2001	2002	2003	2004	2005	2006
	%	%	%	%	%	%	%	%
Daily	17.2	13.2*	12.2*	14.3*	12.3*	9.5*	8.8*	9.0*
Total > monthly	27.2	24.5	21.5*	24.0	19.2*	16.2*	16.0*	14.6*
Never smoked	37.7	38.7	42.3	41.6*	51.5*	52.4*	53.0*	53.4*

* $p < 0.001$, compared with 1999, adjusted for age, sex and ethnicity

Similarly there is some evidence for decreasing exposure to tobacco smoke at home – although again the trend may not apply across all ethnic groups.

Table 4: Trends in proportion of Year 10 students (male and female) with parents who smoke and who live in a home with smoking inside during 2001-2006 in Counties Manukau.

Smoking Variable	2001	2002	2003	2004	2005	2006
	%	%	%	%	%	%
Parental smoking	41.7	42.0	38.4	40.7	41.1	41.9
Smoking in home	29.8	28.6	27.6	24.9*	26.0	26.5*

* $p < 0.001$, compared with 2001, adjusted for age, sex and ethnicity

Key Points

- The total rate of tobacco consumption in Counties Manukau is higher than the New Zealand average.
- Rates of tobacco consumption are high among Pacific people in Counties Manukau and very high among Maaori.
- Overall a higher percentage of males smoke regularly in Counties Manukau compared to females; although Maaori women have very high rates.
- Higher rates of smoking are seen among 20-29 year olds, compared to other age groups
- There is some evidence for decreasing rates of tobacco consumption among 14 and 15 year olds but it is not certain that this applies across all ethnic groups.

3. Existing Strategies and Services

Ministry of Health and DHB Strategies

Reduction of smoking is one of the thirteen priority population health objectives in the New Zealand Health Strategy 2000. The Ministry of Health is the lead agency nationally for tobacco control. As well as developing policy for tobacco control the Ministry takes the lead in funding the majority of tobacco control activities at national, regional and local levels. Services funded by the Ministry and delivered in Counties Manukau (during 2007-2008) are listed in Section 3.2 below.

The key documents detailing the Ministry's plans in regard to tobacco control are the National Drug Policy 2007-2012⁹ and Clearing the Smoke: A five-year tobacco control plan for New Zealand (2004-2009).

Clearing the Smoke has five objectives:

- to prevent smoking initiation,
- to promote smoking cessation,
- to prevent harm to non-smokers from second hand smoke,
- to improve support for monitoring, surveillance and evaluation, and
- to improve infrastructural support and coordination for tobacco control activities.

The Ministry has established national targets for tobacco control¹⁰ which DHBs are expected to work towards. The targets set for 2007-2008 (to be carried over to 2008-2009 for DHB reporting purposes) are:

- increase the proportion of 'never smokers' among Year 10 students by at least 2 percent (absolute increase) over 2007/08 (national baseline 53.7%), and
- increase the proportion of homes, which contain one or more smokers and one or more children, which have a smokefree policy to over 75 percent in 2007/08 (national baseline 70%).

The Counties Manukau DHB District Strategic Plan 2006-2011 (DSP) clearly articulates smokefree programmes as a high priority. The DSP focuses on six long term outcomes all of which are relevant to tobacco control:

- improving community wellbeing (including the medium term outcome of increasing smokefree environments),
- improve child and youth health (including the medium term outcome of decreasing the incidence and impact of risk taking actions by young people),
- reducing the incidence and impact of priority conditions (including cancer, diabetes and cardio-vascular disease),
- reducing health inequalities,
- improving health sector responsiveness to individual and family/whaanau need, and
- improving the capacity of the health sector to deliver quality services.

Addressing smoking is one of the priority areas identified for achieving gain in the Counties Manukau Whaanau Ora Maaori Health Plan, and Maaori-led action towards Auahi Kore will

⁹ Ministerial Committee on Drug Policy. 2007. National Drug Policy 2007–2012. Wellington: Ministry of Health.

¹⁰ <http://www.moh.govt.nz/moh.nsf/indexmh/healthtargets-targets-tobacco>

contribute to outcomes under all of the facets of the Te Pae Mahutonga¹¹ based framework of the Plan.

The draft Counties Manukau Cardiovascular Disease Prevention Strategy (2007) also identifies Smokefree as a key priority for improving cardiovascular outcomes, particularly for Maaori and Pacific populations.

In order to enhance its ability to reduce the incidence and impact of tobacco use among Maaori, Counties Manukau has prepared a consultation draft of a three year plan - Oranga Auahi Kore: Let's Live Smokefree¹². The plan proposes four action areas:

- establishing Auahi Kore as a core priority for Maaori health gain in Counties Manukau,
- establishing an Auahi Kore culture in whaanau and the community,
- prioritisation of Auahi Kore agenda by all primary and secondary health care services, and
- ensuring ready access to high quality smoking cessation services.

The approach of Oranga Auahi Kore is based on available evidence about Maaori and indigenous Auahi Kore/Smokefree initiatives. This evidence suggests that DHB support for a community response to Smokefree that prioritises Maaori needs to:

- be embedded in a whaanau focused approach,
- support parents and whaanau to achieve smokefree environments for their tamariki and give them positive smokefree messages,
- emphasise the importance of smokefree for pregnant women and their whaanau,
- engage kuia and kaumatua in supporting smokefree marae,
- strengthen Aukati Kai Paipa/other Maaori specific smoking cessation services, and
- direct generic cessation services to focus resource towards engaging Maaori¹³.

Actions need to target individuals, whaanau, population groups and the environment; as well as building the capacity of local organisations and community networks. The national level results of the 2006 Tobacco Use Survey found that there are five common ways Maaori get services and/or support for quitting:

- 51% from Quitline,
- 50% from friends/whaanau,
- 35% from their doctor,
- 23% from stop smoking programmes, and
- 21% from Maaori community health workers.

This highlights the need to *empower whaanau* to support each other in quitting behaviour, and the *importance of strengthening a range of providers to support smoking cessation*, including community health workers. This will contribute to establishing a 'culture of quitting' for those who smoke.

To be effective for Maaori requires an approach which recognises the relationship between culture and behaviour and therefore emphasises the importance of cultural engagement, is

¹¹ Te Pae Mahutonga. National Health Promotion Framework and Implementation Planning Guide for Screening Programmes. Ministry of Health. 2004.

¹² Counties Manukau District Health Board. 2008. Internal working draft. Oranga Auahi Kore: Let's Live Smokefree: A three year plan to increase support for Smokefree Maaori Lives in Counties Manukau.

¹³ Winnard, D. 2007. Development of Increased Auahi Kore/Smokefree Support for Maaori in Counties Manukau. Discussion Paper for POU, Counties Manukau District Health Board. Te Kaahui Ora, Counties Manukau District Health Board: Auckland.

based on a holistic Maaori view of health, and supports Maaori autonomy. Early consultation with POU, the Maaori governance group of Counties Manukau DHB, gave clear guidance that an Auahi Kore strategy for CMDHB must focus strongly on promoting the well-being of Maaori children and young people.

The Living Smokefree framework and plan has been designed to be consistent with the principles and priorities of the consultation draft Oranga Auahi Kore: Let's Live Smokefree. Prior to implementation of specific services both Living Smokefree and Oranga Auahi Kore will require further input from CMDHB communities and providers.

To date the DHB has not had a document which articulates its overall plan in respect to tobacco control – the Living Smokefree framework and plan is intended to fill that gap. The DHB does have a number of major strategic initiatives which need to be intimately linked with smokefree plans these include: Let's Beat Diabetes, the Child and Youth Health Plans, the Oral Health Plan, the Chronic Care Management Plan and the Primary Health Care Plan.

Smokefree Services Provided in Counties Manukau

The Ministry Of Health funds a number of national, regional or local services which are delivered in Counties Manukau. The funding is either by direct contract between the Ministry and the provider or else the Ministry funds the DHB which then contracts with the provider.

Table 5: Smokefree services funded by the Ministry of Health (# or directly funded by the DHB) and delivered in Counties Manukau (during 2007/08)

<i>Provider</i>	<i>Service</i>
CMDHB Adult Health Services	Hospital-based smoking cessation services.
CMDHB Adult Health Services	Smokefree DHB co-ordination to progress a systems-based approach to Smokefree within Counties Manukau DHB services.
# CMDHB Mental Health Services	Hospital and community-based cessation services.
# CMDHB Mental Health Services	Mental Health Smokefree coordination to progress a systems-based approach to Smokefree mental health services
PHO pilots - Mangere Health Trust and Ta Pasifika	Implementing Systems First approach to primary care through six PHO pilots regionally (two pilots in Counties Manukau).
Mangere Health Trust	Support for smoking cessation in pregnancy.
Pacific Smokefree.	Funding to develop and establish community-based Pacific cessation services in Counties Manukau.
Raukura Hauora O Tainui	Aukati Kai Paipa - community based cessation services for Maaori.
Education for Change	National service providing Smokefree education for midwives.
Auckland Regional Public Health Service	Smokefree promotion and Smokefree Environments Act regulatory enforcement.
Action on Smoking and Health	Smokefree promotion and advocacy.
Hapai Te Hauora Tapui Ltd	Auahi kore promotion.
Pacific Island Heart Beat	Smokefree promotion.

Source: Ministry of Health. Tobacco Report: Counties Manukau DHB. August 2007

4. Key Assumptions, Principles and Priorities

Counties Manukau DHB's strategic framework and implementation plan for Living Smokefree will be based on a number of assumptions and principles.

- Tobacco control will always require a high degree of national coordination for activities such as regulation, policy development and social marketing. It is assumed that, for the foreseeable future, the Ministry of Health will continue to lead national tobacco control strategic planning and will continue to have a significant role in programme and service implementation.

Counties Manukau DHB Living Smokefree will be based on national strategies and priorities while being tailored to the specific needs of the Counties Manukau population.

- Counties Manukau DHB Living Smokefree will have reducing inequalities in health due to tobacco use and exposure as an explicit priority.
- Long-term, coordinated and systems-based approaches (such as those developed for Let's Beat Diabetes) will be required to address tobacco use in Counties Manukau.
- Living Smokefree will be linked as appropriate with other initiatives in Counties Manukau such as Let's Beat Diabetes and PHO development.
- Living Smokefree will develop services that:
 - target interventions at critical life events such as pregnancy and times of hospitalisation,
 - link activities to reduce smoking initiation with those aiming to increase smoking cessation (for instance by targeting cessation services at pregnant women and their whaanau/families), and
 - take a whaanau/families centred approach.
- Living Smokefree will improve the effectiveness and efficiency of services by working regionally where appropriate.

Medium term (three year) priorities for Counties Manukau DHB's Living Smokefree include:

- support and further develop Counties Manukau's Smokefree DHB policies, programmes and services,
- support and further develop systems and capacity in primary care for tobacco cessation brief interventions,
- to reduce smoking related health inequalities by prioritising Living Smokefree for Maaori,
- to further develop and expand community based smoking cessation services for those with the highest need, and
- to prioritise cessation advice and support for pregnant mothers (at all stages of pregnancy) and their whaanau/families.

5. Living Smokefree Strategic Framework (2008-2013)

The Vision, Goals and Objectives of Counties Manukau DHB's Living Smokefree strategic framework are based on the Ministry of Health's Clearing the Smoke. The specific actions (expanded in the three year implementation plan) reflect the specific characteristics and needs of the Counties Manukau population and the priorities of the Counties Manukau DHB.

Counties Manukau DHB has been developing smokefree programmes and initiatives over the past few years. The Living Smokefree Strategic Framework builds on the foundations laid over these years, strengthening hospital-based systems and cessation services while expanding services over the entire district.

Vision That living smokefree is the norm for all communities in Counties Manukau.

- Goals**
1. To prioritise a reduction in inequalities in smoking prevalence between population groups within Counties Manukau by reducing smoking rates among Maaori and Pacific people.
 2. To reduce the prevalence of smoking among Maaori to at least the same level as among non-Maaori.
 3. To reduce overall levels of tobacco consumption and smoking prevalence.
 4. To reduce exposure to second-hand smoke.

Objectives and Actions

Note that many of the actions will overlap with or support other actions. For example targeting cessation for pregnant women will be used to support cessation amongst others in the family as well as promoting of smokefree households.

Mechanisms for promoting and supporting Maaori leadership in smokefree will be actively considered and incorporated across all action areas.

1. To prevent smoking initiation. Counties Manukau DHB is committed to supporting a culture where growing up smokefree is the norm. Research indicates that children growing up in a smokefree household enjoy a healthier life and are less likely to smoke regularly as an adult themselves.
 - 1.1. Breaking the cycle of smoking – working with families that smoke and whose children are admitted to Kidz First or who are seen at outpatient clinics.
 - 1.2. Support smokefree leadership with a focus on Maaori youth – working in Maaori settings, supporting leadership and role models for a smokefree culture.

2. To promote smoking cessation.
- Counties Manukau DHB is committed to developing a health care system where all people seeking primary or secondary health care will be asked about smoking, their status recorded and brief advice given to all people who smoke. This draws on the evidence for advice given “a little and often, by many” in supporting change.
- Whaanau/family support for cessation services is known to significantly reduce relapse therefore cessation services will provide an appropriate mix of hospital, clinic, home and telephone support.
- 2.1. Promote systems-based approaches to providing assessment, advice and support for cessation in healthcare settings.
 - 2.2. Ensure all health care workers are trained and equipped to provide brief intervention and support for Smokefree
 - 2.3. Strengthen and then expand Maaori community-based cessation services.
 - 2.4. Support the development of Pacific cessation support services in the community.
 - 2.5. Promote and support smokefree pregnancies.
 - 2.6. Strengthen community action and social marketing to support a culture of quitting
3. To prevent harm from second-hand smoke.
- Counties Manukau DHB supports on-going campaigns to encourage more households and cars to be smokefree.
- 3.1. Work with other agencies to increase the number and proportion of households and vehicles in Counties Manukau that are smokefree.
 - 3.2. Work with other agencies to promote public education and understanding of the importance of smokefree environments.
4. To improve infrastructural support and co-ordination for Living Smokefree activities.
- Counties Manukau DHB acknowledges that, while the Ministry of Health is the lead agency for Smokefree in New Zealand, the DHB has a leadership role at the district level. The DHB will put in place management systems and, where appropriate, partnerships to ensure services are delivered efficiently and to the best effect.
- 4.1. Establish integrated management for all Living Smokefree services in Counties Manukau.
 - 4.2. Support workforce development to promote all aspects of Living Smokefree.
 - 4.3. Improve support for monitoring, surveillance and evaluation.

6. Implementation Plan (2008-2011)

This plan covers the three financial years 2008/09 to 2010/11 and describes actions considered to be priorities for meeting Ministry of Health tobacco control targets and the needs of the Counties Manukau population.

Establishing Effective Leadership for Living Smokefree

Apart from developing priority services and infrastructure the initial priority in 2008/09 will be to establish a framework for effectively managing all Living Smokefree activities in Counties Manukau. To be successful the DHB will need to manage smokefree services and programmes across a range of services and different service providers.

Living Smokefree will involve at least:

- Counties Manukau Funding and Planning – especially in regard to contracting with and monitoring primary care and maternity providers,
- Child, Youth and Oral Health,
- Maaori and Pacific Health teams, and
- DHB Mental Health Service provision and funding.

It will be necessary to have good functional links with:

- Let's Beat Diabetes,
- Chronic Disease Management programmes,
- the Regional Information Systems Strategic Plan implementation,
- the Ministry of Health and
- other providers of services not directly funded by Counties Manukau.

In the Implementation Plan which follows, Action 4.1.1 on page 23 (establish mechanisms for Living Smokefree management) will be a priority for the first six months of 2008/09. Key outcomes will be:

- establishing clarity on overall accountability for Living Smokefree in the DHB and identifying key delegated sub-tasks,
- ensuring the plan is resourced to succeed,
- developing processes for community input to service development and implementation,
- ensuring key indicators are developed, and
- forming appropriate links with other organisations such as:
 - the Auckland and Waitemata DHBs,
 - the Auckland Regional Public Health Service,
 - NGO providers of smokefree services,
 - the Ministry of Health,
 - other Government departments and agencies such as the Ministry of Social Development, and
 - territorial local authorities.

Maaori Leadership for Living Smokefree

Given high rates of smoking among Maaori – especially Maaori women – reinvigorating Maaori leadership for all aspects of Living Smokefree will be a priority.

Action 1.2.1 aims to develop innovative methods for supporting Maaori leadership and action 1.2.2 aims at ensuring this thinking is built into all aspects of Living Smokefree. Mechanisms for promoting and supporting Maaori leadership in smokefree will be actively considered and incorporated across all action areas.

Regional Collaboration

Services delivered expressly within Counties Manukau will continue to be supported by services provided regionally and nationally. Counties Manukau DHB will work with Auckland and Waitemata DHBs to ensure the appropriate mix, quantity and quality of services are provided. This is likely to include forming a regional group to coordinate local, regional and national smokefree services.

Specific services or actions which may benefit from a coordinated or combined regional approach include:

- Smokefree Environments Act regulatory activities through the regional public health service provider,
- train the trainer for brief interventions and cessation support,
- PHO smokefree systems and support in primary care to increase identification of smokefree status and quit attempts,
- regional clinical leadership for Living Smokefree,
- developing models to support Maaori leadership for Living Smokefree,
- information systems for improving service delivery and for monitoring tobacco use and quit attempts,
- social marketing including media campaigns, and
- promotion of cessation in workplace settings.

1. Prevent smoking initiation

	Actions and Resourcing	Responsibility	Timeframe
<i>1.1. Breaking the cycle of smoking – working with families that smoke and whose children are admitted to Kidz First or who are seen at outpatient clinics.</i>			
1.1.1. Support and strengthen smokefree coordination and cessation working through DHB child and youth services.	Smokefree DHB human and financial resources targeted at child and youth services, both at the hospital and outpatient/community services.	Living Smokefree Manager	Years I, II & III
1.1.2. Support the development of smokefree screening, brief advice and cessation support to parents of children in Kidz First	Develop support services for parents who smoke and whose children are admitted to Kidz First. Train the health professional team at Kidz First to address parental smoking using the ABCs and assist with referral to primary care for cessation follow-up.	Living Smokefree Manager	Years I, II & III
<i>1.2. Support smokefree leadership with a focus on Maaori youth – working in Maaori settings, supporting leadership and role models for a smokefree culture.</i>			
1.2.1. Develop innovative approaches to activating Maaori leadership for smokefree. In marae settings but also to include other settings such as sports and social clubs, kura kaupapa and business leaders' forums	Joint project with Ministry of Health to engage with Maaori in developing a new model for Maaori leadership in smokefree. Subsequently to include a review of regional spend on smokefree health promotion for Maaori.	Maaori Health	Establish joint MoH/CMDHB project by 31 August 2008. Draft report and recommendations to MoH and CMDHB (and proposed regional smokefree coordination group) by 31 March 2009.

1.2.2. Promote Maaori leadership across all aspects of Living Smokefree	Ensure Maaori leadership is built into all Living Smokefree plans and activities.	Living Smokefree Manager and Maaori Health	Years I, II & III
1.2.3. Scope the development of smokefree rangatahi programmes.	Reinvigorate and broaden leadership for smokefree rangatahi as part of action 1.2.1	Maaori Health	Scope in Year I Implement in Years II and III
1.2.4. Continue to support and strengthen smokefree marae programmes.	Enhance and extend marae with smokefree policies.	Maaori Health	Years I, II & III

2. Promote smoking cessation

	Actions and Resourcing	Responsibility	Timeframe
2.1. <i>Promote systems-based approaches to providing assessment, advice and support for cessation in healthcare settings.</i>			
2.1.1. Ensure all PHOs have smokefree policies and plans	<p>Continue roll-out of a systems approach in PHOs for effective use of ABC in general practice.</p> <p>Support national leadership in IM development, clinical leadership and policy development.</p> <p>Redirect current (2007/08) regional funding to CMDHB activities (MoH will fund Auckland and Waitemata DHBs directly for local PHO development).</p>	Living Smokefree Manager	<p>All PHOs have plans and policies by Year III</p> <p>All general practices participate fully in Living Smokefree by Year III.</p>
2.1.2. Consider using incentives for targets in primary care and/or other funding support	<p>Promote routine recording of smoking status and use of brief intervention.</p> <p>With MoH, investigate using primary care performance monitoring information for incentive payments. Investigate funding support for primary care providers to attend Smokefree training.</p>	Primary care programme manager	<p>Years I – III promote Smokefree in general practice.</p> <p>Year I – investigate use of incentive payments and develop proposal for funding. Implement in Year II.</p>
2.1.3. Cessation services in hospital settings.	Continue to develop systems in Middlemore hospital to ensure all patients smoking status is recorded along with brief advice and referrals	Living Smokefree Manager	<p>Year 1 priority – NRT training; new Maaori smokefree support person.</p> <p>Year 2 and 3 further develop training</p>

	to intensive support services. Continue to provide a cessation service for patients (and their families) wishing to have intensive support follow-up. Increase to two full time cessation providers – one for Maaori specific.		programmes and referral services
2.1.4. Smokefree coordination in CM DHB Mental Health Services	Continuation of Smokefree systems development and cessation services for mental health service users (inpatient and outpatient and community-based) to April 2009. Report and proposal for ongoing funding to MoH by December 2008.	Mental Health Smokefree Manager	Year I – review
2.2. <i>Ensure all healthcare workers are trained and equipped to provide brief intervention and support for smokefree</i>			
2.2.1.Support training providers	Work with established training organisations to incorporate smokefree training into all health worker training frameworks (e.g. Community Health Workers, allied health, oral health)	Living Smokefree Manager	Years I – III
2.2.2.Provide training	Train health professionals in the use of NRT to establish a culture of NRT being offered to all patients and/or family members who smoke.	Living Smokefree Manager	Years I – III
2.3. <i>Strengthen and then expand Maaori community-based cessation services.</i>			

2.3.1. Support the development of cessation services for Maori	Enhance community-based cessation services for Maori. Develop proposals for new services including those targeting tamariki and rangatahi who smoke.	Maaori Health	Year I work with Ministry to support existing services. Develop funding proposals for new services. Years II & III – implement new services.
2.4. <i>Support the development of Pacific cessation support services</i>			
2.4.1. Implement Pacific cessation support services in the community.	Establish service using existing funding.	Pacific Health	Year I – establish service Year II – evaluate Year III – further develop
2.5. <i>Promote and support smokefree pregnancies</i>			
2.5.1. Protect unborn children from the harmful effects of tobacco use.	Promote existing provision of cessation advice and support. Develop and support services for training in provision of ABC and quit cards to pregnant women and their families via LMCs and primary care providers. See Action 2.2.2 for training.	Living Smokefree Manager	Year I – training blitz for all LMCs and nurses. Year II – follow-up refresher training
2.6. <i>Support development of a culture of quitting</i>			
2.6.1. Strengthen community action and social marketing to support a culture of quitting	Work with health promotion providers to incorporate initiatives to empower whaanau/families to support each other in quit attempts and the use of NRT. Explore opportunities to link national smokefree social marketing campaigns to local sources of cessation support.	Living Smokefree Manager	Years I – III

3. Prevent harm from second hand smoke

	Actions and Resourcing	Responsibility	Timeframe
3.1. <i>Work with other agencies to increase the number and proportion of households and vehicles in Counties Manukau that are smokefree</i>			
3.1.1. Health promotion and social marketing	Work with local and regional health promotion providers.	Living Smokefree Manager	Years I to III
3.2. <i>Work with other agencies to promote public education and understanding of the importance of smokefree environments</i>			
3.2.1. Health promotion and social marketing.	Identify and implement collaborative projects with Local Authorities and ARPHS.	Living Smokefree Manager	Years I to III
3.2.2. Build intersectoral support for Living Smokefree in Counties Manukau	Work with NGOs, local authorities, and other government agencies to establish broad community-based support for Living Smokefree; including strong Smokefree policies across all aspects of their interaction with communities. This will include promotion of quit advice messages to be delivered in non-healthcare settings.	Living Smokefree Manager	Year I - develop intersectoral model Years II & III - implement

4. Improve infrastructural support and co-ordination for Living Smokefree activities.

	Actions and Resourcing	Responsibility	Timeframe
<i>4.1 Establish integrated management for all Living Smokefree services in Counties Manukau.</i>			
4.1.1 Establish mechanisms for Living Smokefree leadership.	<p>Develop and establish DHB leadership group for Living Smokefree (including consideration of an external reference group).</p> <p>Develop annual workplans and budgets for implementation of Living Smokefree; negotiate service specifications with MoH.</p> <p>Develop processes for community input to Smokefree services development and implementation.</p>	Living Smokefree Manager	<p>Service specifications and funding agreed with MoH by 31 July 2008</p> <p>Leadership and management models agreed by August 2008.</p> <p>Group(s) convened by September 2008.</p> <p>2008/09 workplan signed off by October 2008</p>
4.1.2 Establish local and regional clinical leadership for Living Smokefree	In collaboration with the Ministry of Health and Auckland and Waitemata DHBs, establish 0.5 FTE regional Living Smokefree Clinical Champion (primary and secondary care).	Living Smokefree Manager	Years I - III
4.1.3 Participate in monitoring of local and regional services.	<p>Establish partnerships for joint planning and monitoring of regional and local services funded directly by Ministry of Health.</p> <p>Existing coordination resource in ARPMS to be reallocated for 6 months to establish regional planning/monitoring mechanisms.</p>	Living Smokefree Manager	Regional mechanism established by 31 December 2008

4.2 <i>Support workforce development to promote all aspects of Living Smokefree</i>			
4.2.1 Workforce development plan	<p>Work with MoH, local DHBs and WFD providers to develop a coordinated WFD plan for the district (and/or region) which includes all disciplines of health workers.</p> <p>Support development of an integrated approach to health counselling training across disciplines (e.g. medical, nursing, maternity, dentistry) and across issues (e.g. smokefree, nutrition and physical activity)</p>	Living Smokefree Manager	Year I – develop plan Years II & III – implementation.
4.3 <i>Improve support for monitoring, surveillance and evaluation.</i>			
4.3.1 Information systems for monitoring.	Work with MoH, regional and local stakeholders to support development of standard information collection mechanisms for monitoring smokefree status and quit attempts.	Living Smokefree Manager	Year I – develop coalition of stakeholders and develop joint proposals for funding Year II – systems and process design and implantation Year III - evaluation
4.3.2 Develop 3 to 5 year targets for implementation of Living Smokefree	Key indicators for Living Smokefree developed and implemented.	Living Smokefree Manager	Indicators signed off by June 2009. Monitoring in Years II and III.