

Hawke's Bay District Health Board

Tobacco Control Plan 2015-2018

Introduction

In 2010 the New Zealand government set an ambitious target of achieving smoking prevalence of less than 5% by 2025. There has been significant progress toward this target with the 2013 census data indicating a rate of 18% smoking prevalence in Hawke's Bay. However with 10 years to achieve a further 13% reduction there is a real challenge set for all parties involved in reducing smoking. The Hawke's Bay DHB and our partners need to review our approach and continue the focus on Smokefree to not only continue the current level of change but accelerate the change. In the Hawke's Bay we have 22,660 people who smoke (2013 Census data), To achieve the 5% target we will need to support 1,337 smokers to quit each year (assuming current start rates and population growth). We currently have 468 successful quits annually (Hawke's Bay DHB Tobacco Control Plan Needs Assessment 2015).

Tobacco use is the single biggest cause of inequality in death rates and preventable disease in the Hawke's Bay. Smoking is linked to a range of illnesses and most of these become apparent many years after people start to smoke, including heart disease, chronic pulmonary disease, lung cancer and other cancers. Tobacco use and related disease is not equitably distributed with Maori females aged 20-29 years having the highest prevalence with 49% being regular smokers and an overall rate for Maori of 36% compared to 13% for non-Maori non-Pacific. Second hand exposure to tobacco also has an impact on health, especially for children, for example smoking during pregnancy effects the growth and development of the baby and increasing the risk of miscarriage, stillbirth, premature birth and low birth weights. Pregnant Maori women have a smoking rate of 39% compared to 15% for Pakeha women. (Health Equity Report- Hawke's Bay DHB 2014)

Developing a plan that enhances current effective activities and implements some controlled innovative projects are steps needed to increase the rate of cessation and reduce the number of those starting to smoke. To do this we need to have clear information about who our tobacco using population are, where they are located and other trends. This will allow us to target strategies and focus on reducing inequalities in the Hawke's Bay region. Appendix one contains the full "Tobacco Control Plan Needs Assessment Report" which identifies key areas including Maori who smoke, pregnant women who smoke, high deprivation communities, settings with a high number of smokers, addressing supply, mental health consumers and the need to align work across contracted areas and providers.

Tobacco is covered in a number of plans for the Hawke's Bay District Health Board including- "Smokefree Hawke's Bay" five year plan, a three year "Tobacco Control Plan", an annual "Central Regional Tobacco Control Plan", an annual "Hawke's Bay District Health Board Population Health Annual Plan (Core Public Health)" and "Hawke's Bay DHB District Annual Plan". To align these and maximise the impact of our work, planning has been coordinated via the Population Health Team and lead by the Team Leader for the Population Health Advisors. All planning has utilised the needs assessment to inform priority areas and work will be delivered via health promotion, cessation support and health protection delivery areas.

The "Tobacco Control Plan" will deliver activities to address the key Ministry of Health goals:

- Reducing initiation
- Increasing cessation
- Preventing harm from second-hand smoke

Reducing initiation-

60% of Maori females surveyed in year 10 have used tobacco products and 30% are regular users. If we are to reduce initiation we need to implement strategies which reduce the number of Maori females trying tobacco. This mean looking at supply and reinforcing "Smokefree" as the preferred choice. Also providing support for cessation which is relevant for this age group. The lead suppliers are family member and friends so it is important to work with these groups to reduce this supply.

Increasing cessation-

In the Hawke's Bay the number of quits need to increase from 468 people per year to 1,337 in order to achieve the 5% 2025 target. To achieve this increase in cessation within existing levels of funding requires targeting those groups with the highest prevalence of smoking with initiatives and services, and ensuring those referred to cessation support or undertaking the quit journey remain engaged.

In the Hawke's Bay the priority population group is Maori women 20-29 years of age. To respond to this group there needs to be a whanau approach to support successful cessation and models and messaging used needs to be culturally relevant. Support and messaging needs to be delivered in settings with high Maori engagement including, leveraging off whanau/hapu/iwi events and working in high deprivation communities. Intensive support should be targeted at the groups with the highest risk including pregnant women and mental health clients.

The identified gap in services is increasing rates of people moving from brief advice to cessation with an average of 80% of people referred for support not quitting. To reach 1,337 quits there needs to be an increase in activities which increase quit success rates. There also needs to be increased capacity within services provided in high deprivation communities to support those quitting. There has been a strong focus on screening via health services, this needs to move to the community as groups with the highest prevalence are not regular health service users.

There also need to be strategies to make smoking the difficult or less attractive choice. This is achieved by reducing the places people can use tobacco and reducing access to supply. In the Hawke's Bay we will work to increase Smokefree environments and to increase the number of tobacco free retailers.

Reducing harm from second-hand smoke-

To reduce harm from second-hand smoke for the most vulnerable groups, including children, and to de-normalise smoking, work needs to continue to increase Smokefree environments including working with education providers, workplaces, events and council facilities. Environments can extend to supporting Smokefree homes and cars, which will support whanau to provide Smokefree environments for their children. The aim is to de-normalise tobacco use and keep children safe from second-hand smoke, with a particular focus on communities, event and workplaces accessed by Maori and high deprivation communities.

The aim of the Hawke's Bay Tobacco Control Plan is to achieve the 5% target in 2025 and to achieve this goal we will use the needs assessment data to direct our work and focus our investment. It is clear that we need to change how we work and what we do because with 468 quits annually the Hawke's Bay will not reach the 5% target in 2025. Changing to a targeted approach by focusing on populations with high smoking prevalence, reviewing current practises to identify effective initiatives and how to enhance these, and using new approaches which are evidence based or have the potential to create change, are the steps need to lift this number.

Current Description of Services deliver by Hawke's Bay District Health Board

In the Hawke's Bay district we have two Aukati Kaipapa providers, one pregnancy cessation service and Hawke's Bay District Health Board services funded via Public Health Core Funding and Tobacco Control. There is also cessation support provided by primary care via general practise and lead maternity caregivers. This is mostly screening and referral with a small number of general practices providing cessation support over and above nicotine replacement therapy.

The Hawke's Bay District Health Board services by contract:

- Public Health core funding, provides health promotion services including supporting smokefree policy, advocating for smokefree environments, messaging/resources, support for the Hawke's Bay Smokefree Coalition, events activities, supporting Smokefree sector with incentives/programmes, research/evaluation/consultation and other expertise. Health Protection including, retailer education and resources, controlled purchase operations, responding to complaints and early childhood education provider visits and support (delivered by Public Health Nurses). Preventive interventions supporting screening systems in secondary and primary care, increasing access to therapies to support cessation.

- Tobacco Control funding supports health promotion activities including delivering Smokefree events (those targeting Maori and high deprivation communities), increasing personal skills via training and resources delivered to cessation providers, education settings, workers engaging with clients in homes and health services, supporting policy development and implementation which increase smoke free environments (including submission to local government, supporting workplaces, event managers, education settings). Advocacy support with health providers, supporting screening practises and the implementation of brief advice. Enforcement provide a proactive programme providing education to retailers on their obligation and good practise, complete controlled purchase operations, respond to complaints and are developing tools to support the roll out of the “open air calculator”
- District Health Board Funding, activity which supports the achievement of national targets, including education and support for clinical staff, systems support to maintain screening in secondary and primary care, and maternity services are supported to deliver brief intervention.
- Innovation Funding, delivering two projects. “Quit Mist – improving access to NRT in high deprivation communities” and the “Mental Health Smokefree Culture Change Programme”. These are to be evaluated to identify potential for future implementation.

Needs and Gap Analysis Summary

Projections to 2025 (based on current smoking rates) indicate that 16,000 of the 22,660 people who smoke in Hawke’s Bay will need to become smokefree if we are to reach the 2025 ‘less than 5%’ smoking prevalence target. This equates to supporting and encouraging 1,337 Hawke’s Bay residents to stop smoking (and stay stopped) each year between 2014 and 2025. Of these, 39% (516 per annum) will need to be Māori.

The current ‘best case scenario’ estimate is that a maximum of 500 residents are quitting smoking each year in the Bay.

For the 22,660 smokers we are spending \$46 per person providing cessation support, health promotion and regulatory services. For the 468 people who quit smoking in a year the cost of cessation services is \$1077.40 per quit. To reach our target of 1,400 quits per year and to work with existing funding limits each quit needs to cost \$306.16. There is an analysis in the “Need and Gaps Analysis – Use of Smoking Cessation Services by Hawke’s Bay Residents” which provides more detail. The data does not reflect the complexities of the tobacco control environment or how smokers use services. Also a significant amount of the funding is used to support legislation and smoke free environments which maintain the wellbeing of non-smokers (including ex-smokers).

The above costing does indicate the need to change how we support people to quit by provide more cost effective activities, including mass quitting, more access to self-help and targeting those populations where intensive support is effective. Ensuring that more referrals result in successful quits by remedying the gaps in services. Also the need to be proactive in our delivery by reducing initiation, reducing access to tobacco and increasing protective factors for children.

Key findings from the analysis of information are listed in the following two tables.

Smoking patterns

Key findings

Overall prevalence	<ul style="list-style-type: none"> • 18% of Hawke's Bay residents smoke • Smoking prevalence among Māori is 36%, and 23% in Pacific • Rates of smoking in Hawke's Bay are higher than the national average for all groups
Women and men	<ul style="list-style-type: none"> • Females have higher smoking rates than males – four out of every ten Māori women in Hawke's Bay are current smokers • Women in reproductive age groups have the highest smoking rates, particularly Māori women in these age groups where almost half smoke • Māori women have higher smoking rates than Māori men overall and in all age groups. This differs from Pacific and European smoking patterns where men have higher rates of smoking for both ethnicities
High deprivation areas	<ul style="list-style-type: none"> • High deprivation areas in Hawke's Bay that are home to the largest number of smokers include: Wairoa (in Wairoa District), Marewa, Maraenui, and Onekawa South (in Napier City), and Akina (in Hastings)
Mental health consumers	<ul style="list-style-type: none"> • Smoking rates amongst community mental health and addiction consumers living in Hawke's Bay (33%) are almost twice the general population • Amongst mental health inpatients, the smoking rate is three times higher – 61% in 2014
Pregnant women	<ul style="list-style-type: none"> • Smoking during pregnancy is four times higher among Māori women (42%) than non- Māori, non-Pacific women (11%) • Rates are particularly high in the 15–29 year age group
Young people	<ul style="list-style-type: none"> • Smoking rates among Year 10 students are lower now than 15 years ago but one in four young Māori girls of this age remain regular smokers • Over 60% of Māori girls 14–15 years have used a tobacco product at some stage • Social supply and retail purchase are the main sources of cigarettes and tobacco for young people
Tobacco retailers	<ul style="list-style-type: none"> • The ratio of tobacco retailers to smoker population is highest in Wairoa • There are an estimated 193 tobacco retailers in Hawke's Bay, many of which are concentrated in areas of high deprivation • Four retailers are known to have made a decision not to sell tobacco products
Use of smoking cessation services	<ul style="list-style-type: none"> • Hawke's Bay residents using local cessation services (three providers) number about 660 per year • Residents using the Quitline number about 1,500 per year • Combined, these services support approximately 466 residents to quit smoking per year • Other residents will be stopping smoking without the use of cessation providers

Priority areas have been identified for development of the 2015–18 Tobacco Control plan. To a large extent, some of these are not new. Analysis of the evidence reinforces areas for renewed action and highlights new issues to be addressed.

The priority groups and issues identified are:

1. Māori who smoke - particularly women across all age groups: women of reproductive ages, pregnant women, girls and rangatahi
2. Pregnant women who smoke - continued focus via greater support with cessation and incentivised quitting
3. Certain geographic areas with high deprivation and large numbers of people who smoke - specifically Wairoa where there appears to be a need for more cessation support; and suburbs in Napier and Hastings
4. Cessation/smokefree settings - workplaces, events involving large numbers of smokers, particularly Māori and Pacific; social services interacting with high deprivation communities (e.g., budgetary service)
5. Supply - reducing the number of retailers; addressing social supply; continued emphasis on controlled purchase operations
6. Mental health consumers - in the community and inpatient service users
7. Alignment to work delivered via other plans and funding, particularly Public Health funding and community delivered services.

There are significant areas of overlap between these priority areas, for example Maori women are a significant number of pregnant women who smoke and Maori are over represented in high deprivation communities. So initiatives and activities that have the potential to capture multiple target populations will provide effective investment. Services and messages need to be targeted in forums which engage our priority populations for example age groups with the highest smoking prevalence i.e. 20 to 29 year olds, have low engagement with health care (with the notable exception of pregnant women) and are far more likely to be accessed via workplaces, social services and community events. If we target services and initiatives around high deprivation communities we are like to reach the largest numbers of smokers so services need to be located or delivered in areas such as Wairoa, Akina and Maraenui. Reducing the supply of tobacco is critical and can be achieved by working effectively with our health protection officers to ensure legislation is followed, supporting retailers to be tobacco free and working with whanau to not supply under 18's. When added to an increased number and range of Smokefree environments both access and opportunity will be reduced.

Implementing innovation

Whilst improving the initiatives and activities that work will help increase cessation rates, there is a real need for innovation to provide acceleration. To ensure that innovative activities are effective it is important to use methodology that will monitor effectiveness and prevent any detrimental impact. In a complex system¹ such as tobacco use an effective model is “Safe To Fail” probes². These small initiatives or activities are set up using logic modelling. Logic modelling links activities to outcomes, supports a monitoring processes to ensure the outcomes are achieved and integrates reviews. The review process ensures activities/interventions contributing to the outcomes continue and those that are not can be stopped.

For example in this plan we intend building on the “Incentivised Programme” for pregnant women. This safe to fail probe has been reviewed and showed it is effectively increasing the number of referrals to cessation services and has some success in cessation. The next step is to make changes that build on the successful referral process and further increase cessation rates. Another innovative project relates to the initiation of smoking. We have identified that the majority of year ten students are supplied tobacco by significant adults in their life (whanau mostly). We know that campaigns supporting messaging about supplying alcohol to under 18’s have been effective and we can apply this information and messaging to the supply of tobacco. We plan to do this by trialling “don’t supply tobacco to under 18’s” messaging in a community/setting and setting up monitoring and evaluation steps to measure understanding of the message and impact on behaviour. If this is effective we can extend to further communities/settings/events.

Innovative activities below will follow the model of safe to fail probes, using logic modelling and monitoring.

¹ A **complex system** has no repeating relationships between cause and effect, is highly sensitive to small interventions and cannot be determined by outcome based targets, hence the need for experimentation; hence when dealing with complex systems there is the need for experimentation.

² **Safe-fail Probes** are small-scale experiments that approach issues from different angles, in small and safe-to-fail ways, the intent of which is to approach issues in small, contained ways to allow emergent possibilities to become more visible. The emphasis, then, is not on ensuring success or avoiding failure, but in allowing ideas that are not useful to fail in small, contained and tolerable ways. The ideas that do produce observable benefits can then be adopted and amplified when the complex system has shown the appropriate response to its stimulus. Where systems and the environments in which they exist become increasingly complex, what is known and what can be planned for becomes less certain - introducing and increasing organisational tolerance for failure is more crucial than ever. - See more at: <http://cognitive-edge.com/library/methods/safe-to-fail-probes/#sthash.EWprHPCO.dpuf>

Planned activities 2015-2016		
Better Help for People to Quit		
<ul style="list-style-type: none"> • HB DHB staff who identify as not smoke free are given brief advice and offered cessation support by a health professional • 95 percent of hospitalised patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice and support to quit smoking • 90 percent of enrolled patients who smoke and are seen by a health practitioner in general practice are offered brief advice and support to quit smoking • 90 percent of pregnant women (who identify as smokers at the time of confirmation of pregnancy in general practice or booking with Lead Maternity Carer) are offered advice and support to quit. 	<ul style="list-style-type: none"> • Continue to support hospital staff in screening practices, via training, audits and reporting 	<ul style="list-style-type: none"> • Provide training to maintain staff skills and motivate patients to access cessation support • Audit completed • Reporting data from audit and other sources to maintain focus on achieving targets
	<ul style="list-style-type: none"> • Continue work with Health HB to maintain and improve the current level of screening via training, staff support and systems development • Support maternity services with a key resource person to provide training, monitoring and information to staff • Review the “Incentivised Programme” to maintain level of screening and referrals from maternity services and LMCs. 	<ul style="list-style-type: none"> • Support Health HB to review their Smokefree plan to continue to move to business as usual. • Support practices to improve their Smokefree policies • Monitor targets to maintain the target and improve. • Provide regular update for maternity staff and LMCs to maintain focus on screening • Complete a review of the “Incentivised Programme” and identify changes to maintain screening and increase referrals and up take to cessation support • Further extend the “Incentivised Programme” to engage whanau to support household access to cessation support

Outcomes	Activities	Key Performance Measures Year one	Key Performance Measures Year two	Key Performance Measures Year three
Reducing the number of Maori women who smoke	<ul style="list-style-type: none"> • Screen all Maori women when they engage with health services including secondary, maternity and primary care <p>Changes and innovations:</p> <ul style="list-style-type: none"> • Support services used by Maori women including social services, budgeting and Work and Income to be up-skilled to deliver brief advice. 	<p>95% of Maori women are screened in primary and secondary care</p> <p>Support programme delivered in 2 social service agencies engaged</p>	<p>95% of Maori women are screened in primary and secondary care</p> <p>6 social services agencies engaged</p> <p>One Kohanga Reo,</p>	<p>95% of Maori women are screened in primary and secondary care</p> <p>8 Social service agencies engaged</p> <p>Second purapura of</p>

Outcomes	Activities	Key Performance Measures Year one	Key Performance Measures Year two	Key Performance Measures Year three
	<ul style="list-style-type: none"> Work with parents engaged with Kohanga Reo to develop and deliver a quit smoking initiative using a rewards programme, i.e. funding resources for the Kohanga or redeveloped WERO programme 		purapura engaged in the rewards programme	Kohanga Reo engaged in rewards programme
Reducing the number of Maori young women who smoke	<ul style="list-style-type: none"> Promote “Text to Quit” (Quitline service) via media, PHN’s and key health and social services workers to increase referrals for young women to support their cessation <p>Changes and innovations:</p> <ul style="list-style-type: none"> Trial an innovative project with year 10 regular smokers in decile 1 and 2 school working with local providers (those in the cessation network) and engage students in the design and delivery. Deliver cessation support directly to teen parent units and teen parent groups, delivering a programme designed with teen parent input 	<p>Introduce primary care to text to quit including GP’s, practice nurses, LMCs</p> <p>Include “text to quit” in communication plan for Population Health Advisors Team</p> <p>Project developed Project delivered in 2 low decile schools</p> <p>Engage with one TPU, designing and delivering cessation programme</p>	<p>Introduce text to quit to PHN’s and establish referral processes</p> <p>Deliver media messages as per communication plan</p> <p>Include text to quit in additional training for social services agencies and pharmacists</p> <p>Reviewed project delivered one low decile school per high deprivation community</p> <p>Engage with a second TPU designing and delivering a cessation programme</p>	<p>Monitor referrals to inform media and communication planning</p> <p>Continue delivery</p> <p>Continue roll-out</p> <p>Support TPU’s to access cessation services</p>
Reduce the number of Maori women who start to smoke (15-18 years)	<p>Changes and innovations:</p> <ul style="list-style-type: none"> Promote resources providing messages about staying Smokefree via settings where young women are engaged Educational package developed to use at events, which supports information on the impact of smoking, cost and empowering them to be tobacco free, 	<p>Identify resources and settings, deliver one promotion, evaluating the response.</p> <p>Design and trial an educational package</p>	<p>Deliver promotions in 4 settings i.e. schools, HB netball, youth venues</p> <p>Deliver packages at 2 events</p>	<p>Review package and deliver at two events</p>

Outcomes	Activities	Key Performance Measures Year one	Key Performance Measures Year two	Key Performance Measures Year three
	engaging with service providers, youth and events managers. (Aligning with national messaging)			
Reduce the level of smoking in high deprivation communities	<ul style="list-style-type: none"> • Develop a programme to encourage whole whanau to be smokefree i.e. modified WERO • Maximize national messaging with events and local content including Waitangi Day, World Smokefree Day and Stop-tober • Increase the range of NRT products offered to smokers. Enable smokers to have access to a range of products during the quit process. <p>Changes and innovation:</p> <ul style="list-style-type: none"> • Scoping project to map settings in priority communities (Maraenui, Akina and Wairoa) including workplaces, support services, clubs • Develop and deliver resources (including training) to social services identified in the mapping, to support increased Smokefree environments, referrals to cessation support and support to remain Smokefree. (Using existing material where possible) • Establish a mobile service to be located in these communities to increase access to cessation support and raise the profile of the Smokefree message 	<p>Using the WERO evaluation and focus group input design a programme</p> <p>Working with Coalition partners plan message delivery for 4 events</p> <p>Work with the Central Region PHUs to jointly secure NRT Investigate means to use Quit Mist in further high deprivation communities</p> <p>Complete a scoping report, using finding to support activities engaging with settings.</p> <p>Deliver training to one social services agency</p> <p>Investigate an effective model for service delivery</p>	<p>Implement the programme in 2 high deprivation communities</p> <p>Develop an annual communication plan to deliver national messages</p> <p>Maintain access to a range of NRT products and disseminate in high deprivation communities and other targeted populations</p> <p>Deliver training to a further 3 social service agencies</p> <p>Complete a funding bid to support the resources needed to implement a “mobile service”</p>	<p>Evaluate the programme and deliver a redesigned programme in 2 high deprivation communities</p> <p>Develop an annual communication plan linking messages with local stories and impact Continue delivery</p> <p>Update data identifying priority communities</p> <p>Deliver to 5 social service agencies</p> <p>Implement a mobile service in four high deprivation communities</p>

Outcomes	Activities	Key Performance Measures Year one	Key Performance Measures Year two	Key Performance Measures Year three
Reduce the supply of tobacco	<ul style="list-style-type: none"> Review how CPO's are delivered and use findings to inform how CPO's are conducted to support retailers to comply with the law <p>Changes and innovations:</p> <ul style="list-style-type: none"> Deliver the national resource package for retailers to support them to stop selling tobacco products, targeting retailers within a km of a school and those in high deprivation communities Develop and deliver a media plan promoting tobacco free retailers- Hawke's Bay Retailers Care About Our Kids and Whanau" Work with councils to investigate by-laws around the location of tobacco retailers Develop and deliver a "Do Not Supply Under 18's" campaign for whanau including information about the impact of smoking, being a role model and supporting your children/young people to be smokefree 	<p>Complete a review of CPO process to inform practice</p> <p>Deliver the national resource package to four retailers to be tobacco free</p> <p>Media plan developed, first stage implemented</p> <p>Using the smokefree environments survey lobby councils to review by-laws. Design and trial resources for retailers, social services and direct marketing</p>	<p>Review and update CPO process using survey findings</p> <p>Support two retailers to be tobacco free, including media promotion</p> <p>Second stage implemented</p> <p>Focus on high deprivation communities to decrease those selling tobacco</p> <p>Develop and deliver a communication plan to disseminate resources and messaging</p>	<p>Support retailers in Wairoa to be tobacco free</p> <p>Review, update and deliver communication plan</p>
Increase cessation support for mental health clients	<ul style="list-style-type: none"> Implement the model developed under the "Mental Health Smokefree Culture Change" programme Provide support for services to embed the programme including community and secondary services 	<p>Support Mental Health to embed Smokefree system and process.</p> <p>Implement and embed tools in community and secondary services</p>	<p>Monitor the use and provision of Smokefree interventions</p> <p>Continue the roll out of the "Mental Health Smokefree Culture Change" programme</p>	<p>Monitored as business as usual practices</p> <p>Embed programme</p>
Reduce the number of pregnant women smoking	<ul style="list-style-type: none"> Implement steps identified in the review, to increase cessation success in the Incentive Programme, as identified in the review and literature, e.g. using alternative incentives, increasing incentives, intensive follow up and faster follow up for referral and access to a wider range of quit support including a greater 	<p>Programme up dated to support increased referral, support up take and increase quit rates</p>	<p>Investigate DHB delivery of the programme including cessation support</p>	<p>Continue</p>

Outcomes	Activities	Key Performance Measures Year one	Key Performance Measures Year two	Key Performance Measures Year three
	<p>range of NRT</p> <ul style="list-style-type: none"> Extend the programme to include all people living in the same home as the pregnant women 	<p>Programme extended to whanau via referrer update, promotional material and cessation provider referrals</p>	<p>Monitor and maintain whanau engagement</p>	
Increase smokefree environments	<ul style="list-style-type: none"> Public spaces- work with local councils to have all spaces engaging children and families be smoke free, increase smoke free events, gathering places (bus stops, entrances) and council venues Workplaces- develop online resources to support workplaces to have smokefree staff and environments. Align with HB DHB Population Health Annual Plan setting approach and national resources Smokefree homes- ensure all cessation approaches/activity are able to support the whole family to be smokefree. Healthy homes, include smokefree resources in all packs/messages going into homes <p>Changes and innovation:</p> <ul style="list-style-type: none"> Provide training to workers going into homes- Kaimahi, outreach workers, immunization outreach, injury prevention, NZ Fire Services- smoke alarms, oral health educators, to support smokefree messages 	<p>Write submission on all Council plans and projects, supporting Smokefree spaces</p> <p>Resources developed and trialed in 2 workplaces with a high proportion of Maori staff</p> <p>Include whanau in all initiatives, including Incentive programme, WERO</p> <p>Deliver Smokefree where packs to all people engaged in cessation programmes</p> <p>Provide Smokefree where pack and training to outreach workers engaging with whanau in their homes.</p>	<p>Continue</p> <p>Deliver to 2 workplaces</p> <p>Continue</p> <p>Impact evaluation</p> <p>Annual training provided</p>	<p>Continue</p> <p>Deliver to 2 workplaces</p> <p>Continue</p> <p>Implement evaluation findings</p>

Other Linkages

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| <ul style="list-style-type: none"> Hawke's Bay Smokefree Coalition Hawke's Bay Cessation Network | <ul style="list-style-type: none"> Māori and Pacific providers Social service providers |
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- Ngati Kahungunu Iwi Inc
- Ministry of Health
- Quitline
- Local Cessation providers- Te Taiwhenua, Te Kupenga Hauora and Choices
- Local Authorities (Central Hawke's Bay, Hasting District, Napier City, Wairoa, Regional)
- Health Hawke's Bay
- Cancer Society
- Heart Foundation
- Early Childhood Education (Kohunga Reo)
- Schools
- Workplaces
- Government Departments
- Retailers