

Toi Te Ora
Public Health Service

BAY OF PLENTY DISTRICT HEALTH BOARD

Serving Bay of Plenty and Lakes Districts

Evaluation – Public Health Style

Smokefree Outdoor Places Spaces Policy June 2007+

- Opotiki, Rotorua, Whakatane,
Tauranga

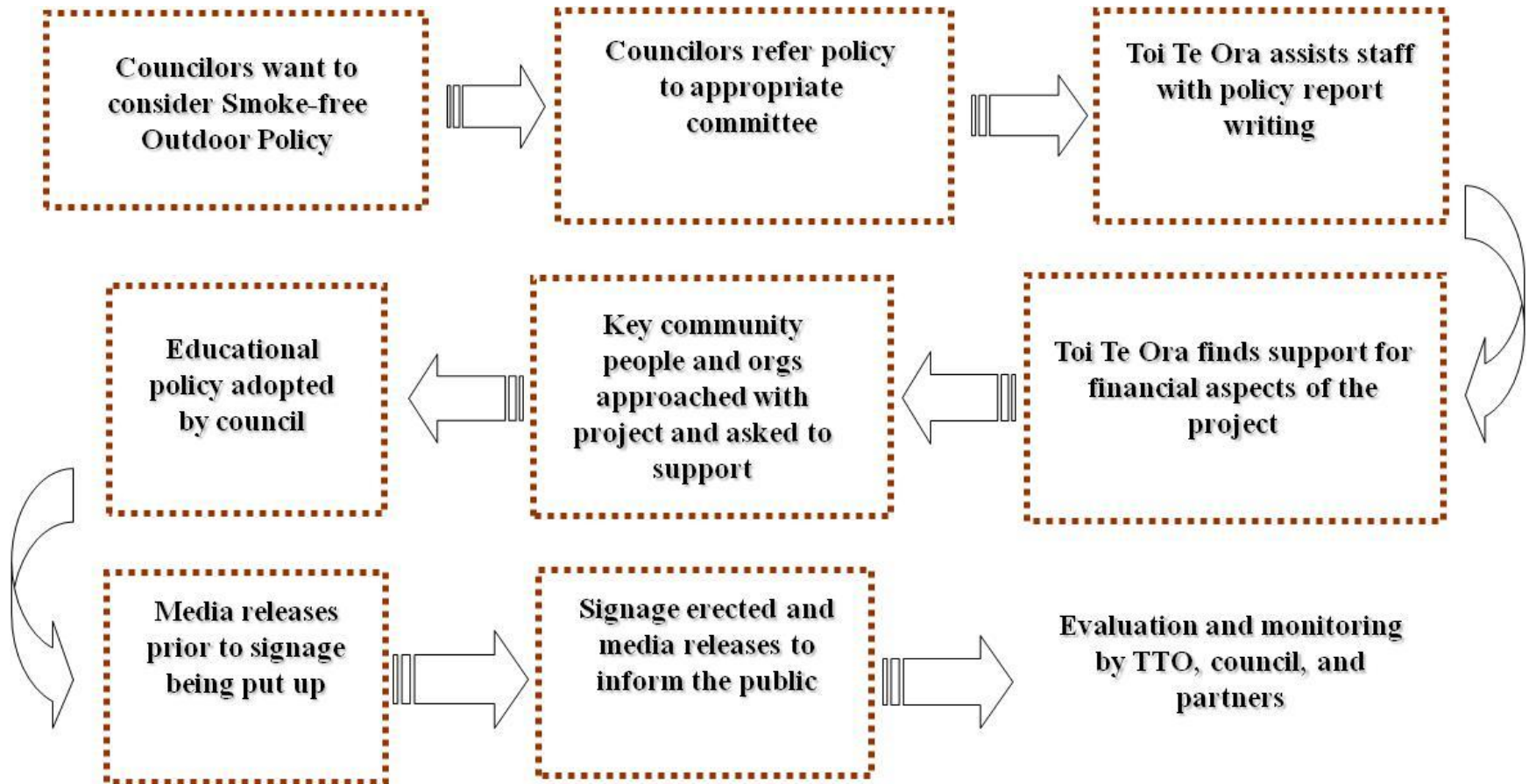
Rheumatic Fever Prevention Programme

- Opotiki, Kawerau & Murupara 2009+

Smokefree Outdoor Public Spaces

- Public Health and District Council collaboration
- Educational smokefree policy for all children's playgrounds
- Aim to normalise non smoking in playgrounds
- Utilises signage and media campaign
- Evaluation built in as part of planning and implementation

Smokefree Outdoor Public Spaces



Smokefree Outdoor Public Spaces



Smokefree Outdoor Public Spaces

Evaluation Aims

- Public awareness of policy
- Public and Council support
- Changes in attitudes and behaviour toward smoking around children
- Compliance with policy
- Impact on smoking behaviour

Smokefree Outdoor Public Spaces

Evaluated the effectiveness of the policy by variety of quantitative and qualitative research methods:

- Pre and post awareness campaign face to face interviewing with public (KAB survey)
- Observational studies
- Cigarette butt collection pre and post policy
- Stakeholder interviews

Smokefree Outdoor Public Spaces

Did we achieve it?

- High awareness of the policy
- Positive attitudes and acceptance towards policy by
 - Public
 - Council
- 60% reduction in number of butts over a year in Opotiki. 29% reduction in Rotorua after 2 months.

Rheumatic Fever Prevention Programme



Rheumatic Fever Prevention Programme

- Community and health organisation collaborative programme
- School based throat swabbing by community based health workers
- Aim at identification of Strep A throat infections and early treatment to minimise the possibility of Acute Rheumatic Fever developing
- Utilises resources and multimedia campaign
- Evaluation built in as part of planning and implementation

Rheumatic Fever Prevention Programme

Evaluation Aims

- Increase public awareness and knowledge
- Promote getting sore throats checked ('sore throats matter' and 'sore throats can break a heart' messages)
- Endorse RF guidelines to GPs and health workers
- Early diagnosis and treatment to reduce incidence of ARF

Rheumatic Fever Prevention Programme

Evaluate the effectiveness of the programme by variety of quantitative and qualitative research methods:

- Pre and post surveys community health workers, GPs, district nurses on knowledge
- Face to face semi structured interviewing with parents
- ARF case monitoring and incidence rates analysis pre and post

Rheumatic Fever Prevention Programme

- Swab analysis (health workers and GPs) and strep A positive results
- Stakeholder interviews
- School staff interviews / feedback
- General public surveying (messages)
- Indicators based on admission rates, antibiotic prescriptions and ARF cases
- Maori Kaumatua / organisation feedback
- Number of siblings / families swabbed

Rheumatic Fever Prevention Programme

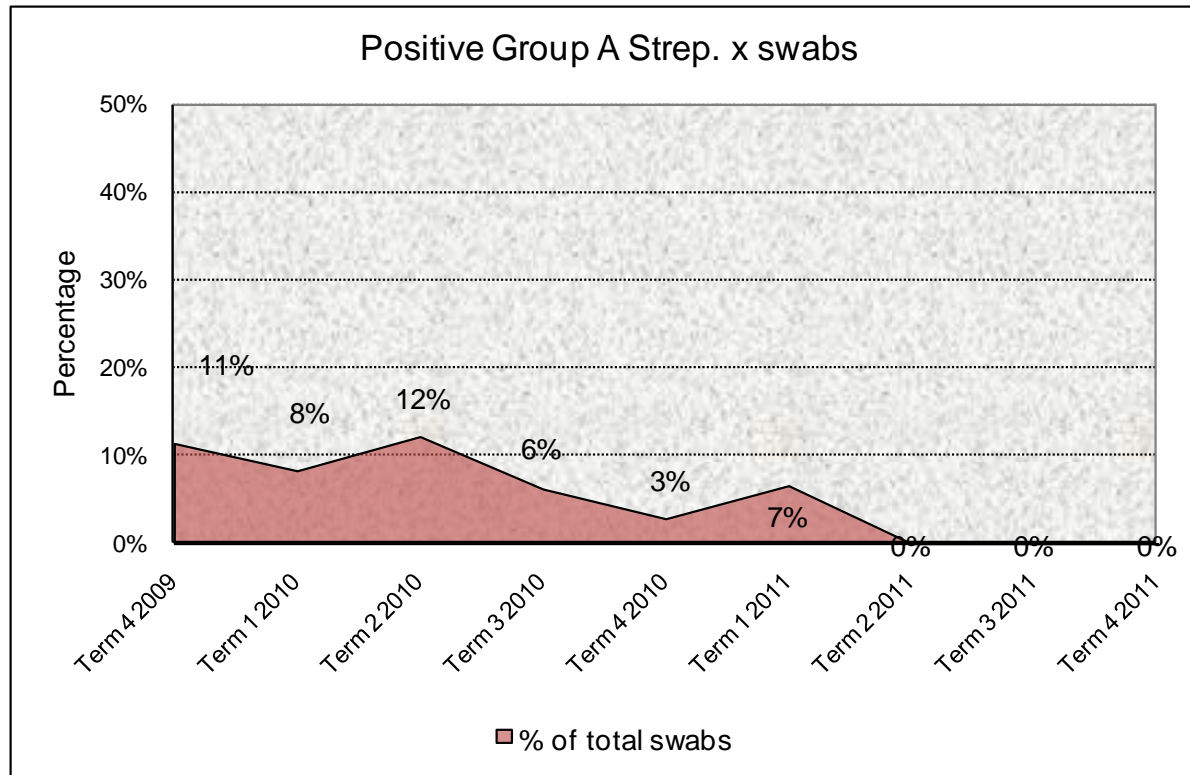
- Children class interviews on key messages
- Regional KAP survey 2011 (messages)
- Laboratory feedback on number of regional swabs over time

Rheumatic Fever Prevention Programme

Did we achieve it?

- Too early to tell as project rolling out still
- Indicators are good as picking up strep A infections
- High level awareness of key messages
- Opotiki Strep A results are declining

Rheumatic Fever Prevention Programme



Any questions?

Is there anything we missed?

What could we do better?

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