



Te Whatu Ora
Health New Zealand

Latest Insights & Evaluation Research

Health Promotion, National Public Health Service,
Te Whatu Ora – Health New Zealand

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Kia ora, Talofa lava, Mālō e lelei, Ni sa bula vinaka, Mauri, Hello,

Welcome to the fifth newsletter from the Health Promotion directorate of the National Public Health Service in Te Whatu Ora – Health New Zealand, previously known as Te Hiringa Hauora | Health Promotion Agency. As at July 1, Te Hiringa Hauora | Health Promotion Agency was disestablished as a separate Crown entity and moved into Te Whatu Ora. We retain our function of researching and supporting health promotion efforts in the health system. This newsletter highlights research and evaluation reports published from April 2021 to January 2023.

We recognise that many of you working in health promotion continue to be incredibly busy supporting New Zealand's response to COVID-19 and so may have missed some of these publications. We hope that you find this newsletter a useful summary of our recent mahi. This issue contains reports on Covid-19, alcohol use, first 1,000 days, smoking, Nōku te Ao, F.A.S.T campaign, research frameworks, survey updates, and programmes we've funded.

Ngā mihi,

Lynsey Brown
Acting General Manager Insights & Evaluation

COVID-19



Impact of COVID-19 August/September 2021 Topline results – Wave 3

This [report](#) is the third in a series of reports about the impact of COVID-19 lockdowns on New Zealanders' habits and behaviours. It examines changes in alcohol drinking, smoking, vaping and gambling behaviours during the August/September 2021 lockdown. Links to the [first](#) and [second](#) reports are provided.

Alcohol

National Alcohol Harm Minimisation Framework

This [Framework](#) is structured around the two pillars of policy change and culture change, with the aspiration of Aotearoa New Zealand being free from alcohol-related harm. The vision of this holistic framework is to provide a Te Tiriti aligned resource that would enable organisations to develop their own action plan for minimising alcohol-related harm.



hōu te hīngoa hauora
New Zealand's Health Agency

Monitoring alcohol affordability in Aotearoa New Zealand: 2020 update

Alcohol use is a substantial contributor to the global burden of disease and is one of the leading risk factors for premature deaths and disability in the world (World Health Organisation, 2018). Alcohol use increases the risk of injuries and numerous chronic diseases including cancer, cardiovascular disease, liver disease, and pancreatitis. No level of alcohol improves health (Grønmo et al., 2018). The historical and current alcohol context in Aotearoa New Zealand has contributed to health inequities for Māori (Carter et al., 2015). In 2019/20, 4 in 5 New Zealanders spent 154 drinks, alcohol and 1 in 5 share alcohol costs that were especially harmful to their wellbeing or the wellbeing of others (Ministry of Health, 2020).

There is strong evidence that lower alcohol prices lead to higher alcohol consumption, thereby increasing the risk of alcohol-related harm (Reagans et al., 2009). The World Health Organisation (WHO) recommends that increasing the price of alcoholic drinks, through taxes and policies, is one of the most effective and cost-effective interventions to reduce alcohol-related harm (World Health Organisation, 2010).

While monitoring the price of alcohol is necessary, it is also important to track alcohol affordability. Affordability is the price of alcohol relative to income and measures an average person's ability to buy alcohol. Alcohol affordability may increase due to a drop in alcoholic beverages prices, a rise in average incomes, or a combination of both. To have maximum impact, any policies to increase alcohol prices need to account for increases in incomes and changes in alcohol affordability (Jiang & Livingston, 2015; Walk & Casswell, 2013).

Te Hīngoa Hauora (Health Promotion Agency) previously investigated trends in the price and affordability of alcohol in Aotearoa New Zealand using data from 1980 to 2017 (The Hīngoa Hauora (Health Promotion Agency, 2018). The report found that while the real price (once adjusted for inflation) of some beverage types increased, all beverage types, especially wine, were more affordable in 2017 than in the 1980s. This brief report presents an update on these findings with an emphasis on trends between 2017 and 2020. We used the following measures to look at the price and affordability of alcohol:

1. Price of alcohol per standard drink¹ (average price per standard drink / lowest advertised price per standard drink; real price of alcohol)
2. Alcohol affordability (affordability index: minutes of work needed to afford one standard drink; minutes of work needed to afford one lowest advertised priced standard drink).

The data came from the New Zealand Consumers Price Index (CPI), Liquor Information Pricing Service (LIPS), Quarterly Employment Survey and the Household Labour Force Survey.

¹ One standard drink is defined as 10g of pure alcohol in 250ml of a 5% alcohol beverage. 100g of wine is 10g of pure alcohol. 30g of pure alcohol is 10g of pure alcohol. The formula used to calculate the number of standard drinks in a volume of alcohol is: (volume of alcohol in ml) / (1000) / (0.1) = number of standard drinks.

Monitoring alcohol affordability in Aotearoa New Zealand: 2020 update

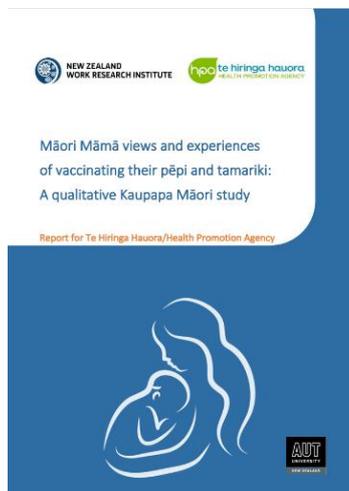
This brief [report](#) presents an update on the trends of alcohol prices and affordability, with an emphasis on trends between 2017 and 2020. The findings show that alcohol continues to be more affordable in Aotearoa New Zealand. As the affordability of alcohol increases, this could result in increased alcohol use and alcohol-related harm, including health inequities for Māori.

Licensing and alcohol impacts in residential neighbourhoods

This [report](#) and [educational resource](#) is about community voice in bottle store licence decisions and alcohol's effects on neighbourhood spaces. It focuses on bottle stores in residential areas around Aotearoa, and the ways people have tried to appeal against them.



First 1,000 Days and Young People



Māori Māmā views and experiences of vaccinating their pēpi and tamariki: A qualitative Kaupapa Māori study

This [report](#) explores the social and cultural reasons that Māori may be less likely to engage with childhood vaccination services. The recommendations in the report are relevant for policy, practice, programmes, services and campaigns related to Māori childhood immunisation.

Ngā Wānanga o Hine Kōpū Evaluation Summary Report

Ngā Wānanga o Hine Kōpū reconnects pregnant Māori women and their whānau with mātauranga Māori to explore conception, pregnancy, birth and parenting. An independent evaluation of the wānanga tells how Hine Kōpū awoke in them a spirit of self-determination. This [summary](#) of the evaluation shows Hine Kōpū is about more than parents learning information that is deemed clinically important for good birth outcomes.



Other



2019-2021 Stroke F.A.S.T Campaign Evaluation – interim report

This [evaluation](#) highlights the long-term impact of the successive Stroke F.A.S.T campaigns, run since 2016. This evaluation shows the effectiveness of the campaign, particularly around the increasing awareness of signs of stroke for Pacific peoples. The increased awareness of the signs of stroke promoted in the F.A.S.T message is now similar for Māori, Pacific peoples, and non-Māori/non-Pacific respondents.

Difference between perceived and actual daily smoking prevalence among New Zealand adults

This [brief report](#) examines the difference between perceived and actual daily smoking prevalence by socio-demographic groups and smoking status using a nationally representative sample of New Zealanders aged 15 years and over. This study found that there is significant misperception between self-reported actual and perceived smoking prevalence.

'Smokefree 2025' goal awareness and support among 14 and 15-year-olds: Results from the 2018 Youth Insights Survey

In 2018, the New Zealand Government committed to an aspirational goal of making New Zealand a smokefree nation by 2025, with the aim to reduce smoking prevalence to less than 1% (The New Zealand Government, 2018). This brief report describes the awareness and support for the 'Smokefree 2025' goal among 14 and 15-year-olds who participated in the 2018 Youth Insights Survey (YIS). It also shows trends in awareness of the 'Smokefree 2025' goal by ethnicity between 2012 and 2018.

Key points:

- In 2018, 46% of 14 and 15-year-olds were aware of the 'Smokefree 2025' goal with significant disparities across the predominant ethnic groups. NZ European/Other young people were more likely to be aware of the 'Smokefree 2025' goal, while Pacific young people were less likely to be aware.
- The proportion of young people aged 14 and 15-year-olds aware of the 'Smokefree 2025' goal increased between 2012 and 2018.
- Most (80%) young people aged 14 and 15-year-olds support the 'Smokefree 2025' goal. Although, support was lower among males, Māori, Pacific people, never smokers (both ex-leisure and current smokers) or those young people attending low decile schools.
- One in six (17%) 14 and 15-year-olds agree that having smokefree will be smoking by 2025, and this hasn't changed since 2012.

Awareness of the 'Smokefree 2025' goal

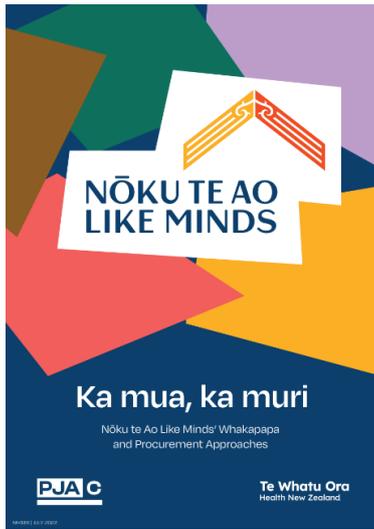
Under half (46%) of young people aged 14 and 15-year-olds were aware of the 'Smokefree 2025' goal. The proportion of 14 and 15-year-olds who were aware of the 'Smokefree 2025' goal varies by predominant ethnic group¹. It was higher for NZ European/Other (52%) and lower for Māori (41%), Pacific (39%) and Asian (39%) 14 and 15-year-olds (See Figure 1). Further differences are noted below:

- among total response ethnic group², non-Pacific (47%), compared with Pacific (39%)
- never smokers³ (46%), compared with ex-leisure/smokers⁴ (39%)
- students aged 14 and 15-year-olds attending high decile schools (52%), compared with those at low decile schools (37%).

¹ Predominant ethnic groups those who participate being assigned to a single ethnic group. Based on the ethnicity they have identified with, in the previous order of Māori, Pacific, Asian and European/Other (Māori or Pasifika).

² High response ethnic groups (those who participate being assigned to an ethnic group that they have identified with Ministry of Health, 2017).

³ Never smokers, who smoke no longer, ex-leisure smokers (smoke less often than monthly) and current smokers (smoke at least monthly).

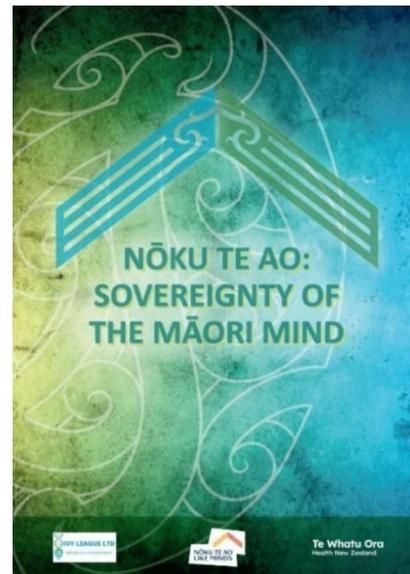


Ka mua, ka muri – Nōku te Ao Like Minds Whakapapa and Procurement Approaches

[Ka mua, ka muri](#) has been developed by Dr Pounamu Jade Aikman, on behalf of Te Whatu Ora. Ka mua, Ka muri documents the whakapapa of Nōku te Ao as a programme, in telling the story of the emergence and origin within Te Whatu Ora. It also explores the approach to procuring Māori expertise, in commissioning for equity and outlines 'key ingredients' for anyone embarking on this process.

Nōku Te Ao: Sovereignty of the Māori Mind

This [report](#) presents a Māori world view of factors that contribute to discrimination of people who experience mental distress. A critical Kaupapa Māori collation of relevant literature is presented that unpacks the root causes and institutional drivers of discrimination against Māori who experience mental distress. This research aims to inform a Kaupapa Māori approach to Nōku te Ao that prioritises Māori.

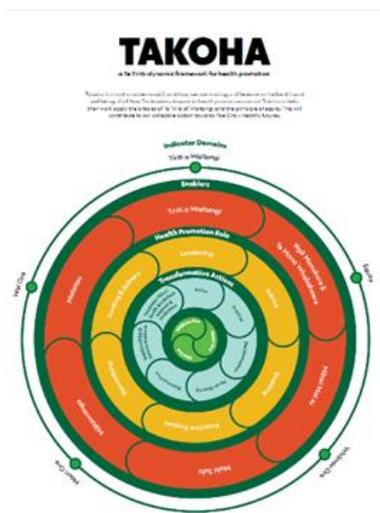


Frameworks

Takoha – A Health Promotion Framework

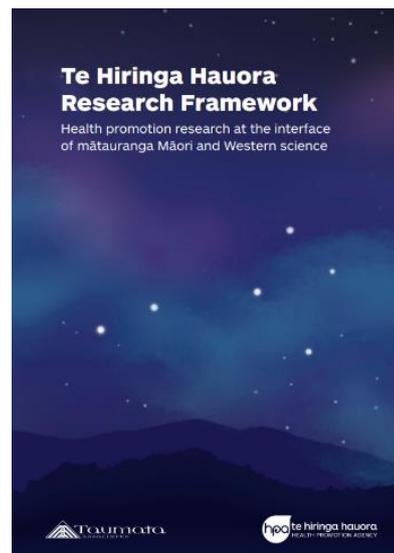
[Takoha](#) is a tool to help us understand if, and how, we are making a difference to the health and wellbeing of all New Zealanders. Anyone in health promotion can use Takoha to help align their work to the articles of Te Tiriti o Waitangi and equity, in order to achieve Pae Ora - healthy futures. It positions health promotion as part of a collective effort to transform the Health and Disability Sector.

We have published [case studies](#) to the website to demonstrate how various elements of Takoha have been put into action in health promotion work.

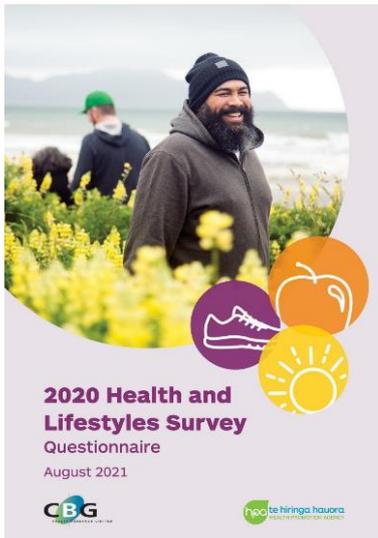


Te Hiringa Hauora Research Framework

The [Te Hiringa Hauora Research Framework](#) is designed to guide and enable shared understanding for what best practice health promotion research in Aotearoa New Zealand is and what it seeks to achieve. This Framework presents a way of working at the interface of mātauranga Māori and Western science, using both knowledge systems to generate new knowledge and evidence that contribute towards healthy and decolonising futures for Māori, Pacific peoples, and all New Zealanders.



Health and Lifestyles Survey



The Health and Lifestyles Survey (HLS) is a biennial monitor of the health behaviour and attitudes of New Zealand adults aged 16 years and over. The HLS uses face-to-face interviews to collect information relating to Te Hīanga Hauora programme areas of alcohol, tobacco control, sun safety, minimising gambling harm, nutrition, and mental wellbeing.

Below are the latest publications, created from the latest wave of the HLS, which was completed in May 2021.

Latest 2020/21 Health and Lifestyles Survey Results available on Kupe

[Kupe](#) is a publicly available data explorer which lets you explore New Zealanders' views and experiences across several topics related to health behaviours and attitudes.

Find the latest data from the HLS and Alcohol Use in New Zealand survey here.



2020 Health and Lifestyles Survey: Top line

29 Jun 2022

This top line summary provides a high-level overview of results from the 2020 Health and Lifestyles Survey (HLS). The HLS monitors short, medium, and long-term societal changes in attitudes, knowledge, and behaviours related to mental health and wellbeing, tobacco use, vaping, gambling, nutrition, alcohol, and sun exposure. The HLS also tracks changes in views about the social desirability and acceptability of various strategies to minimise harm from these risk factors and promote wellbeing. This summary focuses on the prevalence of these risk factors, exposure to harm, and strategies to minimise harm.

The HLS is a nationwide in-home face-to-face survey of New Zealand residents aged 16 years and over. This survey has been carried out every two years since 2005, with the latest survey completed between 26 September 2020 and 4 May 2021 by 3,099 adults. Based on prioritised ethnic group categorisation, there were 992 Māori, 112 Pacific peoples, 225 Asian, and 1,660 people of NZ European/Other ethnicity.

Detailed information about the survey approach and sample profile can be found in the 2020 HLS Methodology Report.

HLS fieldwork was carried out by CBG Research. The write-up was provided by NielsenIQ.

Useful links

2020 HLS Methodology Report
(pdf)
2020 HLS Questionnaire (pdf)
Kupe - Data explorer (web)

Accessing our microdata

If interested in accessing data from our surveys, please send an email to research@hpa.org.nz or go to [accessing our microdata](https://www.hpa.org.nz) for more information.

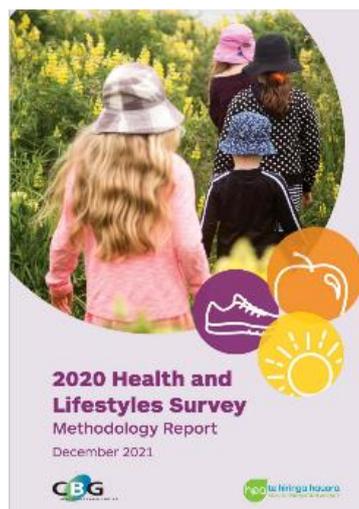
HLS Top line Summary

The HLS top line presentation provides high-level results from the 2020/21 HLS. The HLS [top line summary](#) provides a high-level overview of these results. This summary focuses on the prevalence of risk factors, exposure to harm, and strategies to minimise harm. The full top line slide deck will also be published soon.

HLS Documents

The [methodology report](#) details the procedures and protocols followed to ensure the HLS produces high quality, robust data.

This [questionnaire](#) was used for surveying between 28 September 2020 to 4 May 2021, and includes information on differences or changes from the earlier 2018 HLS survey. Also available are the [questionnaire showcards](#).



Access our microdata

We aim to maximise access to survey datasets while ensuring responsible use that protects individual information. This is regarded as an important way of increasing the benefit gained from the IP and data collected.

If you are interested in accessing our survey data for your own research, follow this [link](#) to learn how.

Ngā Wai ā te Tūī – Summer Kaupapa Māori Internships

In 2021/22, Ngā Wai ā te Tūī were funded to deliver a Kaupapa Māori Summer internship programme. Six kairangahau Māori were selected for these summer internships, adopting a Tuakana-Teina approach with leading Māori academics supporting the students on their selected kaupapa. The two key objectives guiding this rangahau kaupapa were to engage and enable Māori communities' right to self-determine health and wellbeing, and increase Kaupapa Māori capability and capacity in the health and wellbeing research space in Aotearoa New Zealand. In funding these internships, we were addressing a number of inequities and key priorities related to Kaupapa Māori and Māori health and wellbeing.

Their collective publication, [Growing Kaupapa Māori Research Capabilities and Confidence Through Whanaungatanga as Research Mentorship](#), reports on the experiences of and learnings from this Kaupapa Māori programme.

We have funded Ngā Wai ā te Tūī for another round of internships this summer, spanning 2022/23, and look forward to what they have to deliver.

Youth19



Our “Youth19 Public Sector Science Communication Grant” funded two students from Victoria University of Wellington to produce Youth19 research outputs in response to public sector requests. Brooke Kuresa and Tatyana King-Finau were recipients of this grant last year, and were supported by Dan Archer and Terry Fleming to produce a series of Youth19 research outputs. The Youth19 Rangatahi Smart Survey (Youth19) is the latest in the Youth2000 series of health and wellbeing surveys. Youth19 was conducted in 2019 in the Auckland, Northland and Waikato regions by researchers from The University of Auckland, Victoria University of Wellington, University of Otago and Auckland University of Technology.

These outputs include:

- [Safety and Violence Brief](#)
 - [Gambling Brief](#)
 - [Digital Access Brief](#)
 - [Young People with Disabilities Brief](#)
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Upcoming Research Publications

- The development and implementation of an enhanced digital alcohol screening algorithm and training package for primary health care settings
- Interventions to reduce alcohol's harms to health: A modelling study
- Alcohol Attributable Fractions
- Zero-alcohol aisle placement research report
- Attitudes and behaviours on supplying alcohol to under 18s: Qualitative research from the 2019/20 Alcohol Use in New Zealand survey (AUiNZ)
- Social supply of alcohol to under 18s: Quantitative research from the 2019/20 Alcohol Use in New Zealand survey (AUiNZ)
- Health and Lifestyles Survey top line slide deck

For more information on our research,
contact research@hpa.org.nz
or visit
hpa.org.nz/our-work/research/publications