

Review of the ASH Year 10 Survey Evaluation of the Usefulness of the Survey Information

February 2003

prepared by Annemarie Christophersen, PhD
for ASH (Action on smoking and health)

Executive Summary

Background

The Ministry of Health is reviewing the way its collects information about youth smoking, which may mean that information about youth smoking rates will no longer be available, based on schools, localities or regions. In this context, the Ministry requested that ASH (action on smoking and health) survey schools, public health units (PHUs) and health promoting schools (HPS) workers on the usefulness of data they receive from the ASH Year 10 survey. ASH contracted an independent reviewer to assist with the task.

Aim

The review aims to investigate how data from the ASH Year 10 survey is used by schools, PHUs, HPS workers and other individuals and organisation with an interest in smokefree.

Methodology

Schools were surveyed by anonymous questionnaire. In December 2002, all 458 schools with Year 10 students were sent a letter of explanation about the review. The letter included a questionnaire and a prepaid envelope. The questionnaire was returned by 235 participants from 224 schools.

Eighteen PHU workers, together representing all District Health Boards, and five HPS workers provided feedback by telephone interview.

Another six individuals from six different organisations participated in this review, also by telephone interview.

Results

Schools

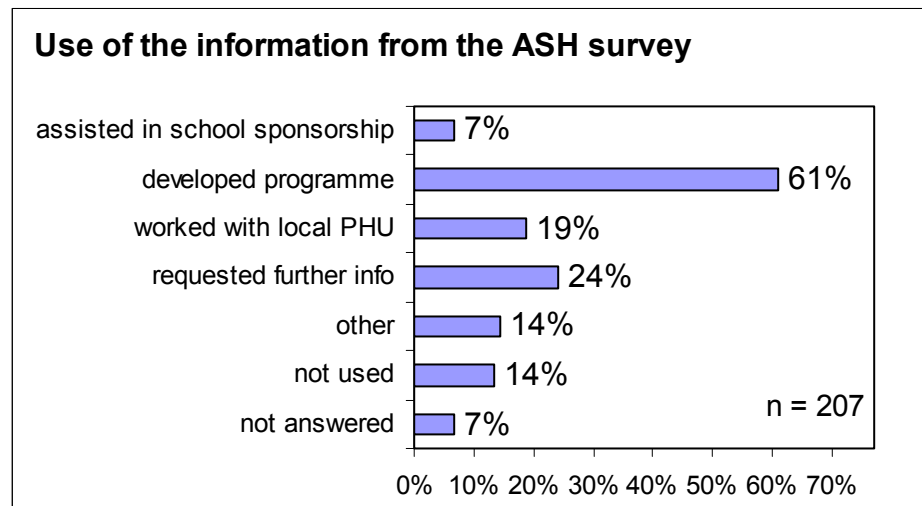
Schools were asked nine questions and were invited to provide comments or suggestions. Participants from schools were mainly health teachers or health coordinators and principals, and had been in their schools for an average of just over 9 years. The participants provided a large number of comments in acknowledgment of the ASH survey. For example:

'We find being able to compare our results with other schools indispensable. We can look back year to year and match up with our smokefree activities.'

‘With more and more young people smoking, despite the many and varied health messages given to them, I feel it is really important to continue the survey and involve as many agencies as possible in getting the health message across.’

‘A professionally run survey such as the ASH survey is an important tool for our school to give us feedback about our school community. Our own resources are always limited, and we would NOT be able to organise such a survey for ourselves.’

Schools use the information from the ASH survey in a number of ways, including developing their own programmes. The figure below shows how the 207 schools that returned questionnaires and had participated once or more than once in the ASH Year 10 survey used the information. Other uses include distributing results to parents and the Board of Trustees, using the data in maths and statistics lessons or conducting the survey for the whole school as a learning exercise for the students. Only around 12% of schools said they never used the information from the ASH survey.



Schools would be open to closer collaboration with PHUs but are a little concerned about the time this might involve.

Schools value the ASH survey the way it is: brief and efficient. They stress that the survey can be conducted with minimal interruption to teaching and a minimal workload for the teachers involved. However, schools would prefer to have the survey earlier in the year because they are very busy toward the end of the school year. The survey is important to schools. Around 80% of all participants from schools would regret to lose the ASH Year 10.

Public Health Units

Most PHUs describe the information received from the ASH Year 10 survey as '*background for the work*'. They use the data in four main areas:

1. National and regional information source on teenage smoking
2. Planning tool for their work
3. Measuring tool for the outcome of their work
4. Contact point with schools.

PHUs find the information equally important as a planning and as a monitoring tool. One person described the data as '*a guide to the work*'.

PHU workers stressed that '*the ASH Year 10 survey is well established and recognised by schools*'. Some PHUs would like to increase their work in schools and saw the ASH survey as a great opportunity for this.

All PHUs agree that access to regional data is crucial for their work. It is of big advantage to have school specific data because there can be big differences between schools in one region. PHU workers said that it is hard for them to identify with national data and act on them. They further said that it would be hard for them to collect their own regional data. One person commented about the limited comparability between regions if every PHU did their own survey.

The potential loss of the ASH survey was met with huge disappointment. Comments included:

'I would hate to lose the opportunity to get regional data'

'A real loss'

'Very frustrating'

Some PHUs wondered about closer collaboration between ASH and the Health Sponsorship Council to align the ASH Year 10 survey with the Youth Lifestyle survey. Closer collaboration between ASH and the PHUs was also discussed, in particular the opportunity for PHUs to add their own questions to the survey.

HPS schools workers

HPS workers with an interest in smokefree use the information from the ASH survey to monitor smoking trends. The information presents a base for their work, from which future projects are planned. The HPS workers say that the ASH survey provides a good contact point with schools. They value information from the ASH survey as very important. HPS workers felt that Year 10 students are at a critical age regarding smoking habits. Therefore, the ASH survey can also be used as an intervention tool.

A potential loss of the ASH survey was described as *'detrimental to the work'*. In some cases, not even regional data could replace the ASH school specific results because a region can include very different areas and schools.

Other organisations with an interest in tobacco control

ATAK - the Maori Smokefree Coalition, the Cancer Society, the Health Sponsorship Council and the National Heart Foundation provided input in the review process. Comments included:

'Regional data are crucial for the planning of programmes. They provide the basis for targeting intervention.'

'The continuity of the data is incredibly valuable.'

'It is imperative that the ASH survey continues.'

In summary, all organisations were supportive of the ASH 10 survey, and see huge value in its continuation.

Conclusions

Information from the survey finds wide applications, and it is very important, in particular for regional tobacco control work.

Over the years, the focus of the ASH survey has changed from pure data collection to data collection and an intervention tool. PHUs and HPS workers liaise with schools about the survey and the survey results, although they are not directly involved in conducting the survey. This has had a flow-on effect on ASH because more requests for information and smokefree resources are coming in. In this context, the review process has strengthened the existing networks and opened opportunities for more effective work for smokefree.

The review process led to the following recommendations.

Recommendations for the Ministry of Health

1. Continue funding for the Year 10 annual survey
2. Call a meeting with ASH, the Health Sponsorship Council and all other stakeholders with an interest in tobacco control to discuss a coordinated approach for data collection on youth smoking.
3. Increase funding for the ASH survey to \$75,000 exclusive GST annually, so that ASH can further the role of the ASH survey as an intervention tool in the following ways:
 - liase more with PHUs
 - include the Cancer Society, the National Heart Foundation and HPS workers with interests in tobacco control in the networking and distribution of data

Recommendations for ASH

1. Meet with the Ministry of Health, the Health Sponsorship Council and all other stakeholders with an interest in tobacco control to discuss a coordinated approach for data collection on youth smoking
2. Consider conducting the ASH survey earlier in the school year
3. Given an increase in funding, increase the role of the ASH survey as an intervention tool in the following ways:
 - liase more with PHUs
 - seek prior permission from school principals to permit inclusion of the Cancer Society, the National Heart Foundation, and HPS workers and other agencies with interests in smokefree in the networking and distribution of data.

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1 Introduction

1.1 Terms of Reference

The Ministry of Health is reviewing the way it collects information on youth smoking. As part of the 2002 National Survey of Year 10 smoking, the Ministry of Health requested¹ that ASH

- ‘develop an evaluation questionnaire, which will be sent to schools on the usefulness of the information they receive from the Year 10 survey’
- ‘survey the DHB public health units and ‘Health Promoting Schools’ workers on the usefulness of information they receive from the Year 10 survey’.

No additional funding was made available to carry out the review. ASH contracted an independent consultant, Dr Annemarie Christophersen, to assist with the review process.

1.2 Who is ASH?

ASH (Action on Smoking and Health) is an incorporated society with charitable status, which operates as an independent non-governmental organisation.² ASH was established in 1982 by concerned health professionals with the aim to reduce smoking and premature deaths attributable to smoking. ASH has the mission

‘To improve the health and well-being of all New Zealanders by elimination of disease and premature death due to tobacco.’

ASH is active in a range of areas. It receives funding from the Ministry of Health for the following activities:³

- providing smoking education and information services
- operating a resource centre for all tobacco related issues
- delivering information to health promotion providers, the media, policy advisors and other stakeholders on issues relating to tobacco and public health
- liaising with government and private health agencies, members of parliament, political parties, the media and any other appropriate

¹ ASH, Contract with the Ministry of Health, July 2002

² ASH, Towards a Smokefree New Zealand – New member brochure

³ ASH, Report to the Ministry of Health on the provision of services as agreed in the contract

organisations to raise public awareness of tobacco related issues and developments

- coordinating smokefree providers in the Northern region
- assisting schools to adopt and enforce smokefree policies and practices
- supporting mental health providers in respect to smokefree policies and practices
- undertaking a national smoking survey of Year 10 students

ASH receives further funding from membership contributions, donations and bequests.

The ASH office is located in Newmarket, Auckland. ASH employs six staff, equivalent to 4.8 FTE.

1.3 The ASH Year 10 survey

The ASH Year 10 survey⁴ is a cross sectional survey of 14- and 15-year old school children in New Zealand by means of self-administered questionnaire, which addresses demographic variables and smoking related questions. The ASH survey was first conducted in 1992.

ASH initiated the survey because it felt that underage smoking was a problem.⁵ The aim of the survey was to provide data as a basis to achieve policy changes to protect young people from smoking. No national survey on youth smoking existed previously. ASH saw the importance of having a national survey from which regional and demographic specific data could be extracted.

Initially, ASH invited 125 schools with fourth-formers to participate in the survey. The schools were chosen to give a good presentation of single sex and coeducation schools, socio-economic decile, and geographical regions. The survey data was processed by Research Solutions and evaluated by Dr Robert Scragg, University of Auckland.

When the survey was repeated in 1997, a major increase was found in teenage smoking. This led to the recommendation to carry out the survey more frequently. Since 1997, it has been conducted annually.

In 1999, all schools with fourth-formers were invited into the survey. More than 300 of about 450 schools have participated each year since then. The number of participants increased from about 11,000 to more

⁴ The ASH survey started out as 'fourth-form survey', and was renamed to reflect the change to 'Year 10'

⁵ Interview with former ASH director Janie Weir

than 30,000. This represent roughly 75% of all enrolled Year 10 students.

ASH reviews the questionnaire for the survey annually in collaboration with Dr Robert Scragg and Dr Murray Laugesen with the aim to provide specific information on the smoking behaviour of New Zealand's Year 10 students. ASH writes to the principals of all secondary schools to invite them to participate in the survey and to obtain their consent. Schools that do not reply to the initial letter, are followed up by fax or telephone. Participating schools provide the number of Year 10 classes and students in each class. ASH sends out the questionnaire in large envelopes with the correct number of questionnaires for each class, as well as a reply paid courier bag for returning the questionnaires to ASH.

ASH coordinates the processing and analysis of the data between Research Solutions, Dr Robert Scragg and Dr Murray Laugesen. Schools are sent their specific smoking prevalences as well as the national results. The national results are distributed widely, including public health units.

The results from the ASH survey have led to a number of publications.^{6, 7 8 9 10 11}

The aim of the ASH survey is to monitor trends in smoking among 14-15 year olds, to influence policy and to use it as an intervention tool in the process of conducting the survey. ASH also uses the data to work with politicians, government officials and the media; to advocate for funding for tobacco control programmes, to monitor societal changes relating to tobacco use and youth.¹² While conducting the survey, ASH liaises with schools and public health units, distributes information on smoking related issues and assists in introducing smokefree policies.

⁶ Ford DJ, Scragg R, Weir J, Gaiser J. A national survey of cigarette smoking in fourth-form school children in New Zealand. *NZ Med J* 1995; 108: 454-7.

⁷ Ford DJ, Scragg R, Weir J. Sale of cigarettes to school children aged 14 and 15 years in New Zealand. *NZ Med J* 1997; 110: 225-7.

⁸ Laugesen M, Scragg R. Trends in cigarette smoking in fourth-form students in New Zealand, 1992-1997. *NZ Med J* 1999; 112: 308-11.

⁹ Laugesen M, Scragg R. Trends in cigarette purchasing by 4th-form students in New Zealand, 1992-1997. *NZ Med J* 1999; 112:379-83.

¹⁰ Scragg R, Laugesen M. Cigarette smoking declining in girls but not in boys. *NZ Publ Health Report* 2001; 8: 33-36.

¹¹ Scragg R, Laugesen M, Robinson E. Cigarette smoking, pocket money and socioeconomic status: results from a national survey of 4th form students in 2000. *NZ Med J* 2002; 115: No 1158, 26 July.

¹² Interview with ASH director Trish Fraser

ASH ‘bends over backwards’ to meet schools’ needs in the process of the survey.¹³

From the beginning, the ASH survey has run on a small budget. The survey is conducted very effectively and efficiently. The cost to the Government per student has been decreased from by more than half to less than NZ\$1.50. The budget for the survey has not been increased since 1997, not even corrected for inflation, despite the fact that since 1999, all schools are invited into the survey and therefore the number of participants has increased significantly. This year’s survey contract included this review without extra funding to carry it out.

The ASH survey owes its existence to the goodwill and support of a number of people and organisations, in particular Dr Robert Scragg, University of Auckland for his in-depth data analysis, Dr Murray Laugesen for his advisory role, and Research Solutions for the data processing.

1.4 Other New Zealand data on youth smoking

Prior to the ASH survey, there was no national data series on smoking at age 14-15, the most critical years for beginning to smoke. In the 1970s, a study on smoking was conducted in two co-educational secondary schools in Wellington.¹⁴ Around the same time, another study was conducted in Rotorua,¹⁵ and in 1975 and 1989 in Waiora.¹⁶ Cohort studies were done in Dunedin¹⁷, Christchurch.¹⁸

The Ministry of Health annually monitors the prevalence of smoking for ages 15 and over by consumer surveys conducted in people's homes.¹⁹ It contracted ASH to conduct the Year 10 survey for data on 14 and 15 year old students from 1997 to 2002.

¹³ as above

¹⁴ Beaglehole R, Eyles E, Harding W. Cigarette smoking habits, attitudes and associated social factors in adolescents. *NZ Med J* 1978; 87: 239-42.

¹⁵ Stanhope JM, Prior IAM. Smoking behaviour and respiratory health in a teenage sample: the Rotorua Lakes Study, 1. *NZ Med J* 1975; 82: 71-6

¹⁶ Shaw RA, Crane J, O’Donnell TV. The changes in smoking habits in a rural adolescent population, 1975-89. *NZ Med J* 1991; 104: 40-3

¹⁷ Stanton WR, Silva PA. Children’s exposure to smoking. *Int J Epidemiol* 1991; 20: 933-37

¹⁸ Fergusson DM, Lynskey MT, Horwood LJ. The role of peer affiliations, social, family and individual factors in continuities in cigarette smoking between childhood and adolescence. *Addiction* 1995; 90: 647-59.

¹⁹ Ministry of Health, Tobacco Facts 2002

<http://www.moh.govt.nz/moh.nsf/c43c7844c94e08cd4c2566d300838b43/6d9139e11bc61e18cc256bc8000e6483?OpenDocument#Trends%20in%20cigarette%20smoking%20preva>

Since 1995, the Health Sponsorship Council in collaboration with the Cancer Society of NZ and The Quit Group has conducted a biennial Youth Lifestyle Survey.²⁰ This survey is a self-completion questionnaire for Year 10 and Year 12 students, supervised by trained research assistants. The survey has three sections of which one aims to evaluate the programmes of the Health Sponsorship Council.

In November 1999, a meeting was held with representatives from Crown Agencies, non-governmental organisations and individuals with expertise in youth tobacco surveys.²¹ The following points were agreed:²²

1. 'That there is a need for regular youth tobacco surveys in New Zealand.
2. That while comprehensive youth risk behaviour surveys might be desirable it is currently more pragmatic to still conduct specific youth tobacco surveys.
3. That the ideal is to conduct a single national youth tobacco survey each year involving all fourth formers in all schools – but with specific sections that are designed to meet the needs of the various agencies involved.
4. That a Scientific Advisory Committee be established to determine the details of the next national youth tobacco survey. Its members should comprise Tony Reeder, Robert Scragg, Anaru Waa.
5. That the key content of a national surveillance covers major demographic variables (age, sex, ethnicity, disposable income), smoking behaviour (prevalence, frequency), source of the tobacco and possibly brands, and possibly various key knowledge and attitudinal variables.
6. That the ideal time for a national survey is probably the end of the third term (September) – as this allows data collection on sixth/seventh formers if this is desired. (Though this issue needs further checking with schools).
7. That there is a need for a national level group that addresses the major on-going issues for smoking surveillance, evaluation and research in New Zealand (including youth smoking). The HFA will explore this issue further and consider holding a six-monthly

²⁰ Health Sponsorship Council, Chatsheet May 2002, <http://www.healthsponsorship.co.nz/corporate/chat/may2002.html>

²¹ Youth Smoking Surveillance: The Report of the Scientific Advisory Committee, New Zealand Youth Tobacco Survey, December 2000.

²² Minutes of meeting on youth smoking survey, section 4, Major points of unanimous agreement at the meeting. Note that the text is cited exactly from the minutes. The responsibilities of the former HFA now lie with the Ministry of Health.

meeting of all the agencies involved in this meeting and other relevant parties.’

The report of the Scientific Advisory Committee outlined two survey approaches with complementary objectives:

1. A ‘clustering sampling approach’, including 2,500 to 3,000 students nationally using trained research assistants, collecting detailed information on smoking-related attitudes and behaviours
2. A ‘census-type approach’, including all Year 10 students at all schools, collecting limited core information on smoking behaviour.

The second approach would provide sufficient data to allow statistically significant comparison of subgroups (e.g. gender, ethnicity, regions or school type).

The ASH Year 10 survey follows the second approach while the Youth Life Style Survey is run according to the first approach. Over the last two years, there has hardly been any coordination between the two. In the year 2002, the two surveys were conducted around the same time putting an unnecessary workload on schools and resulting in some schools completely withdrawing from survey participation. This shows that there is still a need for point 7 of the November 1999 meeting, ‘for a national level group that addresses the major on-going issues for smoking surveillance, evaluation and research in New Zealand’.

1.5 Review methodology

Aim of this review is to investigate the usefulness of the data from the ASH Year 10 survey for schools, public health units (PHUs) and health promoting schools (HPS) workers. ASH has well-established relationships with the schools and with the PHUs. HPS workers have so far not been included in the distribution of the Year 10 survey results. For the purpose of the review, the schools, PHUs and HPS workers were treated as separate groups.

Initially, brief telephone conversations were held with representatives of each group to talk about the most appropriate way to design the survey. The methodology applied to each group is detailed in the respective section of this report.

Throughout the review process, the Ministry of Health was informed of the progress. It provided feedback to the questions for the interviews and questionnaires, and on the methodology. The Ministry suggested extending the survey to include feedback from other possible

stakeholder like the Cancer Society, the Heart Foundation and ATAK – the Maori Smokefree Coaliton. Towards the end of the survey, contact was also made with the Health Sponsorship Council (HSC) because a number of survey participants had wondered about closer collaboration between ASH and the HSC. All additional contributors to the review are summarised as ‘others participants’ in section 5 of the report.

1.6 Overview

The main body of the report is divided into four sections to reflect the different participants in the survey: Schools, Public Health Units (PHUs), Health Promoting Schools (HPS) workers and other participants. Each section has its own introduction, methodology, results and summaries. Section 6 of the report summarises the results, and section 7 presents the conclusions and recommendations. Various appendices provide background information.

1.7 Disclaimer

This report has been prepared for ASH at the request of ASH for the purposes outlined at the beginning of this section. No responsibility is accepted for any reliance that may be placed on it, should it be used for any purpose other than that for which it is prepared.

This report has been prepared with care and diligence, and the statements and opinions in the report are given in good faith and in the belief on reasonable grounds that such statements and opinions are not false or misleading. No responsibility arising in any way for errors or omissions (including responsibility to any person for negligence) is assumed by the reviewer to the extent that the reviewer put reasonable reliance on information provided by others.

The right is reserved to revise or amend this report if any additional information, which exists on the date of the report, but was not drawn to attention during its preparation, subsequently becomes known.

2 Schools

2.1 Introduction

One aim of the Year 10 survey is to assist schools with smoking issues. Therefore, the survey is very much focused on the interest of schools. ASH is concerned that schools get ‘over-surveyed’²³ and plans carefully the timing and the number of contacts with schools. When this review began in October, schools were in the middle of doing the Year 10 survey. Therefore, it was decided to delay sending the questionnaire until just before the end of the school term. Carrying out telephone interviews with the public health units first provided helpful insights and raised an additional question for schools about closer collaboration between PHUs and schools (see section 3.3).

The following section outlines the methodology. Section 2.3 presents the results. Section 2.4 provides a summary.

2.2 Methodology

The focus of the survey was on the usefulness of the information received from the survey. A number of multiple-choice questions were drafted, as well as two questions on the background of the participants, that is, their role in the school and how long they have been at the school. The questions are listed in Appendix C. A questionnaire was sent out to 458 schools on 23 November 2002 with a cover letter and a freepost envelope for the return. The cover letter apologised for the additional work at the end of the school year, as some schools were just about to close for the year. Schools were asked to send the questionnaires straight to the reviewer by 15 December. The questionnaires were counted and evaluated anonymously. Schools had been invited to provide contact details in case they wanted to provide additional comments. Of the 10 participants, who took this opportunity, only two could be reached on the telephone before the Christmas break. Their contribution is incorporated under ‘Comments and suggestions’ in section 2.3.

2.3 Results

Number of participants

The reviewer received 227 letters by 20 December 2002. Of these, two came in a different envelope from the prepaid envelope that was sent out. Therefore, it is not quite clear whether these were additional

²³ Interview with ASH director Trish Fraser

responses from two schools, or whether those schools had chosen to use another envelope. They were counted as if the school had only sent one envelope.

Three questionnaires were excluded because they had only one or two questions answered out of nine. Therefore, we assume that 224 schools provided feedback to the survey.

Six schools had copied the questionnaires two to four times and had several people filling it in. In those cases, school specific information was only counted once but information about the participant and their opinions were all included in the evaluation. All of these six schools had participated in the ASH survey more than once. Together, they provided 17 filled-in questionnaires.

In one case, two people shared a questionnaire. For this questionnaire, information specific to the school (Q3 – Q5) was counted only once and ticked boxes were counted twice.

In total, 235 participants from schools contributed to the review. Additional questionnaires still kept coming in February but were not evaluated for the review.

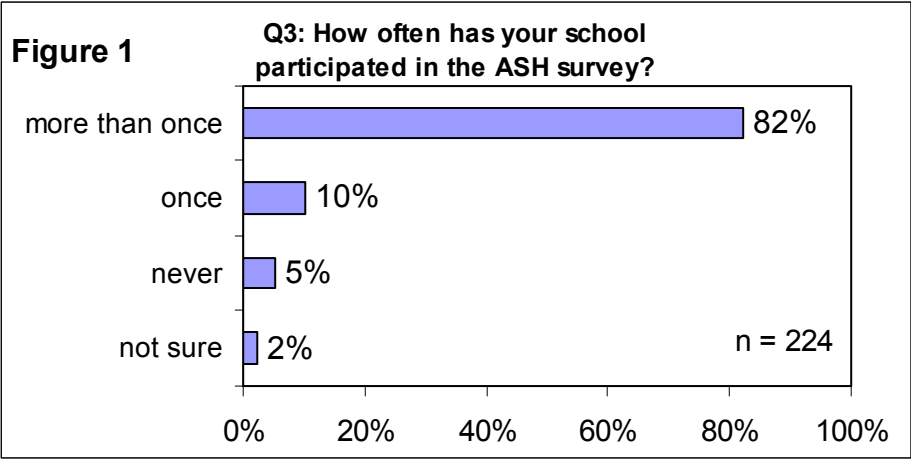
Participants

More than half the participants were health teachers, health coordinators, or head of department health. Many of them also had another role, eg Year 10 dean or head of department physical education. About a quarter of the participants were principals or deputy principals. Around 10% were counsellors or guidance managers. The rest had a number of roles including teachers with health interest, nurses, administrators and Year 10 deans.

The participants had been at the school from 6 months to 34 years. The average time at the school was just over 9 years. About 7% (17 participants) had been at the schools for one year or less.

School's experience with the ASH survey

Schools were asked how often they had participated in the survey. Possible answers were 'once', 'more than once', or 'never'. Figure 1 displays the results. Of the 224 schools that contributed to the survey, 184 (82%) had participated in the ASH survey more than once. 23 schools had taken part once, some of them only in the most recent survey. Twelve schools (6% of all) had never participated and five participants were not sure about their schools' participation.

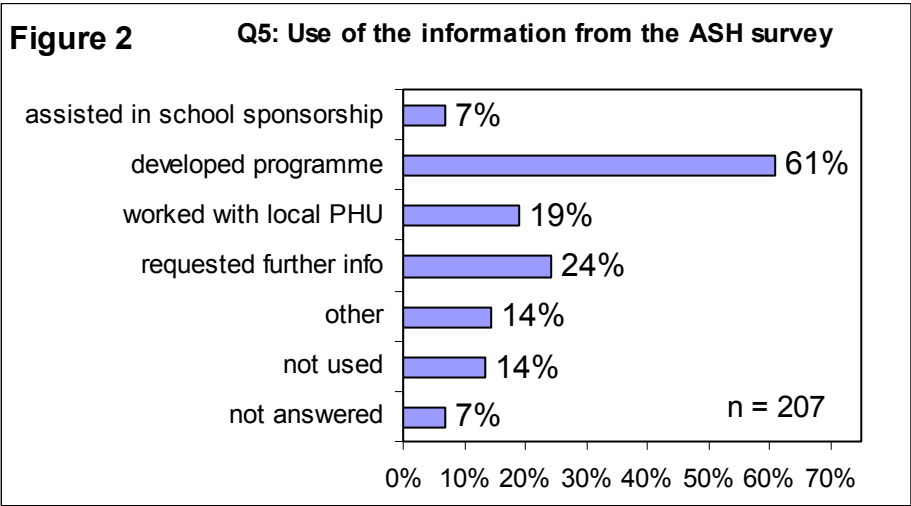


Schools’ utilisation of the ASH survey

Schools that had participated at least once in the ASH survey were asked whether they had taken the opportunity to get more detailed results from ASH (Q4) and how they have used the results (Q5).

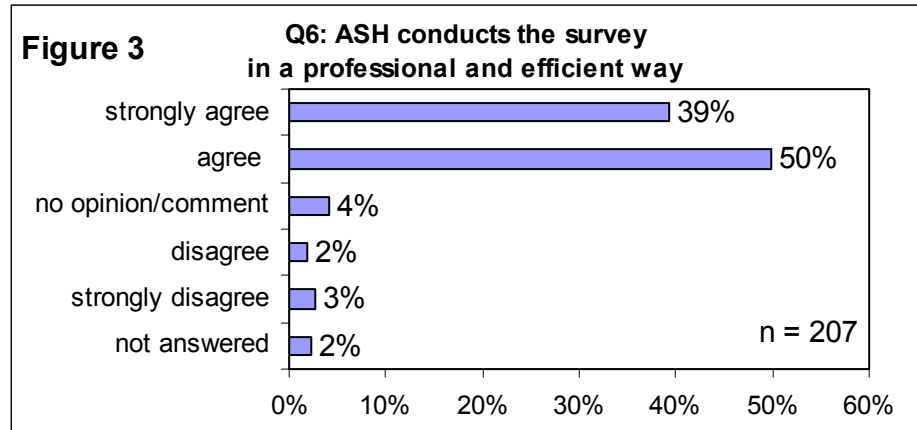
About two thirds of the schools that had participated once or more had gone back to ASH to clarify results or get more detailed results.

Figure 2 illustrates in what way school use the data from the ASH survey. Schools were invited to tick as many boxes as applicable. Therefore, the percentages add to more than 100. All other uses are listed in Appendix D. They included data use in math and statistics classes, informing staff, students, the board of trustees and parents, and monitoring students’ health.



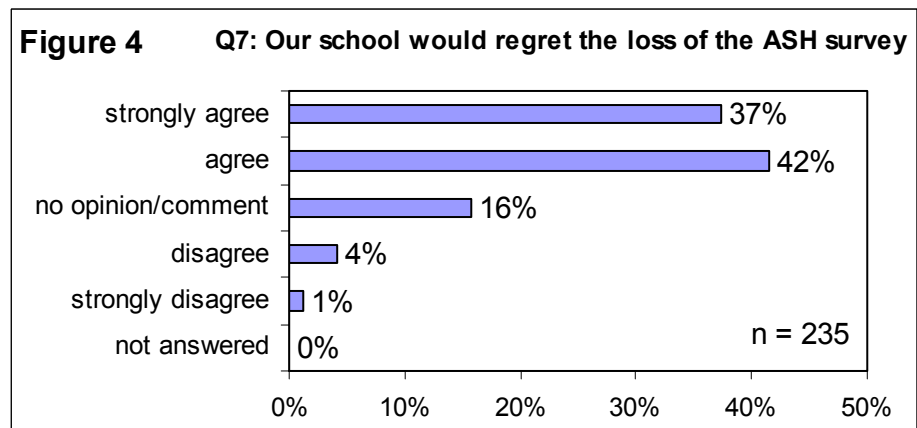
ASH conducts the Year 10 survey in a professional and efficient way

Schools that had participated at least once in the ASH survey were asked for their opinion on the above statement. Figure 3 presents the results. Nearly 90% of schools agree or strongly agree that ASH conducts the survey in a professional and efficient way.



Regretting the loss of the ASH survey

All schools were given the background that ‘the Ministry of Health is reviewing the way it collects information about smoking, which may mean that information about youth smoking rates will no longer be available on the basis of schools, localities or regions’. Schools were asked to comment on the statement, ‘Our school would regret the loss of the ASH survey’. Figure 4 shows the results from all schools. Nearly 80% of all schools would either regret or strongly regret the loss of the ASH survey.



The results varied depending on how often schools had participated in the ASH survey. Table 1 presents the detailed answers to questions 7.

Table 1: Q7 ‘Our school would regret the loss of the ASH survey’

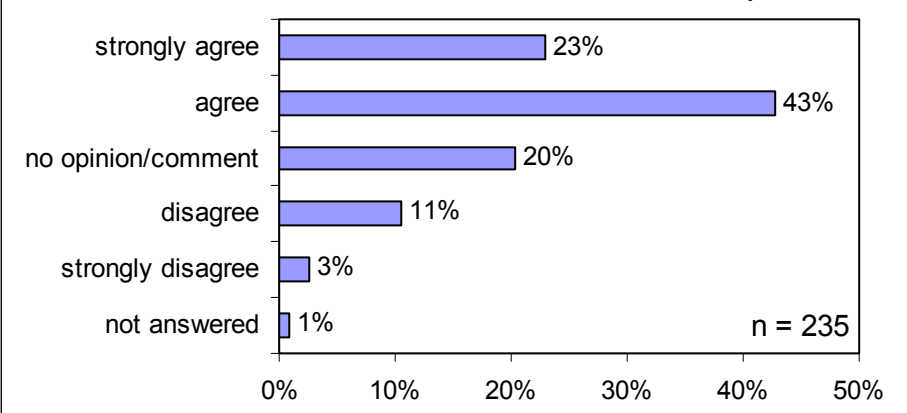
	Never participated	Participated once	Participated more than once
strongly agree	24%	22%	40%
agree	29%	52%	42%
no opinion/ comment	41%	22%	13%
disagree	6%	0%	4%
strongly disagree	0%	4%	1%

Decision on survey participation

The ASH survey is unique in that the schools are sent back school specific results. Some participants commented that from most other surveys they never get to see any results. This led to the question whether the decision of participating may be influenced by receiving school specific results. Figure 5 shows the combined responses from all schools. Answers did not differ much between schools that had participated once and schools that had participated more than once, around 70% agreed or strongly agreed, about 13% and 19% respectively, had no opinion and the rest mainly disagreed. In contrast, nearly half of the participants from schools that had not been involved in the ASH survey before had no opinion or comment. About a quarter each agreed and disagreed.

Figure 5

Q8: Our decision to participate in any survey is influenced by the fact whether our school receives school specific results

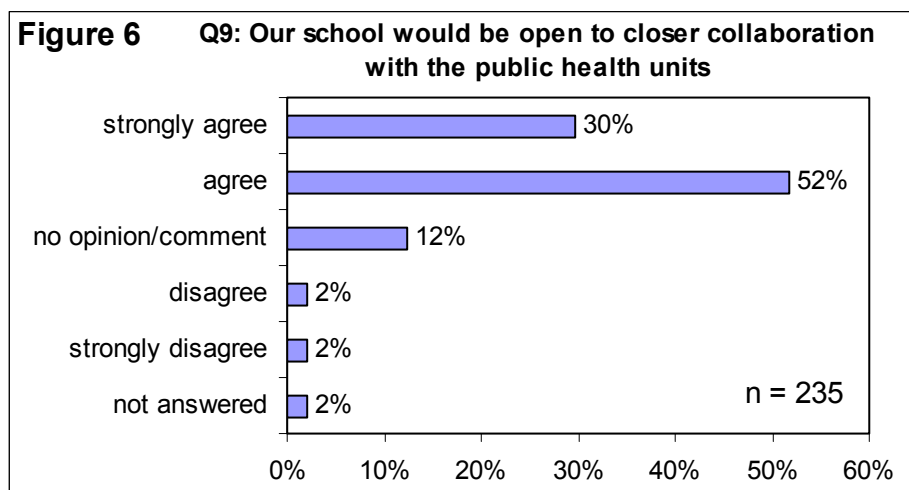


Closer collaboration with public health units

In initial telephone interviews, public health units described the ASH survey as their contact point with schools. They would like to strengthen their relationships with school by having more involvement in the ASH survey. Some public health units had already added their own questionnaires to the ASH survey, and other would like to do something similar to get a better understanding of the needs of schools in their area.

After been given this background, schools were asked to comment on the statement, ‘our school would be open to closer collaboration with the public health units’. Figure 6 shows the results of all schools. More than 80% of schools agree or strongly agree. Again, the results were similar for schools that had participated once and more than once. Nearly 60% of participants from schools that had never taken part in the ASH survey agreed or strongly agreed while the remaining 40% had no opinion/ comment.

A number of participants had comments specific to question 9, which are listed in Appendix D. They are concerned that an additional questionnaire would be too time consuming, and that time would be a prohibiting factor for closer collaboration.



Comments and suggestion

At the end of the questionnaire, schools were invited to provide any other comments and suggestion. In addition, if they wanted to talk to the reviewer, they were invited to write down their name and contact details.

All written comments are listed in Appendix D. Comments and suggestions were grouped into four categories:

1. Comments in acknowledgment of the ASH survey
2. Comments about closer collaboration with public health units
3. Comments by participants whose schools had never participated, had participated only once or who were not sure
4. Concerns about the timing and other constructive feedback.

Comments in acknowledgment of the ASH survey

There were 29 comments in acknowledgment of the ASH survey. Participants took the opportunity to thank ASH for its great job. The survey was described as 'excellent' because it provides quality data with minimal disruptions of teaching staff and classroom activities. Another participant said that the ASH survey was 'an excellent resource that greatly assisted in their programmes'. ASH was asked to 'please fight to keep the survey'. One person summarised that 'the beauty of the ASH survey is that it is quick and easy to administer and complete for the students'. Another participant said that the ASH survey 'provided a valuable benchmark. For the complete list of comments, please see Appendix D.

Comments about closer collaboration with public health units

There were 13 comments about collaboration with public health units. Most of these were concerns about the survey becoming too complex and time-consuming.

Comments by participants whose schools had never participated or only once or who were not sure

Eleven participants felt that they were not really in a position to comment. Some provided an explanation why they had ticked 'no opinion/ comment' boxes.

Concerns about the timing and other constructive feedback

A few participants thought that the ASH survey was conducted too late in the year, and that it would be better to have it in the middle of the year, because that time is usually quieter. One person would like to have more advanced warning about the survey time.

One participant is concerned about students' honesty in answering the questions.

There were a few comments about questions in the survey not being quite clear, or that results could be presented in a better way.

One person thought the ASH survey was 'worthwhile', and would like to see a similar survey for alcohol and drug use.

The complete list of comments is listed in Appendix D.

Additional comments

Ten participants provided their contact details. The reviewer tried to make contact with all of them but had to leave messages in most cases. Only two of them were actually reached before the end of the school year. Both were very supportive of the survey and hope for it to continue.

2.4 Summary

Methodology

Schools provided input in the review of the ASH Year 10 survey by anonymous questionnaire. Schools were sent a single-sided questionnaire with nine questions plus room for additional comments just before the end of the school term. Out of 458 schools, 227 replied in time to be evaluated. Given the time of the year, the response rate of nearly 50% is good.

Participants

At some schools, more than one staff member filled in the questionnaire. There were 235 participants altogether. More than half of them had a role in the health area, either as health teacher, health coordinator or head of the health department. About a quarter of participants were principals or deputy principals. The remaining participants had a number of roles including nurses, administrators and Year 10 deans. Most participants had been at their school for a while. Only 7% had been at their school for a year or less. The average time was just over 9 years, and the longest 34 years.

Previous participation

Most schools that participated in the review (82%) had participated in the ASH Year 10 survey more than once. Only 12 schools (6%) had never participated in the ASH survey.

Use of information

Schools that had participated in the ASH Year 10 survey use the results in a number of ways. More than 60% of schools use the information from the ASH Year 10 survey to develop programmes in the school. About 25% of schools requested further information and resources on smokefree following the survey. Nearly 20% of schools work with their

local PHU around the survey results. For 7% of schools, the information was useful to assist in the application for school sponsorship. Around 15% of schools listed other uses, including distributing results to parents and the Board of Trustees, using the data in maths and statistics lessons or conducting the survey for the whole school as a learning exercise for the students. Only around 12% of schools said they never used the information from the ASH survey.

Schools assessment of the survey value

Schools overwhelmingly agree or strongly agree that ASH conducts the survey in a professional and efficient way.

Nearly 80% of all schools would regret or strongly regret the loss of the ASH survey.

About two thirds of the schools said that their decision to participate in any survey is influenced by the fact that they receive school specific results. Around 20% have no opinion or comment on the matter, and about 13% disagree or strongly disagree.

Scope for improvement

More than 80% of schools agree or strongly agree to being open to closer collaboration with PHU. However, there were a number of specific comments around this issue, mainly concerns about having time for collaboration, and for the questionnaire becoming too long.

Some schools said that they would prefer to conduct the survey earlier in the school year because they are always very busy towards the end.

In summary, schools value the ASH survey the way it is: Brief and efficient. They stress that the survey can be conducted with minimal interruption to teaching and a minimal workload for the teachers involved. The survey is important to schools, and they would regret to lose it.

3 Public Health Units

3.1 Introduction

In 2001, a new framework for the delivery of health and disability services was implemented. As part of this, 21 District Health Boards (DHBs) were established.²⁴ The Ministry of Health and the DHBs share the responsibility to achieve health strategies, whereby ‘the Ministry maintains a national overview of the whole system’.²⁵

Public health is commonly defined by its aim to reduce disease and maintain the health of the whole population.²⁶ All DHBs established either their own public health unit (PHU) or a joint PHU with other DHBs. Some DHBs have a number of PHU locations. Within a PHU, smokefree activities can fall under health promotion, tobacco control or alcohol and other drugs work. ASH has at least one contact person within each PHU to distribute results from the ASH survey. The network between ASH and the PHUs is generally well developed and therefore ASH was in a position to provide a list with contact details for the review.

Section 3.2 outlines the methodology used for surveying the PHUs. Section 3.3 presents the results, and section 3.4 provides a summary.

3.2 Methodology

In an initial consultation with one PHU, it was discussed that the most valuable feedback from PHUs would probably be received in a telephone interview when the PHU worker was invited to comment freely. Questions for a telephone interview and an initial contact e-mail were drafted and checked with the Ministry of Health. At the same time, the webpages of all DHBs were visited to ensure that all PHUs were invited into the survey. At least one person in each PHU was contacted by e-mail to set up a convenient time for a telephone interview. The questions for the interview were e-mailed out, when the interview time was confirmed. The participants were called at the prearranged time. Each call followed the same order of questions,

²⁴ The New Zealand Health and Disability Act 2000

²⁵ Ministry of Health, Statement of Intent, Part A, May 2002

<http://www.moh.govt.nz/moh.nsf/c43c7844c94e08cd4c2566d300838b43/f22bc29d49ade001cc256bd4007b2f1c?OpenDocument#Part%20A%3A%20Introduction%20and%20Overview>

²⁶ Beaglehole R., Bonita, R. Public health at the crossroads: Achievements and prospects. Cambridge: Cambridge University Press, 1997; p. 145 and box 7.1

which are listed in Appendix F. The duration of the call varied depending on questions by the interviewees and the amount of additional comments. The call ranged from 7 to 22 minutes in duration. Appendix E lists the participants sorted by DHB.

3.3 Results

The interview questions fall into four areas; the background of the person being interviewed, their familiarity with the ASH Year 10 survey, use and importance of the information received from the survey, and comments and suggestions. Within the block of questions about the usefulness of information, the PHU worker was also asked what their response would be to having access only to national data.

The answers are summarised under the appropriate heading below.

Background of the interviewees

More than 20 PHU worker were contacted. Most were happy to participate in the survey. In total, 18 interviews were conducted. Most participants hold a health promotion position. In many cases, the position is split and one part focuses on smokefree activities. Among the participants were also a smokefree enforcement officer and a smokefree schools coordinator.

The time in their current position ranged from 10 months to 11 years, and averaged just over 3.5 years.

Familiarity with the ASH survey

All but one participant knew about the ASH Year 10 survey before they were invited to contribute to the review. There were six participants, who had been in their position only for about a year. All of them, except one, who had worked in smokefree before, were still familiarising themselves with the ASH survey. They took the interview as an opportunity to find out more about ASH and the survey. Most participants were very familiar with the survey and use survey results continuously in their work.

Use of the information: In what way the information is used

Of the 18 interviewed PHU staff, all but one had used the ASH survey results; many in a number of ways. The use could be broadly categorised into four areas, which are further outlined below:

1. Information source
2. Planning tool
3. Measuring tool
4. Contact point with schools

Information source

The information received from the ASH year 10 survey generally broadened the understanding of teenage smoking. A number of people said that it provided the background for their work. One person said that the information provides ‘the rationale to the Ministry of Health’.

Examples how the information was used include comparing regional trends with national data to report to the DHB. The information was often passed on, for example to public health nurses or to the media. Regional data were used to give world smokefree day more relevance. In one example, the information from the ASH survey assisted in getting funding for cessation work. In another example, the data was used to prioritise school sponsorship.

Planning tool

More than half the interviewed PHU staff use the results from the ASH survey as a guideline for prioritising their work. It was stressed that it is important to have regional evidence for planning their work.

Measuring tool

About a third of the participants said that they use the results of the ASH survey as a measurement of the success of their work. The results provide evidence for the work while at the same time they help to gauge and monitor the work.

Contact point with schools

For about one fifth of the participants, the ASH survey provides a valuable contact point with schools. The information provides a good basis for discussions with schools.

How important is the information?

All 17 PHU staff, who were familiar with the ASH survey, found the information received useful. For 7 people the data was important but not crucial as they use it as part of other information. However, they described the information they received as ‘part of the picture’.

More than half the people said that the ASH information is very important to them. Some use it constantly. One person described the

data as ‘guide to her work’. Another person said that the ASH survey was ‘one of the good independent pieces of research’.

Generally, PHU staff value the continuity of the ASH data.

What is the response to only having national data?

The interviewees were made aware that the Ministry of Health is reviewing the way it collects information about youth smoking. This may mean that information about youth smoking rates will no longer be available on the basis of schools, localities or regions. In this context, participants were asked what their response would be to having access only to national data.

Most interviewees used very strong words in their response. For example, ‘it would be detrimental to the work in the regions’, ‘very sad’, ‘it would be a huge disappointment’, ‘a real loss’, ‘it would be a shame to lose the ASH survey’, ‘very frustrating’, ‘I would hate to lose the opportunity to get regional data’.

Almost every participant felt that their region faced different issues to the national average. They do not want to lose the opportunity to compare their regional data to the national results. They said that it would be very difficult to address local needs without back-up from data. Particularly PHU staff in rural areas stressed that people do not identify with national data and see no reason to act on them. For example, the Tairāwhiti District has a high Maori population with very different needs to the national average. Most smokefree resources come from Auckland or Wellington and are not appropriate for use there. There is great concern about losing the regional data as a planning tool for their own projects, and as a measure of the outcomes.

Providing individual school results from schools that consent, the ASH survey allows targeting particular areas. This opportunity is very much valued.

A number of PHU staff said that it would be hard for other agencies to get regional data. Some said that they do not want to survey schools themselves or they would not have the budget to do it. Others think ‘schools already have enough on their plates’ to consider collecting information on teenage smoking themselves.

A couple of people made the point that it would not be beneficial for PHUs to run their own surveys because methods and questions would probably differ between PHUs and therefore the data would not be

comparable nationwide. ASH is already established and well recognised by the schools. ASH has the ability to present national data and pull out regional information.

Comments and suggestions

In the last part of the telephone interview, participants were asked whether they had any comments or suggestions, or whether they wanted to add anything else. Most people took the opportunity to further acknowledge the value of the ASH survey. All comments could be grouped into four categories:

1. Further acknowledgment of the ASH survey
2. Suggestion to collaborate with Health Sponsorship Council
3. Suggestion to collaborate more closely with PHUs
4. Other suggestions.

Further acknowledgment of the ASH survey

Comments to further acknowledge the ASH survey included: 'It is a good thing to have.' 'People are already familiar with it.' 'People on the ground can make research more useful.' 'It is great to have a comparison over time.' 'Small regions could not do their own survey.'

Suggestions to collaborate with Health Sponsorship Council

The Health Sponsorship Council (HSC) conducts a Youth Lifestyle survey, which also has questions on smoking (see section 1.4). In some areas of New Zealand, the ASH and the HRC survey happened around the same time in 2002. A number of PHU staff wanted to know why there is no better collaboration between the two surveys. They saw great benefit in aligning the surveys. Their main concern was that school get 'over-surveyed'.

Suggestions to collaborate more closely with PHUs

One person would like to see closer collaboration between ASH and the PHUs. She thought that PHUs might want other information than provided by the ASH survey. Therefore, she thought it would be beneficial if PHUs could provide input in the survey questions.

Other suggestions and comments

There was a variety of comments, which are listed in the following without any particular order. One person said that it is sometimes hard to understand the results. Another person added that some interpretation of the data would be useful.

One person said that she would like to receive ‘more detailed information from individual schools’. A further comment was that it would be interesting to investigate causal relationships of the results.

Two people would like to see more qualitative information. For example, ‘why do students start smoking’, ‘do students enjoy smoking?’, ‘how does smoking compare to other enjoyable activities?’, ‘are students aware of the addictive power of nicotine?’.

One interviewee was wondering why the survey targeted Year 10 students because she observed that a number of kids already smoke in primary school.

One participant said that their region was looking into developing a ‘smokefree grant scheme’, which could assist in getting more schools to participate in the ASH survey and share their results with the PHU.

The ASH survey data are summarised by regional public health units. The West Coast PHU commented that they would like to see the West Coast data separated out.

Public Health South commented that ‘it is hard not to have tertiary institutions around that do extra little bit of research projects’.

3.4 Summary

To survey the PHUs on the usefulness of the data that they receive from the ASH year 10 survey, 18 telephone interviews were conducted with PHU staff who altogether represented all 21 DHBs. All but one were familiar with the ASH survey. About a third of the interviewees had been in their position for about a year or less and were still learning about the survey and appreciated the interview as an opportunity to learn more about the ASH Year 10 survey.

The use of information received from the ASH Year 10 survey could be grouped into four areas:

1. Information source on teenage smoking in their region and nationwide
2. Planning tool for their work
3. Measuring tool for the outcome of their work
4. Contact point with schools.

All 17 PHU staff, who were familiar with the ASH survey, found the information useful. More than half the participants in the survey found the information very useful. It was described as ‘the guide to the work’.

The PHU staff would be disappointed to lose access to regional data provided by the ASH Year 10 survey. Everyone felt that their region was different to the national average. PHUs in the rural areas said that people do not identify with national data and therefore see no reason to act on them.

Everyone agreed that it is hard to plan their work without back-up from regional data.

Some PHU staff talked about the difficulty for other agencies to collect the same kind of information. One person warned against every PHU doing its own survey because data would not be comparable nationwide. Some PHU, especially smaller ones, said that they would not have the resources to run their own survey.

Interviewees stressed that the ASH Year 10 survey is well established and recognised by schools.

Each interview ended with an opportunity for the participant to add further comments and suggestions. Most interviewees repeated their acknowledgment of the ASH survey. There were suggestions for closer collaboration with the Health Sponsorship Council to align the ASH Year 10 survey with the Youth Lifestyle survey. One interviewee would also like to see closer collaboration between ASH and the PHUs, in particular the opportunity for PHUs to add their own questions to the survey.

In summary, the ASH year 10 survey has overwhelming support among the PHUs. The possibility to have access only to national data was met with huge regret and disappointment.

4 Health promoting schools workers

4.1 Introduction

‘A health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working.’²⁷

The concept behind health promoting schools (HPS) is a partnership between the health and the education sector. It has its origin in the Ottawa Charter for Health Promotion,²⁸ and is an international movement. In New Zealand, the philosophy of HPS goes hand in hand with the principles of the Treaty of Waitangi.²⁹ The first pilot project for HPS began in Auckland and Northland in 1997.³⁰ Since then, the HPS concept has spread over the whole country, HPS supports its own website,³¹ and national conferences were held in Auckland in 1999 and in Dunedin in 2001.³²

In practice, health promoting schools collaborate with a HPS worker following a six step framework:³³

1. Raise awareness of and seek commitment from Board of Trustees and Principal to proceed with Health Promoting Schools initiatives
2. Establish a Health Promoting School team
3. Carry out a needs assessment
4. Prioritise needs and develop plan of action
5. Implement the action plan
6. Monitor, review and evaluate.

Health Promoting Schools workers

HPS workers are usually employed by a government funded health provider. They may be nurses, other health workers or teachers. HPS may only be part of their role, while the other part may be health promotion.

²⁷ World Health Organisation, School Health and Youth Health Promotion, What is a health promoting school? Internetsite, June 2002 <http://www5.who.int/school-youth-health/main.cfm?p=0000000642>

²⁸ World Health Organisation, Ottawa Charter for Health Promotion <http://www.who.int/hpr/archive/docs/ottawa.html>

²⁹ Health promoting schools Auckland, Links between HPS and the Tiriti o Waitangi <http://www.hps.org.nz/hps/tiriti.html>

³⁰ Health promoting schools Auckland, About health promoting schools, <http://www.hps.org.nz/hps/history.html>

³¹ Health promoting schools Auckland, homepage www.hps.org.nz

³² NZOOM.com –the homepage for New Zealanders, Knowledge, Health Promoting schools http://knowledge.nzoom.com/knowledge_detail/0,2210,109892-181-183,00.html

³³ Health promoting schools Auckland, About health promoting schools, <http://www.hps.org.nz/hps/how.html>

The focus of the HPS workers is to assist schools in the process of becoming a HPS. Needs vary significantly between schools, and may include areas as diverse as nutrition, sexual health education, smoking or safety on the school grounds. Some HPS worker may have a focus on smokefree because they worked in the area before, and/or one of their schools identified smokefree as an important area to work in. These HPS workers are generally familiar with the ASH survey. Other HPS worker may not have heard about the ASH survey, because their work has so far not covered smokefree needs.

ASH has so far not targeted HPS workers for the distribution of the Year 10 survey results. Therefore, there were no existing networks to use for the purpose of this review. The review did not try to be comprehensive and include all HPS workers. Instead, the focus was on getting an idea in what way information of the ASH Year 10 survey is used by HPS workers, and how the information can assist HPS workers in their work. The following section describes the methodology. Section 4.3 discusses the results and section 4.4 provides a summary.

4.2 Methodology

ASH provided the contact details for the Auckland HPS coordinator. In an initial telephone conversation, a sensible approach to including HPS workers in the review process was discussed. Five regional coordinators were e-mailed and asked for the contacts of one or two HPS workers who had a focus on smokefree and would be willing to give 15 minutes of their time for a telephone interview. The response was slow. Therefore, PHU workers were asked whether they collaborated with HPS workers. Contact was made with about 20 HPS workers but many did not have a focus on smokefree. In the end, five HPS workers were interviewed. The results are detailed in the following section.

The background information on the HPS concept was sourced by Internet search and in some of the interviews with HPS workers.

4.3 Results

Five HPS workers contributed to the review. Of these, two were interviewed on their role as PHU staff. Both were very supportive of the ASH survey. Their comments are incorporated in section 3 of this report. Another person was new to their role and not familiar yet with the ASH survey. The feedback of the remaining two HPS workers is summarised below. One of them was interviewed together with her colleague from the local PHU.

Background of the interviewees

One participant used to be a smokefree and health promotion adviser and had been in the new role as HPS worker for two years. The other participant is a public health nurse who has been in the position for four years.

Familiarity with the ASH survey

Both interviewees were very familiar with the ASH survey and see the results each year.

Use of the information: In what way is the information used?

The information from the ASH survey is used to analyse trends. Work is then focused and planned around the results. The ASH survey provides a good opportunity to contact and work with schools. Schools use their results from the ASH survey to apply for school sponsorship.

The knowledge gained from the ASH survey is built into future projects.

How important is the information?

The information for the ASH survey is very important. The Year 10 students are at a critical age to make a difference to smoking behaviour. At that age, smoking habits can be turned around. Thus, the survey provides the base for intervention.

What is the response to only having national data?

Having only national data would not be good. Even regions can be 'mixed bags' as some areas are very wealthy and children go to a decile 10 school, other areas are very poor, and children visit a decile 1 school. The potential loss of the ASH survey was described as 'detrimental to the regions'. Schools were expected to be more hesitant about participating in a survey if they would not receive their school specific results.

Comments and suggestions

The information received from the ASH survey was described as being very clear and understandable. The following additional questions for the ASH survey were suggested: If you smoking rates have changed, why? Offer a list of multiple choice answers. Have you been taught about smoking and health? Where? Do you want to quit?

4.4 Summary

HPS workers assist schools in becoming HPS schools. In this sense, they are focused on a process, rather than on any particular area. However, most HPS workers have their specific health area of expertise. For the review, HPS workers with an interest in smokefree and familiar with the ASH survey were wanted, so that they could contribute their use of the ASH data.

ASH has so far not targeted HPS workers for the distribution of results from the Year 10 survey. Therefore, no contact list of HPS workers was readily available.

Contact with nearly 20 HPS workers was made. Of these, only four had a particular interest in smokefree. Two of them also had a position in a PHU. Both of them were supportive of the ASH survey. Their feedback is incorporated in section 3. One telephone interview was held with a HPS worker, who was new to the role and interested to find out about the ASH survey.

The HPS workers with an interest in smokefree use the information from the ASH survey to monitor smoking trends. The information presents a base for their work, from which future projects are planned. The ASH survey provides a good contact point with schools. Schools use their specific results to apply for school sponsorship.

The information from the ASH survey is valued as very important. It was felt that Year 10 students are at a critical age regarding smoking habits. Therefore, the ASH survey can also be used as an intervention tool.

A potential loss of the ASH survey was described as ‘detrimental to the work’. In some cases, not even regional data could replace the ASH school specific results because as region can include very different areas and schools.

In summary, for HPS workers, who work in smokefree and contributed to the review, the ASH survey is of great importance and provides a base for their work.

5 Other participants

5.1 Aparangi Tautoko Auahi Kore

Aparangi Tautoko Auahi Kore (ATAK) is an organisation similar to ASH but with a focus solely on Maori.³⁴ ‘ATAK lobbies government to achieve changes in legislation, funding and policy in the area of *auahi kore*.³⁵ ATAK works closely with ASH and with the Smokefree Coalition.

Use of the information from the ASH Year 10 survey

ATAK uses the information from the ASH Year 10 survey in the following way:

- monitoring national statistics
- distribution of data to Maori health workers
- release of data to media
- backing up requests for funding
- background in meeting with Ministers and other politicians.

Importance of regional data

ATAK itself focuses on national data but it values regional data and passes them on to the Maori Auahi Kore network. ATAK believes that community involvement depends on having access to regional data, and therefore regional data are of utmost importance.

ATAK also receives data for the Youth Lifestyle survey. Though the data are very similar, they complement and back up each other.

³⁴ Telephone interview with ATAK director Shane Kawenata Bradbrook

³⁵ *auahi kore* is the Maori translation for smokefree

5.2 The Cancer Society of New Zealand

The Cancer Society of New Zealand is a non-profit organisation with the aim ‘to minimise the impact of cancer on New Zealanders’. The Cancer Society provides the following services:³⁶

- major funding of research into the causes and treatment of cancer
- cancer related information
- support for cancer patients and their families
- programmes promoting a healthy lifestyle to reduce the risk of cancer
- advocacy on behalf of cancer patients and their families.’

There are six independently run regional divisions of the Cancer Society. The regional offices work closely with PHUs. Some PHU staff said in their interviews that they review the information of the ASH Year 10 survey with a colleague from the Cancer Society.

The Taranaki and Nelson Centres of the Cancer Society provided input in this review. They are not directly included in the distribution of results but work closely with the local PHU, who provided their contact details.

Use of the information from the ASH Year 10 survey

The Cancer Society undertakes prevention programmes in schools with the aim to reduce smoking uptake. The ASH Year 10 survey provides ‘a very good measurement’ for the success of these programmes.

Information from the ASH Year 10 survey shows schools that have high smoking prevalence and therefore need more interventions. The survey is seen as a contact point with schools.

The data from the ASH Year 10 survey are used for strategic and business plans.

Importance of regional data

The data are very important because they show that there is still a need for smokefree promotion, particularly for teenagers. The information was seen as ‘really vital’ and ‘very important for evaluation’. The survey was also seen as an ‘education tool for kids’, ‘making students

³⁶ Cancer Society of New Zealand, What we do, website <http://www.cancernz.org.nz>

aware about their smoking habits'. The survey was thought to 'highlight smoking as an issue to teaching staff'.

Regional data are very important and having access only to national data would be a significant loss. National data would not give the chance to target any particular schools based on their results.

Comments and suggestions

The regional divisions of the Cancer Society would like to be included in the distribution of the ASH Year 10 results. Continuous data on youth smoking is seen as important for future research. The Nelson Cancer Society suggested increasing the role of the ASH survey as an intervention tool by scheduling education programmes on smoking around the time of the survey and providing students with information on quitting.

The Taranaki Cancer Society said that it is imperative for the ASH Year 10 survey to continue.

5.3 The Health Sponsorship

The Health Sponsorship Council is funded by the Ministry of Health to market important health messages to New Zealanders. It uses all available communication tools to promote health brands with the aim to influence thinking and action among at risk audiences. The Council has developed four health brands:³⁷

- Smokefree
- Auahi Kore
- SunSmart
- Bike Wise.

Smokefree activities include sponsorship, research, public relations activities, advertising, community linkages and branding through resources and merchandise.³⁸

The Health Sponsorship Council conducts the Youth Lifestyle Survey (see section 1.4). In a telephone interview, the Health Sponsorship Council expressed its openness to closer collaboration with ASH.

³⁷ Health Sponsorship Council, Sponsorship Guidelines, website:
http://www.healthsponsorship.co.nz/corporate/company_profile.html

³⁸ Smokefree website: <http://www.smokefree.co.nz>

5.4 The Heart Foundation

The Heart Foundation is a non-profit, non-government organisation with the aim 'to promote good health for all New Zealanders and to reduce suffering and early death from heart and blood vessel disease'.³⁹ Services of the Heart Foundation include:⁴⁰

- funding research
- health promotion including nutrition, physical activity, smokefree
- cardiac care evidence based guideline development.

The Heart Foundation works in the area of smokefree advocacy and trains health professionals in smoking cessation. It runs a smokefree programme for young Pacific People, and is working on the development of a training programme for smoking cessation for Pacific People by Pacific People.

The Heart Foundation is familiar with the ASH Year 10 survey though it does not directly receive the results. In planning programmes, the Heart Foundation uses the ASH Year 10 survey, in particular data by region and ethnicity, to target its programmes.

The information of the ASH survey is also very important from an advocacy point of view.

The Heart Foundation fully supports the ASH Year 10 survey. It stresses the importance of continuous data.

³⁹ National Heart Foundation, Who we are, website: http://www.nhf.org.nz/who_we_are/who_we_are.html

⁴⁰ as above

6 Summary of results

Background

The Ministry of Health is reviewing the way it collects information about youth smoking. In this context, it requested that ASH survey schools, PHUs and HPS workers on the usefulness of data received from the ASH Year 10 survey.

Methodology

Schools were surveyed by anonymous questionnaire, which was returned by 235 participants from 224 schools. Eighteen PHU workers, together representing all District Health Boards, provided feedback by telephone interview. Five HPS workers and six individuals from six different organisations participated in this review.

Schools

Schools use the information from the ASH Year 10 survey in a number of ways. Nearly two thirds of participating schools use their results from the survey to develop their own programmes. About a quarter of participating schools requested further information and resources on smokefree following the survey. Around one fifth of schools work with their local PHUs around the survey results. Some schools use the survey information to assist in the application for school sponsorship. There are a wide range of other uses including distributing results to parents and the Board of Trustees, using the data in maths and statistics lessons or conducting the survey for the whole school as a learning exercise for the students. Only around 12% of schools said they never used the information from the ASH survey.

Most schools would be open to closer collaboration with PHU. However, there were a number of specific comments around this issue, mainly concerns about having time for collaboration, and for the questionnaire becoming too long.

Schools value the ASH survey the way it is: Brief and efficient. They stress that the survey can be conducted with minimal interruption to teaching and a minimal workload for the teachers involved. However, schools would prefer to have the survey earlier in the year because they are very busy toward the end of the school year. The survey is important to schools, and they would regret to lose it.

Public Health Units

Most PHUs describe the information received from the ASH Year 10 survey as background for their work. They use the data in four main areas:

1. National and regional information source on teenage smoking
2. Planning tool for their work
3. Measuring tool for the outcome of their work
4. Contact point with schools.

PHUs find the information equally important as a planning and as a monitoring tool.

All PHUs agree that access to regional data is crucial for their work. It is an advantage to have school specific data because there can be significant differences between schools in one region. PHU staff said that it is hard for them to identify with national data and act on them. They further said that it would be hard for them to collect their own regional data. One person commented about the limited comparability between regions if every PHU would do their own survey.

PHU staff stressed that the ASH Year 10 survey is well established and recognised by schools.

Some PHUs wondered about closer collaboration between ASH and the Health Sponsorship Council to align the ASH Year 10 survey with the Youth Lifestyle survey. Closer collaboration between ASH and the PHUs was also discussed, in particular the opportunity for PHUs to add their own questions to the survey.

Health Promoting schools workers

HPS workers with an interest in smokefree use the information from the ASH survey to monitor smoking trends. The information presents a base for their work, from which future projects are planned. The HPS workers say that the ASH survey provides a good contact point with schools. HPS workers felt that Year 10 students are at a critical age regarding smoking habits. Therefore, the ASH survey can also be used as an intervention tool.

A potential loss of the ASH survey was described as ‘detrimental to the work’. In some cases, not even regional data could replace the ASH school specific results because a region can include very different areas and schools.

Other organisation with interest in tobacco control

ATAK - the Maori Smokefree Coalition, the Cancer Society, the Health Sponsorship Council and the National Heart Foundation also provided input in the review process. They value regional data, and are supportive of the ASH 10 survey.

In summary, the ASH year 10 survey has overwhelming support among the schools, PHUs, HPS workers and other stakeholders with smokefree interests. The possibility to not have school specific data was met with huge regret and disappointment.

7 Conclusions and recommendations

7.1 The big picture

This review focused on the use of the information provided by the ASH Year 10 survey. However, it is impossible to exclude the wider picture of data collection on youth smoking in New Zealand, in particular when the ASH survey is endangered.

There are currently two national surveys on youth smoking: The ASH Year 10 survey and the Youth Lifestyle Survey run by the Health Sponsorship Council. There has been no coordination between the two surveys. In 2002, the surveys were carried out at the same schools, at the same time, and partly covering the same questions. This annoyed schools and led to some completely withdrawing participation in surveys.

A meeting of representatives from Crown Agencies, non-governmental organisations and individuals with expertise in youth tobacco surveys was held in November 1999. A subsequent report identified two survey approaches:

1. A 'clustering sampling approach', including 2,500 to 3,000 students nationally using trained research assistants, collecting detailed information on smoking-related attitudes and behaviours
2. A 'census-type approach', including all Year 10 students at all schools, collecting limited core information on smoking behaviour.

The Youth Lifestyle Survey follows the first approach; the ASH Year 10 survey the second. Both have their value and benefit. It is timely to pick up from the 1999 meeting and plan a coordinated approach to the collection of data on youth smoking.

The following section concludes the review of the ASHY Year 10 survey. Section 7.3 provides recommendations for the Ministry of Health and for ASH.

7.2 Conclusion of the review

The ASH Year 10 survey is well established and well recognised among people and organisations involved in smokefree work. Information from the survey is used in a large number of ways, and it is very important, in particular for regional smokefree work.

Over the years, the focus of the ASH survey has changed from pure data collection to data collection and an intervention tool. PHUs and HPS workers liaise with schools about the survey and the survey results, although they are not directly involved in conducting the survey. This has had a flow-on effect on ASH because more requests for information and smokefree resources are coming in.

Schools value the ASH survey because it provides them with their own results. Schools say that the survey is run efficiently without interrupting much teaching time or being a burden on teaching staff.

Schools would prefer to have the survey earlier in the teaching year. However, there is only limited scope to move the survey because Year 10 students undergo a development process which could make their answers to survey questions different between beginning and the end of the year. Therefore, comparing results from different years would be harder.

There is a danger in 'over-surveying' schools. One participant, who filled in the school questionnaire, said that this was his fourth smoking related survey in 2002. There is scope to better co-ordinate different surveys.

For PHU staff, the ASH survey is the backbone of their work. They use the information for planning and monitoring their own projects. PHUs would hate to lose the school and region specific data from the ASH survey. Most PHUs would not have their own resources to run a survey on youth smoking. Furthermore, it would not be sensible for regions to develop their own surveys, because data would only have limited comparability between regions.

Some PHUs would like to collaborate more closely with ASH. In particular, they would like to be involved in designing the questionnaire. Some PHUs attached their own questionnaire to the ASH survey. Schools do not always like this because it makes the whole survey longer. The extent to which the survey questions can change is limited to maintain data comparability over time.

HPS workers have so far not been included in the distribution of survey results. HPS workers with an interest in smokefree receive results from their local PHU. They use the information in a similar way to PHUs. The same applies for the regional offices of the Cancer Society. For HPS workers and Cancer Society staff, it would be beneficial to be

included on the form that schools sign to consent to their specific data being shared. They would also benefit from being sent results directly.

7.3 Recommendations

Recommendations for the Ministry of Health

1. Continue funding for the Year 10 annual funding
2. Call a meeting with ASH, the Health Sponsorship Council and all other stakeholders with an interest in tobacco control to discuss a coordinated approach for data collection on youth smoking.
3. Increase funding for the ASH survey to \$75,000 annually, so that ASH can further the role of the ASH survey as an intervention tool in the following ways:
 - liase more with PHUs
 - include the Cancer Society, the National Heart Foundation and HPS workers with interests in tobacco control in the networking and distribution of data

Recommendations for ASH

1. Meet with the Ministry of Health, the Health Sponsorship Council and all other stakeholders with an interest in tobacco control to discuss a coordinated approach for data collection on youth smoking
2. Consider conducting the ASH survey earlier in the school year
3. Given an increase in funding, increase the role of the ASH survey as an intervention tool in the following ways:
 - liase more with PHUs
 - seek prior permission from school principals to permit inclusion of the Cancer Society, the National Heart Foundation, and HPS workers and other agencies with interests in smokefree in the networking and distribution of data.

Appendix A: Glossary

ASH	Action on smoking and health
DHB	District health board
HFA	Health Funding Authority
HPS	Health promoting schools
HSC	Health Sponsorship Council
PHU	Public health unit

Appendix B: References

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- Health promoting schools Auckland, About health promoting schools, <http://www.hps.org.nz/hps/how.html>
- Health promoting schools Auckland, homepage www.hps.org.nz
- Health promoting schools Auckland, Links between HPS and the Tiriti o Waitangi <http://www.hps.org.nz/hps/tiriti.html>
- Health Sponsorship Council, Chatsheet May 2002, <http://www.healthsponsorship.co.nz/corporate/chat/may2002.html>
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National Heart Foundation, Who we are, website:

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NZOOM.com –the homepage for New Zealanders, Knowledge, Health Promoting schools

http://knowledge.nzoom.com/knowledge_detail/0,2210,109892-181-183,00.html

Smokefree website: <http://www.smokefree.co.nz>

World Health Organisation, Ottawa Charter for Health Promotion

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World Health Organisation, School Health and Youth Health Promotion, What is a health promoting school? Internetsite, June 2002

<http://www5.who.int/school-youth-health/main.cfm?p=0000000642>

Other references

ASH, Contract with the Ministry of Health, July 2002

ASH, Report to the Ministry of Health on the provision of services as agreed in the contract

ASH, Towards a Smokefree New Zealand – New member brochure

Minutes of meeting on youth smoking survey, section 4, Major points of unanimous agreement at the meeting.

Appendix C: School questionnaire

Q1: What is your role in the school? (e.g. principal, Year 10 dean, school nurse, teacher with interest in smokefree)

Q2: How many years have you been at this school?

Q3: How often has your school participated in the ASH survey? (please tick appropriate boxes)

- than once
- Never

If your school has never participated in the ASH survey, please go straight to Q7.

Q4: Our school has taken advantage of the opportunity to get more detailed results from ASH.

- Yes
- No.

Q5: In the past, information from the ASH Year 10 survey has been used for or followed up by: (please tick as many boxes as applicable)

- Requested further information/ resources
- Developed programmes in school
- Worked with local public health units
- Assisted in getting school sponsorship
- Other, please specify
- Not used

Q6: ASH conducts the Year 10 survey in a professional and efficient way.

(scale strongly disagree, disagree, no opinion/comment, agree, strongly agree)

Q7: The Ministry is reviewing the way it collects information about smoking, which may mean that information about youth smoking rates will no longer be available on the basis of schools, localities or regions. Our school would regret the loss of the ASH survey.

(scale strongly disagree, disagree, no opinion/comment, agree, strongly agree)

Q8: Our decision to participate in any survey is influenced by the fact whether our school receives school specific results

(scale strongly disagree, disagree, no opinion/comment, agree, strongly agree)

Q9: In initial telephone interviews with the public health units, the support for the ASH survey was strong. The public health units use the results from the ASH survey as an important planning tool for their work. They would like to strengthen their relationships with schools by way of having more involvement with the ASH survey. For example, public health units would like to see the ASH questionnaires before they go out to the schools so that they may add their own question(s), or even (as already happened in some areas) attach their own questionnaire.

Our school would be open to closer collaboration with the public health units

(scale strongly disagree, disagree, no opinion/comment, agree, strongly agree)

Q10: Please add comments or suggestions. If you want to be contacted by ASH, please provide your name and contact details.

Appendix D: Details from school questionnaires

Question 5: Other uses of the data
Used as facts in health programme and lessons (7 schools)
Learned from info (2 schools)
Use in math/statistics classes (2 schools)
Monitor students' 'welfare/wellbeing'
Updating staff info
Test for need for stop smoking programmes by health nurse
Report to Hauora
Informing community
Informing staff and board
Justify drug education in health programme
Used in presentation to the public
Reinforced profile of students involved
As motivation to continue antismoking education programmes in junior health
Interest as our small roll allows us to know what our Y10s are doing
Be aware of trends of students in our school
Reported to year 10 and published in newsletter
Reinforced need to continue emphasis on smoking programme
The principal likes to see it and uses it as a measure as to how well our health programme is going in terms of anti-smoking.
Monitor levels of smokers and respond if necessary
Newsletter to parent
request to board of trustees for funding of programme
To show health classes how our school compared to national trends
Seniors have completed surveys in school
Seniors statistics project
Presentation to community in relation to local survey
Info to parents
Showing students that not 'everyone is doing it'
Taken note of by Health committee and compared to other years

Question 10: Comments in acknowledgment of the ASH Year 10 survey
1. The fact that we as a school have faith in the ASH survey results is important to us. 2. The fact that we have 6 – 7 years of data as a school, region etc is <u>very</u> helpful in presenting information to students.
You do a great job.
Thank you for the opportunity to respond to this survey and for our 4 th form students to participate in the smoking survey.
You're all doing a great job!
This was an interesting survey for all – especially kids – who used it as a reality check.
We find being able to compare our results with other schools indispensable. We can also look back year to year and match up with our smokefree activities.
The survey was <u>valued</u> by the school as the students completed it anonymously. Data was interesting when it was returned, and we used the data to change and adopt programmes. The principal health coordinator and health teachers, nurse coordinator and guidance counsellor have all been involved in ongoing discussion of the school's results.
This particular survey is excellent because it gets good quality data with the minimum of disruption to teaching staff and classroom activities. It also requires little or no effort on my part. Happy to continue our involvement.
ASH survey should be continued in future.
This is an excellent resource that greatly assists our programmes. We have been involved for at least 5/6 years - if not longer – (from the start). Please fight to keep it!
Survey of school is useful.
This survey is crucial to us
Keep up the good work
I think it's a great tool if students answer honestly.
Format of questionnaire (including this one) is nice and simple. Collation of information is efficient.
Have participated for 5/6 years – after first year asked for survey to be done earlier in November which ASH did. Find results very interesting – included in school needs analysis – think it's excellent
I think you people are doing a marvellous job – keep up the good work.
The ASH survey is the only national survey related to health that we participate in on a yearly basis. The info gained is very useful in seeing trends.
We look forward to receiving the results of the latest survey.
You do a very good job. Thank you
With more and more young people smoking, despite the many and varied health messages given to them, I feel it is really important to continue the survey and involve as many agencies as possible in getting the health message across.
We have valued the ASH survey and discussed results with our staff.
I would like to see it continue
A professionally run survey such as the ASH surveys is an important tool for our school to give us feedback about <u>our</u> school community. Our own resources are always limited, and we would <u>NOT</u>

be able to organise such a survey for ourselves.
Our school has a strong anti smoking education health programme – it would help our teachers to know results from our own school.
A very worthwhile exercise for our school
The beauty of the ASH survey is that it is quick and easy to administer and complete for the students.
Excellent.
This process keeps the smoking issue in the forefront and provides useful information to support our own antismoking message.
The survey provides a valuable benchmark – allows us to measure in school programme effectiveness, target charts etc.

Comments in particular aimed at Question 9 (Our school would be open to closer collaboration with the public health units)
As long as the survey didn't become too long!
Public health units do not have the time to come to our college – they have told us this. We are therefore on our own and would not want <u>any</u> data of our shared.
Collaboration with public health units makes sense. Helpful to have up to date info and share it. Timing and sufficient time can be an issue.
We have a full health programme here, including 3 NCEA 1 classes and 2 NCEA 2 classes next year. We would be very interested in some kind of health promotion smokefree-type activities.
We would want to know exactly what use would be made of info. What happened this year was <u>not</u> appropriate, ie we agreed to the ASH survey and an extra one arrived with it.
Have sufficient amount of contact at present. 2 health nurses take clinic included in our programmes. FADE also done surveys in the past. Would be good to coordinate. Not happy about doing two lots especially as so many other research groups use colleges as a captive audience. Thanks for your good work!
Possibly – depends on not making it more complex or too time consuming.
I do spend time convincing senior admin how important this is so any help from public health would be great.
Having time to collaborate would be a difficulty.
We do not have visits from public health units on smoking.
Recent experience with an asthma survey by public health was not good. Administration of ASH survey always well done. However, this may have been a one off problem – I guess I suggest involvement of public health units .
Our school is happy to provide the information. We do not think the survey should be any longer as could happen if other people wanted to add questions. We will not fill out an extra questionnaire from public health.
Depends on how much extra work would be required from staff.
Agree with Q9 as long as the school sees the questionnaire before going out.

Background of people who felt that they had not much to contribute
This is my 1 st year of involvement (on a minimal level) with this survey so I don't really feel in a

position to comment.
Uncertain of our involvement with ASH. We could certainly consider involvement in surveys as they come to hand.
Our school is a composite Kaupapa Maori, with a total roll of 90. We only ever have a total of about 7 Form 4 students. We know them intimately but we welcome information on smoking trends nationally.
Until know we (the counsellors) have not been involved in this survey – it may have been done by HOD Health (who is overseas at present). We are interested however.
This year was the first year that we participated in the survey, hence the no comments boxes being ticked.
We really can't comment. We only have 1-2 form 4 students in total an there and therefore do not feel that we contribute a lot of information.
Survey administered by management, and this is my first connection. Difficult to assess value really.
This is the first year I have been involved with participating in this survey. I am uncertain as to whether the school has previously been involved as staffing has changed and I can't ask previous health co-ordinator.
Concerns about the timing/the survey in general and other constructive feedback
The timing of the survey in term 4 makes it difficult for staff involved in organising the distribution/collation etc. – would be much better for us in the middle of term 3.
Timing of survey should be earlier in yr. – Last part of yr hectic enough. Does it all have to be at 1 time? Would be best if it could be tied in with the school's smokefree education model in Yr 10 health. That way classes could look maybe at analysing own results 1 make it more meaningful to them. Some questions poorly worded or open to misinterpretation – no guidance received on desired interpretation.
We would like much more advanced warning of the survey as we have a policy of only using classes for a limited no each year. We would need to know early in the year if you are intending to use our school so we can go through the appropriate procedures. We are often over-surveyed!!
As a school we have been 'surveyed out' in recent years – so we are saying NO to all surveys at present. (Comment from reviewer: Still filled in the questionnaire – thank you)
There seemed to be a number of smoking surveys come through at this time of the year.
My concern about these surveys is student honesty. Students 'showing off' can warp results.
NO MORE BLOODY SURVEYS! The money being spent on the 'bureaucracy of the smokefree industry' should be put into smoking cessation!!! This is the fourth smoking related survey I have been involved with this year as well as gaining smokefree sponsorship and writing school policies!!!
Survey need to be kept as short as possible
Some of the questions were difficult to understand or get the suitable information. They needed to be rewritten.
The way the results are presented are not very conducive to reading them, too many figures.
We have no problem with the present system. It would be good if the results were used to actually help young people stop. We need programmes, funds for interventions.
Despite good intention students still smoke, even after anti-smoking education. The quality of anti-smoking education is poor, eg 2 Y10 classes interviewed the week following drug education lesson

could not explain the relationship between cigarette smoking and heart disease.
It's a worthwhile survey. I'd like a similar one for alcohol and drug use.
I feel the survey is very comprehensive and worthwhile, however, question 7&8 tend to be quite loaded and there is no intermediate answer or options to answer differently apart from yes and no.
Questions relating to Movie Stars not well received by students – not clear enough.
Although survey was anonymous many of the Year 10 students put incorrect information. (I did look at the questionnaires before I sent them.) Many students did not take this seriously at all – even though they were under supervised conditions. Many put Maori as background and many put they smoked over 100 cigarettes per week. I know this to be untrue. Therefore, I feel that any results from our school would be mainly invalid. If this occurred at our school, it most certainly occurs at other schools. We are a decile 10 single sex girls school and Year 10 students would probably be the most unreliable in which to conduct this type of survey. Maybe at year 8 or 9 and again at year 13 but I feel in reality I don't glean any info from the results as they would not necessarily be a true result. Maybe the funding (info) would get to the general public more readily by TV adverts – ie educating parents. So often as health teachers we are supposed to give education re health matters that are parental responsibility. So many students watch so much TV that it has a major influence – ie on sexual promiscuity etc. We are really just the ambulance at the bottom of the cliff. Why not start at the top! (Remove many of the influential American TV programmes). Thank you for the opportunity of replying as I felt strongly that really the results of the survey would be a complete waste of anyone's time. As schools are constantly being bombarded with paperwork classroom teachers have to prioritise and this is not top of the list.

Appendix E: List of participants for telephone interviews

Public Health Units (PHUs) by District Health Boards (DHBs)

DHBs	Location of PHU	Interviewee
Northland	Whangarei	Shirley-Anne Brown
Waitemata	Auckland	Janet Chen
Auckland		
Counties Manukau		
Waikato	Hamilton	Manaaki Paki
Bay of Plenty	Tauranga	Graeme Legget
	Whakatane	Aporina Jobe-Chapman
Tairāwhiti	Gisborne	Peter Boyd
Lakes	Rotorua	Kathy Webster
Taranaki	New Plymouth	Jan Marshall
Whanganui	Wanganui	Lynley Cvitanovic
Hawke's Bay	Napier	Wepiha Gemmell
Mid Central	Palmerston North	Marilyn McKay
Capital and Coast	Lower Hutt	Vera MacDonald
Hutt Valley		
Wairarapa		
Nelson-Marlborough	Nelson	Jodi Betts
	Blenheim	Sue Campbell
Westcoast	Greymouth	Jo Holmes
Canterbury	Christchurch	Kate Matthews
	Ashburton	Jackie Girvan
South Canterbury	Timaru	Leola Ryder
Otago	Dunedin	Haylee Corfield
Southland	Invercargill	Anne McSoriley

Health Promoting Schools workers who answered the questionnaire

Sue Askwith

Jackie Girvan

Jan Marschall

Greg Mortin

Rose Orr

Other participants

Shane Kawenata Bradbrook, director of ATAK, the Maori Smokefree Coalition

Christine Brouwers, Cancer Society Taranaki

Trish Fraser, Director of ASH

Dr Diana North, National Heart Foundation

Dr Robert Scragg

Anaru Waa, Health Sponsorship Council

Janie Weir, former director of ASH

Appendix F: Questionnaire for telephone interviews

Please note that the questions below were for PHUs. For other interviewees some of the questions were adjusted accordingly.

Background of the person being interviewed

- What is your role within the public health unit, in particular in respect to smokefree activities?
- How long have you been in your current position?
- Have you previously had a focus on smokefree?
- Do you have colleagues within your unit, who also work on smokefree?

Familiarity with the ASH fourth-form survey

- When did you first hear about the ASH fourth-form survey?
- How familiar are you with the fourth-form survey?
- Have you or your colleagues been sent results of the surveys? If so, how often?
- Have you seen the results of the survey?

Use of the information of the fourth-form survey

- Could you please tell me in what way you and other people in your unit use the information that you receive from the fourth-form survey.
- How important is this information to the smokefree promotion work you do?
- The Ministry is reviewing the way it collects information about smoking, which may mean that information about youth smoking rates will no longer be available on the basis of schools, localities or regions. What would be your response to having access only to national data?

Comments and suggestions

- Do you have any comments or suggestions about how to make the information that you receive from the fourth-form survey more useful?