

## **Medical Officer of Health Report Lakes District Health Board March 2013**

### **Data and Information for Action**

I recall as a house surgeon assisting the orthopaedic registrar in the small hours of one morning in the emergency department's operating theatre as he ever so cautiously dissected his way through the complex muscle layers, elusive nerves and threatening blood vessels to reach the fracture site that would be plated in our patient's forearm. The registrar commented that on reaching bone he always had a sense of relief and confidence – for him it was solid, 'safe', familiar ground. I think bones and joints are to the orthopaedic surgeon what data, information and public health intelligence are to a public health physician – orientating, providing confidence and direction - and information for action.

Toi Te Ora has recently published the *Issues of Health and Wellbeing Population Survey 2012* which provides a wealth of data and information useful for public health action and intervention. This work builds on the previous *Issues of Health and Wellbeing* survey undertaken in 2008 and increases our understanding of our communities' knowledge, attitudes and opinions related to a number of public health issues.

With input from both Lakes and Bay of Plenty District Health Boards, the survey questions were selected to elicit data to inform key public health programmes, interventions and areas of activity. Survey questions covered a number of topic areas, including: rheumatic fever; immunisation; tobacco controls and smokefree initiatives; alcohol harm reduction initiatives and regulatory issues; nutrition and food security; home heating and the indoor environment; workplace health; and, emergency preparedness. There were 1,045 respondents who participated in the telephone interview with approximately 260 respondents from each of the Western Bay of Plenty, Eastern Bay of Plenty, Rotorua and Taupo districts – providing a randomly selected and representative sample population.

The survey findings are of significant value and will be of interest to a number of agencies and community groups that work collectively to improve the health and wellbeing of our communities. For example, achieving the Smokefree Aotearoa 2025 vision is an important public health goal. Our population survey shows a high level of community support for initiatives in this area (See Figure 1) and in particular there is significant community support for smokefree environments, especially in areas where children and youth are present. See Figures 2 and 3. Such findings are extremely valuable in giving confidence to communities and councils when planning and implementing smokefree policies.

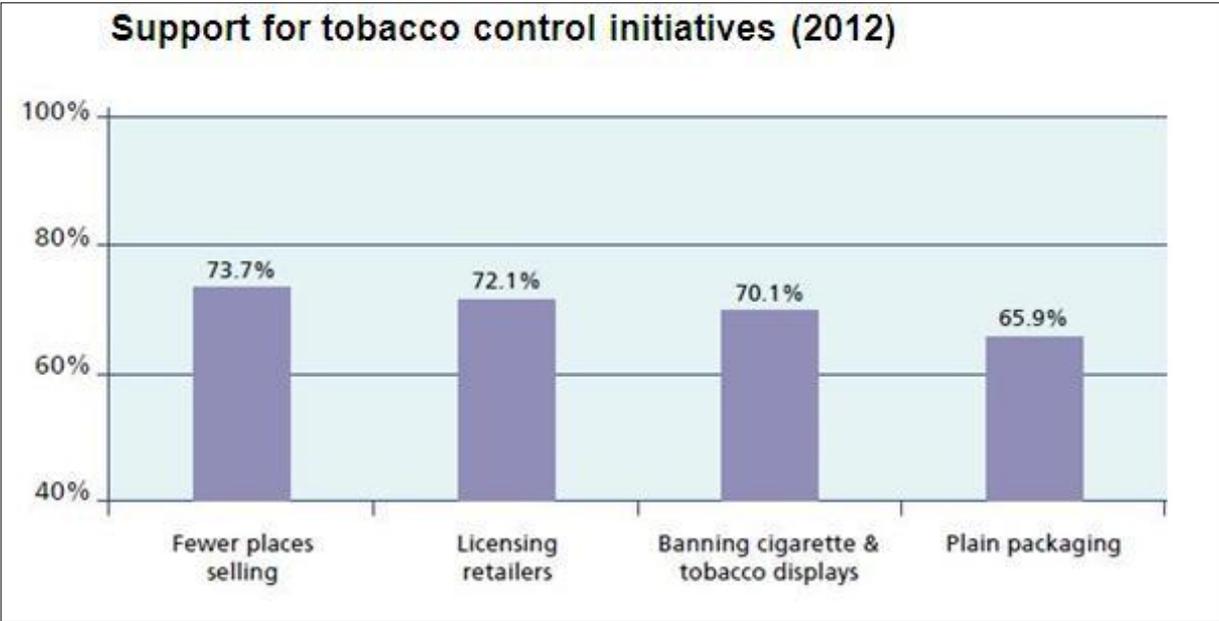


Figure 1. Support for tobacco control initiatives (Population Survey, 2012)

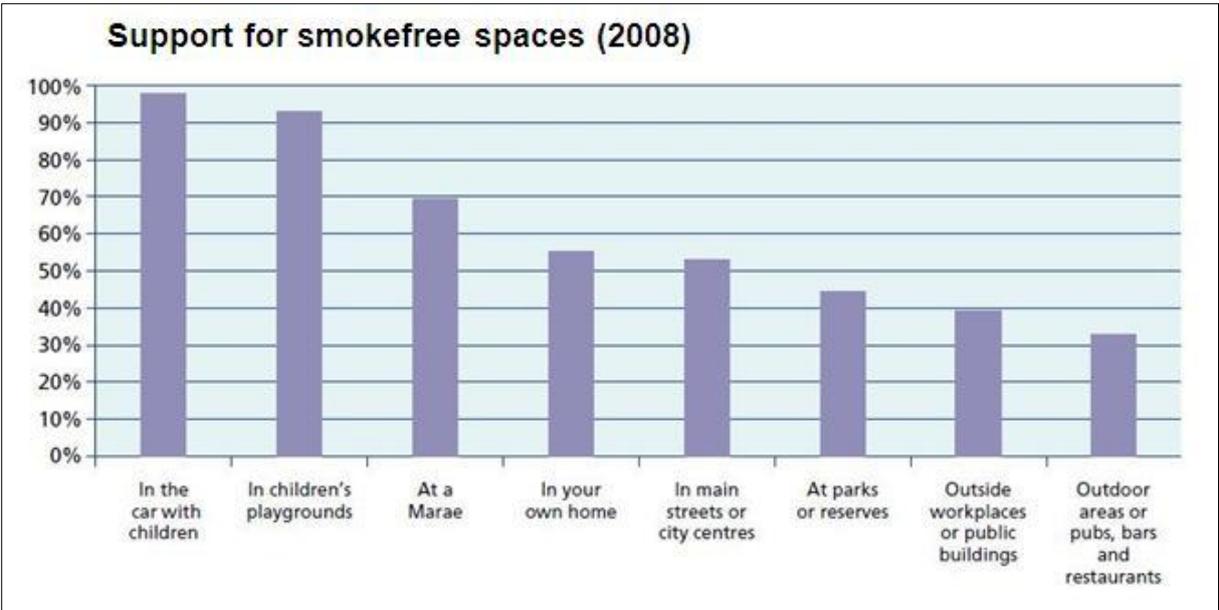
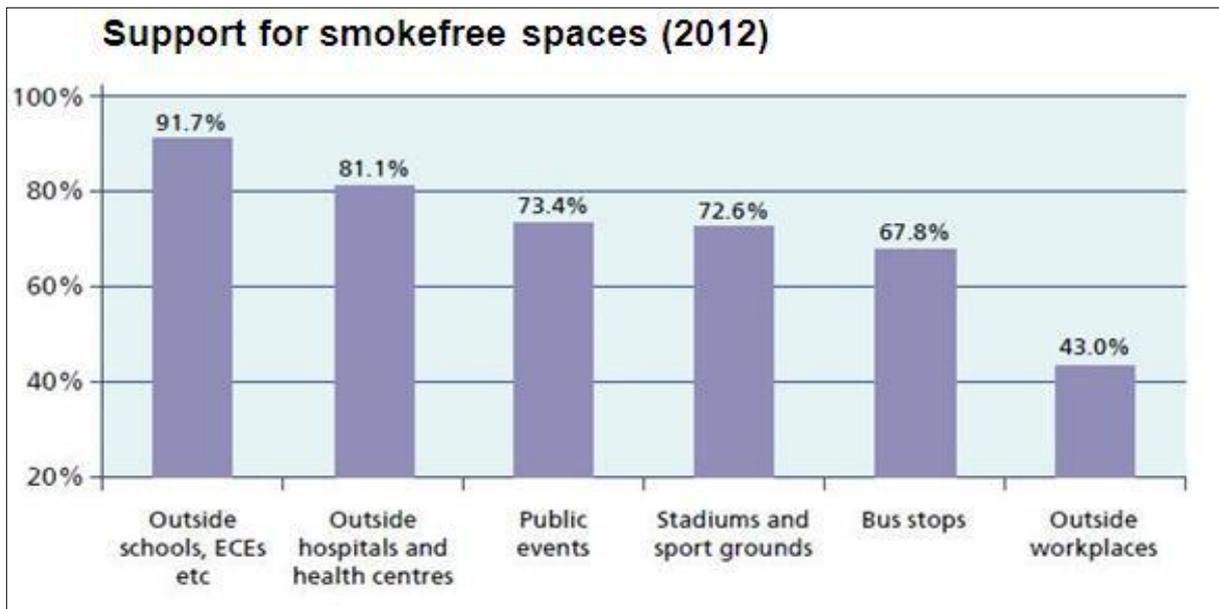


Figure 2. Support for Smokefree spaces (Population Survey, 2008)



**Figure 3. Support for Smokefree spaces (Population Survey, 2012)**

Interestingly, smokers are also reasonably supportive of smokefree initiatives with, for example, 86.8% of smokers agreeing areas outside schools and early childhood centres should be smokefree and 53.7% of smokers supporting smokefree stadiums and sports grounds. Many smokers support banning cigarette and tobacco displays (44.9% of smokers), allowing fewer places to sell tobacco products (51.1% of smokers) and licensing tobacco retailers (68.5% of smokers) as control measures to reduce tobacco use.

The vast majority of our population (80.8%) want to see more controls on smoking and an increasingly smokefree future – and this is even supported by 62.6% of smokers. With these shifts in community attitudes, albeit achieved over many years, a smokefree vision for the future seems increasingly possible.

The issue of alcohol-related harm is perhaps more complex. While the vast majority of our community appreciate responsible alcohol consumption and availability, there is also widespread recognition that there is a problem with harm from the excessive use and misuse of alcohol. Apart from impacts on society as a whole our emergency departments see far too many alcohol-related presentations especially on weekends - and too many health dollars are needlessly consumed that could have been spent elsewhere.

The new Sale and Supply of Alcohol Act 2012 has brought many of these issues into focus again. This Act enables (but does not require) local government to develop and implement Local Alcohol Policies (LAPs) that may address a range of factors related to licensed premises - including, density of premises, location of premises, proximity of premises to facilities such as schools, and hours of opening. The Medical Officer of Health is enabled and required by the Act to support councils (if they choose to develop LAPs) by providing health data, information and advice with the goal of working with the other agencies involved (eg Police) to reduce the harm caused by alcohol.

In providing information and opinion to local councils, our Population Survey findings have been particularly useful in helping ensure recommendations were well aligned, not only with evidence from the literature, but also with communities' opinions on the issues.

Our survey showed that about two thirds of the community (66.1%) think that there are too many places selling alcohol, just over four out of five people (83.2%) think that there should

be a limit on the number of alcohol outlets, and three quarters of the community (75.5%) are in favour of reducing the number of places that can sell alcohol. The survey found that there was a groundswell of opinion that there must be change with only 13.4% of the population being accepting of the status quo with respect to our attitudes to, and controls of, alcohol in our communities.

My view is that while our communities attribute many benefits to the responsible use of alcohol, there is real concern about the harms and risks that come with excessive use and misuse. Importantly, about three quarters (73.0%) of the community expect local government to act to help address alcohol-related harm and so these data have been used to support the Medical Officer of Health recommendation to councils in our area that LAPs should be developed and implemented.

However, a concern in developing our advice to councils has been the limitation of current hospital data, and particularly emergency department data which does not routinely record alcohol-related presentations and so makes quantification and characterisation of many of the impacts on local communities' health more difficult. For councils looking at developing and implementing LAPs there are also significant challenges. These range from assessing communities' views on the issues to taking into account and balancing the various and sometimes competing economic, business and societal interests - through to the complicated policy challenges involved in, for example, defining and managing alcohol outlet density in practice.

In conclusion, I think there are two areas in which health leadership can help progress the opportunities provided by LAPs. The first is in supporting and resourcing emergency departments to effectively capture record and analyse alcohol-related presentations – and so provide useful information for policy action. The second is ensuring that the health perspective, informed by robust data and information, is provided to our councils as they debate the issues and consult on LAPs over the course of 2013.

**Notifiable Diseases Lakes District Health Board  
February 2013**

Disease	Lakes (1)		Lakes (2)		DISEASE RATE (3)	
	2012	2013	2012	2013	LAKES	NZ
Campylobacter	11	12	150	156	151.31	149.2
Cryptosporidium	1	7	17	34	32.98	22.9
Giardia	7	7	48	61	59.17	37.7
Meningococcal Disease	0	0	6	5	4.85	1.8
Pertussis	5	1	19	92	89.23	136.9
Rheumatic Fever (4)	0	0	9	3	2.91	3.6
Salmonella	1	4	29	26	25.22	24.5
Tuberculosis (5)	0	0	2	4	3.88	6.3
VTEC E.Coli	1	1	4	2	1.94	3.5
Yersinia	0	2	16	14	13.58	11.5

- (1) Number of notifications per month, February 2012 and February 2013
- (2) Number of notifications for the twelve months to February for 2012 and 2013
- (3) Number of cases per 100,000 population for the twelve months to February 2013
- (4) Initial attack of Rheumatic Fever (does not include recurrent cases)
- (5) New cases of Tuberculosis only (does not include latent or reactivations)

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