

INDICATOR DATASHEET: SECOND-HAND SMOKE EXPOSURE IN THE HOME

Indicator name	Second-hand smoke exposure in the home , among children and non-smoking adults.
Domain and topic	Indoor environment: second-hand smoke (exposure indicator)
Rationale	<p>Second-hand smoke is a major cause of indoor air pollution in New Zealand. Exposure to second-hand smoke causes premature death and illness in both children and adults.</p> <p>In children, second-hand smoke can cause sudden unexpected death in infancy (SUDI), asthma, middle ear infections (otitis media), lower respiratory tract infections and low birth-weight. In adults, exposure to second-hand smoke can cause lung cancer, ischaemic heart disease and stroke (US Department of Health and Human Services 2014, US Surgeon General 2006).</p>
Data source	2006/07 and 2012/13 New Zealand Health Surveys (NZHS) (Ministry of Health 2014).
Numerator and denominator	<p>Numerator: Children and non-smoking adults who are exposed to second-hand smoke in their home.</p> <p>Denominator: All children and non-smoking adults.</p>
Survey question	<p>Exposure to second-hand smoke was asked about in the adult (15+ years) and child (0–14 years) questionnaires of the New Zealand Health Survey. The question asked was:</p> <ul style="list-style-type: none"> Does anyone smoke inside your house? Yes / No / Don't know / Refused. <p>For children aged 0–14 years, a primary caregiver answered the child questionnaire as a proxy for the child. The above questions were reworded to refer to the child.</p>
Time period	<p>2012/13 data: Survey data was collected from July 2012 to June 2013.</p> <p>2006/07 data: Survey data was collected from October 2006 to November 2007.</p>
Population coverage	The 2012/13 survey results refer to the usually resident population of all ages, who are living in permanent dwellings, aged-care facilities and student accommodation. The following people were not included in the survey: people living in institutions, such as a for long-term hospital care, hospital- and dementia-level care in aged-care facilities, and in prisons; the homeless; short-term visitors; and tourists.
Time trend analysis	Results for 2006/07 and 2012/13 have been compared, and statistically significant differences are noted (based on 95% confidence intervals not overlapping, or a <i>t</i> -test).
Reporting variables	Results are presented by sex, age group, ethnic group (total response), and socioeconomic deprivation (NZDep quintiles).
Confidence intervals	95% confidence intervals were calculated using jackknife weights.

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Limitations of indicator	There is some uncertainty in the estimates due to taking a sample, reflected in the 95% confidence intervals for estimates.
Limitations of data sources	The survey results may under- or over-estimate indicators due to the nature of self-reported information.
For more information	For more information on the New Zealand Health Survey, visit the New Zealand Health Survey website (www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey)
References	<p>Ministry of Health. 2014. <i>Tobacco Use 2012/13: New Zealand Health Survey</i>. Wellington: Ministry of Health.</p> <p>US Department of Health and Human Services. 2014. <i>The Health Consequences of Smoking – 50 Years of Progress. A Report of the Surgeon General</i>. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.</p> <p>US Surgeon General. 2006. <i>The Health Consequences of Involuntary Exposure to Tobacco Smoke, A Report of the Surgeon General</i>. Rockville, MD: US Department of Health and Human Services. Public Health Service. Office of the Surgeon General.</p>