

Correction

Open Access

## Correction: what potential has tobacco control for reducing health inequalities? The New Zealand situation

Nick Wilson\*<sup>1</sup>, Tony Blakely<sup>1</sup> and Martin Tobias<sup>2</sup>

Address: <sup>1</sup>Department of Public Health, Wellington School of Medicine & Health Sciences, University of Otago, PO Box 7343, Wellington South, New Zealand and <sup>2</sup>Ministry of Health, PO Box 5013, Wellington, New Zealand

Email: Nick Wilson\* - [nick.wilson@otago.ac.nz](mailto:nick.wilson@otago.ac.nz); Tony Blakely - [tony.blakely@otago.ac.nz](mailto:tony.blakely@otago.ac.nz); Martin Tobias - [martin\\_tobias@moh.govt.nz](mailto:martin_tobias@moh.govt.nz)

\* Corresponding author

Published: 18 December 2006

Received: 05 December 2006

*International Journal for Equity in Health* 2006, **5**:16 doi:10.1186/1475-9276-5-16

Accepted: 18 December 2006

This article is available from: <http://www.equityhealthj.com/content/5/1/16>

© 2006 Wilson et al; licensee BioMed Central Ltd.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

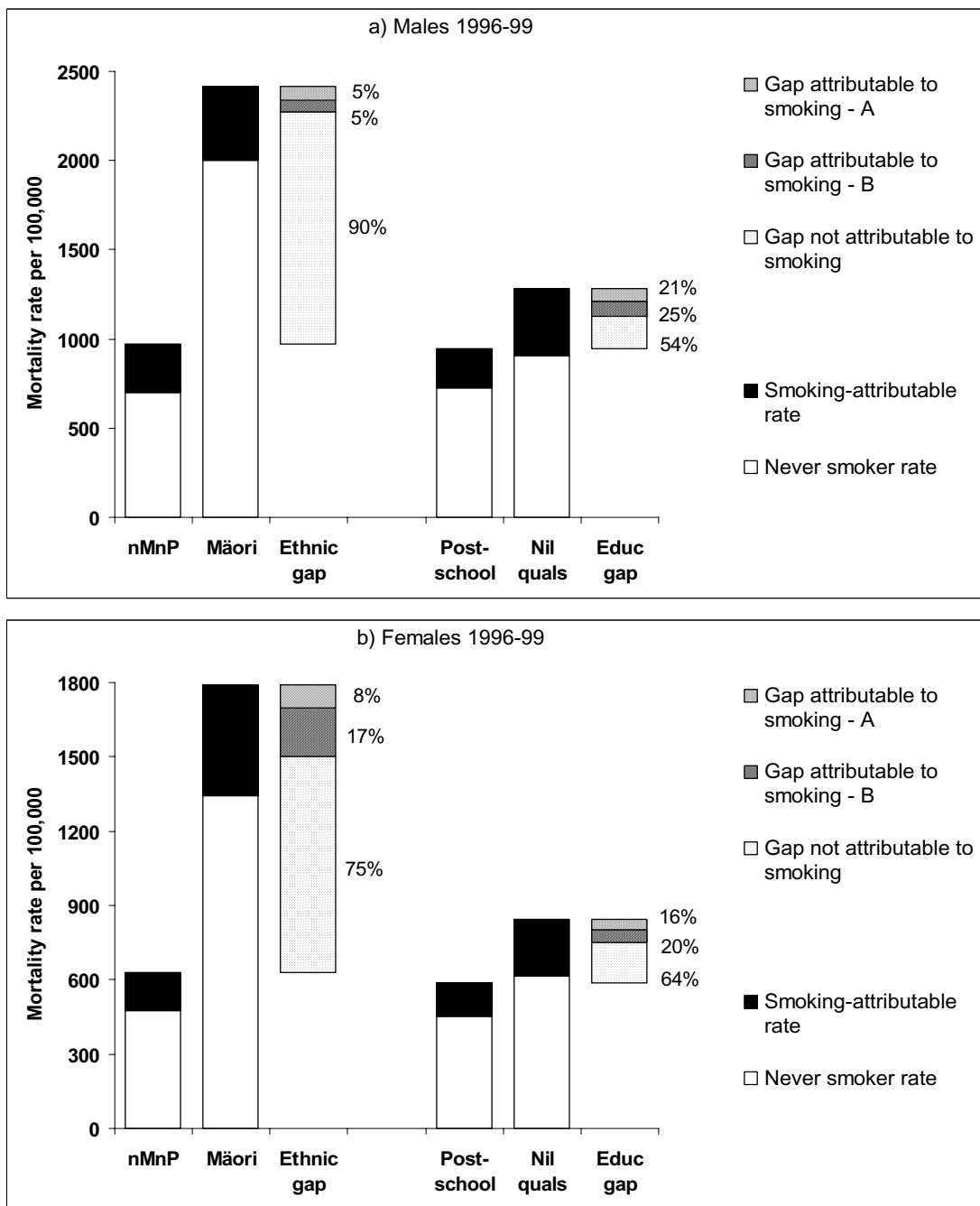
### Abstract

This is a correction article.

### Text

In our article [1] there was an error in the calculation of population attributable risk percents (PAR%) for 1996–99 shown in Table 1 (bottom row). The corrected Table is in this correction article (see Table 1). This correction has also required revising Figure 2 (see Figure 1 in this correction article). In the process of making these corrections, we have extended our presentation of the contribution of smoking to mortality gaps by ethnicity and education to include a more explicit acknowledgement of the choice of counterfactual assumption. Figure 1 now shows the estimated 'never smoker rate' plus the 'smoking attributable rate' for each ethnic and educational group. Note that the 'smoking attributable rate' as a percentage of the total rate is equivalent to the relevant PAR% shown in Table 1. 'A' and 'B' signify two alternative counterfactual scenarios that can be used to estimate the contribution of smoking to ethnic or socioeconomic gaps in mortality. Scenario A for ethnic gaps is whereby the non-Māori non-Pacific (nMnP) population adopt the smoking rates of Māori, calculated using direct standardisation as given elsewhere [ref 27 of the original paper]. Scenario A for education gaps is whereby each educational group is given an 'average' smoking rate, calculated using Poisson regression as given elsewhere [ref 75 of the original paper]. Scenario B is more extreme (and arguably somewhat unrealistic) whereby we assume there had never been smoking in New

Zealand, with the area labelled 'B' in Figure 1 being that for Scenario B over and above that for Scenario A. The contribution of smoking to gaps under Scenario B is calculated using standard population attributable rate methods, that is the difference in "attributable smoking rates" between Māori and nMnP or between nil and post-school qualifications. Thus estimating the contribution of smoking to mortality gaps depends on how extreme the counterfactual assumptions are [2]. Halving total population smoking rates, and making smoking rates for all ethnic and socioeconomic groups the same, might (allowing for time lags) close mortality gaps by an amount mid-way between Scenarios A and B shown in Figure 1.



**Figure 1**  
**(Corrected version of Figure 2): The contribution of active tobacco smoking to 45–74 year old age-standardised mortality rates, and gaps in mortality rates, in 1996–99, by ethnicity and education (with the latter as a marker for SEP).** nMnP – non-Māori non-Pacific (ie, mainly "New Zealand European" ethnicity). The percentage labels give the percentage contribution of smoking to gaps for Scenario A and the added contribution of Scenario B (see text in this correction article for more details).

**Table 1: (Corrected): The estimated percentage decrease (population attributable risk percent (PAR%)) in 45–74 year old mortality rates during 1996–99 had all current and ex-smokers actually been never smokers**

Within educational group †	Men 1996–99			Women 1996–99				
	PAR% in total population	PAR% within educational group			PAR% in total population	PAR% within educational group		
		Nil	School	Post-school		Nil	School	Post-school
(ii) All current and ex-smokers become never smokers in each educational group (ie, historically smokefree).	26%	29%	26%	23%	25%	27%	24%	23%

Within ethnic group ‡	Men 1996–99		Women 1996–99			
	PAR% in total population	PAR% within ethnic group		PAR% in total population	PAR% within ethnic group	
		Māori	nMnP		Māori	nMnP
(ii) All current and ex-smokers become never smokers in each ethnic group (ie, historically smokefree).	25%	17%	28%	24%	25%	25%

nMnP – non-Māori non-Pacific (ie, mainly "New Zealand European" ethnicity). See the footnotes to Figure 1 in the original article for ethnicity definitions.

† Source: Table 4 of reference 75 in the original article.

‡ Source: PAR% calculated from data in reference 27 in the original article.

NB: The educational PAR% estimates are calculated using Poisson rate ratios adjusted for age and ethnicity, whereas the ethnic PAR% estimates are based on age-standardised mortality rate

## References

1. Wilson N, Blakely T, Tobias M: **What potential has tobacco control for reducing health inequalities? The New Zealand situation.** *Int J Equity Health* 2006, **5**:14.
2. Avendano M: **Smoking and inequalities.** *Lancet* 2006, **368**:1417-1418.

Publish with **BioMed Central** and every scientist can read your work free of charge

"BioMed Central will be the most significant development for disseminating the results of biomedical research in our lifetime."

Sir Paul Nurse, Cancer Research UK

Your research papers will be:

- available free of charge to the entire biomedical community
- peer reviewed and published immediately upon acceptance
- cited in PubMed and archived on PubMed Central
- yours — you keep the copyright

Submit your manuscript here:  
[http://www.biomedcentral.com/info/publishing\\_adv.asp](http://www.biomedcentral.com/info/publishing_adv.asp)

