

**The Rural Research Capacity Building Program
2009 Final report for research project:**

**Give Smokes the Flick – A qualitative
evaluation of two quit smoking resources
for Aboriginal pregnant women**



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Abbreviations

CETI	NSW Clinical Education and Training Institute
ETS	Environmental Tobacco Smoke
NRT	Nicotine Replacement Therapy
NCAHS	North Coast Area Health Service
GSTF	Give Smokes the Flick, It Really Makes Cents resource package
HHM&B	Happy Healthy Mums and Bubs resource
GP	General Practitioner
PBS	Pharmaceutical Benefits Scheme
Yarndi	An Indigenous word used to describe marijuana, in this case marijuana mixed with tobacco
SMS	The transmission of short text messages to and from a mobile phone, fax machine and/or IP address

Abstract

Background:

The '*Give Smokes the Flick it Really Makes Cents*' (*GSTF*) resource was developed for workers who work with Aboriginal pregnant women to use in their interactions with clients. The effectiveness of the training and the resources were evaluated and the findings are presented in this report.

Aims:

Evaluate the *GSTF* resource. Determine workers and clients opinions and impressions of the resource in terms of effectiveness and cultural appropriateness. Determine the impact the resource had on smoking behaviours of pregnant Aboriginal women and their families and the Aboriginal workers connected to them.

Method:

This was primarily a qualitative research study to elicit in-depth information regarding the research questions. A phenomenological study design was used. Clients and workers were interviewed using semi-structured interview protocols. Quantitative data regarding the training was also collected. Workers (n=102) were trained to use the resource with 34 returning surveys regarding the training, effectiveness of the resource, and their opinion of the clients' reactions to the resource. Fifteen workers and 10 clients were interviewed. They gave feedback regarding the impact of the *GSTF* resource on clients and workers smoking habits. Feedback regarding the inclusion of Nicotine Replacement Therapy (NRT), layout and cultural appropriateness of the resource was also collected.

Results:

GSTF is an effective smoking cessation strategy for Aboriginal people. By clearly linking quitting tobacco use to financial savings, it appears to resonate within the context of disadvantage faced by many Aboriginal people and motivate smokers to reduce or quit smoking. *GSTF* was considered culturally appropriate. However the study identified major skills gaps amongst workers providing cessation services to Aboriginal clients.

Conclusions:

Further training is needed to have a competent cessation workforce.

Key words: **Smoking in pregnancy, Aboriginal women, Nicotine Replacement Therapy, Economic benefits**

Executive Summary

Background and rationale

Smoking contributes to, and is the most preventable cause of poor health and early death among Aboriginal people, with tobacco use among pregnant Aboriginal women being disproportionately high.¹ Australian tobacco control efforts have, over the past decade, made a significant impact on reducing mainstream smoking rates.² However, Aboriginal rates have remained resistant to change.² There is evidence that cultural differences should be considered when planning interventions.²

The harm caused by tobacco smoking during pregnancy is well established.^{3,4} Smoking cessation during pregnancy leads to better health outcomes for mothers and babies in the short and long-term.⁵ Apart from the health risks, smoking in pregnancy is an economic burden for health services as well as the mother and family.⁶ Money spent on tobacco reduces the funds available to purchase essentials such as food, clothing and accommodation. People who use nicotine replacement and/or pharmacotherapy are more likely to successfully quit.⁷

Two resources were developed to address the issue of Aboriginal women smoking during pregnancy by a partnership of North Coast Health Promotion and Mid North and Far North Coast Communities and Early Years Division, Agency of Community Services (formerly known as the Department of Community Services, DoCS), Child and Family Health, Aboriginal Maternal Infant Health, Aboriginal Medical Services, and Early Childhood and Family Support Services. These resources were:

'Give Smokes the Flick it really makes cents' (*GSTF*) is a package that highlights the economic cost of smoking to motivate Aboriginal pregnant women to reduce or quit smoking. It contains play money, NRT samples and photo cards which illustrate what can be bought with money saved (See Appendix 2).

The **'Happy Healthy Mums and Bubs'** (*HHM&B*) resource for pregnant Aboriginal women. (Previously been shown to be less effective than *GSTF*.)⁸

Seven training workshops on how to use the resources were attended by 102 health and community workers across the North Coast. Workshops were open to workers from NSW Health and other organisations whose clients were predominantly Aboriginal pregnant women. The *HealthSmart Nicotine Replacement Therapy*⁹ and *Bernard's Choice*¹⁰ DVDs were used in the training and implementation of this project.

This project was an evaluation of the *GSTF* resource alone and explored if and how *GSTF* contributed to changes in smoking behaviours of pregnant Aboriginal women and their families and the Aboriginal workers connected to them.

Methods

This was primarily a qualitative research study to elicit in-depth information regarding the main research questions. A phenomenological study design was used. Clients, community and health workers were interviewed one on one or in small groups using semi-structured interview protocols.

Workers were asked to fill in a survey 6-8 weeks post training. The survey collected data regarding their use of the resource, their opinion about the effectiveness of the resource and their opinion regarding client response to the resource. Fifteen workers agreed to take part in an in depth interview. These workers then recruited clients for the research lead to interview. All interviews for both workers and clients were recorded on a digital recorder, transcribed and coded by the research lead. These files were kept in a password protected folder and all transcripts were de-identified.

Thematic analysis employed the constant comparison method. Data were coded by reading the interview transcript and identifying themes. Matrices and tables were created in MS Word to summarise the themes.

Memos were written to summarise the major findings of each interview. Themes that were present in a number of interviews were highlighted and selected as headings under which the findings were reported. Interview transcripts, coding, matrices and memos were reviewed by the research lead's mentor who iteratively advised on interviewing techniques and analysis.

Results

From the 102 workers attending *GSTF* training, 34 returned surveys 6-8 weeks post course. These indicated that most respondents felt confident to use the resource. Some requested more training on Nicotine Replacement Therapy (NRT) and role playing. Fifteen workers and ten clients were interviewed in depth regarding the resource. The *GSTF* resource was regarded by clients and workers as effective and it was reported that the economic focus motivated clients and workers to change their smoking behaviours. The main behaviour change reported was reducing the number of cigarettes smoked with two people reporting quitting. Clients and workers reported that they found the resource was culturally appropriate.

Both clients and workers reported low levels of knowledge regarding NRT prior to the training. Workers reported that including sample NRT products educated them about their options, allowed them and clients to try NRT without financial obligation, and motivated them and their clients to purchase their own after testing the products.

Six respondents said that they shared information regarding saving money from reducing or quitting smoking and NRT availability with people they know. This triggered a strong response and the information was travelling through their social network and local Aboriginal communities. Some clients reported that more ongoing flexible support would help them quit such as a website, SMS motivational messages and peer support along Alcoholics Anonymous (AA) lines.

Some clients' evaluations indicated they moved from the pre-contemplation stage, through contemplation to action in the Stages of Change (transtheoretical) model of behaviour change^{11, 12} i.e. they reduced the number of cigarettes they smoked to minimise financial impact.

Most workers were comfortable using the resource, however, a small number of workers expressed reluctance to confront smokers with information about the health consequences of smoking, and one expressed reluctance to discuss NRT as it might be upsetting to some clients.

Discussion

The *GSTF* resource made a noticeable impact on peoples' motivation and behaviours. Focus on the economic cost of smoking combined with providing samples of all NRT products resulted in a number of clients and workers reducing or quitting smoking.

The study demonstrated that people other than pregnant women were using the resource. In particular the play money is being used as a positive reinforcement of reasons to quit by carrying it in wallets or displaying it in prominent locations. The research also found that *GSTF* had a 'ripple effect' in the community through the client worker relationship and through social networks and the local community. This is consistent with recent findings that range of health behaviours spread through social networks. It has implications for how effectiveness of such resources might be enhanced if practitioners can capitalise on the underlying dynamics involved.^{13, 14}

Respondents suggested that the focus on economic costs of smoking could be applied to other health behaviours like cannabis and alcohol use. This is consistent with the strong effect that social determinants like poverty and disadvantage have on these behaviours and indicates that work to address these social determinants may be more effective than focussing on separate unhealthy behaviours.

The study has identified major skills gaps. The main gap related to competencies in motivational interviewing and administration of NRT when providing cessation services to Aboriginal clients. To reduce smoking rates, ongoing workforce development in these areas is required to have a confident and competent cessation workforce.

In conclusion, the most effective way to deliver *GSTF* requires three components: *GSTF* resources, NRT sample distribution and on-going follow-up by confident and competent cessation workers.

Recommendations

It is recommended that *GSTF* be incorporated as a core tobacco program targeting Aboriginal people.

GSTF Project and resource improvements

It is recommended that:

1. Aboriginal clients are provided with samples of all NRT products when discussing smoking cessation.
2. An instructional DVD is compiled on how to use the financial approach and NRT to quit. This DVD would be included in the resource.
3. The existing resources included in the package (see appendix 2) should be retained with the exception of the story book which respondents indicated was of little practical benefit.
4. The following additional resources be included to the package:
 - Play money for clients to keep in prominent places as a reminder of savings.
 - NRT samples for clients to take away and try.
 - A calculator to assist in calculations of how much is spent on cigarettes per week and possibly funded by NRT suppliers and shaped like an NRT product.

Workforce development

It is recommended that:

1. The capacity of workers who use the resource to provide ongoing cessation brief intervention be improved by:
 - Training in motivational interviewing and other interpersonal/ counselling skills related to smoking cessation followed by provision of ongoing mentoring/ supervision.
 - Incorporating the creative ideas, raised in this study regarding implementation of the resource, into the resource training e.g. clients carrying play money in their wallets or displaying it in prominent locations to reinforce their reasons to quit.

Further research and development

It is recommended that:

1. Follow up research be conducted with clients and workers in November 2011 to assess whether changes in smoking behaviour have been sustained.
2. Best practice guidelines for smoking cessation in pregnancy be disseminated to local General Practitioners via the local General Practice Networks.
3. Funding be sought to develop, pilot and evaluate the use of social network (e.g. Facebook)/viral email and SMS) dissemination regarding smoking cessation in Aboriginal communities. This would help provide customised and interactive support and information to Aboriginal people who are quitting. Note: currently health workers cannot access *Facebook* on work computers.
4. *GSTF* be tested on all low SES groups. The economic approach to reducing addiction could also be tested in Indigenous communities for alcohol and Yarni (marijuana mixed with tobacco).

Introduction

Smoking contributes to, and is the most preventable cause of poor health and early death among Aboriginal people, with tobacco use among pregnant Aboriginal women being disproportionately high.¹ The harm caused by tobacco smoking during pregnancy is well established. The proportions of premature births, low birth weight and perinatal mortality rates are higher for babies of Aboriginal women who smoke during pregnancy compared to their non-Aboriginal counterparts.⁴

Apart from the health risks, smoking in pregnancy is an economic burden for health services as well as for the mother and family.⁶ Money spent on tobacco reduces the funds available to purchase essentials such as food, clothing and accommodation. Households that smoke are three times more likely to experience severe financial stress and report going without meals and being unable to heat the home.¹⁵ Health cost differences exist between babies born to women who reported smoking during pregnancy and women who reported never smoking or being ex-smokers over the first five years of babies' lives.¹⁶

Australian tobacco control efforts over the past decade have made a significant impact on reducing mainstream smoking rates.² However, Aboriginal rates have remained resistant to change.² Evidence states that cultural differences must be considered when planning interventions.² A study by Johnson and Thomas (2008) identified family health and wellbeing as the main motivator for quit attempts in Aboriginal communities.¹⁷ The study highlights the importance of attending to social and cultural contexts when designing tobacco control projects for Aboriginal communities and notes the importance of Aboriginal workers in education and the delivery of tobacco programs and in offering support when quitting.^{2, 17}

A recent national report identifies that tobacco programs must be holistic as Aboriginal people's view of health takes in not only the physical wellbeing of the individual, but also the social, emotional and cultural wellbeing of the community.¹⁸ The Cancer Council also recognises this and put forward harm limiting strategies in the hope that individuals may be willing to change their behaviour in ways that can limit harm both to themselves and others.¹⁵ One example of a harm limiting behaviours is the process of using NRT to cut down on cigarettes. Cutting down with NRT can increase the numbers of smokers who go on to stop.⁷ Economic incentives and contingency based rewards have been found to be successful as an intervention to reduce varied substance abuse.¹⁹

Quitting at any stage during pregnancy will benefit both mother and baby.⁵ Smoking cessation during pregnancy is shown to improve birth outcomes.⁵ It leads to better health outcomes for mothers and babies in the short and long-term. Consequently, addressing smoking in pregnancy, particularly Aboriginal pregnancies, is a NSW Health priority.⁵ The current clinical guidelines regarding providing NRT to pregnant women is:

“...when a pregnant woman is otherwise unable to quit and when the likelihood of quitting, with its potential benefits, outweighs the risk of NRT use or continued smoking. Women who are unable to quit smoking during pregnancy with behavioural intervention alone should be considered for NRT. The continuing smoker receives not only much higher levels of nicotine compared with that delivered by NRT, approximately double, but also bears the additional risks described above for the foetus and the mother, related to high blood levels of carbon monoxide and many of the other 4000 chemicals in tobacco smoke.”⁵

In July 2009, Mid North and Far North Coast Communities and Early Years Division, Agency of Community Services (formerly known as the Department of Community Services, DoCS) and North Coast Health Promotion, through its health equity work, established a partnership to address the issue of Aboriginal women smoking during pregnancy. A working group was established consisting of representation from a broad range of Government and non Government services including Child and Family Health, Health Promotion, Aboriginal Maternal Infant Health, Aboriginal Medical Services, Early Childhood and Family Support Services.

Two resources were developed: “*Give Smokes the Flick it Really Makes Cents*” (GSTF) and “*Happy Health Mums and Bubs*” (HMM&B) (which was evaluated previously and included in the GSTF evaluation report for NSW

Health.⁸) *GSTF* is based on the social impact of smoking on behaviour and lifestyle and focuses on the economic impact of smoking. It has been designed to support clients/patients to cut back or give up cigarette smoking, with the support of Nicotine Replacement Therapy (NRT) and is an interactive, user friendly, 'yarning tool'. *GSTF* supports smoking cessation and brief intervention programs such as the NSW Health SmokeCheck 4 Step Guide and complement the booklets used within the SmokeCheck program.²⁰

This culturally specific response was seen as consistent with aspects of smoking amongst Aboriginal people, with smoking rates being significantly higher than those in the overall Australian population (approximately 54% and in some communities prevalence as high as 80% has been reported).¹⁸ Aboriginal people continue to smoke regardless of the evidence that smoking is harmful to a person's health. Information supplied by the 2008 Public Health Bulletin on pregnant Aboriginal women states that 55.3% reported smoking at some time during their pregnancy compared to 14.3% for all NSW mothers.²¹

In 2006, it was estimated that 18,584 Aboriginal people were living in the North Coast Area (NCA), representing 3.9% of the total population and around 12.5% of the total Aboriginal population in NSW.²² A larger proportion of mothers on the North Coast were Indigenous in comparison to NSW (7.8% of North Coast mothers versus 3.1% in NSW).²³ Also, North Coast mothers-to-be had significantly higher smoking rates than the NSW average, with 11.3% smoking 1-10 cigarettes a day in the second half of their pregnancy (6.3% state-wide), and 8.7% smoking more than 10 per day (4.3% state-wide). 79.1% said they were non-smokers (NSW average – 88.5%).²³

Note: The literature review was undertaken using Clinical Information Access Portal (CIAP). Databases searched were Medline, PubMed, Embase, PsycINFO, Maternity and Infant Care and Evidence-Based Practice. Search terms used were: smoking cessation, economic, financial benefit, economic benefit, Nicotine Replacement Therapy, NRT, Aboriginal, smoking in pregnancy, pregnancy. While many studies document the impact of health care cost on the community, the lead researcher could find no comparable studies in terms of evaluating a resource that focuses on the financial cost of smoking to encourage Indigenous people to quit smoking.

The Resource

'*Give Smokes the Flick it really makes cents*' is a package that targets the economic cost of smoking. (See Appendix 2) The package consists of: a story book, play money, photo cards which illustrate what can be bought with money saved by quitting, and samples of Nicotine Replacement Therapy (NRT). Whilst there is some evidence for these strategies in the broader community there is very little in relation to the Aboriginal context.²⁴

The *GSTF* resource was designed to assist workers to initiate discussion regarding smoking through highlighting costs that are not health related. The resource can be used to demonstrate to smokers the financial impact of their smoking in a very tangible way. The story book uses an approximate cost of a packet of cigarettes and looks at what could be purchased with the money that a person saves if they cut back or gave up smoking over a week, a month or a year. The photo cards and play money allow the client to get a more realistic understanding of what is achievable and supports discussion between the worker and client on tobacco related issues. The NRT samples encourage discussion of quitting strategies and NRTs role in quitting. Two additional DVDs *HealthSmart Nicotine Replacement Therapy*⁹ and *Bernard's Choice*,¹⁰ were included in the package to support the development of workers' skills and interactions with clients around NRT. These have been evaluated elsewhere.⁸

Intervention: staff training and incorporation into practice

The aim of implementing the resource was to decrease smoking rates of pregnant Aboriginal women and their families and also decrease smoking rates in Aboriginal workers on the North Coast of NSW. Based on concerns raised by the data above, in July 2009, Mid and Far North Coast Communities and Early Years Division, Agency of Community Services and North Coast Health Promotion, through its health equity work, established a partnership to address the issue of Aboriginal women smoking during pregnancy. A working group was established consisting of representation from a broad range of government and non government services including Child and Family Health, Health Promotion, Aboriginal Maternal Infant Health, Aboriginal Medical Services, Early childhood and Family Support Services. The aims of the Working Group were to develop:

- A culturally appropriate, family-themed resource – visual, short messages, narrative style that helps initiate discussion between the health worker and client on individual tobacco use.
- An innovative and realistic resource that starts clients thinking about cutting back as a first step towards quitting long term.
- A resource based on health determinants rather than health risk.
- A resource that would support smoking cessation and brief intervention programs such as the NSW Health SmokeCheck 4 Step Guide and to compliment the booklets used within this program.

Consultations with and by this group as well as the local Aboriginal community resulted in the development of the resource. Across the different groups this was the most preferred way to move forward to try and decrease smoking rates within the Aboriginal community.

It was planned to conduct training across health and community services between December and March 2010 - covering the whole area. Minimal constraints were placed on the context in which the resource might be used in order to get the best use from it. It was up to individual workers to use the resource opportunistically whenever they felt the need and Health Promotion staff sought not to restrict them by instructing what they should do.

The following were provided with an opportunity to attend training: Communities Division, Supported playgroups, Aboriginal family workers, Brighter Futures teams, Foster Care support teams, Health, Aboriginal Maternal and Infant Health Service (AMIHS) workers, Child and Family Workers, Aboriginal family workers (health based), Health Post – Ballina, Aboriginal Medical Services (AMS's), Division of General Practices, Box Ridge Health Centre, Chronic Care Consultants, Health Promotion tobacco team and Aboriginal Health Education Officers (AHEOS).

Initially only workers who worked with Aboriginal pregnant women were to be trained but when the workshops started it became apparent that other workers were attending. This impacted on the lead researcher's ability to locate appropriate clients for the study. It also meant that some of the workers interviewed were not working with the target group.

The agencies involved did not implement an overall process evaluation to gauge the implementation in terms of reach (how many appropriate workers were trained and what proportion of the workers who work with pregnant Aboriginal women do they constitute), and fidelity of workers' application of the resource in the field. The lead researcher conducted what was possible within her resources and chose to use qualitative methodology to assess both process and impact indicators, i.e. interviewees commented on the quality of the resource, how it has been implemented and what effects using the resource has had on their or their clients smoking.

Methods

The overall aim of this project was to determine the impact the resource had on smoking behaviours of pregnant Aboriginal women and their families and the Aboriginal workers connected to them.

Research questions

- What impact did the economic focus of the *GSTF* resource have on clients and workers smoking habits?
- Does the inclusion of NRT product sampling affect clients and workers uptake of NRT and quitting?
- What were clients and workers impressions and opinions regarding the layout and cultural appropriateness of the resource?

The Setting

The evaluation was conducted across the North Coast with most participants coming from the Mid North Coast. The North Coast Area Health Service (NCAHS) covers an area of 35,570 square Kilometres, extending from the Port Macquarie Hastings LGA in the south to the Queensland Border in the north. NCAHS extends westward from the coast to the Great Dividing Range. In 2006 it was estimated that there were 18,584 Aboriginal people living in the NCAHS, representing 3.9% of the total population, and around 12.5% of the total Aboriginal population in NSW. This represents a significantly higher proportion of Aboriginal residents than NSW as a whole (2.1%).²²

Study participants

Study participants were selected purposefully using the researcher's networks and snow-balling techniques. The overall study included Aboriginal and non Aboriginal workers (n=102) who used the resource in their work with both Aboriginal and non Aboriginal clients. The interviews involved Aboriginal and non Aboriginal workers (n=15) and Aboriginal clients (n=10) who were pregnant when the resource was used.

The types of clients that workers had used the resource with included: Pregnant and non pregnant Aboriginal and non Aboriginal women, Aboriginal and non Aboriginal couples, teenage clients, work colleagues and friends, playgroup participants, dads, women's refuge clients and heavy smokers.

Research methodology

This was primarily a qualitative research study to elicit in-depth information regarding the main research questions. A phenomenological study design was used. Clients, community and health workers were interviewed one on one or in small groups using semi-structured interview protocols. (See Appendices 3 & 4)

The research consisted of three components:

- Process evaluation of Training Workshops.
- Worker interviews.
- Client interviews.

Process evaluation of Training workshops

The workshops were open to workers from NSW Health and other organisations whose clients were predominantly Aboriginal pregnant women. (See Appendix 1) Whilst the focus of this research was on Aboriginal pregnant women and associated workers, workers who did not work with Aboriginal pregnant women also turned up for the training. Those who did not work specifically with Aboriginal pregnant women were excluded from the process of tracking clients. The training articulated that the idea of using the resource is to sit down and casually

talk to the clients regarding how much they smoke per day/week/month. The kit contains play money which is shown to the client to represent how much they spend. Workers were trained to encourage clients to hold and play with the play money. Cards with different ideas on them for what the money could be used for are used to ask clients what they would spend on the money saved from quitting on. Workers were also trained to show clients different types of NRT that are available and ask them if they would like to try some. They were informed that some NRT are now available on PBS and were asked to communicate this information to their clients. All resources were allocated to workers once they attended the workshop with guidelines for use (Appendix 2).

At the seven workshops 102 participants were asked to complete an attendance sheet which provided contact details and identified smoking status. Emails were sent to all participants asking them to fill in a survey 6-8 weeks post training (see Appendix 5). It was decided to allow a break between the training and the workshop evaluation and use the follow up contact to remind workers to complete the survey, use the resource (if they have not already done so), and check on and restock NRT samples. The survey collected data from workers regarding their:

- Use of resource.
- Opinion about effectiveness of the resource.
- Opinion regarding client response to resource.

Worker interviews –

Workers were contacted by telephone approximately six months after the workshop evaluation survey and asked to participate in a face to face interview on resource use. The workers who identified themselves as smokers at the training were asked additional questions about their current smoking status. As a thank you gift workers who participated in the interview process were offered free top up NRT samples.

Fifteen workers who participated in the workshop agreed to be interviewed. One worker was interviewed by telephone, as she was working far from the researcher's workplace and was a late addition. The remaining 14 were face to face interviews at their place of work. Interview questions asked workers how effective they thought the resource was and whether they had had any impact on their clients or own smoking habits. (See Appendix 4) The interviews ranged from 45 to 70 minutes long.

Client interviews –

Workers were asked to recruit clients for interview purposes. Aboriginal women who were exposed to the resource during pregnancy were approached to determine the appropriateness of the resource. It was intended to interview 20 clients; five in each of the four North Coast Area Health Service Network areas (Tweed, Richmond, Coffs/Clarence and Hastings/Macleay Networks). However following recruitment difficulties, all 10 clients who were interviewed were from the Coffs/Clarence and Hastings/Macleay networks. There were nine females and one male and all were either Aboriginal people or non Aboriginal people living with Aboriginal partners. Half of the clients were under 25 years of age. As a thankyou gift, \$50 food vouchers from Woolworths supermarkets were offered to clients who completed the interviews.

Clients were interviewed at a location that was convenient to them which included their home, local playgroup or the workplace of the worker who had shown them the resource. The interviews ranged from 38 to 60 minutes long. Eight clients were interviewed one to two weeks after seeing the resource. The two clients who had quit smoking were interviewed about six months after seeing the resource. Three clients were unavailable at the time face to face interviews were conducted in their area and were therefore interviewed at a later date over the phone. While most clients were interviewed individually, two younger clients felt more comfortable being interviewed together. Another client had seen the resource with her partner so both participated in the interview. The clients were asked questions about the resource regarding content, layout, and cultural appropriateness and about the impact, if any, on smoking status. (Appendix 3)

Data collection

The key contact person for the surveys and interview process was the research lead (Health Promotion Research Officer) who works indirectly with these health workers and also in the community in question. The research lead has 15 years experience working in this field and, as an ex smoker, she has a first hand experience of the issues.

All interviews for both workers and clients were recorded on a digital recorder and transcribed by the research lead, some field notes were also taken directly after the interviews. These files were kept in a password protected folder and all transcripts were de-identified. The interviewer was not previously known to any of the participants.

Repeat interviews may be conducted in a subsequent study. No transcripts were returned to the participants however all participants had access to the final NSW report produced in April 2011.⁸ Interviewing ceased when data saturation was achieved as evidenced by substantial redundant information.

Analysis

Thematic analysis using the constant comparison method followed. Data were coded by the research lead by reading the interview transcript and identifying themes. Matrices and tables were created in MS Word to summarise the themes. These included the themes and the corresponding text from which they were derived. Memos were written to summarise interviews after reading the matrices and contained the most salient themes from each interview and a description of the relationships between them. Themes that were present in a number of interviews were highlighted and selected as headings under which the findings were reported.

Findings were presented with a focus on the participants' lived experience, i.e. their experience of using the resource. Findings contained descriptions of how participants experienced their interaction with and usage of the resource, meaningful themes/units of interpretation based on participants' statements, accompanied by verbatim quotes from interviews, and an overall description and analysis of participants' experience in relation to the research questions. Internal validity was enhanced by keeping an audit trail of the source of themes and units of meanings. Extensive use of quotes grounded the themes in the data from which they originated.

Interview transcripts, coding, matrices and memos were reviewed by the research lead's mentor who iteratively advised on interviewing techniques and analysis as the project progressed. This improved the interviewer's skills and supported more open questioning with much stronger probing techniques following. Improvement in interviewing ability meant the data obtained were more meaningful and relevant to the research questions. Improvement of reflective questioning and paraphrasing skills also improved the quality of the data obtained and its validity by confirming participants' perspective more than once. Coding, matrices and memos were reviewed by the mentor and interpretations discussed. This enabled triangulation of views regarding the analysis. Themes were summarised in a matrix and included codes and quotes thus creating a data trail.

External validity is not sought in a qualitative study of this kind. However, in the quantitative survey administered to workers as part of the workshop evaluation, 'intention to quit' questions from validated instruments were included.

Ethics

Ethics approval for the *GSTF* evaluation was obtained from North Coast Area Health Service (NCAHS) Human Research Ethics Committee (HREC) (Approval No. 485N) and the NSW Aboriginal Health and Medical Research Council (AH&MRC) (Approval No. 722/10). The research was conducted in a manner sensitive to the cultural principles of Aboriginal society. The lead researcher has had considerable experience working with Aboriginal communities. A qualitative research design was used for this project because it is based on a narrative approach

to research, which is very compatible with an oral tradition of yarning and story telling. Each Aboriginal pregnant woman that was interviewed was reimbursed with a \$50 voucher for their time and travel.

Aboriginal communities and organisations were able to benefit from the transfer of skills and knowledge arising from the project. Training regarding how to use the resource will be given to all Aboriginal community and health workers. Our Aboriginal Health Promotion Officer gained additional skills during the project both in project work and publishing.

Results

A third (34/102) of the workers who attended training provided feedback on the resource via a survey. In the qualitative arm of the study fifteen workers and ten clients were interviewed. Of the clients, nine were females and one male. Clients were either Aboriginal people or non Aboriginal people living with Aboriginal partners. Half of the clients were under 25 years of age.

Evaluation of the Give Smokes the Flick Resource

Impact on smoking status of both clients and workers

Workers

Nine of the 15 workers interviewed were currently non smokers. Only one worker out of the six smoking workers had quit soon after seeing the resource by trying NRT from the kit then purchasing her own. Another worker reported reducing the amount she smoked by 5-6 cigarettes a day without using NRT. Another worker reported that the *“Resource prompted me to have another go on Champix”*. This worker reported she commenced smoking again after a stressful family event.

Four workers saw themselves quitting sometime in the future and expressed a desire to use NRT, however none of them were ready to commit to quitting in the next 30 to 90 days. One worker stated she has not quit but was impacted by the resource. *“Having that more information and the resource... I never thought of it as that much money I’m spending until I saw that you know, it sort of clicked to me too... so it was a good visual for me to see...how much money I could be saving.”* This quote may indicate that the resource is effective in terms of shifting smokers along the stages of change model,^{11,12} i.e. the worker appears to have moved from the pre-contemplation to the contemplation stage due to the insight regarding the cost of smoking.

Clients

Within three weeks of seeing the resource and being given samples of NRT, one client had quit smoking using microtabs and has remained smoke free with the exception of *“a little slip up”* during a particularly stressful time, but at the time of the interview was not smoking. Seven other clients had reported that they have cut down as a result of seeing the resource, with two others planning on starting NRT the week of the interview to reduce/quit smoking. As with the workers, the resource seems to have shifted clients along the stages of change in the transtheoretical model^{11,12}. The movement from pre-contemplation, through contemplation to action has resulted by clients reducing the number of cigarettes they smoke to minimise financial impact.

“I think it really hit me when I seen how much money I was actually spending, because there’s a lot of things you could buy with that much money... it was good just to make me think of how much I was actually spending to see it in front of me, like because it’s different when you’re talking about it she could say ‘oh you’re spending a thousand dollars a year’ but when she laid the money out...the fake notes it just makes you think ‘oh yeah I could buy a lot of things with that...it sort of pushed me to want to slow down a little bit, cut it down a little, you know sort of how much I’ve been spending that much.” – Client

One client has made an appointment with her GP to arrange NRT to help her quit. This was the first time she had really been shown or talked to about NRT.

“No that’s why I wanted to try ... I’ve got a doctor’s appointment this Wednesday...so I’m going to talk to him about it and I’m going to go from there because I really want to try and you know do something” – Client

Resource effectiveness

Half the interviewed workers (7/15) found the resource very effective with one worker commenting that it was “*more effective than other quit smoking resources*”, referring to Quit packages produced by the Quit line. Four workers were unsure regarding the effectiveness of the resource as they had not discussed it with their clients. Six workers commented that the resource’s effectiveness was due to clients realising how much money they had been spending. This can at times be quite emotional for the clients, as they had never considered the cost of their habit to themselves and their families. Education about NRT, and having NRT samples available, greatly increased the resource’s effectiveness. One worker stated that she thought it was “*brilliant*” and that she has had success with her clients using it.

“I think again, based on the message of cost, money talks you know... so they can see long term benefits just for financial for their families” - Worker

What were workers and clients impressions and opinions regarding the resource’s layout and cultural appropriateness?

Workers thought the resource was easy to implement. It was simple and used an approach different to other resources by emphasising the financial aspects in a playful, but factual manner. Comments received from workers suggested that clients were more motivated to quit or at least cut down the amount of cigarettes they were smoking once they saw the resource.

“I’ve found that it’s a really good resource and like I’ve said it’s the approach is so much better than all the others, I’ve found that it’s a lot like I said it breaks the walls down straight away instead of putting those walls straight up so...anything that gets everyone healthy isn’t a bad thing” - Worker

All workers thought the resource was culturally appropriate when used with Aboriginal clients. Some reasons given were that it is visual without being derogatory and ‘dumbed down’. Others commented that they thought the language was appropriate and they liked that. One worker picked up that the tri colours (used in the Aboriginal flag) had been used on the photo cards but said it was good that the designers had not gone over the top with Aboriginal designs. Four workers thought the resource was very appropriate for all cultures. Two workers found it hard to answer as they were not Aboriginal and felt it was inappropriate for them to comment.

The majority of clients interviewed (7) felt the resource was culturally appropriate. Three clients commented that they did not see the need for culturally appropriate tobacco resources. When asked to rate the cultural appropriateness of the resource (0 being not at all culturally appropriate and 10 being extremely culturally appropriate):

- Three clients rated it as a five.
- Two clients rated it an eight.
- Two clients rated it as a ten.
- Three clients made only qualitative comment such as “*everyone could benefit from this resource*”.

“White or black sort of thing it doesn’t really matter, smoking don’t discriminate who it kills and all that. Everyone can benefit” – Client

What impact did the economic focus have on the smoking habits of clients and workers?

All workers interviewed felt the overall response from clients was positive. Clients seemed interested and were amazed at how much money their habit was costing them. Clients reported that actually having the play money there as representation of the savings that could be made was a huge motivator for a lot of them and at times made them quite emotional and elicited feelings of guilt for the money they have wasted on their addiction. A

worker noted that it was not as much a motivator for employed clients who said they could afford their addiction. When it was shown to fellow workers, the colleagues mirrored the clients in their reactions with some finding it a motivator and others continuing to smoke. The comments below are from workers:

“Surprise at the cost saving and... I think the visual...those cigarettes equal all those vegetables or fruit or that kind of thing you know...the shock and dismay...and sometimes shame I suppose in some ways that all of these things could have been purchased had they not have done that, you know?” – Worker

“Absolutely and I find the money is just brilliant... I give them the money for the amount of money that they’re spending on smokes a week. Sometimes I find that it is confronting because you know when they sit down and they work out how much a packet of smokes is, how many packets they’re actually buying a week and you know... even if it’s a smaller amount and they’re living on a very limited budget it still can be you know quite a lot of money in comparison to what they have got... well I give them the money... and I say you cannot use this money for anything else other than you spend it on yourself... something that you personally want you know just for yourself...I find that really positive and you know this spurs people on to you know want the resources and things like that.” – Worker

Clients reported that it was a different approach, it worked on the financial and NRT aspects rather than talking about health messages that they are aware of and used to. The clients reported never having been fully aware how much their tobacco habit was actually costing them and having been very motivated to change so that they could provide their families and themselves with more financial resources, and improve their quality of life. Two workers commented that some of their clients appeared to be quite ashamed by how much they had spent on cigarettes and were now very proud of themselves for being able to reward their families and themselves with the money saved.

“How much money it’s costing us...it worked out, I think it was about \$800 a month or something like that...the last couple of weeks we’ve been going out you know on our pay days and instead of buying smokes you know we’re going and buying, oh we bought lamps and you know things for around the house and all that. Where we couldn’t do it before...it would cost me nearly \$100 a week just to smoke but now I’m down to about \$30 so that’s a major improvement” – Client

Barriers to using the resource

Workers who smoke sometimes felt conflicted between their role as a health worker and their self identity as a smoker. They were aware that their clients’ lives and health could be greatly improved if they were to quit smoking but realised their message was compromised by their own behaviour.

“Surprised myself by making lots of phone calls around the town looking for free products, that was surprising me I was thinking ‘God you’re a smoker why are you, what’s happening you’re hassling out the clients to give up smoking, you’re running around looking for free nicotine replacement’ ...I wouldn’t see that as something that is my job to do but I had the resource and if they showed a sniff of an interest...I tried my hardest to get them free stuff... but I was surprised at my own self trying to find, push something that I’m actually doing myself...not really pushing but assisting” - Worker

Another worker said that because she works in the community in which she lives and is known as a smoker, she does not feel comfortable to promote a quit smoking resource and therefore left the use of the resource to the midwife she works with. However, she said she would give people information and use the resource if they asked for it.

“I think my barrier is because I’m a smoker and um, I don’t want to seem to be preaching to other women that smoke because they know I am a smoker”- Worker

Prioritisation of discussing smoking

Workers reported several factors influencing their ability to utilise the *GSTF* resources. These factors include:

Time: Five midwives stated there was insufficient time to go through the resource with clients when there were so many other pressing things to address within the short appointment time. It was interesting to note that two other midwives who were interviewed found the time to use the resource with their clients and regarded the

resource positively. This situation indicates that these midwives have organised their time differently and saw smoking in pregnancy as an important enough issue and fitted the use of the resource into their schedule.

Clinical priorities: Workers also stated that they wanted to retain pregnant patients and did not want to scare patients off by 'harping on' about their smoking habits.

Other priorities in clients' lives: One other worker was working with Aboriginal women who are dealing with significant life issues such as unwanted pregnancy, lack of housing, domestic violence, all of which are more pressing problems for them at this time than nicotine addiction.

Negative perceptions of the resource

Three workers raised concerns about the resource seeming "too childish" and possibly belittling the client. Workers talked of feeling uneasy about using it with some clients.

"The only thing that worries me is that for some people it might be a little bit belittling, you know like...a little bit too childlike...I sort of hesitate sometimes and think oh what are they going to think about it...that sort of thing. But that's just the type of resource it is, I think you just pick which people it's going to be good for and perhaps avoid it with some other people...I think it's very effective for the right people" - Worker

Interestingly, one client initially thought the resource was a "bit silly" but her perception changed when she realised how much she could save. It seems to have had an impact on the amount of cigarettes she smokes and her financial situation.

"At first I thought it was just a bit silly but then when you get to the bigger amounts it's like 'whoa... That's wow'... 'Cause I think to myself through the week 'well if I have one less smoke now that's one less closer to the end of the week and when we're normally would be broke I'll have money to spend on... whatever. It's nice to be able to bring home and say 'look I'm smoking less so we can get this'" - Client

Goods and information received from workers

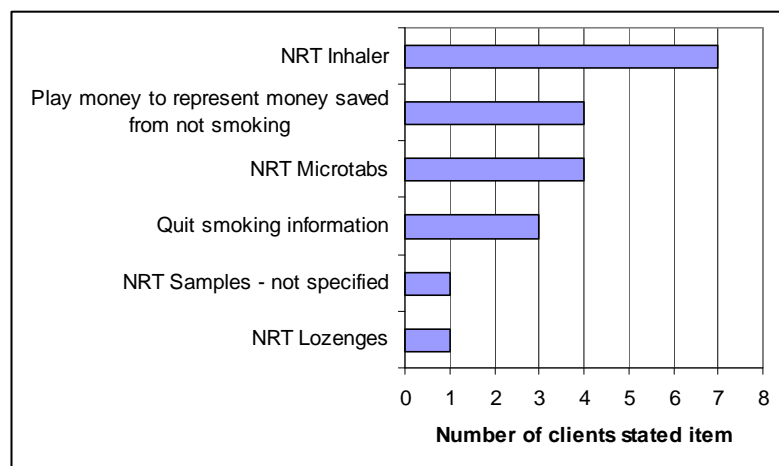
Many workers had given out free samples of NRT products to clients so that they could try before they bought. The intention at the start was to have samples of the NRT in the kit for people to look at, but the clients really wanted to try it, so workers gave out their supply of samples. Funding was then sourced to buy more NRT to replace the missing samples from kits. This simple action has increased clients' motivation to arrange their own NRT supply and have quit attempts.

"I think a lot of people are interested in having a go and will certainly go that extra step if you give it to them to try...some people would follow through and be prepared to pay for their own." - Worker

"It was good because either looking at in a book or a brochure or a poster or seeing it on a movie or a DVD, is much different from actually being able to handle the package and open the pack and you know look at it and that's...what made the difference I think because whatever we had, we gave out. The fact that they could give out freebies" - Worker

All clients reported they were given a range of goods including NRT samples and information on the harm of smoking to themselves and their families.

Figure 1: Quitting related goods received by clients from workers



Four clients used the play money they were given as a reminder of how much money they were saving and an incentive to quit. They put the play money in prominent places like their wallets or bedside tables so every time they saw it they were reminded of how much money they could save by “*giving smokes the flick*”. One client reported she gave the NRT she received to her sister and partner, as she thought it would not be useful to her as a Yarni (marijuana mixed with tobacco) smoker*.

Talking to others about the resource

When clients were asked if they had talked about the resource to anyone else, six reported that they had talked to relatives, partners, friends and people they knew who smoked. Two stated that they “*talked to pretty much everyone they knew*” and that those they had talked too had already started cutting down their daily cigarette intake. Some of the quotes indicate that the information about financial benefits of quitting or reducing travels in the clients’ social networks in the local Aboriginal community in which they live.

“Yeah pretty much everyone we know...well nearly everyone we know smokes apart from Pop and my mother...and everybody’s giving it a go pretty much now... well a lot of them didn’t know you could...get them (NRT) through the doctor and all that and it’s cheap so you know...yeah you tell people about it and word travels” - Client

Another client talked about speaking to her partner.

“I was talking to him about it after they left and like I think he realises that that’s a lot of the reason I’ve been bringing all these little nice things home at the end of the week when normally we wouldn’t have anything by that stage.” - Client

One client was so motivated by the resource she told her sister who has also cut down on the amount of cigarettes she is smoking.

“She wanted to cut down but she was having trouble and then as soon as I found out about that and [worker named] showed me it and more of the little money and stuff yeah I said ‘yeah look this is how much you’re spending’ ‘cause she’s going to uni, she’s trying to save up for a car, she’s got her L’s... she’s learnt how to...budget a bit better...she’s cut down a lot now, she hasn’t fully given up but she has cut down a lot from what she was smoking.” - Client

* This client was given more NRT and was informed that using NRT will be effective in reducing the amount of Yarni (cannabis) she smokes as she normally mulls (mixes) her Yarni with tobacco

Suggestions to Improve the Resource

Eight of the fifteen workers stated that the resource was simple and easy to use and should not be changed. A suggestion from two workers for improving the photo cards in the resource was to have fruit and vegetables (good nutrition) on the cards and also to have cards representing fuel, car registrations, tyres etc as a lot of the target group already had big TVs and other things already pictured. One worker commented that the photo cards could be made a little bigger so that they were easier to find and less likely to be lost.

All clients liked the resource. Two clients and three workers said that the cost of cigarettes in the flip chart needs to be updated. Some suggestions were to put stickers over the costing or have updates on the internet that can be downloaded by the worker at regular intervals. Possible complications could be that workers do not have access to colour printers and that the quality of the resource would be lowered. It was also noted that the Quitline phone number was old and any new booklets would need to update the number.

Some suggestions were to make the resource more readily available, with one respondent stating that a lot of Aboriginal women were internet users and a website could be effective. Two clients and three workers stated that they thought taking the resource into high schools would have a strong effect on teenagers, hopefully steering them away from cigarettes before they were hooked on them.

A recurring theme was that more support was needed for Aboriginal people who felt that once they quit there was no ongoing support to stay quit. Suggestions by one client to combat this were to have a support line, much like the Quitline, just for Aboriginal people (client did not explain why), motivational SMS texts that you could sign up for, and support groups for quitters similar to Alcoholics Anonymous, where you would have sponsors who you could ring when and if you were feeling particularly vulnerable.

“A lot of people are on the internet now, like I don’t go anywhere unless I have to... maybe internet even SMS... they can sign up for free SMS... if there was something like that with ...motivational little quotes... Maybe a little reward you know like...AA you get a 30 day tick, something like that...I don’t know maybe even groups...for smokers, like you know they have alcoholics anonymous. Say like ‘oh I feel like having a smoke, you know do you want to come over and we’ll go for a walk’ ... my father was actually...did do a course last year...he passed away a couple of weeks ago but...he wanted to give up smoking, that’s what he was working towards so I think there needs to be more...support groups for people who are thinking about giving up smoking and who have given up smoking...”

The same client also discussed the need for a holistic approach, that you need advice on healthy eating and physical activity whilst giving up.

“... also the hard thing with giving up smoking is eating...I’ve always been a big girl ... I’m an emotional eater so if I was to give up smoking I would just be eating twice as much as I do now...”

Another suggestion was for a website that Aboriginal people could access without the stress of having to turn up somewhere, with the website you can log on any time it suits you.

“I think a website is a great idea all different links to everything... you know when you do a course and you feel obligated to go? ...could it be something where you’re not obligated, you can just show up if you feel like it...obligation that’s stressful see, obligation or responsibility, that’s what turns people to smoking (laughter)” - Client

Confidence to use the resource

All workers felt confident to use the resource with the exception of one who did not feel comfortable as a smoker talking to clients in regards to quitting smoking. One worker reported difficulties in engaging clients using the resource, stating that “they are not interested”.

Workers state that because it is a simple basic resource, GSTF enables them to break down the barriers that usually come up when trying to talk to clients regarding their smoking habit. Workers report feeling more comfortable focussing on the financial impact of smoking which allows them to encourage clients to spend the money saved on treating themselves.

“Feel more confident using this than other resources, it assisted her to break down barriers clients had in talking about their smoking habits, you could just start up a conversation. I would feel more comfortable pushing the money angle, the money is not threatening ...where all in this boat... you know like God I don’t want to spend my money on fags, but you know I totally hear you sister you know, or I say to them ‘God you could get a new dress for that’ like anyone that expresses half an interest then I, you know encourage them into shopping and getting clothes and yeah...” - Worker

Two workers felt they were not delivering the resource professionally enough in showing clients the NRT options available to help them quit. When further probed their lack of confidence seemed ill founded as their delivery technique appeared more than adequate. Having the samples of NRT also leads to greater confidence for the worker in showing the resource.

“But to offer them then you know the resources of NRT... as I say it’s not just talking about it, it’s actually saying look here’s some, here’s some resources here...I could not, I wouldn’t do it unless I had the resources...I feel as I say I would be just like a walking ad” - Worker

Reproduction of the Resource

One worker had reproduced pages out of the book into A3 posters to put around her workplace and she commented it has generated discussions. Another worker showed a desire to do the same in waiting rooms or for group settings with the possibility of printing up multiple A4 booklets for clients to use around the room.

One worker would like to make a bigger flipchart to have in playgroup so mums can go through it themselves. Another said that they had a breastfeeding promotion session with some clients and they actually put a few things out on display and pulled apart one of the booklets and just made a little display of the resource.

Another worker talked about taking the resource back to her workplace and training other workers to use the resource, thus increasing its potential reach. She left the resource on a bookshelf that all workers could access at any time they felt it necessary.

Evaluation of Nicotine Replacement Therapy (NRT) Usage

NRT product sampling NRT uptake and quitting

Twenty six workers from training feedback (34) and workers’ interviews (15, not all of whom provided training feedback) believed that the inclusion of NRT product sampling will increase clients’ chances of using NRT and/or quitting. Eighteen believed that the inclusion of NRT would support workers who smoked, to give up or quit. One worker quit smoking using gum. By having the NRT in the kit she was able to try some herself to work out what worked best for her.

All the workers interviewed reported that having NRT samples there to look at and try was a great motivator for themselves and clients. Clients showed a lot of interest in the NRT as they had not seen it before. They reported that often, when their clients are smoking, having to spend money on a “quit smoking gimmick” that may not work is just unthinkable. Clients are concerned they might be left without money to buy the cigarettes they so badly crave. Once they see it can work for them they are quite willing to purchase it.

“If I didn’t have those resources as something to give to them... I know that I could not...have people wanting to give up... It wouldn’t have the effect...that I’m having... because people live on very limited incomes ...that is a great incentive for them.” - Worker

One worker reported that in one group, clients displayed reluctance once the NRT was brought out and reducing and quitting were discussed.

“They didn’t feel pressured about the cards and the money part but when I brought out the... NRT and the patches and this that and the other, then they felt a bit of pressure ‘oh don’t give me that’ you know that sort of thing. So, they weren’t intimidated by...the book and the cost and all that sort of thing and the cards it was when you actually talked about giving

up smoking or trying to reduce your smoking and what you can use, that's when they backed off, their interest waned then." - Worker

One client had success in giving up using the microtabs given to her by the midwife after seeing the resource. She had seen and tried NRT in the past, but the midwife gave her samples including the inhaler and microtabs, which she had not used before.

"At first I was sort of, was a bit urkk with it...They're quite a strong taste...I thought well... I'm getting them for nothing, quit whinging and just you know and then after probably about ... by the second sheet...because she give me a pack of 100. I was fine with them... I've tried the um, nicobates... I find that because they've got that um mint flavour...they tend to become quite addictive. Where as the nicorelle ones, the little microtabs because they've got that little bit of bitter taste you tend not to want to shove one in your mouth as often. Yeab and I found them really good." - Client

Clients were very open to try the free samples on offer. All clients either went on to purchase their own or had doctors' appointments booked to arrange NRT.

"Yeab [worker named] shown us all those ones...it's the first time I'd ever seen them...I found them very interesting that made me want to try them...when [worker named] showed us in the course I thought 'oh I'd like to try you know some of that stuff she showed about you know' Yeab that was very helpful...I'd like to try the pipe one you know...that seems like a good one to start off with and see how I go." - Client

Education regarding NRT

Inclusion of NRT product sampling has increased workers' awareness and knowledge of what is available and given them more confidence to pass on that knowledge to their clients including dosage rates. Many workers indicate that they are now advocates for NRT and show their clients what is available and in most instances give clients samples. For the non smoking workers, receiving feedback from their clients regarding their experience with NRT increased their knowledge of NRT use.

"It's increased my awareness as a non smoker...knowing some of the people that have tried it and their experience I'm able to relay that on to other people 'oh you know such and such tried it and they've found it quite successful' and that kind of thing" - Worker

Workers reported the GSTF resource allowed clients to familiarise themselves with what is currently available. Workers also reported that most of the clients thought NRT was just gum or patches and that clients appreciated information about the new products. Clients also showed much more willingness to try NRT, even going out and making appointments with their GPs to organise NRT for them. Clients reported that learning about the available NRT options motivated them to try it.

"It's the first time I'd ever seen them...I found them very interesting that made me want to try them do you know what I mean?...when [worker named] showed us in the course I thought 'oh I'd like to try'...some of that stuff she showed...I was pretty happy with that... when I seen all the stuff that can help you...it gave me a bit of a oomph to try you know what I mean" - Client

Barriers for using NRT

Workers reported that perceived affordability of NRT is a barrier to its use*.

"A lot of people that I know in my family and in the community that... want to give up smoking it's, the financial issues and buying the NRT stuff that they can't afford so they think oh well we'll just keep smoking." - Worker

The major barrier to NRT uptake is a lack of knowledge about what is currently available. Educating workers in regards to NRT has been a very important step to encourage clients to use NRT when having a quit attempt. It was

* At the time of the research project only patches were available on PBS.

noted by one client that it was great to see what your options were because some Aboriginal people get embarrassed to ask.

‘I’d seen ‘em on the ad on the TV but that’s all and when [worker named] showed me that was the first time I’d ever sort of seen them, it’s good to know your options...And being Aboriginal, some Aboriginals would get embarrassed so they’re not going ask about things yeah.’ - Client

Suggestions to Improve NRT

All workers stated in both their survey and interview responses that there needed to be free starter NRT packs available to clients to motivate them to quit. Often when a smoker is faced with the choice of buying cigarettes or NRT they will choose the cigarettes.

“... like the mindset of a smoker is you know, if I’m going to spend \$10 on that when I can buy a packet of smokes I’ll ...buy a packet of smokes. You know what I mean? ...if you can sort of get a couple of free samples, I think it sort of helps you on your way...I can’t understand why they don’t have that, them on... the free list like they do the patches because I think a lot more people would ... but I really think the government should put them on...the prescription list as well...a bit of variety because some people just don’t like patches and... you know they’re all a quit smoking aid.....so I can’t understand why they’ve got one lot but not the other you know, they have different types of antibiotics for you know different people so I mean smoking is the same” - Client

It was noted that some countries like England actually gave people access to trial NRT and one worker said she hoped our Government would follow suit. Two workers thought that having up-to-date price lists of NRT would also be very useful. It was also brought up by one worker that you could go halves in a pouch of tobacco but going halves in NRT is not possible.

“Well of course if it was all free... I think people would really go for it then. But the cost is, even though they’re paying for cigarettes it’s just different way people look at things, they don’t see that as the same. So yeah I think that would make a big difference.” - Worker

The clients thought that all NRT products should be made cheaper or free and available on PBS and that while NRT is not on PBS it would be good to access starter kits of NRT so that they are free to try before they buy and see what will work best for them instead of going without their cigarettes to achieve this.

“There’s people that want to give up and they have to, they will have to pay for it before and that’s what stopped them” - Client

Training regarding NRT

Two workers mentioned that they needed more information or training in regards to NRT, giving them more confidence to talk to clients about it. Things like cost of NRT, expected length of time people would be on it, what is the most appropriate NRT for particular people, dosage of the NRT for different smokers, etc. This information would help workers to talk to their clients more confidently in regards to NRT. Workers expressed a great desire to be able to give out the correct NRT to clients when showing them the resource.

Several workers reported that when pregnant clients went to their GP to arrange NRT, the GPs were reluctant to prescribe. These GPs may be unaware of the current best practice guidelines that NRT should be used as described in the background section of this report.

“Yeah well that’s it because the GPs are sometimes still a bit you know like, saying the opposite, so that makes it hard” - Worker

Discussion

This study has raised some interesting points regarding the *GSTF* resource as well as the delivery of innovative strategies that encourage and support tobacco cessation and reduction strategies amongst Aboriginal clients and workers.

Impact of NRT product sampling

A combination of visual resources (e.g. the play money) and NRT samples received a high degree of positive feedback from both workers and clients. Workers reported that having access to NRT samples enabled them to take advantage of opportunistic moments and most clients seemed to respond favourably to having real life samples to see, touch, smell and try. This in itself seemed to motivate the clients far more than just talking about NRT. Being able to offer free samples was strongly supported by both workers and clients and this should become an integral component of such resources.

Impact the resource had on clients and workers smoking

When relating interview data to the Stages of Change (transtheoretical) model of behaviour change,^{11, 12} it was encouraging to see that taking part in *GSTF* appears to have moved some clients from the pre-contemplation stage, through contemplation to action, i.e. they reduced the number of cigarettes they smoke to minimise financial impact. It appears that targeting the economic impact of smoking was a strong motivator to instigate change and reduce the number of cigarettes smoked.

Main stream tobacco control services regard reducing as a step to quitting. The 'iCanQuit' site outlines two main methods: 1. Reduce the number of cigarettes in a planned way until quitting, e.g. halving the number smoked every day, or 2. Reduce the number of cigarettes smoked while using NRT with a clear plan to quit within a set period, e.g. 6 weeks.²⁵

Some of the survey respondents related using the strategy of cutting down as a stage on the path to giving up in a non-specific way, but none of the workers or clients mentioned either of these methods in detail in their interviews. This omission may point to a lack of knowledge regarding cessation, especially among workers, and highlights a need for further skilling and focus on cessation expertise among Aboriginal and other health staff who work with Aboriginal clients.

While some workers saw themselves quitting sometime in the future and expressed a desire to use NRT, none of them were ready to commit to quitting in the next 30 to 90 days. According to evidence, it is unlikely they will successfully quit.¹² This may reflect a documented gap in knowledge and skills for clients and workers which prevents optimal preparation and reduces the likelihood of quitting.²⁶

GSTF appears to have potential as a starting point in reducing tobacco intake, but on its own was not as successful in encouraging clients or workers to quit. Further intervention could take the form of detailed and specific reduction and quitting plans as well as customised SMS, on-line and peer support services as mentioned in the following section.

Further research regarding longer term effect on reduction or quitting among this study's participants is recommended, i.e. checking whether the short term changes of reducing the number of cigarettes would be sustained and whether they would lead to quitting attempts and cessation.

Clients' ideas for further support to quit

Clients mentioned that they would like ongoing support including a website, motivational SMS texts and a support group. Clients also reported that Aboriginal women enjoyed going on line so having an e-site that enabled women to get support from health professionals as well as each other could be a way of further tackling the problem. They suggested the site could offer motivational messages, 24 hour support for anyone that is going

through a particularly stressful time and needs extra support to not smoke. The site could have a holistic approach and cover other topics such as healthy eating recipes, tips, exercise and techniques for coping with stress. If set up correctly the site could have mentors there to guide people through their journey to a smoke free lifestyle and have some form of acknowledgement for how long participants had been smoke free. By having it online, one could address the need for a support group without clients having to turn up at certain times.

Feedback about the resource

GSTF is an innovative approach with its focus on economic benefits rather than health risks. Workers were excited about the resource and enthusiastic to use it. Overall, the *GSTF* resource was well received by both the workers and clients who participated in the evaluation process. The simple format and 'yarning' helped workers initiate conversations with clients regarding their tobacco use. The money and actual NRT samples appeared to be persuasive motivators for clients in taking the step from pre-contemplation, through contemplation to action.

Cultural Appropriateness

An interesting perspective on cultural appropriateness was raised throughout the interview process. During development of the resource, the project team focussed on making the resource culturally appropriate through visuals, with language and yarning as key design elements. However, more than one client raised the fact that cultural appropriateness is not important when looking at tobacco issues, the habit does not differentiate according to skin colour so the importance of culturally identifying with a tobacco resource was not great. This is consistent with findings by Johnston and Thomas (2010) that there was good recall among Aboriginal community members of mainstream anti tobacco social marketing campaigns.²⁷ A different response may have been given if the resource was not designed to be culturally appropriate.

Workers appreciated the different approach taken by the *GSTF* resource, an approach that is non-judgemental. This could be related to the uniqueness of the *GSTF* resource in that it focuses on money matters rather than health issues. This approach may have suited the Aboriginal cultural norm of non confrontational communication,²⁸ i.e. talking about financial matters was easier and more acceptable than discussing the harms caused by smoking.

Creative use of the resource

The play money has proven to be quite a flexible resource for workers and those surveyed highlighted different ways they have used it with clients. Giving clients the play money to keep was a valuable strategy. Another comment we received was that the idea of diverting money, used for an addictive substance, to other purposes could also be used to address alcohol and Yarni (marijuana mixed with tobacco) issues in Aboriginal communities. This feedback may reflect the importance of the social determinants of health on substance use issues in Aboriginal communities. In this respect focussing on money might well provide strong leverage for behaviour change that can be applied to behaviours other than tobacco smoking. Health funding is often targeted to specific chronic diseases and funding rules are not flexible enough to be responsive to underlying social issues such as the higher prevalence of poverty in Aboriginal communities. This issue may be better addressed via more direct approaches to social determinants of health, not necessarily from within the health system (e.g. wealth redistribution strategies).

Advocating a holistic approach

It was noted by a client that a holistic approach was needed so that issues such as overweight or obesity, stress and self esteem could all be addressed. This is consistent with the 'Tobacco, Time for Action report', which identifies that tobacco programs must be holistic as Aboriginal people's view of health takes in not only the physical wellbeing of the individual, but also the social, emotional and cultural wellbeing of the community as well.¹⁵

Lessons Learnt

Training process

Some workers expressed reluctance to confront smokers with information about the health consequences of smoking and even expressed reluctance to discuss NRT as it may be upsetting to certain clients. This notion is consistent with values, cultural norms and language common in Aboriginal communities, where a non-direct approach is preferred.²⁸ However, smoking in pregnancy is an important health issue that warrants intervention and some challenging of this behaviour may be possible if done in a sensitive way. Most workers felt comfortable talking about these issues, enlisting Aboriginal workers in the development of a training package or process, that addresses smoking in pregnancy and related issues in a culturally appropriate way would be beneficial.

When the previous evaluation of the *Bernard's Choice DVD*¹⁰ is considered in the light of these findings it would appear to be an appropriate means of skilling up workers. However it needs to be built on with further training in and practice of interpersonal/counselling skills as well as content specific knowledge and skills regarding smoking and cessation, e.g. NRT. Some workers have attended a number of training courses in the past, but this study has identified major gaps in their application of evidence based best practice cessation services to Aboriginal clients. It therefore seems that in order to achieve changes in workers' skills around cessation, it would be more effective for them to engage in an on-going learning process, which involves more intensive supervision of their application of the above skills. With the Federal Government currently dedicating substantial funds to address Aboriginal smoking there exists a funding opportunity for a program to pilot such an approach.

The impact of social networking on resource dissemination

Consideration should be given to ways in which the *GSTF* resource model can be used beyond the originally intended target group and health issue. It was evident that people other than pregnant women were shown the resource, especially the play money and sample NRT, and consequently changed their behaviour. A number of respondents said that the information regarding saving money from reducing or quitting smoking triggered a strong response and was travelling throughout their social network and local Aboriginal communities. This reflects Christakis and Fowler's findings from the Framingham Study data that healthy behaviours – like quitting smoking, staying in the healthy weight range, or being happy – pass from friend to friend almost as if they were contagious viruses. The data suggested that we influence one another's health just by interacting and socializing. The same was true of unhealthy behaviours – clusters of friends appeared to 'infect' each other with obesity, unhappiness and smoking.¹³ It would be useful to explore the use of viral social marketing to engender such responses in Aboriginal communities via social networks. This would enable the resource to have a much larger impact on many people in Aboriginal communities, which in turn could make it easier for pregnant women to quit or reduce smoking. More research on how to use this approach in Aboriginal communities is warranted.

Limitations

Although generalisation is limited in qualitative studies it is even more so in this study because the clients in this study were only from two networks. The intervention did not have a clear implementation plan, and applying it in the field was ad hoc. It was a training project for the research lead so interviewing skills in early interviews needed improvement.

A further limitation of the study was that most clients were interviewed within one to two weeks of seeing the resource which could impact on the quitting rates. In this sense the results presented here may not reflect the true effect of the resource. Interviewing after a longer period of time would have given a more robust assessment of the impact of the resource.

Also the first workers interviewed were current smokers which allowed for collection of data on the effect the resource had on their own smoking habits. However, this meant that access to clients was limited as these workers did not necessarily have access to Aboriginal pregnant women who smoked. To counteract this, workers who did not work with the target group were filtered out when trying to recruit clients.

Three issues that impeded the research process arose during the set up and data collection phases. These warrant discussion as they have the potential to impact on evaluation processes in general. Obtaining Ethics Approval took longer than anticipated. The long time it took NSW AH&MRC to approve the project delayed the commencement of the project and limited the time available for subject recruitment.

The second issue was worker availability and commitment to the evaluation. This relates to the difficulty in accessing workers. Some workers reported they had no time to use the resource with certain clients given the level of crisis their clients were experiencing. Further consideration needs to be given to data collection processes which rely on interviews or surveys being conducted during work time.

Finally, it took longer than expected to recruit workers and then clients. The research lead spent a long time building rapport with workers to gain sufficient trust to be given access to their clients. Incentives and resources (e.g. more NRT samples and play money) were offered to workers which eventually motivated them to engage in the evaluation process. The building of relationships is particularly important in Indigenous research²⁹ so it is recommended that sufficient time is allocated to implementation and completion.

One further limitation of this study was that it specifically targeted pregnant Aboriginal women but there were a range of other people who were exposed to the resource, such as young mums, older Aboriginal women, and Aboriginal men of all ages, who would also be valuable potential data sources and future research could capture these people.

Conclusions

GSTF is potentially an effective smoking cessation strategy for Aboriginal people. By clearly linking quitting tobacco use to financial savings, it appears to resonate within the context of disadvantage faced by many Aboriginal people. The resource was considered culturally appropriate however, the study identified major skills gaps amongst workers providing cessation services to Aboriginal clients. To reduce smoking rates, ongoing workforce development in providing smoking cessation is required to have a confident and competent cessation workforce.

The most effective way to deliver *GSTF* requires three components: *GSTF* resource, NRT sample distribution and on-going follow-up by confident and competent cessation workers.

Recommendations

It is recommended that *GSTF* be incorporated as a core tobacco program targeting Aboriginal people.

GSTF Project and resource improvements

It is recommended that:

1. Aboriginal clients are provided with samples of all NRT products when discussing smoking cessation.
2. An instructional DVD is compiled on how to use the financial approach and NRT to quit. This DVD would be included in the resource.
3. The existing resources included in the package (see appendix 2) should be retained with the exception of the story book which respondents indicated was of little practical benefit.
4. The following additional resources be included to the package:
 - Play money for clients to keep in prominent places as a reminder of savings.
 - NRT samples for clients to take away and try.
 - A calculator to assist in calculations of how much is spent on cigarettes per week and possibly funded by NRT suppliers and shaped like an NRT product.

Workforce development

It is recommended that:

1. The capacity of workers who use the resource to provide ongoing cessation brief intervention be improved by:
 - Training in motivational interviewing and other interpersonal/ counselling skills related to smoking cessation followed by provision of ongoing mentoring/ supervision.
 - Incorporating the creative ideas, raised in this study regarding implementation of the resource, into the resource training e.g. clients carrying play money in their wallets or displaying it in prominent locations to reinforce their reasons to quit.

Further research and development

It is recommended that:

1. Follow up research be conducted with clients and workers in November 2011 to assess whether changes in smoking behaviour have been sustained.
2. Best practice guidelines for smoking cessation in pregnancy be disseminated to local General Practitioners via the local General Practice Networks.
3. Funding be sought to develop, pilot and evaluate the use of social network (e.g. Facebook)/viral email and SMS) dissemination regarding smoking cessation in Aboriginal communities. This would help provide customised and interactive support and information to Aboriginal people who are quitting. Note: currently health workers cannot access *Facebook* on work computers.
4. *GSTF* be tested on all low SES groups. The economic approach to reducing addiction could also be tested in Indigenous communities for alcohol and Yarni (marijuana mixed with tobacco).

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Appendices

Appendix 1: Organisations who attended *GSTF* Workshops

Aboriginal Health North Coast Area Health Service	Galambila Aboriginal Medical Service
Aboriginal Maternal and Infant Health Strategy (AMIHS)	Grafton Base Hospital
Alternative Birthing Project, Ballina Hospital	HomeStart Kempsey
Biripi Aboriginal Medical Service	Housing NSW Port Macquarie
Brighter Futures Kempsey	Kempsey District Hospital
Brighter Futures Mission Australia	Kempsey Maternity
Brighter Futures Tweed	Lismore Base Hospital – Women’s Care
Bugalwena Service	Lismore and District Women’s Health Centre
Bullinah Aboriginal Health Service	Macksville Health Campus
Centacare Port Macquarie	Many Rivers Alliance
Child and Family Health Goonellabah	Maternity – Manning Hospital
Child and Family Health Nurse – New Directions	MiiMi Mother’s A.C.
Coffs Aboriginal Family Community Care Centre	Nambucca/Bellingen Family Support Service
Coffs Education Campus	North Coast Area Health Service (NCAHS)
Coffs Harbour Health Campus	NSW Department of Education and Training
Coffs Harbour High School	Perinatal Mental Health HNEAHS
Community Health Grafton	Pop. Health Planning and Performance Dir. NCAHS
Community Health Kempsey	Port Macquarie Base Hospital
Community Health Maclean	Primary Health Practice Nurse
Community Health Murwillumbah	Purfleet Land Council
Community Health Port Macquarie	Schools as Community Centres, Kempsey
Community Health Taree	St Clares High School
Community Programs	TAFE Coffs Harbour
Community Services	Tobwabba AMS
Dental – Goonellabah	Tweed Hospital
Department of Community Services	Uniting Care Burnside Port Macquarie
Department of Human Services	Urunga Neighbourhood Centre
Dharah Gibinj Aboriginal Medical Service Casino	Warrina Women’s Refuge
Drugs in Pregnancy Kempsey	YP Space Kempsey
Durri AMS Kempsey	
Family Support Service Kempsey	

Appendix 2: Give smokes the flick: Using this resource

Give smokes the flick ... It really makes 'cents' ! USING THIS RESOURCE



CHECK THAT YOU HAVE

1 A FLIPCHART



2 3 sets of play money linked in bundles of:

- \$91
- \$364
- \$4,745



3 3 Sets of coloured edged cards

- 17 BLACK edged picture cards = \$91
- 11 YELLOW edged picture cards = \$364
- 22 RED edged picture cards = \$4,745



4 Samples of Nicotine Replacement Therapy (NRT)

- Patches
- Lozenge
- Gum
- Inhaler



5 Copy of 'Bernards Choice' DVD



'GIVE SMOKES THE FLICK ...IT REALLY MAKES 'CENTS'!' – HEALTH PROMOTION – NORTH COAST AREA HEALTH SERVICE



WHAT IS THIS RESOURCE ABOUT?

This interactive flipchart is to help you chat or yarn to a smoker about how much they could save if they gave up:

- 1 packet of cigarettes every day for 1 week (\$91).
- 7 packets every week for 1 month (\$364).
- 1 packet of cigarettes per day for 1 year (\$4,745).

It can also be used as a chatting or yarning tool to explain the various types of Nicotine Replacement Therapy (NRT) available and how they are used.

The resource has 2 sections:

SECTION 1

Looks at how much a smoker could save if they gave up or cut back on the smokes. This section is very interactive and it is the section where you use the play money and picture cards. Clients can hold the money and get a feel for how much they could save if they gave up or cut back on the smokes. The picture cards allow the smoker to choose some of the things they could buy if they gave up the smokes.

SECTION 2

Explains who a smoker can talk to if they want to give up the smokes. It has pictures of Nicotine Replacement Therapy (NRT) and explains approximately how much each type of NRT costs and how much it would cost on a weekly basis. The actual NRT samples are used during this section. Clients can hold and have a close up look at the different NRT available.



BEFORE YOU USE THIS RESOURCE

We suggest that you:

- Have a **Look** at the resource and get to know it. Know how each page works and what money set, picture cards or NRT resources are needed to support the information being provided.
- **Watch** the DVD "*Bernard's Choice*". This DVD will show you how a Health worker uses a resource as a chatting or yarning tool.
- **Practice** using the resource so that you know what to do and when to do it.



REMEMBER

When having a yarn about the resource:

- Always say '**approximately**' when referring to the amount of money as cigarette prices continually change.
- Make sure clients **hold** the money – holding the money has a much stronger effect than just looking at the money.
- Give the clients the picture cards and make sure they **always** select what they want to buy. Pictures and choices will differ with each client and that's OK.

NOW that you feel confident, have a go at using the resource the next time you are with someone who is nicotine dependent and help them to think about having a quit attempt.



USING THE RESOURCE WITH SOMEONE WHO IS NICOTINE DEPENDANT

STEP 1:

To introduce the flipchart to a client, use ideas from the Bernard's choice DVD, make up your own or say something like.

- *"Have you ever thought about how much you or someone you know spends on cigarettes?"*

Show the client the flipchart and ask them if they have ever seen the resource before. Explain what the flipchart is about and go to STEP 2.

STEP 2:

Go through each page from 1 to 6.

Page 1 & 2

Explain that we all know someone who smokes and that smoking costs heaps.

Page 3

Talk about how much a packet of smokes are approximately \$13.00. Talk about how much you would save if you gave up 1 pack each week (\$13).

- *'If you quit smoking just on a Wednesday, you would save \$13'.*

Page 4

- *'If you gave up 7 packets a week you would save \$91.00'*

Page 5 & 6

Explain that if you gave up 1 packet a week you would have an extra \$13.00 to spend on 'stuff'. You could buy more food for breakfast, lunch or dinner. You can talk about some of the things you can buy for \$13 that you can see on page 6. You could ask them:

- *'What else could you buy for \$13?'*

Page 7

Explain that if they gave up 1 pack a day for 1 week, they would have an extra \$91 to spend. Hand them the ring of money that equals \$91.

Page 8

Give the client the black edged cards and they can go through and select 3 items that they would like to buy with their \$91. Get them to stick their picture card choices on the Velcro. You could then show them what your choice would be.

Page 9

Explain that if they gave up 1 pack a day for 1 month, they would have an extra \$364.00 to spend. Hand them the ring of money that equals \$364.00.

Page 10

Give the client the yellow edged cards and they can go through and select 3 items that they would like to buy with their 364.00. Get them to stick their picture card choices on the Velcro. You could then show them what your choice would be.

Page 11 & 12

Explain that if they gave up 1 pack a day for 1 year, they would have an extra \$4,745.00 to spend. Hand them the ring of money that equals \$4,745.00.

Page 14

Give the client the red edged cards and they can go through and select 3 items that they would like to buy with their \$4,745.00. Get them to stick their picture card choices on the Velcro. You could then show them what your choice would be.

Page 15

If they say to you: 'I only smoke packets of 10' or, 'I roll my own', or 'I only smoke 5 cigarettes a day', then you can use the chart on page 15 to show how much what they do smoke costs them weekly, monthly and yearly.

Page 16

Includes some suggestions of people they can talk to and get support from to give up or cut back on the smokes.

STEP 3

Page 17

Shows Pictures of NRT. Use the NRT samples when you get to this page to show clients and let them hold the samples.

Page 18

Shows the clients how much NRT would cost them (approximately).

Ask the client if they would like anymore information.



Appendix 3: Clients Interview



Give Smokes the Flick Survey (Client)

Thankyou for taking part in the evaluation of the pilot of our Give Smokes the Flick resources,

1. Have you seen this (show them the "Give Smokes the Flick it Really Makes Cents" resource?)

Yes No

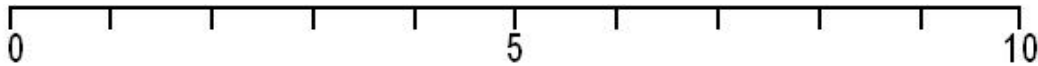
2. Did a health/community worker work through the "Give Smokes the Flick it Really Makes Cents" resource with you? Yes

No

Ask if it was in a group or one on one situation, can you tell me a little more about the presentation

3. How culturally appropriate to Aboriginal people do you think the "Gives Smokes the Flick it Really makes Cents" resource is?

Can you rate it on a scale of 0-10, 0 being not at all culturally appropriate and 10 being extremely culturally appropriate.



Not at all culturally appropriate

Extremely culturally appropriate

4. If you have any suggestions to improve the resource, please present them here:

5. Did you get anything to take home relating to the resource e.g. Play money, photocopies, pamphlets etc?

6. Have you talked about this resource with anyone else?

Yes No

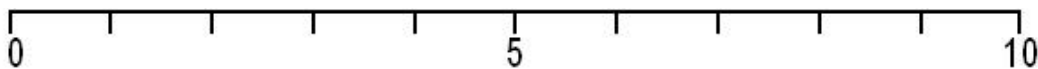
If yes who with? What did you talk about?

7. Have you been given a Happy Healthy Mums and Bubs booklet? (show them the resource)

Yes No

8. How culturally appropriate do you think the "Happy Health Mums and Bubs" resource is?

Can you rate it on a scale of 0-10, 0 being not at all culturally appropriate and 10 being extremely culturally appropriate.



Not at all culturally appropriate

Extremely culturally appropriate

Please Turn Over

9. If you have any suggestions to improve the resource, please present them here:

These are questions regarding your smoking habits

10. What is your current smoking status?

- Smoke Daily
- Smoke Occasionally
- Don't smoke now but used to
- Used smoking, but never smoked
- Smoked regularly
- Never smoked

11. Have you quit smoking since seeing our resources? Yes No (*Jump to question 17*)

11a. If yes - What was your quit date?

12. Have you smoked at all since you have quit?

- Not a puff
- 1 to 5 cigarettes
- More than 5 cigarettes

13. What method did you use to quit?

Cold turkey	Champix	Zyban	Nicotine Replacement Therapy (patches, gum, lozenges etc.)
Other (please state)			

14. Are you smoking less since seeing the resources? Yes No

14a. Did the resources impact on your decision? If yes how?

14b. If you are smoking less how did you do this?

Cutting down cold turkey	Champix	Zyban	Nicotine Replacement Therapy (patches, gum, lozenges etc.)
Other (please state)			

14c. How much have you reduced your smoking by?

15. Can you see yourself quitting or cutting down smoking in the near future?

No	I have quit since my relapse and am not currently smoking
Yes within next 30 days	Yes, within next 90 days, but not in the next 30 days

15a. If you answered yes in next 30 or 90 days, please answer next question

What method of quitting do you intend to use in your planned quit attempt?

Cold turkey	Champix	Zyban	Nicotine Replacement Therapy (patches, gum, lozenges etc.)
Other (please state)			

Why?

Any other comments?

Thank you for completing this interview.

Appendix 4: Workers Interview



Health Workers Interview (6 months post training)

Interviewer:..... Date:..... Time:

Participants Name: Phone Number:

Now that you've read the information sheet are you happy to take part in the evaluation for the Give Smokes the Flick resources?
Yes No if no thank them for their time

Give Smokes the Flick it Really Makes Cents Resource

Ask them to describe a typical session where they use the resource with a client.

1. How often have you used this resource with clients?
 - What were the clients' reactions to this resource? (How have different types of clients reacted to the resource?)

2. How effective has this resource been?

3. How culturally appropriate was this resource when used with Aboriginal clients?

4. How confident do you feel to use this resource? What areas do you feel less confident about?

5. Have you any suggestions on how to improve this resource?

Happy Healthy Mums and Bubs resource

6. How culturally appropriate was this resource when used with Aboriginal clients?

7. What impact, if any, did the focus on tobacco and babies' health have on women's smoking habits during and after pregnancy?

8. What impact, if any, did the focus on tobacco and babies' health have on the women's environment in terms of household and car ETS exposure?

9. How effective has this resource been?

10. Have you got any suggestions on how the resource can be improved?

11. Have you used this resource on any other populations besides Aboriginal pregnant women who smoke and their families?

Nicotine Replacement Therapy

12. Have you shown any clients the Health Smart Nicotine Replacement Therapy DVD?

13. How culturally appropriate was this resource when used with Aboriginal clients?

14. What effect, if any, did the DVD have on your clients' willingness to use NRT or think about using it in the future? *(ask specifically about willingness to use NRT)*

15. What effect, if any, did the DVD have on your willingness to use NRT or think about using it in the future? *(ask specifically about willingness to use NRT)*

16. What effect, if any, do you think having the NRT product sampling had on your clients? *(re using NRT)*

17. What effect, if any, has the inclusion of NRT product sampling had on you? *(directed at worker)*

18. Have you any suggestions for improving this resource?

Bernard's Choice

19. How has the DVD Bernard's Choice affected your practice?

20. Have these resources had any impact on your smoking habits?

Yes No

If yes which ones and how?

21. What is your current smoking status?

Smoke Daily	Smoke occasionally	Smoke daily, but never smoked regularly
Smoke Occasionally	Don't smoke now but used to	Never smoked

22. Have you quit smoking since seeing our resources? Yes No *(Jump to Q28)*

If yes - What was your quit date?

23. Have you smoked at all since you have quit?

Not a puff	1 to 5 cigarettes	More than 5 cigarettes
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24. What method did you use to quit?

Cold turkey	Champix	Zyban	Nicotine Replacement Therapy (patches, gum, lozenges)
er (please state)			

25. Are you smoking less since seeing the resources? Yes No

If yes, have you used any of the following to help you reduce?

Cold turkey	Champix	Zyban	Nicotine Replacement Therapy (patches, gum, lozenges)
er (please state)			

26. How much have you reduced your smoking by?

27. Can you see yourself quitting smoking in the near future?

No	I have quit since my relapse and am not currently smoking
Yes within next 30 days	Yes, within next 90 days, but not in the next 30 days

28. If you answered yes in next 30 or 90 days, please answer next question

What method would you use for quitting in your next quit attempt

Cold turkey	Champix	Zyban	Nicotine Replacement Therapy (patches, gum, lozenges)
er (please state)			

Prompt: why?

29. Have you reproduced any of the resources and used it in your practice e.g. making A3 version, making more play money etc?
yes no. If yes what have you done?

30. Any other comments?

Thank you for your time in doing this interview

Appendix 5: Workers Survey Training



Workers Questionnaire

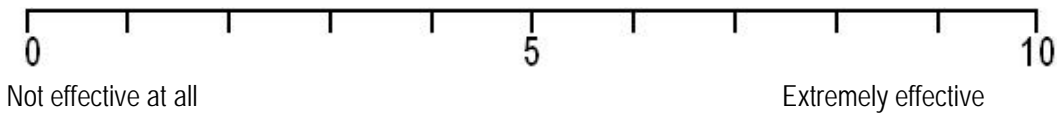
1. Which training did you attend?

Goonellabah

Coffs Harbour

Kempsey

2. On a scale of 1-5 how effective do you think the training was:



Evaluation of Training Components

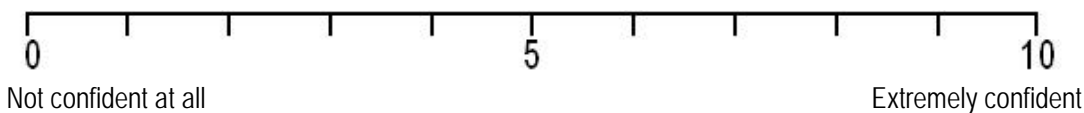
3. On a scale of 0-10 how would you rate the following components' effectiveness:

0 = Not effective at all through to 10 = Extremely effective (please tick appropriate box)

	0	1	2	3	4	5	6	7	8	9	10
Project Background											
Give Smokes the Flick It Really Makes Cents											
Happy Health Mums and Bubs Resource											
Health Smart Nicotine Replacement Therapy DVD											
NRT Information											
Bernard's Choice DVD											
Demonstration of the Resource											

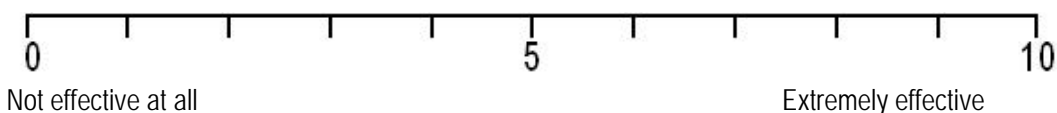
Give Smokes the Flick it Really Makes Cents

4. On a scale 0-10 how confident do you feel to deliver the Give Smokes the Flick it Really Makes Cents resource? (please circle)

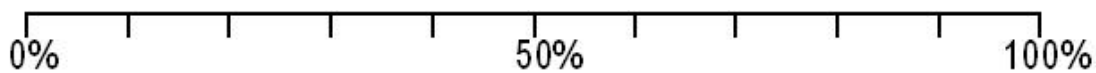


4a. What makes you feel confident/not confident to deliver the resource?

5. On a scale of 0-10 how effective do you think the Give Smokes the Flick it Really Makes Cents resource will be? (please circle)



6. What proportion of your smoking clients have you used it with since the training? (please circle)

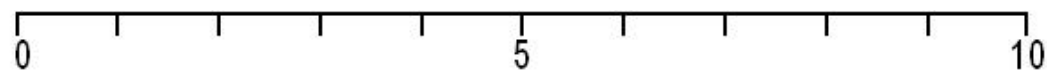


7. Have you used this resource with clients other than Aboriginal Pregnant Women who smoke?

Yes No

If yes what sorts of clients have you used it with?

8. On a scale of 0-10 what was the smoking clients' reaction to the resource (please circle)



Very unresponsive & closed

Indifferent

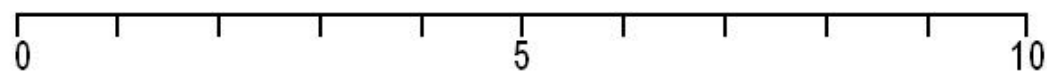
Very responsive & open

9. How can the Give Smokes the Flick it Really Makes Cents resource be improved?

10. How could the demonstration on how to use the Give Smokes the Flick it Really Makes Cents resource be improved?

Happy Healthy Mums and Bubs resource

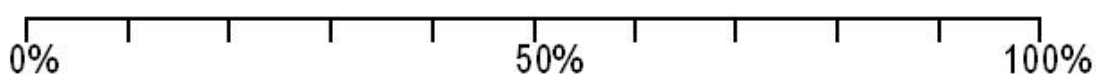
11. On a scale of 0-10 how effective do you think the Happy Healthy Mums and Bubs resource will be? (please circle)



Not effective at all

Extremely effective

12. What proportion of your smoking clients have you used it with since the training? (please circle)

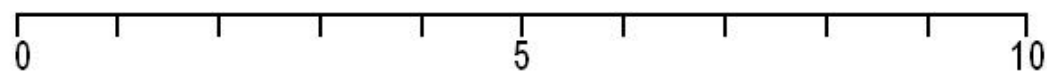


13. Have you used this resource with clients other than Aboriginal Pregnant Women who smoke?

Yes No

If yes what sorts of clients have you used it with?

14. On a scale of 0-10 what was the smoking clients' reaction to the resource (please circle)



Very unresponsive & closed

Indifferent

Very responsive & open

15. How can the Happy Healthy Mums and Bubs resource be improved?

Nicotine Replacement Therapy (NRT)

16. Do you think the inclusion of NRT product sampling will increase clients' chances of using NRT and/or quitting?

Yes No

Why?

17. Do you think the inclusion of NRT product sampling will increase your chances of using NRT and/or quitting?

Yes No

Why?

18. Have you any suggestions re the NRT section of the training?

And Finally

19. Did these resources have any impact on your smoking habits?

20. What is your current smoking status

Smoke Daily

Tried but never smoked regularly

Smoke Occassionally

I've never smoked

Don't smoke now but used to

21. What are the three things you remember most about the training?

1.

2.

3.

22. Any other comments:

Thankyou for your time

Please return to

Denise Hughes

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