

## Case study: Working together towards equity

### Case study series >

This case study series demonstrates how we work collectively, by documenting critical elements from the alliance model that have led to positive outcomes. These elements include partnership / relationship building, use of data in decision making, engaging with communities and working towards equity.



This case study looks at how a group of organisations have worked collaboratively towards the design and delivery of an equitable stop smoking service model - Te Hā - Waitaha.

### Key elements



#### Meaningful engagement and partnership with Māori and Pasifika

It was important to all involved that Māori and Pasifika were at the planning table when designing the new service model.



#### Collaboration

Many organisations and individuals were involved in the co-design. The result has been a number of organisations partnering to deliver the service with a hub based at Community and Public Health to provide coordination and consistency.



#### Whakawhanaungatanga

This means the process of establishing relationships and relating well with others. This describes the connection that the Stop Smoking Practitioners (SSPs) create with their clients. It also describes how the organisations have worked together to design, deliver and continually improve their service.



#### Equity and access

The service has been designed to respond to the different needs of priority populations, which include Māori, Pasifika and pregnant women. This is achieved through SSPs being based in organisations with already established relationships in these communities, being flexible about where SSPs deliver services and SSPs understanding their clients' needs and adapting their service accordingly.

"THE SERVICE HAS BEEN STRENGTHENED THROUGH THE INVOLVEMENT OF MĀORI AND PASIFIKA IN THE DESIGN AND DELIVERY."

Vivien Daley -  
Canterbury DHB Smokefree Manager



## Meaningful engagement and partnership with Māori and Pasifika

In 2016 Canterbury responded to a Request For Proposal (RFP) from the Ministry of Health to set up a Canterbury-wide stop smoking programme with a focus on Māori, Pasifika and pregnant women.

Representatives from Māori and Pasifika organisations, Primary Health Organisations, Community and Public Health and other providers of smoking cessation services came together with planners and funders to collectively design a new programme.

Collaboration and engagement with Māori and Pasifika stakeholders at the start of the process were key elements in the design of Te Hā - Waitaha.

The Canterbury Clinical Network provided support to 'pull the threads of the proposal together' with the process overseen by Manawhenua ki Waitaha, which is the Ngāi Tahu representative body in Canterbury for health.

With the design of Te Hā - Waitaha completed, a number of organisations agreed to work as partners to deliver the service; employing SSPs, establishing a hub at Community and Public Health and agreeing on a consistent way to deliver the service, so people who use the service have a similar experience no matter what SSP they receive stop smoking support from.

As a result the SSPs are based in Māori, Pasifika and primary health organisations across Canterbury. While the partners are part of Te Hā - Waitaha, they retain their own identity and distinct communities, which helps to provide an expansive referral network into the service.

Providers of Te Hā - Waitaha are also involved in Smokefree Canterbury, a network of local government, health, community and social agencies that collectively drive and advocate for changes such as smokefree spaces and how tobacco is sold.

### How do the Te Hā - Waitaha partners collaborate?



- Initially a number of meetings were held in a short space of time to agree on the Te Hā - Waitaha service design and how the partners would work together to deliver the service.
- An agreement was created, outlining how the partners would work collaboratively.
- The hub was established to provide ongoing coordination of the service, maintain the service consistency and ensure everyone keeps talking to each other.
- A Te Hā - Waitaha Steering Group involving all the partner organisations was set up. They continue to meet every two months to look at the programme's data and share information to help one another achieve their common goal.

### Consumer informed service design

Prior to the design process, all general practice patients who smoked but appeared to not have been offered support to quit were contacted by phone to discuss what support they needed. This gave the design team some key information about what consumers wanted and needed from a new service.



## Whakawhanaungatanga

"Whakawhanaungatanga is a Māori term, which means how people engage and connect. It's different for every group or person you meet – there is a particular way to come together. It's not just saying 'hi, I'm...,' it's about finding how to connect. Once you have that you have a bond – then you maintain it and it grows stronger and tighter," says Te Hā - Waitaha Programme Leader Maraea Peawini.

"Our SSPs have a beautiful way of engaging with their clients."

Having the SSPs based in a range of organisations means they are known in those communities. They naturally work in a kaupapa Māori way, which incorporates the knowledge, skills, attitudes and values of Māori society.

"When our people trust a service they will access that service. Sometimes smoking is a symptom of something else going on in their life. We have to scratch the surface and find what the cause is – it's a special skill and craft to be able to create that trust with a whānau or person," says Maraea.

*Our clients are not just names on a piece of paper - we have people in their communities who can reach them and who already have established networks and relationships with them.*

Maraea Peawini -  
Programme Leader  
for Te Hā - Waitaha



## Equity and access

### Delivering the service to Pasifika



The programme is fortunate to have a SSP whose whakapapa (genealogy) is Pasifika.

"By sharing with them (our Pasifika SSP), we have learnt about some similarities and differences between Māori and Pasifika. This gives us more 'kai for kete' or 'tools for our toolbox', so we are not afraid and are more natural with them," says Maraea.

"When the elders trust us, the younger ones trust us."

"We try to learn more about our Pasifika families – we try to learn about their world view and weave that into the treatment plan. Many in our service are Māori, so we do have a whakapapa connection, so we can share a hononga / union and build a foundation from there."

"There is slightly different language and protocols used, but the heart is still the same as when we connect with Māori."

## Adapting service for pregnant wahine



Te Hā - Waitaha also developed a service specifically for pregnant women and their whānau, which was led by a Māori midwife.

It provides incentives to celebrate smokefree milestones, such as vouchers, as a way of encouraging pregnant women to engage with the service. The programme is normally for 6 -12 weeks, but for pregnant women it's up to when the baby is six weeks old, so the woman and her whānau can be with the service for a long time.

"This extra time and added urgency of having a baby involved gives the SSP the chance to make a good bond with the mother," says Maraea.

"It's about looking after the baby's breath."

Regardless of being smokefree they are given a pēpipod (purpose-made portable sleeping capsules for babies) to encourage safe sleep, because the risk of 'Sudden Unexplained Death in Infancy' is increased when the mother smokes during pregnancy.

### Meeting the needs of the client

SSPs run groups, visit people in their homes, or even meet people at their local cafe.

"They use many strategies and skills to support their clients, which are often not seen or reported," says Maraea.

For example:

- One of the SSPs at Te Puawaitanga ki Ōtautahi Trust is in her car a lot visiting people. She meets anyone, anywhere, but that's what the clients she supports want and need.
- Etu Pasifika do a Whānau Ora model, because they see smoking as part of something broader with their families.
- Some SSPs are holding group education sessions at Christchurch Women's and Men's Prison and then setting up referral pathways for prisoners who will be released soon and want to quit.
- The SSPs based at Waitaha Primary Health spend many hours in their cars travelling to connect with their clients in rural communities.

"You need to be creative to target Māori and Pasifika communities as they are geographically sparse in Canterbury. But, our partners have established networks and are already working with these communities on other needs," says Vivien Daley.

*"Being accessible is about allowing people to take what we do and deliver in a way that meets the needs of people."*

Jane Cartwright, Independent Advisor for the Canterbury Clinical Network

### Vaping

The service has had to adapt since vaping came on the scene and is actively involved in the ongoing discussion.

SSPs have engaged with reputable vaping merchants to learn about vaping, so they can give advice to clients who want to use it to give up smoking.





## Measuring success

Te Hā - Waitaha uses many indicators to monitor the service, including number of people enrolling, stopping smoking or not engaging with the service. These are reviewed quarterly as part of the service's continuing improvement process and reported to the Ministry of Health.

In addition research is regularly commissioned to look at different aspects of the programme. To date this has included:

- reviewing the effectiveness of the pregnancy incentive programme;
- having a midwifery student looking at why it can be a challenge to engage some midwives, who don't often refer to the programme;
- working with Māori/Indigenous Health Institute (MIHI) and some local respiratory physicians to look at the impact of vaping.

"How we deliver the service is always improving and more sophisticated than before. It's about motivational interviewing, better medication and in some cases vaping."

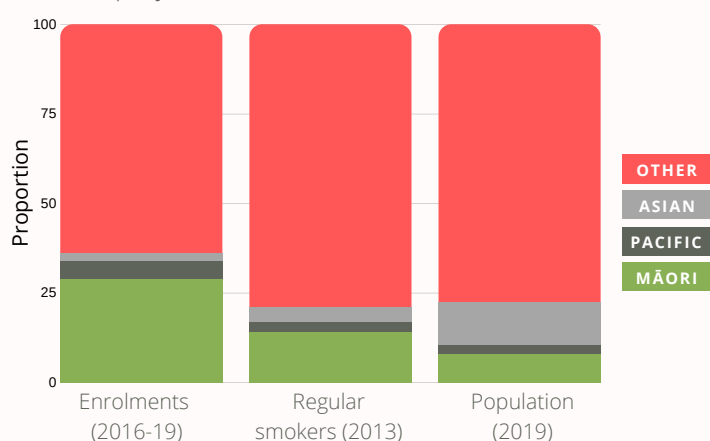
Vivien Daley

## The numbers

After 39 months of operation, Te Hā - Waitaha has had 12,881 referrals (around 330 per month on average) resulting in 6,222 (48%) enrolments. Of these:

- 5,126 (82% of enrolments) set a quit date
- 2,525 (49% of those who set a quit date) had quit smoking (either validated or self-reported) at the four week follow up.

The programme delivers to a higher proportion of Māori (1,822, 29%) and Pacific (302, 5%) enrolments than their proportion among regular smokers in Canterbury (14% and 3%, respectively at Census 2013) and among the population in Canterbury aged over 15 years (8% and 2.4%, respectively, Stats NZ projections, 2019).



"A success for us is when one person quits, or returns to our service to try again."

Maraea Peawini

Females made up 3,608 (58%)

- Pregnant 978 (16%)
- Non-pregnant 2,630 (42%)

Females are a greater proportion of Māori (24%) and Pacific (15%) enrolments than for Others (12%) and Asians (7%).

There was also variation in quit rates by gender and pregnancy status:

Females – 1,455 of 2,992 (49%)

Pregnant – 460 of 890 (52%)

Not pregnant – 995 of 2,102 (47%)

Males – 1,078 of 2,123 (51%)

Quit rates (either validated or self-reported) for pregnant females who had set a quit date, at their four week follow up were:

- 2016/17 (before PIP) – 22 of 88 (25%)
- 2017/18-2019/20 (after implementation of the Pregnancy Incentive Programme PIP) – 438 of 802 (55%)

Quit outcomes varied by ethnicity, with the following quit rates by ethnic group at four weeks follow up, for clients who set a quit date:

AT 4 WEEK FOLLOW UP	Māori	Pacific	Asian	Other
Quit (validated or self reported)	44%	42%	56%	52%
Still smoking	41%	40%	29%	33%
Unknown	15%	18%	16%	15%