

When “good” interventions go “bad”: What did we learn?

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My kōrero today will cover:

Research supporting the intervention (Tapuhi
Tū Toa)

Overview of Tapuhi Tū Toa (TTT)

Implementing TTT in 2016

Audit of TTT implementation – early results

Doing things differently?



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Background to Tapuhi Tū Toa

HRC funded research commencing May 2012 :
Māori Nurses and Smoking

Research partnership: Whakauae, AUT &
nursing profession (NZNO)

Development of a smoking intervention to
increase number of quit attempts among
Māori nurses



Research conducted

Between 2012- 2015

Quantitative: Survey of Māori NZNO members – *410 nurses responded*

Qualitative: Interviews with 100 nurses and students

Developed intervention (TTT) and tested feasibility with research participants, Advisory Group members and wider stakeholders



What did we find?

Smoking Rates



1 in 5 (20%)

Māori nurses



1 in 3 (32%)

Māori nursing
students

What did we find out?

Promising:

Almost 20% of survey respondents were considering quitting within the next month

Inspiration for quitting:

- *Improving personal health as well as health of others*
- *Tamariki, mokopuna and wider whānau*



What did we find out?

Challenges for Māori nurses who smoke:

- *Most experience conflict and tensions*
- *Most did not use smoking cessation interventions nor cessation evidence*
- *Stigmatising smokers was unhelpful*
- *Supportive environments are helpful*
- *Non-smokers could learn better ways of supporting smokers to quit*



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What did we find out?

Many did not see themselves as effective in supporting Māori uptake prevention or cessation

Being a smoker impacts on the ability of Māori nurses to provide cessation advice to patients

- *Hesitancy/ conflict about providing advice*



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What was our thinking about the intervention?

Had to:

- *Have a focus on Māori principles and practice*
- *Reflect the research results*
- *Be feasible and realistic to implement*
- *Have an element of sustainability*
- *Add to what was already in place*



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What was our thinking about the intervention?

Intervening with student nurses prioritised due to:

High smoking rates

Being “primed for change”:

- *Feel the tension of smoking acutely*
- *Strongly focused on developing their nursing identity*



What was our thinking about the intervention?

Nursing education providers as the sites for intervention

- *Reach cohorts of smokers relatively easily*
- *Attempt to influence education settings in order to create more supportive quit environments*



What did the TTT intervention look like?

Three key components

- *Wānanga*
- *Whakawhanaungtanga*
- *Rangahau*



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What was our thinking behind TTT ?

Three areas of influence

- *Personal - Te Tupu-Tangata*
- *Professional - Te Tupu-Mahi*
- *Political - Te Tupu-Motu*



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Short and long term outcomes

Logic Model identified short, medium and longer-term outcomes. Longer term were:

- *Increase in polytechnics producing SF Māori nurses*
- *Reduction in Māori nurses smoking rates*
- *Increase in patients receiving best practice SC advice*
- *Enhanced whānau health leadership*



Testing feasibility

August 2014

Researchers sought feedback at NZNO Te Runanga National Māori nurses hui

157 participants (nurses and student nurses) reviewed the model, asked questions and completed a survey

Overwhelmingly positive response to the proposed TTT intervention



TTT - where did we start ?

Funded by Whakauae, TTT launched early 2015

- *Team engaged (Intervention Coordinator, Evaluators, Research Advisory Group)*
- *Ethics (AUT)*
- *TTT sites implementation sites selected(3)*
- *Control sites selected (3)*
- *Evaluation plan designed in consultation with RAG*



Key TTT activities

Extensive planning and negotiating changes in each site

- *Separate site ethics approval necessary*
- *Relationship agreements*
- *Key site contacts identified*
- *TTT presentation hui on each site*
- *Tauira online surveys*

Tailoring of TTT for sites



The effort that went in included:

- *1114 Emails*
- *77 Phone calls*
- *15 Site visits*
- *21 (f/f and Ph) meeting with RT to problem solve*
- *7 date changes*



Changes made in response to implementation issues

Changed model; controls became case sites

Extended deadlines

Resubmitted ethics

Re-design of evaluation plan to reflect changes in the intervention model



Final results

Six sites approached – four agreed to participate

One site withdrew leaving one intervention & two control sites

All three sites then offered the TTT intervention

Five smoking tauira required per site

Final numbers for each site were: (A 2) (B 1) (C3)



Final results

TTT pulled from all sites October 2016

Audit conducted November – December 2016

Three audit data sources

Audit examining:

- what could have been done differently and how?
- what might an effective future intervention model “look like”?



What are audit results so far telling us?

Sites positively engaged with the TTT concept

Message got out

Robust research base

Very positive feedback about the work of the TTT co-ordinator

However initial commitment by all to the kaupapa did not result in engagement in the intervention



What are audit results so far telling us?

Tertiary education sector a complex system to influence

Competing priorities for sites

Stress and workloads (tauirā and staff)

Timing not right

Communication issues

Key leadership changes on sites

More time needed to “warm up” participants



What would we do differently ?

Time TTT for first quarter

Have a bridging phase for preparation

Become more familiar with tertiary education context

Consistent site leadership

Check our messages are clear

Intensify engagement with students

Allow for time and resource intensity

Reinforce the need for cross sector action



Key Messages

Overwhelmingly positive feedback about the TTT approach

Key players recognise importance of the kaupapa

Others could pick it up and run with it

We are happy for it to be adapted

The need is still there to support Māori nursing students and nurses to become smokefree



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