



THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA

SISTAQUIT®

Supporting Indigenous Smokers To Assist Quitting
Implementation Phase

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SISTAQUIT and iSISTAQUIT teams



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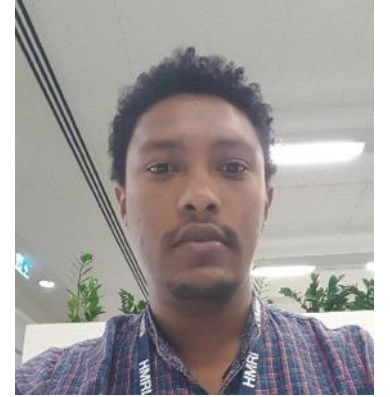
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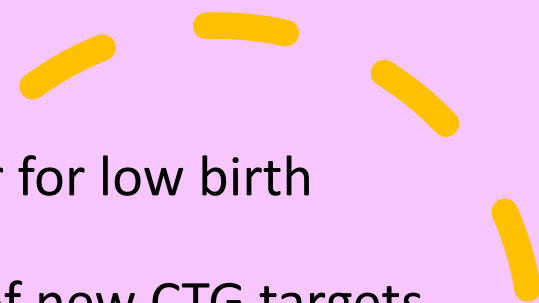
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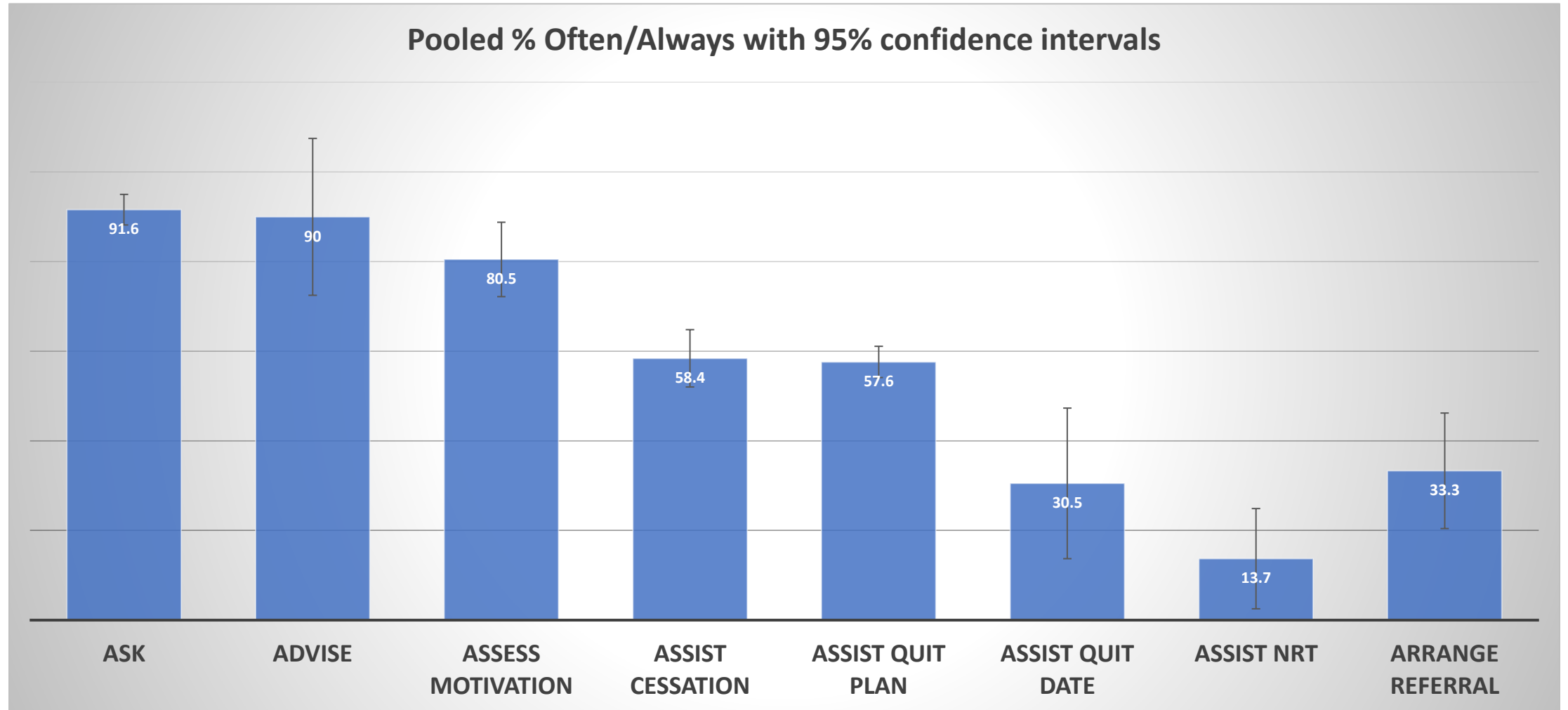
Ms Leah Stevenson



Importance of helping women quit in pregnancy

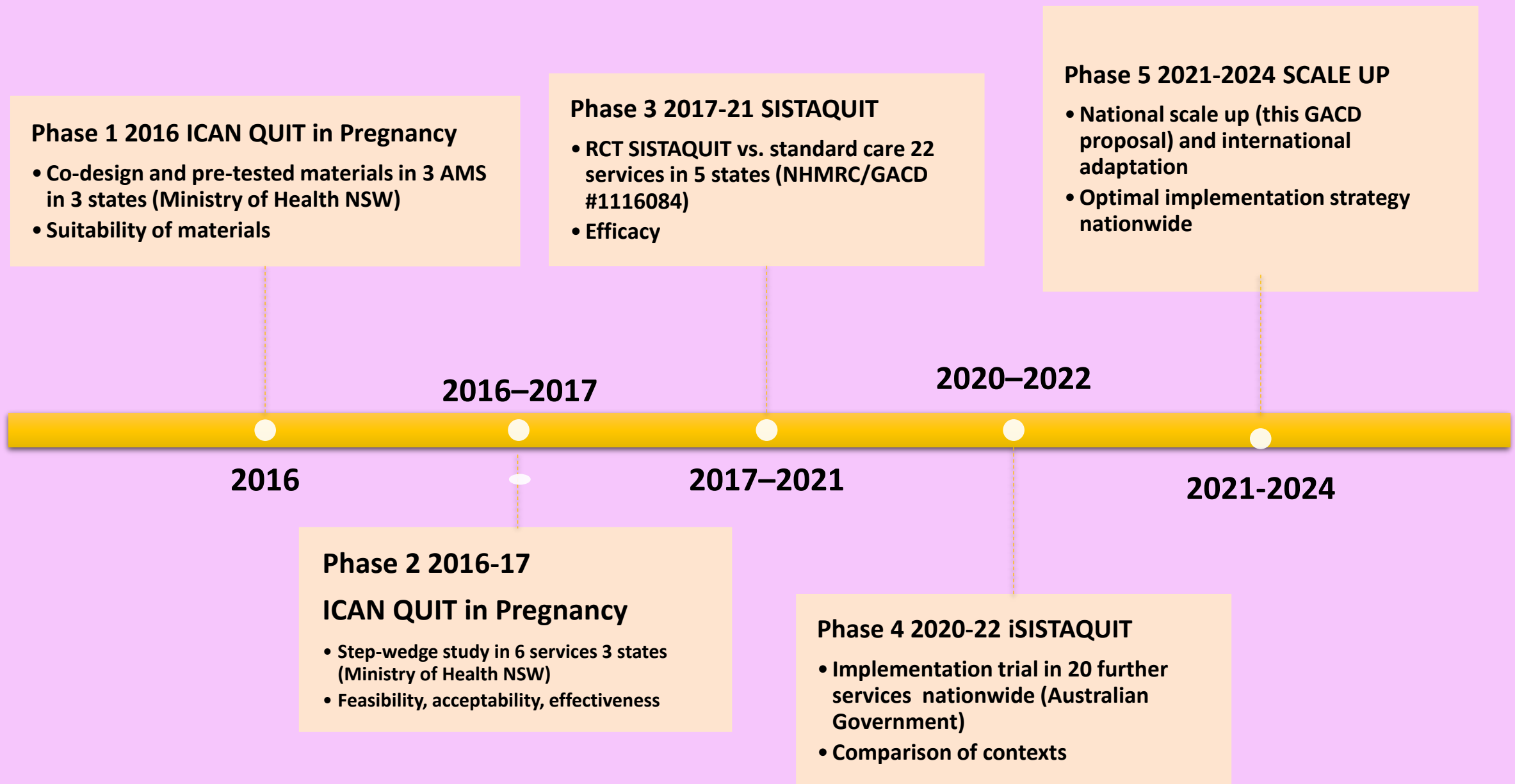
- Smoking is the main risk factor for low birth weight
- Improving birthweight is one of new CTG targets
- 44% pregnant Aboriginal & Torres Strait Islander women smoke
- Higher rates in remote/very remote + NT and WA
- Women are motivated but say they do not get enough help to quit
- Health providers are not confident to provide assistance to pregnant women
- Training of providers can double quit rates (in general)
- Helping women quit helps babies avoid life-long health and behavioural problems

What are Australian health providers offering?



*GP and Obstetricians (N=378)

Bar-Zeev Y, et al. Opportunities missed: A Cross-Sectional Survey of the Provision of Smoking Cessation Care to Pregnant Women by Australian GPs and Obs. Nic & Tob Res. 2017;19(5):636-41.



ABCD Approach



A

ASK & ASSESS smoking

B

BRIEF ADVICE to quit

C

CESSATION – Behaviour Change Techniques (BCT) & Nicotine Replacement Therapy (NRT)

D

DISCUSS family, social and cultural context

What is SISTAQUIT vs iSISTAQUIT?

SISTAQUIT (funded by NHMRC/GACD)

- A randomized trial in 20+ services
- Training in culturally competent evidence-based care for smoking cessation in pregnancy versus usual care
- Health provider and service level data collected
- Pregnant women and babies recruited and followed up to 6 months post-partum

iSISTAQUIT (funded by TIS and DOH)

- Implementation of training in 20 more services
- All sites get the training and resources
- All data collected at health professional and service level (women and babies not recruited)
- Additional social media campaign

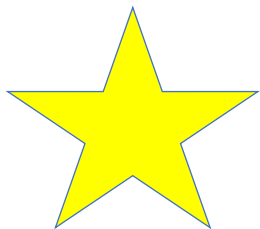


Supporting Indigenous Smokers To Assist Quitting

- 23 services recruited to the trial
[20 ACCHS + 3 mainstream]
- 7 sites are TIS regional teams
- Apunipima, Mawarnkarra, Carbal, Katherine West, Danila Dilba, Awabakal, Galambila
- 90 health providers and 60 women recruited to the trial
- 9 babies in the trial so far
- Trial extended to early 2022

Data! Data! Data! I can't make bricks without clay! Sir Arthur Conan Doyle

- Due to COVID19 - was temporary halt but now recruiting again
- However -
- Existing participants need to be followed up regularly
- Data needs to be supplied by services
- Health providers now have \$50 incentive for surveys
- Staff (CEOs, managers & research facilitators) mid-study interviews to start \$50 incentive



Recruiting Services now - enquiries
isistaquit@newcastle.edu.au



Over 40 Services (mainstream and ACCHO) expressed interest in iSISTAQUIT



11 services ready to sign up + 9 more services needed



All sites get training, resources, CO meter + oral NRT



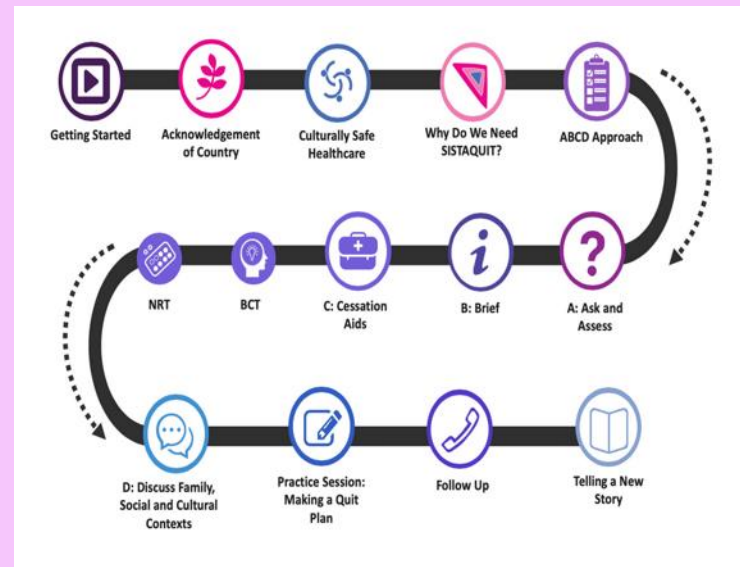
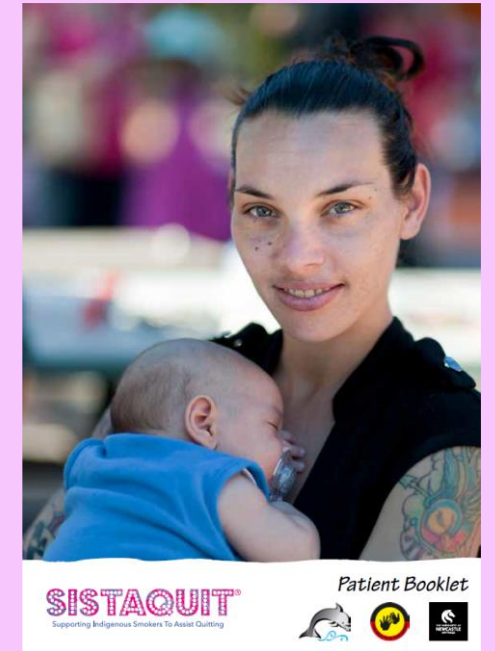
Self-paced Elearning



Communicare/MD templates to guide/record consultations

iSISTAQUIT Resources

- Treatment manual and flip chart
- Patient Booklet
- Posters
- Oral NRT supplies
- eLearning Modules



Culturally safe care - importance and content

In this document, when referring to Aboriginal and Torres Strait Islander peoples' health, we use a holistic approach:

"Aboriginal health means not just the physical well being of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life".

Practices should pay attention to cultural safety for Aboriginal and Torres Strait Islander clients, so women feel encouraged to attend for follow-up healthcare".

As opposed to the terms "Cultural Awareness" and "Cultural Sensitivity" that focus more on raising the awareness and knowledge of individuals about the experiences of cultures that are different from their own", the term "Cultural Safety" includes "...a process of reflection (by the health provider) on his or her own cultural identity and will recognise the impact of his or her culture on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual".

The following are essential features of cultural safety":

1. An understanding of one's own culture.
2. An acknowledgement of difference, and a requirement that caregivers are actively mindful and respectful of differences).
3. It is informed by the theory of power relations - any attempt to depoliticise cultural safety is to miss the point.
4. An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on the lives and wellbeing of First Nations People, both in the past and the present.
5. Its presence or absence is determined by the experience of the recipient of care, it is not defined by the caregiver.



In terms of the clinical interactions between health providers and patients, specifically in regard to the power relationship between them, cultural safety calls for an honest partnership where the power is shared between the two parties, leading to a joint or shared decision making".

iSISTAQUIT Media Campaign to launch Dec 2020



Scoping review of quit messages/media for Aboriginal women in pregnancy COMPLETED



Social media advisory panel READY TO MEET



Contract with Gilimbaa for Filming in 4-5 locations nationally



Channels Facebook, Instagram, radio

We are
HIRING....
Project
Manager for
iSISTAQUIT



[Click here](#)

Project Manager

The University of Newcastle

★★★★☆ 3.2 overall rating ([58 employee reviews](#))

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As part of the University's commitment to increasing Indigenous employment within its workforce, this role is a targeted Aboriginal and Torres Strait Islander position. The University holds an exemption under Section 126 of the Anti-Discrimination Act 1977 (NSW) in relation to its targeted recruiting programs. Please note that both Indigenous and non-Indigenous candidates can apply, however priority will be given to Indigenous candidates who can demonstrate their Indigenous heritage and successfully meet the selection criteria.

Look to the future

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4 Aug 2020

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★★★★☆ 3.2

COVID19, Bushfires and smoking

Important to keep smoking cessation on the agenda for pregnant women

Combined risks of exposure to bushfire smoke and tobacco smoke – e.g. both affect birth weight

Smokers at increased risk of more serious outcomes from COVID19

Stress from disasters make people smoke more

#QUIT4COVID – a great time to quit smoking

Which way?

Smoking Cessation project update

Which Way? is developing an **Indigenous-led** evidence base for smoking cessation care. We are asking Aboriginal and Torres Strait Islander women, smokers and ex-smokers 16 years and over about their smoking and quitting experiences and preferences for cessation support through a **5 minute, online survey**.

230 surveys completed

Mostly from **NSW** and **Qld**

We need help to ensure our Aboriginal and Torres Strait Islander women in other states have their experiences and voices heard!

Contact: michelle.bovill@newcastle.edu.au

