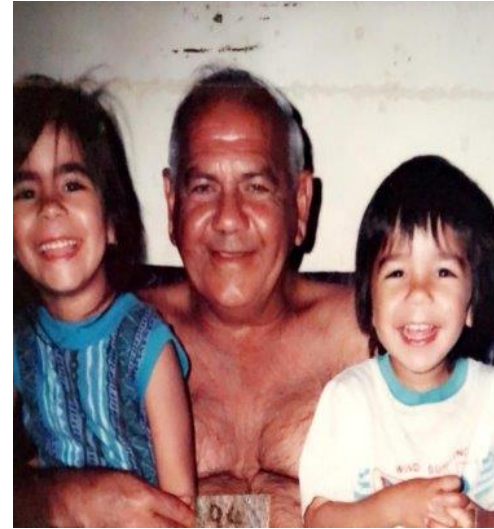
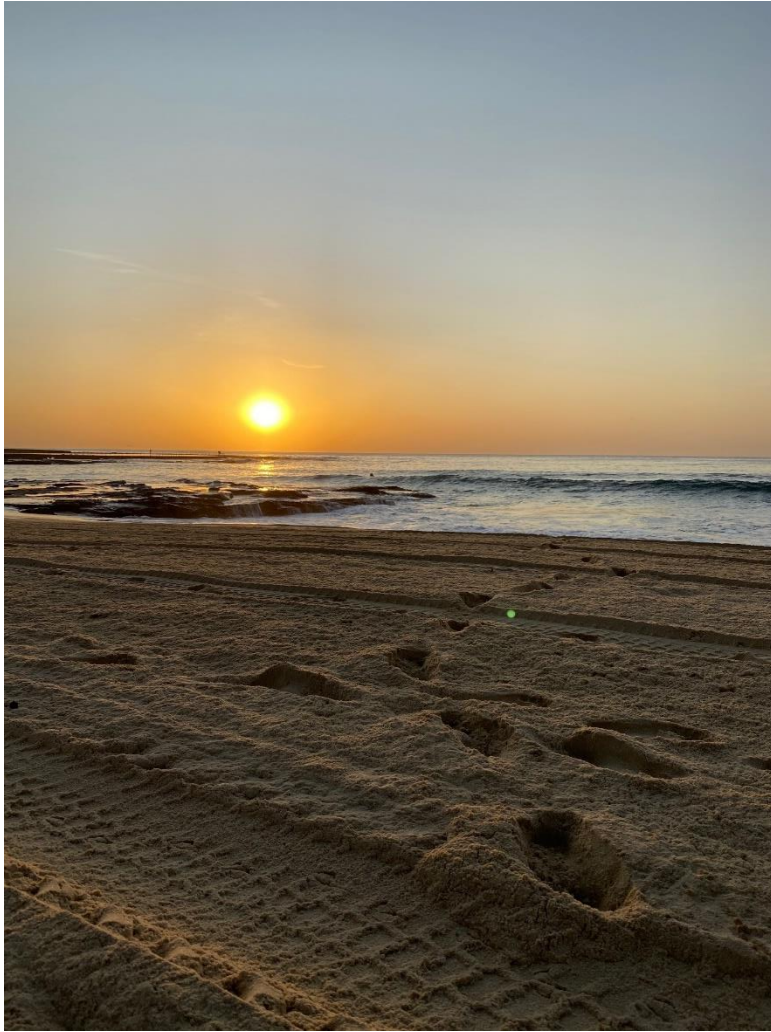


# Aboriginal Quitline

Presentation to NSW – ACT – SA Jurisdictional Workshop

6 April 2022

# Acknowledging Country



# Aboriginal Quitline Team



# Aboriginal Quitline Team

Tamara Earle – Aboriginal Female Quitline Counsellor

*Monday – Thursday*

Emma James – Aboriginal Female Quitline Counsellor

*Tuesday, Wednesday, Thursday*

Vanessa Kendall – Aboriginal Female Quitline Counsellor

*Monday – Wednesday*

Uncle Wayne – Aboriginal Male Quitline Counsellor

*Tuesday, Friday to Sunday*

Kerindy Clarke – Aboriginal Quitline Coordinator

*Monday to Friday*

# What is the coordinator's role?

Over the life of this new plan, we will look at strengthening new and existing partnerships through working collaboratively



## **WE'RE DELIVERING THE BEST POSSIBLE ABORIGINAL QUITLINE SERVICE**

Cultural safety, appropriate, competency  
Support for Aboriginal staff  
Advisory Group input  
Protocols and Processes



## **PEOPLE ARE AWARE OF THE ABORIGINAL QUITLINE**

Promote the service – events, social media, ambassadors, TIS, campaigns  
Resources – updates  
Remote areas, youth events etc.



## **PEOPLE CAN ACCESS THE ABORIGINAL QUITLINE**

Referral pathways  
Training availability  
Partnerships – maternity, Justice Health, AHMRC  
Pilot new models of care (shared care, three way calls)



## **WE MONITOR AND REPORT ON SERVICE PERFORMANCE**

Monthly reporting  
Evaluation of Quitline and embedding recommendations



# Quitline overview

# What is Quitline?

Quitline is a confidential and personal telephone service and provides information, support and advice to help people who smoke to quit and help them stay quit.

Quitline advisors are qualified professionals who are trained specifically in helping people quit smoking. They are **non-judgemental**, and they help people to work out ways that will suit them best to quit.

The Quitline can also provide advice to family and friends of people who smoke.

Quitline offers a call-back program where Callers can receive regular calls over a period of time.

Callers can just speak to Quitline when they want to, but research shows that having more regular support is more effective.

Quitline is open 7am-10.30pm Monday-Friday and 9am-5pm on weekends

# Who is Quitline for?

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Quitline is available for anyone wanting to talk about smoking concerns.

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Callers **do not need to be ready to quit** to call Quitline or enroll in the outbound calls program.

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Calls can focus on information, planning and empowerment until the Caller feels ready to quit.

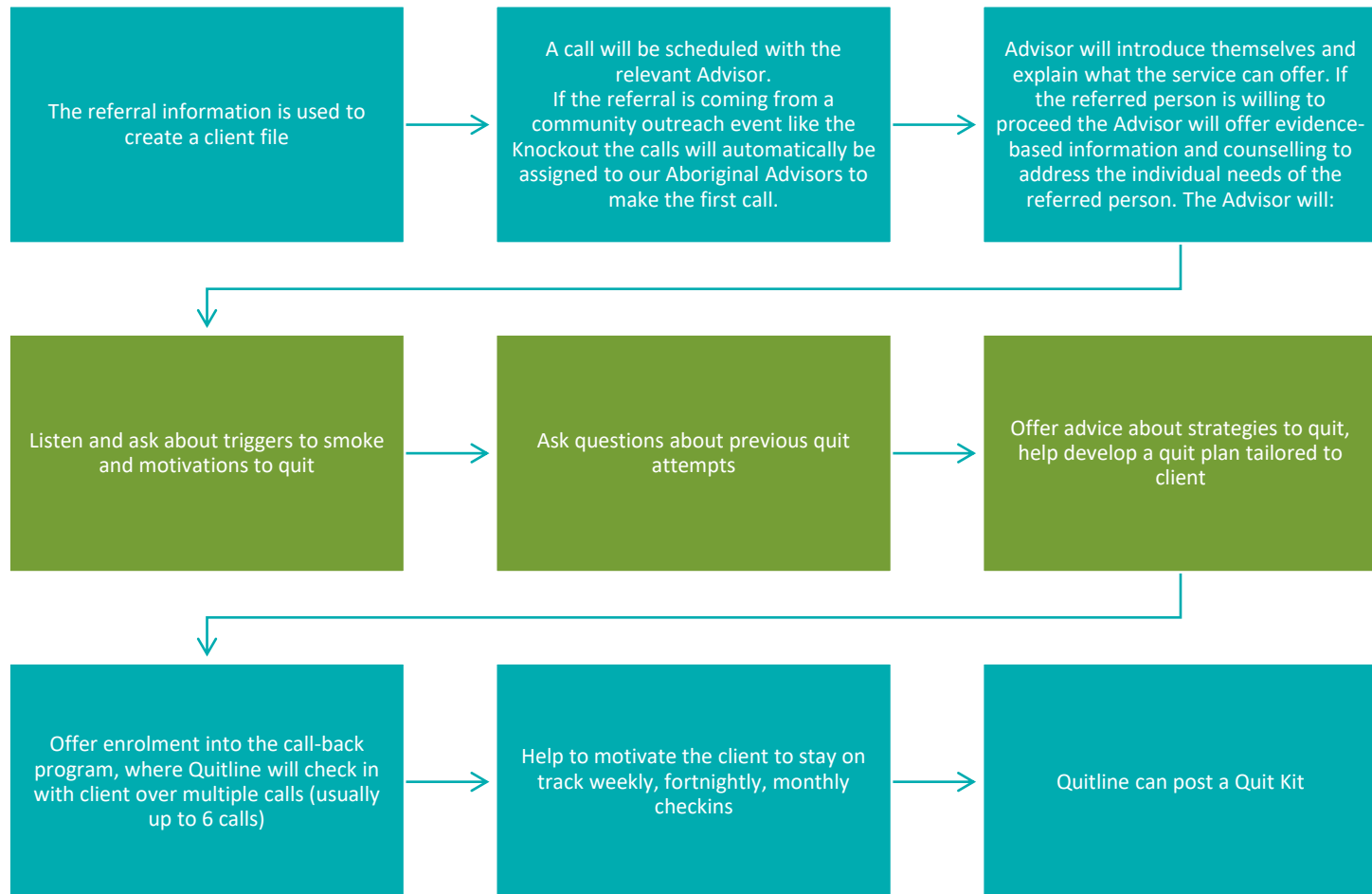
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Quitline has protocols in place to support management of people from different priority groups, including pregnant women.

Female and male Aboriginal advisors are available – you can request this



# What happens when we receive a referral?



# Common Barriers

The client doesn't answer unknown numbers  
Quitline calls come from (02) 8282 3760  
Clients can save this number in their phone (using whatever name they want)  
You can let the client know that Quitline calls within 1-2 days of the referral (unless otherwise requested)

The client agreed to be referred but doesn't intend to engage  
Quitline Advisors are trained to introduce clients to the service, but letting people know how Quitline can help them, can help to break down preconceived ideas that someone might have about the Quitline

The client says they weren't aware they'd been referred  
It's important to let someone know you're referring them to Quitline; you might like to give them a brochure about the Quitline to take away and read

# Quitline Evaluation results

# Aboriginal Quitline evaluation

CINSW undertook an evaluation of the Aboriginal Quitline service, with findings presented across four domains.

The evaluation was granted ethics approval:

- NSW Population and Health Services Research Ethics Committee 2020/ETH01020
- Aboriginal Health & Medical Research Council Ethics Committee 1665/20

1

**Awareness**

(and understanding of the service)

2

**Outcome and benefits**

(experience with Quitline and perceived impact)

3

**Cultural appropriateness**

(safety)

4

**Pathways for access**

(engagement and referral)

# Evaluation approach

## Qualitative research

	TOTAL
Callers	22
Non-callers (with people who smoke)	25
Aboriginal Quitline counsellors/managers	2
Stakeholders (Aboriginal Quitline Advisory Group, AQAG)	4
Stakeholders (health care workers with Aboriginal patients who <b>refer</b> and <b>do not refer</b> )	20

- Due to COVID-19, all interviews were conducted via Zoom or telephone.
- Caller and non-caller interviews averaged 45 minutes while staff and stakeholder interviews averaged 60 minutes.

## Quantitative data analysis



Analysis of Quitline database

1 January 2018 to 31 December 2019

# Referrals

58% of Aboriginal and/or Torres Strait Islander clients had been referred to Quitline and 42% had called Quitline without being referred.

## *2018-2019 referrals*


	%	n
Referred	58%	403
Not referred	42%	288
<b>TOTAL</b>	<b>100%</b>	<b>691</b>

*Filter: Is Aboriginal and/or Torres Strait Islander (derived from Ethnicity, Aboriginal status, and clinical group); base n = 691*

# Awareness and Understanding

Awareness of the Quitline brand was high amongst all groups.

However Aboriginal non-callers in addition to healthcare workers had little understanding of what the service offers.



*“They need to do more to promote it - to get word out there and the local people on side. TV ads and putting some kind of promotion out with real people and their stories.”*

# Barriers

The key barriers for Aboriginal people who smoke to use the service are:

- preference for a face to face service
- perceived cost of the service
- not having a (working) phone
- feelings of shame

*“Could Zoom via the AMS - that's the way in for a lot of older people. If out of big metro areas - go via the AMS. Face to face is very expensive. Group discussions don't work as the right people don't attend. But you could start group discussions in jails via Zoom.”*

**Non-caller, female, aged 35-64, Sydney, trying to quit, occasional smoker**

*“Any help is good help. But a lot of people are too shamed so a lot of Aboriginal people might not call. A lot of people don't have that confidence. Shame factor. We don't like to talk about ourselves too much it's like bragging. A lot of people wouldn't call Quitline.”*

Non-caller, female, aged 18-34, Sydney, daily smoker



# Barriers

Improvement strategies include:

- Implement 3-way conversations with Aboriginal Health Workers in Local Health Districts and Aboriginal Medical Services
- Continue to implement the social media strategy demystifying the Quitline through “Koori Quitline FB page” through sharing stories, profiling counsellors.



*“If health workers are promoting and spruiking - would get more uptake than anything else. Might need to come talk to the health workers to empower them. I’m happy to refer and working phone. I’m hsend off referrals due to issues with credit and people having a appy to do online referrals.”*

# Perceived outcomes and benefits - Callers

- Callers often did not know what to expect from the Quitline service, and it surprised people that they could enrol in a counselling program.
- Most callers felt the service took into account their circumstances and was **customised to their needs**; counsellors **listened to their personal circumstances**. All found counsellors to be **knowledgeable** and able to provide **useful advice**.
- Callers who had quit or cut down (a little over half of caller participants) considered the role Quitline played in their quitting journey to be significant.

*How well-adjusted the female Aboriginal Advisor was. She had personal experience – she disclosed her smoking history which surprised me, but that was probably the most helpful. I could relate to her as an Aboriginal woman. I didn't expect they would have Aboriginal Advisors as they didn't before when I called.”*  
**Caller, female, aged 35-64, regional, quit**

# Drivers for recommending

**All callers said that they would contact Quitline again** if needed, and **they would recommend Quitline** to other people looking to stop smoking.

Drivers for recommending Quitline included:

- its supportive and non-judgemental approach to counselling
- it being a free service
- it keeps you accountable.



# Recommendations

## Recommendations for delivering a culturally safe service include:

1

Actively promote the Aboriginal Quitline, especially the availability of Aboriginal counsellors, through:

- a. additional, targeted promotions distributed via social media, television advertising and the local Aboriginal Medical Services (AMSs), containing 'real' people and stories
- b. face-to-face outreach activities within communities.

2

Promoting the Quitline service as free and confidential, highlighting that Aboriginal counsellors are available for Aboriginal people and healthcare workers.

3

Have more engaging online information about Quitline.

4

Consider the feasibility of providing free NRT to Aboriginal people through Quitline.

5

Continue to ensure a non-judgemental, sensitive, patient and understanding approach to counselling is in place.

6

Ensure all counsellors have completed cultural training and use appropriate language.

# Recommendations

7

Have procedures in place to ensure all Aboriginal callers are offered an Aboriginal counsellor.

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8

Consider having an Aboriginal counsellor with mental health training.

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9

Consider the feasibility of establishing a direct, dedicated, free phone number for the Aboriginal Quitline.

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10

Consider removing procedural limits on counselling, especially the internal performance measures on the length of calls, and the practice of discharging clients after two missed calls.

11

Investigate the feasibility of incorporating a case management approach, whereby an Aboriginal counsellor is allocated to a client.

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12

Consider offering alternative delivery modes, like online chatrooms, Facebook, messenger and Skype, in addition to the telephone service.

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13

To increase referrals, actively promote the service offerings to healthcare workers, including the benefits to patients who smoke.

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14

Provide resources (e.g. guides, training) to healthcare workers to promote and increase referrals to Quitline.

# Engagement Activities



# Opportunities

This space is proudly smoke free

Do you want to be  
smoke free too?



We know quitting is not always easy. Quitline can help you with proven and effective ways to quit and stay quit, that can work for you.

Call Quitline on **13 QUIT (13 7848)** and yarn to one of our Aboriginal Quit Advisors about different ways to quit.

All calls are confidential.

To find out more, visit [iCanQuit.com.au](http://iCanQuit.com.au)  
or follow us on Facebook  
@AboriginalQuitlineNSW  
[www.cancer.nsw.gov.au/quitline-privacy](http://www.cancer.nsw.gov.au/quitline-privacy)



Cancer Institute NSW



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- Invite Aboriginal Quitline to attend a local community event, staff training days, forums to present
- Order promotional items for your community events

# Questions?

For further details:

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Aboriginal Quitline Coordinator

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