

Young Māori Women Smoking Cessation



Designing out inequity

Ministry of Health Case Study

DECEMBER 2020

Acknowledgements

We would like to acknowledge that this mahi would not have been possible without the bravery of many people, including the wāhine who told us their stories, the experts who have been working in this space for many years, the stop smoking providers who have been bravely trying something new, the evaluators who gathered insights and the Ministry who took an honest look at their policies and contracts. System change is hard work, and would not have been possible without the optimism and determination shown by many dedicated people over the past four years.

ThinkPlace is a human-centred, social purpose design agency that was commissioned to work with the Ministry in partnership to improve quit smoking rates for young Māori women. Because this project has spanned over three years, with four distinct phases, a case study was commissioned so the project's whakapapa could be kept in one place.

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Background

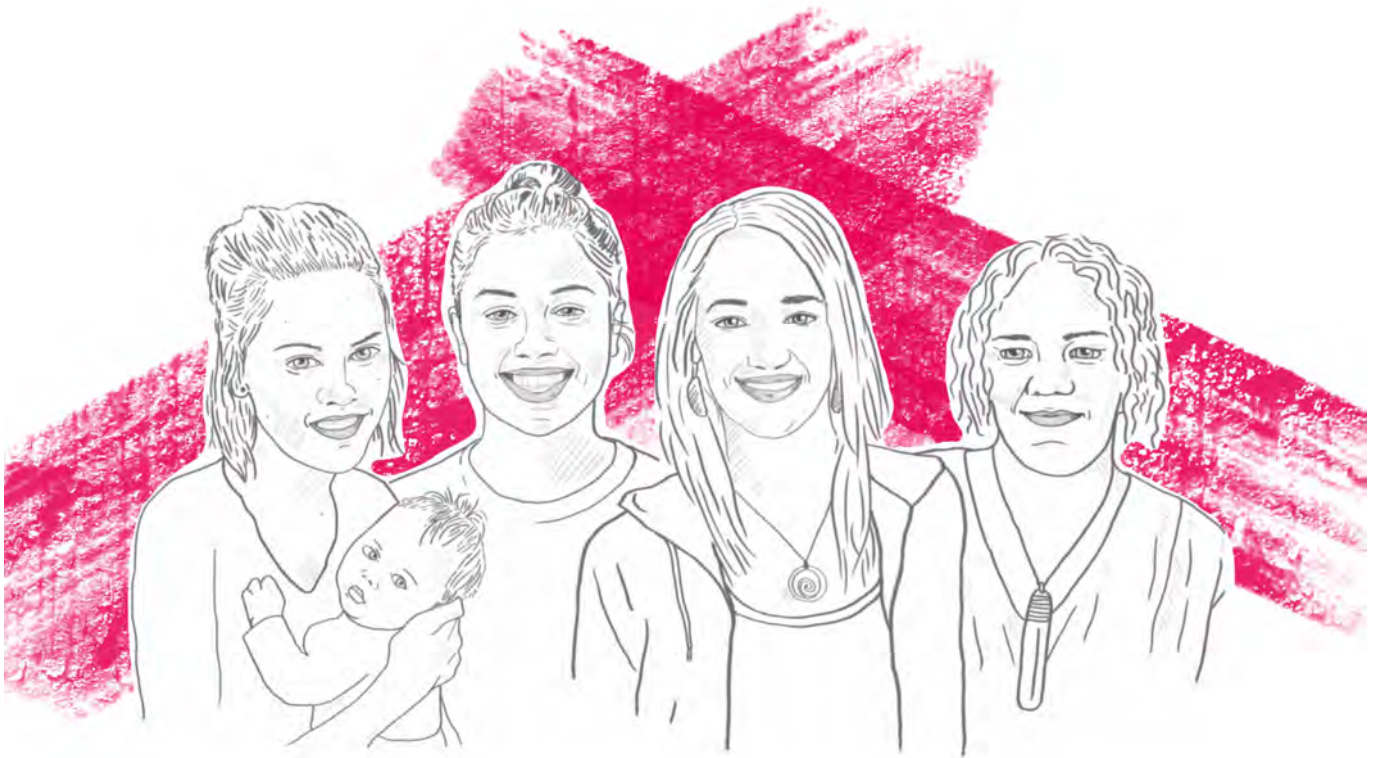
Health equity is a core concern for the Ministry. In March 2019, Dr. Ashley Bloomfield signed off this definition of equity in health:

In Aotearoa New Zealand, people have differences in health that are not only avoidable but **unfair** and **unjust**. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

<https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity>



John Whaanga, Deputy Director-General, Māori Health, says that solving health inequities requires new ways of working, challenging our own pre-conceptions and doing a whole lot of small things to make it better.



Young Māori Women’s Smoking Cessation project

The Young Māori Women’s Smoking Cessation project tackled a health equity challenge with some refreshed thinking, determination, optimism and an experimental mindset that involved a “learn as we go” and “think big, test small, move fast” co-design approach.

Although this project pre-dates the statement about health equity from Dr. Bloomfield, the impetus for the project began with the executive leadership team (ELT) who recognised that smoking prevalence amongst young Māori women was a health equity problem. The sobering health data at the time showed young Māori women still had much higher rates of smoking than others. In 2016, the NZ Health Survey showed that self-reported daily smoking for Māori women aged between 18 and 24 was 42.7% compared with 8.6% of non-Māori women of the same age.

Key persons within the Ministry including from the Tobacco Control, Māori and Client Insights and Analytics teams came together as a working group and were asking these questions:

- Why and when do young Māori women start smoking?
.....
- Why does this inequity exist when there are stop smoking services available?
.....
- Why aren’t those services working for young Māori women?
.....
- What is happening in the lives of young Māori women that keeps them smoking?
.....
- How can we shift the services to better meet their needs?

The Ministry team approached the challenge with a “learn by doing”, or what they sometimes referred to as a “sand box”, concept. That is, using a non-judgmental experimental mindset, recording the learning as well as the findings, being comfortable with ambiguity, having a tolerance for mistakes, being brave and optimistic and embracing the new. They were unwavering in their determination to try a new method and they knew that complex, intractable problems were a good match for design thinking processes and co-design methods.

In addition, it was agreed that young Māori women are a precious group – their health needs to be valued and cherished. The process of design needed to keep this value at the centre of the project’s aims and activities.

Background

Here are some definitions of design techniques:

Design thinking

Design thinking is a creative problem-solving method that always keeps the human at the centre of the challenge. Design thinking explores the experience, product or service with a refreshed view of what is happening with the “end user” in mind (in this case, young Māori women and stop smoking services). The way to do that is to discover and listen intently to what people are experiencing. The methods used to reflect the experiences are creative – insights, narratives, personas, journey maps and other artefacts that tell the story.

Co-design

Co-design is a participatory process whereby teams work directly with those involved in the change. This includes the end users and other actors in the system.

Prototyping

Prototyping is a part of the design process that aims to try something in a safe to fail, experimental fashion. Prototyping de-risks the process because it uses a rapid-fire method to bring ideas together fast and try them without a commitment to changing the whole system until there are some observations about how it worked in practice.

Prototypes

Prototypes are the outputs of the prototyping phase – either products or services.

This project has been an exemplar of best practice design thinking in the following ways:

The topic lent itself perfectly to design because it is a “**wicked problem**”; a problem that is complex and its features or causes are nebulous, or there could be multiple causes or explanatory features that are all functioning within a system.

The project had **mandate and support** from the right people within the Ministry, including senior management and the Director General.

The project leaders, the project team and the commissioning agency all held the **right mindsets** of unwavering optimism, experimentation, innovation and a steadfast belief that things could and should be better for this cohort.

There was a **dedicated core team** within the Ministry supported by their managers, that carved out the necessary time and budget.

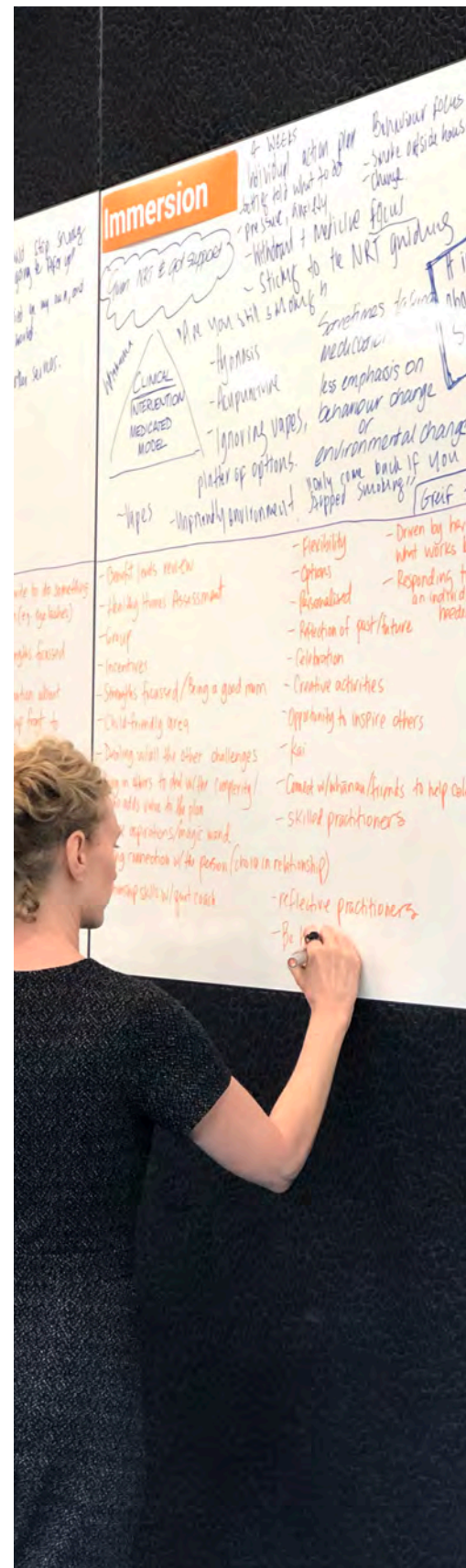
The project included a **co-commissioning of statisticians, clinicians and researchers** who provided data from the IDI (Integrated Data Infrastructure), clinical oversight and evidence briefs, thus strengthening the self-reported narrative data gathered by the design team.

The project was evaluated by a team of **Māori evaluators** who were separate from the design team and integral to the understanding of the project’s value.

The Ministry **shared their learnings and the content** of the project widely and freely with others within the Ministry.

The project has been carefully considered at each phase and the process allowed for an **emergent practice**; flexibility and pivoting when needed were essential to the best outcome.

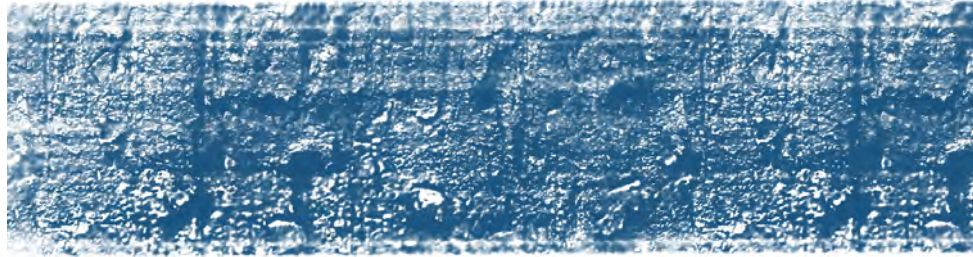
The young women’s lived experiences were always front and centre.



whakapapa.

The project

In this section you will find an overview of each of the four phases of this project.



2017

Phase one:
Discovery and insights

2018

Phase two:
**Prototyping, trialling
and evaluation**

2019

Phase three:
Best practice development

2020

Phase four:
Guidance evaluation

Phase one

Discovery and insights

The project began in early 2017 because the ELT team was ready to learn more about this issue and try something different. ThinkPlace was commissioned to kick off a design process, and a design team was formed with Ministry staff from the Tobacco Control Team and Māori Health Directorate, and other broader groups.

The aim was to unlock new insights into the complexities surrounding the lives of young Māori women (aged 18 to 24) who smoke. The aim was to help the Ministry of Health identify new ideas and areas of opportunity which could positively narrow existing age and ethnicity disparities in smoking rates and halt the transference of smoking across generations.



Narrative data

As a core design team, 37 face-to-face, semi-structured interviews about smoking with wāhine Māori were undertaken at various locations across the country. Some women brought a friend along, so 50 were interviewed in total. The Ministry team was paired up with ThinkPlace researchers.

The following provider sites helped with recruitment:

Ngāti Hine Hauora
Kawakawa Northland

Turuki Health
Mangere Auckland

Wesley Community Services
Porirua

Kokiri Marae
Lower Hutt

Māori Women's Refuge
Wellington City



At all times, ethical and cultural guidelines were adhered to. These included gaining consent, offering koha, inviting the young women to bring a buddy or support person with them to interviews, bringing kai and interviewing in places the women chose (usually the provider sites above or in the women's homes).

Once the interviews were completed, two full days were spent guided by ThinkPlace to mine the interview transcripts for themes using a range of design methodologies. The design team synthesised the themes and made the leap to meaningful insights.

Project insights

The core design team distilled themes from the interview into six key insights. The insights read like personal revelations and are generally written in the first person. This style demonstrates the strength of the Ministry's learning from the interviews.

1

The environment where young Māori women live, learn, socialise, work and belong is also the environment in which they learn to smoke, continue to smoke and try to quit smoking.

2

We learnt the women who smoke were aware of the personal and social costs of smoking. Some were conflicted about this and may not be ready or able to give up.

3

We learnt that the women weren't aware of what was available to help them, and if they had accessed programmes, they had rarely been effective for them.

4

We learnt that smoking is a coping mechanism for stress, and many women are reluctant to stop. Many fear quitting because they have nothing to replace smoking with or are fearful of withdrawal.

5

We observed how insightful, open and adaptive many of the women were.

6

We heard about, and in some instances were confronted by, the complexity and challenges of the women's lives.

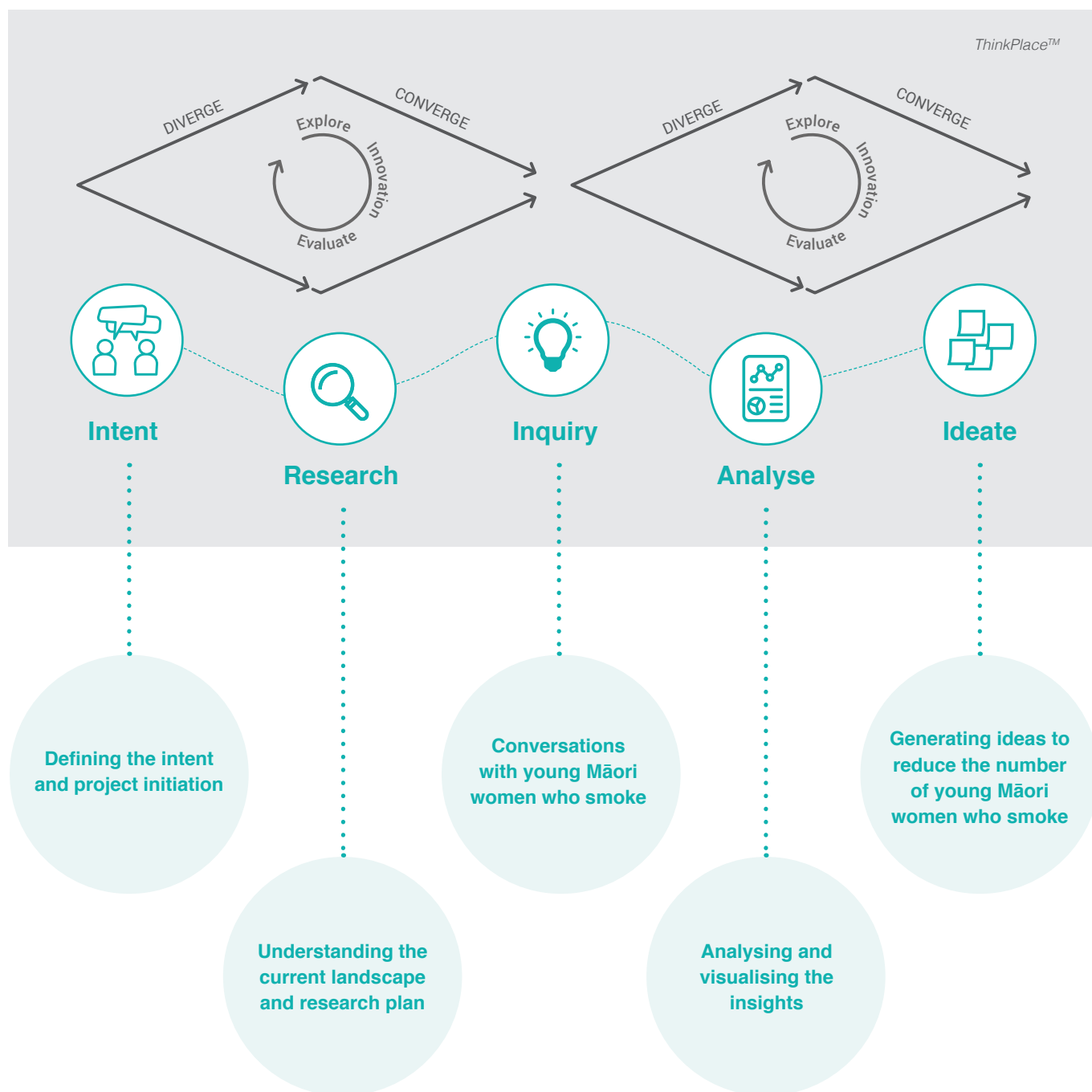
IDI data

In addition to the narrative data, the design team wanted to ask different questions of the IDI to understand where young Māori women lived, learnt, played and belonged as part of developing a richer picture of their lives. A statistical analysis of relevant data from the IDI was commissioned that included descriptive statistics, a test of the variables to look for the likely determinants and some predictive modelling. The statistical team also published a report of their findings and a "how to" learning guide to document the process in hopes that it could be repeated for other topics in the future for the Ministry.

Phase one

Our design approach

This basic design framework guided the project:





Phase one

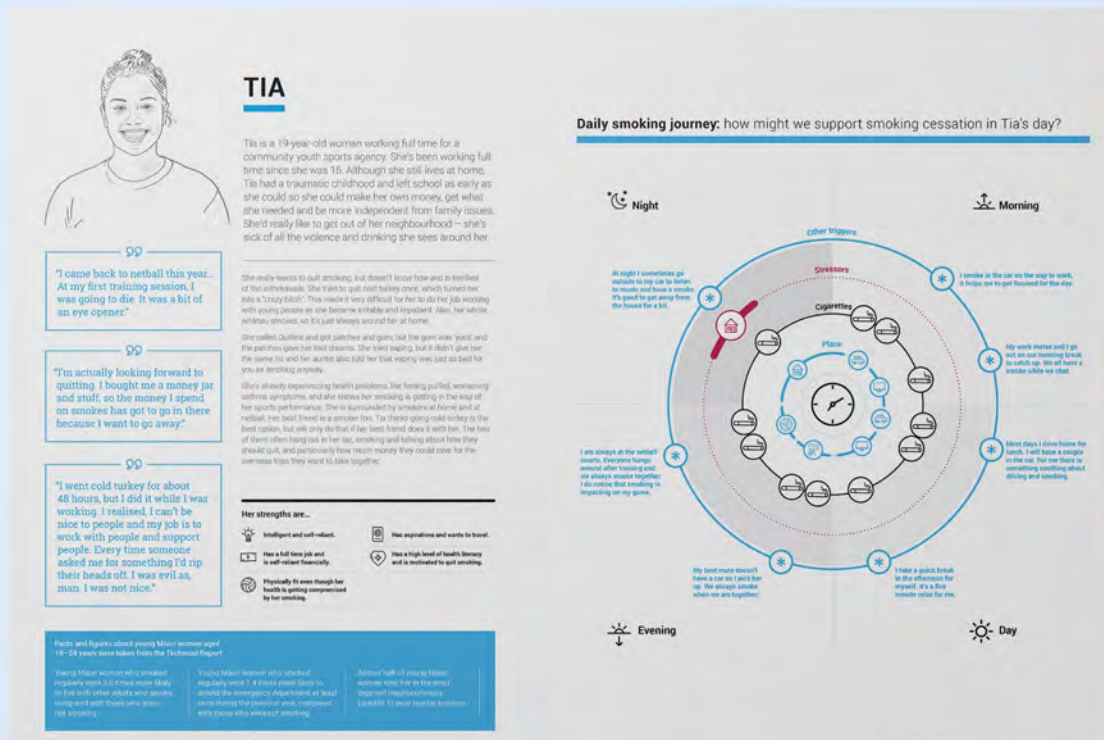
Design tools created

Once we understood the key insights from the interviews and the data, the team co-designed five personas to help illustrate the personal stories, with daily smoking maps that highlighted the triggers for smoking in a typical day.

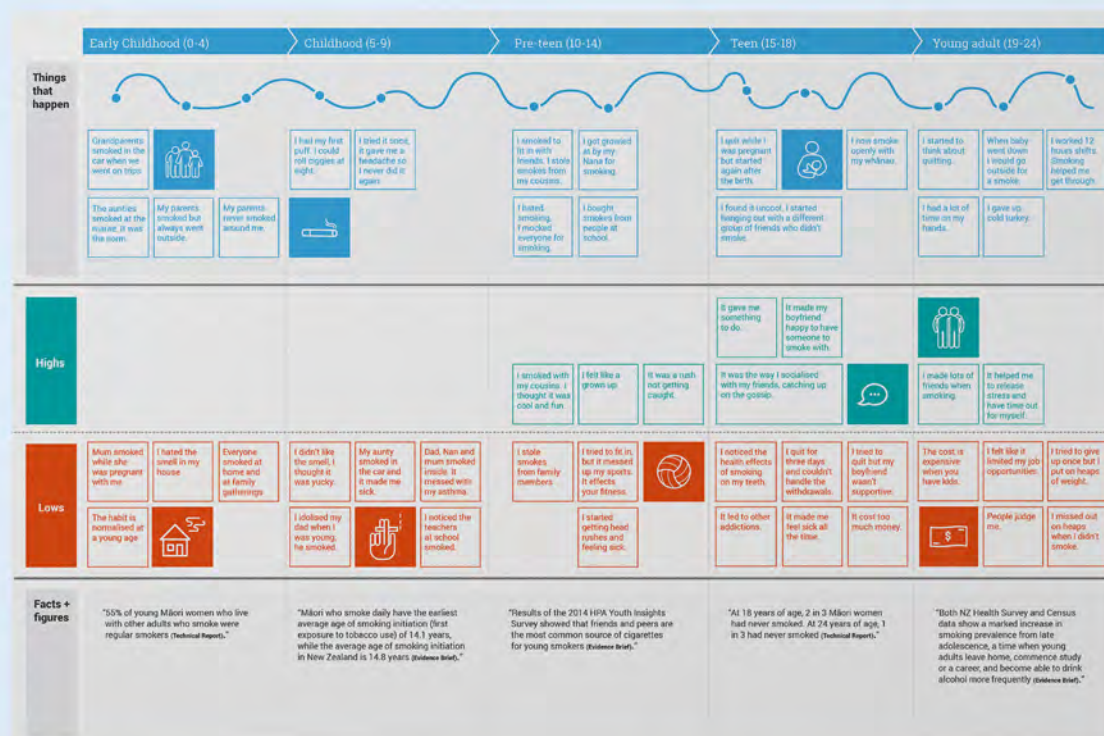
The impetus for developing personas and smoking maps was to ensure that future improvements to stop smoking service offerings were “humanised” to include the realities facing young Māori women. It becomes evident that the daily smoking triggers were very different, thus design solutions needed to accommodate for those individual needs.



Personas and daily smoking journey maps



The highs and lows of smoking across different stages of life



Phase one

Learning reflection

The Ministry extensively recorded their learning from phase one in two ways.

Because a co-design project was new for the Ministry, they took care to record the learning and explored what worked well, what could be improved and what stretched the team into new territory. The learnings were recorded in a document written by ThinkPlace in August 2017.

A companion document was written by the IDI statisticians who produced a “how to” guide that narrates the methods used and provides tips for repeating the process in future¹.



¹ https://www.health.govt.nz/system/files/documents/pages/mwsanalytics_how-to_guide_to_undertaking_analysis_june2017.pdf

In an internal memo dated 7 August 2017, the project learnings were summarised in the following table:

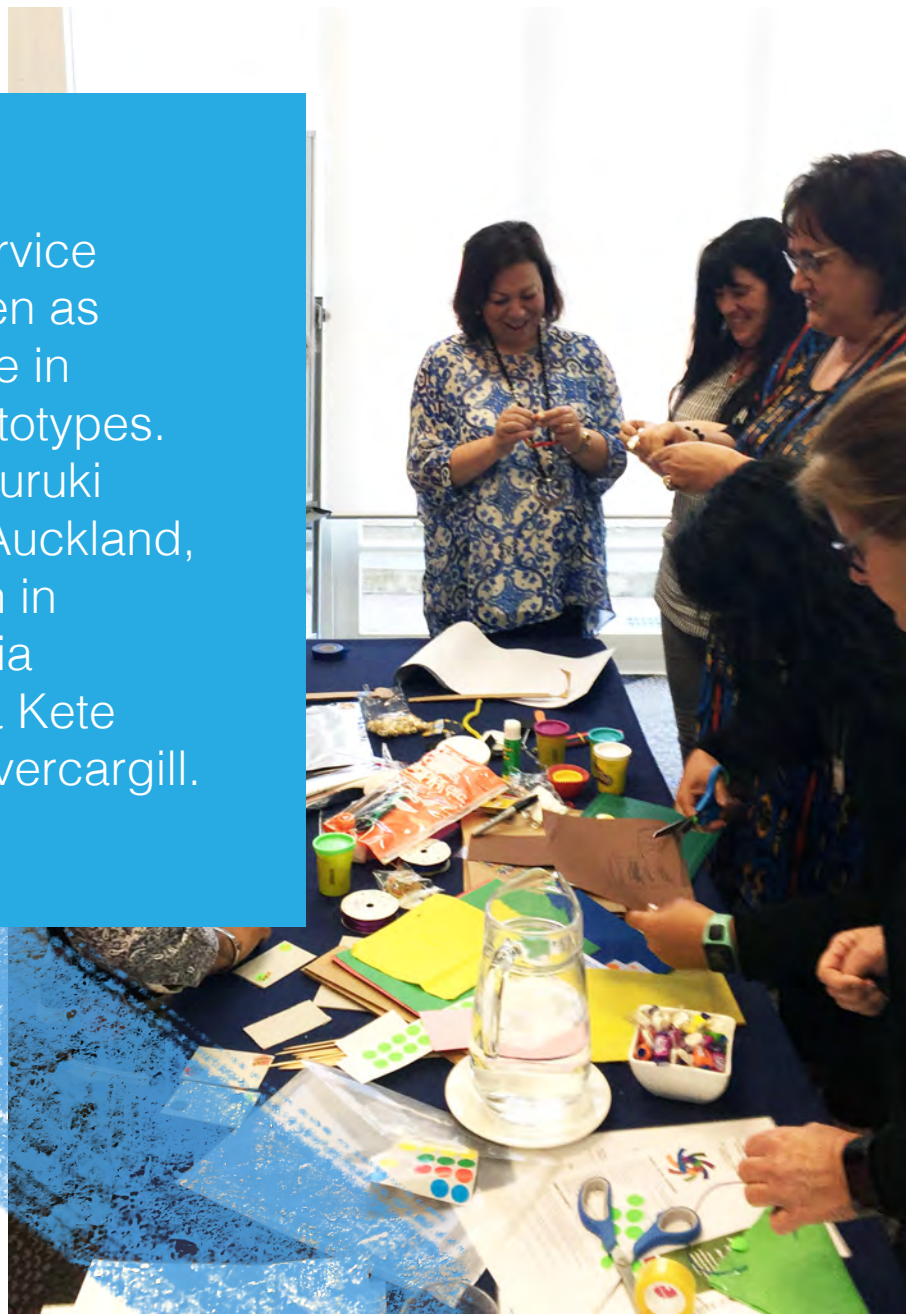
From:	To:	Evidence
General understanding of the Māori population who smoke	Statistical picture of the population of young Māori women (18-24 years) who smoke	Technical report "Young Māori women who smoke" June 2017 and Summary of Results
Assumptions about why Māori as a population smoke including why young Māori women smoke	Deep understanding of the complexity of the lives of specific young Māori women, the impact of smoking and barriers to quitting	Insight report "Exploring why young Māori women smoke: taking a new approach to understanding the experiences of people in our communities" August 2017
One size fits all smoking cessation services that work less well for young Māori women	New insights, ideas and tools to inform better tailored and targeted services for young Māori women who smoke	Five personas Tools to illustrate areas of opportunity for service design
Broad literature base across the smoking cessation landscape	Better understanding of the smoking cessation literature as it relates to smoking among young people, and in particular, young Māori women	Evidence brief "Young Māori women who smoke" June 2017
Traditional top-down operating model and teams working in silos to develop policy and service delivery solutions	Joined-up multi-disciplinary team collaboratively focused on understanding people and whānau first and commitment to better joined-up policy and service design	Reflections on the design process "I knew our interventions were not working for these young women, but now I know why. And the reason I know why is because I have heard their stories" Jane Chambers, Tobacco Control Manager and member of the co-design team Reflections on the design process: an exploration of why young Māori women smoke August 2017 Maori womens' smoking analytics 'How-to' guide for the Ministry of Health to undertaking analysis using the IDI June 2017
Third party evidence in literature and anecdotal sources of client voice	Authentic engagement and conversations with community providers and young Māori women contributing to new empathetic understandings and the value-add of talking to real people, in real time and not just traditional formulaic methods	Engagement with the young women "It felt like I was talking to whānau" Wahine, Kawakawa Feedback from the young women highlighted how empowering the process was for them

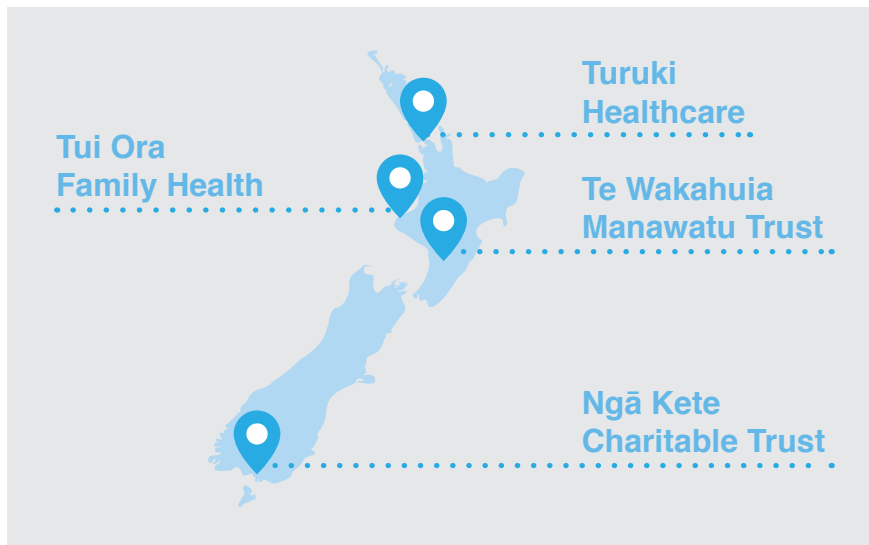
Phase two

Prototyping, trialling and evaluation

Following the research and insights phase, the Ministry commissioned ThinkPlace again as a design partner to move the knowledge gained from the insights into a prototyping and trial phase of new service solutions.

Four quit smoking service providers were chosen as partners to participate in creating different prototypes. The providers were Turuki Healthcare in South Auckland, Tui Ora Family Health in Taranaki, Te Wakahuia Manawatu Trust, Ngā Kete Charitable Trust in Invercargill.





Prototype development

Two participants from each health provider site gathered to take part in a rapid two-day prototype development activity.

The participants were comprised of either a manager or a chief executive from each site, along with another nominated team member.

The session was intended to get the participants working with the insights, thinking fast and getting ideas out quickly, and then turning their ideas into prototypes for trial implementation back at their local clinics.

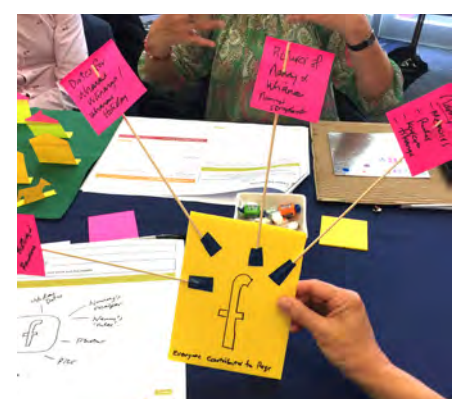
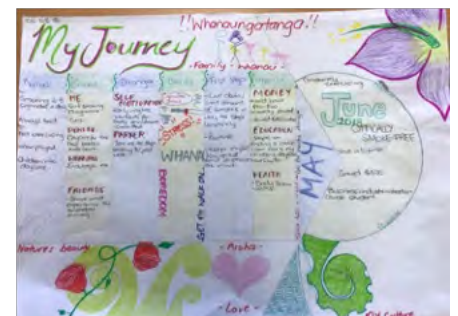
Implementation

The four provider sites were offered coaching time with ThinkPlace to further refine and define their prototype designs.

Three of the four sites took up the coaching time; one site already had quite a well-developed idea and experience in design so didn't use the coaching. The four sites all tried to utilise some type of group sessions whereby the wāhine attendees would have some mandate over the process.

There were challenges with the implementation that involved stretched budgets, hesitance of some wāhine to participate, confusion from the quit coaches (especially if they weren't involved in the original prototype development) and low participant numbers in the regions in the timeframe they were needed.

Nevertheless, the four sites successfully brought at least part of their prototypes to life for a trial period.

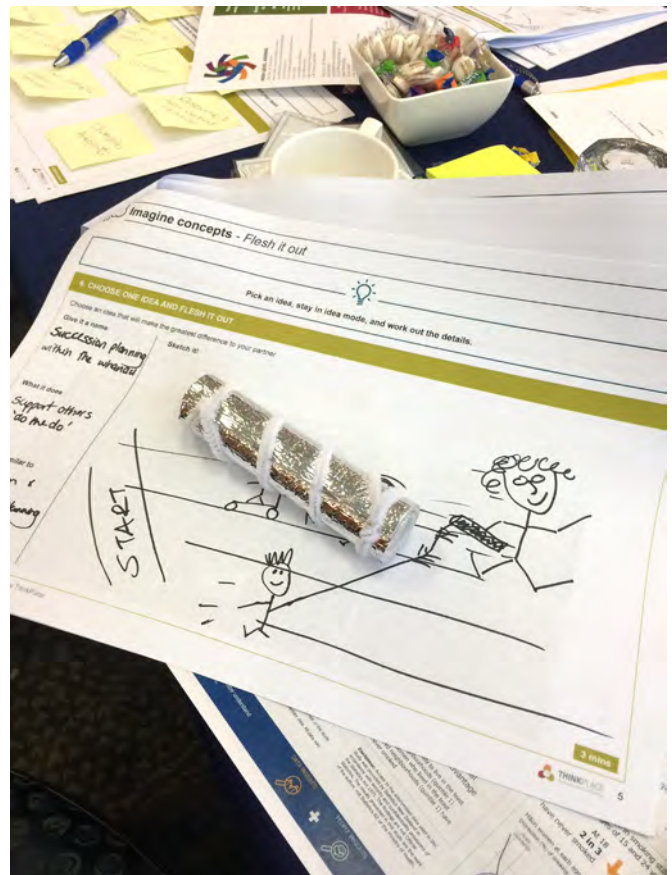


Phase two

Prototype trials and the developmental evaluation

The trials ran over a period of about eight months. Alongside the trials, the prototypes were closely evaluated by Māori evaluators at Research Evaluation Consultancy, Ltd². Their developmental evaluation style was a reflective approach whereby they asked questions in real time as the providers learned from this trial phase.

² <https://www.health.govt.nz/system/files/documents/publications/addressing-challenges-young-maori-women-smoke-nov18.pdf>



A brief description of each prototype as described by the evaluators follows.

Ngā Kete Mātauranga Pounamu Charitable Trust

The prototype: Ngākau Manawa

The tikanga (principle) underlying Ngā Kete's prototype development was the protection of whakapapa. It recognises that smoking alters DNA and smoking during pregnancy increases risk. The Ngā Kete prototypes therefore targeted hapū (pregnant) wāhine, and wāhine with new pēpi (babies) or small children.

Their response from the insights was to:

- Provide strategies to reduce stress during pregnancy and parenting with education and support when giving up smoking
- Provide a positive rationale to give up smoking and staying connected to be there when wāhine are ready
- Encourage and use wāhine-led strategies for work, recreation and whānau contexts.

Key features were:

- Providing access to alternative nicotine replacement therapy (NRT) options – particularly for women motivated to go cold turkey – alongside having a solid plan for identifying and managing all potential triggers
- Being responsive to the needs of women – meeting them at a time and place convenient to them, including outside of normal business hours; rescheduling appointments as often as necessary; and letting women determine the focus of engagement (Ngākau Manawa)
- Maintaining a light-touch contact and a welcome open-door policy – women could come back into the programme if they dropped out and were ready to restart or try again, or seek other non-smoking related support or information
- Using incentives – \$20 vouchers if women were smokefree at weeks four, eight and twelve.

Te Wakahuia Manawatu Trust Hauora

The prototype: Noho Marae

Their response from the insights was to:

- Provide supportive environments such as noho marae and support groups to get through the first 72 hours of quitting smoking and addressing the fear of withdrawal
- Reframe quitting by placing it in the context of living well and downplaying the idea of quitting smoking as a purely medical intervention
- Make quitting social, with flexible and fun choices in programme activities
- Making non-smoking more social than smoking and fostering new social and supportive connections through group-based activities
- Take a strengths-based approach and building on wāhine strengths to improve the wider aspects, conditions and circumstances of their lives and connecting them to wider support and services.

Tui Ora Family Health

The prototype:
Lifestyle Disruption

Tui Ora tested a holistic, Whānau Ora approach to engaging and working alongside wāhine to address their smoking as part of their broader oranga (wellbeing) journey. It was originally based on its New Year/New You programme. With cycles of learning to test and adapt the programme's approach with wāhine and staff, the design went through several iterations.

Lifestyle Disruption was led by a Whānau Ora team. The team worked with wāhine individually and collectively through monthly group wānanga, to develop the building blocks for wāhine to sustain a smokefree life, alongside stop smoking and other critical support services. The wāhine were receptive to the Whānau Ora approach as it was 'different' to previous cessation approaches.

With Whānau Ora as the starting point, the team worked with wāhine to address issues of importance to them. Such issues included reducing social isolation, addressing self-healing, nutrition and activity, exploring further education and employment, and supporting their tamariki – as well as smoking cessation.

Turuki Health Care

The prototype:
Te Ara Tika

*Te Ara Tika – HAU ORA
Wāhine Wellness Programme*

**The insights
considered were:**

- Provide positive environments, people, affirmation
- Reframe quitting by placing it in the context of living well
- Decrease judgement towards young Māori women who smoke
- Remove the emphasis on quitting as a medical problem.

Turuki developed and tested Te Ara Tika – a pathway of women's own truth. The Programme was a 12-week, group-based programme conducted in three phases with a strong emphasis on hauora-wellness and holistic care to become smokefree. The three phases together incorporated whanaungatanga (building relationships), individual and group PATH planning, navigational support to deal with issues, ongoing support to implement their plans, provision of information and people that could help them move toward their ideal smokefree lifestyle, and celebration of their achievements.



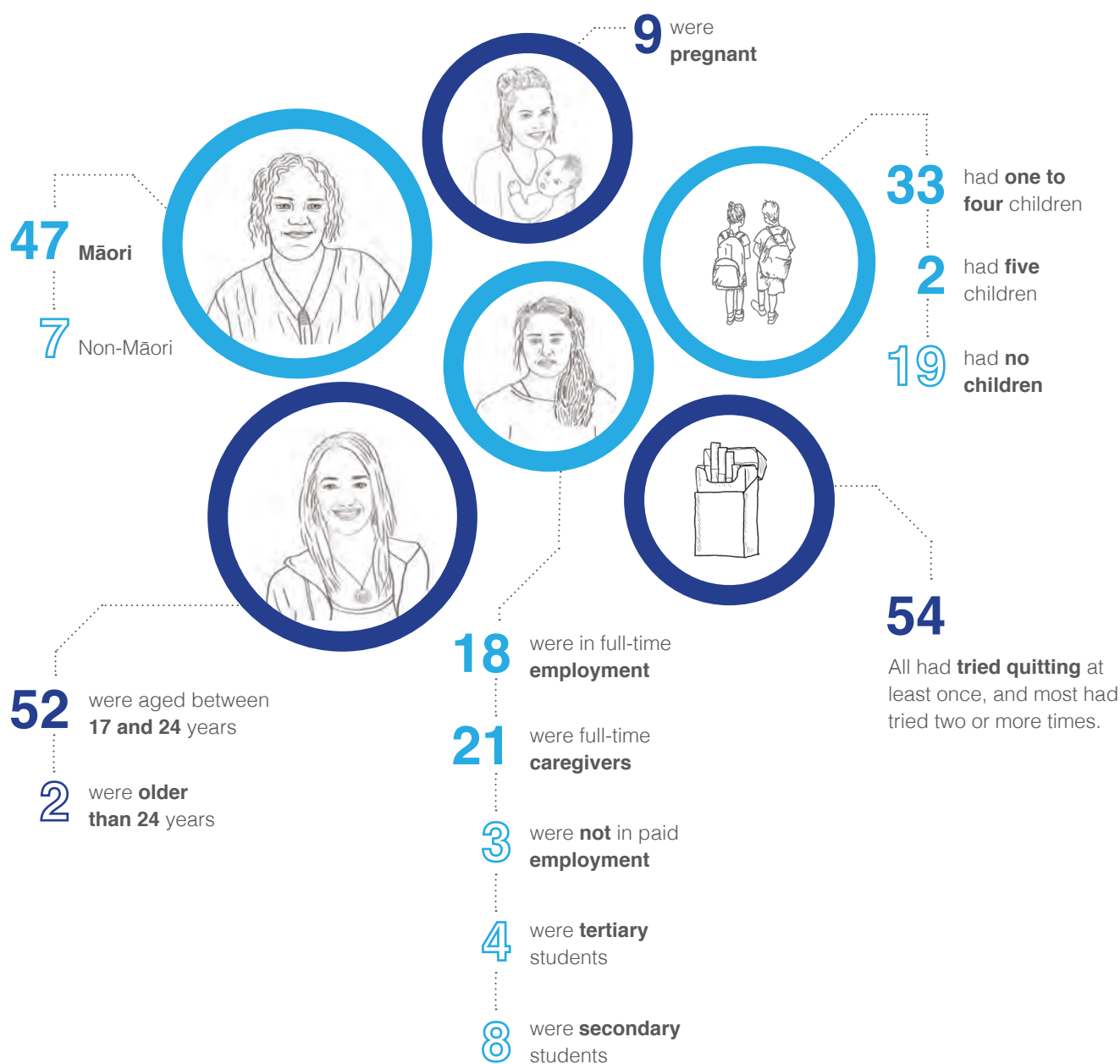
Ngā Kete – Ngākau Manawa



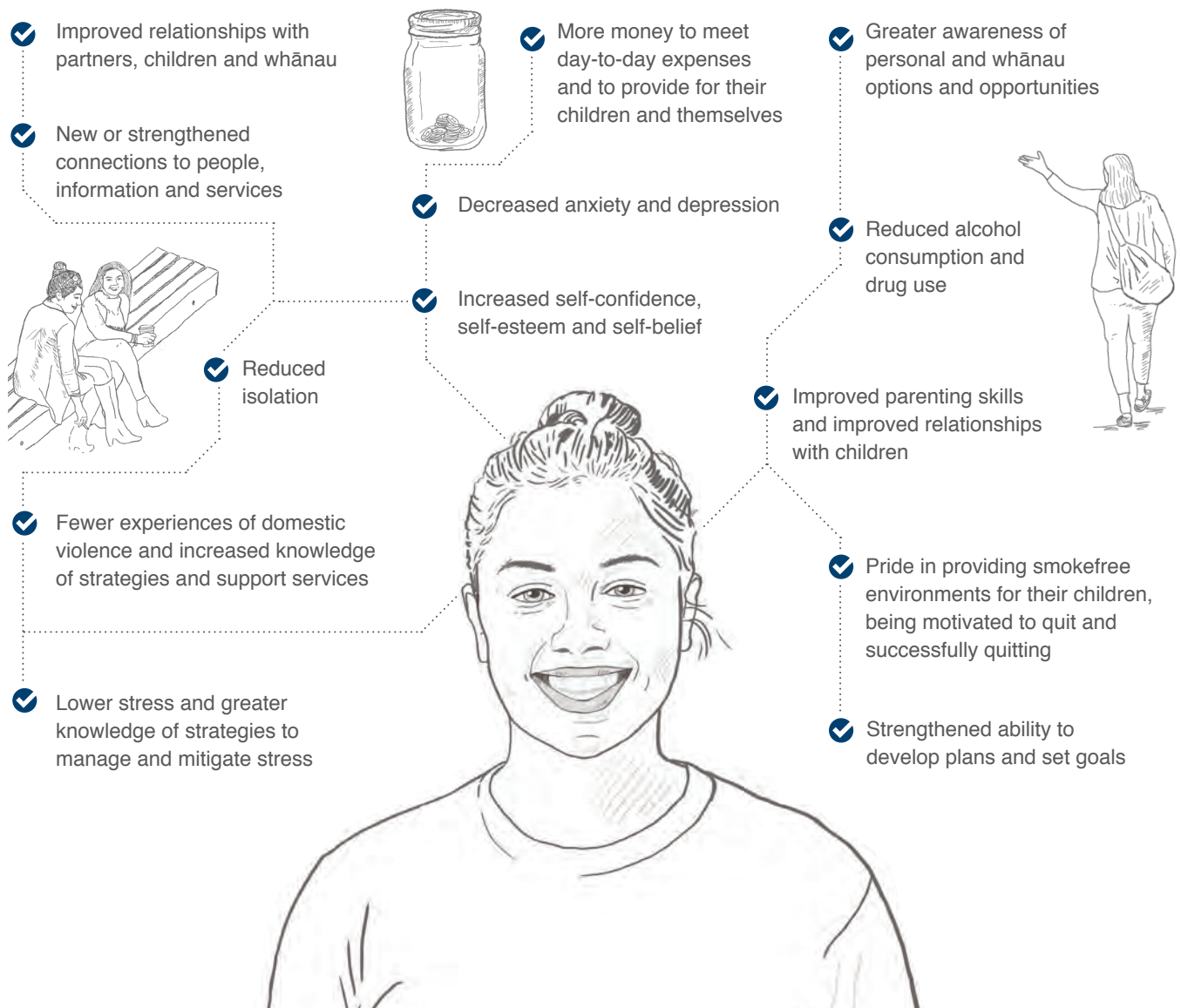
Phase two

The evaluation's key findings

Across the four sites, 54 wāhine participated in the prototypes.



The findings demonstrated a range of positive outcomes for the participants of the prototypes, including:



Phase two

Five key elements for success

Across the four prototypes, five elements were highlighted by the evaluators as being critical to success.



- 1 A holistic wellbeing approach**
– looking to address whole-of-life issues facing young Māori women and addressing smoking cessation within this context.



- 2 Reframing quitting in the context of living well** – using goal-setting and planning processes to identify and prioritise personal and whānau wellbeing goals that are important to the women.



- 3 Being responsive to the needs of women with priorities set by the women** – employing a 'whatever it takes' mentality when responding to engagement issues and supporting women to lead their own development and set their own priorities.



- 4 Making non-smoking more attractive than smoking**
– creating positive, social and supportive environments for the women by facilitating connections with their peers.



- 5 Using culture as a connector and enabler** – using tikanga (Māori cultural practices and principles) to connect women to each other and their cultural roots, and to affirm their identity as Māori.

The evaluation noted the following key shifts that the Ministry should consider:

Shifting the focus

From:

To:

<i>Single issue focus</i>	<i>Holistic wellbeing focus</i>
<i>Short four-week timeframe</i>	<i>Longer timeframe 8-weeks plus</i>
<i>Outputs</i>	<i>Outcomes</i>
<i>Prescribed</i>	<i>Wāhine led, adaptive, flexible</i>
<i>Sessions</i>	<i>Suite of support</i>
<i>Deficit</i>	<i>Strengths</i>
<i>Measuring quitting</i>	<i>Measuring change</i>
<i>Wait and see</i>	<i>Actively identify and engage</i>
<i>Quitting smoking</i>	<i>Protection of whakapapa</i>
<i>Mainstream</i>	<i>Te ao Māori</i>
<i>Individualised journey</i>	<i>Community/group support</i>
<i>Service orientation</i>	<i>Relational orientation</i>

In addition, the evaluators recommended the Ministry retain the co-design and evaluation aspects as the new ways of working scale up and out; they highlighted the value of this “learn by doing” design approach. They also advised that provider contracts should be flexible and well-resourced to allow for the emerging innovation and allow time for a more relational style of engaging wāhine Māori.

Phase three

Best practice development

Phase three of the project was designed to further “stress test” the five key elements for success outlined by the evaluators from phase two.

An expert working group was formed to consider all the outputs from phases one and two, and to co-create a set of principles to help guide best practice for working with young Māori women to stop smoking.

The working group of 14 participants included: stop smoking providers and quit coaches, one of the evaluators, clinical experts, Ministry commissioning and policy staff, managers and researchers, and designers from ThinkPlace.

The working group came together four times in Wellington from March to June 2019. Each hui was a day-long design process where the team tested and formed the concepts from the insights, prototypes and evaluations into a final view. The outcome was not predetermined, but the project ended in developing a set of best practice guidance principles for stop smoking services.



Here is a brief overview of each hui:

Hui 1

The group deepened their understanding of the core elements of the evaluation and thought carefully about what each of the elements meant and how they might be used in practice.



Hui 2



A persona, created from phase one, was used to walk through a compelling experience framework, which is a design tool to think about a human-centred experience. The persona, “Marama”, was used to think about how we might turn a “disease-centred” or “cigarette-centred” experience into an experience that had Marama’s needs in mind, shifting to a “wahine-centred” experience. A journey through the system was created, and the best possible experience was articulated.

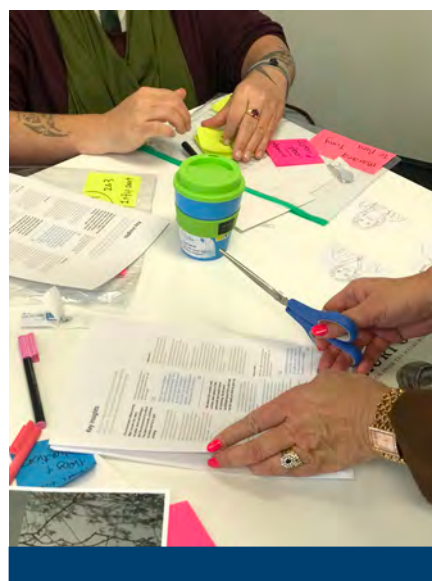
Hui 3

This hui was designed to converge and clarify the thinking that was created in hui 2. Each of the elements created in the compelling experience were considered on their own. The group voted for each element that should be deleted, edited or accepted. Once the elements were agreed, the group had a discussion about system change and pondered the pros and cons of changing the way of working in the current system and the role of the Ministry and of service providers.



Hui 4

This final session was all about embracing a new way of working and co-creating a way to present the information to the other providers who weren’t in the room. The team designed a set of guidance principles, supported by whakatauki (Māori proverbs), that highlighted the demonstrated best practice when working with young Māori women. The final practice guidance was the accumulation of the design process that involved discovery and insights, prototyping, evaluation and refinement. The guidance was entitled, Ka Pū te Ruha, ka Hao te Rangatahi: ushering in a new and fresh approach.



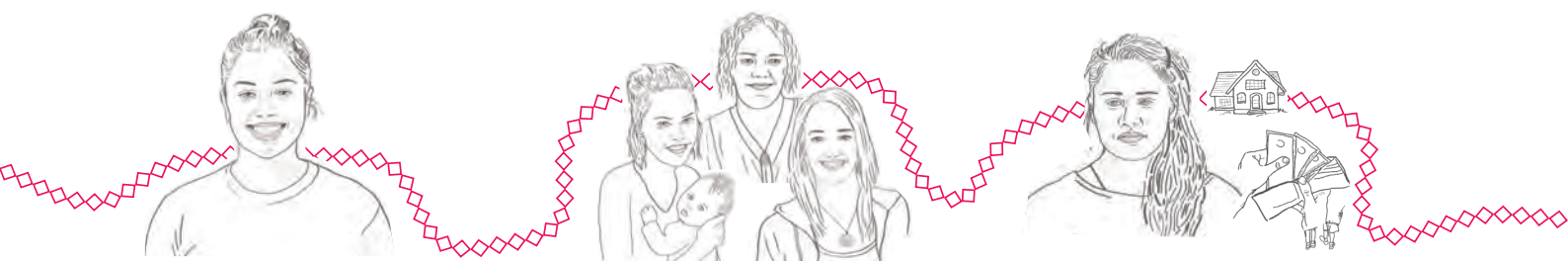
Phase three

Best practice development

The working group concluded there were three core values and nine principles of good practice.



The core values were that:

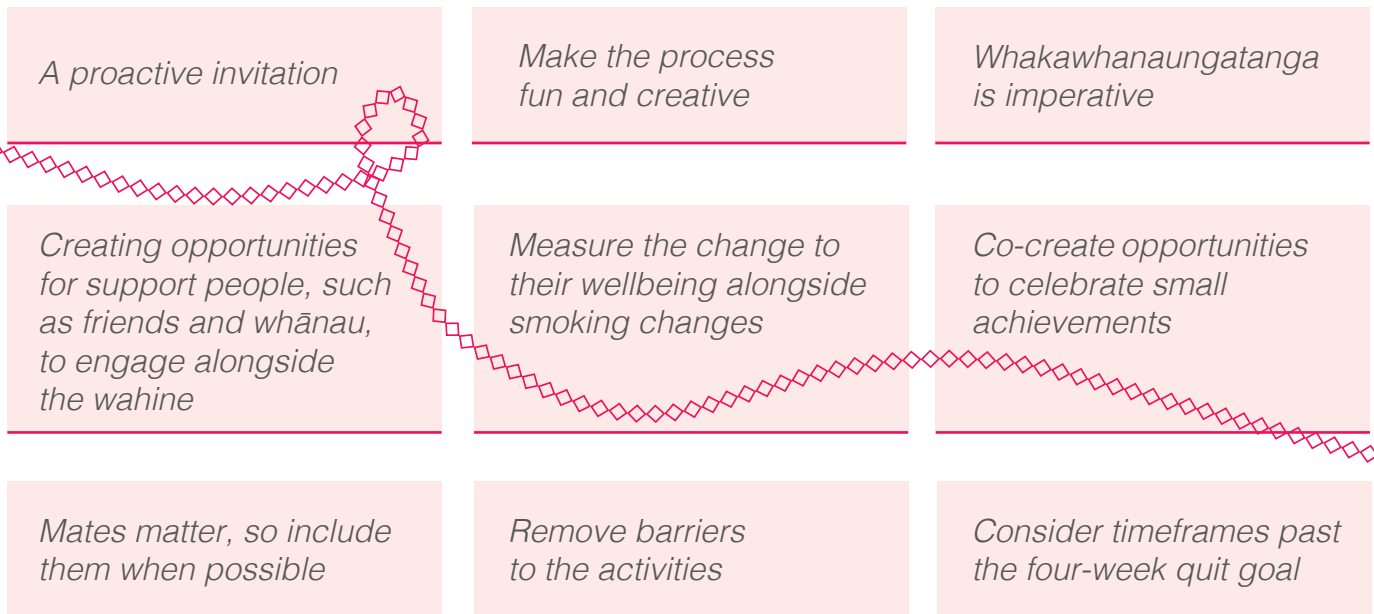


1 As much as possible, the service experience should be co-designed or wāhine-led

2 Match the diverse needs, preferences and lived realities of young Māori women

3 Stop smoking advice should be considered in context of other life goals and needs – it may not work to solely focus on stop smoking

The principles for ways of working with young wāhine Māori are:



The final document was intended to be a guide for providers to use in a way that was appropriate to their local services, with room for innovative, well-matched and effective solutions.

Guidance implementation

The document was introduced to the stop smoking services in October/ November 2019 as a better way of working with young Māori women that gave them latitude to incorporate the guidance into their services in a way that worked for their local contexts. No hard measures were put into place at this stage – the providers were given time to think about how the guidance might work for their services in practice.

The Ministry's aim was that a contract variation would follow in March of 2020 that would formalise the expectations of providers using the guidance in practice. The Ministry made it clear to the services that the guidance was to be used in service design and implementation. However, business as usual at the Ministry was disrupted with the Covid-19 outbreak so the contract variations ensued in July 2020.



Phase four

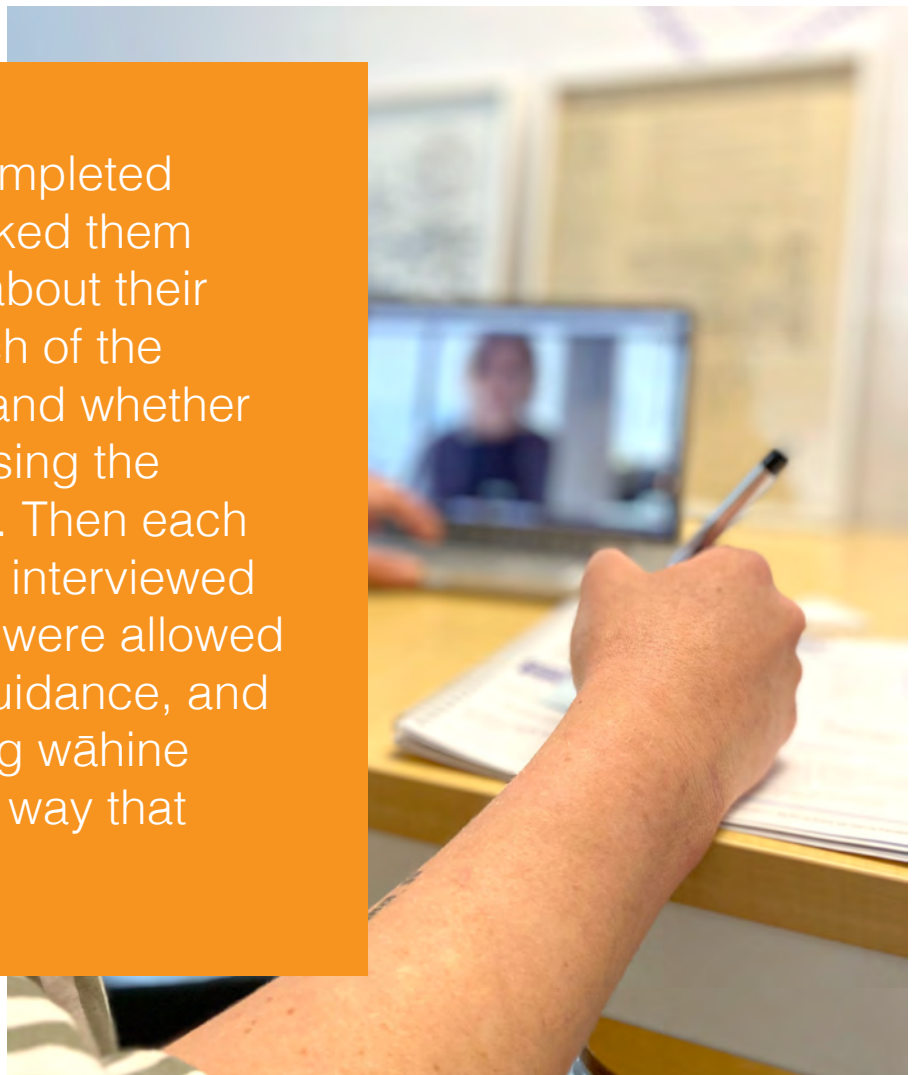
Guidance evaluation

In this phase, ThinkPlace was commissioned to undertake a formative evaluation in order to understand how and if the stop smoking providers were engaging with the new guidance document.

The formative style evaluation was chosen to take advantage of the guidance being in its beginning stages – it was a useful method to diagnose problems early in the implementation process. The process began in March 2020 by informing all 16 stop smoking providers about the evaluation and inviting them to participate.

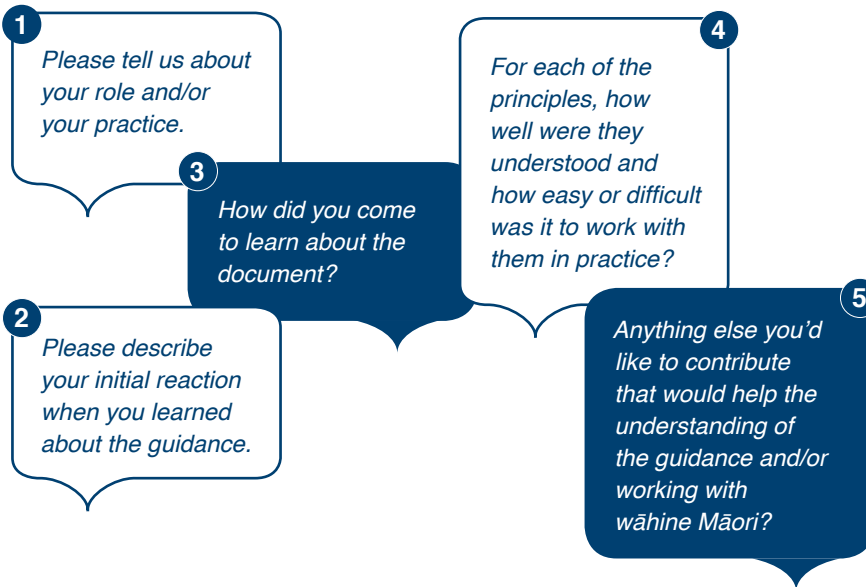
Not long after the invitations went out to the providers, the Covid-19 pandemic hit and the lockdown rules commenced. That meant the evaluation interviews were conducted online rather than the original planned site visits.

The providers first completed a brief survey that asked them to detail information about their understanding of each of the guidance principles and whether and how they were using the principles in practice. Then each of the providers were interviewed via Zoom where they were allowed to comment on the guidance, and on working with young wāhine Māori in general, in a way that resonated with them.



Zoom interviews

The conversations generally followed along the line of questioning that included:



NTS survey

In addition to the provider surveys and interviews, a survey was emailed to stop smoking practitioners via the National Training Service's database. This way, the evaluators could get a sense of how and if the guidance was being used by practitioners across the country, even if they didn't hold Ministry of Health contracts.

The survey went out to about 600 stop smoking practitioners, and 82 surveys were completed. Only 22% of respondents said they hadn't read the document yet and 87% said they knew that the guidance is meant to change their way of working with young Māori women. Most of the respondents said they would like more help in understanding how the guidance could work in practice.

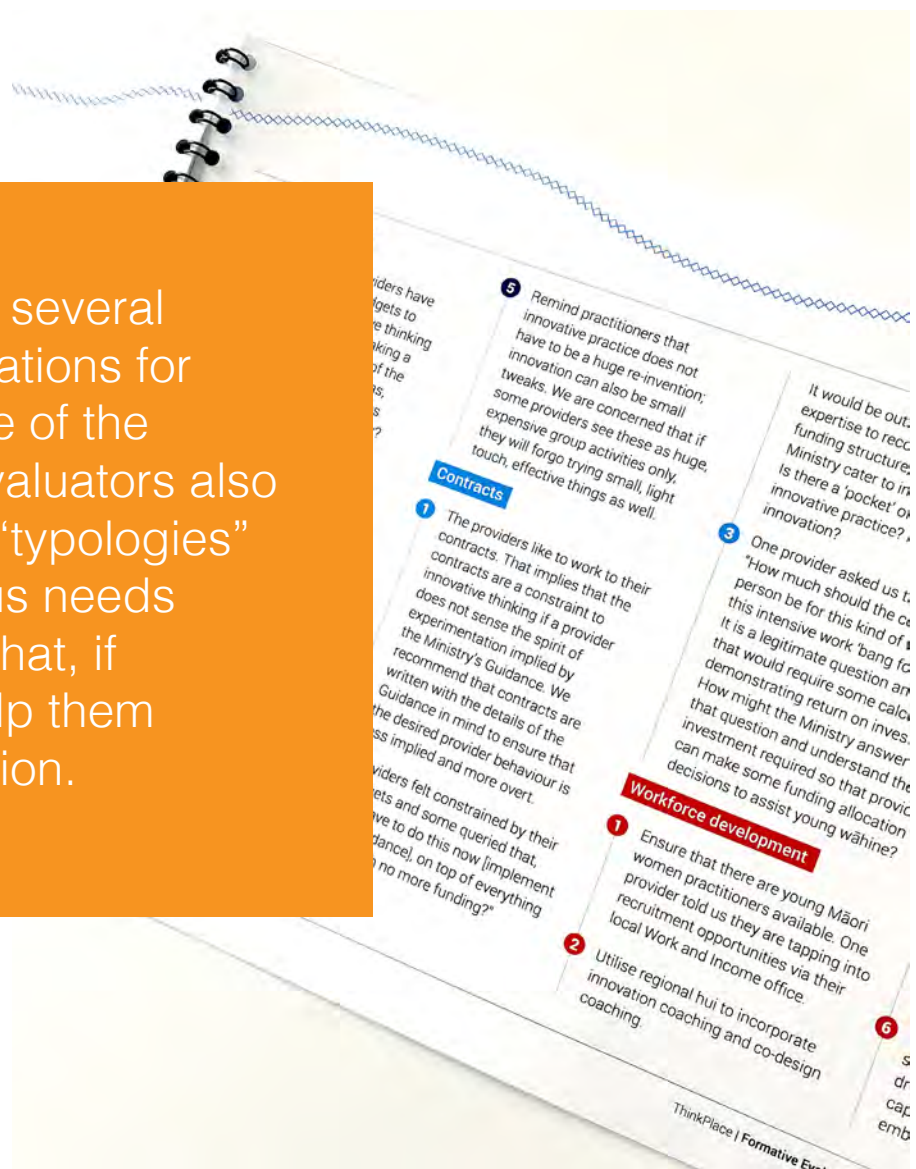


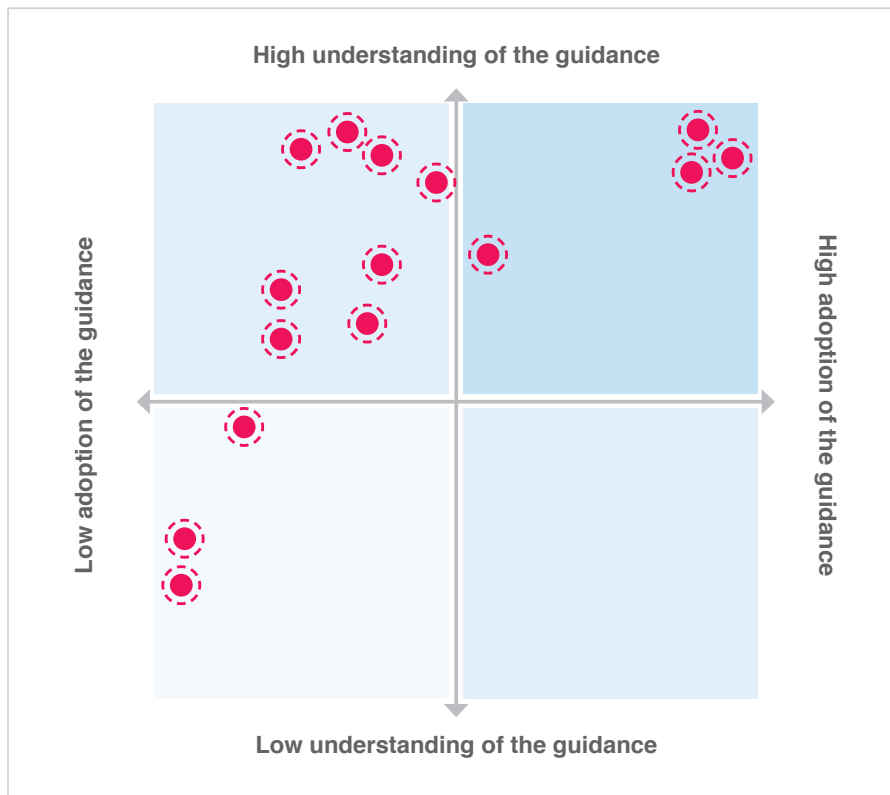
Phase four

Guidance
evaluation

The general findings of the evaluation indicated that although the services understood the guidance principles and liked and agreed with the information outlined, implementing the practice wasn't always as simple.

The evaluation made several detailed recommendations for enhancing the uptake of the guidance, and the evaluators also created six provider “typologies” to illustrate the various needs providers may have that, if addressed, could help them improve implementation.





Guidance implementation journey for providers

The evaluation document was circulated to services in October 2020, and a provider hui was facilitated on 3 November 2020 to discuss the evaluation findings. Following that hui, the Ministry will seek to support the services as they embed the document into a business as usual approach to service delivery. The National Training Service and Hāpai te Hauora will be available to offer support and guidance for any service that requests it.

Reporting has become more focused on the narrative reporting, and is now bi-annually instead of quarterly, with a key section based on the three core values and the nine principles outlined in the guidance document. The first bi-annual reports will be available in February 2021.

Section 5 Findings
Typologies of where people are at with the Guidance

We created a set of typologies to demonstrate how various provider types may be feeling and what help they might need. These aren't mutually exclusive; some providers may have a mix of these challenges and some may be further along the implementation journey. A suite of solutions and next steps can be considered when thinking about the various typologies.

Typology	Quote	What I might need:
Unaware	"I haven't read it, I haven't seen it."	
Capability	"I read it but I don't know what to do."	
Capacity/support	"I don't have a supportive leadership team, or the rules are too strict."	
Tikanga/cultural match	"I'm Pākehā"	

22 Formative Evaluation of Ka Pō te Rūhā, ka Hāo te Rangatahi | ThinkPlace

Conclusion

This case study has outlined an approach taken to evolve and adapt a system towards health equity in stop smoking services.



The method was an end-to-end co-design project that began with the exploration and discovery of insights with wāhine Māori; included testing different ways of working and a Kaupapa Māori evaluation; and concluded with the development of a best practice guidance document for our stop smoking services, to help them work in more responsive ways with young wāhine Māori, that has been monitored through to the implementation stage.



*We acknowledge that although this has been a multi-year journey, **system change** takes time and the change process will be ongoing.*



Media



Media links

<http://www.nzmsj.com/health-equity-tobacco-smoking-and-biobanking.html>

<https://www.beehive.govt.nz/release/new-approach-m%C4%81ori-women-quit-smoking>

<https://www.nzdoctor.co.nz/article/undoctored/new-approach-maori-women-quit-smoking>

<https://www.scoop.co.nz/stories/PA1811/S00227/new-approach-for-maori-women-to-quit-smoking.htm>

<https://www.stuff.co.nz/auckland/local-news/manukau-courier/109087826/single-mum-says-her-smoking-habits-were-so-bad-her-kids-wouldnt-kiss-her>

<https://www.thinkplaceglobal.com/work/successful-quit-smoking-program-young-maori-women>

<https://www.newshub.co.nz/home/new-zealand/2020/04/one-woman-s-journey-from-smoker-to-smoke-free-champion.html>

