

# Preventing Aboriginal Maternal Smoking Western Australia

## Baseline Evaluation Survey Results

August 2015



**“Seven Sisters” by Josie Boyle**

*We gratefully acknowledge the West Australian artist Josie Boyle for granting permission to use her artwork as the imagery for the Preventing Aboriginal Maternal Smoking WA project.*



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## Executive Summary

The *Preventing Aboriginal Maternal Smoking WA* (PAMSWA) project was established in 2015. The project involved the development of an online portal and 'Yarning Place' to provide coordinated access to information, resources, tools and training on preventing maternal tobacco smoking, for health professionals whose clients include pregnant Aboriginal\* women, new mothers and their families in Western Australia (WA). The purpose of the project is to support health professionals access and deliver evidence-based information and strategies to minimise maternal tobacco smoking and create smoke-free environments, to improve health outcomes for Aboriginal women and their babies.

The PAMSWA project was developed in partnership between the Aboriginal Maternity Services Support Unit (Women and Newborn Health Service, WA Health), Curtin University's Collaboration for Evidence, Research and Impact in Public Health (CERIPH) and Edith Cowan University's Australian Indigenous Health*InfoNet*. The project was funded by a Health Promotion Project Grant from Healthway.

Evaluation of the project includes surveys with maternal and child health and tobacco prevention professionals, before and after the implementation of the portal and 'Yarning Place'. The survey asks participants about their current awareness of, and confidence in delivering, smoking prevention and cessation resources, information and strategies. This report presents the results of the baseline evaluation survey conducted in May-June 2015.

Forty-three health professionals who work across WA completed an online survey that was circulated to people who work in the Aboriginal maternal and child health and/or tobacco prevention sectors. Respondents were from a mix of metropolitan, rural, remote and very remote WA, and had a range of clinical, health promotion and health worker roles.

Respondents reported good knowledge of the health risks of maternal tobacco smoking and awareness of where to access culturally appropriate resources. Although respondents had proportionally high levels of confidence in providing prevention and cessation support, the responses still highlight opportunities to increase the number of workers providing such support and to improve the range of support and advice delivered. In particular, increasing the proportion of workers who deliver Brief Intervention to pregnant women and new mothers is important given this an evidence-based strategy for smoking cessation.

\*In Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

## Introduction

In 2015, the Aboriginal Maternity Services Support Unit (AMSSU) from Women and Newborn Health Service, WA Health, partnered with Curtin University's Collaboration for Evidence, Research and Impact in Public Health (CERIPH) and Edith Cowan University's Australian Indigenous Health/InfoNet to develop and deliver the *Preventing Aboriginal Maternal Smoking WA* (PAMSWA) project. The project was funded by a Healthway Health Promotion Project Grant.

Earlier consultation with WA maternal and child health and tobacco prevention professionals had identified a gap in access to Aboriginal maternal smoking prevention resources and tools. This initiated the project, to build a new online portal to provide coordinated access to information, resources, tools and training on preventing maternal tobacco smoking, for health professionals whose clients include pregnant Aboriginal women, new mothers and their families, in Western Australia (WA). The project aims to support health professionals access and deliver evidence-based information and strategies to minimise maternal tobacco smoking and create smoke-free environments to improve health outcomes for Aboriginal women and their babies.

The project also included building a 'Yarning Place' – an online forum that provides health professionals who work with pregnant Aboriginal women, new mothers and their families an opportunity to connect with other workers in the sector to share and discuss ideas and information. The 'Yarning Place' offers health professionals a way to keep up to date with news, resources and training relating to Aboriginal maternal smoking prevention and cessation in WA.

Evaluation of the project includes surveys with maternal and child health and tobacco prevention professionals, before and after the implementation of the portal and 'Yarning Place'. This report presents the results of the pre-evaluation survey conducted in May-June 2015.

## Evaluation purpose

To evaluate the PAMSWA online portal and 'Yarning Place', a baseline survey was administered between 8 May and 22 June 2015, prior to the launch of the portal on 30 June 2015.

This pre-evaluation survey aims to:

- Identify current knowledge and confidence to deliver smoking prevention and cessation support to pregnant Aboriginal women among maternal and child health and tobacco prevention professionals.
- Understand how smoking prevention support is currently being provided to Aboriginal women, new mothers and their families in WA.
- Inform the final development of the online portal and 'Yarning Place' to ensure it is of optimal use and relevance for health workers.

Maternal and child health and tobacco prevention professionals will be invited in November 2015 to complete a follow-up survey to measure the use and impact of the PAMSWA portal and 'Yarning Place'. The baseline survey results will be used as a point of comparison for the results from the follow-up survey.

## Methodology

### Sampling

The pre-evaluation survey was open to health workers whose client or community group includes pregnant Aboriginal women, new mothers and their families and/or who work in the tobacco prevention sector in WA. Approximately 400 people were invited to complete the survey.

### Data collection

Data was collected via online surveys using *Qualtrics* software (Appendix 1).

Email invitations to participate in the survey were sent via the AMSSU's communications list of maternal and child health workers and the Australian Indigenous Health*InfoNet's* communications lists (Appendix 2).

The survey was also promoted on *HealthPoint* (WA Health internal staff website), *Health Happenings* (internal weekly email to WA Health staff), on WA Health Yammer and on the PAMSWA Twitter account (Appendix 3).

Paper copies of the survey were available to complete at the AMSSU's Aboriginal Maternal and Child Health Conference on 13-14 May 2015. The surveys were available from a promotional stall held by the Australian Indigenous Health*InfoNet* at the conference. Data collected in completed paper copies of the survey were manually inputted into *Qualtrics*.

## Data Analysis

Data collected from the online surveys were compiled in the *Qualtrics* software and exported to an Excel spreadsheet. Simple statistics were produced from the quantitative data and the qualitative data were analysed to derive experiences, comments and suggestions.

## Ethics

The evaluation of the PAMSWA project received ethics approval from Curtin University's Human Research Ethics Committee (approval number RDHS-40-15).

The online survey included a preliminary question that asked respondents if they had read and understood the information (contained on the entry page to the survey) and were required to tick a box indicating their consent before being allowed to proceed (Appendix 1). The information page informed respondents that taking part in the survey was voluntary and that the information collected was non-identifiable.

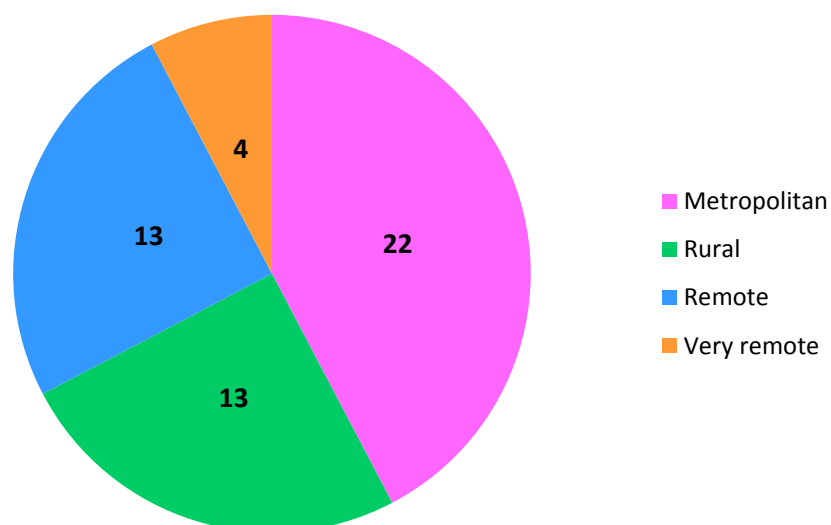
## Results

### Survey respondent demographics

A total of 43 health professionals provided data on their knowledge and confidence to deliver smoking prevention and cessation support to pregnant Aboriginal women and their families in WA. Thirty-five respondents completed the survey online and eight respondents manually completed a paper version of the survey at the 2015 Aboriginal Maternal and Child Health Conference.

The location in which respondents worked included metropolitan, rural, remote and very remote areas (Figure 1).

**Figure 1: Location within WA in which respondents work\***



*\*Respondents could indicate they worked in more than one area*

Respondents to the survey had a variety of job roles (Table 1). These roles highlight the diversity of professionals whose work includes tobacco prevention and cessation activities with Aboriginal women and families in WA. The three most common job roles were Midwives (29%), Health Promotion Officers (19%) and Nurses (19%).

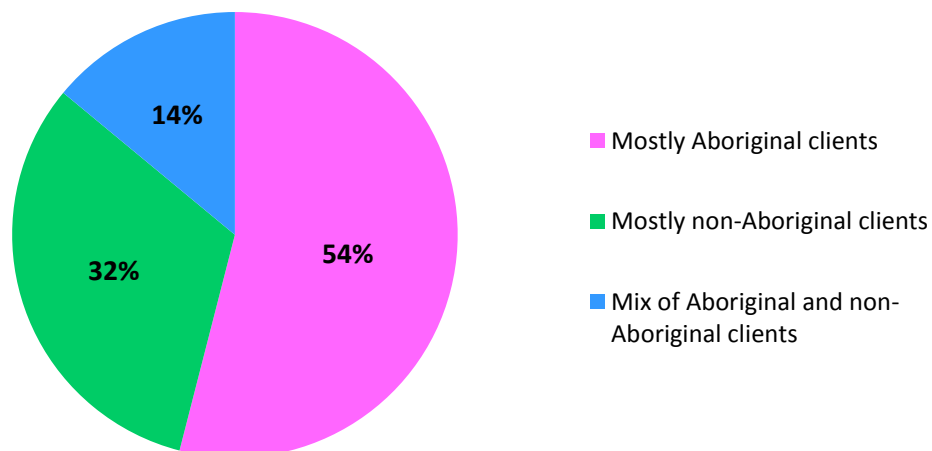
**Table 1: Job titles of respondents (n=42\*)**

<b>Job title</b>	<b>n</b>	<b>%</b>
Midwife	12	29
Health Promotion Officer	8	19
Nurse	8	19
Aboriginal Health Worker	3	7
Child and Maternal Health Worker	2	5
Manager Community Alcohol and Drug Service	1	2
Aboriginal Allied Health Assistant	1	2
Doctor (O & G Registrar)	1	2
Service Development	1	2
Respiratory Scientist	1	2
Aboriginal Community Liaison Officer	1	2
Community Drug Service Worker	1	2
Obstetrician	1	2
Regional tobacco and healthy lifestyle coordinator	1	2
<b>Total</b>	<b>42</b>	<b>100</b>

*\*One respondent did not answer this question*

Twenty respondents (54%) indicated they worked mostly with Aboriginal clients, while twelve (32%) worked mostly with non-Aboriginal clients and five (14%) worked with a mix of Aboriginal and non-Aboriginal clients (Figure 2).

**Figure 2: Clients with whom respondents work (n=37\*)**



*\*Six respondents did not answer this question*

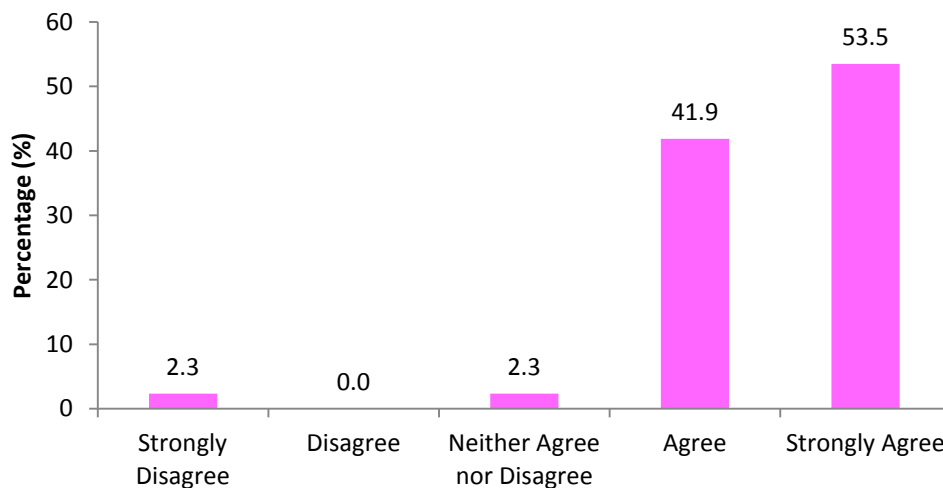
### Smoking prevention knowledge and confidence

Participants were asked to indicate their response to a set of statements regarding tobacco smoking prevention, using a Likert scale on a continuum from Strongly Agree to Strongly Disagree.

*Statement 1: I have a good understanding of the health impacts (on mother and baby) of a woman smoking tobacco during her pregnancy.*

Forty-one respondents (95.4%) indicated they agreed or strongly agreed that they had a good understanding of the health impacts of a woman smoking tobacco during pregnancy. One respondent (2.3%) strongly disagreed with the statement and one respondent (2.3%) neither agreed nor disagreed with the statement (Figure 3).

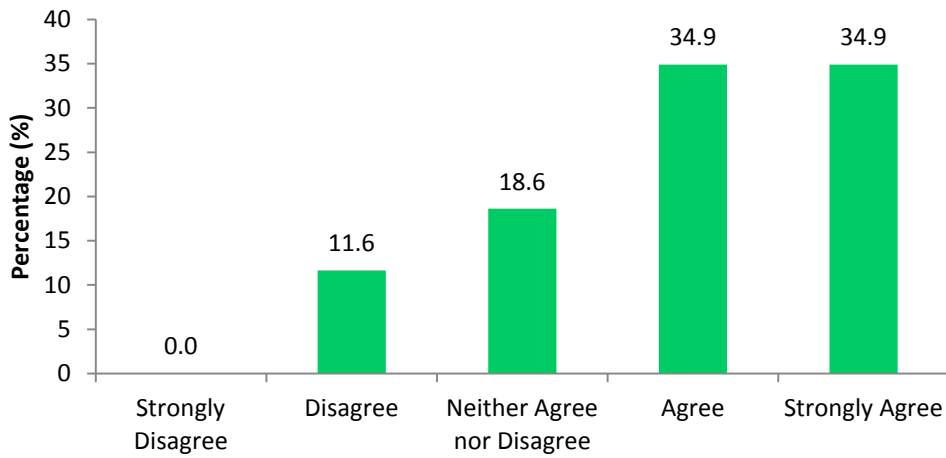
**Figure 3: I have a good understanding of the health impacts (on mother and baby) of a woman smoking tobacco during her pregnancy (n=43).**



*Statement 2: I feel connected to other workers in the health sector who provide smoking prevention or cessation support to Aboriginal women and their families.*

Thirty respondents (69.8%) either agreed or strongly agreed that they felt connected to other workers in the health sector who provide smoking prevention or cessation support to Aboriginal women and their families. No respondents strongly disagreed with the statement, however 11.6% disagreed and 18.6% neither agreed nor disagreed (Figure 4).

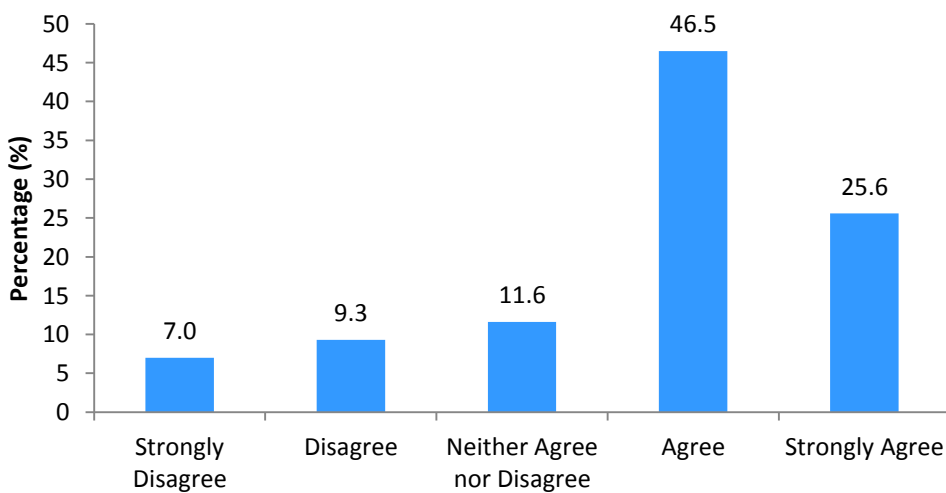
**Figure 4: I feel connected to other workers in the health sector who provide smoking prevention or cessation support to Aboriginal women and their families (n=43).**



*Statement 3: I know where to access culturally appropriate resources on smoking prevention and cessation (e.g. health promotion pamphlets, information or tools to support people to quit smoking).*

Thirty-one respondents (72.1%) either agreed or strongly agreed that they know where to access culturally appropriate resources on smoking prevention and cessation. Seven percent of respondents strongly disagreed that they know where to access such resources, 9.3% disagreed and 11.6% neither agreed nor disagreed (Figure 5).

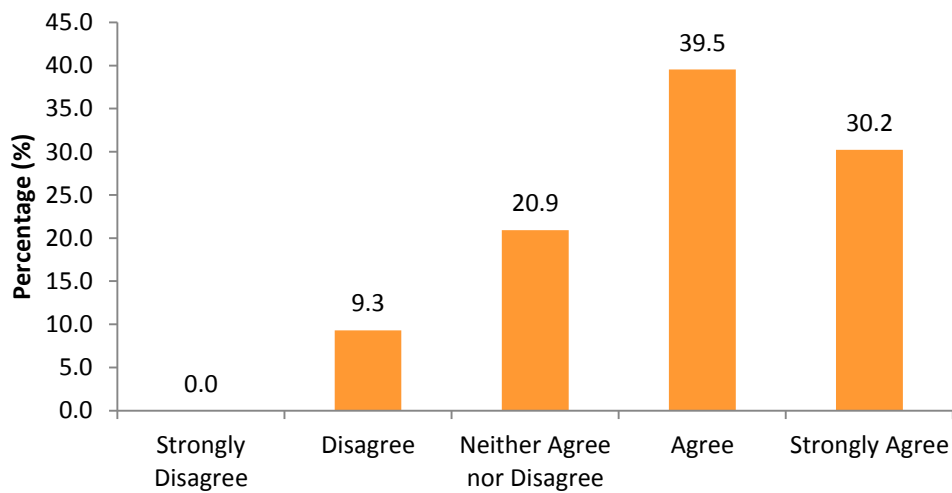
**Figure 5: I know where to access culturally appropriate resources on smoking prevention and cessation. (n=43).**



*Statement 4: In my current job, I provide smoking prevention support to my clients and/or community members e.g. providing pamphlets and information on the risks of smoking in pregnancy or delivering projects on smoking prevention.*

Thirty respondents (69.7%) either agreed or strongly agreed that in their current job they provide smoking prevention support to their clients and/or community. Four respondents (9.3%) disagreed, indicating they do not provide smoking prevention support. Nine respondents (20.9%) neither agreed nor disagreed with the statement (Figure 6).

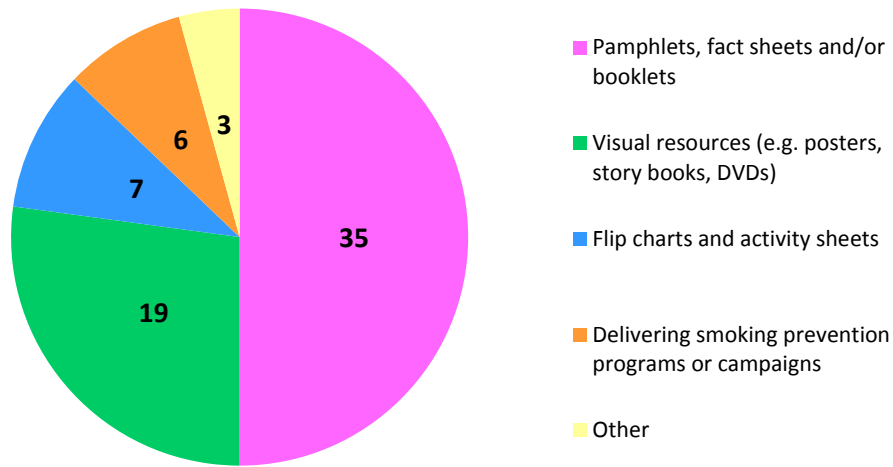
**Figure 6: In my current job, I provide smoking prevention support to my clients and/or community members (n=43).**



Respondents who indicated they either strongly disagreed or disagreed that they provide smoking prevention support to their clients and/or community were directed (through survey logic) to skip to the next survey question that required responses to further statements.

Respondents who strongly agreed, agreed or neither agreed nor disagreed that they provide smoking prevention support to their clients and/or community (n=39) were directed to a question asking them to indicate the types of smoking prevention support they provide to pregnant Aboriginal women and their families. The responses to this question are shown in Figure 7.

**Figure 7: Which types of smoking prevention support do you currently provide to pregnant Aboriginal women and their families?\***



*\*Respondents could select multiple options*

Using pamphlets, fact sheets and booklets were the most frequently nominated types of smoking prevention support provided by respondents, followed by visual resources, such as posters, story books and DVDs.

Respondents who selected 'other' (n=3) were invited to describe the smoking prevention support they provide. The responses were:

*"Referrals to tackling smoking team".*

*"Counselling and refer to doctor for medication".*

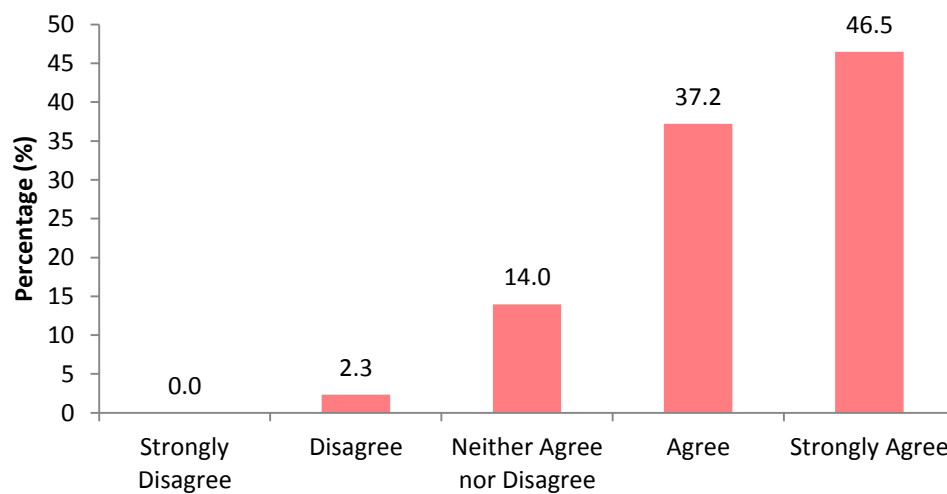
*"In my role as a respiratory scientist, I perform pulmonary function testing on clients. Therefore, we are not entitled to provide smoking prevention support as we are not trained in those areas. This is an issue which we face every day and I feel that sufficient support should be provided to these expectant mothers as they are not well-informed about it or their surroundings prevent them from accessing/acknowledging*

The next question in the survey asked participants to indicate their response to two further statements regarding tobacco smoking prevention.

*Statement 5. I feel comfortable asking my clients (pregnant women and new mothers) whether they smoke.*

Thirty-six respondents (83.7%) either agreed or strongly agreed that they feel comfortable asking their clients (pregnant women and new mothers) about their smoking status. No respondents strongly disagreed and one respondent (2.3%) disagreed, indicating they do not feel comfortable asking their clients if they smoke. Six respondents (14%) neither agreed nor disagreed with the statement (Figure 8).

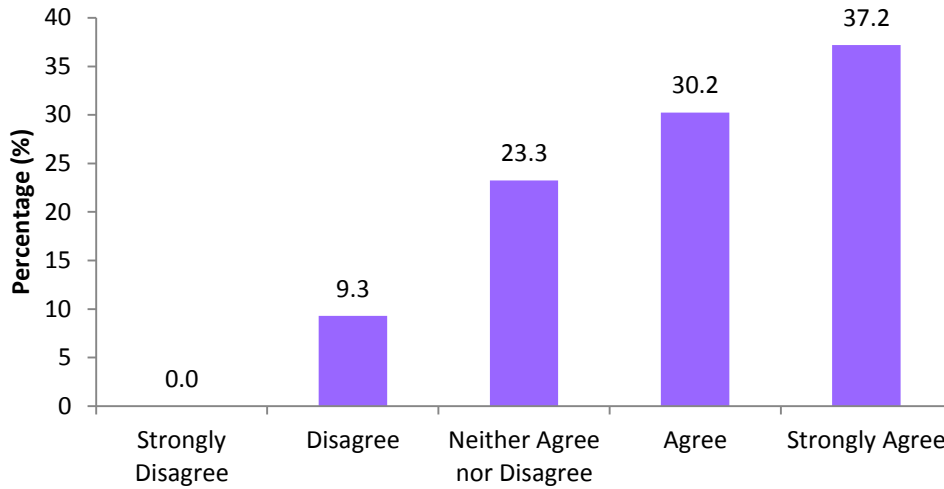
**Figure 8: I feel comfortable asking my clients (pregnant women and new mothers) whether they smoke (n=43).**



*Statement 6. I feel confident providing smoking prevention support to my clients and/or community (please answer this question even if you do not currently provide smoking prevention support).*

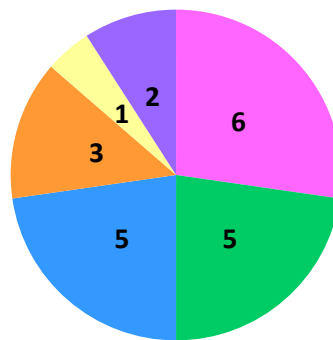
Twenty-nine respondents (67.4%) either agreed or strongly agreed that they feel confident providing smoking prevention support to their clients and/or community. No respondents strongly disagreed, however four respondents (9.3%) disagreed, indicating they do not feel confident providing smoking prevention support. Ten respondents (23.3%) neither agreed nor disagreed (Figure 9).

**Figure 9: I feel confident providing smoking prevention support to my clients and/or community (n=43).**



Respondents who strongly disagreed, disagreed and neither agreed nor disagreed that they feel confident providing smoking prevention support to their clients and/or community (n=14) were directed to a question that asked *why* these respondents do not feel confident providing smoking prevention support. Respondents were provided with a set of response options to select from (Figure 10).

**Figure 10: Why don't you feel confident delivering smoking prevention support to your clients and/or community?\***



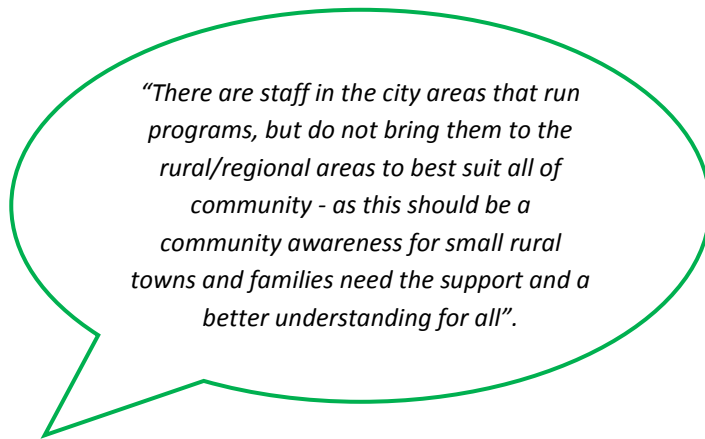
- I do not have enough knowledge on maternal smoking to offer support to my clients.
- I do not know where to access culturally appropriate information and resources on maternal smoking prevention.
- I am worried that if I discuss smoking prevention it would negatively affect my relationship with the client.
- I do not have time to deliver smoking prevention support when I see clients.
- I do not think it is my responsibility to provide smoking prevention support to my clients.
- Other

*\*Respondents could select multiple options*

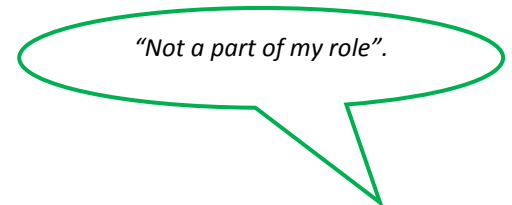
The most common reasons respondents nominated as to *why* they do not feel confident delivering smoking prevention support were: not having sufficient knowledge on maternal smoking; not

knowing where to access culturally appropriate information and resources; and being concerned that discussing smoking prevention would negatively impact the relationship with their client.

Respondents who selected 'other' (n=2) were invited to describe why they do not feel confident providing smoking prevention support. The responses were:



*"There are staff in the city areas that run programs, but do not bring them to the rural/regional areas to best suit all of community - as this should be a community awareness for small rural towns and families need the support and a better understanding for all".*



*"Not a part of my role".*

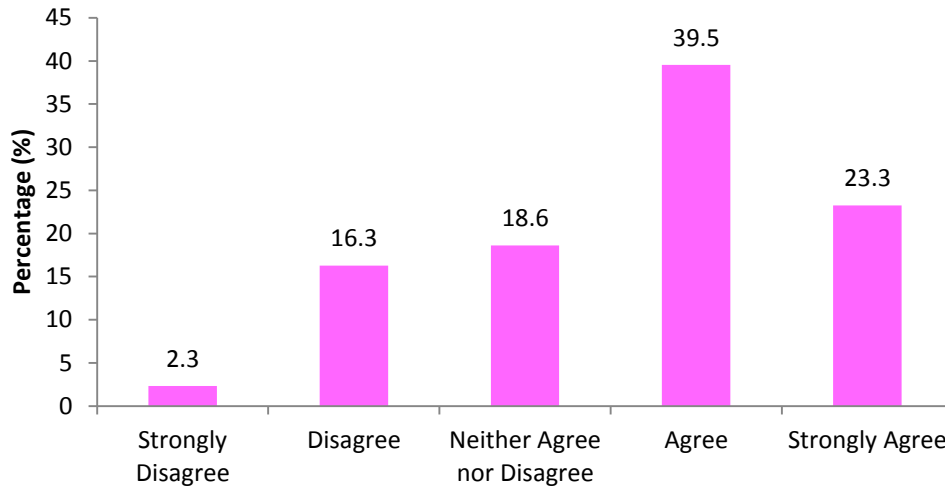
### **Smoking cessation knowledge and confidence**

The next section of the survey asked participants about their experiences delivering tobacco smoking cessation. Participants were similarly asked to indicate their response to a set of statements using a Likert scale on a continuum from Strongly Agree to Strongly Disagree.

*Statement 6: In my current job, I deliver smoking cessation support to pregnant Aboriginal women and their families (this refers to advice or referrals you provide to encourage people to quit smoking).*

Twenty-seven respondents (62.8%) either agreed or strongly agreed that they deliver smoking cessation support to pregnant Aboriginal women and their families as part of their current job. Fifteen respondents (34.9%) either strongly disagreed or disagreed, indicating they do not deliver smoking cessation support. Eight respondents (18.6%) neither agreed nor disagreed with the statement (Figure 11).

**Figure 11: In my current job, I deliver smoking cessation support to pregnant Aboriginal women and their families (n=43).**



Participants were then asked the types of smoking cessation support they deliver and/or refer pregnant Aboriginal women and their families to, with a set of options to select from. The responses are shown in Figure 12.

**Figure 12: Please select the types of smoking cessation support you currently provide and/or refer pregnant Aboriginal women and their families to.**



*\*Respondents could select multiple options*

Providing general smoking cessation advice was the most frequently nominated form of smoking cessation support provided by respondents, followed by referring clients to Quitline. Thirteen respondents indicated they deliver Brief Intervention to clients.

Respondents who selected 'other' were invited to describe the smoking cessation support they deliver. The responses were:

*"Refer them to No More Nyumree who talks about Nicotine Patches. I just advise pregnant mum not to smoke because it affects the*

*"Yarning".*

*"Set goals and have strategies like 4ds".*

*"Ask if they want info and a quit smoking booklet - also I use to be a smoker 5yrs ago, I even yarn with them too, also saying it is very hard - but it can happen, even encourage them to understand about their children, who will look after them if your [sic] not around".*

*"Referral to other services, to talk to grandmothers".*

*"Advise to see their GP".*

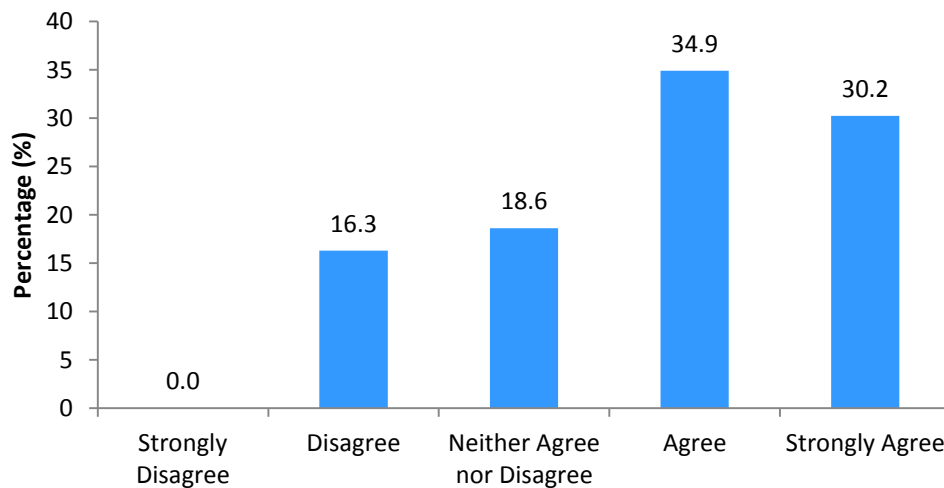
*"Pamphlets and information sheets".*

All respondents were then asked to indicate their response to the following statement.

*Statement 7: I feel confident delivering smoking cessation advice to pregnant Aboriginal women and their families e.g. providing advice on strategies they can use to quit smoking, creating a quit plan together or referring clients to other support services.*

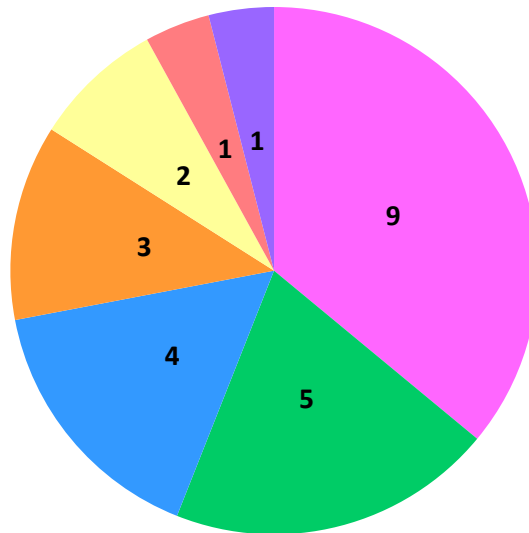
Twenty-eight respondents (65.1%) either agreed or strongly agreed that they feel confident delivering smoking cessation support to pregnant Aboriginal women and their families. No respondents strongly disagreed, however seven respondents (16.3%) disagreed, indicating they do not feel confident providing smoking cessation support. Eight respondents (18.6%) neither agreed nor disagreed to the statement (Figure 13).

**Figure 13: I feel confident delivering smoking cessation advice to pregnant Aboriginal women and their families (n=43).**



Respondents who strongly disagreed, disagreed and neither agreed nor disagreed that they feel confident delivering smoking cessation support to their clients and/or community (n=15) were directed to a question that asked *why* they do not feel confident delivering smoking cessation support. Respondents were provided with a set of response options to select from (Figure14).

Figure 14: Why don't you feel confident delivering smoking cessation advice?\*



- I have never had any training on how to deliver smoking cessation advice.
- I am worried that if I offer smoking cessation advice it would negatively affect my relationship with the client.
- I have had training on how to deliver smoking cessation advice but it was a long time ago and I feel that I would need refresher training to feel confident delivering this advice.
- I do not have time to deliver smoking cessation advice when I see clients.
- I have had training on how to deliver smoking cessation advice but I still do not feel that I have enough knowledge or skills to offer this advice.
- I do not think it is my responsibility to provide smoking prevention support to my clients.
- Other

*\*Respondents could select multiple options*

The two most common reasons respondents nominated as to *why* they do not feel confident delivering smoking cessation support were: never having received training on delivering smoking cessation advice; and being concerned that offering smoking cessation advice would negatively impact the relationship with their client.

Respondents who selected 'other' were invited to describe why they do not feel confident delivering smoking cessation advice. The one response was:

*"It is not a part of my role".*

To identify resources, information and tools for inclusion in the online portal, respondents were asked to describe any specific smoking prevention or cessation resources and tools that they find most useful and currently use with their clients/community. The responses are listed in Table 2.

**Table 2: Smoking prevention and cessation resources and tools used by survey respondents**

**Resources / Tools**

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- Strong Spirit Strong Mind
  - Quitline resources, other health agencies resources on smoking and pregnancy
  - Talkin'Up Good Air - Australian Indigenous Tobacco Control Resource Kit
  - We use brochures - not very effective I think they get forgotten and are never looked at
  - Yarning it up don't smoke it up
  - We have a baby that you can light a cigarette and put in her mouth and it shows the smoke going to the baby in the womb. It is visually powerful. The 'Care for my Air' campaign has good resources.
  - Referral to Dr to have nicotine patches; counselling; diversionary strategies
  - Quitline, AADS, Asthma Foundation, Cancer Council
  - Quit app
  - Fact sheets
  - Brochures
  - Visual props such as the pamphlets and books are most helpful to me in providing advice and I feel it gives them something to review at home later if they wish
  - Quitline booklet
  - Short term nicotine replacement
  - Aboriginal Quitline resources from Quitline WA
  - Quitline, Aboriginal grandmothers, Midwives
  - Quit (various resources)
  - Smoking during pregnancy posters or pamphlets from different sources including DAO and other maternal & child health services
  - Information about other local services such as Mawarnkarra Health Service in Roebourne or Mission Australia
  - Flinders smoking cessation tool
-

## Final comments

To conclude, respondents were invited to provide final comments or feedback regarding the survey content. Six responses were provided:

*"Maybe advertise (cultural) it more on TV - currently there are youth info on no smoking, especially for sports, maybe there need to be ads about the elderly to look at what it is doing to them and how they feel - morning smoker's cough - also the damage it does to a person - emphysema, cancer - get some youth who have beautiful skin, to what they will look like if they were to smoke!!!! Some of the elderly may have been beautiful in their youth, but smoking has made their features and body look so different."*

*"I think an app would be very effective"!*

*"Many of the clients I see are illiterate or speak English as a second language so having a culturally appropriate resource that suits the needs of this community is difficult."*

*"I probably need refresher regarding what is available such as nicotine replacements, gums etc and where they can be purchased. I have referred some clients to quit smoking program in Halls Creek in past but at times work with the client if I am working with them for cannabis or alcohol."*

*"The smoking cessation advertisements from Mawarnkarra Health Service have been an effective way of engaging with wider community but it is unknown if these adverts have been enough for people to give up smoking. It has created awareness and discussion throughout the community which was really great to see happening. "*

*"I was a previous smoker and I use my experience as a point of discussion for clients. I talk about the use of various NRT's that I tried and what effects that it had on me. This was because it took many attempts to quit. I also provide information about the costs of smoking and how much they would save if they give up. I try to use pictures to visually show this. I provide a table with the amount of how much they would save if they quit and discuss the government's initiative to increase the cost of smokes to make them unaffordable."*

## Summary of evaluation results

Respondents worked across WA with a significant proportion working outside the metropolitan area. A variety of job roles were represented in the survey responses, with Midwives, Health Promotion Officers and Nurses represented most strongly.

Overall, respondents indicated proportionally high levels of knowledge on the effects of tobacco smoking in pregnancy. Awareness of where to access culturally appropriate smoking prevention resources was also proportionally high, although a remaining quarter of respondents indicated they did *not* know where to access such resources.

The majority of respondents indicated they felt connected to others working in the sector, however almost a third indicated they did not or were neutral, suggesting opportunities still exist to increase connectedness among workers.

The majority of respondents do currently provide smoking prevention support to their clients. This indicates that the appropriate target group has been sampled as the survey sought the views of those who actively work in this area. The smoking prevention support most commonly provided was in the form of written materials (pamphlets, fact sheets, booklets) and visual resources (posters, story books, DVDS).

A strong majority of respondents indicated they feel comfortable asking pregnant women and new mothers whether they smoke and feel confident providing smoking prevention support, which highlights overall confidence in the delivery of smoking prevention support. Respondents who did *not* feel confident providing smoking prevention support were most likely to cite “not having enough knowledge on maternal smoking”, “not knowing where to access culturally appropriate resources” and being “worried about negatively affecting the relationship with their client”, as reasons for their lack of confidence.

A slightly smaller proportion of respondents indicated that they currently provide smoking *cessation* support compared to *prevention* support (62.8% compared to 69.7%, respectively). The types of smoking cessation support most commonly provided was general smoking cessation advice and referral to Quitline. Of the 28 respondents who deliver smoking cessation support, 46% currently deliver Brief Intervention to their clients. This reveals a possible gap in existing smoking cessation support for pregnant women and new mothers, and highlights opportunities for future training in Brief Intervention. Other cessation support provided included referral to local smoking prevention programs for smoking cessation aids and ‘yarning’ with clients.

The majority of respondents reported feeling confident delivering smoking cessation advice to pregnant women and new mothers. Nevertheless, a third of respondents indicated that they do not feel confident or were neutral, with a broad range of reasons expressed for not feeling confident. The most frequently reported reasons were “not having training on how to deliver smoking cessation advice”, “being worried that it would negatively affect the relationship with their client”, and that they had “previously received training but felt they would need refresher training to feel confident delivering advice”.

Respondents cited a range of smoking prevention and cessation resources, services and programs that they currently utilise. These will be added to the PAMSWA portal if they have not already been included on the portal.

A comparison of baseline results with the follow-up survey results, as well as further discussion and recommendations, will be provided in the final evaluation report in December 2015.

## **Conclusion**

The results from the baseline evaluation survey of the *Preventing Aboriginal Maternal Smoking WA* project highlight the range of job roles involved in delivering smoking prevention and cessation support to pregnant Aboriginal women, new mothers and their families. Respondents reported good knowledge of the health risks of maternal tobacco smoking and awareness of where to access culturally appropriate resources. Although respondents had proportionally high levels of confidence in providing prevention and cessation support, the responses still highlight opportunities to increase the number of workers providing such support and also improving the range of support and advice delivered. In particular, increasing the proportion of workers who deliver Brief Intervention to pregnant women and new mothers is important given this an evidence-based strategy for smoking cessation.

## Appendix 1: Online pre-evaluation survey

### Preventing Aboriginal Maternal Smoking WA Portal Evaluation



Thank you for accessing the evaluation survey of the Preventing Aboriginal Maternal Smoking WA Portal project.

You are invited to complete a questionnaire that will collect information about your current understanding of, and confidence to deliver, smoking prevention and cessation support for pregnant Aboriginal and Torres Strait Islander women and families in Western Australia (WA).

The questionnaire is expected to take 10-15 minutes to complete. You are invited to complete this baseline questionnaire once between May-June 2015 prior to the launch of the online portal. You will also then be invited again (through a general mail-out) to complete a post-questionnaire sometime after the portal has been launched, in November 2015.

Taking part in this questionnaire is voluntary and you can stop at any time. The information collected will be non-identifiable (anonymous). Any information we collect and use during this research will be treated as confidential. The information will be kept under secure conditions at Curtin University for 7 years and then it will be destroyed. The research findings will be made public through the Australian Indigenous HealthInfoNet website, and may be presented at conferences or published in professional journals. You will not be identified in any publications.

If you decide to take part in this research as described, please tick the check box at the start of the questionnaire to indicate you have understood the information provided in this information page.

If you have any questions or would like more information on this project, please contact Ms Alexa Wilkins from Curtin University on email: [a.wilkins@curtin.edu.au](mailto:a.wilkins@curtin.edu.au) or phone: 08 9340 1586.

The Preventing Aboriginal Maternal Smoking WA Portal Evaluation has received ethics approval from Curtin University's Human Research Ethics Committee (approval number RDHS-40-15). If you have any concerns or complaints about the project, please contact the Curtin University Ethics Committee by telephoning 9266 2784 or by emailing [hrec@curtin.edu.au](mailto:hrec@curtin.edu.au).

To continue to the survey, click the "next page" button to the right.

I have read the information regarding the evaluation survey for the Preventing Aboriginal Maternal Smoking WA Portal project and have had the opportunity to ask questions. I understand the purpose of my participation in the survey and I voluntarily consent to take part.

- Yes (1)

In my job I work with people and communities in Western Australia. Please note that only people working with communities in Western Australia (WA) are eligible to complete this questionnaire as the Preventing Aboriginal Maternal Smoking WA Portal project is specific to WA.

- Yes (1)

Q1 Which area in Western Australia do you work? You can select more than one option if you work across multiple areas.

- Metropolitan (1)
- Rural (2)
- Remote (3)
- Very remote (4)

Q2 What is your job title?

- Aboriginal Health Worker (1)
- Aboriginal Liaison Grandmother (2)
- Aboriginal Maternity Support Worker (3)
- Health Education Officer (4)
- Health Promotion Officer (5)
- Healthy Lifestyles Worker (6)
- Nurse (7)
- Midwife (8)
- Tobacco Action Worker (9)
- Other (please write) (10) \_\_\_\_\_

Q3 In your current job, who do you work with?

- Mostly Aboriginal clients (1)
- Mostly non-Aboriginal clients (2)
- Other (please write) (3) \_\_\_\_\_

Please note in the following questions, the term 'smoking' specifically refers to tobacco smoking.

Q4 Please answer the following questions by ticking the box that most accurately represents your response to the statement.

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)
I have a good understanding of the health impacts (on mother and baby) of a woman smoking tobacco during her pregnancy. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel connected to other workers in the health sector who provide smoking prevention or cessation support to Aboriginal women and their families. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know where to access culturally appropriate resources on smoking prevention and cessation (e.g. health promotion pamphlets, information or tools to support people to quit smoking). (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my current job, I provide smoking prevention support to my clients and/or community members (e.g. providing pamphlets and information on the risks of smoking in pregnancy or delivering projects on smoking prevention). (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SKIP LOGIC**

If In my current job, I provid... Is Selected, Then Skip To Click to write the question text  
 If In my current job, I provid... Is Selected, Then Skip To Click to write the question text

Q5 Which types of smoking prevention support do you currently provide to pregnant Aboriginal women and their families? Select as many options as you like.

- Pamphlets, fact sheets and/or booklets (1)
- Visual resources (e.g. posters, story books, DVDs) (2)
- Flip charts and activity sheets (3)
- Mobile phone apps (4)
- Delivering smoking prevention programs or campaigns in your community (5)
- Other (please write) (6) \_\_\_\_\_

Q6 Please answer the following questions by ticking the box that most accurately represents your response to the statement.

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)
I feel comfortable asking my clients (pregnant women and new mothers) whether they smoke. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident providing smoking prevention support to my clients and/or community (please answer this question even if you do not currently provide smoking prevention support). (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SKIP LOGIC**

If I feel confident providing ... Is Selected, Then Skip To Click to write the question text  
 If I feel confident providing ... Is Selected, Then Skip To Click to write the question text

Q6b Why don't you feel confident delivering smoking prevention support? Select as many options as you like.

- I do not know where to access culturally appropriate information and resources on maternal smoking prevention. (1)
- I do not have enough knowledge on maternal smoking to offer support to my clients. (2)
- I am worried that if I discuss smoking prevention it would negatively affect my relationship with the client. (3)
- I do not have time to deliver smoking prevention support when I see clients. (4)
- I do not think it is my responsibility to provide smoking prevention support to my clients. (5)
- Other (please write) (6) \_\_\_\_\_

Q7 Please answer the following questions by ticking the box that most accurately represents your response to the statement.

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)
In my current job, I deliver smoking cessation support to pregnant Aboriginal women and their families (this refers to advice or referrals you provide to encourage people to quit smoking). (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SKIP LOGIC**

If Strongly Disagree Is Selected, Then Skip To Please answer the following questions...If Disagree Is Selected, Then Skip To Please answer the following questions...

Q7b Please select the types of smoking cessation support (if any) you currently provide and/or refer pregnant Aboriginal women and their families to. Select as many options as you like.

- Refer clients to Quitline (1)
- Provide general smoking cessation advice (2)
- Deliver Brief Intervention (short interventions that attempt to change tobacco use by asking questions, providing feedback and advice, and using motivational interviewing techniques) (3)
- Other (please write) (4) \_\_\_\_\_

Q8 Please answer this question even if you do not currently provide smoking cessation advice to clients or community members.

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)
I feel confident delivering smoking cessation advice to pregnant Aboriginal women and their families (e.g. providing advice on strategies they can use to quit smoking, creating a quit plan together or referring clients to other support services). (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SKIP LOGIC**

If I feel confident delivering... Is Selected, Then Skip To Please describe any specific smoking ...If I feel confident delivering... Is Selected, Then Skip To Please describe any specific smoking ...

Q8b Why don't you feel confident delivering smoking cessation advice? Select as many options as you like.

- I have never had any training on how to deliver smoking cessation advice. (1)
- I have had training on how to deliver smoking cessation advice but I still do not feel that I have enough knowledge or skills to offer this advice. (2)
- I have had training on how to deliver smoking cessation advice but it was a long time ago and I feel that I would need refresher training to feel confident delivering this advice. (3)
- I am worried that if I offer smoking cessation advice it would negatively affect my relationship with the client. (4)
- I do not have time to deliver smoking cessation advice when I see clients. (5)
- I do not think it is my responsibility to provide smoking prevention support to my clients. (6)
- Other (please write) (7) \_\_\_\_\_

Q9 Please describe any specific smoking prevention or cessation resources and tools that you find most useful and currently use with your clients/community. If you do not currently use any resources or cannot think of any, please skip to the next question.

Q10 If you have any further comments or feedback about any of the questions or content covered in this survey, please write them here.

That is the end of the survey. Please click the "next page" button below to submit your responses.

## Appendix 2: Survey email invitation

Reply Reply All Forward    

You have received a new message from Australian Indigenous HealthInfoNet.

Australian Indigenous HealthInfoNet Yarning Places [healthinonet.web@ecu.edu.au]

To: Wilkins, Alexa

08 May 2015 08:54



Hello Alexa Wilkins,

You have just received a new message from the Australian Indigenous HealthInfoNet:

Preventing Aboriginal maternal smoking evaluation survey

Hi WAIHPN yarning place members!

Here is an update from the [WA state web resource](#) on the [Australian Indigenous HealthInfoNet](#). The Aboriginal Maternity Services Support Unit in partnership with Curtin University, Edith Cowan University and the Australian Indigenous HealthInfoNet is calling all WA health professionals and health promotion workers who work pregnant Aboriginal women and their families, to take part in an evaluation survey for the new *Preventing Aboriginal Maternal Smoking in WA portal* project.

The *Preventing Aboriginal Maternal Smoking WA* online portal will be launched soon and we want you to be involved to help us evaluate this new and exciting resource. If you work with pregnant Aboriginal women, new mothers and their families in Western Australia (WA) and/or work in a tobacco prevention role in WA we want your input. You are invited to complete a short online survey to share your experiences delivering smoking prevention and cessation support to this important target group.

Access the survey here: [https://curtin.asia.qualtrics.com/SE/?SID=SV\\_8dmmGTx0E1Ji7X](https://curtin.asia.qualtrics.com/SE/?SID=SV_8dmmGTx0E1Ji7X)

Please see the attached flyer if you would like more information on the evaluation survey and the *Preventing Aboriginal Maternal Smoking WA Portal* project.

*This evaluation is part of the Preventing Aboriginal Maternal Smoking WA Portal project that is being delivered in partnership through Curtin University, the Aboriginal Maternity Services Support Unit from WA Health's Women and Newborn Health Service and the Australian Indigenous HealthInfoNet. The project has ethics approval from Curtin University (approval number: RDHS-40-15).*

Kind regards  
Trish O'Hara  
WAIHPN Coordinator  
Australian Indigenous HealthInfoNet



To reply to EVERYONE on WAIHPN message stick (including sender): [msg\\_waihp@healthinonet.org.au](mailto:msg_waihp@healthinonet.org.au)

# Appendix 3: Examples of promotion of survey

## Post on WA Health Yammer

### WA Health

Home | Inbox | Search for people, groups and conversations | Invite

**Alexa Wilkins**

Groups

- WA Health Staff Well...
- Tobacco Control Ne...**
- Aboriginal Health
- Child and Adolescent...
- Sharing information
- Department of He...
- Health Promotion
- Aboriginal Health Di...
- All Company

Browse groups | Create Group

### Tobacco Control Network

Public Group | Joined | Collaborative workspace for anyone within WA Health working in tobacco control

Members 124

Conversations | Files 13 | Notes

Update | Poll | Praise

Share something with this group...

**Alexa Wilkins**  
50 seconds ago

The new Preventing Aboriginal Maternal Smoking in WA project is calling all WA health professionals who work with pregnant Aboriginal women and their families, and/or in tobacco prevention, to take part in an evaluation survey.

The Preventing Aboriginal Maternal Smoking WA online portal will be launched soon and we want you to be involved to help us evaluate this new and exciting resource.

If you work with pregnant Aboriginal women, new mothers and their families in WA and/or work in a tobacco prevention role in WA we want your input! You are invited to completed this short survey to share your views and experiences on tobacco prevention & cessation support for this important target group.

Access the survey here: [https://curtin.asia.qualtrics.com/SE/?SID=SV\\_8dmmGTX0E1Jii7X](https://curtin.asia.qualtrics.com/SE/?SID=SV_8dmmGTX0E1Jii7X)

This evaluation is part of the Preventing Aboriginal Maternal Smoking WA Portal project that is being delivered in partnership through Curtin University, the Aboriginal Maternity Services Support Unit from WA Health's Women and Newborn Health Service and the Australian Indigenous HealthInfoNet. The project has ethics approval from Curtin University (approval number: RDHS-40-15).

Please contact Alexa Wilkins [alexa.wilkins@health.wa.gov.au](mailto:alexa.wilkins@health.wa.gov.au) if you would like more information on the evaluation survey and the Preventing Aboriginal Maternal Smoking WA Portal project.

cc: Melanie Robinson

Like · Reply · Share · More

Write a reply...

Pinned

Add files, notes, or links that are important to this group.

Add: File | Note | Link

Related Groups

Safety & Quality

Add a related group...

Access Options

- Leave Group
- Subscribe to this group by email
- Post to this group by email
- Embed this group in your site

© 2015 Yammer  
English (US) | Privacy | Terms | More

Article on *Health Point* website

Wilkins, Alexa ▾ My Profile | My HR | My Links Feedback | About HealthPoint | Self Help

HealthPoint Site Finder | Policies | Forms Find content, people, services 🔍

HealthPoint Home News Working@Health Integrity Site Finder Policies

**News** **Fill in survey to help pregnant mums beat the smoking habit**

L Whole of Health  
 L CAHS  
 L DoH Divisions  
 L NMHS  
 L SMHS  
 L WACHS  
 L Search for News Articles  
 L Health Happenings

**Jun 15 10** The Aboriginal Maternity Services Support Unit, in partnership with Curtin University, Edith Cowan University and the Australian Indigenous Health/infoNet, is calling for WA Health staff who work with pregnant Aboriginal women and their families to take part in an evaluation survey for the new *Preventing Aboriginal Maternal Smoking in WA* project.

The Preventing Aboriginal Maternal Smoking WA online portal will be launched soon and health workers are asked to be involved to help develop and evaluate this new resource.


If you work with pregnant Aboriginal women, new mothers and their families, and/or work in a tobacco prevention role in WA, your input is welcome.

Please complete a [short online survey \(external website\)](#) to share your experiences about delivering smoking prevention and cessation support to this important target group.

An online [yarning place \(external website\)](#) has also been launched as part of the project to provide a forum for health staff to stay up-to-date with news, resources and training relating to Aboriginal maternal smoking and a space for discussions and knowledge sharing.

If you would like to learn more about the project, contact the Project Coordinator Alexa Wilkins or phone 9340 1586.

[< Go Back](#)



WA Health staff who work with pregnant Aboriginal women are invited to take part in an evaluation survey

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Link to survey in *Health Happenings* email

Health Happenings Thursday, 11 June 2015 - Message (HTML)

From: Global Messages  
 To:  
 Cc:  
 Subject: Health Happenings Thursday, 11 June 2015

Government of Western Australia  
 Department of Health

Weekly news digest  
**Health Happenings**

**Thursday, 11 June 2015**

**Announcement**

**Categories announced for the WA Health Excellence Awards**  
 The categories for the WA Health Excellence Awards have been announced.

**Guidelines for Protecting Children 2015**  
 The updated Guidelines for Protecting Children 2015 is available on the Statewide Protection of Children Coordination (SPOCC) Unit website.

**Community Physiotherapy Service changes**  
 The Community Physiotherapy Service (CPS) will change from a metropolitan-wide service to a north and south area service on Wednesday 1 July.

**Improving WA Health**

**Fill in survey to help pregnant mums beat the smoking habit**  
 The Aboriginal Maternity Services Support Unit is calling for WA Health staff who work with pregnant Aboriginal women and their families to take part in an evaluation survey.

## Post on PAMSWA Twitter page

The screenshot shows the Twitter profile for PAMSWA (@AIHPAMSWA). The profile header includes a colorful abstract background image, a profile picture, and statistics: 138 tweets, 111 following, 42 followers, and 9 favourites. A 'Following' button is visible. The main content area displays three tweets:

- Tweet 1:** PAMSWA @AIHPAMSWA · Jun 18  
Happy Thursday you mob! There are TWO days left to do our survey, so make sure you hop to it and help us out! [bit.ly/1RaCqll](https://bit.ly/1RaCqll)
- Retweet:** PAMSWA retweeted HealthBulletin @AIHBulletin · Jun 17  
Talking About The Smokes: summary and key findings [goo.gl/fb/pk9WKp](https://goo.gl/fb/pk9WKp) #journalarticles #statesandterritories
- Tweet 2:** PAMSWA @AIHPAMSWA · Jun 19  
Aboriginal Maternal & child health workers participate today in the Preventing Aboriginal maternal smoking WA survey. [bit.ly/1KG7AWI](https://bit.ly/1KG7AWI)
- Tweet 3:** PAMSWA @AIHPAMSWA · Jun 19  
Last day for health workers to participate in the Preventing Aboriginal maternal smoking WA pre-evaluative survey. [bit.ly/1KG7AWI](https://bit.ly/1KG7AWI)