

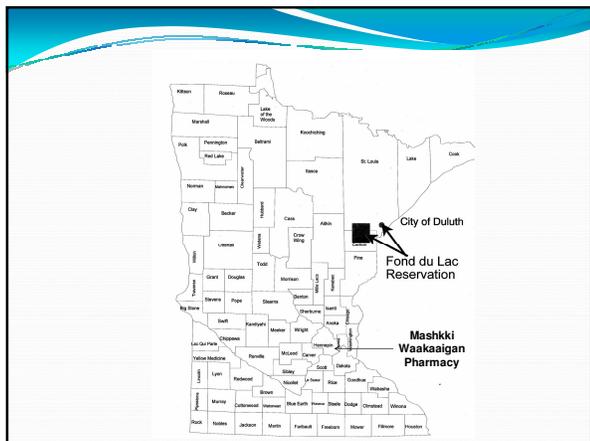
## Using Process Evaluation Interviews and a Collaborative Evaluation Process to Identify Factors that Contribute to Participation in a Tailored Commercial Tobacco Cessation Program--The Wiidookowishin (Help Me) Program

Linda M. Bosma, PhD;  
Joanne D'Silva, MPH; Amanda L. Jansen, MPP;  
Nathan R. Sandman, BASc; Rozanne L. Hink, BASW  
American Evaluation Association

October 16, 2013

## Overview of today's presentation:

- Overview of Wiidookowishin
- Purpose of the evaluation—what was already known & what we wanted to know
- The partners
- The evaluation design
- Collaboration between partners—elements that contributed to trust and administration of the evaluation
- What we learned



## Wiidookowishin (Help Me)

- Commercial tobacco cessation program for members of the Fond du Lac Band of Lake Superior Chippewa
  - Min No Aya Win Clinic
  - Center for American Indian Resources (CAIR)
  - Metro (Twin Cities) Pharmacy site
- Adapted by FDL from a mainstream curriculum (*ALA Freedom from Smoking*)
- Incorporates Ojibwe teachings and stories
- Includes restoration of traditional tobacco
- Supported by funding from ClearWay Minnesota

## What we already knew

- Successfully achieved a quit rate of 21.8% among participants at six-month follow up after last session
- Successful at recruiting and enrolling participants into the program: annual enrollment is approximately 160 participants (Fond du Lac population is just over 4,000)

## What we hoped to learn

- What factors contributed to Fond du Lac's success at recruiting and enrolling participants into commercial tobacco cessation services?
  - ClearWay Minnesota had funded several commercial tobacco cessation programs during a similar time frame, but not all were able to attract participants
  - Are there elements of the Wiidookowishin Program experience that could inform Best Practices to inform other funders of culturally tailored tobacco programming?

## Why it matters

- Commercial tobacco disproportionately impacts American Indians in Minnesota
- Commercial tobacco and forced assimilation have historically contributed to suppression and disconnection to traditional tobacco culture
- While Minnesota statewide Freedom to Breathe Act prohibits smoking in most public spaces, it does not cover sovereign tribal areas
- Important to develop culturally tailored programs and services that serve American Indians
- Funders & others working in tribal settings need to develop a greater understanding of what contributes to success of programs

## Partners in the Evaluation

- Fond du Lac Public Health staff and Health Educators who administer Wiidookowishin
  - ClearWay Minnesota, the organization that has provided funding for commercial tobacco cessation programming
  - Bosma Consulting, the evaluator
- In addition:
- Fond du Lac Institutional Review Board

## The Evaluation Design

- Qualitative Process Evaluation to get “deep rich data”
- Key informant interviews with
  - Program participants (n=20)
  - Stakeholders who partner, refer (n=13)
  - Staff
- Coding for emerging themes
- Secondary analysis review
- Member checks
- Focus on process, but not outcomes

## Collaboration around Evaluation

- No ‘helicopter approach’
- FDL staff review & input of design, instruments, plan
- Ongoing feedback
- FDL IRB approval
- Indian Health Services IRB approval
- “Member checks”
- Provide data, reports in formats useful to FDL
- Sharing dissemination



## Collaboration around Evaluation

- Interviews on-site at Min No Aya Win clinic
- Evaluation participants could check in just like clinic appointments
- Space for interviews arranged in collaboration with the cessation counselor
- Interviewees from other sites were held in mutually agreed upon locations
- Incentives for interviews (\$25 gift cards to local business) suggested by Fond du Lac

## What we learned

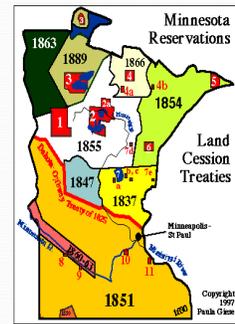
- Key elements that contribute to Fond du Lac success at recruiting and enrolling participants into the Wiidookowishin Program

## 1. Tribal oversight & administration



“It’s critical for our clinic to do it. There is a stigma between the county and the reservation, and all Indian reservations... there is no connection. I think the services here through our clinic are very vital, just for us” (S12)

“And I think it’s trust because of the **historical trauma** that they have.” (S10)



“They know if that’s coming out of this building [they can trust it].” (S4)

“That would be like **off brand**, like that would *not* be comfortable! Yeah, I’d be less likely to go...Like I said, it’s so convenient because I pick up prescriptions like once a month, so I’m constantly going to CAIR...for my doctors are where my pharmacy is and so that’s where I’m comfortable doing things that have to do with my health. So **if I have to go to the County, these people never met me, they don’t know who I am**, I’ll probably never see them again, so it’s just different and so I’m comfortable with CAIR.” (P17)

“That’s what’s so comfortable about Min No Aya Win is **that everything you see about you is reflected back at you** from the art on the walls to the people.” (P10)

“...It might work for somebody, but for people I know, because **it’s culturally-based**...more accepting of it...The clinic is from the community and people are more apt to go there.” (P18)

## 2. Systemic commitment to Cessation—integrated throughout services



“**It is all over the place**—they see it on signs in exam rooms, they see it on people wearing buttons, they see it at community events. I don’t think lack of awareness of the availability of cessation is a legitimate excuse.” (S3)

“Yes, she (regular doctor) did ask me and does ask me every time I go in.” (P1)

- Clinic services
- Dental clinic
- Treatment center
- Community centers
- Pharmacy
- CAIR
- Metro pharmacy
- WIC program

### 3. Individualized, personalized services

“I think everything they were doing was effective. The interview was like I said, **they personalized my quit plan really well for me and they, like even like a lot of my medical history**, and asked me what current medications and prescriptions I was taking.” (P17)

“I think just **having so many options** so that if one answer is not one answer for every person and there's not one motivator for every person, so there are lots of different options so if one thing doesn't work they can try another. I think that's what I really like about this program it's a one-stop shop with a lot of options.” (S11)

### 4. Counselor accessibility & flexibility

“**I really like the program. I like the lady.** And they give me a whole bunch of brochures, and they gave a calendar of when I wanted to quit smoking, so they gave me a lot of good stuff.” (P32)

“I think it's like the people, **everybody really wants to help you.** They make it really obvious they want to help you I think.” (P12)

“<Name> **at the pharmacy.** She spent her time for me. If I wanted to be there at eight o'clock she was available for me. And she was nice. **She seemed real knowledgeable** in what she was presenting me and she would go over the information sheets, what really got to me was all the stuff they put in the cigarettes she was going down the list of all the garbage that was in them.” (P18)

### 5. Outreach & community awareness

“I knew of this program. I saw the fliers.” (P2)



Constant, ongoing outreach is needed to provide opportunities to connect with the program (S2)

Word of mouth from family members gets many participants to try the program



“A lot of the patients get are referred from the Native American community clinic about a block and a half away. We do work very closely with those doctors and we have presented some of what the program is about at their diabetes breakfasts which they have once a month.” (S7)

## 6. Offering traditional tobacco education



“Yes [it’s] pretty important. I don’t know too much about my culture, but I know some things and it’s really important for me to teach my children that smoking cigarettes is not good and to see it as a spiritual thing as a sacred object.” (P32)

“There are ways to deal with tobacco; you don’t have to smoke it. You can put in a funeral fires burning—you can put it in a fire or you can put it out in a tree; you don’t need to smoke it, you just have to do something with it...I know pretty much what to do. The only problem I have is I’m also a pipe carrier. That I haven’t faced that yet. It’s been five weeks but I know it will be there. And you know I suppose I could be a puffer but you know those things I’ll have to face when I use my pipe.” (P5)

“[It’s] very important and is very needed with the tobacco abuse on our reservations. You know very few people do we know, who do not smoke—maybe only a handful. But it’s such a part of community with, what’s the proper word I’m looking for, traditional stuff, so it’s fair and you can get away from it if you’re a traditional person but it’s I think more education of how to keep the traditional and not to abuse it.” (P10)

## 7. Curriculum tailored to FDL

“Oh it's very important. You know typically when we see things offered through clinic the people that are involved are trained or **integrated into the community and they understand Native American culture and some of the traditions, especially about tobacco**, and they can address some of those needs. There's also trust— typically we see with the Native American population that typically it takes a while to build that trust. And **when somebody's making a commitment to change their lifestyle it's very, very helpful to feel like you have someone who you can trust to kind of lead you along the path** and I think that's where we've already established that trust with most of the patients we are serving. We are the first people they're going to come to if they're having struggles her troubles along the way as they try to quit smoking.” (S2)

“I think it has to do with fact that **they took their time in planning things and they took their time in the development of the curriculum and testing it in the community and went through the proper channels with the governmental institutions** to be able to do that...In addition to start a get the program running and off the ground they been able to gain the trust of the people they are serving over time. I think it helps that people from the community are utilized to do the work of the community.” (S8)

## 8. Hire a counselor who is American Indian and from the community

“I don't think it's going to be as high as what you have when **doing it from a native person** here.” (S10)

“Make sure to try to hire a **community member** that's very important.” (P8)

## 9. Engage pharmacists to provide cessation counseling

Pharmacists can provide cessation at

- Min No Aya Win clinic
- Duluth CAIR clinic
- Metro area pharmacy



- Participants must take part in cessation counseling to receive Nicotine Replacement Therapies, Chantix®

“And so we **feel very strongly here in the pharmacy department** that people are not likely to be successful with their smoking cessation aid if they are not working with the smoking cessation program. **There's a much higher success rate if they're working with the counselor.**” (S2)

## 10. Provide Nicotine Replacement Therapy, gum, patches, or medications combined with counseling

“I got a prescription from my doctor at the Indian Health Board and a ticket to the pharmacy and **they said I could not fill it unless I went through the program** and I told him it was fine and it was only like four meetings and **I really needed that support**. I tried it in the past for three months and ended up smoking again but this time I was at the pharmacy and I got a lot of information.” (P18)

“Really helpful to have the program with the nicotine patch; I tried it with just the patch at first before the counselor was available and it was hard **it's a lot better with the program.**” (P9)



## Implications

- **Other funders and program implementers** can see the value of **tailored programs** that are culturally specific
- **Integrating the value of cessation throughout the system** is important for funders & administrators considering providing cessation
- **Lessons learned** from Fond du Lac can inform best practices for other tribal settings
- Importance of learning “**what works**” and “**how it works**” is essential to successfully address health disparities among priority populations
- **Shared ownership of the evaluation** made the information more useful for both ClearWay Minnesota and Fond du Lac

“I think we have the best program. And it's amazing because now that I'm smoke-free—working to being smoke free—**all these ladies and men my age are doing the same thing.** I don't know, did we just wake up? So it's good” (P5)

“I was really happy with this because I finally quit. It's just one day I realized **I haven't smoked in a long time.**” (P18)