GIPPSLAND PRIMARY HEALTH NETWORK & LATROBE COMMUNITY HEALTH SERVICE SMOKING CLINIC COMMUNITY CONSULTATIONS

Report of qualitative research

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EXECUTIVE SUMMARY

The Gippsland Primary Health Network (GPHN) commissioned MMResearch to conduct a program of qualitative research with smokers to provide community input for the development of a smokers' clinic that aims to assist local smokers in the process of quitting.

The proposed clinic is being designed as a support program to help people to reduce or quit smoking, providing a combination of resources, potentially including free nicotine replacement therapies (NRT), peer support by an ex-smoker, counselling and group sessions with other smokers.

The overall aim of the research was to garner input from smokers in the Latrobe Valley about their perceptions of the proposed smoking clinic, their interest in using the service and the appeal of the different service elements.

The research design comprised a program of three group discussions with smokers, segmented by age (18-24, 25-34, 35-49). It is important to acknowledge the limitations of this research, with the three group discussions providing some insights into the clinic model, although not a comprehensive assessment of the concept across the breadth of Latrobe Valley smokers.

KEY FINDINGS, CONCLUSIONS & RECOMMENDATIONS

The main findings addressing the research objectives are summarised below, along with associated conclusions and recommendations for development of the smoker clinic concept.

Interest in support to reduce and stop smoking

While the smokers in this research expressed some interest in quitting, there was limited appreciation of the kind of support and resources could make a difference to the outcome of a quit attempt. The value of being assisted in the process of reducing or stopping smoking will need to be communicated to smokers to attract interest in the proposed clinic model. Specifically, there is a need to communicate what the assistance is and how it will make a difference to a quit attempt.

Confirming the findings of the recent exploratory research with Latrobe Valley smokers, there is a strong belief that stopping smoking is primarily an issue of wanting to stop, and that there is little that external agencies can do to affect whether and when an individual will choose to stop. For the proposed clinic model to be of interest it is imperative that smokers understand that the program adapts to their needs rather than imposes outcomes on them, and that it focusses on support rather than lecturing them about why they should stop.

There was very little interest in assistance to reduce smoking. However, communicating that the proposed clinic can assist an individual with either reducing or stopping smoking was valued, as it demonstrated the personalised and tailored nature of the service.

There was some interest in engaging with the service in an interim manner prior to taking up the full service offer. Consideration should be given to an on-line or social media forum that smokers could link to as an initial step in their engagement with the concept.

Smoking clinic – interest in the model

Overall, the concept was appreciated for offering a more comprehensive mix of services to smokers than had been offered previously.

The key attribute of the program that appealed was that if offered personalised support that was tailored to their needs and provided in a non-judgemental manner. To attract interest in the concept, it will be essential to promote these characteristics.

The key components of the program that attracted interest included the offer of free counselling and free NRT. Different elements of the concept appealed to different people, suggesting that uptake will be greatest if smokers are given some choice about the elements they can access, especially regarding the options of one-on-one counselling or group sessions.

The role of the Peer Support Worker was thought to offer some value in terms of personalised support, however there was some scepticism about whether this worker would be as understanding, empathetic and supportive as intended. The potential value of this role proved difficult to communicate, and is likely to be realised in experience rather than promotions.

The concept was of most interest at the older end of the age range in this research, with older smokers expressing more interest in support and assistance to stop smoking, a greater understanding of the difficulties they have faced in previous attempts without support, and more concerns associated with already experiencing the health consequences of smoking.

In response to the pathways into the service, the issue of timing was believed to be critical. Participants noted that it would be important for the service to be offered at a time when they were interested in doing something about smoking, and that they would need to be followed up by the service for initial consultation within a short time period (24-48 hours) to take advantage of this interest.

It does need to be recognised that only a small number of participants indicated any degree of certainty about wanting to be involved in the concept.

The main criticisms of the overall concept that detracted from interest included:

- Some felt that it was little more than a redesign of the assistance that already existed through Quitline and existing health services.
- Some felt that the concept placed far too much emphasis on smoking as the problem, and suggested that they would be unlikely to take the process of stopping smoking as seriously as the concept seemed to assume. This was more common at the younger end of the age range.
- Some expressed doubt about the capacity of LCHS to deliver the service, based on their past experience of LCHS.

Smoking clinic – the practicalities

Factors considered important in determining location were mainly associated with matters of convenience, such as being easily accessible by transport.

Locations considered appropriate included Community Health Services, the Mid-Valley shopping centre, and local libraries. The younger groups suggested that they might be more likely to attend a service offered through an organisation such as Headspace that already targeted their age group.

The hours of service were assessed as important, suggesting that consideration needs to be given to components such as Peer Support Worker, Nurse assessment, individual counselling and group sessions being available after normal business hours.

Smoking clinic – promotion and advertising

None of the proposed naming options (Breathe, Breathe Easy, Fresh Air, Good Air Clinic) stood out as clearly conveying the value of the clinic or attracting interest in taking up the service.

The proposed names did not adequately capture what smokers were looking for when they were seeking assistance and support with quitting. They wanted a name that told them something about what the program offered or how it would help them. There was some interest in names that included a reference to 'toolbox', as this indicated something about what the program had to offer.

Further, they wanted a name that was focused on where they are at now with regards to smoking, rather than offering a future that they were unsure whether they would ever attain. There was some interest in a name such as 'Fresh Start' or 'Time to change', as these options reflected an attitude they might have at the point of decision to engage in the program.

These discussions highlighted that the tag line and associated branding collateral will be at least as critical as the title of the service for conveying what it is about and attracting interest.

Local media was considered appropriate for advertising and promotion of the concept. Consideration should also be given to use of local social media networks.

Partners and other family members were identified as important influencers, suggesting that consideration be given to the development of promotional materials that target families as well as smokers. These would need to be sensitive to smokers' concerns about judgement from others and about changing their smoking being their own decision.

Consideration should be given to including incentives that have a financial value and are associated with health, such as gym memberships.

BACKGROUND

The Gippsland Primary Health Network (GPHN) commissioned MMResearch to conduct a program of qualitative research to provide community input for the development of a smokers' clinic that aims to assist local smokers in the process of quitting.

In conjunction with Latrobe Community Health Service (LCHS), GPHN are in the process of developing a clinic to provide assistance to smokers. The model for the clinic has been informed by a range of projects within the region, including a qualitative research project conducted by MMResearch in 2018.

The proposed clinic is being designed as a support program to help people to reduce or quit smoking, providing:

- Assessment by a Nurse who can prescribe Nicotine Replacement Therapies (NRT);
- Free NRT (eg, patches, sprays, medications);
- Peer support by an ex-smoker;
- One-on one counselling; and
- Group quitting sessions with other smokers.

At this stage of development of the clinic model, input from potential users of the clinic is being sought. This report documents the findings of a qualitative research approach that was conducted to meet these community consultation needs.

RESEARCH APPROACH

RESEARCH OBJECTIVES

The overall aim of the research was to seek input from Latrobe Valley smokers into the clinic model being developed. The research explored a range of specific issues, including:

- Perceptions of the service model, and interest in taking up the offer.
- Perception of different elements of the service, including response to peer support worker, nurse assessment and counselling options.
- Perceptions of the offer of free nicotine replacement therapies.
- Preferences for promotion of the clinic.

A range of specific research objectives were developed during in consultation with the GPHN and LCHS project teams, which are reflected in the attached discussion guide.

RESEARCH APPROACH

The research design comprised a program of three group discussions, with a total of 19 participants.

Sample and Segmentation

Factors taken into account for segmenting the groups include:

- **Age** – The groups were segmented into 3 age categories: 18-25, 25-34, 35-49.
- **Sex** – A mix of men and women were included in each group.
- **Sociodemographic status** – the primary target audience for the clinic is expected to be those smokers who engage with the local community health services. To reflect this audience, participants were recruited from lower education backgrounds and included a proportion of participants have recently engaged with community health services.
- **Smoking status** – all participants were daily smokers, recruited on the basis of having some intention of quitting and/or recent history of quit attempts.

Group discussions

A discussion guide was developed based on the research objectives, and after consultation with the GPHN and LCHS project team. This discussion guide was used by the group moderator to prompt conversation amongst the participants, to steer discussion to the topic areas to be covered and the specific questions of interest within each topic area.

Each group began with a general discussion about smoking during which participants were prompted to identify their history of quitting and their interest in stopping smoking in the future. This was followed by a brief discussion about the kind of support they might seek if they were wanting to do something about

their smoking. The bulk of each group discussion involved presenting information about various components of the proposed service, followed by prompted discussion about the perceived value of each component. The findings section of this report is structured similarly to the group discussions.

Recruitment

Recruitment was coordinated by a professional research recruitment agency. Recruitment began with an email to a sample of the agency's database of people who live in the Latrobe Valley, and who have previously expressed their interest in participating in market and social research. This was followed up with telephone call during which participants were screened for their suitability.

Group facilities

The groups were conducted in a local facility (the Traralgon RSL). All research sessions were audio-recorded for the purposes of analysis.

Analysis and reporting

With the permission of participants, all research sessions were recorded, and these recordings have been reviewed and transcriptions analysed for the preparation of this report.

A sample of quotes has been included for illustration purposes, with a reference to the group in which the quote was made in terms of age group. It should be noted that these quotes are not necessarily representative or reflective of segment differences, rather, they are included to illustrate and provide context and language to the findings of the group discussions.

While this report is an accurate reflection of the attitudes of participants, the limitations for generalising qualitative research should be acknowledged. In particular, this project comprised only three group discussions, and as such does not provide for a comprehensive evaluation of the concept across the breadth of Latrobe Valley smokers. Further, while the analysis identified some differences between the three age groups, it is not possible from such a small sample to be confident that these observed differences reflect actual differences between the age segments in the wider population.

DETAILED FINDINGS

INTEREST IN QUITTING SUPPORT

Prior to presenting the groups with the smoking clinic concept, they were prompted to discuss their interest in seeking support or assistance for their smoking.

In line with the recruitment specifications for this research, all participants expressed some interest in stopping smoking at some point, and most had made at least one attempt to stop smoking in the past. However, their timespan for doing something about smoking varied considerably, from those who were ready to make an attempt to stop as soon as they could to those who felt this was sometime in the future. Within this, a very common reaction was that of "you've got to want to", with a concomitant belief that there was little that could be done to either change whether they wanted to or prepare themselves for the time when they did want to. This was consistent with the findings of the exploratory research, and confirms the notion that any smoking intervention needs to avoid being seen as imposing on smokers or as focussing on the reasons why they should stop smoking.

The group of older smokers were more interested in seeking some assistance and support to change their smoking. While it is not possible to conclude from this limited amount of research that the smoking clinic concept is more appealing to older smokers in general, some of the responses in the groups indicate that this may be the case. Notably, the older smokers had more experience of the difficulty of quitting and of unsuccessful attempts to stop smoking, and consequently appeared to be more open to the notion that assistance might be necessary. Further, several reported that they were also experiencing the health effects of smoking and expressed an associated urgency to stop smoking sooner rather than later.

The groups were prompted to discuss their perceptions of seeking support to stop smoking or to reduce their smoking. Overall, there was very little interest in assistance to reduce smoking. Participants generally believed that they would know how to do this, and reported that they were only interested in help if it was going to get them to stop smoking.

> *What's the point of … going through a program just to reduce? (35-49)*
>
> *I'd be more on the program to quit, not to reduce. (35-49)*
>
> *No [not interested in help to reduce smoking], I just want to stop. (25-34)*
>
> *No, because I can reduce myself like I already have, so I don't care about that. (18-24)*
>
> *I don't know, I feel like there's no point reducing … might as well just go hard. If you going to cook your lungs, just go hard. (18-24)*

A small number reported that they would be interested in assistance to reduce their smoking, noting that the idea of cutting down rather that stopping altogether made doing something now seem more possible. This observation is important in that it demonstrates that the offer of support to reduce smoking can demonstrate that the service is focussed on the individual in terms of where they are currently at with smoking, rather than imposing a dogmatic expectation on them, thus leaving some more open to trialling the service.

> *I would be happy with reducing, 'cos I can chain smoke like a chimney. Being able to reduce it down and smoke, like 10 a day or something, that'd be more ideal, just to make it through the day before you go that cold turkey. (25-34)*

When discussing quitting intentions, it was apparent that smokers share a quite complex mix of beliefs. On the one hand there is a perception that stopping smoking is just about having the desire and willpower, while on the other hand past experiences show them that they have not been able to stop and stay stopped. Further, while smokers feel they know all they need to about stopping, they also have limited awareness of the kind of help and support that might assist them in the process, and need to be told and shown what might be available to be interested in taking up an offer of assistance. Again, an underlying aspect of this reticence to seek support appears to be a belief that anything that was offered would be premised on judging them and telling them why they should stop, rather than helping them.

> *Yeah now it's more of just a habit thing, if I could give up, I would, honestly. (35-49)*
>
> *I just try all the time and I just don't succeed, it's just stress, bullshit at work … I try, but it lasts like a day. (35-49)*
>
> *You've just got to be strong willed really, you've mind has really got to want to do it. (35-49)*
>
> *The sticking to it, yeah. I find the best way when I've done it is just cold turkey, have nothing, and that works for me every time. I get bored. I drink and I think I might smoke something again … before I know it I'm smoking a packet a day. (35-49)*
>
> *The support. You would have to have someone there to support you in those times. Where you really want to have a smoke. (35-49)*
>
> *So I don't reckon there's anything that can [help you stop], you've just got to be in the right mindset …Once you're in the right mindset it doesn't matter what it is, because mine, mine isn't the addiction to the nicotine, it's like that it's a habit thing, so it's an automatic going, "It's stressful, I need a cigarette", or, "I want 5 minutes' break from my kids", it's the only time I have 5 minutes' break because I don't smoke around my kids so… (25-34)*
>
> *Yeah, if you're not in the right mindset, there's nothing that will help you, you've got to want to do it. It's not about someone telling you. (25-34)*
>
> *Yeah for me that would be it, I wouldn't need anything else … it is pretty much a matter of self will power and that. (25-34)*

LCHS Clinic – Overview

The Latrobe Community Health Service is developing a support program to help people to reduce or quit smoking. This free program can provide …

… Assessment by a Nurse who can prescribe NRT

… Free nicotine replacement therapies (eg, patches, sprays)

… Peer support by an ex-smoker

… One-on one counselling

… Group quitting sessions with other smokers

The groups were presented with the above overview of the proposed smoking clinic and prompted to discuss the idea. Overall, reactions to the concept were quite mixed on first presentation.

Some were immediately keen, most commonly those amongst the older group who admitted having been unsuccessful in numerous previous quitting attempts, and who acknowledged that smoking was affecting their health and therefore that stopping was a priority. For these participants, the most appealing aspect

of the concept was that it involved personalised assistance, believing that it offered something they had not been offered previously. Amongst those for whom the concept had some appeal, different aspects were most attractive, with some referring to free NRT, some to the group sessions and some to the counselling.

> *Yeah sound pretty good, especially with the free nicotine replacement therapy and stuff, that would be good. They are more expensive than cigarettes. (35-49)*

Some commented that certain elements appealed, while others did not, and questioned whether they would be able to select those elements that they were interested in.

> *I was just going to say, what if you can pick and choose, like maybe avoid the group counselling or the individual sessions. (35-49)*
>
> *Some of the things I would like, but the one on one stuff I wouldn't want, and not the counselling sort of thing but then, some of the other services, if you can pick and choose sort of thing. (35-49)*

Others felt that this personalised and targeted support was not what they needed or wanted. As discussed subsequently in this report, some felt that the clinic concept seemed to be going too far, and beyond what they felt smoking required. Related to this, some, especially in the youngest age group, responded that the whole program simply sounded like too much of an effort, and they doubted whether they would bother with all its offerings. Overall, the concept was less appealing amongst younger smokers, as they were less likely to believe they needed assistance with stopping smoking.

> *Personally, I'm more of a person that would prefer to hide behind an app than actually sit with people face-to-face for counselling to begin with, and second, I've seen some of the nicotine replacement therapies and they're not good. (25-34)*
>
> *It's not that it's not wanted, maybe we don't understand it or have had experiences with it, having a nurse be able to guide me through it, maybe that'd give the support to be able to use it properly. (25-34)*
>
> *I probably wouldn't look into it … because I don't like the group thing, the counselling about cigarettes. (35-49)*
>
> *Sounds like a lot of running around. Just trying to fit in the time between going to these assessments and the counselling and all the sessions. Like between work, seeing family, spending time with the family and then mates. Like you are already trying, especially at our age, trying to learn how to put everything into a habit. So we can manage everything. Putting more on top of that is going to be overwhelming. (18-24)*
>
> *I just wouldn't want to waste their time if I would to it. I probably wouldn't show up … If I did sign up for that program, I probably wouldn't go …. like a bunch of other things I've done over the past year or two. Tried quitting drugs and shit like that. (18-24)*
>
> *I find I'm too independent, doing things by myself. So if I'm trying to quit and I have people helping me, it makes me feel weaker about the whole situation. Because I'm not strong enough to do this by myself. (18-24)*

While perceptions of LCHSS were not explored comprehensively during these group discussions, initial reactions to the clinic concept in each group included concerns about whether LCHS was capable of delivering the service. These concerns were based on past experience of long waiting times and difficulty of getting to see health professionals when they needed to. Participants raised questions about whether this clinic would be any better resourced or funded, and some queried whether resourcing of the clinic

would be taking away from other services provided by LCHS that they believed were already under-resourced. These reactions were partly related to the perception that there were many smokers in the region, and therefore that there could be a high demand on the service.

> *The wait times are ridiculous that's why they are useless. (35-49)*
>
> *Sounds good. Just depends on how the wait times are going to go. Like is it going to take two months to get into that like it takes to get into alcohol rehab or one of them? (35-49)*
>
> *As long as they can staff it correctly that would be a start … Latrobe Health … isn't the greatest place in the world. (25-34)*
>
> *It's absolutely horrendous, the wait times. (25-34)*
>
> *I have a* major *problem with this starting point [referring to Peer Support Worker], is that I don't see it being successful, purely because of staffing. I don't think you're going to have enough people to be able to cover all that in the way you're looking at. (25-34)*
>
> *the thing is if you're linking in through Latrobe Community Health Service for their services I think all of are concerned that it's going to take away from the people that are already waiting. (25-34)*

LCHS Clinic – Pathways into the service

There are three ways that you might get into this program:

1. *When you visit a service run by Latrobe Community health Service (e.g., dental, dietician, nurse), and you mention that your smoking is bothering you, the program will be explained, and with your permission you can be contacted by someone from the program to see if you are interested.*
2. *If you are attending a different health service and you mention that your smoking is bothering you, the worker can explain the program, give you a flyer with the contact details, and with your permission, get someone from the program to contact you to see if you are interested.*
3. *Self-referral – if you hear about the new smoking program or pick up a flyer about it and want to follow it up yourself. You can contact the program; have it explained and see if you are interested.*

The groups were presented with the above summary of pathways into the program. This information was not evaluated in detail, rather it was provided to give people a bit more of an understanding of how the smoking clinic concept might work.

Some commented that there was already a process in place whenever they interacted with the LCHS to find out whether they wanted any assistance with quitting smoking. They understood this to be similar. Participants generally appreciated that the step into the program could be through another health service, as this would suggest that they might already be focussed on their health, which some believed would go some way to overcoming the resistance seeking assistance with smoking.

> *I feel like it's good, because if you're already making an effort to like trying to quit and go somewhere. Then like the program seems more suited … like a lot of people don't really want to do it just because of the running around. But if you're already willing to make that sort of effort, it's a great support. (18-24)*
>
> *Every time I go to the doctors I ask, cos it says – are you a smoker active, are you willing to quit. That's the first thing they ask, every time. I just say nup. Nup not today. (18-24)*

In response to these pathways into the service, several participants commented that the timing would be critical, expecting that they would need to be contacted by the service within a day or so of their first contact. They noted that the desire or intention to change their smoking habits tended to be quite fleeting, and that this would need to be taken advantage of quickly.

> *Pretty soon while you've got that thought fresh in your mind before you give in … because a week later you'd be like, "Oh, no I'm smoking again, sorry bye". (25-34)*
>
> *I'd be happy to try it but my concern is the wait time. And if you start on this journey you don't want to be … having to wait a month like you do now to see a doctor. (25-34)*

Related to the issue of timing, several commented that how they responded to the offer would vary depending on how they felt about smoking on that particular day. They noted that it would be important for the service to be offered at a time when they were interested in doing something about smoking.

> *I would have to want to quit. I think they would have to get me on a good day rather than 'I don't want to quit today.' (18-24)*
>
> *If they got me at the right time then, yes. (18-24)*

LCHS Clinic – Peer Support Worker

The first detailed contact you have will be with a Peer Support worker. A peer will be someone with lived experience of quitting smoking and who will:

… Contact you by phone to arrange to talk to you about the program (either by coming to visit you at home, over the phone or some other safe and convenient place that you nominate)

… Explain to you about the program and the different kinds of support it can offer.

… Get you started by booking the supports you are interested in trying.

… You can ask them any questions you may have about the program, and you can also tell them about any concerns you may have about using the program.

… While you are taking part on the program, they may contact you to check how things are going.

… You can tell them what you are finding difficult or useful about the program.

… They will be your key go to person whilst in the program.

The groups were presented with the above description of the Peer Support Worker and their role in the proposed service.

While there was some interest in the concept of a person who would provide this kind of personalised support, reactions to the description presented in these groups demonstrated the difficulty in explaining the role and its value. Reactions clearly showed that the critical attribute of the Peer Support Worker role would be experienced in the relationship that this worker had with an individual, which participants felt was unable to be conveyed in the description.

Further, describing this person as a 'peer support worker with lived experience of quitting smoking' did not effectively convey what their experience of the person would be. Whether this became a valuable interaction will depend on factors that can only be recognised in experience, such as how they communicated with them and how well they got on. Several commented that they had experienced

'support workers' in other health and welfare contexts, and were not convinced the role was always as supportive as the title implied. To some extent, participants felt that they did not need this role explained in such detail. These reactions demonstrate that the service will need to be explained to people in simple and familiar language, rather than using health system jargon.

> *I'd like someone that's a, probably a mature person that's had a bit of life experience and not just fresh out of the academy and thinking the book's the rule. (25-34)*
>
> *I've had dealings with workers and stuff like that, and a worker is very much a worker. Like even when they're your friend, you always look at them like a worker. So even terming them a peer support worker feels like it's going to, it makes a divide in the relationship where I'm the worker and you're the patient/client. (25-34)*
>
> *Depends on what they're like … if I don't like them, I am not going to quit. (18-24)*
>
> *If you are interested in it, like it's good that you can be able to contact them. Me personally, I'm not really interested. (18-24)*

Some imagined this role as being akin to their personal Quitline counsellor, and from this perspective the concept was appealing. A key value of the Peer Support Worker role was that it would mean that they could talk to the same person whenever they needed assistance, rather than getting a different Quitline Counsellor every time they called. Those who liked the concept believed that this ongoing and individualised relationship would be helpful.

> *You call Quitline you're not going to get the same person each time. (25-34)*

Participants generally appreciated that this person would have personal experience of the process of stopping smoking, and would be able to offer assistance from this perspective. Some concern was expressed about being a 'reformed smoker', but on balance this was outweighed by the notion of someone who as empathetic. Again, participants noted that the benefits of the Peer Support Worker's history would depend on their experience of the relationship, which they felt was not able to be adequately explained before meeting with them.

> *If you don't have the willpower in yourself, it's just me personally, I don't see how someone else can sort of push you to give you that willpower. You've got to do it, within yourself. (35-49)*
>
> *Well. That's it, like if you are going to smoke there, how are you going to say, because you are talking to your peer support worker, that you are not going to pick up that smoke and smoke it? … so yeah, I don't see them helping that much. (35-49)*
>
> *And I think there's nothing worse than a reformed smoker … having someone to talk to who's already done it doesn't always help. And in all honesty may not motivate a lot of people. (25-34)*
>
> *I actually think when you've actually lived it and stopped it, and actually know how hard it is, it actually can help you because you actually do know that it is possible to stop it. And it's like, but you've got to respect what people want and there's, like, as long as they're not people that are going to go, "But you said you wanted to quit," and kind of throw it in your face if you have a bit of a hiccup along the way. (25-34)*

One group raised a question about whether the Peer Support Worker would be available to guide and support the people around them who could be affected by them going without cigarettes. They believed

that this kind of emotional support could be very useful, suggesting that consideration be given to the possibility and practicality of this form of assistance.

> *What about the families, the families and partners of the people trying to not smoke? (25-34)*

The groups were prompted to discuss the format they would prefer for the opening contact with the Peer Support Worker, with responses varying considerably. Several reported that it would not be appropriate for the support worker to visit their home for a range of reasons , feeling that this might be too personal, or that there was too much else going on at home and they would not have sufficient privacy. Some others felt that a home visit would be helpful, as they would be unlikely to attend a health service. And some noted the advantage of a home visit compared with the complexity of having to attend a facility in terms of factors such as transport and child-care. On balance, the breadth of reactions suggests that ideally people would be presented with options and be able to nominate what suited them best.

> *I would be interested in them coming, either over the phone or even them coming home to my place, I'd prefer that than having to go into an unknown environment where you're starting to stress or even quitting, to be in the comfort of your own environment would be a lot easier. (25-34)*
>
> *Come to my house or on the phone, I wouldn't want to do it in any clinical environment. (25-34)*
>
> *No, I don't want no-one in my house. (25-34)*
>
> *I'd potentially consider something like within a couple of kilometres of my home, but no-one's coming into my home with the 3 kids and 2 cats 'cos it's a shit tip. (25-34)*

LCHS Clinic – Nicotine Replacement Therapies

Early in the program you will meet with a Nurse who will do a health assessment looking to prescribe NRT to assist with your cessation attempt. The NRT will be provided free for a period of time. If you decide to access free NRT through our Nurse you will also need to participate in the next step which is supportive counselling.

The groups were presented with the above description of the clinic providing NRT. While the notion of NRT being provided free was valued, participants varied considerably in their experiences of and interest in NRT.

For those who had some interest in NRT, the idea that they would be assessed by a health professional at the beginning of the program was regarded positively. This communicated that the program was both is personal and professional. Reactions to this role being provided by a Nurse were generally positive, with a nurse being regarded as providing the appropriate blend of medical knowledge and personal care and support.

> *It's a good starting point. To get an idea of what you want happening, in your head. (35-49)*
>
> *Some of the nurses know more than what the bloody doctors do. (35-49)*

As noted, the concept of NRT being provided for free was regarded very positively, with several participants noting that the cost of NRT was a barrier to its use. To some extent, the offer of free NRT communicated that the authorities were serious about helping people to stop smoking.

However, past experiences and interest in trialling NRT varied considerably. For some, past experiences have resulted in a barrier to re-trial, demonstrating that they would need to be convinced of the value of alternative forms of NRT for them to try again.

> *I've tried patches once and it made me feel sick. (35-49)*
>
> *No. Everyone I know got sick taking that [Champix], so I wouldn't do that either. (35-49)*
>
> *I've used the Champix ones and I've used the patches and I wouldn't use it, I didn't think it helped. (25-34)*
>
> *I would be interested in trying some other ah, treatments. Um, because I've tried Champix and obviously I had a really bad reaction with that. (25-34)*
>
> *A lot of them makes me so critically ill. Like vomiting, head spin. I don't know what it is but I can't use it. I just stick to the patch. (18-24)*

A small number of participants reported that having to go through the process of a consultation with a nurse to be given free NRT seemed like too much of a hassle. However, this response was essentially amongst participants who indicated they were unlikely to take up the smoking clinic offer.

> *I just look at it and go, "It is a good thing, especially for people who can't afford it and want to quit." But then there's also that other thing going, it's just easier to go to the chemist or whatever and buy a pack of patches or whatever it is. (25-34)*

LCHS Clinic – Counselling services

The program can have two options for support:

1. *Face to face counselling – the counsellor will help you to set up a plan to achieve your smoking goals (whether this is stop or reducing),. They will listen, offer tips and strategies that suit you, help to motivate you, explore the reasons behind your smoking and connect you with other supports from LCHS that can offer assistance with those issues.*
2. *Group counselling - You can to participate in an 8 week session. The group will be run by a counsellor and a Peer Worker (ex-smoker) and will help to motivate you to set up and reach your own goals on smoking, diet and physical activity. In these sessions you will be able to see how you are progressing towards your goals, get help to re-visit your goals, get recognition for your achievements, and learn tips and strategies from the counsellor and other participants.*

The groups were provided with the above text explaining the individual and group options for counselling services, and were prompted to discuss each of these options in turn. While not all participants were interested in taking up these services, there was a general level of appreciation that they were included as an optional component of a comprehensive service for smokers.

Some were interested in the offer of face-to-face counselling, as they appreciated that it would be helpful to have a deeper understanding of the breadth of issues that might be going on behind their smoking. They also felt that the offer of counselling demonstrated that the program came from an understanding that quitting smoking was not necessarily just a simple behavioural issue. This was highly valued by some

and recognised as a value of the smoking clinic concept, even amongst those who were not motivated to take it up.

> *They are not there to tell you you have to quit, they are there to support you to quit. So I think that would be the best part. (35-49)*
>
> *I have anxiety and depression, so putting myself in a session with a group of people would absolutely turn me off the whole entire thing, but for me to be able to go in and talk to someone and say, "Look, I haven't had a smoke but I really want one because this has been stressing me out", so instead of it being specifically about smoking it may be another outlet for me to release any stresses that make you* want *to have a cigarette. (25-34)*
>
> *Through addressing the smoking per se, you could address a lot of people's problems with smoking if you just address the underlying stress or problems that were going on that kind of drove them to repeat the addictive and habitual behaviour. (25-34)*
>
> *I feel like that sort of stuff's more like important than actually like trying to quit. Because like the quitting itself can happen like if you just. If you want to you will. That's what happens at the end of the day. It's more like, I feel like the counselling is more important for that sort of anger management or the side effects of quitting. (18-24)*
>
> *I would be open to the idea. If I did really want to quit. (18-24)*
>
> *I'd give it a go … find whether it works or not. (35-49)*
>
> *Never been to a counsellor before in my life, so I don't know. I'll give it a shot. (35-49)*

However, some specifically rejected the idea, reporting that they did not want a counsellor to assist them with smoking. For some this attitude reflected unhelpful past experiences of counselling services. And some others felt that counselling was beyond the help they believed they would need to stop smoking.

> *Yeah, I'm just not really a people person to be honest, so phone is just more comfortable for me. (35-49)*
>
> *Because I don't need to talk to someone about why I want to stop or my smoking goals, mine comes down to I just need to do it, I don't need to talk about it, I don't want to talk about it 'cos I find that a trigger for me to go, if I sit there talking to someone about why. (25-34)*

The concept of group counselling sessions also met with a mixed response. Some were keen to trial the idea, some wanted more detail about how it would operate before they could decide whether they were interested and some were not at all interested. Amongst the equivocal participants, questions were raised about the length of the eight week program. Some felt that this was a large commitment, especially without knowing more about how the program would work and who would be involved. Some questioned whether it could be conducted as an on-going drop-in program, rather than a set eight-week course. Participants also raised a number of convenience issues, such as where, when, and the time commitments.

> *Once a week might be a bit too much for people with work and, kids. (35-49)*
>
> *I'm thinking more if it was an ongoing session, instead of just how it says eight weeks, if it's ongoing, so okay if I can't go this week, I've got something, I'll go next week. (35-49)*

Those for whom the group sessions appealed believed that they could learn from others who were in the process of quitting and appreciated that they could both support and get the support of others who were in a similar situation to themselves. Several commented that the group context would add a level of

responsibility that they believed would be conducive to stopping smoking. It does need to be acknowledged that this research used a group setting, which would be expected to over-estimate the perceived value of group sessions.

> *I'd probably turn up the first time, see how it goes. (35-49)*
>
> *It gives you, different ideas how to try stuff. So I might have an idea. There might be another idea there, if that doesn't work you can try a different strategy. (35-49)*
>
> *Oh definitely. Yeah gives you new ideas I've not heard. (35-49)*
>
> *I'd be more interested in the group or the one on one. (35-49)*
>
> *The group counselling like, actually would work potentially for some people very similar to alcoholics anonymous, where you're holding each other accountable, and if you've stuffed up and gone and had a smoke you then kind of have to stand up and tell everyone. (25-34)*
>
> *Yeah, I feel it's better to be in a group of people, so like it's not just one-on-one and all the attention is on that one person. It's shared between everyone. (18-24)*

Several reported having no interest in group support, specifically noting that the group context was unappealing or unsuitable for their nature.

> *That would be the worst thing for me because my anxiety and depression would shoot through the roof and the first thing I want to do when I walk out of that door is have a cigarette like I'm probably going to do now. (25-34)*

When discussing the notion of support, several participants raised the possibility of on-line support options, such as a Facebook group. They felt that this might give them the support in a more flexible medium that was more likely to meet their needs. Some specifically talked about social anxieties that would make it difficult for them to attend a centre or a group, and therefore preferring an on-line format.

> *It would definitely be good, you know, especially if you had other people, like if it was open 24 hours. So people work different times of the day, you've got different triggers, and how you are going to feel, so you know you might need somebody, or want, somebody at two o'clock in the morning … because other people would be on at two o'clock doing the same thing. (35-49)*
>
> *If you had an online service base for that, which could help, ah, you know when you talk via their computer or something that could alleviate that a little bit better. (25-34)*

LCHS CLINIC – LINKING WITH OTHER LCHS SERVICES

This program will be linked with the full range of services offered by the Latrobe Community Health Service. So, if other issues are identified, you can be put in touch with the other appropriate support and assistance, For example:

1. Sore foot – if while you were having your first chat with a worker from the Smoking Clinic, you might have mentioned having a sore on your foot that won't go away. They can ask questions about this, and with your permission arrange an appointment with then Podiatrist to get this checked out.

2. Financial Stress - if while you were having your first chat with a worker from the Smoking Clinic, you might have mentioned some financial difficulties, for example, you might have been spending a bit more time at the pokies. With your permission, they make an appointment for you to see a financial counsellor.

3. Bad Back - if while you were having your first chat with a worker from the Smoking Clinic, you might have mentioned back problems that are troubling you. With your permission, they can refer you to a Physiotherapist, who does some work on your back and then arranges an exercise program for you.

It was explained to participants that the smoking clinic would provide a mechanism for linking them with a range of other health services.

On the whole, this aspect of the concept was appreciated communicating that it was an holistic service that catered for the breadth and complexity of their health and wellbeing needs, demonstrating that the service was likely to be delivered in an empathetic and understanding manner. For some, this aspect increased their interest in participating in the service.

> *That they actually care about you by the sound sounds of it, trying to help. (35-49)*
>
> *So um, I'm trying to understand this, so you're thinking more of the smoking as a side project than run that as a primary project? … I think, for most people that is the better way to go, instead of making a big deal out of [smoking]. Instead of it being the main focus that it's like, "Oh we're here to make you, or help you quit smoking," alright, as a whole, look at the big picture and go, "Alright, why do you smoke?" (25-34)*
>
> *Yeah I have to agree, it's looking more appealing to be linked in with all the services. Like if you need help in certain areas a lot more. (18-24)*
>
> *I feel like its good because like you're not just wasting your time just quit smoking. Like you can get more out of it. (18-24)*

However, several raised concerns about whether the suggested breadth of services would really be available, given that these were services that they were already having difficulty accessing. In this context, several commented that they might end up using the smoking clinic to access other health services that they had not been able to access otherwise.

> *Yeah, that's standard and that's, every time you go to the Aboriginal Medical you have a little 15 minute pre thing with the nurse and that's what she does. (25-34)*
>
> *No, as in how are you going to facilitate inserting these people into a system to be seen, you know at the moment there's a 5 week wait to see a doctor, so how is this going to link in to those systems that are already overcrowded is my biggest concern. (25-34)*

LCHS Clinic – Names

The groups were presented with several naming options for the smoking clinic. In assessing responses to these name concepts, it is important to be mindful that real world experience of a service, business or concept name is typically in the context of other branding elements, such as a logo and tag line, and these elements convey meaning and context to the name. For this research, the groups were only presented with a name, with the consequence being that reactions were limited to the relatively rational and literal meaning of the name, rather than the potential value as a label.

When assessing the suite of potential names, the overall response was that these did not adequately capture what smokers were looking for when they were seeking assistance and support with quitting. While some of the original naming options referred to positive attributes that might be experienced once they had quit smoking (Breathe, Breathe Easy, Fresh Air, Good Air Clinic), these titles did not reflect anything about what it would take for a smoker to stop smoking or what would attract them to believing

the service had something of value for them. In general, the potential outcome benefits conveyed by these concepts were too far away from where people were currently at with their smoking for them to be regarded as realistically appealing aims. Consequently, they did not appeal as clinic titles.

In this context, participants felt that it would be important for the title to overtly convey that the service was about stopping or reducing smoking. For example, some wanted the word 'Quit' in the title to communicate exactly what it was about, although some others felt this word was associated with negative messaging about smoking for it to personally appeal. Notwithstanding reactions to this specific term, these discussions highlighted that the tag line and associated branding collateral will be at least as critical as the title of the service for conveying what it is about.

> *Um, look anything with 'air', 'fresh', 'breathing easy', it's not going to go down well because that's not how you experience life as a smoker … I mean you'd be better off calling it 'Stop hacking your guts up of a morning'. (25-34)*
>
> *Yeah I think it should have the word Quit in it because it will automatically let people know what it's about. Having quit in the name of it will, oh hang on, quit, quit smoking campaign. (35-49)*
>
> *I think the Quit, like a lot of people, because there's all that on your cigarette packets, it's on the, you know the television, the radio, a lot of things like that, and it's why a lot of people don't want to quit too, because they are being told to quit. If you are being told to quit something, you don't want to. (35-49)*

Breathe

While participants understood that this title was trying to communicate the benefits they would attain if they went through the program, it was criticised for not describing anything that might attract them to the program and motivate interest in participating.

> *Doesn't really tell you what its about. (35-49)*
>
> *It kind of sounds like something you would get from a beauty parlour. It's like "Breathe" (18-24)*
>
> *Like if you're in it, then you are going to like Breathe because I understand it. Like you know emphysema, you can breathe properly type thing. (35-49)*

Good air clinic / Fresh Air

As with reactions to 'Breathe', these names were criticised for focusing on the outcome, and as such did not effectively communicate with participants in terms of where they might be at the point of entering the program.

> *Air Freshener!*
>
> *Fresh air, like it's like going, it's like when you're a smoker going, "Oh you can't smoke here". (25-34)*
>
> *Because anything to do with air and breathing when you're a smoker and trying to stop is just, I think it's just like throwing shit in your face. (25-34)*
>
> *It's like we're working on pollution or something. (18-24)*

Tools / Toolbox sessions / Quit smoking toolbox

While one group suggested that the program was about offering a toolbox of ideas, when tested as a potential name, the 'toolbox' reference was rejected as somewhat jargonistic, rather than being the kind of language that attracted the general population. There was some appreciation of the 'Quit smoking toolbox' as it at least described what they would get from the service. Despite these criticisms, the relatively positive responses to these concepts did demonstrate that there is value in a name that goes some way to describing what smokers will get from the service.

> *You know, you're usually kind of bummed, and you're strung out, and you really want a smoke, so you want to go in there and go, "Hey can I talk to the guy that runs the toolbox sessions on how to whatever you want to interject that doesn't have anything to do with breathing or air, or fresh, no fresh. (2(*

Fresh Start

This title was brought up in the third group, and unfortunately there was no option to assess it in other groups. When mentioned, participants felt that it was both positively focussed and non-judgemental. They felt that the 'start' could be referring to the beginning point of the program, rather than just to the outcome benefits they would achieve at the end, and therefore it was of more direct and timely relevance.

> *Forget about your past, and all the times you've given up, this is about now and you are going to do it now. (35-49)*
>
> *Yeah they are going to give you a fresh start. They are not looking at your past or anything? (35-49)*

Time for change

This idea was raised in the second group, and appealed as a reference to the breadth of benefits that stopping smoking could bring. It was also appreciated as having the potential to encapsulate that the clinic offered a range of services to meet an individua's time for change. However, it was criticised for giving no indication of that it was a smoking related service.

> *See I look at it and go 'Time for Change'. Because it's not just changing one part of your breathing or your air, it's time for change is in all kind of aspects, like it's financial, it's, you know, counselling, it's everything, it's time to change. (25-34)*

LCHS CLINIC – LOCATION

The groups were prompted to discuss their thoughts on where the smoking clinic would be most appropriately located. The main factors that contributed to their responses tended to include matters of convenience, such as being easily accessible by transport, although what this meant for each individual could be quite different. An important consideration for some was that the service would need to be available at a range of business and after hours times.

Approximately half of the participants in this research lived in Morwell, and consequently reported that the service would be most appropriate for them if located in Morwell. Some commented that the Community Health Service offices in Morwell would be appropriate, and some suggested that the Mid-Valley shopping centre would be appropriate.

Other suggestions included local libraries and several in the youngest age group mentioned the HeadSpace location in Morwell as being appropriate for them, specifically because it already integrated the breadth of services that they believed the smoking clinic could offer them.

> *Something close to public transport would be handy. (35-49)*
>
> *Health centre is fine. And they've got halls, they could do it in a hall or something. (35-49)*
>
> *Mid Valley would be alright. (35-49)*
>
> *Something like what headspace have got in Morwell is a good option I reckon. You got comfort, you got your food, you got your water. You can make a cup of tea. (18-24)*

LCHS CLINIC – PERCEIVED BENEFITS, ATTRACTIONS, MOTIVATIONS

After the smoking clinic concept had been described and discussed, the groups were prompted to discuss their perceptions of its main benefits and their interest in taking up the offer.

While only a small number of participants indicated any degree of certainty about wanting to be involved in the concept, a reasonably common attitude was that it was appreciated for offering a more comprehensive mix of services to smokers than had been offered previously.

The key attribute of the program that appealed was amongst those who interpreted the concept as offering them real and personalised support that was tailored to their needs and provided in a non-judgemental manner. They valued that it might be helping them to stop smoking, rather than just telling them why they should, suggesting that this is a critical attribute of the program to promote. The components of the program that commonly attracted interest included the offer of free counselling and free NRT.

> *Different strategies helping you get through the craving part. (35-49)*
>
> *Something that hasn't been out there before, something different to try. (35-49)*
>
> *Tried everything else and failed, well, what have I got to lose. I've got nothing to lose and everything to gain. (35-49)*
>
> *If this goes through. It will help … like everyone is actually taking a step up and making it easier for you to quit. Not just saying, you should quit. Now we can help you. (18-24)*

As noted previously, there was some potential value placed on the role of the Peer Support Worker, although discussion of this component of the concept demonstrated that the value is difficult to communicate and will ultimately depend on how the relationship with the Peer Support Worker is experienced rather than described.

The main criticisms of the proposed service were amongst those who felt that it was little more than a redesign of the assistance that already existed, and therefore not offering anything especially new. Some questioned whether it provided anything above what was available through a combination of Quitline and their doctors. Two participants mentioned being from Aboriginal backgrounds, and commented that they were able to access a similar suite of services through local Aboriginal Health Services.

> *The quit app does all of that any way, so you can get all sorts of exercises and meditations, it seems like you're reinventing the wheel and that's already been done. (25-34)*
>
> *I feel I've already got this, got my um, Aboriginal medical, you go in and you see the nurse and she sits down and does this, yeah. (25-34)*

> *I have a question, how is this different from like Quit Helpline and other services like that … Like apart from the like group counselling and stuff like that. It just seems very similar. Like how is it two separate things? (18-24)*

LCHS CLINIC – PROMOTION

The groups were prompted to discuss how the service could be most effectively promoted to them. The most obvious advertising channels included local media (newspapers) and promotions at appropriate local venues where they accessed either cigarettes or health services (pharmacy, GP clinics, etc.). Some also felt that local community social media pages would be appropriate.

> *Yep at the smoke counter. Anywhere you can buy the ciggies. (18-24)*

In this context, some participants asked whether there might be an entrance into the program that did not involve full commitment at the beginning, so that they could find out more about whether it might be of interest. Specifically, it was suggested that they might be more inclined to engage with an on-line social media format to find out more about the program and determine their interest and its suitability for them.

> *Is there a Facebook page I can follow? So that way, I know you're there, but I don't have that pressure on me to go, shit, now I have to call them when I'm not ready yet. Knowing where to find you when I'm ready … so in a few months I might go 'Right now it's time for me to quit', and then I can follow up on it, instead of tomorrow. (18-24)*

Several participants mentioned that they were most likely to attend if they were encouraged by a partner or other family member, with some noting that it was their partners who had encouraged them to attend this research. While there are obvious sensitivities around this issue, the observations suggest that promotion of the service should include the community more broadly than just those who are currently smoking.

When discussing promotion of the service and incentives to attend, it was suggested that engagement in the program should offer some incentive. The general feeling was that this should be an incentive that had a financial value and was associated with health. For example, an offer of free gym memberships would be attractive to some and would be in line with the health promoting principles of the concept.

> *That's what I'm not sure off, but to give someone an incentive, you know what I mean, you might get a membership at a gym or something. (35-49)*

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