

Auahi Kore Hapori Whānui Evaluation Report

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Executive Summary

Background

This report presents findings from the evaluation of a smokefree initiative, Auahi Kore Hapori Whānui (Action for Smokefree Communities), one component of the Auckland Council Smokefree 2017-2025 Implementation Plan. Auahi Kore Hapori Whānui was developed and implemented between 2019 and 2023 in collaboration with Hāpai Te Hauora, various Stop Smoking Service providers and other key organisations, community groups and individuals from across Tāmaki Makaurau. The evaluation was commissioned by the Auckland Council and undertaken by researchers at the University of Auckland.

Evaluation Aim

To assess the effectiveness, relevance and community engagement of Auahi Kore Hapori Whānui in delivering smokefree activities that respond to the needs and values of Māori and Pacific communities, and Auckland Council, and to identify key lessons learned to guide future efforts.

Evaluation Objectives

- To create a record of Auahi Kore Hapori Whānui, describing the approach taken, the partnership involved, and the activities achieved.
- To examine ethnic-specific smoking and vaping data, geographic patterns of smoking and vaping, and Stop Smoking Service data; assess any potential impacts of Auahi Kore Hapori Whānui; and highlight what progress is still needed to achieve Smokefree 2025.
- To assess the extent to which Auahi Kore Hapori Whānui delivered smokefree events and group quit programmes that were culturally responsive to community needs and values and co-created with local communities.
- To assess the extent to which Auahi Kore Hapori Whānui delivered for the Auckland Council on the values expressed in the Auahi Kore Hapori Whānui Action Plan.
- To identify key features for success and lessons learned.

Evaluation Approach

The evaluation approach was primarily utilisation-focused, with an emphasis on producing practical and actionable findings for the needs of the intended users. It was also informed by the principles of culturally responsive evaluation, which assert the importance of cultural contexts, values and perspectives in all aspects of an evaluation.

The Auahi Kore Hapori Whānui Action Plan contained a programme logic and a matrix with enablers and activities (see Figures 1 and 2) but with COVID-19-related disruption, it became clear that it was inappropriate to evaluate against the complete programme logic as some of the planned activities had become unfeasible. Evaluative criteria were developed to judge what success would look like for the Auckland Council and for communities. Community needs and values were derived from a) an earlier project undertaken for Auckland Council, in which Hāpai conducted community voice sessions with Māori and Pacific people who smoke and their whānau, and b) focus groups conducted by the Auahi Kore Hapori Whānui activation team.

Key Findings

Quit outcomes

- Quit rates at the end of the group quit programmes were impressive. Overall, 100 of the 103 participants (97%), in the five groups of mainly Pacific peoples for whom Carbon Monoxide (CO) results were available, had CO levels consistent with successful quitting (CO ≤6 parts per million [ppm]) by the end of the programme. (Programme end was week 4 or 5 after the Quit Date; for one group it was week 4 after the Pre-Quit Date). Individual-focused quitting interventions, such as those delivered by Quitline counsellors, or other 'mainstream' smoking cessation services, typically have a success rate of, at best, around 10-15% when combining medication with behavioural support.
- Many chose e-cigarettes to help them quit and credited them with their successful quitting.
- Asking people to decide collectively on incentive activities to undertake together over the weeks of their quit journey was highly effective (in terms of quitting outcomes and participant satisfaction).
- These results suggest that the group-based, locally led, culturally responsive interventions used in the quit programme were remarkably effective, at least in the short term, and have potential to deliver better results than the standard approach.

Community engagement and leadership

- Auahi Kore Hapori Whānui demonstrated that ideas and energy can come straight from communities and be translated into local action, even with relatively small amounts of funding and a small activation team at Auckland Council.
- It provides an example of Māori and Pacific leadership and decision-making at all levels of activity in the initiative and all stages, especially for conception, design, implementation and iterative improvement.
- The Auckland Council-Hāpai partnership worked well, in that Auckland Council provided funds, infrastructure, support staff and free access to community facilities. Hāpai brought invaluable knowledge, networks and experience in community activation. It also had robust but more agile procurement processes. Hāpai helped disburse funds and assisted with implementation when needed.

Tailored and responsive approach

- Tailoring activities to respond to community needs and values was key. It involved considerations about: culture; language; context; place; faith; life course circumstances; choice of activities; location; timing of sessions; type of milestone celebrations.
- The willingness to listen and observe, be flexible and responsive, and place key decisions in the hands of participants and local experts seems to have been effective in making things as convenient, relevant, supportive, enjoyable and motivating as possible for participants.

Implementation, knowledge and wider community outcomes

- Auahi Kore Hapori Whānui successfully delivered and iteratively improved a wide variety of events and activities for empowering high smoking prevalence communities to stop smoking, de-normalise smoking and create more demand for their communities to become smokefree.
- Its significant contribution is a community-led, culturally responsive approach and many documented examples of how to apply it.
- Key features for the success of quit programmes were being empowering, strengths-based, mana-enhancing and well organised; having local facilitators and incentive activities; CO monitoring; having Stop Smoking Service support and treatment available; and creating a comfortable atmosphere where people feel safe to share and motivated to support others.
- The added value of the Auahi Kore Hapori Whānui approach is that it can enhance people's sense of belonging and pride in their community and cultures. This is likely to contribute to communities that are better connected, more resilient and thriving.

Recommendations

Expansion of the approach, and further knowledge generation

1. Continue to select communities by smoking prevalence, population group and location for targeted interventions.
2. Write up the Auahi Kore Hapori Whānui community-led, culturally responsive approach as guidelines. This could facilitate knowledge transfer to local, regional and national agencies and organisations. It could also help communities to advocate for and take on leadership roles, enabling them to shape initiatives to align with their aspirations for health and wellbeing.
3. Experiment further with online and hybrid delivery of the group quit programme.
4. Evaluate the effectiveness and acceptability of group quit programmes that include a mix of participants – those wanting to quit smoking (by switching to vaping) and those wanting to quit vaping.

Strategy, policy and process

5. Take the Auahi Kore Hapori Whānui approach (highlighting its innovative community-led approach and mass quitting outcomes) to relevant teams in Health NZ | Te Whatu Ora and the Ministry of Health, as the lead agencies for contracting Stop Smoking Services and developing Smokefree Action Plans, respectively.
6. Reframe ‘community smokefree activation’ to emphasise that *raising awareness about quitting smoking* must always be paired with *connecting with people in culturally responsive ways and linking them directly with the Stop Smoking Services*. Establishing personal connections through relevant and appealing events and activities is the critical bridge between these two essential components. Unfortunately, some still interpret ‘smokefree’ as being solely about awareness raising, overlooking the vital importance of getting the connection right.
7. Accelerate efforts with communities to roll out these new ways of connecting with people and providing support.
8. Consider further devolution of decision-making power, including funding decisions, to community leaders and community groups for future initiatives.
9. Plan for more agile processes for mobilising funds, because community-led initiatives must be able to respond to community dynamics and timelines. Consider the example of having an organisation like Hāpai disburse funds to local entities.

Smokefree sector

10. Achieve broader uptake across Stop Smoking Services of innovative ways of connecting with people.
11. Support Stop Smoking Services to more effectively ‘market’ their services to their local populations.
12. Give greater visibility to Stop Smoking Services that have Māori and Pacific leadership, expertise, proven acceptability of their approaches, and high rates of quitting and participant satisfaction. All smokefree-related programmes could benefit from learning more about culturally responsive, community-led approaches and community engagement.
13. Invest in Māori and Pacific health workforces. Provide more opportunities for them to train in public health, health promotion, tobacco control, community engagement, evaluation and research.
14. Accelerate implementation and evaluation of strategies for connecting with and supporting people, especially youth, to quit vaping. Compare the effectiveness for people who started vaping without having smoked and for those who have used vaping to quit smoking.

Performance Assessment: Evaluative judgments using the rubric

This completed version of the rubric reflects the evaluative judgments made about the level of performance achieved for each of the five evaluative criteria. In other words, how well did the Auahi Kore Hapori Whānui do, in relation to the five ways of judging its success?

The evaluative criteria are defined in the Methodology section. The completed rubric and corresponding evaluative judgments are presented in more detail in the Conclusions section.

Evaluative criteria	Levels of performance			
	Excellent	Very good	Satisfactory	Needs much improvement
Equity (related to KEQ 2)	The initiative shows how to significantly reduce inequities, provide fairer access to support and opportunities for the selected Māori and Pacific groups.	The initiative shows how to reduce inequities, provide fairer access to support and opportunities for the selected Māori and Pacific groups.	The initiative shows some aspects of how to reduce inequities, provide fairer access to support and opportunities for the selected Māori and Pacific groups.	The initiative shows minimal effort and/or understanding of how to reduce inequities and provide fairer access to support and opportunities for the selected Māori and Pacific groups.
Relevance (related to KEQs 1,2,3)	The initiative is closely aligned with the needs and values expressed by Māori and Pacific community voices and takes a culturally responsive approach. Delivers strong value for Auckland Council.	The initiative is aligned with the needs and values expressed by Māori and Pacific community voices and takes a culturally responsive approach. Delivers value for Auckland Council.	The initiative is partially aligned with Māori and Pacific community voices and Auckland Council values. Approach has culturally responsive components.	The initiative is poorly aligned with Māori and Pacific community voices and Auckland Council values. Approach is generic, lacking cultural appropriateness. Limited relevance.
Effectiveness (related to KEQs 2,3,4)	Very well implemented, considering COVID-19. Achieves successful quit outcomes and community engagement for smokefree communities. Delivers clear value for Auckland Council. Demonstrates many key features of success and identifies valuable lessons learned for future work in smokefree and community engagement.	Well implemented, considering COVID-19. Achieves some success in quit outcomes and community engagement for smokefree communities. Delivers moderate value for Auckland Council. Demonstrates some key features of success and identifies some valuable lessons learned for future work in smokefree and community engagement.	Well implemented, with some inconsistencies. Achieves progress towards quit outcomes and/or community engagement for smokefree communities. Less consistency in identifying key features of success and lessons learned for future work in smokefree and community engagement.	Inconsistent implementation, even when taking COVID-19 into account. Achieves little progress towards successful quit outcomes and/or community engagement for smokefree communities. Minimal value for Auckland Council and others, as limited lessons learned, or key features of success identified.
Community engagement and participation (related to KEQs 1,2)	The initiative involves Māori and Pacific voices at all stages (planning, design, implementation, evaluation), fostering high levels of co-creation and individual and collective ownership.	The initiative involves Māori and Pacific voices at several stages, with moderate levels of participation and integration of community input.	The initiative involves some Māori and Pacific voices. Engagement and participation are variable or limited to certain stages.	The initiative has minimal or no authentic engagement with Māori and Pacific, and the communities have low levels of interest in the initiative.
Adaptability and responsiveness (related to KEQs 1,2,4)	The initiative effectively adapts to community needs and feedback, demonstrating strong flexibility and responsiveness. Provides valuable lessons for future work.	The initiative adapts to community needs and feedback, demonstrating good flexibility and responsiveness. Provides valuable lessons for future work.	The initiative shows some adaptability, flexibility, and responsiveness. Provides some lessons learned for future work.	The initiative shows inflexibility and struggles to adapt to changing needs or circumstances. Not very open to learning from experiences or formulating lessons learned for itself or others.

Abbreviations

CO monitoring	Carbon Monoxide monitoring
COVID-19	Coronavirus disease
GIS	Geographic Information System
NIHI	National Institute of Health Innovation
Pre-QD	Pre-Quit Date
QD	Quit Date
SUDI	Sudden Unexpected Death in Infancy

Introduction

This report presents findings from the evaluation of a smokefree initiative, Auahi Kore Hapori Whānui (Action for Smokefree Communities), one component of the Auckland Council Smokefree 2017-2025 Implementation Plan. Auahi Kore Hapori Whānui was developed and implemented between 2019 and 2023 in collaboration with Hāpai Te Hauora, various Stop Smoking Service providers and other key organisations, community groups and individuals from across Tāmaki Makaurau. The evaluation was commissioned by the Auckland Council and undertaken by researchers at the University of Auckland. Māori and Pacific communities with the highest smoking prevalence were the focus of Auahi Kore Hapori Whānui.

Smoking trends in New Zealand

Smoking prevalence in New Zealand (NZ) has declined for all population groups over recent decades. If current trends in smoking prevalence continued to fall at the same rate, overall adult (15+) population smoking prevalence, would, within a few years, approach or surpass the 5% national target for Smokefree 2025. However, in 2023/24 the NZ Health Survey (NZHS) estimated that daily smoking prevalence was 6.9%, like the previous year (6.8%).¹ This is the first time in a decade daily and current smoking rates failed to decrease from the year prior. Furthermore, ethnic inequities persist - Māori were 2.6 times as likely to be current smokers, and Pacific people were 1.9 times as likely to be current smokers than their non-Māori and non-Pacific counterparts, after adjusting for age and gender.²

Tobacco control policies and strategies over the life of the programme

The raft of novel tobacco control policies introduced into law in December 2022 under the last Labour government included a mandated reduction in the number of tobacco retailers to fewer than 600 from the current 5,700 nationwide commencing July 2024; a reduction in the nicotine content of tobacco to below the levels at which addiction occurs from April 2025; and the banning of tobacco sales to anyone born at or after January 1 2009 (the so-called 'Smokefree Generation' strategy). Modelling and trials of these strategies suggested they would be highly effective at rapidly reducing smoking prevalence for all population groups in an abbreviated period. In early 2024 the incoming Coalition government repealed the Act that enabled these strategies to be implemented.³ The Smokefree 2025 Goal remained, and at the time, no new strategies were introduced to replace those repealed. Of the six focus areas in the Ministry of Health's Smokefree Aotearoa Action Plan 2025⁴, four remained viable after the repeal. The Auahi Kore Hapori Whānui initiative aligned very closely with three of these, namely:

Focus area 1: Making sure there is Māori leadership and decision-making across all levels of the Action Plan.

Focus area 2: Funding more health promotion and community activities to motivate and mobilise people across the country to get behind the smokefree goal and to sign-post support for people on their quit journey.

¹Ministry of Health (2024). Trends in smoking and vaping. <https://www.health.govt.nz/statistics-research/surveys/new-zealand-health-survey/publications/202324-survey-publications/trends-in-smoking-and-vaping>

²Ministry of Health. https://minhealthnz.shinyapps.io/nz-health-survey-2023-24-annual-data-explorer/_w_df666ba7/#!/key-indicators

³Ministry of Health. (2022). <https://www.health.govt.nz/regulation-legislation/smoked-tobacco/smokefree-legislation/smokefree-environments-and-regulated-products-smoked-tobacco-act>

⁴Ministry of Health. (2021). *Smokefree Aotearoa 2025 Action Plan*. <https://www.health.govt.nz/publications/smokefree-aotearoa-2025-action-plan>

Focus area 3: Giving people the wrap-around support they need on their quit journey by investing in more tailored help, such as a stop smoking service for Pacific communities.

In November 2024, Health New Zealand | Te Whatu Ora published new actions for achieving Smokefree 2025.⁵ The evaluation of the Auahi Kore Hapori Whānui initiative has generated evidence and learnings that support the chosen direction for some of these actions. The Findings and Appendices in this evaluation report contain details of the Auahi Kore Hapori Whānui approach and examples of its application. The Conclusions section presents synthesised information that may be relevant for rolling out some of these actions in 2025 and expanding them in the years beyond. Below are extracts of actions linked to the five elements in 'Getting to Smokefree 2025' that most closely align with Auahi Kore Hapori Whānui evidence and learnings.

Reduce smoking uptake

- Develop and deliver new health promotion resources to meet sector and community needs, to support local health promotion activities and community mobilisation with focus on priority groups.
- Target messaging and campaigns to prevent people, particularly youth.

Improve access to quit support

- Work with the health sector and utilise data to target engagement and promotion of stop smoking services in areas with higher need.

Increase quit attempts

- Mobilise community champions to lead localised initiatives to drive more people to quit smoking.
- Community-led activations
- Community mobilisation

Support people to stay smokefree

- Provide more options to quit smoking to improve quit success, including vaping starter kits, cessation medicines, and alternative nicotine replacement therapy.
- Expand targeted incentive initiatives for priority populations to encourage quitting.
- Offer more services in areas of high need, that are tailored to work well for the people using them.
- Strengthen training and capacity-building for smoking cessation providers to ensure they are effectively delivering on helping people to stay smokefree.

Monitoring and accountability

- Monitor interventions and utilise evidence, to ensure we are effectively targeting approaches.

⁵Health New Zealand | Te Whatu Ora. (2024). Getting to Smokefree 2025. <https://www.tewhatuora.govt.nz/publications/getting-to-smokefree-2025-the-final-push-to-achieving-the-smokefree-2025-goal>

Methodology

Evaluation Aim, Objectives and Key Evaluation Questions

Evaluation Aim

To assess the effectiveness, relevance and community engagement of Auahi Kore Hapori Whānui in delivering smokefree activities that respond to the needs and values of Māori and Pacific communities, and Auckland Council, and to identify key lessons learned to guide future efforts.

Evaluation Objectives

1. To create a record of Auahi Kore Hapori Whānui, describing the approach taken, the partnership involved, and the activities achieved.
2. To examine ethnic-specific smoking and vaping data, geographic patterns of smoking and vaping, and Stop Smoking Service data; assess any potential impacts of Auahi Kore Hapori Whānui; and highlight what progress is still needed to achieve Smokefree2025.
3. To assess the extent to which Auahi Kore Hapori Whānui delivered smokefree events and group quit programmes that were culturally responsive to community needs and values and co-created with local communities.
4. To assess the extent to which Auahi Kore Hapori Whānui delivered for the Auckland Council on the values expressed in the Auahi Kore Hapori Whānui Action Plan.
5. To identify key features for success and lessons learned.

Key Evaluation Questions

1. What approach did Auahi Kore Hapori Whānui take to creating and delivering activities, and who was involved?
2. To what extent did Auahi Kore Hapori Whānui deliver smokefree events and group quit programmes that were culturally responsive to community needs and values, and co-created with local communities?
3. To what extent did Auahi Kore Hapori Whānui deliver value for the Auckland Council as described in the Auahi Kore Hapori Whānui Action Plan?
4. What are the key features for success and lessons learned for future work in smokefree communities, support to stop smoking and vaping, and community engagement and activation?

Evaluation Approach

The evaluation approach was primarily utilisation-focused, with an emphasis on producing practical and actionable findings for the needs of the intended users. An evaluative rubric was used to surface the values that mattered to stakeholders and to provide transparency about how evaluative judgements would be made (King, McKegg, Oakden, & Wehipeihana, 2013). The approach was also informed by the principles of culturally responsive evaluation, which assert the importance of cultural contexts, values and perspectives in all aspects of an evaluation (Chouinard & Cram, 2020).

Evaluative Criteria and Rubric

The evaluative criteria are presented in the rubric below (see Table 1). The rubric is used as a structured, transparent way to assess and rate levels of performance across different criteria. It allows a well-reasoned judgment about how well an initiative meets the criteria (levels of performance). For the completed rubric and corresponding evaluative judgments, see the section Performance Assessment: Evaluative Judgments Using the Rubric.

Using Council and community voices to develop the evaluative criteria

The Auahi Kore Hapori Whānui Action Plan contained a programme logic and a matrix with enablers and activities (see Figures 1 and 2). Given COVID-19-related disruption and unpredictability, it became clear that it was not appropriate to evaluate against the complete programme logic as some of the planned activities had become unfeasible, e.g. grant funding for community-led smokefree projects. It would also not be feasible or appropriate to judge progress towards many of the outcomes. However, the following two figures were used to develop the evaluative criteria and ascertain what was viewed as ‘success’ and of value to the Auckland Council and to communities. Community needs and values were also derived from a) an earlier project undertaken for Auckland Council, in which Hāpai conducted community voice sessions with Māori and Pacific smokers and whānau b) focus groups conducted by the Auahi Kore Hapori Whānui activation team early in the initiative.

Evaluation criteria definitions

1. Equity

Equity refers to the extent to which Auahi Kore Hapori Whānui has developed approaches and activities that provide specific support and opportunities so that Māori and Pacific communities can have fairer chances of quitting smoking and enjoying smokefree communities. It draws on the Ministry of Health (2019) definition of equity. This criterion evaluates whether Auahi Kore Hapori Whānui demonstrates tangible ways to reduce inequities through smokefree activities and community engagement.

2. Relevance

Relevance assesses the alignment of Auahi Kore Hapori Whānui with the needs and values of the selected Māori and Pacific communities and the values of Auckland Council as expressed in the Auahi Kore Hapori Whānui Action Plan. It assesses whether the approach and activities (events and group quit programmes) are tailored and culturally responsive for the selected communities.

3. Effectiveness

Effectiveness examines implementation and the extent to which Auahi Kore Hapori Whānui achieves success or progress towards outcomes of quitting smoking and community engagement for smokefree communities among the selected Māori and Pacific communities. This criterion is also used to understand the success of Auahi Kore Hapori Whānui in identifying its key features of success and lessons learned.

4. Community engagement and participation

This criterion assesses the extent of involvement of Māori and Pacific communities in the planning, design, implementation, and evaluation of Auahi Kore Hapori Whānui Action Plan. It looks at the how Auahi Kore Hapori Whānui fosters co-creation, ownership and empowerment and considers levels of satisfaction.

5. Adaptability and responsiveness

Adaptability and responsiveness refer to the ability of Auahi Kore Hapori Whānui to adjust approaches and activities in response to emerging needs and feedback as well as changing or complex circumstances. This criterion evaluates how flexible and resourceful Auahi Kore Hapori Whānui is in addressing unexpected or complex challenges and leveraging opportunities.

Table 1: Rubric for evaluation of the Auahi Kore Hapori Whānui Action Plan

Evaluative criteria	Levels of performance			
	Excellent	Very good	Satisfactory	Needs much improvement
Equity (related to KEQ 2)	The initiative shows how to significantly reduce inequities, provide fairer access to support and opportunities for the selected Māori and Pacific groups.	The initiative shows how to reduce inequities, provide fairer access to support and opportunities for the selected Māori and Pacific groups.	The initiative shows some aspects of how to reduce inequities, provide fairer access to support and opportunities for the selected Māori and Pacific groups.	The initiative shows minimal effort and/or understanding of how to reduce inequities and provide fairer access to support and opportunities for the selected Māori and Pacific groups.
Relevance (related to KEQs 1,2,3)	The initiative is closely aligned with the needs and values expressed by Māori and Pacific community voices and takes a culturally responsive approach. Delivers strong value for Auckland Council.	The initiative is aligned with the needs and values expressed by Māori and Pacific community voices and takes a culturally responsive approach. Delivers value for Auckland Council.	The initiative is partially aligned with Māori and Pacific community voices and Auckland Council values. Approach has culturally responsive components.	The initiative is poorly aligned with Māori and Pacific community voices and Auckland Council values. Approach is generic, lacking cultural appropriateness. Limited relevance.
Effectiveness (related to KEQs 2,3,4)	Very well implemented, considering COVID-19. Achieves successful quitting outcomes and community engagement for smokefree communities. Delivers clear value for Auckland Council. Demonstrates many key features of success and identifies valuable lessons learned for future work in smokefree and community engagement.	Well implemented, considering COVID-19. Achieves some success in quitting outcomes and community engagement for smokefree communities. Delivers moderate value for Auckland Council. Demonstrates some key features of success and identifies some valuable lessons learned for future work in smokefree and community engagement.	Well implemented, with some inconsistencies. Achieves progress towards quitting outcomes and/or community engagement for smokefree communities. Less consistency in identifying key features of success and lessons learned for future work in smokefree and community engagement.	Inconsistent implementation, even when taking COVID-19 into account. Achieves little progress towards successful quitting outcomes and/or community engagement for smokefree communities. Minimal value for Auckland Council and others, as limited lessons learned, or key features of success identified.
Community engagement and participation (related to KEQs 1,2)	The initiative involves Māori and Pacific voices at all stages (planning, design, implementation, evaluation), fostering co-creation and high levels of individual and collective ownership.	The initiative involves Māori and Pacific voices at several stages, with moderate levels of participation and integration of community input.	The initiative involves some Māori and Pacific voices. Engagement and participation are variable or limited to certain stages.	The initiative has minimal or no authentic engagement with Māori and Pacific, and the communities have low levels of interest in the initiative.
Adaptability and responsiveness (related to KEQs 1,2,4)	The initiative effectively adapts to community needs and feedback, demonstrating strong flexibility and responsiveness. Provides valuable lessons for future work.	The initiative adapts to community needs and feedback, demonstrating good flexibility and responsiveness. Provides valuable lessons for future work.	The initiative shows some adaptability, flexibility, and responsiveness. Provides some lessons learned for future work.	The initiative shows inflexibility and struggles to adapt to changing needs or circumstances. Not very open to learning from experiences or formulating lessons learned for itself or others.

Smokefree tu'u le ulaula tapa'a

What outcomes do we expect?

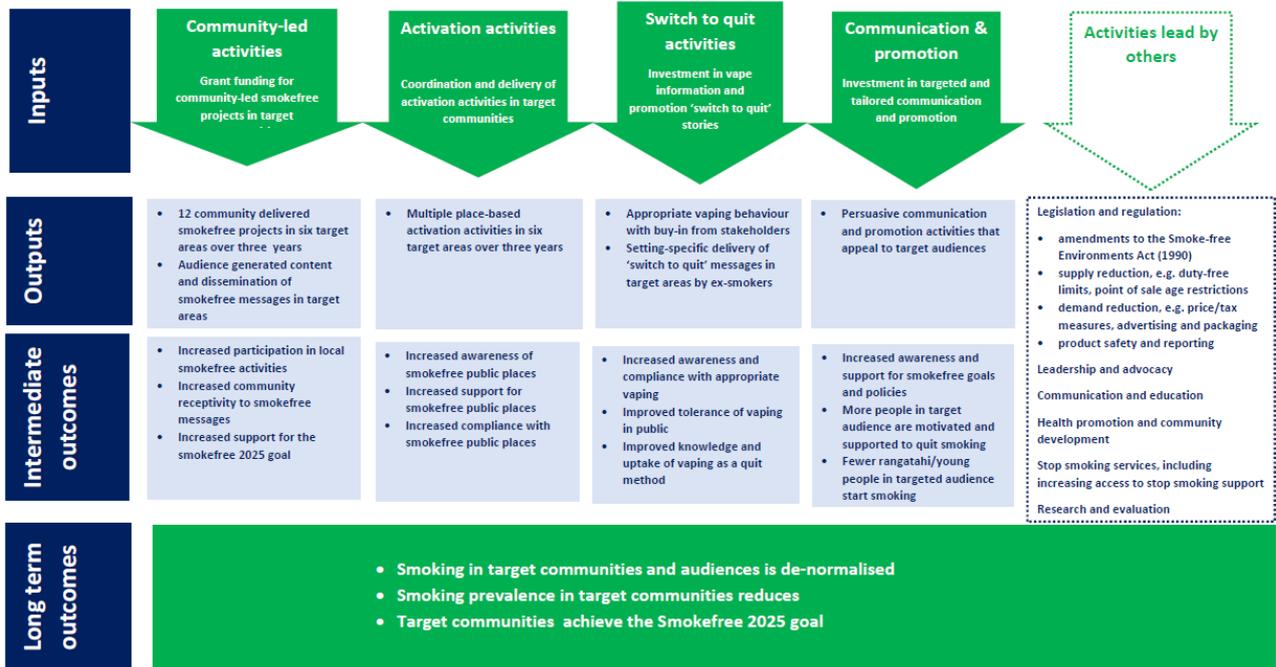


Figure 1: Auahi Kore Hapori Whānui programme logic

Smokefree tuku ifi leva Action for smokefree communities

Purpose: To deliver three activity streams focussed on Maori and Pacific-led community initiatives in areas and groups with the highest numbers of smokers (Henderson-Massey, Glen Innes, Point England, Māngere, Ōtāhuhu, Ōtara, Papatoetoe, Manurewa, and Papakura). The plan aims to reduce the number of young people who start smoking, and increase quit rates in these communities through community empowerment, funding and grants, partnerships and collaboration, and communication and promotion activities.

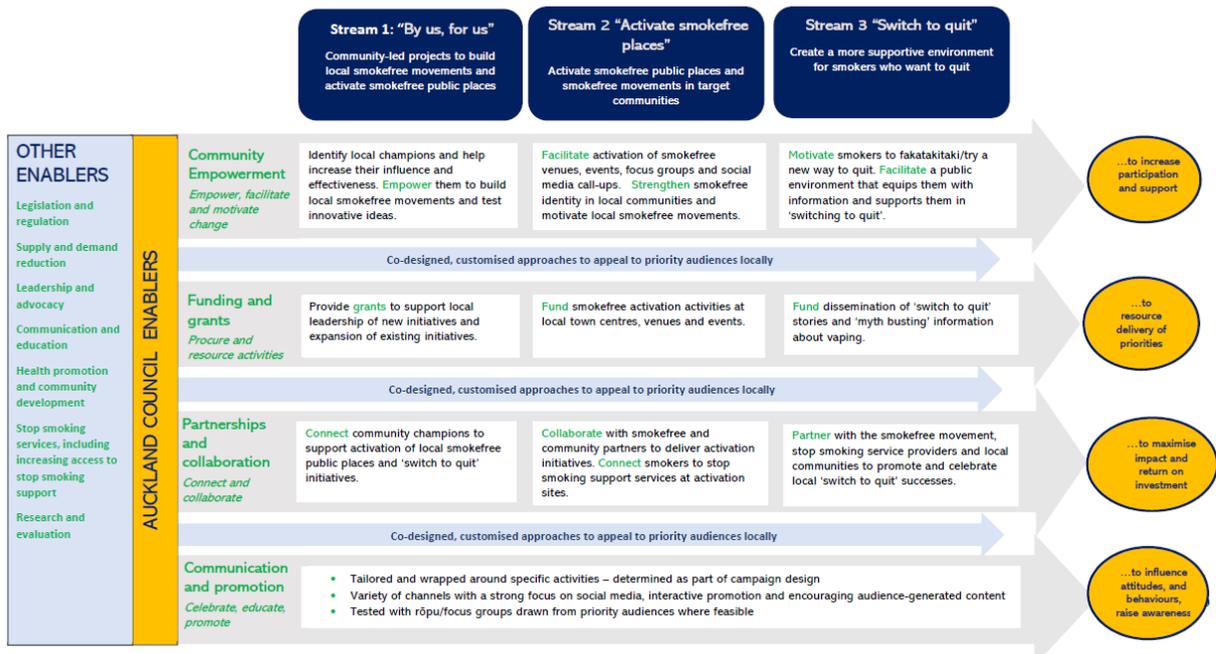


Figure 2: Auahi Kore Hapori Whānui programme matrix with enablers and activity streams

Data Collection Methods

Methods for collecting data are summarised in the table below (Table 2). Primary and secondary data were collected by multiple individuals: university evaluation team; Auahi Kore Hapori Whānui activation team; Stop Smoking Service practitioners; and group quit programme facilitators, who distributed survey forms to participants. Focus groups were facilitated by people who spoke the language of that group. Auahi Kore Hapori Whānui mostly facilitated contact between the evaluators and people who were to be interviewed as key informants. All processes considered cultural safety and appropriateness.

Table 2: Data collection methods

Epidemiological analysis	Spatial (GIS – Geographic Information Systems) analysis	Support for Māori & Pacific smoker to quit
From New Zealand Health Surveys and New Zealand Census (see Results section) <ul style="list-style-type: none"> • Ethnic-specific and overall smoking prevalence data • Ethnic-specific and overall population data 	<ul style="list-style-type: none"> • Data mapped from epidemiological analysis 	<ul style="list-style-type: none"> • Document review (incl. Stop Smoking Service reports; Ministry of Health documents) • Ethnic-specific Stop Smoking Services utilisation data (from referral to enrolment to setting a quit date) • Ethnic-specific quit rates • Overall smoking prevalence and quit rates
Group quit programmes organised by Auahi Kore Hapori Whānui	Group activities organised by others with participation of Auahi Kore Hapori Whānui for a smokefree component	Events and other activities organised by Auahi Kore Hapori Whānui or where it had a presence (e.g. concerts; plays; festival days)
Some, or all, of the following: <ul style="list-style-type: none"> • Number of participants • Weekly carbon monoxide (CO) reading during the programme • Quit rates at the end of the programme • Survey of participants administered at the end of the programme • Talanoa • Focus groups for some of the programmes, conducted by facilitators • Semi-structured in-depth interviews with a selection of people involved in organising, facilitating and delivering the programmes • Document review of the programme schedule, promotional material, social media postings and email summaries • Field notes from observation 	Some, or all, of the following: <ul style="list-style-type: none"> • Semi-structured in-depth interviews • Document review of agenda/schedule, promotional material, social media postings, email summaries • Field notes from observation 	Some, or all, of the following: <ul style="list-style-type: none"> • Semi-structured in-depth interviews • Focus groups • Desktop review of participation data • Survey of visitors • Review of promotional material, social media postings including videos and email summaries • Field notes from observation

Stakeholder Engagement, Sense-making and Analysis

The evaluation proposal was approved after the Auahi Kore Hapori Whānui had started implementation. A proposed workshop with Auckland Council for in-person development of the key evaluation questions and other evaluation elements did not eventuate due to COVID-19 disruptions, which were long lasting. Elements of the evaluation framework were subsequently refined via online sessions with activation team members.

The evaluation employed several threads of analysis, drawing on new and existing data sources. Quantitative analyses were conducted on the quit programme data, as well as on epidemiological and spatial data. The

principles of reflexive thematic analysis were applied when analysing the qualitative data. Another analytical focus involved identifying key features for success, lessons learned and recommendations, which emerged either directly from key informant interviews, through analysis and/or through collaborative sense-making sessions with stakeholders. Sense-making sessions were held with the lead activator during the evaluation as well as at the end to check on facts and refine analysis. Finally, the evaluation drew on all the findings to make structured and transparent evaluative judgments of performance using the rubric.

Limitations and Methodological Challenges

COVID-19 disruption

The COVID-19 pandemic profoundly influenced many aspects of life in New Zealand. It affected the ability of Auahi Kore Hapori Whānui to deliver its Action Plan. It also complicated the evaluation team's ability to implement evaluation activities. All entities involved (including health organisations, businesses and community groups) struggled to plan and schedule things well in advance. It was thus hard for evaluation team members to attend public events for observation purposes. This was mitigated by the activation team sending notes to the evaluation team about a standard set of event/group quit programme attributes after each activity had finished. Video, photo and Facebook posts were often available to supplement the emailed information. More group quit programmes had been planned but did not eventuate due to COVID-19 disruption. Māori voice is slightly limited for the group quit programme data, as several groups with Māori participants could not proceed due to COVID-19 and other issues.

Surveys undertaken for five group quit programmes, but for only one event

Feedback could potentially have been collected from attendees at each event organised by Auahi. One survey was conducted by the lead activator at a smokefree barbers' event. However, it was decided that doing this for each event risked interfering with the Auahi Kore Hapori Whānui team's goal to have informal conversations with people and then connect them straight away with someone from Stop Smoking Services. The process of obtaining consent and then surveying attendees would have taken time, potentially deterring people from engaging and confusing the messaging.

Quit rates are at the end of group quit programme, not at 6 months after

The Auahi Kore Hapori Whānui Action Plan was not designed as a research study. It was out of scope for the activation team to follow up with participants with CO monitoring 2-6 months after the end of their group quit programme to see if they were still not smoking, i.e. to see whether the programme may have contributed to the desired outcome of continued abstinence from smoking. Instead, the evaluation draws on data collected during the weekly sessions of the quit programmes and presents CO readings over time and the quit rates achieved by the end of the programme.

Although this may be a limitation, it is commonly acknowledged that there will be a lag between health promotion activities and the desired behavioural change outcomes, such as quitting smoking. While quitting can occur quickly, e.g. "cold turkey", it often occurs over time due to multiple messages coming multiple times from multiple sources. Indeed, making a quit attempt is viewed as a positive short-term outcome, because it has been shown that quit attempts can accumulate and lead to successful quitting. In addition, it would be rare for an evaluation to be able to attribute change to one health promotion intervention, given that there can be so many factors influencing each person. It is more reasonable to judge how an intervention might have *contributed* to change.

Survey considerations

The group quit programme survey was developed with the Auahi Kore Hapori Whānui team to see how participants had experienced their quit journey, whether they were satisfied with the programme and whether any improvements could be made to components of the programme to benefit others in the future (see Appendix 1 and 2). Written surveys were anonymous but they were done on site during a session. They were collected by someone from the activation team or a facilitator. In two cases, the survey had to be done after the end of the programme and with a smaller number of participants.

Ethical considerations

Informed consent was obtained from group quit participants for their participation in the programme, which included a survey at the end of the programme.

The evaluation team considered issues of anonymity and confidentiality for data it collected or received from the Auahi Kore Hapori Whānui Action Plan team. All numerical data were de-identified, e.g. the CO measurements used to assess quit rates. Survey data were stored securely on university platforms. Survey answers were separated from respondent names prior to analysis. Data were only accessed by some members of the evaluation team.

Given the focus on community-led action and community engagement, the names of events, locations and organisations have mostly been included in the evaluation report to provide readers with some context so they can judge the appropriateness of the activities and the coverage achieved by the Action Plan.

Some of the data collection involved voluntary community participation in focus groups and interviews. Contributions were recognised by a *koha* (gift), in the form of a voucher.

Evaluation team and positionality

The evaluation was based in the National Institute of Health Innovation at the University of Auckland. Ethnicities involved were Pākehā/NZ European, Māori and Pacific peoples, although the Māori and Pacific research assistants became unavailable, so were involved for a much shorter period of time than the others. This was mitigated by the fact that the Auahi Kore Hapori Whānui activation team members were all Māori and/or Pacific peoples. For qualitative data collection, they facilitated connections between the university evaluators and key informants. Group quit facilitators and community-based Stop Smoking Service providers were involved in delivering the group quit programme survey to participants. Some also conducted focus groups and analysed the data, translating from the original language.

Two members of the university evaluation team had already worked with a Māori expert and a Pacific expert (both at Hāpai te Hauora) on a preparatory piece of work commissioned by Auckland Council to a) find out where the highest smoking prevalence communities were in Tāmaki Makaurau; b) consider the feasibility of developing a community-led smokefree initiative with these communities; and c) seek community voice about what would work to help people stop smoking.

The resulting report was considered by Auckland Council when it set out a few years later to develop the Auahi Kore Hapori Whānui Action Plan. Hāpai te Hauora seconded the same staff member to the Auckland Council to be the lead activator of the Auahi Kore Hapori Whānui. The Auckland Council engaged the same university evaluators to undertake the evaluation alongside the Auahi Kore Hapori Whānui lead activator and team. This ensured continuity in the understanding of the values important to the communities that had provided their voices during the preparatory work. Hāpai te Hauora had organised sessions across the same three regions of Tāmaki Makaurau that were subsequently defined as the priority communities in the Auahi Kore Hapori Whānui Action Plan.

Results/Findings

Epidemiological Analysis

In this section, we assess whether the Auahi Kore Hapori Whānui initiative may have contributed to declines in the numbers and proportions of people who identify as smokers in the areas where the activities were conducted.

Methods

To measure changes in the numbers of people who smoke by Council ward and board, we sought data from Stats NZ from the latest NZ Census. Census data are imperfect but are the most robust data available and can be analysed by ethnicity, age group and sex for each Auckland Council local board. However, at the time of analysis, these data were unavailable at the level of Council Wards or Boards, and not available by ethnic group and gender. Therefore, to count and describe who is currently smoking tobacco (in terms of age group, ethnicity and gender) and where they live, we had to devise a workaround: we took the ethnic-specific smoking prevalence (for 2021/2022 from the New Zealand Health Survey)⁶ and applied it to the estimated number of ethnic-specific populations within each local board,⁷ drawing on data from Stats NZ data from the New Zealand census. For 2023 we used interpolated estimates rather than the 2023 census data because the data from the most recent census were not available at the time.⁸ More recent smoking data are available from the annual New Zealand Health Survey, but these data are drawn from a population sample, are available only at the level of the whole local authority or District Health Board and therefore do not enable a more detailed analysis of the administrative areas most meaningful to councils.

We used GIS mapping tools to create maps showing the numbers of smokers for each ethnic and gender group for each Council board across the Auckland region derived from the Census 2018 and 2023 estimates before the census was done, and the NZ Health Survey, as described above.

To show trends in smoking prevalence over the past three censuses at the ward level (Appendix 4) for the Auckland region and relevant wards where the interventions were focused, we obtained counts from Stats NZ through a customised data request. The prevalence of regular smoking was calculated by dividing counts of regular smokers by counts of total population. Changes in prevalence over time were assessed with the Cochran-Armitage test for trend.

⁶NZHS:https://minhealthnz.shinyapps.io/nz-health-survey-2023-24-annual-data-explorer/_w_aa1c6bbfe4374b49a5073028ce20b780#!/explore-topics

⁷Auckland is divided into 13 wards, from which voters elect 20 ward councillors to represent these areas. Ward councillors and the mayor form the [Governing Body](#), which makes regional decisions and governs alongside [local boards](#), which make local area decisions on behalf of communities within the local board area. There are [21 local boards](#) with between five and nine members elected to each board i.e. 149 local board members in total. Board boundaries differ from ward boundaries and are shown here: <https://www.aucklandcouncil.govt.nz/about-auckland-council/how-auckland-council-works/local-boards/all-local-boards/Pages/default.aspx>

⁸Stats NZ. <https://www.stats.govt.nz/methods/data-sources-and-imputation-for-cigarette-smoking-behaviour-in-the-2023-census/>

Results

The numbers of smokers in the areas of Auckland targeted by the programme changed from baseline but not in any consistent way. The maps (Maps 1-4 below) show that around half of Auckland's Māori who smoke still live in just a few areas, as they did in 2018. The highest numbers are in Manurewa and Henderson-Massey. Slightly lower numbers live in each of Papakura, Māngere-Ōtāhuhu and Ōtara-Papatoetoe. Around half of the Pacific men aged between 25 and 44 who smoke live in just a few contiguous areas: Māngere-Ōtāhuhu, Ōtara-Papatoetoe, Tāmaki (Glen Innes, Pt England) and Manurewa. More than a third of Pacific women in that age group who smoke live in the same areas. Together, these data indicate that many Māori and Pacific people who smoke in Auckland still live in just the handful of areas the initiative was focused on: Henderson-Massey, Manurewa, Māngere-Ōtāhuhu, Ōtara-Papatoetoe, Papakura and Tāmaki.

They also show smoking cessation support services are generally in or adjacent to these areas – this is discussed in the next section.

However, smoking prevalence data show marked and statistically significant declines in smoking prevalence, for men and women, Māori and Pacific peoples and across age groups, though less so for older people, over time. Such is the magnitude of change that these changes would likely apply regardless of the small area unit chosen. Similar changes in smoking among Pacific peoples and Māori are seen elsewhere in New Zealand over the same period, suggesting that national tobacco control policies have been the dominant influence.

We did not undertake an analysis of the different Pacific populations in Auckland. While we have access to census data on smoking prevalence for the different Pacific populations, when disaggregating the numbers for each population by age group, sex, and location, the numbers were small, and the estimates were very unstable.

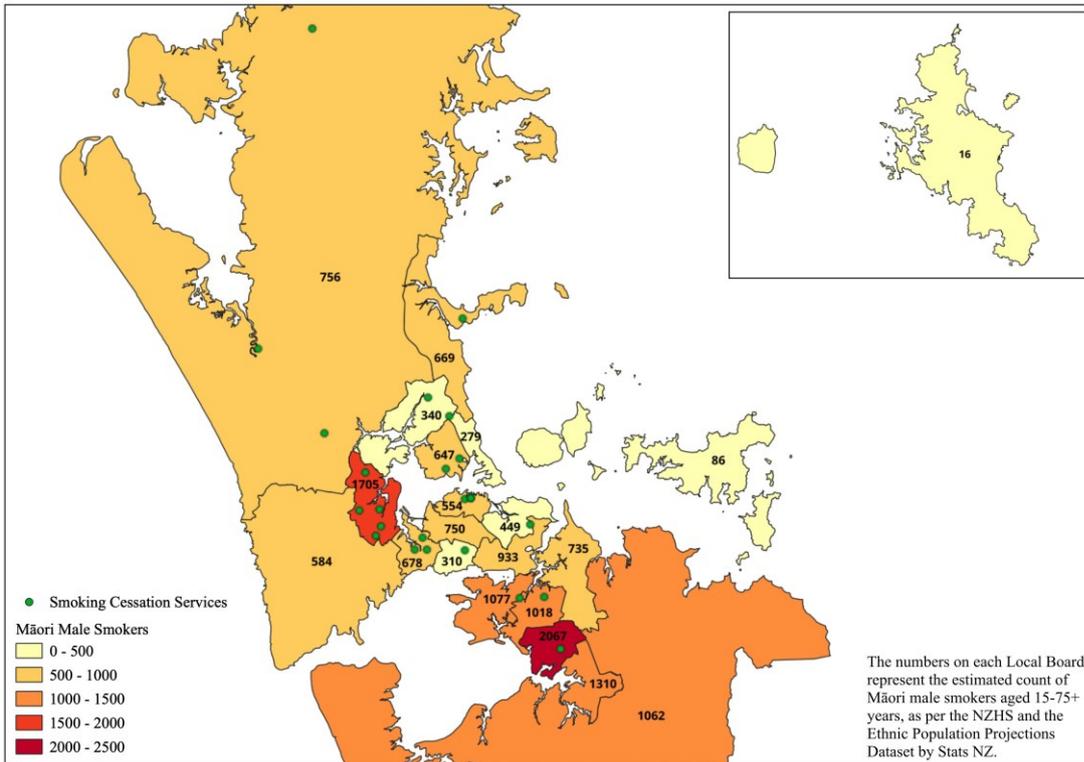
Discussion

There are some important caveats to this analysis: first, during the years of the programme, people have moved within New Zealand and overseas, including people who smoke. Second, as people age into their 40s and 50s they tend to be more likely to try to quit smoking as health effects become apparent. Third, over the years of the programme, several tobacco control policies were continued or new ones put in place: for example, the price of tobacco increased, smoking was prohibited in cars with children present, and, as noted earlier in the report, new legislation was introduced (then later repealed) that at the time sent a strong message that the New Zealand government was committed to supporting people in quitting smoking.

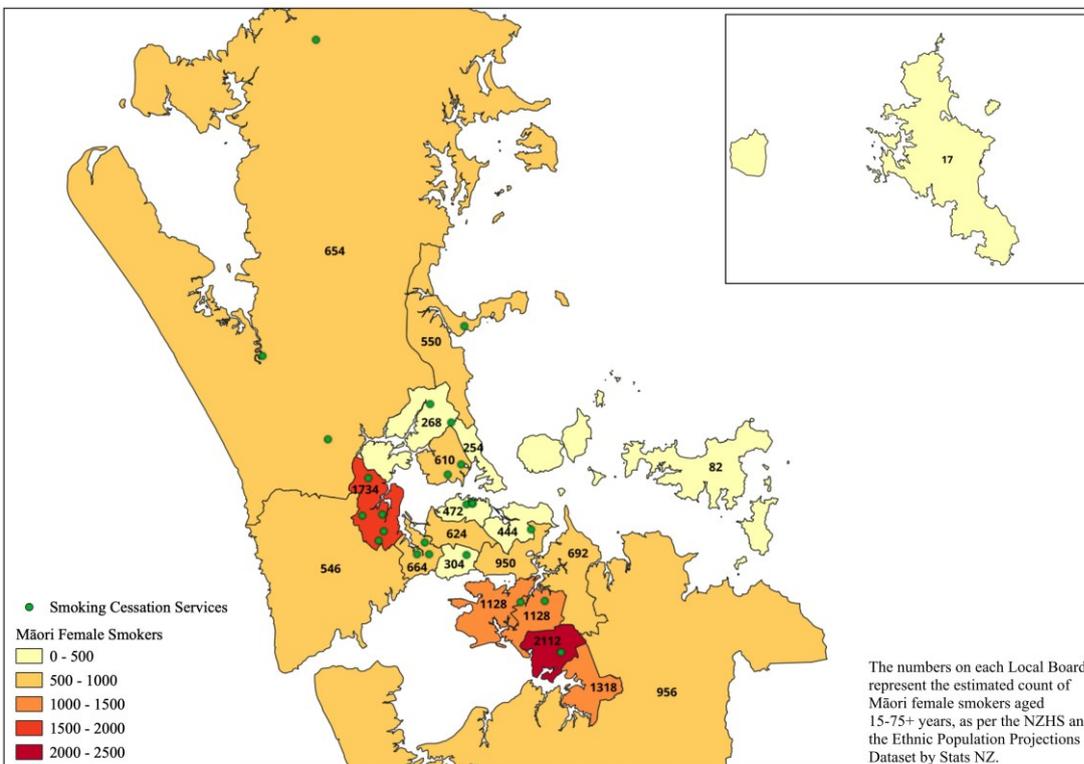
Fourth, vaping became extremely popular among smokers and was endorsed by the Ministry of Health as a way for people to stop smoking. The data on vaping and smoking since 2019 suggest that many smokers may have switched from smoking to vaping, particularly many wāhine Māori. Fifth, while smoking prevalence in all parts and groups in New Zealand has declined, the population has grown in many centres, like Auckland, such that the absolute number of smokers may have increased in some localities while smoking prevalence may have remained stable or declined.

Attribution of any changes in numbers of smokers and in smoking prevalence to the Council's intervention must, therefore, be made cautiously in such a dynamic and complex context.

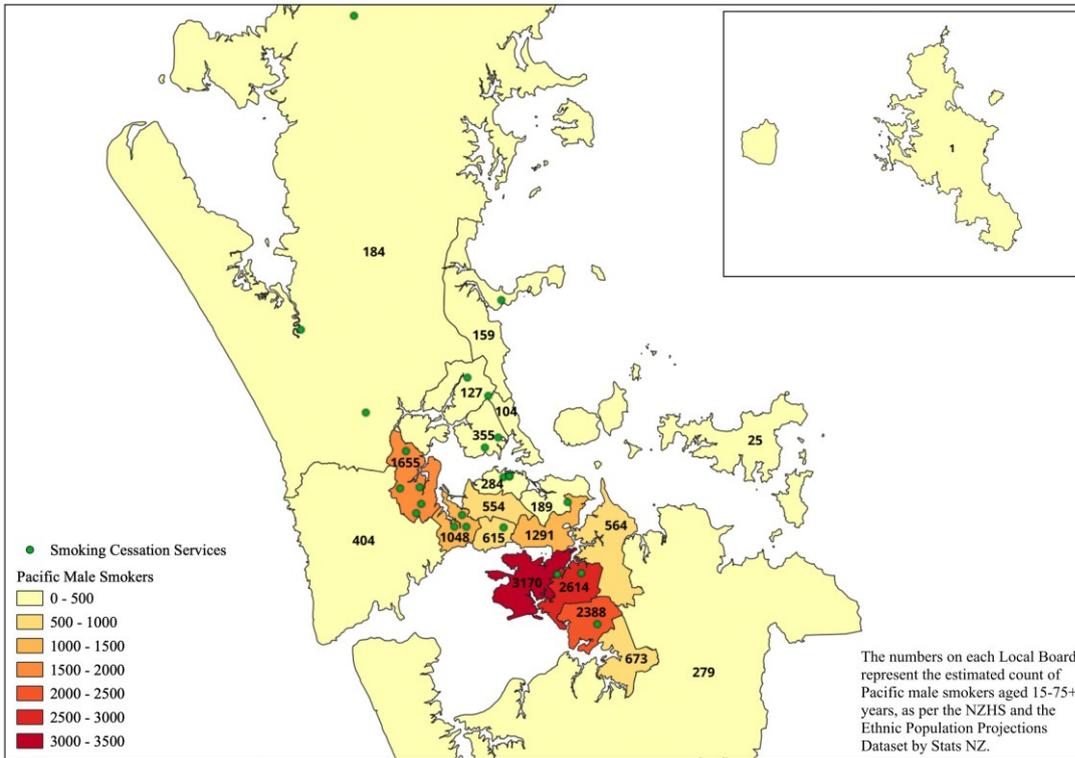
Conversely, neither can it be claimed they have had no part to play in declines in the numbers of people who report smoking. Importantly, the high quit rates from the group-based stop smoking programmes and the insights from evaluation data point to models of success that, at scale and when socialised in discrete communities (e.g. wāhine Māori), could have an observable impact on smoking prevalence in those population groups.



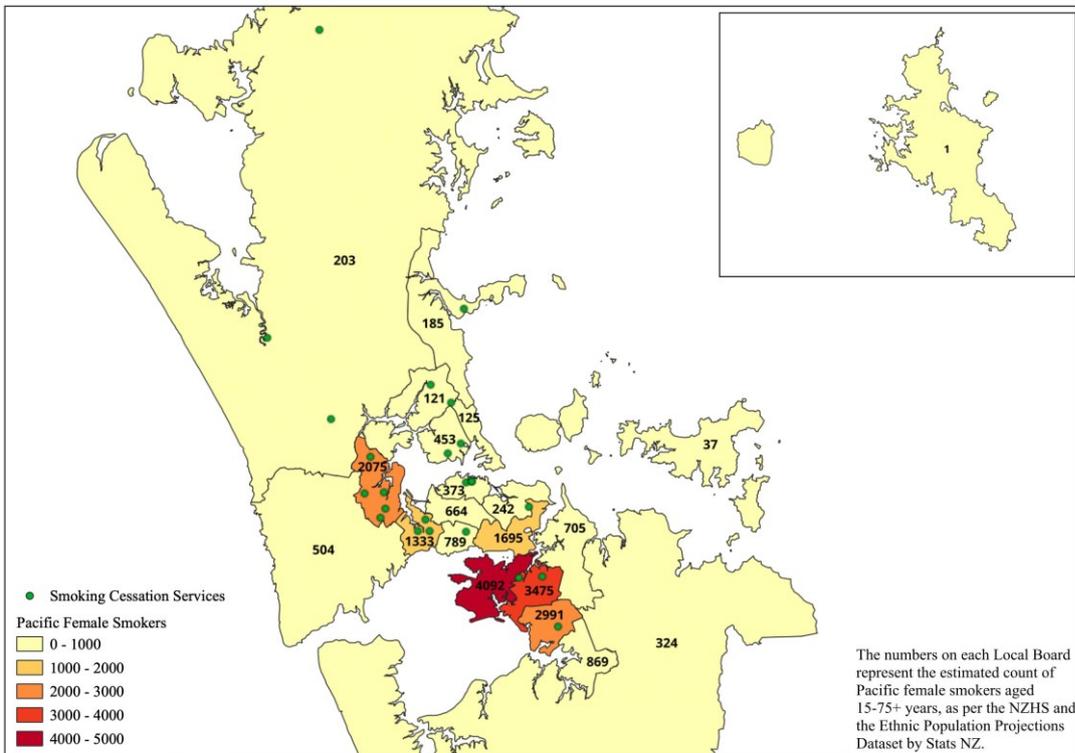
Map 1: Estimated numbers of male Māori smokers aged 15 and over, Auckland region, by local board, 2023, in relation to smoking cessation services



Map 2: Estimated numbers of female Māori smokers aged 15 and over, Auckland region, by local board, 2023, in relation to smoking cessation services



Map 3: Estimated numbers of male Pacific smokers aged 15 and over, Auckland region, by local board, 2023, in relation to smoking cessation services



Map 4: Estimated numbers of female Pacific smokers aged 15 and over, Auckland region, by local board, 2023, in relation to smoking cessation services

Support to Quit for Māori and Pacific People Who Smoke

To assess the impact of smoking cessation services on progress towards achieving New Zealand's 5% smoking prevalence goal in a way that might be useful to funders and planners, we used the 2023 census estimates on which to base the denominator (potential target numbers) and drew on service reports to estimate the numbers of Māori and Pacific male and female smokers likely to have been reached and helped to quit smoking by currently funded cessation services in the Auckland region. We estimated that reducing smoking prevalence in Māori and Pacific people in Auckland to 5% or below from the current 27% and 20%, respectively, by 2025 would require approximately 40,000 people quitting smoking.

This estimate assumes a scenario where no further Māori or Pacific people commence smoking. This scenario is increasingly becoming a reality for New Zealand young people. There was a downturn in smoking to just above or well below 5% in the 2024 ASH Year Ten Survey: regular smoking was the highest in Māori students (5.9%), followed by Pacific (3.2%), European/ Pākehā (2.3%), and Asian (0.7%) students.⁹ However, it is still not the reality for adults.

Two government-funded stop-smoking services are delivered to Aucklanders. 'Ready, Steady, Quit' is delivered through ProCare, a primary health care organisation, and The Fono, a Pacific-led provider. They offer free Stop Smoking Services in Central, East and West Auckland, as well as the North Shore and near Wellsford. 'Manukau Living Smoke-free' is delivered as a free service under the auspices of Health NZ Counties Manukau within its catchment area. These services are charged with prioritising Māori, Pacific and pregnant women. Both services rely heavily on referrals from secondary (hospitals) and primary care (largely general practices). Referrals usually occur when people have indicated they smoke and are then asked if they want a referral to a Stop Smoking Service.

The Ministry of Health set targets for these providers: enrolling 5% of the local population who regularly smoke; and 50% achieving validated quit rates at the four-week follow-up.

Enrolment

Many people agree to attend stop smoking services, but most do not follow through. For example, the drop-off rate for the 'Manukau Living Smoke-free' stop smoking services from referral to enrolment in 2021 was 69% (from 3379 to 1046) and then from enrolment to setting a quit day 54% (from 1046 to 570) or 17% of the total 3379 people who were referred. Self-referrals are rare - around 10% in 2021 of the overall combined referrals received by both services were from people using their own initiative. Such people are typically highly motivated to stop smoking.

In terms of numbers seen, services documented that in 2023, just 1438 Māori and Pacific smokers (808 and 630, respectively) had enrolled in one of the Ministry of Health-funded community cessation services. The estimated number of smokers in just three of the many wards served by 'Manukau Living Smoke-free' in 2023 was 27,260; 5% of this number is 1363. Extrapolating the denominator population to include people who smoke in the other communities in the catchment area means that the proportion enrolled is well below the 5% level set by the Ministry.

⁹ Action for Smokefree 2025. https://www.ash.org.nz/2024_topline_youth_smoking_and_vaping_factsheet

Quitting

Of the people seen by the services in 2023, 335 Māori and 385 Pacific smokers (41% and 61%, respectively) were verified as having quit smoking one month after their designated quit date using biochemical testing (exhaled breath CO levels at 6 parts per million or below using portable Bedfont CO monitors).

While these are admirable quit rates, they overestimate the long-term quit rate (usually measured at 6 or 12 months after the quitting date). Typically, about 70% of smokers relapse back to smoking within 6 months. These people would ‘re-cycle’ back into the ‘prevalence pool’ of smokers, adding to the numbers needing to be reached each year with cessation initiatives.

Figure 3 below illustrates the distribution of services by board for Māori men who smoke. We found a weak positive correlation between the number of smoking cessation services and Māori male and female people who smoke in the Auckland region – that is, where the number of these people who smoke is higher, the number of cessation services available are also greater in number. A similar relationship was found between smoking numbers and services in a local board, for Pacific men and women. However, there are some areas where the number of people who smoke is high, but services are unavailable (e.g. Papakura and Franklin) or limited to just one provider (e.g. Manurewa, Māngere-Ōtāhuhu and Ōtara-Papatoetoe). These associations are also evident in the maps on the previous pages.

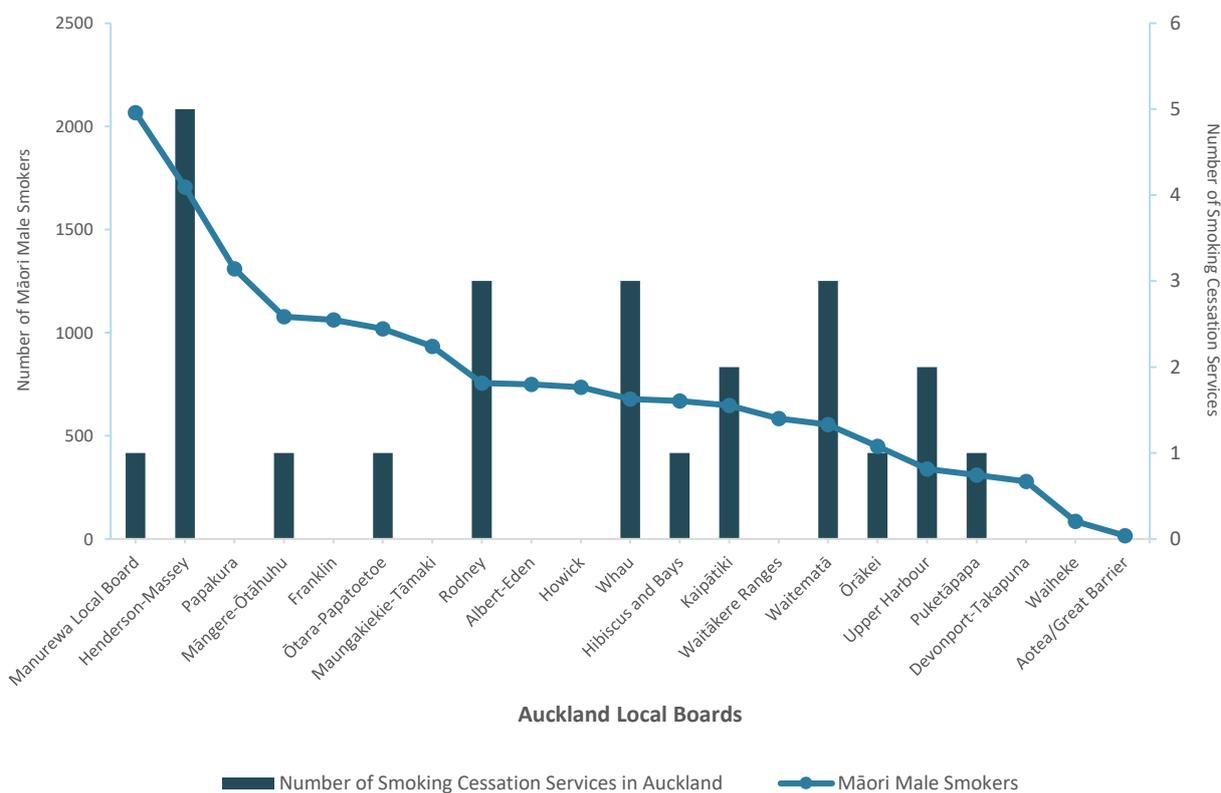


Figure 3: Smoking cessation services and the number of Māori men who smoke, 2023

We conclude that to achieve the Ministry of Health targets for enrolment and quitting, there is an urgent need to substantially increase the numbers of people enrolling in smoking cessation services, and services must be effective at supporting these people to quit and remain smokefree.

The Auahi Kore Hapori Whānui Action Plan

This evaluation is about an Action Plan – Auahi Kore Hapori Whānui: Action for Smokefree Communities. The Action Plan was one component of the Auckland Council Smokefree Implementation Plan 2017-2025, which aimed to empower high smoking prevalence communities in Tāmaki Makaurau to become smokefree by 2025. The Auckland Council describes its own role in the Implementation Plan as follows:

“It strengthens the levers we have as local government, and complements the activities being delivered by our smokefree partners locally, regionally and nationally. Council’s focus is on activities that will contribute to the smokefree goal by building on our relationships with communities, and our role as a governor of public places.”

The highest smoking prevalence in Auckland was among the following population groups: wāhine Māori; Pacific males; Māori and Pacific youth. They were living in the following areas: Henderson-Massey, Glen Innes, Point England, Māngere, Ōtāhuhu, Ōtara, Papatoetoe, Manurewa and Papakura. Thus, the above population groups in these areas were defined as the ‘target areas’. Three streams of activities were presented as a Roadmap (see Figure 5 below). For the corresponding programme logic and a matrix with enablers and activities, see Figures 1 and 2.

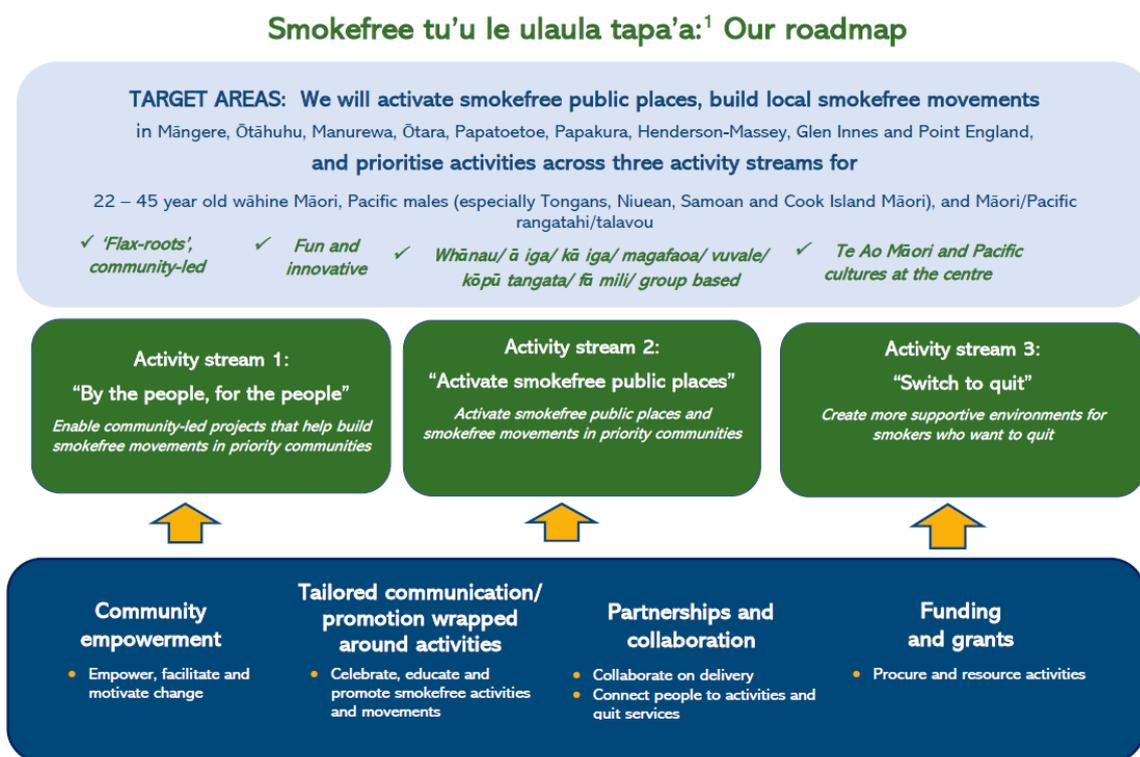


Figure 4: Auahi Kore Hapori Whānui Roadmap

Partnership

A critical feature for success was the configuration of the partnership driving the Action Plan.

The Auckland Council provided funding, infrastructure and oversight for the Auahi Kore Hapori Whānui but opted for creating a partnership to shape and deliver the initiative. The main partner was Hāpai te Hauora (Hāpai), a Māori public health organisation, that is strongly connected with the priority communities. Hāpai has a long established and recognised way of working with communities on health and wellbeing issues. Hāpai seconded one of their staff members, experienced in tobacco control, smoking cessation and community engagement, to the Auckland Council to lead the activation of the Auahi Kore Hapori Whānui Action Plan. A small activation team of three, all with strong Māori and Pacific community engagement experience, was assembled at the Auckland Council. The partnership and secondment arrangements were set up to leverage the strengths of both Auckland Council and Hāpai.

Communities were conceived as having a leading role in the Auahi Kore Hapori Whānui Action Plan. It was clearly stated in the Auckland Council strategy and planning documents that communities were to be leaders, co-creators and co-designers of activities. These proposed roles align with other Auckland Council strategy documents, such as the Auckland Plan 2050, which details aspirations for communities to take lead in shaping the growth of Auckland.

Since Auahi Kore Hapori Whānui aimed to generate more demand for quitting and to connect people who smoke with support to help them quit, it also needed to collaborate with the Stop Smoking Services that are contracted to deliver services in these areas. Stop Smoking Services are delivered by a diverse mix of providers, including Primary Health Organisations, district services, and Māori and Pacific health organisations.

The following sections explore the roles of those involved in creating and delivering activities. Challenges, key features of success and lessons learned are highlighted.

Auckland Council

The Auckland Council aims to create a healthy and clean environment where people can enjoy public spaces and events without exposure to tobacco and cigarette litter. To achieve this, the Council's 'Smokefree Policy and Implementation Plan 2017-2025' outlines its approach to reducing smoking across the region and achieving Smokefree Auckland 2025 (less than 5% smoking by 2025). The Plan includes creating smokefree areas, de-normalising smoking, increasing public awareness and engaging communities in smokefree activities. The Council has been working with a variety of regional health and business organisations to increase smokefree signage and resources, and to expand smokefree areas to include outdoor dining, beaches, and key urban spaces such as plazas and squares. All Council facilities and events are smokefree.

Communities liked coming to Council-run facilities: convenient, familiar and part of their community space

Most events and group quit programmes were held in Auckland Council community facilities. This was a good strategy for various reasons. High levels of satisfaction with the Council facilities were reported by organisers, partners, and communities alike. Interview and survey data reflected that community members and facilitators liked coming together in spaces that were a part of their community landscape and that were not health facilities like clinics or hospitals. Generally, the comments related to convenience and a sense of belonging. An activator explained why Council facilities are appropriate places:

“So, we actually have to take it to communities. And we have to do it in the community where they don't feel like they're being targeted. In a community place they're used to being in – the community hall or the library or the swimming pool, wherever they feel comfortable.”

Some people had apparently hesitated about using community facilities, feeling that they were not really entitled to use them or that they did not belong. Auahi Kore Hapori Whānui organised smokefree activities in the Council facilities and reassured people that the facilities are for everyone. This likely contributed to improving their sense of belonging, for example:

“It was really about getting wāhine who are smoking to come into a community space, to start seeing that ‘these libraries are for you’, ‘these spaces are for you mums, you know, hang out with your kids, but come here’ ... A space where they could bring their babies if needed.”

One Stop Smoking Service provider spoke of how people had been asking for more Council facilities to be built, so that more health and wellbeing activities, such as group quit programmes, could be held locally. The provider identified the areas they believed did not have enough community facilities to cope with demand. They noted that having to leave your neighbourhood and spend longer driving somewhere in a car or on public transport is a disincentive for participating in activities like quit programmes.

Free, streamlined access to Council-run community facilities proved invaluable. The Auckland Council waived hire fees for its community facilities and set up a booking system for the Stop Smoking Services to manage bookings for group quit programmes. This was highly appreciated and meant that Stop Smoking Services and the Auahi Kore Hapori Whānui project budgets could be reserved for other costs.

It is highly likely that fuller and more creative use of Council facilities and services could have been made if the COVID-19 pandemic had not occurred. Mass smokefree events could not be held during lockdowns. Even the lower restriction levels made it difficult to plan activities for groups. When Council facilities re-opened, physical distancing rules were mostly still being applied.

Council procurement processes were too complex and slow for community activation timelines

The activation team found it slow and challenging to navigate the procurement processes of the Auckland Council, particularly in the early days, when they wanted to swiftly register and pay several small local entities to get activities underway. As one interviewee recalled: “there were a lot of processes to go through just to get the funding out the door to make anything happen.” To make the required upfront payments to local providers, the activation team changed tack and relied instead on Hāpai and other community organisations to bridge the gap, so that the planning, and sometimes implementation, of activities could start prior to funds being made available. COVID-19 made this even more challenging for everyone involved.

Given that the Auckland Council is a local government body, its procurement processes understandably involve several levels of checks and balances. Hāpai also has robust governance and accountability processes, but its processes proved much more agile and responsive to community dynamics and timelines.

It became clear that slow and complex procurement processes, with limited flexibility, are not well suited for directly funding community activation activities. Timelines are often short; inspiration emerges organically; many different people and groups are involved; opportunities need to be seized; plans have to be quickly adapted; and many unpredictable elements are juggled. Agile and flexible procurement processes are therefore key for initiatives that aim to support communities to co-create or lead activities. For future initiatives, it would be important to explore options for more agile and flexible funding and procurement processes from the start.

The activation team utilised the strengths of Council, Hāpai and community-based services and groups to empower the community

Basing the activation team within the Auckland Council was a strategic move. The team was supported by Auckland Council’s authority, funding, infrastructure and policy oversight while it drew on the vast experience of Hāpai, community-based services, and local leaders and influencers. The activation team made connections; sourced local ideas, talent and decisions; tailored activities; and organised all manner of activities – from plays to concerts to

online events to quit programmes for a wide range of different groups. They were hands-on involved from the big picture to the smallest of details to make things work on the day.

Auahi Kore Hapori Whānui gained substantial momentum during the relatively short and very disrupted time it was active. It made measurable and reported differences in the lives of many people who smoke and/or vape, which in turn would likely have improved life for their whānau and communities. One interviewee with long experience in tobacco control believed the Council's involvement had taken smokefree momentum to a new level. There was a noticeable difference once the Auahi Kore Hapori Whānui was no longer running:

“Now [that the Auahi Kore Action Plan has finished] it's just not amplified the way that the Council project was able to amplify the work.”

Auahi Kore Hapori Whānui has proved that community activation can be run out of local government, but there are certain features critical for success. The success of the Council-based community activation team was largely due to the skills and authentic community experience of the activation team members and the organisation that closely supported them – Hāpai. They knew how to involve community to lead and shape activities. An attempt has been made to list features for success (see Appendix 5 Skills and characteristics for effective organisation of a large-scale, partnership-dependent, community-led smokefree activation). One key feature was that the activation team was very well connected with networks of individuals and organisations who are used to working together in tobacco control and community engagement within Māori and Pacific communities. When something looked like it wasn't going to work, the activation team could quickly come up with workable options thanks to these networks and community connections.

Māori and Pacific workforces are essential for connecting with community in culturally responsive and effective ways

The composition of the small activation team was significant. Being Māori and Pacific peoples, and active in their own communities, they found communication with communities was well received. One interviewee explained the difference it makes:

“For working with Pasifika and Māori communities, they feel a lot safer, and they open up more when they are talking to someone with similar shared experiences and so, with our group being diverse Māori and Pasifika that also helped break down some barriers as well. And a lot of the communities...in the past they may have had certain things happen where they kind of don't have that trust with other ethnic groups and so I feel that having a team that's Māori and Pasifika definitely is a help.”

Māori and Pacific working in health and wellbeing, who are connected to their communities, have valuable lived experience in common with their communities as well as an understanding of cultural values, worldviews, tikanga and cultural protocols. They also understand on a different level the challenges and strengths of communities, which helps to build the trust needed for co-creating culturally relevant and appropriate approaches and activities in smokefree and fostering community ownership and pride about smokefree. One interviewee explained their role as follows:

“The language and the culture and the values as well...when you're in those spaces, you've got to put another hat on and it's easier when you kind of live it too, you belong to that space.”

There was much evidence that this small team was effective at engaging productively with diverse community members. Empowering communities (Māori and Pacific workforces and community members) to collectively lead their journey to smokefree upholds the principle of mana motuhake (self-determination). To take this empowerment to scale, it will be necessary to ensure Māori and Pacific workforces have more opportunities to train in tobacco control, public health, health promotion and community activation.

With a larger team, no COVID-19 and no Council restructure, even more could have been achieved

The team was very small for an initiative that was to work with nine areas across the West, East and South of Auckland. Given the importance of tailoring events to fit community needs, a lot of time and effort was required for communications and planning across these communities.

The mayoral elections and announcements about planned restructuring at Auckland Council inevitably introduced some uncertainty for Auahi Kore Hapori Whānui plans near the end. As an indirect result of the planned restructure, all but one member of the activation team moved to different roles before the end of the Action Plan. With a larger team, sustained throughout the initiative, it is likely that even more could have been achieved, and the handover of valuable experience might have been more comprehensive.

With a view to informing Auckland Council medium- to long-term strategic planning, it is relevant to highlight how closely the Auahi Kore Hapori Whānui approach aligns with several of the desired outcomes in the Auckland Council's 'Auckland Plan 2050', including those that are not specifically health-related. The outcome 'Belonging and Participation' and its corresponding focus areas are particularly aligned. In brief, these relate to empowering communities and creating liveable, connected neighbourhoods. Auahi Kore Hapori Whānui has delivered value for Auckland Council by testing out ways in which Council can support local communities to co-create solutions for getting to and beyond Smokefree 2025 while also developing stronger connections and resilience within communities, more use and enjoyment of public spaces, and supporting events that celebrate the importance of culture and community.

Hāpai te Hauora

Hāpai te Hauora (Hāpai) is a Māori public health organisation with a regional remit in Tāmaki Makaurau to provide Māori public health, health promotion and community mobilisation. It holds national service contracts for gambling harm minimisation, tobacco control advocacy, smokefree health promotion and community mobilisation, and SUDI prevention. Since December 2021, as part of New Zealand's Smokefree Action Plan 2021, Hāpai has led a national work stream of health promotion and community mobilisation services. Hāpai defines community mobilisation as a wide range of community engagement activities to develop strong stakeholder relationships and build local capacity to achieve collective capability. Community engagement is facilitated through their team of community activators who "execute community led activities and events that advocate Smokefree Kaupapa." As the national advocacy body for tobacco control and national community mobilisation, Hāpai has well established relationships with the organisations contracted to provide Stop Smoking Services across Auckland. Hāpai's approach is grounded in Māori values and takes a holistic approach to health, wellbeing and community. Hāpai hosts Tala Pasifika, which focuses on national tobacco control advocacy and smokefree initiatives for Pacific peoples.

Hāpai's approaches to smokefree and community activation are proven and culturally responsive for the priority communities

Hāpai contributed to the success of the Auahi Kore Hapori Whānui in many ways. Hāpai has long been honing the art of community engagement, empowerment and activation. As lead for the national community mobilisation work stream for NZ's Smokefree Action Plan 2021, it had developed even more expertise in smokefree community activation. Hāpai was a supportive partner of Auahi Kore Hapori Whānui, with useful networks of connections and projects that Auahi Kore Hapori Whānui could link with to test and deliver activities. Hāpai provided Māori and Pacific staff to help support Auahi Kore Hapori Whānui activities. It provided particularly important support and expertise for event management, communications, social media, and project planning and budgeting.

Hāpai seconded to Council a staff member that was experienced in delivering smokefree activation and leading stop smoking programmes

Hāpai seconded a staff member to Council to lead the Auahi Kore Hapori Whānui project. This move proved fundamental to success. The staff member was highly experienced in smoking cessation programmes (Vape2Save,

a programme tailored for Māori, that integrates support to build financial capability alongside helping participants to quit smoking), smokefree advocacy and community engagement; well known in several of the communities and well networked across providers and community groups. This meant there was no delay in starting to implement an evidence-based, culturally responsive approach to community activation and stop smoking programmes. This staff member could ‘hit the ground running’, knowing Hāpai’s values and principles, and the practicalities and challenges of community engagement and activation.

Hāpai holds Mātauranga Māori about community activation, enriched by extensive experience in working with Māori communities. It also has deep knowledge and experience of community activation in many Pacific communities. Auahi Kore Hapori Whānui was able to apply culturally responsive knowledge about community activation thanks to Hāpai’s role as a partner.

In practice, the Council and Hāpai ‘shared’ the lead activator, a novel arrangement for the Council. The lead activator would spend one day a week at the Council, one day a week at Hāpai, and most of the time (spread over 7 days including evenings) in communities. Once the lead activator became familiar with the internal processes at the Council, they could work out what to leverage in both organisations for the benefit of project activities. Further advantages of this arrangement were that managers at the Council and Hāpai had a sense of shared responsibility for the project, and both partners could get timely access to whatever information they needed about project progress.

Key features of success and lessons learned (Auckland Council and Hāpai)

- **Communities liked coming to Council-run facilities: they are convenient, familiar and part of their community space.**
- **The partnership between Council and Hāpai was an equal partnership. It was strengthened by: having team members from both Hāpai and Auckland Council on the activation team; sharing the lead activator between the organisations; ensuring both partners had timely access to project information.**
- **It worked well having Auahi Kore Hapori Whānui supported by Auckland Council’s authority, funding, infrastructure and policy oversight. Council’s involvement and funding amplified the work, as activities could be taken to scale and faster than usual.**
- **In parallel, the activation team was able to draw on the vast experience of Hāpai, community-based services and inspired community and local leaders and influencers.**
- **Hāpai contributed invaluable expertise in event design and management, communications, social media and support for project planning and budgeting.**
- **Agile and flexible procurement processes are key for initiatives that support communities to co-create or lead activities.**
- **Without Hāpai taking on a role in procurement and disbursement, implementation would have been compromised.**
- **Auahi Kore Hapori Whānui was able to apply culturally responsive knowledge about community activation thanks to Hāpai’s role as a partner. Hāpai holds Mātauranga Māori about community activation, enriched by extensive experience in working with Māori communities. It also has deep knowledge and experience of community activation in many Pacific communities.**
- **Māori and Pacific workforces are key for culturally responsive community connections.**
- **With a larger team at Auckland Council, sustained throughout the entire life of the initiative, it is likely that even more could have been achieved, and the handover of valuable experience might have been more comprehensive.**

Stop Smoking Services

The services available in the priority communities were provided by The Fono and Procure – Ready, Steady, Quit (West and East Auckland) and District Health Board Counties Manukau – Living Smokefree (South Auckland). Stop Smoking Service practitioners are trained to provide behavioural support for people to quit smoking as well as assist them to select and safely use resources such as NRT and vapes for quitting. Interested smokers sign up to at least 4 weeks of support sessions. In 2016 the Ministry of Health indicated that the focus should be more clearly on the local needs of the population and the prioritisation of Māori, Pacific and pregnant women who smoke.

When there were events and group quit programmes in one of the regions of Auckland (roughly, West, East and South), the Auahi Kore Hapori Whānui team would connect with the Stop Smoking Service operating there, in particular those who had good connections with the community.

Historically, many Stop Smoking Services had relied mainly on self-referrals by telephone or internet, and referrals from secondary or primary care. Many now provide some kind of community outreach. Pop-up hubs in community spaces are an example delivered by the Counties Manukau Stop Smoking Service.

Stop Smoking Services were invited to come into new spaces to connect with people in new ways

The Auahi Kore Hapori Whānui set the expectation that Stop Smoking Services would now come into new spaces and try new ways of connecting with people who smoke and their families:

“There was no more the services sitting in offices, in clinics waiting for people to come to them. They’re now going out to communities and working with their communities to determine what their journey for smokefree is.”

Start the conversation, then move on to talking about treatment support

Stop Smoking Services became a key component of all the events and group quit programme sessions that Auahi Kore Hapori Whānui ran or co-organised. The activation team knew from experience that people who smoke normally avoid a Stop Smoking Service stand at a community event. They set out to introduce people to Stop Smoking Service practitioners in more interactive and fun ways.

It did take time for Stop Smoking Service practitioners to become fully operational at the Auahi Kore Hapori Whānui events. The Auahi Kore Hapori Whānui approach was to start a conversation and make a connection with people. The Stop Smoking Services practitioners could have a short chat about treatment support, if they showed interest, and offer to sign them up for follow-up after the event.

Initially, there seems to have been limited or no training within the different services for practitioners who would be taking on this new role when accompanying Auahi Kore Hapori Whānui to events and quit programmes. Auahi Kore Hapori Whānui was aiming to create a casual, fun, upbeat vibe in the community spaces it selected for events. Apparently, practitioners did not initially realise that they needed to operate differently from usual. Early on, some attended events but were applying the procedures they would usually apply in consultation settings, i.e. a long questionnaire and a different type of conversation. Completing the questionnaire caused delays and apparently interrupted the flow for families, who wanted to move on and enjoy the event. Once practitioners understood the new approach, they made the contact much more conversational – less about data that the service wanted to ask and more about questions the smoker and their whānau might have in terms of quitting smoking. It was about making a connection, for example:

“What we found at the very beginning was that the stop smoking services in these engagement moments started doing full on clinical assessment right in the middle of this event. But people don’t want to sit there for an hour to go through an initial assessment!....So it was, it was trying to do it differently....we

also had to make sure that the stop smoking services really kept it quick, engaging, non-judgmental. Just get them lined up for a consultation later on at a convenient time.”

Key features of success and lessons learned

- **Auahi Kore Hapori Whānui outcomes and participant feedback show the benefits of having Stop Smoking Services engage with people who smoke in new spaces and in new ways. Auahi Kore Hapori Whānui invited practitioners to come to events in the community and to group-based health and wellbeing programmes.**
- **This new approach proved an effective way to link people straight into the support processes of the Stop Smoking Services.**
- **The reach and impact of the Stop Smoking Services was enhanced by attending and providing information and support at a range of community events and group-based health and wellbeing programmes.**

The Fono

The Fono is a provider of healthcare and social services in West Auckland, serving Pacific communities and all those who live within Pacific community spaces. They describe their approach as being about the whole person, integrated care and whānau-focused.

As an example of a Stop Smoking Service provider, we chose to present some lessons learned from The Fono. They facilitated the most group quit programmes for Auahi Kore Hapori Whānui and their focus is on Pacific communities.

The Fono seem particularly well-suited to collaborate with Auahi Kore Hapori Whānui, as they are active in the priority communities; their staff speak the relevant Pacific languages; and, like Hāpai, the organisation has a long history in tobacco control and culturally tailored approaches. The Fono facilitated several group quit programmes, notably programmes for Pacific men’s groups who gather regularly to drink kava, known as kava groups. The Fono’s links with communities appeared seamless, as one interviewee explained:

“It’s very easy for our team to connect with the community because they know the people in the community...so it’s not hard to find groups [for group-based quitting].”

There was also a natural fit with The Fono approach, which is about connecting, communicating and listening to community needs. Quit smoking is one of the wraparound services they offer. An interviewee explained how their holistic approach works:

“The Fono has a model that the family’s in the middle and all these services are wrapped around it. So when we’re going and talking to our community, we think about those services, we think about their needs...we need to wrap around all the different services to help this family...And it’s up to us as staff, to know and pick up those cues when you’re talking to them. What am I hearing? I’m hearing this, I’m hearing that. Then you can suggest to them ‘You know what? We’ve got this service that I think you want to help you. And is it okay for me to refer you?’ ”

The Fono staff added some of their own services and quit programme features to the programmes they delivered in collaboration with Auahi Kore Hapori Whānui. For groups that chose health checks as an incentive activity, they were able to bring Fono public health nurses to sessions. Another successful programme feature is their ‘quit champion’. They identify someone from the community who is happy and proud of their quit journey. The champion commits to recruiting people for a quit group and following up with them to make sure they keep attending. Champions are reimbursed with vouchers if they meet the conditions, as follows:

“We find somebody within that community or that group they become the champion, and they work with us, our job is just to connect with them, their job is to bring those people together each week.”

They explained the power of word-of-mouth recommendations and messaging about health and wellbeing when it comes from people who are part of your community:

“She told me on that second week, she said, ‘I didn’t think this group or this programme works.’ But she said, ‘Now I take that back.’ She was so proud. She’ll tell everybody about her story.”

The Fono facilitators summarised some of the key features that had worked in the Auahi Kore Hapori Whānui group quit programmes, for example, getting the culture and language fit right; having vapes and pods available and practical help about how to use them; having simple incentives, such as T-shirts and food for a graduation ceremony to celebrate completing the course and becoming smokefree and to generate proud quitters who will talk to whānau and friends about their journey; and having streamlined access to Council facilities. They recommended that group quit programmes should be offered regularly, so that if people relapse they can join in with another group to get back on track. The Fono staff had seen this work for several members of some of the first groups.

The Auahi Kore Hapori Whānui activation team drew attention to the end-of-the-programme quit rates achieved by groups facilitated by The Fono staff:

“The quit rate that has been coming through has been up in the 90s to 95% quit rate which is unheard of. That is mass quitting. Here, you’ve got groups of 20 plus people, and you know that big group, the first 36, was the biggest group that I saw happen. And it was mass quitting.”

Key features for success and lessons learned

- **The Fono offers Stop Smoking Services as part of its broader care services. It is clearly an advantage when practitioners know their communities well and can actively propose stop smoking support when they talk with people about other issues.**
- **Getting the cultural and language fit right is crucial for activities that involve behaviour change.**
- **Having practical help available at each group quit session was effective for the participants vapes and pods, with demonstrations and advice about how to use them.**
- **Participants can be highly motivated by simple incentives they choose to celebrate completing the course and becoming smokefree. A group t-shirt, for example, will help people talk to whānau, friends and workplaces about their quit journey.**
- **Creating demand from within the community is powerful, e.g. word-of-mouth recommendations and messaging.**
- **Streamlined access and a fee waiver for the hire of Council facilities saved time as well as money.**
- **It worked well to encourage people who relapse after the end of the group quit programme to join in with a subsequent quit group. They can get back on track and make another quit attempt.**

Community

In the words of one of the activators, communities are about shared values and shared experiences. Each community has different needs based on the history behind that community.

Collective leadership and involvement at all stages

The achievements of Auahi Kore Hapori Whānui were made possible thanks to the commitment, talent and solidarity of leaders, groups, businesses and whānau in communities. It seems right to also count as ‘community’

the individuals who were working in the activation team and at Hāpai as well as the many Stop Smoking Service practitioners. It was clear that many people worked long and hard during the tough times of COVID-19 to make things happen.

Auahi Kore Hapori Whānui demonstrated a way in which communities can take leading roles in all stages of an initiative. One Pacific interviewee interpreted the approach as follows:

“One of the biggest things for me in terms of an approach is that all the projects were delivered collectively...within the collective of collectives actually...The approach was strength-based and positive...From my understanding it was built up from community voice.”

“What was big for me was clearly the community engagement and leadership. At all levels of the project, because if you think about it...the design, thinking and even some of the implementing really came from community.”

People from the community that were involved in organising events or as participants in a group quit programmes found it refreshing that they could determine or at least have a big say in how funding would be spent:

“You could see for once they were not being told how, that money should be spent, they were in control of what they wanted to do. As long as they did the quit journey or, you know, they were raising awareness around this or they were getting more people into quitting...that was what was different...you know, we weren’t prescriptive”

More decision-making could be devolved

If community-led solutions for smokefree remain the aim in future initiatives, it would seem appropriate to go even further and explore options for devolving more of the decision-making to communities, including control of some resources. One interviewee proposed to “invest in local leaders” and avoid being “provider-centric”. This referred to the importance of putting community at the centre of innovation and decision-making for future smokefree activities, instead of having the stop smoking services at the centre and asking community how they would like the services to be implemented.

The following quote refers to the Council doing well at starting a different way of engaging with the community. It proposes that Council should now provide a framework and funding to enable communities to take an even more empowered role, as follows:

“We’ve got these [Stop Smoking Service] clinics and all of this stuff, but we should be creating a space that community lead their own determinants in terms of health and wellbeing and connection. And I think that funding needs to go into that. Because communities can’t – I mean communities can do it, and they keep doing it on an oily rag, it is just out of sheer community will – but to really make a community come together and gel, they do need some type of funding, some type of framework. Again, if the Council are doing any type of framework, I would say, ‘Work with the community. Don’t control the community based on what the Council thinks.’ You know, and I think that has been what’s been different with this one [the Auahi Kore Hapori Whānui initiative].”

Some of the community-led activities may be transferable to other regions. One Pacific interviewee suggested that innovations in community-led group quitting and locally inspired smokefree events would be relevant not only for Pacific people across Auckland but also for other places where Pacific people live. They recommended that programmes elsewhere should:

“Take what Auckland Council has already done and use the bits that were super successful and repeat them.”

Key features for success and lessons learned

- **The achievements of Auahi Kore Hapori Whānui were made possible thanks to the commitment, talent and solidarity of leaders, groups, businesses and whānau in communities.**
- **More of the decision-making, including control of resources, could potentially have been devolved to communities (although slow Council procurement processes and COVID-19 complicated the initiative's work, and increased uncertainty and risks).**
- **There were community members and groups that successfully fulfilled leading roles in innovation, design, planning and implementation.**
- **Some Stop Smoking Services are deeply community-focused; others less so. Local community leaders could play much larger roles in shaping how smokefree and stop smoking support can be most effectively and appropriately designed and delivered.**
- **Innovations in community-led group quitting and locally-inspired smokefree events may be relevant not only for Pacific peoples across Auckland, but also for other places where Pacific peoples live. A culturally responsive approach that is successful may be transferable – not as tied to 'place' as previously thought.**

Implementation and the impact of COVID-19 Pandemic

The COVID-19 pandemic was extremely disruptive for Auahi Kore Hapori Whānui. The activation team and their partners had to rethink plans and approaches for group quit programmes. They experimented with online sessions, which had several disadvantages. CO monitoring, which played an important role in motivating people during their quit journey, could not easily be used. NRT and vapes had to be delivered to participants' homes and demonstrations could not be done in-person.

In terms of participant retention and reported quit rates, the online groups were less successful than the in-person groups. Some participants had difficulty accessing the online sessions, sometimes because broadband access and computers had to be shared across many whānau members who were also having to do things from home. Some had to access the sessions on a phone and therefore missed out on easily seeing all the members in the group.

There is not enough information available to adequately report on participant satisfaction with online delivery. However, the activation team did not rule out trying to refine and test online approaches in the future. They identified the potential for online delivery to be more equitable for those who do not live close to community facilities or cannot find time to attend sessions in person. One online group quit for wāhine Māori managed to do exercise sessions at home during a period of COVID restrictions. Two online participant interviewees highly appreciated the sessions for the positivity, friendship and hope the sessions brought into their homes during very trying times.

When COVID restrictions were in place and families were struggling in many ways, the activation team and some of the Stop Smoking Services collaborated with groups and organisations who were managing food parcels for families. Instead of just organising a delivery of NRT or vape refills, the activation team coordinated so that families could receive food parcels at the same time:

"When we went into lockdown, they [quit group participants] were dealing with loss of job or jobs that just weren't happening and then they had to worry about money and food. A lot of them were getting kai parcels and 'How do they access those kai parcels?' So it was just like...all of a sudden you're not just a stop smoking practitioner, you became a Whānau Ora practitioner."

The Auckland Council had intended Auahi Kore Hapori Whānui to deliver sequenced activities. This was to optimise iterative learning, leverage synergies and support efficient organisation. In practice, however, it was difficult to deliver activities in a sequenced manner. This was partly because it took time to get the funding set up. As regards the first smokefree play, it was delivered in all three regions in quick succession, which turned out to be three sets of challenging logistics and little economy of scale.

For everyone, COVID-19 disrupted the ability to plan. In addition, all of the Stop Smoking Services had slightly different ways of dealing with workforce safety once lockdowns were lifted. Some events had to go ahead without Stop Smoking Services present, because they were applying COVID-19 precautions that prevented them from attending. It was also difficult to work out which local businesses and services were operating, and which were still closed or working only online.

Key features for success and lessons learned

- **If the same event concept is rolled out across different neighbourhoods, it will require tailoring and logistics that are specific to each place and venue. Budget time and support accordingly.**
- **Pilot online approaches for group quit programmes to address equity of access. Issues will include how to incorporate breath CO monitoring; get NRT and other treatment support to participants; and generate the 'group therapy effect' in the online environment.**

Community-led Approach as a Whole

The Auahi Kore Hapori Whānui was founded on a principle of equity, in that it aims to provide additional and culturally responsive support to those who need it the most. Simply, it selected communities based on the highest rates of smoking and equated that with the highest need for support to quit smoking. It acknowledged the importance of protecting the rights of Māori and Pacific communities to live in health-promoting environments and to be part of determining how these should be achieved.

By responding to community voices about what they wanted as support to quit smoking and create smokefree communities, Auahi Kore Hapori Whānui highlighted gaps in how smokefree health promotion and stop smoking services had been delivered historically. As long ago as 2014 the Ministry of Health had recognised these gaps and defined priority populations for help to stop smoking. In its guidelines for helping people to stop smoking, it specified that services needed to focus on delivering appropriately for Māori, Pacific people, pregnant women and users of mental health services (Ministry of Health, 2014).

There is very strong evidence throughout its activities that Auahi Kore Hapori Whānui has delivered on respecting and incorporating Māori and Pacific worldviews, values and cultural practices. This is based on analysis and triangulation of participant surveys, qualitative interviews, focus groups, videos, social media, observations and documents.

The survey (see Appendix 2) may be read as a reflection of some of the values on which Auahi Kore Hapori Whānui wanted to deliver. Aspects of manaakitanga (a Māori value that has much deep meaning, including showing respect, generosity and care for others) were observable through the events and group quit programmes. Standard programme components promoted it and facilitators had the freedom to show care in their own culturally appropriate ways. The priority given to manaakitanga and wairuatanga (Māori values with many levels of meaning, including respecting and caring for people's spirituality and beliefs) can be seen in the questions chosen for the quit group survey. Survey replies indicated these values were practised very well across the programmes, although two participants believed tikanga and te ao Māori could have been applied more in a group quit programme for wāhine Māori (that had to switch to online delivery).

The quit programmes that were forced online due to COVID-19 seemed to achieve some relationship building and solidarity through Zoom and social media such as Facebook with success. However, if all the quit programmes had had to be online, the initiative would have needed to test out how best to achieve whakawhanaungatanga (establishing relationships), which is an essential part of setting up culturally responsive group therapy for success.

Place-based activation

The original Auahi Kore Hapori Whānui planning document mentions place-based activation. Place-based approaches are defined as understanding a place before designing any intervention, engaging with a community

to find out what their needs and preferences are, and building local ownership of solutions. For Auahi Kore Hapori Whānui, the practice goes further, as it involves supporting the revitalisation and celebration of cultural knowledge systems, tikanga and practices (mātauranga Māori and the various Pacific knowledge systems, traditional protocols, and practices). There are many examples of these in the timeline, e.g. cultural protocols at group quit sessions; events at marae; the weaving of baby beds; cooking sessions on how to prepare cultural foods; mirimiri; art; music; and drama.

Auahi Kore Hapori Whānui activators had several strategies for assessing 'place', so that activities could then be appropriately tailored. One was to scope out popular places and events in and around the relevant neighbourhoods. Part of it was taking the time to observe life in community spaces and part of it was talking to people. This was to find out what the popular events were; who went along; what the most popular times of the day were; what was family-friendly; and what went into creating the positive atmosphere of an event or place. They made connections, as the following quotes show:

"Building that rapport, that trust...tapping into that space and like working alongside them because they have the connections within their community. So, I think, um, they know what's going on in their community...We were coming into the community and opening that space for them to be able to come to us...It created that space where conversations could be had."

"There's one guy in Māngere who everyone knows about, and he does a lot of community work so it's working alongside those kind of people to be able to, like, share those messages with, within their community, and I think that's how we should be working – alongside our community, because they know the ins and outs of what's going on in that space."

One Pacific respondent suggested that the approach may be place-based, but it is likely that a culture-based approach may be equally valid, especially for Pacific peoples. That is, a culturally responsive approach that is successful may be transferable to other places and not be as tied to 'place' as previously thought.

Listening to community for the design of events and quit programmes

For events, the Auahi Kore Hapori Whānui team sought and acted upon the advice of local community leaders as well as their extensive networks of people and organisations working on smokefree and other aspects of health and wellbeing. This was clear in the design and implementation of major, large-scale one-off events such as the plays and the concerts. It was however also evident in the shaping of smaller repeated events like the smokefree barbers' activations.

In the group quit programmes organised through the Auahi Kore Hapori Whānui, the participants were asked to select what activity/activities they would like to do together while on their quit journey. The activation team then went out to source local people who would be a good fit to deliver the activity. For example, a local Zumba teacher; local physical trainers from gyms; community members renowned for their cooking skills. Other aspects of the programme that the community were able to influence included: day of the week and timing of the sessions; when the activities would be scheduled; additional incentives that would make a difference; what information they wanted; who would deliver the sessions (respecting language and gender considerations the group had).

Keeping everything local

Everything was sourced and held locally. Local talent and expertise – from the hair braiders to the barbers to the musicians for the concerts – small businesses like bakeries, business associations, community organisations, facilitators, churches. Events were held in local markets, Council facilities such as community centres and halls. Spaces were convenient, familiar and, importantly, they were not health facilities:

“So we actually have to take it to communities. And we have to do it in the communities where they don’t feel like they’re being targeted. It’s a community that they’re used to being in – the community hall or the library or the swimming pool, wherever they feel comfortable.”

Without exception, all events and group quit programmes were led and delivered by people who knew their audiences because they themselves were local. They live within or belong to one or more of communities. With perhaps only one exception, they are Māori or Pacific, or both, with a strong understanding of Māori tikanga and worldview, and/or Pacific cultures and worldviews. When describing the connections they can make with people, concepts such as culture, authenticity, trust or belonging were often mentioned or reflected. One observer described it as follows, and emphasised the word ‘real’:

“Real messages delivered by local people – not the establishment.”

On a few occasions, Auahi Kore Hapori Whānui contributed funds to join in with services that were already active in a community and had an activity ready to go. They took a collaborative approach and supported services that already had the connections. For example, they worked in one area with Ready, Steady, Quit “because they were the ones with the relationship there.”

Celebrating culture, language and valuing holistic, collective community ways of being

Auahi Kore Hapori Whānui excelled at making the strengths of communities visible, by working with them to support them to determine and deliver or co-deliver their own solutions – the opposite of the deficit-focused framing that has often been used when talking about smoking and cessation rates in the selected population groups. Auahi Kore Hapori Whānui in many ways celebrated language, culture, traditional practices, and collective ways of working and running events. Following in the Hāpai tradition of celebrating communities, Auahi Kore Hapori Whānui supported local talent in music, art, drama and food.

Empowering community to break intergenerational cycles of tobacco harm

Survey responses and interview data indicate that quite a few people want to quit smoking so their tamariki and mokopuna will no longer see them smoking. They want to be positive role models and not die prematurely, depriving their whānau of their presence. By quitting, they will be saving the younger generations from the harms of tobacco. Across the Auahi Kore Hapori Whānui group quit programmes and events, there was a clear drive to de-normalise smoking and empower the community to quit in large numbers together, aiming for exponential increases in people taking the first steps towards quitting. Thus, they would counteract the tactics of the tobacco industry, which have led to generations of Māori and Pacific peoples suffering the many detrimental impacts of tobacco.

Community reading their own health data

The use of CO measurements was a good way to enable the community to take ownership of their data and to see progress towards their smokefree lives and communities. CO monitors, which measure a person’s level of nicotine dependence, were used during the group quit programmes and at events, for example, the fitness competitions at which Auahi Kore Hapori Whānui organised their ‘Hauora Hub’ marquee.

At the group quit sessions, participants knew what CO score they were aiming for. CO results signalled a time to celebrate progress in reducing smoking. It was a time for providing extra peer support and encouragement for those who had not managed to reduce their smoking or who had relapsed from one week to the next. The majority shared their CO score with the group straight away; others kept their scores private but would share later, once they could see a reduction and felt more confident in their ability to quit.

Four quit groups chose as part of their incentive activity to add more health-related data (blood pressure and weight measurements) to their sessions. Thus, health data proved highly motivating in these group settings.

Fun, upbeat and relatable

Auahi Kore Hapori Whānui events were entertaining and lively, with organisers and others providing energy and enthusiasm. Observation, videos and interviews attest to this. The activation team's strategy was to have a variety of interactive features that would help start a conversation. The team would observe and listen to what worked and adjust offerings from one event to the next. There would be things to look at, pick up or try out. Some were more closely related to smoking, like a health quiz or a CO monitor people could blow into to see their level of nicotine dependence. Other activities were to do with wellbeing and appearance, for example, relaxing mirimiri (traditional Māori healing including massage, waiata) or hair braiding. One consistent consideration was what would be fun as well as convenient for bringing whānau along. Photo booths were popular and by sharing their photos on social media, people extended the conversation about fun, health, wellbeing and quitting to a wider audience.

Appealing engagement channels

Understanding the preferences for social media platforms of each of the communities was important. Facebook and Instagram were the main media for advertising upcoming events as well as celebrating achievements, for example, those of the group quit programmes. TikTok became very popular during COVID lockdowns, and this led the Auahi Kore Hapori Whānui team to incorporate it into the community events. They had a TikTok set-up, complete with a ring light and stand for people to place their phones into, so they could record themselves. They hired local dancers to teach people how to do the latest TikTok dances that the online community was posting. This increased participation, especially among youth and young adults. The background screen had Smokefree messaging, so the Smokefree message was extended to an even wider audience through the person's TikTok, Instagram and Facebook platforms.

Free tickets or a small price so that people will attend

Auahi Kore Hapori Whānui initially envisaged making large events, such as plays and concerts, free of charge so that ticket prices would not create a barrier for people. However, for one of the large events, a number of people registered for free tickets, but did not attend on the day. This meant that the activation team ended up with empty seats to fill at the last minute. After that, the team tested out selling tickets at a small price, hoping that the small investment in the event would motivate people to attend on the day or give the tickets to someone else.

New friendships and support networks add to the resilience of people and their communities

Quit programmes and events offered opportunities for people to come together at places in their community and to form connections. Sometimes, especially in the quit programmes, the sharing and mutual support over the weeks led to friendships and people feeling better about sharing with people and being included. It is likely that the strengths-based, mana-enhancing approach of the quit programme would have helped nurture these connections. Beyond the course, these connections may have led to stronger support networks that improve people's sense of belonging and connectedness in their community, and their resilience. One of the facilitators describes below the friendships that resulted from the weeks of their group quit programme – among women who were all living through extremely difficult circumstances:

“Connecting with other wāhine and just growing friendship was probably the biggest thing...The real strong point was that these women after being together so long, going through difficult times, and really just sharing a lot of their thoughts, feelings, anxiousness around things...They really grew really strong friendships.”

Key features for success and lessons learned

See also Appendix 6. Tips for activating a community-led approach for smokefree in priority communities

- **Previously, health promotion was overly focused on raising smokefree awareness and increasing people’s knowledge of risks. Not enough attention was given to what would help people quit. Even though much progress has been made, for Smokefree 2025, it is urgent to focus on how to get people who smoke connected with treatment and support. Any awareness-raising activity must have a direct and clear pathway for people to access treatment and support.**
- **Incorporating health checks, such as CO measurements, into the group quit sessions was an effective way to enable the community to take ownership of their data, trigger peer support and encouragement and see progress towards their smoke-free lives and communities.**
- **Communities appreciated being able to celebrate their cultures and languages, and to value their holistic, collective community ways of being.**
- **Having a variety of fun and family-friendly interactive activities tailored to local and cultural interests helps to spark conversation and participation.**
- **To extend the impact of an event further, make activities attractive to share on social media and help people to create memories of the event, e.g. group photos; TikTok videos.**
- **Co-creating ensures that activities reflect community needs and aspirations. By expressing their preferences and participating in decisions, people can gain a sense of ownership and investment in an activity. In turn, this can be highly motivating for improving their health and wellbeing.**
- **Local friendships and support networks, gained or strengthened during the mana-enhancing, strengths-based group quit programmes, are likely to add to people’s sense of belonging and participation in their communities, as well as the resilience of people and their communities.**
- **The motivation to live longer and be around for tamariki and mokopuna was a strong motivator for quitting smoking in these Māori and Pacific communities.**

Events

Development of the Auahi Kore Hapori Whānui approach to events

Between 2020 and 2023, Auahi Kore Hapori Whānui organised and tested out a variety of new events and participated in existing community events. These are detailed in a timeline in Appendix 7.

The approach was refined over the years. One early strategic objective was to link with existing events that were popular and where there would be large numbers of families and people who smoke. With community and partner input, they learned what works to provide modern, relatable, fun events, activities and incentives. Once an appealing, positive space was created, it became an opportunity to ask people about smoking and vaping and what they wanted in their lives, and then to link them with support to quit. They often spoke of wanting to be healthier, more connected with people and whānau, and have more self-esteem. The sections below share what worked and lessons learned.

Branding

Through focus groups with Māori and Pacific people as well as personal conversations in communities, the activation team were aware that many people do not like events being called ‘smokefree.’ The concept of a smokefree life seems to be appealing to people, but it became clear that branding an event as smokefree was to be avoided. As one of the activators explained:

“If you really want to talk and find smokers, they’re not going to be coming to you. You know they’re going to be going somewhere else – unless you’ve got something seriously interesting that will entice people to come to you in your event space then, then that will happen. If you don’t, they won’t come, especially when they find out the word ‘smokefree’ is attached to you. Any signage with smokefree on it, people will do the wide walk.”

“That was one of the things with the focus groups was the word ‘smokefree’ turns people off... Over this project we’ve been looking at ways of – I really want to say that this is a smokefree event and it is – but we just don’t use that word, so we’ve got the smokefree concert we call ‘Switch It Up’. This became Switch it Up for Whānau, Switch It Up for Yourself, Switch It Up for Quitting Smoking, Switch it Up for Your Health. This became the tagline for the conversation starter at the concert.”

The activation team, therefore, had to be inventive. Most of the event names arose from conversations with local people. For example, the smokefree barbers’ event was called ‘You don’t want this smoke’. This was a play on words that suggested that they don’t want this cigarette. One of the local CrossFit games took ‘You don’t want this smoke’ and made another word play, suggesting that they were stronger and faster, and you would be left behind. Both wordplays referred to ‘smokefree’ without saying it.

Starting the conversation

Key to the Auahi Kore Hapori Whānui approach was getting face to face with people. They learned how to create the right spaces and conditions for starting up conversations. To reach large numbers of people who smoke as effectively as possible, they needed to work out how to spend just enough time and provide enough of an incentive to get people taking the next step, e.g. getting quit advice on the spot or signing up with the Stop Smoking Service or taking something home with them that would remind them about the benefits of quitting and how to get in contact. The following quotes reflect how important it is to talk, listen and connect:

“All these years that I’ve been working in health promotion, and I think we need to cut down on written resources and invest in more human resources. Why? Because humans can answer people’s questions. Humans, you know, can have that conversation, and enable them to make the right choice. A piece of paper you read, and it doesn’t really do much”

“You go to health promotion events, you give them piece of paper, the flyers, yeah, they put them in the bag, would they look at it? They will never look at it again. But if you see somebody and then you’re talking, and then you say, ‘Oh, can I come and see you then?’ Because they’re interested in the programme. ‘When can I come?’ And then you make that connection, and you start that journey.”

Some activation events were repeated several times, for example, the free barbers’ haircut for people who smoke (they got a free haircut and chat with the barber about how they felt about their smoking). Repeating incentive activities like these seems a good way to give people an opportunity to notice a regular activity and work up the motivation to go along. Behaviour change mostly occurs after an accumulation of different prompts and messages. Every event, however small, is an opportunity for messages to expand through networks and families exponentially.

Key features for success and lessons learned

- **The key is to start a conversation naturally with someone, listen to them, answer any questions, and establish a connection and some trust.**
- **Timing is important and often challenging, as people do not want to spend too long getting connected with support for follow-up.**
- **Use focus groups to discover how people perceive ‘smokefree’ in event names. In many communities, the term seems to be unpopular, so seek help from local people to be creative for naming events.**

- **Activation events that were repeated in communities were an effective way of creating a series of things happening locally that would give people more chances to talk about smoke-free and quitting. Behaviour change mostly occurs after an accumulation of different prompts and messages. Events can help messages to expand through networks and families exponentially.**
- **Regularly repeating smokefree events in a local setting may be a good way to allow people to notice the regular event and work up the motivation to go along.**

Group-based Quit Programmes

Over the years, smoking cessation practitioners have been adapting the practice of group therapy to create withdrawal-oriented group-based quit programmes as an alternative to individual therapy or counselling. In the smoking cessation context, group therapy uses many features related to peer support, which are useful for motivating and supporting behaviour change. Participants set and share their quit date. A facilitator creates a safe environment conducive to participants sharing their progress (successes and slips), concerns, experiences and advice about what has worked for them. Mutual encouragement, a sense of solidarity and sometimes accountability towards the group are features that can help people quit or make a quit attempt. Some group programmes bring individuals together that have little in common with each other; some try to place people with something in common together; others may be place-based, for example, workplace quit programmes.

Development of the Auahi Kore Hapori Whānui approach to group quitting

The Auahi Kore Hapori Whānui group quit programme incorporated years of lessons learned from tobacco cessation activity, and particularly Vape2Save, a programme initially tailored for Māori who smoke. It integrates support for financial capability alongside helping participants quit smoking and has reported high levels of quitting success and participant satisfaction in Māori and Pacific populations.

Two series of focus groups (one from an earlier Council-funded project and one at the beginning of Auahi Kore Hapori Whānui) with people from the priority communities also provided insights for the design of the programme. Groups shared knowledge about what people who smoke do not like and what has stopped them from engaging with Stop Smoking Services. Negative reactions related to provider-centric versions of Stop Smoking Services, for example, one-on-one consultations with no provision for family coming along; appointments held in clinical settings, removed from their daily lives, with no cultural solidarity or relevance, and not linked to enjoyable activities, such as food, music, arts or community events. They wanted positive, relatable messaging and activities in their communities to help them become smokefree. The Auahi Kore Hapori Whānui set out to deliver what the focus groups had asked for.

The result was a community-focused version of group-based therapy. It was delivered by local facilitators and Stop Smoking Services. It responded to what communities had said they did not like in past versions of Stop Smoking Services and what they wanted to achieve by quitting smoking and how they wanted to be supported. Auahi Kore Hapori Whānui trialled their group quit approach across the high priority communities.

The approach has several distinctive features, which are detailed below. It is highly likely that these features below have contributed in a significant way to the high (in many cases 100%) quit rates measured by CO monitoring throughout and at the end of all the programmes that used CO monitoring.

Reaching the priority communities and responding to what they value

The group quit programmes covered the Auahi Kore Hapori Whānui priority groups as follows:

- 1 was for wāhine Māori
- 2 were for wāhine Māori and women from Pacific communities
- 4 were for Pacific peoples
- 1 was for young people from Pacific communities (18-30 years)

For five of the quit programmes, a survey was distributed to participants at the end of the programme. Survey findings are one way to judge how well the programme responded to what these communities value for support to quit.

Survey questions asked about their quit journey and how well aspects of the programme had helped them or not. Results are presented below in a highly summarised table form. More detailed results, including graphs and quotes, are available (see Appendix 2).

Table 3: Short summary of results from the Auahi Kore Hapori Whānui survey of five group quit programmes in Auckland

	Abbreviated survey question	Abbreviated findings
1	Done anything like this before?	45/53 no.
2	How affected their day-to-day life in their whānau?	Very many reported whānau's positive reactions; positive changes for whānau; how the programme had helped them.
3	How affected relationship or changes with body?	Very many reported a wide range of improvements. Some described improved energy; vitality; mood; sharpness of thinking.
4	How affected mental health and wellbeing?	Very many reported improvements. Some described personal growth, increased confidence and ability to cope.
5	What barriers encountered?	Quite a few mentioned whānau; withdrawal symptoms.
6	Satisfied with resources provided?	52/53 satisfied. Many mentioned usefulness of quitting advice and techniques.
7	Comfortable sharing feelings with facilitator and group?	51/53 yes. A few less so at first; many described support of facilitator and group and why it was positive experience sharing.
8	Enough support for their mana?	49/53 yes. Several explained mana getting stronger.
9	Improvements?	Most said nothing; some mentioned what was good; quite a few wanted it to reach more people; a few wanted more vapes and vouchers.
10	Recommend it to others?	51/53 would recommend. Very many explained why. A few said to whānau; friends; church; workplace; kava group.

The group 'fit'

Auahi Kore Hapori Whānui tested getting the fit right by assembling groups that already had something in common, e.g. ethnicity; culture; stage in life-course, such as pregnancy; similar challenging circumstances, such as seeking housing; or being an existing community group.

Each group had some aspect of 'community' in common. There were groups based on common ethnicity, culture and languages. Two were faith-based. Facilitators were selected from the communities. If the group wanted it, the sessions were held in the language of the group. For example, a group of Tongan men came together from three kava groups to form one big quit group. Auahi Kore Hapori Whānui organised for the group to come together in a spacious Council-run hall with three Tongan facilitators who led the sessions in Tongan. The sessions were organised such that the kava groups were able to continue to observe all their usual protocols – the quit smoking components were fitted in around the evenings' proceedings. This contributed to the participants feeling that it was their space. One interviewee commented on the group approach:

“What I've seen, and this is our Pacific men and our Pacific women, with Māori women too, is that when a group is already connected and they know each other, they have more success and it last longer.”

In one of the groups, they were from the same community (geographically), but they did not necessarily have a lot in common. It seems that approach also worked. As one participant described it: “Connected with different culture, different backgrounds, life experiences.”

Customised for each group

Every in-person group quit programme run by Auahi Kore Hapori Whānui had different features that reflected the choices of the participants involved. It also incorporated the advice of the local community facilitators and of those delivering the chosen incentive activities. An analysis of the quit programme weekly run-sheets showed that they all had some features in common, such as information and discussion sessions delivered by the organisers and facilitators. Where CO monitoring was involved, this followed a standard procedure, as did the provision of practical help to learn about quit smoking aids and to receive these to take away with them. Some of the schedules were also adapted based on feedback from participants. Changes were made to timings, content, sequence of activities where feasible. In some cases, mostly linked to COVID-19 constraints, the feedback was not able to be addressed. Overall, this willingness to be flexible and responsive, and to place key decisions in the hands of participants and local experts, seems to have been an effective way to make things as convenient, enjoyable and motivating as possible for participants.

Other effective features for successful quitting, and positive health and wellbeing outcomes

The following features contributed to successful quitting by the end of the programme:

- taking a much more holistic approach to quitting, with a focus on improving well-being and enjoying family and community
- creating a positive, constructive and strengths-based atmosphere
- sharing strategies and life skills, e.g. how to manage stress; regain fitness and vitality; and raise self-esteem
- demonstrating how to use all the available stop-smoking products and having these available each week for people to take, with involvement of Stop Smoking Service practitioners
- planning celebrations for the end of the programme and inviting participants' families to join in
- incentives such as vouchers and gift cards
- tangible memories of the quitting experience and achievements, e.g. certificates, group photos, group t-shirts.

Worked for reducing vaping too

No quantitative data about vaping were collected, but survey responses and facilitator observations indicate that the group quit programme approach may also be effective for helping people to reduce vaping. Respondents noted changes in their vaping:

“Been vaping less and less everyday”

“This project has helped me cut down on my vaping intake. I would literally sleep with my vape close by so that when I wake up, I can have a few puffs. Now I can go without vaping for hours.”

“Did not need to smoke when stressed. Cut down vaping to driving to work and now I don't even care for vaping.”

This is valuable information given the urgency of supporting people who have quit smoking by switching to vaping but who have not yet managed to quit vaping.

Groups decide on a funded quitting incentive activity

For each quit group, funding was made available to pay for one activity, or several smaller activities, that they would do together over the course of the programme as an incentive to help them achieve their quitting goal. Innovatively, it was up to the participants to determine what this incentive activity would be. They came up with activities related to the following: driving licence qualifications; financial capability; starting or running a business; stopping or reducing alcohol consumption; getting fit and healthy; self-esteem and wellbeing; cooking; learning a craft. Further details about these incentive activities chosen by the groups are provided in Appendix 8.

The discussion about what activity to choose also served as part of the behaviour change process, since participants started to visualise life without tobacco and all the associated benefits of being smokefree (such as being healthier; feeling better about themselves; saving money; being around longer for their families, among many other things). Selecting their own incentive activity helped them to associate positive feelings with the challenging task ahead of quitting. To prompt group discussion, facilitators would generally ask them to think about a series of questions, for example, “What’s your dream?”; “What do you want in life”; “What will make your heart sing?” Answers could be written on post-it notes, collated on a whiteboard or simply discussed. The group then categorised them as a ‘need’, a ‘want’ or an ‘experience’.

The ‘deal’ was that the group would benefit from their chosen incentive; in return each person would commit to making a good attempt at quitting. One of the facilitators explained this reciprocal commitment between participants and organisers:

“ ‘Over this time you get to do all of these things that make you feel good about yourself or what you’ve really wanted to do. We’re going to support you in that but while you’re doing that, you’re going to give it your best try to quit and we’re going to give you all the resources to support you there.’ So that’s the support of the stop smoking service or any of the stop smoking medicines, vaping or whatever they choose...And it was clear from the start that they could opt out.”

Funding for the incentives was modest when compared to other health promotion interventions for smokefree, for example, campaigns or TV ads. However, these very small budgets for incentive activities seem to have been highly effective at helping the priority groups quit smoking by the end of the group quit programmes. A ‘Value for Investment’ evaluation was out of scope for this evaluation, but readers could anecdotally compare the cost to fund an incentive for the group (e.g. twelve haircuts or 8 sessions with a Zumba instructor) with the savings that could be made by successfully quitting smoking (e.g. less health care expenditure, less income lost due to ill health, etc). Notably also, the money spent on incentive activities was almost all going to local businesses and artisans; driving exam costs would be the exception.

Asking participants to shape components of the quit programme acknowledged that “at the end of the day, they’re coming for support, but it is their journey.” Interviewees explain below how the Auahi Kore Hapori Whānui approach differs from conventional approaches to service delivery and community engagement:

“It’s changing the control to be in the hands of people and they determine it.”

“Rather than us telling them ‘This is what you’ve got to do because this is what we want to put our money into.’ ”

“Determining the direction of how that happens...with just that underlying support from experts.”

“It was right up the front that this was a quit smoking group...but it’s done in a different way. It’s around ‘What is it that you want to do for your journey? Rather than me tell you what to do.’ ...‘We’ve got some medicines if you want, we’ve got some vapes if that’s what does it for you or and we’ve got this machine [CO monitor] that will help measure how well your body’s getting.’ ”

Key features for success and lessons learned

- **Asking people to decide collectively on incentive activities to undertake together over the weeks of their quit journey was highly effective (in terms of quitting outcomes and participant satisfaction). The ‘deal’ was that the group would benefit from their chosen incentive; in return each person would commit to making a good attempt at quitting.**
- **Tailoring to respond to community needs and values was key. It involved considerations about: culture; language; context; place; faith; life course circumstances; choice of activities; location; timing of sessions; type of milestone celebrations.**
- **The willingness to be flexible and responsive, and to place key decisions in the hands of participants and local experts, seems to have been an effective way to make things as convenient, enjoyable and motivating as possible for participants.**
- **Effective components of the programmes were: strengths-based; mana-enhancing; well organised; local facilitators; local incentive activities; CO monitoring to gain ownership of their health data and individual and group progress towards quitting; comfortable atmosphere where people feel safe sharing and supporting others.**

Overall CO Results

The Table in Appendix 3 (Table 4) presents the CO results by participants and group. Figures 6-10 show the average CO results for each group during the programme. The figures highlight the fact that most people reduced smoking gradually over the weeks of the programme, then stopped.

Overall, of the 103 participants in the various groups for whom CO results were available, all but 3, (100, 97%) had CO levels consistent with successful quitting (CO \leq 6 parts per million [ppm]) at week 4 or 5 after the Quit Date (or at week 4 after the Pre-Quit Date for one group). (Figure 5)

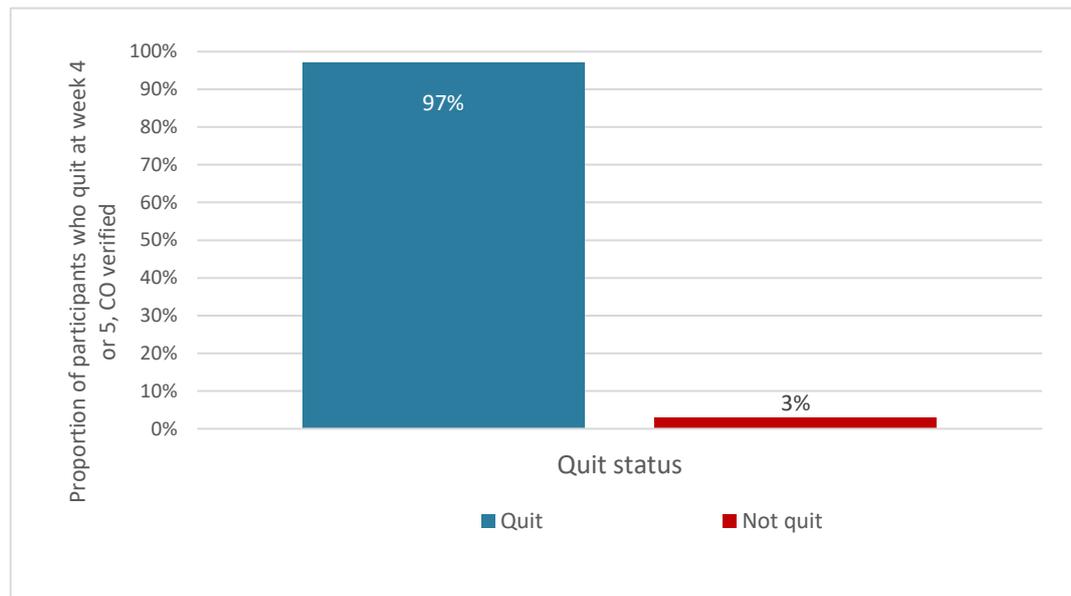


Figure 5: Proportion of the participants who quit smoking by the end of the programme (week 4 or 5 after Quit Date or Pre-Quit Date CO testing)

Of the three people who didn't quit smoking, two had a marked reduction in CO from the baseline measurement when they began the programme, indicating that the number of cigarettes they smoked in the previous 8-12 hours was much fewer than before, increasing the likelihood that they will continue in their efforts to quit smoking over the medium term.

The figures that follow (6-10) show the average decline in smoking over the weeks of the programme for each of the five groups who took part in group-based cessation and for whom CO readings were collected either prior to the Quit Date or on the Quit Date, and weekly for at least 4 weeks thereafter and in one group, at 5 weeks after the Quit Date. The figures highlight that, on average, each group achieved high levels of CO-validated quitting success over the course of four weeks at or after the Quit Date.

Individual-focused quitting interventions, such as those delivered by Quitline counsellors, or other 'mainstream' smoking cessation services, typically have a success rate of, at best, around 10-15% when combining medication with behavioural support. These results suggest that the group-based, culturally responsive, locally led interventions used in the quit programme to assist people to stop smoking were remarkably effective, at least in the short term.

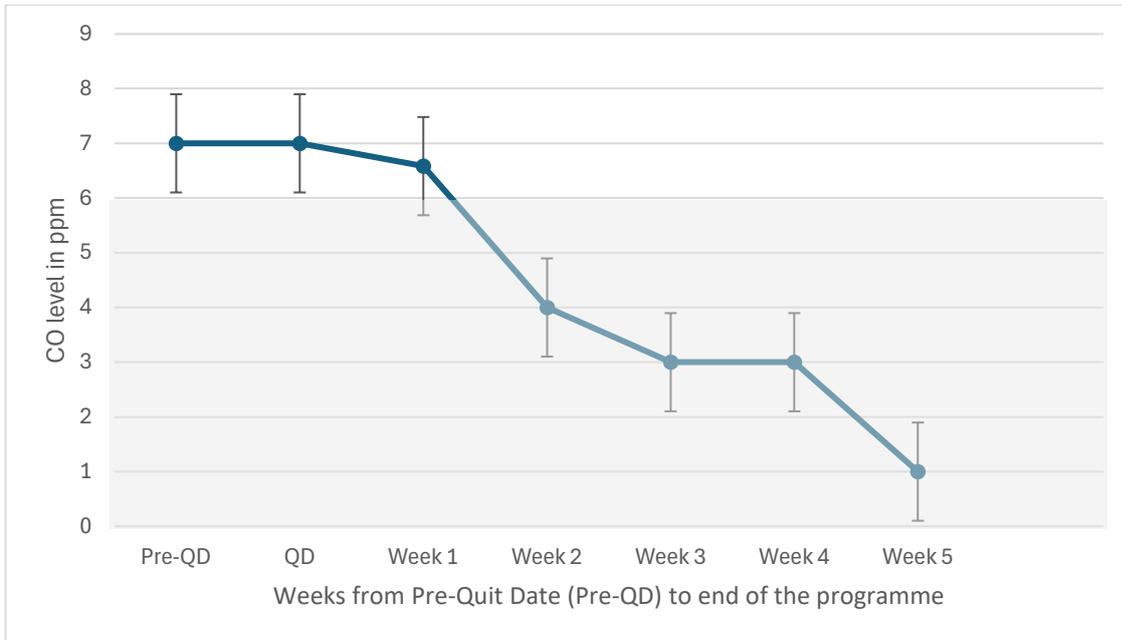


Figure 6: Average CO results in parts per million (ppm) for Group 1 (East Tāmaki) by week from the week Pre-Quit Date in the Auahi Kore Hapori Whānui group quit programme

Notes: 1: QD = Quit Date; 2: Grey area shows CO levels of ≤ 6 ppm, which is consistent with successful quitting; 3: Error bars show 95% confidence intervals; 4: This group had its last follow-up CO testing at week 5 after the QD.

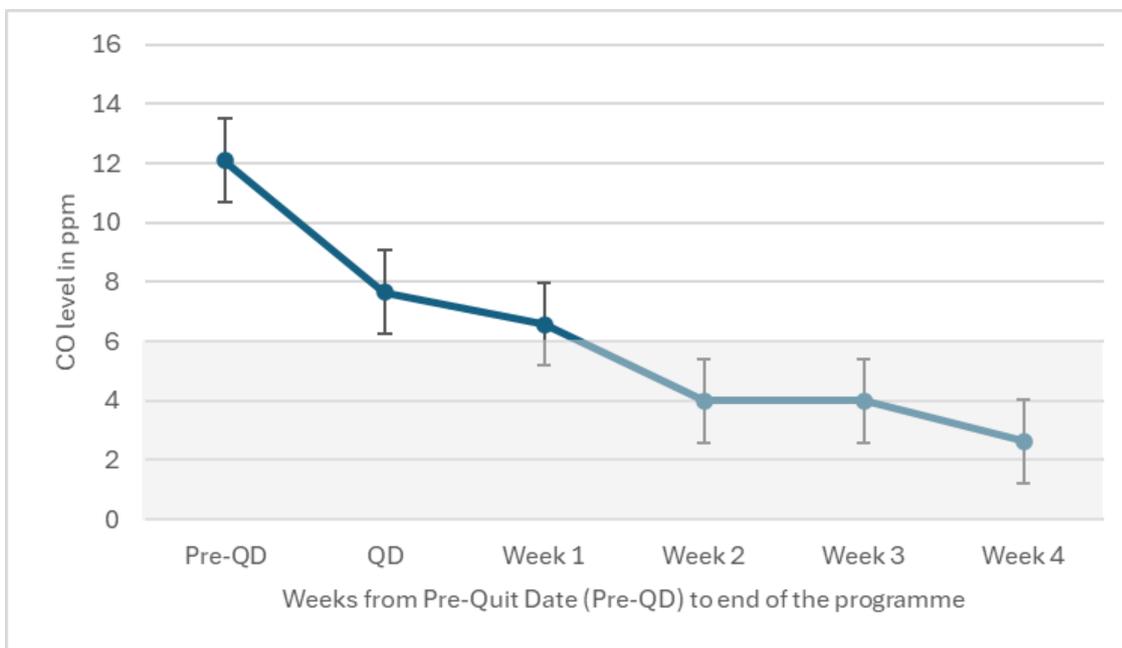


Figure 7: Average CO results in parts per million (ppm) for Group 2 (Glen Innes) by week from the week Pre-Quit Date in the Auahi Kore Hapori Whānui group quit programme

Notes: 1: QD = Quit Date; 2: Grey area shows CO levels of ≤ 6 ppm, which is consistent with successful quitting; 3: Error bars show 95% confidence intervals; 4: This group had its last follow-up CO testing at week 4 after the QD.

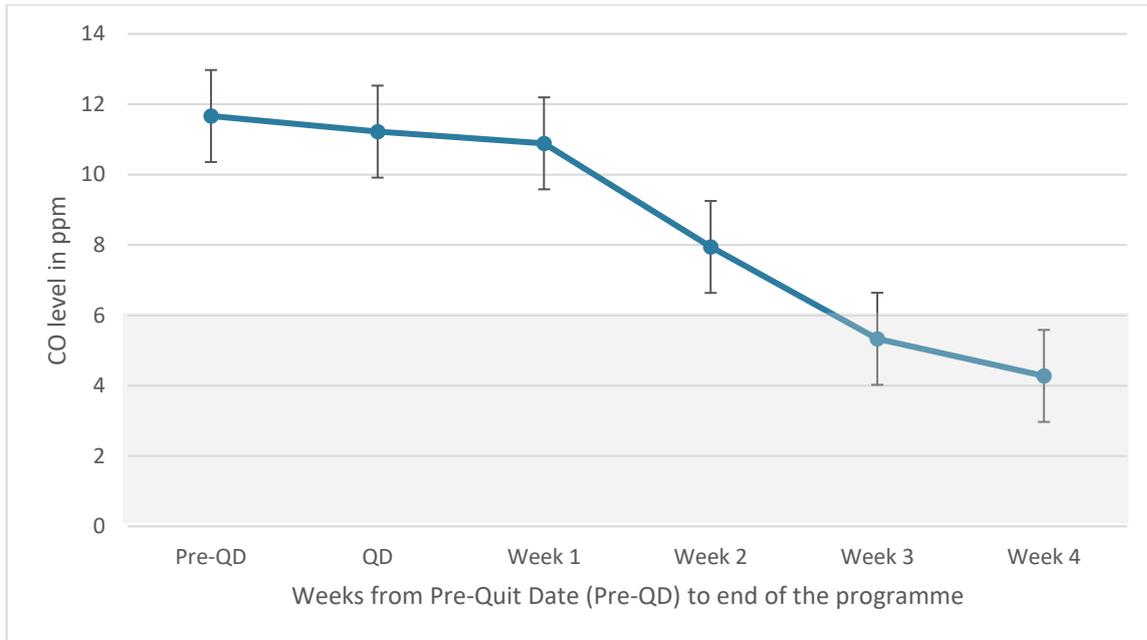


Figure 8: Average CO results in parts per million (ppm) for Group 3 (Mt Wellington) by week from the week Pre-Quit Date in the Auahi Kore Hapori Whānui group quit programme

Notes: 1: QD = Quit Date; 2: Grey area shows CO levels of ≤ 6 ppm, which is consistent with successful quitting; 3: Error bars show 95% confidence intervals; 4: This group had its last follow-up CO testing at week 4 after the QD.

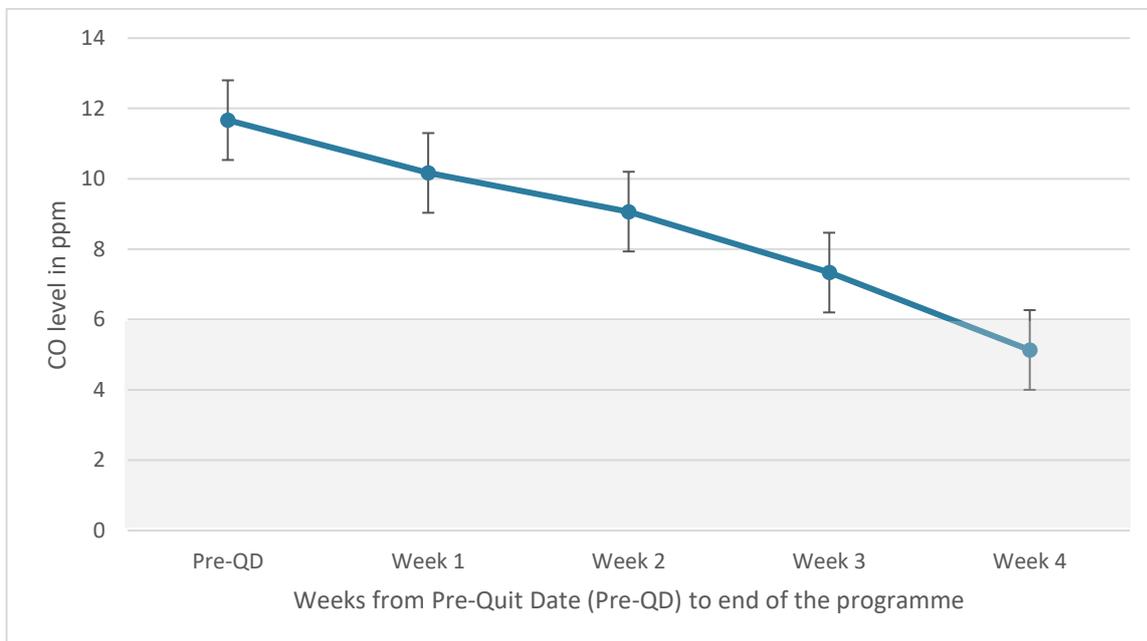


Figure 9: Average CO results in parts per million (ppm) for Group 4 (Ōtāhuhu) by week from the week Pre-Quit Date in the Auahi Kore Hapori Whānui group quit programme

Notes: 1: QD = Quit Date; 2: Grey area shows CO levels of ≤ 6 ppm, which is consistent with successful quitting; 3: Error bars show 95% confidence intervals; 4: This group did not have CO results recorded for QD and had its last follow-up CO testing at week 4 after the first CO test (recorded as Pre-QD).

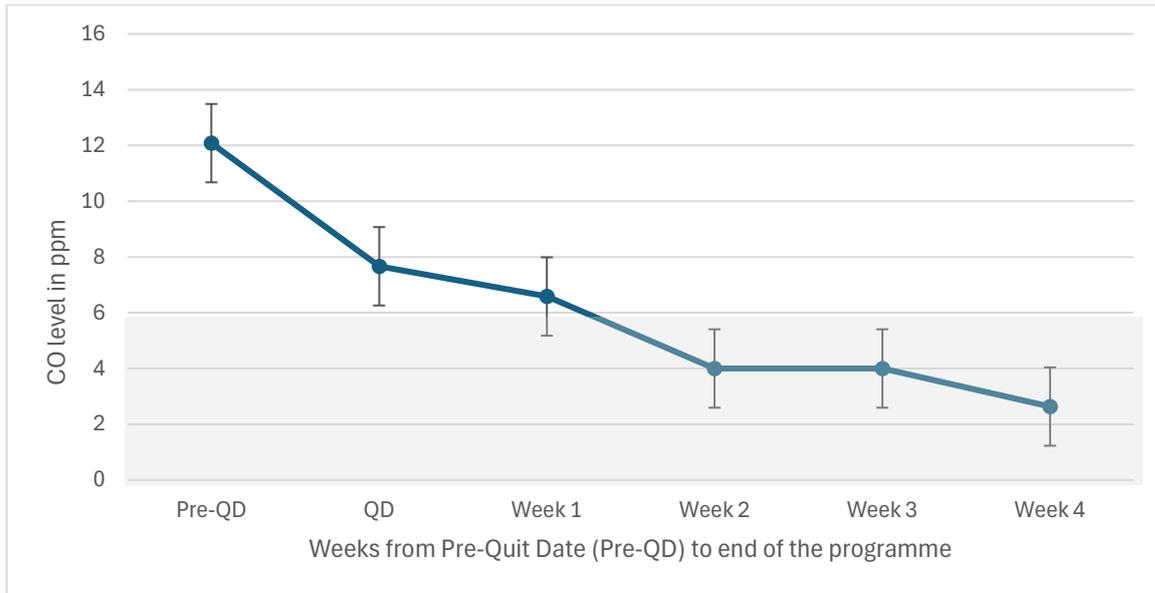


Figure 10: Average CO results in parts per million (ppm) for Group 5 (West Auckland – Youth) by week from the week Pre-Quit Date in the Auahi Kore Hapori Whānui group quit programme

Notes: 1: QD = Quit Date; 2: Grey area shows CO levels of ≤ 6 ppm, which is consistent with successful quitting; 3: Error bars show 95% confidence intervals; 4: This group had its last follow-up CO testing at week 4 after the QD.

Conclusions

This section contains four components:

Performance Assessment: Evaluative Judgments Using the Rubric

The completed rubric reflects the evaluative judgments made about the level of performance achieved for each of the five evaluative criteria. On the pages that follow the rubric, each evaluative criterion, e.g. Equity, is presented in the form of questions based on its definition. (See the Methodology section for evaluation criteria definitions.) Next comes the level of performance achieved, e.g. Excellent, and the brief description of that level of performance (from the corresponding cell in the rubric). A series of points then highlights some of the evidence for selecting that level. The points might also cover themes, challenges, strengths, weaknesses, lessons or opportunities.

Key Features of Success and Lessons Learned

A compilation of all the lists of key features of success and lessons learned that appear in the Results/Findings section.

Key Findings

Key insights and conclusions from across the Results/Findings section, sense-making sessions and the Performance Assessment.

Recommendations

Actionable recommendations divided into three categories: Expansion of the approach, and further knowledge generation; Strategy, policy and process; Smokefree sector.

Performance Assessment: Evaluative Judgments Using the Rubric

Evaluative judgments about the level of performance achieved for each of the five evaluative criteria are shown below. (See the Methodology section for evaluative criteria definitions.) The following pages present evidence supporting the selected level of performance.

Evaluative criteria	Levels of performance			
	Excellent	Very good	Satisfactory	Needs much improvement
Equity (related to KEQ 2)	The initiative shows how to significantly reduce inequities, provide fairer access to support and opportunities for the selected Māori and Pacific groups.	The initiative shows how to reduce inequities, provide fairer access to support and opportunities for the selected Māori and Pacific groups.	The initiative shows some aspects of how to reduce inequities, provide fairer access to support and opportunities for the selected Māori and Pacific groups.	The initiative shows minimal effort and/or understanding of how to reduce inequities and provide fairer access to support and opportunities for the selected Māori and Pacific groups.
Relevance (related to KEQs 1,2,3)	The initiative is closely aligned with the needs and values expressed by Māori and Pacific community voices and takes a culturally responsive approach. Delivers strong value for Auckland Council.	The initiative is aligned with the needs and values expressed by Māori and Pacific community voices and takes a culturally responsive approach. Delivers value for Auckland Council.	The initiative is partially aligned with Māori and Pacific community voices and Auckland Council values. Approach has culturally responsive components.	The initiative is poorly aligned with Māori and Pacific community voices and Auckland Council values. Approach is generic, lacking cultural appropriateness. Limited relevance.
Effectiveness (related to KEQs 2,3,4)	Very well implemented, considering COVID-19. Achieves successful quitting outcomes and community engagement for smokefree communities. Delivers clear value for Auckland Council. Demonstrates many key features of success and identifies valuable lessons learned for future work in smokefree and community engagement.	Well implemented, considering COVID-19. Achieves some success in quitting outcomes and community engagement for smokefree communities. Delivers moderate value for Auckland Council. Demonstrates some key features of success and identifies some valuable lessons learned for future work in smokefree and community engagement.	Well implemented, with some inconsistencies. Achieves progress towards quitting outcomes and/or community engagement for smokefree communities. Less consistency in identifying key features of success and lessons learned for future work in smokefree and community engagement.	Inconsistent implementation, even when taking COVID-19 into account. Achieves little progress towards successful quitting outcomes and/or community engagement for smokefree communities. Minimal value for Auckland Council and others, as limited lessons learned, or key features of success identified.
Community engagement and participation (related to KEQs 1,2)	The initiative involves Māori and Pacific voices at all stages (planning, design, implementation, evaluation), fostering co-creation and high levels of individual and collective ownership.	The initiative involves Māori and Pacific voices at several stages, with moderate levels of participation and integration of community input.	The initiative involves some Māori and Pacific voices. Engagement and participation are variable or limited to certain stages.	The initiative has minimal or no authentic engagement with Māori and Pacific, and the communities have low levels of interest in the initiative.
Adaptability and responsiveness (related to KEQs 1,2,4)	The initiative effectively adapts to community needs and feedback, demonstrating strong flexibility and responsiveness. Provides valuable lessons for future work.	The initiative adapts to community needs and feedback, demonstrating good flexibility and responsiveness. Provides valuable lessons for future work.	The initiative shows some adaptability, flexibility, and responsiveness. Provides some lessons learned for future work.	The initiative shows inflexibility and struggles to adapt to changing needs or circumstances. Not very open to learning from experiences or formulating lessons learned for itself or others.

Equity

To what extent has Auahi Kore Hapori Whānui developed approaches and activities that provide specific support and opportunities so that Māori and Pacific communities can have fairer chances of quitting smoking and enjoying smokefree communities? How successfully has Auahi Kore Hapori Whānui demonstrated tangible ways to reduce inequities through its smokefree activities and community engagement?

Performance: EXCELLENT

The initiative shows how to reduce inequities, provide fairer access to support and opportunities for the selected Māori and Pacific groups.

1. An initiative for the population groups and communities with the highest smoking rates

Auahi Kore Hapori Whānui prioritised equity by using data on ethnicity and location to focus exclusively on communities with the highest smoking rates and thus the greatest need for support to quit. It is also fair to direct support to these Māori and Pacific communities. In the past, smoking cessation services have not been designed in culturally responsive ways and these communities have faced disproportionate harm from smoking. The Auahi Kore Hapori Whānui approach ensured that support was tailored for and with these communities. The approach was community-centric – the opposite of rolling out mainstream messaging and services that are unlikely to be a fit for those who most need support to achieve the same outcome (quitting smoking and living in a smokefree community).

2. The principle of inclusivity – especially important for those facing the greatest, and often compounding, barriers to health and wellbeing

The initiative included people who are facing compounding barriers to health and who are likely to find it even harder than others to access support to quit smoking. For example, the activation team approached LinkPeople, an organisation in South Auckland that assists young mothers living in very challenging circumstances and women dealing with mental health issues. Additional support was provided for these participants, such as transportation to attend group quit sessions. The participant survey showed extremely high satisfaction. Responses to the questions about mana, mental health and sense of wellbeing indicated high acceptability; 9 of 12 who set a quit date were quit by the end of the programme (see 2023 in the Timeline section). Another example came from one of the smokefree barbers' activation events. People experiencing homelessness were actively invited to join in on the free haircuts at the barbers (for people who smoke – eligibility was proved by blowing into a CO monitor). As part of the community, they were welcome to join in. If they were interested, they could have a conversation about health and quitting smoking. The initiative's inclusivity demonstrated a strong commitment to equity.

3. Creating safe spaces where people feel they belong

Events and activities were organised in non-clinical settings that were familiar for participants, such as public community spaces, community centres, gyms. This is an equity measure, since it is about acknowledging the need to improve access and change the way services are offered. If people feel safe and welcome, they will be more likely to attend, engage in conversations about quitting smoking and thus benefit from stop smoking support.

4. Facilitating access to practical support and resources

Auahi Kore Hapori Whānui liaised with Stop Smoking Services so that practitioners would be on-site at events and ready to provide immediate practical cessation support as soon as people expressed an interest. Practitioners were also an integral part of all the group-based sessions Auahi Kore Hapori Whānui organised or co-organised, e.g. joining Hāpai's SUDI workshop. This increased accessibility, especially for those who might not seek support in formal healthcare settings or have money to test out quitting options

like e-cigarettes. This practical support would be particularly helpful for those with limited resources and time to look after themselves, e.g. people who smoke and are on a limited income, with large families to care for.

5. Recognising the broader determinants of health in a mana-enhancing way

The Auahi Kore Hapori Whānui approach recognised that it is hard for people to quit smoking especially when life is disproportionately influenced by determinants of health that are out of their control. One of its guiding principles relates to manaakitanga and making all activities and interactions mana-enhancing and non-judgmental. For the group quit programme, they wanted to acknowledge the broader context of people's lives and respect their decisions about what small extra support might help them succeed with quitting – especially when they might feel the odds had long been against them succeeding. The incentive activities and their quit journey were consistently presented in a strengths-based way. Thus, people were given a better chance to quit and, on the way, they could collectively enjoy or learn something that would help their lives and nourish their mana. Examples included activities related to learning life skills, personal growth and self-esteem, or collectively enjoying something that was fun, relaxing or creative.

6. Extremely high quit rates (by the end of the programme) achieved by communities who have the highest smoking rates in Auckland

Auahi Kore Hapori Whānui achieved notably high quit rates at the end of the programme among groups that typically face significant barriers to quitting. These quitting outcomes should help promote pro-equity approaches in the future – the initiative has shown that given the right support and community-led approach, these groups can achieve successful quitting by the end of the programme. The high quit rates suggest that Auahi Kore Hapori Whānui has shown how to effectively reduce inequities in smoking cessation outcomes.

Conclusion

Overall, Auahi Kore Hapori Whānui fulfilled the equity criteria extremely well. It worked out what was needed to improve accessibility and to provide the most appropriate, mana-enhancing support for different groups. It used culturally responsive approaches (as opposed to inequitably designed interventions from the past). It included community members who live in very challenging situations. It put in extra arrangements to make things work and acknowledged the broader determinants of health. The high quit rates demonstrate its success at developing and implementing a pro-equity approach.

Relevance

To what extent was Auahi Kore Hapori Whānui aligned with the needs and values of the selected Māori and Pacific communities and the values of Auckland Council as expressed in the Auahi Kore Hapori Whānui Action Plan? How well were the approach and activities (events and group quit programmes) tailored and culturally responsive for the selected communities?

Performance: EXCELLENT

The initiative is closely aligned with the needs and values expressed by Māori and Pacific community voices and takes a culturally responsive approach. Delivers strong value for Auckland Council.

1. Knowing and listening to community to get the fit right

The Auahi Kore Hapori Whānui was explicitly designed around the needs and preferences of the Māori and Pacific populations in these areas. It used community voice sessions from an earlier project and focus groups early on to guide initial design and planning, then worked within and with communities throughout to check the fit for each activity. Having an activation team, quit programme facilitators and other partners who were Māori and Pacific peoples was crucial. They were able to draw on shared cultural understandings and ways of working to get creative conversations going. Whenever the activation team needed to check on the appropriateness of activities or to hand over to a leader from a particular community, they could tap into well-established networks of community contacts.

Māori and Pacific people working in health and wellbeing, who are well connected to their communities, have valuable lived experience in common with their people. They will have a greater familiarity and deeper understanding of cultural values, worldviews, tikanga and cultural protocols. When they can personally relate to the challenges and strengths of communities, it helps with building trust. Authentic relationships were fundamental for co-creating culturally relevant and appropriate activities and for fostering a sense of ownership and pride within communities about their smokefree achievements.

2. A culturally responsive approach

The culturally responsive approach of Auahi Kore Hapori Whānui was central to its success. It aligned its activities with the 'ways of being', values and preferences of Māori and Pacific peoples in the selected communities. It collaborated with facilitators and groups experienced in culturally grounded care, and with local leaders, artists and influencers. The initiative embedded cultural values, practices and protocols in its events and quit programmes. This included using relatable language, integrating cultural references into event naming, design and activities. The inclusion of social media platforms and culturally significant elements like art and design further enhanced relevance. Communities could see themselves reflected in the initiative, which likely strengthened their engagement. Quit group participants were empowered to shape their smokefree journeys in ways that respected and celebrated their cultural values.

Auahi Kore Hapori Whānui celebrated language, culture, traditional practices, and collective ways of working and running events. Following in the Hāpai tradition of celebrating the strengths of communities, Auahi Kore Hapori Whānui sourced and celebrated local talent.

3. Tailoring events and programmes to reflect needs and values

For Auahi Kore Hapori Whānui, tailoring seemed to be about adapting activities so that they aligned with the daily lives, routines and aspirations of communities. It was about finding ways to let communities express their own priorities while ensuring that the activities remained within scope and budget. It inevitably involved more work than rolling out the same activity without tailoring it. The tailoring approach seemed to be effective for attracting participation and engagement. The initiative provides examples of how communities can take the lead in de-normalising smoking and creating demand for smokefree communities.

All events and quit group programmes were tailored to enhance their relevance to the audiences. As an example, quit group participants were asked to choose which incentive activities they wanted to support their quit journeys. By doing so, Auahi Kore Hapori Whānui was aligning its stop smoking support directly with the needs and aspirations of participants.

Events and activities were organised in local and familiar settings, such as community centres, markets, gyms, and barbershops, which were more relevant to the daily lives and routines of participants than clinical or other formal health settings.

4. Going to where the people are

The initiative used exclusively local venues, such as community facilities and open spaces, marae and churches, and worked with local service providers and businesses. These were more relevant to the daily lives and routines of people than settings where they might have conventionally been expected to seek advice on stopping smoking. It also selected popular community events, like Māngere's celebratory '275 Day' on the 27 May, the Kotuku Festival, Mana Wāhine day, the Discipline Games (fitness competition) and a rugby tournament organised by Tāmaki Touched (a Community Connect project). This way it connected with large groups of people and avoided having standalone 'health' events, which people are much less keen on, according to community voice sessions and focus groups.

5. Relevance for Auckland Council: Smokefree Auckland 2025 and beyond. Added value: how to achieve 'Thriving Communities' and the 'Belonging and Participation' outcome in the Auckland Plan 2050

Auahi Kore Hapori Whānui delivered activities that aligned with its logic model and plan, with the exception of community-funded grants, which became unfeasible mainly due to COVID-19. It also delivered to the Auckland Council valuable lessons about community-led activation and community engagement, which should be highly transferable to other areas of wellbeing in which the Council is working. A significant added value is that it has demonstrated examples of how to achieve Auckland Council's *Thriving Communities* and the outcome 'Belonging and Participation' in its *Auckland Plan 2050*. For example, it offers learnings about how to support communities to co-create solutions; how initiatives can encourage people to get more enjoyment out of public spaces and the cultures around them; how they can contribute to community resilience and support networks, inclusiveness, rangatiratanga and whanaungatanga.

6. Whānau and wellbeing – not just how to stop smoking

The emphasis throughout was on incorporating collective and whānau ways of being, which are highly relevant to Māori as well as the diverse Pacific cultures involved. Events were designed to be whānau-friendly – people who smoke would be more likely to take some time for a chat if there were things of interest around for the whole family. Quit group participants discussed, agreed and undertook their incentive activities as a collective, which enhanced the peer support element of group-based therapy. This proved highly effective at motivating and supporting behaviour change. Across events and quit programmes, stopping smoking was presented within a broader context of wellbeing. The holistic approach of Auahi Kore Hapori Whānui helped people to address what they said was important in their lives, and how they wanted to improve them. As such, quit groups chose a range of incentive activities related to wellbeing, such as nutrition, fitness, improving self-esteem, improving financial capability. At events, conversations might also be about wider issues of wellbeing and life choices – whatever worked to hear where the person was at and provide them with immediate steps they could take towards a smokefree life.

7. Addressing vaping alongside smoking

The focus on both smoking and vaping was highly relevant to usage patterns and concerns of people in the selected communities. Vaping was offered as a treatment option to help people stop smoking and credited by many as the reason why they managed to quit by the end of the programme. However, people could also get advice and support to reduce or quit vaping (once they had used it to quit smoking). No

vaping data were collected but some participants mentioned in their survey that the quit smoking programme had also helped them reduce vaping.

Conclusion

The Auahi Kore Hapori Whānui initiative demonstrated successful strategies for aligning with the needs and values of Māori and Pacific communities through its culturally responsive, locally tailored and community-led approach. By actively listening to community voices, collaborating with culturally knowledgeable facilitators, choosing familiar and appealing venues, and combining with existing community events, the initiative achieved high levels of relevance and engagement. Its holistic focus on collective wellbeing, alongside smoking cessation and smokefree communities, empowered participants to make changes they wanted in their lives. The initiative also offers valuable examples and insights for Auckland Council, relevant to achieving the outcomes identified in the Auckland Plan 2050 – for example, how to support communities to co-create solutions and become more resilient, inclusive and connected.

Effectiveness

How well was Auahi Kore Hapori Whānui implemented? To what extent did it achieve success or progress towards outcomes of quitting smoking and community engagement for smokefree communities among the selected Māori and Pacific communities? How successful was Auahi Kore Hapori Whānui in identifying its key features of success and lessons learned?

Performance: VERY GOOD

Well implemented, considering COVID-19. Achieves some success in quitting outcomes and community engagement. Delivers moderate value for Auckland Council. Demonstrates some key features of success and identifies some valuable lessons learned for future work in smokefree and community engagement.

1. High quit rates – mass quitting through group quit programmes

The group quit programmes achieved impressive end-of-programme results for the five mainly Pacific peoples group quit programmes that collected CO readings. Overall, 100 of the 103 participants (97%) for whom CO results were available had CO levels consistent with successful quitting at week 4 or 5 after the Quit Date (or Pre-Quit Date for one group). These results suggest that the group-based, culturally responsive, community-led approach used in the group quit programmes to assist people to quit smoking was remarkably effective, at least in the short term, and has potential to deliver better results than the standard approach. The initiative successfully delivered the quit programme in the selected communities. However, it is not possible to attribute any reductions in smoking rates across communities to the initiative alone (see sections on epidemiological and spatial analysis).

2. Effective implementation of diverse activities

The Auahi Kore Hapori Whānui initiative was highly effective in implementing a wide variety of activities. It organised eight group quit programmes (although three did not have complete CO scores available for analysis and one of them had to finish early due to lockdown); eight versions of the barbers' smokefree activation; two plays (one for three nights in three locations; one for three nights in one location). It sponsored and/or had its own stand and activities at three sports-related events, two open-air market-type events and one festival. It co-delivered two workshops or wānanga and collaborated to get Quitstrong campaigns run across many of selected communities. More events and group quit programmes might have been implemented if not for constraints such as COVID-19, procurement challenges early on and organisational restructure at Council.

Other aspects of implementation that were effectively delivered include: operational logistics; securing the participation of Stop Smoking Service practitioners and ensuring availability of treatment support products for each activity; social media engagement, which included curating content to advertise activities, communicate health messaging, link to Health NZ and other campaigns, and manage communications with followers and quit programme participants; networking; and liaising with community groups during the COVID-19 response. (See the Timeline in Appendix 7.)

3. Engaging with community to expand smokefree in their communities

The Action Plan aimed to reduce smoking and create more demand for smokefree community life. Across the Auahi Kore Hapori Whānui quit programmes and events, there was a clear drive to de-normalise smoking. This was obvious in the efforts to dissociate smoking from cultural and community life and to empower the community to quit in large numbers together, aiming for exponential increases in people taking the first steps towards quitting.

4. Communication skills were key

Strong communication skills contributed to success across all performance criteria. Depending on the context, some of the key strengths were the ability to mobilise, advocate, enthuse, persuade, troubleshoot, motivate, acknowledge others and celebrate success. Effective communication fostered trust and collaboration among stakeholders and helped facilitators and Stop Smoking Services practitioners to understand and adapt to the Auahi Kore Hapori Whānui approach. Communication also proved a powerful tool for inspiring action – whether by believing in people and their ability to deliver (e.g. the innovative barbers’ events or the plays with actors from the smokefree sector and the community); empowering quit participants to believe in themselves and quit smoking; or mobilising communities to work towards making their communities more smokefree. See also Appendices 5 and 6.

5. Capturing lessons learned

The activation team was continuously assessing what worked or not, and adjusting. Some lessons learned were documented during the initiative, others were captured during interviews, focus groups and sense-making sessions conducted for the evaluation. Key Features for Success and Lessons Learned are listed in the Results/Findings section. Many are likely to be transferable to other community initiatives. See also the Adaptability criterion for more on lessons learned and how some of the implementation challenges were overcome. The initiative was effective at building on and innovating from existing knowledge about culturally responsive smoking cessation and community activation. Despite the challenges and extra workload in difficult circumstances, the activation team remained committed to facilitating the evaluation of its activities. It saw value in documenting the approach, achievements, weaknesses, challenges and learnings for Hāpai, other partners and community providers, the communities involved, and local, regional and national agencies that work on smokefree and other areas of community health and wellbeing.

6. Effective integration of CO monitoring in quit programmes and events

CO monitoring proved to be a very effective component of the quit programme. By measuring CO levels at each session, participants could see tangible evidence of their progress, which helped sustain motivation and fostered peer support within groups, as participants would share their CO score and encourage each other. Some kept their scores private but would share later, once they could see a reduction and felt more confident in their ability to quit. At events in the community, the CO monitor served as a conversation starter and a trigger for people to sign up for quit support.

Conclusion

The Auahi Kore Hapori Whānui initiative was very well implemented, with strong evidence of logistical agility, cultural responsiveness, strategic management and communications. There was evidence of successful strategies for engaging with communities and mobilising them to de-normalise smoking. The initiative was also highly effective at implementing a wide variety of events. It produced lessons learned and examples of how its approach can be applied. Although it is not possible to attribute reductions in smoking rates to the initiative, its group quit programmes would have to be described as extremely effective, in that they saw almost everyone quit by the end of the programme. The level of performance for this criterion, however, has been judged as Very Good instead of Excellent. This is to acknowledge that although eight quit programmes were delivered (with one that had to finish early due to lockdown), two planned ones did not eventuate. The reasons included COVID-19, procurement challenges and factors out of the initiative’s control. The activation team believed next time they would emphasise more explicitly to all involved in co-leading events that to make a difference, events must have effective mechanisms for establishing a connection with people and linking them directly to quit support, i.e. awareness raising is not enough. This rating as Very Good does not relate to effort invested by the diverse groups and organisations, as there was much evidence that effort was high throughout the initiative.

Community engagement and participation

To what extent were Māori and Pacific communities involved in the planning, design, implementation and evaluation of Auahi Kore Hapori Whānui Action Plan? How did Auahi Kore Hapori Whānui foster co-creation, ownership and empowerment? What were the levels of participant satisfaction with its activities?

Performance: EXCELLENT

The initiative involves Māori and Pacific voices at all stages (planning, design, implementation, evaluation), fostering co-creation and high levels of individual and collective ownership.

1. *Creating space for community to lead change*

Auahi Kore Hapori Whānui aimed to let communities lead their own change, with external organisations providing resources and support. There are many successful examples of community groups and individuals co-creating or at least contributing in significant ways to all stages (planning, design, implementation and evaluation) of activities. One key strategy for empowerment and co-creation in the quit programme was that participants were asked to collectively decide on a funded incentive activity to do together over the course of the programme (see Appendix 8). The resulting discussion got them to think about and share the changes they wanted in their lives. It was a way to foster self-determination (mana motuhake) and empower them to take control. The groups also decided on other aspects of the programme, e.g. how to respect cultural protocols during the sessions (e.g. for the kava groups) and how they wanted to celebrate at their last session. Facilitators would explain the importance of respect, being mana-enhancing and mutually supportive, in the hope that all participants would feel empowered to achieve the changes they wanted. Even some participants who joined without believing they could ever quit described how they felt empowered and stayed on to quit.

2. *Balancing space and guidance*

Co-creation with the community required flexibility and the delegation of some big decisions. Striking the right balance between leaving space for co-creation and providing sufficient guidance proved challenging at times. It became evident to the activation team that community co-creators need a clear understanding of the initiative's principles and at least the high-level, evidence-based features that make its events and quit programmes work. Their recommendation for future initiatives is to provide more explicit direction regarding the desired outcomes. Community event co-creators need to realise that smokefree activities must be about more than just 'raising awareness'. Instead, activities must have a component that is about how to connect people with support to help them start on or resume their quit journey.

3. *Fostering ownership*

The initiative encouraged community members to contribute ideas and be involved in the implementation of events to promote smokefree communities in which whānau can live together longer, and with good health and wellbeing. Community involvement helped create opportunities for conversations and connections that would lead to people signing up for quit support. This participatory approach meant that activities could reflect local values, interests and aspirations, and thus enhance the sense of ownership. The concerts and the commissioned plays were designed to resonate culturally for Māori and Pacific audiences. Auahi Kore Hapori Whānui also collaborated with events that were already 'owned' by the community, e.g. Kotuku festival (cultural performances by children) or the Tamaki Touched tournament. In the quit groups, evidence from survey responses, photos, videos, social media posts and interviews suggests successful empowerment and ownership. Participants were generally very proud of what they had achieved and of belonging to their quit group.

4. Involving community in planning and design

Community voice influenced all the activities to some extent. Some of the community input and feedback dated from before the initiative. The lead activator drew on community insights she had received during her years of experience running the Vape2Save programme, a quit programme initially tailored for Māori. Additional insights about what communities wanted came from earlier community voice sessions and focus groups. During Auahi Kore Hapori Whānui, the activation team engaged closely with the selected communities to identify popular places and upcoming events they could attend. Auahi Kore Hapori Whānui team members were very well-networked with providers, organisations and whānau in the selected communities, which greatly facilitated engagement.

5. Creative ideas and influence coming directly from the community

The activation team lead seemed to always be on the look-out for things that already worked as well as new ideas. Local people contributed creative ideas for event design and were often involved in their implementation. For example, ideas for the "Switch It Up" concerts and the "You Don't Want This Smoke" barbershop events came from conversations in the community. The activation team sought to involve local leaders and other popular, familiar figures with influence in their communities, for example, respected Māori and Pacific people who work in health and community development, as well as celebrities or well-known musicians, dancers, fitness trainers, church leaders. They contributed valuable ideas. They also brought their followers and whānau when they were involved in events and social media communications.

6. Participants evaluating the quit programmes

Participants were involved in evaluating the quit programme through various means: feedback during sessions, some focus groups and a written survey. (See Appendix 2 for a selection of free text answers to the survey and graphs about satisfaction levels.) Rates of satisfaction were extremely high (between 92% and 96%). These reflected participants' satisfaction with the resources provided; their level of comfort with sharing in the group; support for their mana; and their willingness to recommend the programme. The CO scores might act as a way for participants to evaluate themselves how well the programme is working and whether it is worthwhile continuing – they would see their results each week. If so, the high course completion rates may be interpreted as an indication of participants seeing value in the programme.

Conclusion

The Auahi Kore Hapori Whānui initiative fostered community leadership and ownership by empowering local groups and individuals to co-create activities, make decisions, and contribute to implementation and evaluation. For quit participants, making decisions likely helped them to feel proud and connected in their groups, and gave them some control over their quit journey. At events, the messaging and atmosphere was designed to be culturally responsive, engaging, positive and empowering. Auahi Kore Hapori Whānui wanted to empower communities to imagine more people living smokefree lives and living longer to see their whānau and communities thrive. Where documented, participant satisfaction with events and quit programmes was consistently extremely high.

Adaptability and responsiveness

To what extent did Auahi Kore Hapori Whānui adjust approaches and activities in response to emerging needs and feedback as well as changing or complex circumstances? How flexible and resourceful was Auahi Kore Hapori Whānui in addressing unexpected or complex challenges and leveraging opportunities?

Performance: EXCELLENT

The initiative effectively adapts to community needs and feedback, demonstrating strong flexibility and responsiveness. Provides valuable lessons for future work.

1. Worked with Stop Smoking Service practitioners to develop new ways of connecting with people

The Auahi Kore Hapori Whānui activation team worked with practitioners to adapt their usual Stop Smoking Service procedures. This adaptation was crucial as Auahi Kore Hapori Whānui was asking them to attend new types of events, places and groups, and to make their way of connecting with people more proactive and relatable. For example, at events, instead of staying put in one place and filling out an entire questionnaire with someone, they would circulate, have a more conversational, upbeat chat with the person and their whānau, and sign them up for follow-up support if the person was interested. This made interactions much more efficient at busy events and it felt less formal for people. This experience helped Stop Smoking Service practitioners learn how to respond to the atmosphere and layout of each event. The focus was on establishing a connection with people rather than collecting the data in the questionnaire (this would be for later, at a follow-up appointment).

2. Pivoted in response to COVID-19 lockdowns and restrictions

So many plans and aspects of plans had to be changed, yet somehow each time the initiative managed to maintain or regain momentum. Over the years this was a demonstration of exceptional resilience and ability to seek new ways of making things happen. Adaptations included: switching to online delivery for an online group quit programme and experimenting with online physical exercise sessions; organising delivery of items such as NRT, vape refills and relevant materials to participants' homes (coordinating to send their Whānau Ora food packs at the same time, responding to wider whānau needs than solely their smoking-related support); adapting events and quit programmes to fit changes in lockdown level rules; using lockdowns to do planning; and maximising use of social media for communications when people could not gather in person.

3. Agile adapting and innovating

The team would learn from events and quit programmes and use those insights to refine and adapt. For example, after observing that Day 2 of the Discipline Games fitness competition attracted more whānau than Day 1, they concentrated their efforts on Day 2 the following year. They also adjusted event features, such as music, layout and interactive activities, to enhance the atmosphere and appeal, and make it more efficient to connect with lots of people on the day. For example, realising that the upbeat music used to attract people to the marquee jarred with the relaxing environment required for Māori healing (miri miri), they adjusted the layout of their 'Hauora Hub' marquee the following year. Another example of adaptation was the facilitators from The Fono introducing their 'quit champion' programme feature. A quit champion is someone who recruits participants and makes sure they keep attending. This contributed to the collective learning of Auahi Kore Hapori Whānui. By the end of the initiative, The Fono had incorporated many ways of working from Auahi Kore Hapori Whānui back into their own ongoing work on smoking cessation and other aspects of community care.

4. Flexible and resourceful to support people's needs and wants for quitting

When quit groups decided on the incentive activities they wanted, Auahi Kore Hapori Whānui had to very quickly source local talent or businesses to deliver the activities, then organise the logistics and quit programme schedule. On several occasions, they skillfully adapted schedules when there were unforeseen constraints or when participants and facilitators proposed changes that would enhance the group's experience and chances of successfully quitting.

5. Agile and resourceful project management and use of funds

The activation team, in particular the lead activator, demonstrated high levels of adaptability in managing the projects. For example, they managed to quickly stand up activities early on despite not having new suppliers registered with the Auckland Council. Transferring some procurement roles to Hāpai was an adaptation that satisfied governance and accountability requirements, and enabled processes to be more agile. This suited the short timelines, uncertainties and complexities involved in working in community activation. The lead activator displayed high levels of flexibility and resourcefulness – juggling many unpredictable elements, working with many people (diverse cultures, professions, life circumstances, perspectives and expectations), seizing opportunities and redeploying funding when events or programmes had to be modified, postponed or cancelled.

Conclusion

The Auahi Kore Hapori Whānui initiative demonstrated excellent adaptability and responsiveness. They worked with Stop Smoking Service practitioners to develop more proactive and relatable ways of connecting with people at new types of events and group programmes. They iteratively improved their activities to make them more appealing, efficient and effective. The team pivoted during the COVID-19 pandemic, e.g. switching to online quit programme delivery, delivering treatment products to people's homes and maintaining momentum through social media. Agile and resourceful project management and procurement arrangements enabled the initiative to respond effectively to community needs and organise a wide variety of activities, often under challenging circumstances.

Key Features of Success and Lessons Learned

Partnership

Council and Hāpai

- Communities liked coming to Council-run facilities: they are convenient, familiar and part of their community space.
- The partnership between Council and Hāpai was an equal partnership. It was strengthened by: having team members from both Hāpai and Auckland Council on the activation team; sharing the lead activator between the organisations; ensuring both partners had timely access to project information.
- It worked well having Auahi Kore Hapori Whānui supported by Auckland Council's authority, funding, infrastructure and policy oversight. Council's involvement and funding amplified the work, as activities could be taken to scale and faster than usual.
- In parallel, the activation team was able to draw on the vast experience of Hāpai, community-based services and inspired community and local leaders and influencers.
- Hāpai contributed invaluable expertise in event design and management, communications, social media and support for project planning and budgeting.
- Agile and flexible procurement processes are key for initiatives that support communities to co-create or lead activities.
- Without Hāpai taking on a role in procurement and disbursement, implementation would have been compromised.
- Auahi Kore Hapori Whānui was able to apply culturally responsive knowledge about community activation thanks to Hāpai's role as a partner. Hāpai holds Mātauranga Māori about community activation, enriched by extensive experience in working with Māori communities. It also has deep knowledge and experience of community activation in many Pacific communities.
- Māori and Pacific workforces are key for culturally responsive community connections.
- With a larger team at Auckland Council, sustained throughout the entire life of the initiative, it is likely that even more could have been achieved, and the handover of valuable experience might have been more comprehensive.

Stop Smoking Services

- Auahi Kore Hapori Whānui outcomes and participant feedback show the benefits of having Stop Smoking Services engage with people who smoke in new spaces and in new ways. Auahi Kore Hapori Whānui invited practitioners to come to events in the community and to group-based health and wellbeing programmes.
- This new approach proved an effective way to link people straight into the support processes of the Stop Smoking Services.
- The reach and impact of the Stop Smoking Services was enhanced by attending and providing information and support at a range of community events and group-based health and wellbeing programmes.

The Fono

- The Fono offers Stop Smoking Services as part of its broader care services. It is clearly an advantage when practitioners know their communities well and can actively propose stop smoking support when they talk with people about other issues.
- Getting the cultural and language fit right is crucial for activities that involve behaviour change.
- Having practical help available at each group quit session was effective for the participants trying vapes and pods, with demonstrations and advice about how to use them.

- Participants can be highly motivated by simple incentives they choose to celebrate completing the course and becoming smokefree. A group t-shirt, for example, will help people talk to whānau, friends, and workplaces about their quit journey.
- Creating demand from within the community is powerful, e.g. word-of-mouth recommendations and messaging.
- Streamlined access and a fee waiver for the hire of Council facilities saved time as well as money.
- It worked well to encourage people who relapse after the end of the group quit programme to join in with a subsequent quit group. They can get back on track and make another quit attempt.

Community

- The achievements of Auahi Kore Hapori Whānui were made possible thanks to the commitment, talent and solidarity of leaders, groups, businesses and whānau in the communities.
- More of the decision-making, including control of resources, could potentially have been devolved to communities (although slow Council procurement processes and COVID-19 complicated the initiative's work, and increased uncertainty and risks).
- There were community members and groups that successfully fulfilled leading roles in innovation, design, planning and implementation.
- Some Stop Smoking Services are deeply community-focused, others less so. Local community leaders could play much larger roles in shaping how smokefree and stop smoking support can be most effectively and appropriately designed and delivered.
- Innovations in community-led group quitting and locally-inspired smokefree events may be relevant not only for Pacific peoples across Auckland, but also for other places where Pacific peoples live. A culturally responsive approach that is successful may be transferable – not as tied to 'place' as previously thought.

Implementation learnings from COVID-19

- If the same event concept is rolled out across different neighbourhoods, it will require tailoring and logistics that are specific to each place and venue. Budget time and support accordingly.
- Pilot online approaches for group quit programmes to address equity of access. Issues will include how to incorporate breath CO monitoring; get NRT and other treatment support to participants; and generate the 'group therapy effect' in the online environment.

Community-led approach as a whole

- Previously, health promotion was overly focused on raising smokefree awareness and increasing people's knowledge of risks. Not enough attention was given to what would help people quit. Even though much progress has been made, for Smokefree 2025, it is urgent to focus on how to get people who smoke connected with treatment and support. Any awareness-raising activity must have a direct and clear pathway for people to access treatment and support.
- Incorporating health checks, such as CO measurements, into the group quit sessions was an effective way to enable the community to take ownership of their data, trigger peer support and encouragement and see progress towards their smoke-free lives and communities.
- Communities appreciated being able to celebrate their cultures and languages, and to value their holistic, collective community ways of being.
- Having a variety of fun and family-friendly interactive activities tailored to local and cultural interests helps to spark conversation and participation.
- To extend the impact of an event further, make activities attractive to share on social media and help people to create memories of the event, e.g. group photos; TikTok videos.

- Co-creating ensures that activities reflect community needs and aspirations. By expressing their preferences and participating in decisions, people can gain a sense of ownership and investment in an activity. In turn, this can be highly motivating for improving their health and wellbeing.
- Local friendships and support networks, gained or strengthened during the mana-enhancing, strengths-based group quit programmes, are likely to add to people's sense of belonging and participation in their communities, as well as the resilience of people and their communities.
- The motivation to live longer and be around for tamariki and mokopuna was a strong motivator for quitting smoking in these Māori and Pacific communities.

Events

- The key is to start a conversation naturally with someone, listen to them, answer any questions, and establish a connection and some trust.
- Timing is important and often challenging, as people do not want to spend too long getting connected with support for follow-up.
- Use focus groups to discover how people perceive 'smokefree' in event names. In many communities, the term seems to be unpopular, so seek help from local people to be creative for naming events.
- Activation events that were repeated in communities were an effective way of creating a series of things happening locally that would give people more chances to talk about smoke-free and quitting. Behaviour change mostly occurs after an accumulation of different prompts and messages. Events can help messages to expand through networks and families exponentially.
- Regularly repeating smokefree events in a local setting may be a good way to allow people to notice the regular event and work up the motivation to go along.

Group quit programmes

- Asking people to decide collectively on incentive activities to undertake together over the weeks of their quit journey was highly effective (in terms of quitting outcomes and participant satisfaction). The 'deal' was that the group would benefit from their chosen incentive; in return each person would commit to making a good attempt at quitting.
- Tailoring to respond to community needs and values was key. It involved considerations about: culture; language; context; place; faith; life course circumstances; choice of activities; location; timing of sessions; type of milestone celebrations.
- The willingness to be flexible and responsive, and to place key decisions in the hands of participants and local experts, seems to have been an effective way to make things as convenient, enjoyable, and motivating as possible for participants.
- Effective components of the programmes were: strengths-based; mana-enhancing; well organised; local facilitators; local incentive activities; CO monitoring to gain ownership of their health data and individual and group progress towards quitting; comfortable atmosphere where people feel safe sharing and supporting others.

Key Findings

Quit outcomes

- Quit rates at the end of the group quit programmes were impressive. Overall, 100 of the 103 participants (97%), in the five groups of mainly Pacific peoples for whom Carbon Monoxide (CO) results were available, had CO levels consistent with successful quitting (CO ≤6 parts per million [ppm]) by the end of the programme. (Programme end was week 4 or 5 after the Quit Date; for one group it was week 4 after the Pre-Quit Date). Individual-focused quitting interventions, such as those delivered by Quitline counsellors, or other 'mainstream' smoking cessation services, typically have a success rate of, at best, around 10-15% when combining medication with behavioural support.
- Many chose e-cigarettes to help them quit and credited them with their successful quitting.
- Asking people to decide collectively on incentive activities to undertake together over the weeks of their quit journey was highly effective (in terms of quitting outcomes and participant satisfaction).
- These results suggest that the group-based, locally led, culturally responsive interventions used in the quit programme were remarkably effective, at least in the short term, and have potential to deliver better results than the standard approach.

Community engagement and leadership

- Auahi Kore Hapori Whānui demonstrated that ideas and energy can come straight from communities and be translated into local action, even with relatively small amounts of funding and a small activation team at Auckland Council.
- It provides an example of Māori and Pacific leadership and decision-making at all levels of activity in the initiative and all stages, especially for conception, design, implementation and iterative improvement.
- The Auckland Council-Hāpai partnership worked well, in that Auckland Council provided funds, infrastructure, support staff and free access to community facilities. Hāpai brought invaluable knowledge, networks and experience in community activation. It also had robust but more agile procurement processes. Hāpai helped disburse funds and assisted with implementation when needed.

Tailored and responsive approach

- Tailoring activities to respond to community needs and values was key. It involved considerations about: culture; language; context; place; faith; life course circumstances; choice of activities; location; timing of sessions; type of milestone celebrations.
- The willingness to listen and observe, be flexible and responsive, and place key decisions in the hands of participants and local experts seems to have been effective for making things as convenient, relevant, supportive, enjoyable and motivating as possible for participants.

Implementation, knowledge and wider community outcomes

- Auahi Kore Hapori Whānui successfully delivered and iteratively improved a wide variety of events and activities for empowering high smoking prevalence communities to stop smoking, de-normalise smoking and create more demand for their communities to become smokefree.
- Its significant contribution is a community-led, culturally responsive approach and many documented examples of how to apply it.
- Key features for the success of quit programmes were being empowering, strengths-based, mana-enhancing and well organised; having local facilitators and incentive activities; CO monitoring; having Stop Smoking Service support and treatment available; and creating a comfortable atmosphere where people feel safe to share and motivated to support others.
- The added value of the Auahi Kore Hapori Whānui approach is that it can enhance people's sense of belonging and pride in their community and cultures. This is likely to contribute to communities that are better connected, more resilient and thriving.

Recommendations

Expansion of the approach, and further knowledge generation

1. Continue to select communities by smoking prevalence, population group and location for targeted interventions.
2. Write up the Auahi Kore Hapori Whānui community-led, culturally responsive approach as guidelines. This could facilitate knowledge transfer to local, regional and national agencies and organisations. It could also help communities to advocate for and take on leadership roles, enabling them to shape initiatives to align with their aspirations for health and wellbeing.
3. Experiment further with online and hybrid delivery of the group quit programme.
4. Evaluate the effectiveness and acceptability of group quit programmes that include a mix of participants – those wanting to quit smoking (by switching to vaping) and those wanting to quit vaping.

Strategy, policy and process

5. Take the Auahi Kore Hapori Whānui approach (highlighting its innovative community-led approach and mass quitting outcomes) to relevant teams in Health NZ | Te Whatu Ora and the Ministry of Health, as the contractor of Stop Smoking Services and lead agency for the Smokefree Action Plan, respectively.
6. Reframe ‘community smokefree activation’ to emphasise that *raising awareness about quitting smoking* must always be paired with *connecting with people in culturally responsive ways and linking them directly with the Stop Smoking Services*. Establishing personal connections through relevant and appealing events and activities is the critical bridge between these two essential components. Unfortunately, some still interpret ‘smokefree’ as being solely about awareness raising, overlooking the vital importance of getting the connection right.
7. Accelerate efforts with communities to roll out these new ways of connecting with people and providing support.
8. Consider further devolution of decision-making power, including funding decisions, to community leaders and community groups for future initiatives.
9. Plan for more agile processes for mobilising funds, because community-led initiatives must be able to respond to community dynamics and timelines. Consider the example of having an organisation like Hāpai disburse funds to local entities.

Smokefree sector

10. Achieve broader uptake across Stop Smoking Services of innovative ways of connecting with people.
11. Support Stop Smoking Services to more effectively ‘market’ their services to their local populations.
12. Give greater visibility to Stop Smoking Services that have Māori and Pacific leadership, expertise, proven acceptability of their approaches, and high rates of quitting and participant satisfaction. All smokefree-related programmes could benefit from learning more about culturally responsive, community-led approaches and community engagement.
13. Invest in Māori and Pacific health workforces, with more opportunities for them to train in public health, health promotion, tobacco control, community engagement, evaluation and research.
14. Accelerate implementation and evaluation of strategies for connecting with and supporting people, especially youth, to quit vaping. Compare the effectiveness of these strategies for people who started vaping without having smoked and for those who have used vaping to quit smoking.

Appendices

Appendix 1: Survey for Auahi Kore Hapori Whānui group quit programme participants

1. Have you done anything like the Quit Group journey before?
2. Tell me about how the project integrated with day-to-day life in your whānau.
3. What did you notice about your relationship with your body?
4. How did the Auahi Kore Hapori Whānui journey affect your mental health and sense of wellbeing?
5. What kinds of barriers did you encounter during your journey?
6. Were the resources provided throughout the duration of the programme enough for you to meet your goal and aspiration?
7. Next, let's talk about your connections with yourself and with others during the programme. How comfortable were you sharing your feelings with the facilitator or others in your group?
8. Let's talk about how you felt about your mana during the journey. Was there enough support provided? If not, what support would have been helpful?
9. What do you think we can do help improve the programme? What would you add/remove?
10. Would you recommend the programme to others?

Appendix 2: Results of Auahi Kore Hapori Whānui survey given to participants in five group quit programmes

Question 1. Have you done anything like the quit group journey before?

Forty-five people out of 53 responded that they had not. In free text, of those who responded that they had, one seemed happy about the different outcome this time:

“Yes! But kept smoking. Wow I'm Smokefree.”

Among those who had not done anything like it, it was interesting to see that the programme had managed to not only attract but also retain people who had rejected the idea of group therapy before:

“Never in my life. I wouldn't even go near any group.”

“No never gone out of my comfort zone.”

Question 2. Tell me about how the group quit journey integrated with day-to-day life in your whānau.

The wording of the question may not have been clear. Only a few answered specifically about how the journey fitted in with their daily life, for example:

“Project integrated with day-to-day life as a Mum. Was very happy and I have reduced smoking and vaping.”

However, many responses mentioned positive reactions from whānau and positive outcomes for them as whānau. Family was supportive and encouraging as well as happy about the participant wanting to quit:

“This has been the best thing I have done in my life when I thought I couldn't, but my children have encouraged me to and supported me.”

“My family is healthier and happier. Our house is cleaner and smells good.”

“This group I joined the quit journey has made a high impact in my life and my kids they see me change bad habits they are happy.”

Some who doubted the method at first or were reluctant to ask for help wrote about their experience:

“The time I joined the group I was 50/50 but as I attended, it was the ladies that got me going on a journey. We shared life experience as well.”

“Help[ed] me to know it's okay to ask for help and that was hard at first but got there.”

Others referred to what had motivated and helped them to improve their day-to-day:

“The project was helpful in my day-to-day life as it has given me motivation to help myself and find better ways to cope other than smoking.”

“The project helped find ways to turn habits into a good group effort to support each other's breaking habits and saving money while having fun. I've found different ways to cope with stress like going for walks and taking one step at a time.”

“Saved more money to spend on other things, knowing that I've added more days to my life.”

Question 3. What did you notice about your relationship or changes with your body?

A substantial proportion reported positive improvements, such as: easier to breathe, lungs better, throat feels clearer, not coughing, better skin, healthier hair, fingers look better, nails stronger and clearer, teeth cleaner, breath smells better, losing weight.

A few wrote of withdrawal effects early on, such as feeling sick, having cravings, and eating too much.

Increases in energy and vitality were commonly mentioned. Some described this as: “more alive,” “more active,” “more fit,” “body more stable.” Others explained further, for example:

“Yes, my breathing is not heavy, and I can now walk and exercise.”

“Being smokefree I'm not tired as much. I'm more on the go. It took me 2 weeks to feel the change.”

“Feeling a lot better. Skin is glowing. I have more energy. I am more aware and concerned with my appearance.”

Improvements in mood and sharpness of thinking were observed:

“Body didn't feel heavy, lethargic as before. Was in a better mood.”

“Yes, I can think clearer when I'm not smoking.”

“Clear-headed and focused.”

Question 4. How did the smokefree journey affect your mental health and sense of wellbeing?

A sizeable proportion reported improved mental health and wellbeing:

“Yes, big improvement, I have more strength and energy. Same goes with my family life.”

“Been vaping less and less every day, mental health has been progressing good alongside with my wellbeing. Able to know when the right or suitable time is to vape.”

Many referred to advice and techniques that are covered during the group quit programme:

“Helped with my mental health as I've been getting good advice on ways to [im]prove my wellbeing too”

“It affected so well, mental health is a lot more light, feels very good knowing that we spent time acknowledged[g]ing everything that we've been talking about.”

“Helped with my mental health stronger by keeping positive mindsets.”

“Healthier mentally, I don't think about smoking anymore.”

Some positive achievements of the programme are reflected in comments relating to personal growth, increased confidence, and ability to deal with social situations as well as anxiety:

“It got me to understand myself more and discover other things.”

“Mentally, I felt good saying no in social smoking settings. Felt in control of my actions and decisions.”

“I was able to see that I wasn't the only one who struggled with quitting knowing that people around who were participating made me feel less alone.”

“Overall, very positive. Amazing I'm not as anxious when dealing with stressful situations.”

Question 5. What kinds of barriers did you encounter during your quit journey?

Interestingly, when participants responded to question 1, whānau were only described as playing positive roles in people’s quitting journeys. However, answers to this question about barriers provide a fuller picture. It reveals what people who smoke may need to be prepared for when they start to quit, for example:

“Family didn't have faith or think I can do it.”

“Family negativity.”

“Was negativity from family saying you will never stop smoking until you die.”

“Family that thought it was a joke.”

The examples above signal how important it is not to minimise the effort required to quit or to presume how much support people will have to quit. One of the activation team’s principles was to not be judgmental. Instead, they endeavoured to show compassion for all people who smoke and to acknowledge that people may be surrounded by complex situations and emotions at home.

Being around other smokers was a commonly quoted barrier: “my family that still smoke”; “Being around group of friends that were still smoking and that were not in my quit journey.”

The effects of withdrawal were mentioned along with what worked to overcome them:

“My barriers were my mind over matter was weak and slowly changed hearing from other wāhine.”

“Eating heaps, easily ticked off, finding something to replace it with.”

“Always felt hungry and cravings. Found ways to distract myself by going on walks.”

One comment indicates how well the programme’s content had prepared them, as they felt they had experienced all the barriers mentioned:

“Was very helpful as I encountered everything that was said during our quit journey.”

One related to vaping products: “Wanted stronger nicotine at times when I was feeling stressed or tired.”

On a related note, the theme of whānau support was sensitively and amusingly addressed in the play “People and Things” where the audience saw many different emotions at play, including guilt, stigma, pride, expectations. The play showed how whānau can both help and hinder quitting.

Question 6. Were the resources provided throughout the duration of the programme enough for you to meet your goal and aspiration?

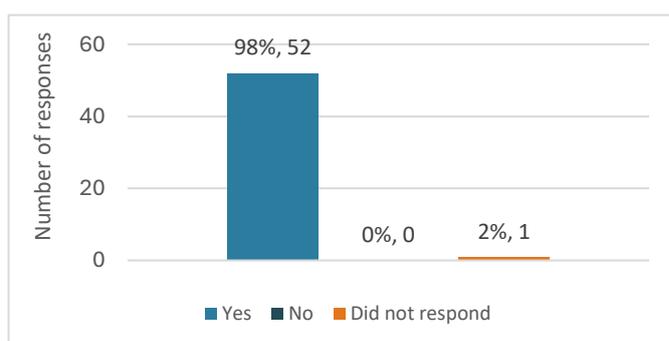


Figure 11: Survey question 6

Below is a selection of the free text answers:

“Very good and resource met my goal to quit for my 6 kids.”

“Yep, it gave me different ideas, meaning that I have reach my goal and that I am able to experience ways that could help me through.”

“Yes, I got a lot of resources that really helped me, including the vape and even other programs I can join in the Zumba.”

“Yes, it helped a lot especially in the group it was easier giving up with other things to distract.”

“Advice and good advice was always given.”

“This program was useful. The vaping and resources used in this program is what helped me stop smoking.”

Question 7. How comfortable were you sharing your feelings with the facilitator or others in your group?

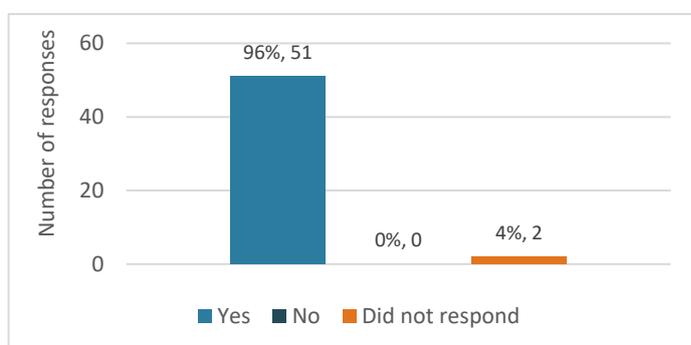


Figure 12: Survey question 7

Below is a selection of the free text answers:

“I wasn't at first but got there at the end and see[ing] women change inspired me.”

“Very open made me feel welcome and not an outcast.”

“Very comfortable and confident in sharing it was a safe place for me to share.”

“Shaky at the start but soon realised we have a lot in common.”

“I was comfortable with sharing my feelings with the group as it would help or give advice to others who are finding it hard to process with quitting smoking.”

“I felt very happy and you understand more when you work together in a group.”

“We got to know each other and formed a closer bond.”

“We worked together and helped one another which made it easier to stop smoking.”

“I have made some new connections and have found other things to do with my friends so we do not smoke. I feel more confident to say no.”

“I've become more aware of myself and my health to live longer for my son.”

Question 8. Let's talk about how you felt about your mana during the journey. Was there enough support provided? If not, what support would have been helpful?

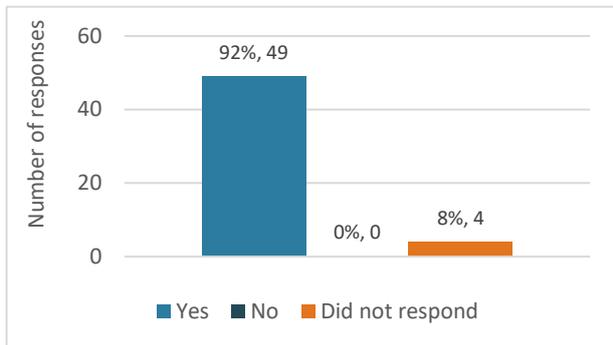


Figure 13: Survey question 8

Below is a selection of the free text answers:

“After the 8 week I had the mana I have to know I can do it and did it. Proud mother.”

“After the group it’s given me Mana. To know I can do anything in life.”

“Helpful was the constant reassurance that if we didn’t succeed that support would still be with us after the program.”

“My mana throughout this journey became stronger and stronger each time. The support and team leader were great made me confident and made me feel good about myself.”

“I felt as my mana has gotten stronger throughout this journey with the beautiful wāhine guiding us.”

Question 9: What do you think we can do to help improve the programme? What would you add/remove?

Most wrote that there was nothing to change, mentioned something good about the programme or did not respond. Quite a few wanted the programme to expand and reach more whānau and communities, calling for more funding for the programme, and for example:

“Share more with the community about the program. Really awesome.”

“The only recommendation for this program is to add more vapes and help the families.”

Only a few proposed changes. Several mentioned providing more vapes and refills. One respondent recommended offering more of the vouchers that were used as an incentive. Another recommended “some one-on-one support if we need it.” One respondent thought participants should get more details about what the incentive activity funding can be spent on.

Question 10. Would you recommend the programme to other wāhine/tane?

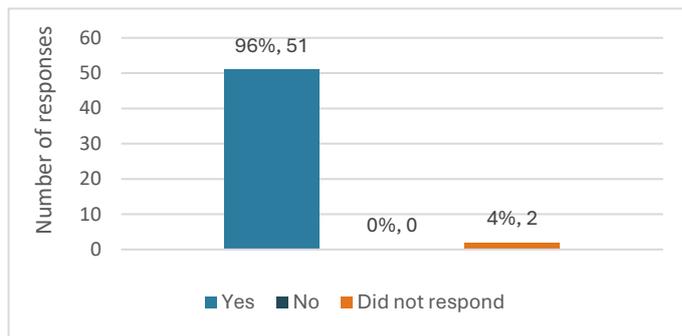


Figure 14: Survey question 10

Below is a selection of the free text answers:

“Yes, absolutely especially those who are really wanting to quit. Doing it as a group is a lot easier.”

“Yes, a lot of people I know are already ready for the next program.”

“Yes, I want all the smokers to be part of this.”

“Yes, I will tell my family and those who I know are smokers.”

“Yes, I will tell the church I am part of as well as my kava group, as this will be useful for them.”

“Absolutely. Because of my journey, others are interested.”

“Of course, this is a great program and would help anyone wanting to stop.”

“Most definitely! Best program I have done. Also, I am smoke-free. Actually, sad it is ending was something to look forward to! Enjoyed it totally.”

Responses that reported successful reductions in vaping

Across the survey answers, it was encouraging to note that quite a few mentioned they had reduced vaping, for example:

“Been vaping less and less everyday...”

“This project has helped me cut down on my vaping intake. I would literally sleep with my vape close by so that when I wake up, I can have a few puffs. Now I can go without vaping for hours.”

“Did not need to smoke when stressed. Cut down vaping to driving to work and now I don't even care for vaping.”

This indicates that the group quit programme approach, which achieved massive short-term quit rates, aided by switching to vaping, was also effective for helping people to reduce vaping. This is valuable information as effective approaches are urgently needed to support people who have switched from smoking to vaping but have not yet managed to quit vaping.

Appendix 3: Table of CO results for five Auahi Kore Hapori Whānui group quit programmes

Table 4: Carbon Monoxide readings for each individual in each group quit programme starting from Pre-Quit Date and showing Quit Success at the end of the programme

Key to table: QD = Quit Date; CO = Carbon Monoxide; Y = Yes: CO ≤ 6 parts per million (ppm); N = No: CO > 6 ppm; NA = data unavailable for final week

Group	Pre-QD CO	QD CO	WK 1 CO	WK 2 CO	WK 3 CO	WK 4 CO	WK 5 CO	Quit Success (Y/N)
1. East Tāmaki – Tokelau = 13 participants								
East Tāmaki – Tokelau	17	15	6	5	4	2	1	Y
East Tāmaki – Tokelau	16	16	1	1	1	1	1	Y
East Tāmaki – Tokelau	7	7	6	1	1	1	1	Y
East Tāmaki – Tokelau	2	2	1	2	2	1	1	Y
East Tāmaki – Tokelau	8	8	8	1	1	1	1	Y
East Tāmaki – Tokelau	3	3	2	2	2	2	1	Y
East Tāmaki – Tokelau	7	7	1	1	1	1	1	Y
East Tāmaki – Tokelau	7	7	8	2	2	2	2	Y
East Tāmaki – Tokelau	11	11	9	8	10	2	2	Y
East Tāmaki – Tokelau	1	1	1	2	4	1	2	Y
East Tāmaki – Tokelau	7	7	3	3	2	1	1	Y
East Tāmaki – Tokelau	3	3	7	3	2	2	2	Y
East Tāmaki – Tokelau	4	4	0	2	1	2	-	Y
Proportion ≤ Quit CO level	38%	38%	69%	92%	92%	100%	100%	
2. Glen Innes – Tongan Kava Group = 28 participants								
Glen Innes – Tongan Kava Group	16	10	10	10	5	2		Y
Glen Innes – Tongan Kava Group	15	4	5	3	3	3		Y
Glen Innes – Tongan Kava Group	8	8	6	5	5	3		Y
Glen Innes – Tongan Kava Group	7	7	6	5	2	2		Y
Glen Innes – Tongan Kava Group	9	8	12	7	1	3		Y
Glen Innes – Tongan Kava Group	15	12	11	9	4	4		Y
Glen Innes – Tongan Kava Group	16	16	12	8	6	2		Y
Glen Innes – Tongan Kava Group	32	5	5	2	2	2		Y
Glen Innes – Tongan Kava Group	10	9	9	5	5	3		Y
Glen Innes – Tongan Kava Group	10	9	9	3	2	2		Y
Glen Innes – Tongan Kava Group	8	6	12	8	8	2		Y
Glen Innes – Tongan Kava Group	10	10	8	5	3	2		Y
Glen Innes – Tongan Kava Group	12	10	9	4	3	5		Y
Glen Innes – Tongan Kava Group	11	11	10	6	1	4		Y
Glen Innes – Tongan Kava Group	12	10	10	3	2	2		Y
Glen Innes – Tongan Kava Group	8	8	8	4	2	1		Y
Glen Innes – Tongan Kava Group	8	8	7	6	8	3		Y

Group	Pre-QD CO	QD CO	WK 1 CO	WK 2 CO	WK 3 CO	WK 4 CO	WK 5 CO	Quit Success (Y/N)
Glen Innes – Tongan Kava Group	10	10	10	8	9	4		Y
Glen Innes – Tongan Kava Group	18	18	11	6	2	3		Y
Glen Innes – Tongan Kava Group	18	18	11	6	2	3		Y
Glen Innes – Tongan Kava Group	8	8	6	4	3	3		Y
Glen Innes – Tongan Kava Group	8	8	7	5	4	2		Y
Glen Innes – Tongan Kava Group	9	9	10	8	6	5		Y
Glen Innes – Tongan Kava Group	14	12	8	7	4	4		Y
Glen Innes – Tongan Kava Group	14	14	20	9	8	2		Y
Glen Innes – Tongan Kava Group	13	13	12	8	2	2		Y
Glen Innes – Tongan Kava Group	12	10	8	8	6	5		Y
Glen Innes – Tongan Kava Group	10	10	10	8	5	2		Y
Proportion ≤ Quit CO level	0%	7%	18%	57%	86%	100%		
3. Mt Wellington – Tongan Kava Group = 18 participants								
Mt Wellington – Tongan Kava Group	8	8	18	15	12	8		N
Mt Wellington – Tongan Kava Group	8	8	8	8	5	3		Y
Mt Wellington – Tongan Kava Group	8	0	14	10	8	3		Y
Mt Wellington – Tongan Kava Group	10	10	10	10	8	4		Y
Mt Wellington – Tongan Kava Group	10	10	9	7	5	5		Y
Mt Wellington – Tongan Kava Group	15	15	13	8	6	6		Y
Mt Wellington – Tongan Kava Group	10	10	8	5	3	3		Y
Mt Wellington – Tongan Kava Group	15	15	12	8	6	6		Y
Mt Wellington – Tongan Kava Group	8	8	8	5	3	3		Y
Mt Wellington – Tongan Kava Group	15	15	10	7	5	3		Y
Mt Wellington – Tongan Kava Group	10	10	8	6	4	4		Y
Mt Wellington – Tongan Kava Group	9	9	8	5	2	2		Y
Mt Wellington – Tongan Kava Group	14	14	12	9	6	6		Y
Mt Wellington – Tongan Kava Group	11	11	8	5	2	2		Y
Mt Wellington – Tongan Kava Group	17	17	15	10	6	5		Y
Mt Wellington – Tongan Kava Group	11	11	10	8	4	4		Y
Mt Wellington – Tongan Kava Group	12	12	10	7	5	5		Y
Mt Wellington – Tongan Kava Group	19	19	15	10	6	5		Y
Proportion ≤ Quit CO level	0%	5%	0%	27%	89%	99%		
4. Ōtāhuhu – Tongan Kava Group = 30 participants								
Ōtāhuhu – Tongan Kava Group	10		10	8	5	4		Y
Ōtāhuhu – Tongan Kava Group	15		10	8	5	3		Y
Ōtāhuhu – Tongan Kava Group	10		8	8	7	5		Y
Ōtāhuhu – Tongan Kava Group	14		10	10	8	6		Y
Ōtāhuhu – Tongan Kava Group	12		10	8	8	5		Y
Ōtāhuhu – Tongan Kava Group	16		15	12	8	8		N

Group	Pre-QD CO	QD CO	WK 1 CO	WK 2 CO	WK 3 CO	WK 4 CO	WK 5 CO	Quit Success (Y/N)
Ōtāhuhu – Tongan Kava Group	10		8	8	6	5		Y
Ōtāhuhu – Tongan Kava Group	18		16	10	8	6		Y
Ōtāhuhu – Tongan Kava Group	9		8	8	5	5		Y
Ōtāhuhu – Tongan Kava Group	10		10	8	8	5		Y
Ōtāhuhu – Tongan Kava Group	13		11	10	8	6		Y
Ōtāhuhu – Tongan Kava Group	10		8	8	6	5		Y
Ōtāhuhu – Tongan Kava Group	11		10	8	8	4		Y
Ōtāhuhu – Tongan Kava Group	8		8	5	5	4		Y
Ōtāhuhu – Tongan Kava Group	10		8	8	4	3		Y
Ōtāhuhu – Tongan Kava Group	11		10	8	8	5		Y
Ōtāhuhu – Tongan Kava Group	8		8	8	6	4		Y
Ōtāhuhu – Tongan Kava Group	8		8	8	8	3		Y
Ōtāhuhu – Tongan Kava Group	12		10	10	8	5		Y
Ōtāhuhu – Tongan Kava Group	10		10	10	8	6		Y
Ōtāhuhu – Tongan Kava Group	17		15	13	10	8		N
Ōtāhuhu – Tongan Kava Group	10		10	9	8	6		Y
Ōtāhuhu – Tongan Kava Group	18		14	13	10	6		Y
Ōtāhuhu – Tongan Kava Group	10		10	10	8	5		Y
Ōtāhuhu – Tongan Kava Group	8		8	8	6	5		Y
Ōtāhuhu – Tongan Kava Group	11		10	10	8	5		Y
Ōtāhuhu – Tongan Kava Group	14		13	12	10	6		Y
Ōtāhuhu – Tongan Kava Group	8		8	6	5	4		Y
Ōtāhuhu – Tongan Kava Group	15		11	10	10	6		Y
Ōtāhuhu – Tongan Kava Group	14		10	10	8	6		Y
Proportion ≤ Quit CO level	0%		0%	3%	33%	97%		
5. West Auckland – Youth = 12 participants								
West Auckland – Youth	10	8	10	2	3	2		Y
West Auckland – Youth	11	11	5	1	3	1		Y
West Auckland – Youth	17	12	11	11	13	5		Y
West Auckland – Youth	17	4	4	4	-	3		Y
West Auckland – Youth	10	12	4	4	4	4		Y
West Auckland – Youth	10	0	8	2	3	2		Y
West Auckland – Youth	12	14	2	2	2	2		Y
West Auckland – Youth	10	-	11	7	5	5		Y
West Auckland – Youth	12	12	10	-	-	-		NA
West Auckland – Youth	14	8	5	6	1	1		Y
West Auckland – Youth	11	2	2	2	2	2		Y
West Auckland – Youth	11	9	7	3	4	2		Y
Proportion ≤ Quit CO level	0%	25%	58%	75%	90%	92%		

Appendix 4: Prevalence of regular smokers in Auckland in 2013, 2018 and 2023

In these figures we show the trends over the years 2013, 2018 and 2023 for estimates of the prevalence of regular smokers for the region as a whole and by selected Wards of interest by gender, ethnicity and age group.

Methodology

The prevalence of regular smokers (proportion) was calculated by dividing counts of regular smokers by counts of the total population. Counts used to calculate the prevalence in the analyses were provided by Statistics New Zealand through a customised data request. Changes in prevalence over time were assessed with the Cochran-Armitage test for trend.

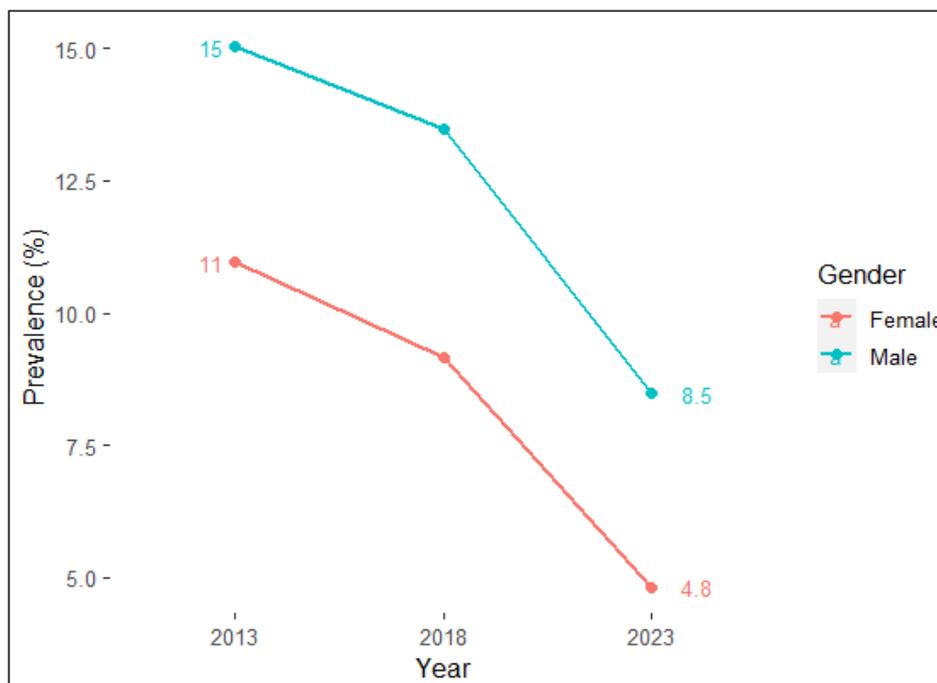


Figure 15: Prevalence of regular smokers by gender in the Auckland Region, 2013-2023

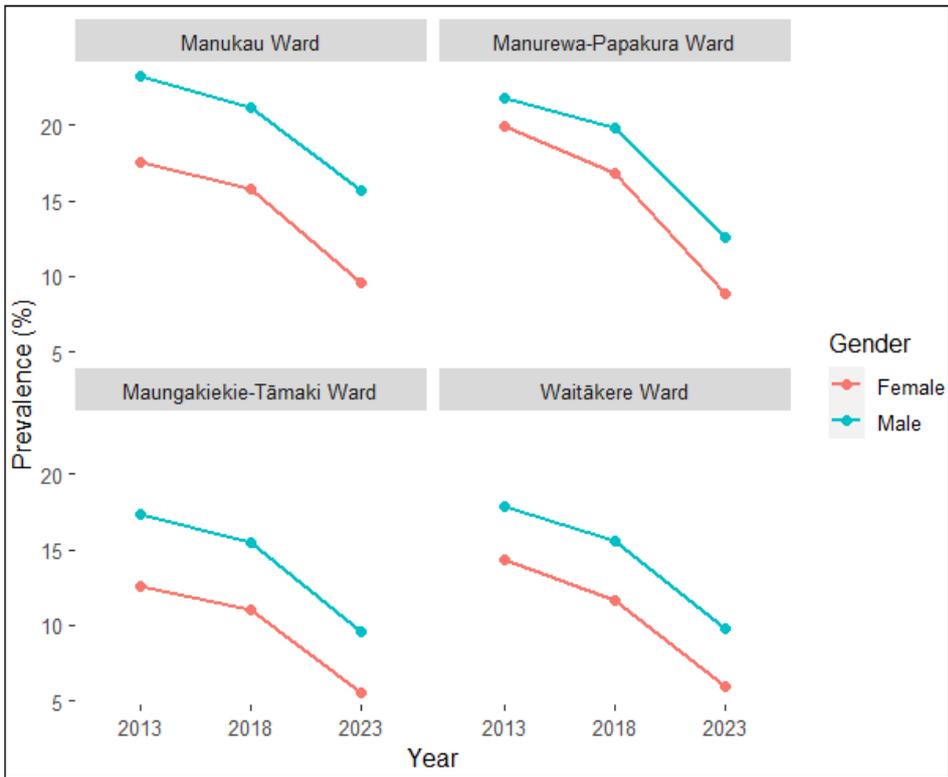


Figure 16: Prevalence of regular smokers by gender in wards of interest in the Auckland Region, 2013-2023

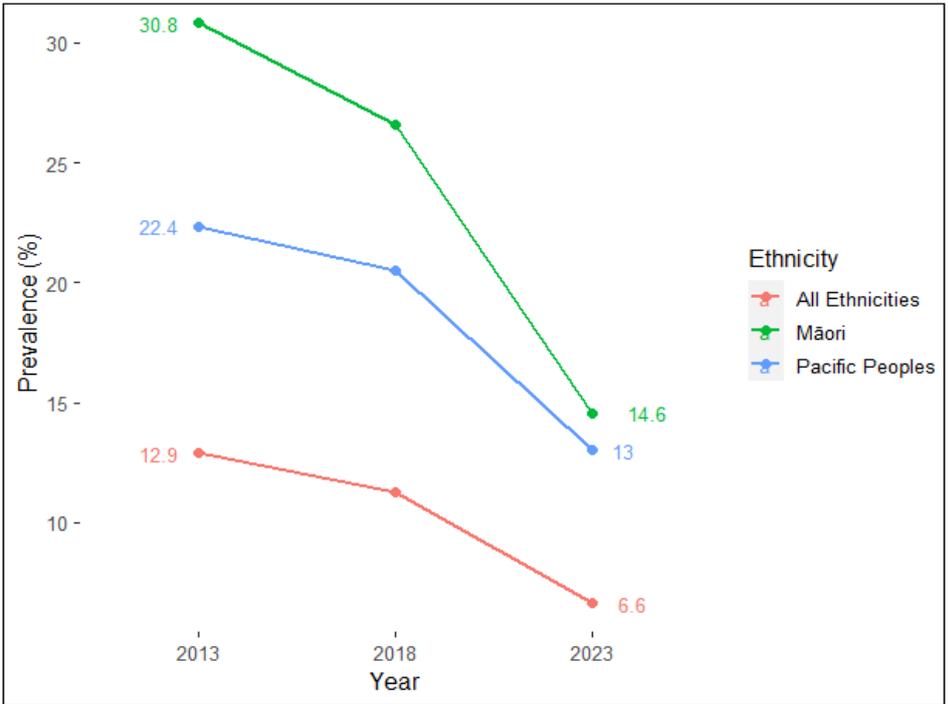


Figure 17: Prevalence of regular smokers by ethnicity in the Auckland Region, 2013-2023

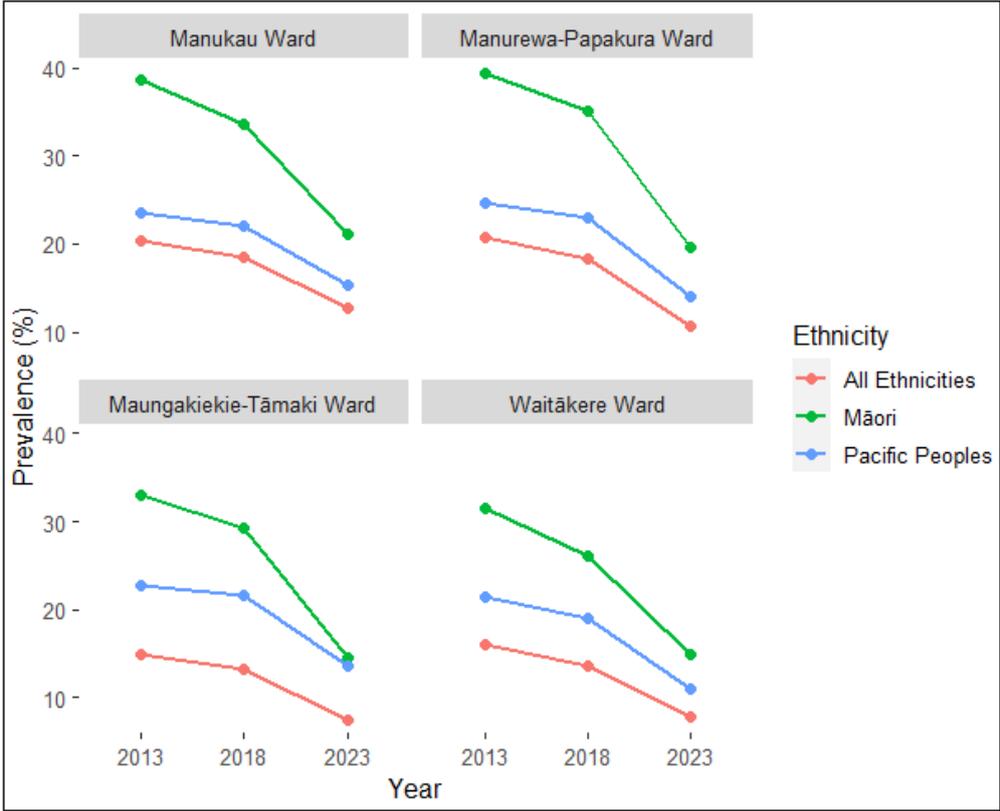


Figure 18: Prevalence of regular smokers by ethnicity in wards of interest in the Auckland Region, 2013-2023

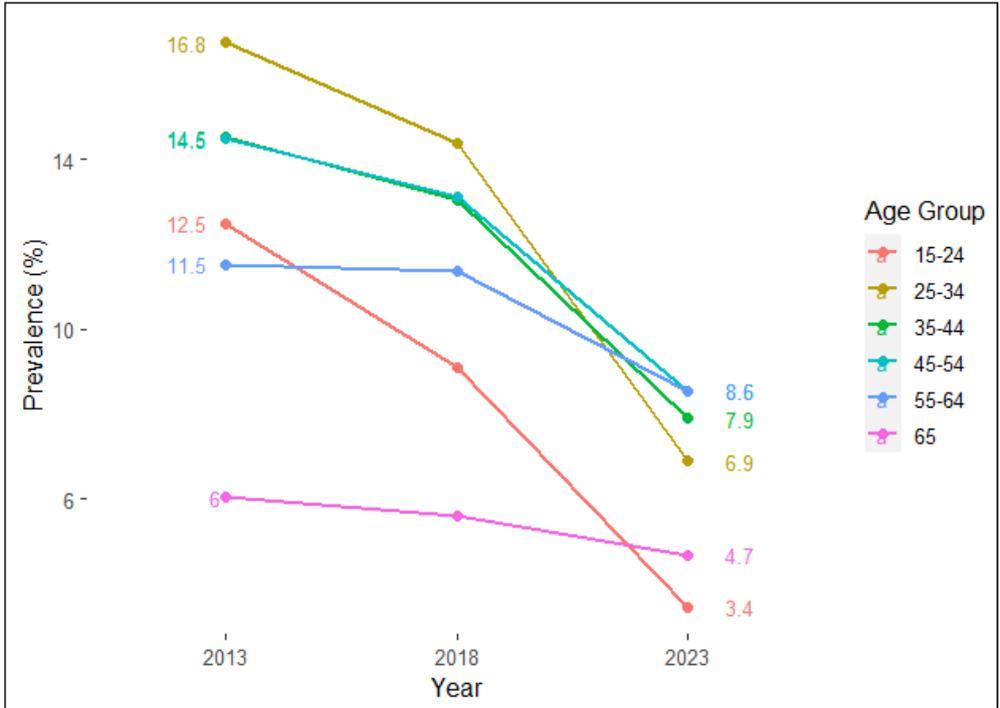


Figure 19: Prevalence of regular smokers by age group in the Auckland Region, 2013-2023

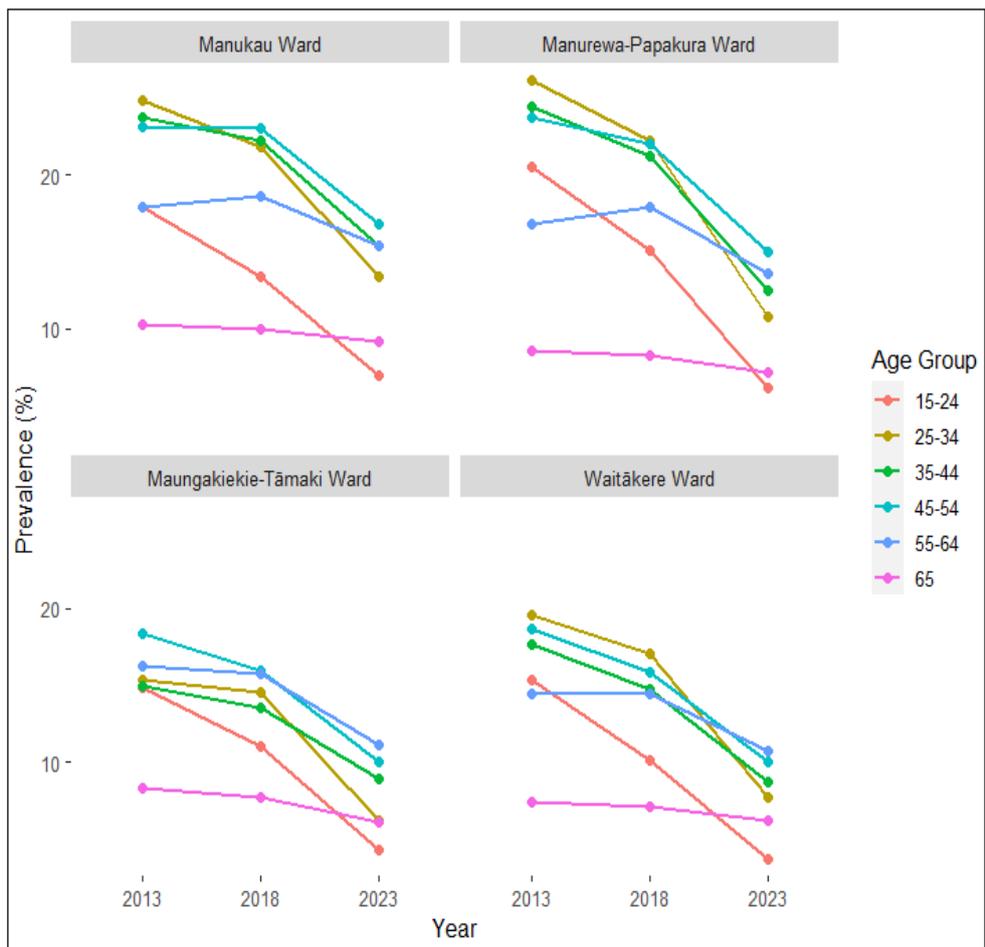


Figure 20: Prevalence of regular smokers by age group in wards of interest in the Auckland Region, 2013-2023

Appendix 5: Skills and characteristics for effective organisation of a large-scale, partnership-dependent, community-led smokefree activation initiative

The following skills and characteristics of activators emerged as key to the successful activation of Auahi Kore Hapori Whānui. This list may be useful for managers, agencies, and communities to understand and discuss what is involved in this type of work; select appropriate activators; support their work; and develop the workforce for work like this at the interface between many different organisations and people in the community.

- Māori and/or Pacific lead who is active in their community and connected to their cultural worldviews.
- Knows the partner organisations.
- Lived experience of quitting smoking and/or whānau and friends who have lived with tobacco addiction.
- Convincing and enthusiastic speaker.
- Knows the evidence base of tobacco control, smoking, and vaping cessation.
- Practical knowledge of tobacco cessation products and techniques, and the services available.
- Highly skilled manager of relationships and teams.
- Excellent organisational and project management skills.
- Quick to adapt when circumstances change.
- Able to troubleshoot and improvise under time pressure.
- Continuous improvement mindset.
- Astute at spotting and leveraging opportunities – people, places, events, angles to take.
- Resourceful – where resources are defined more holistically than just human and financial, e.g. social, cultural, intercultural, collective, i.e. resources from the community.
- Seeker of innovations.
- Happy to highlight and enhance the success of partners.
- Sensitive to spaces and roles occupied by others, but, when necessary, firm about what works and what needs to be done differently.
- Respectful with diverse groups and leaders in the community, e.g. business, cultural, faith-based, artists.
- Someone who practises reciprocity in the community and has already gained trust in at least some of the communities involved in the initiative.

Appendix 6: Tips for activating a community-led approach for smokefree in priority communities

The following lessons learned through Auahi Kore Hapori Whānui may be useful for future undertakings in Auckland and elsewhere in New Zealand:

1. Planning for engagement through data and community voices

- Use data (ethnicity and location) to work out which areas have the highest rates of smoking. Work with the relevant communities in these areas.
- Inform your strategic thinking and planning from the start by holding focus groups in these communities.

2. Empowering communities to co-create and lead

- Let communities lead their change. You support with resources.
- Acknowledge and work with the worldviews of communities.
- Think not in terms of individuals, but in terms of whānau and collectives for all aspects of the initiative, e.g. types of events, quit group activities, support services, materials, incentives, communications, celebrations.
- Ask each quit smoking group what they would like to do in addition to the standard components of the programme. It is empowering for the group to make decisions about what will help them quit.
- Encourage the group to celebrate quit journey successes of its members as well as the group as a whole. Even if people have not managed to quit this time, they have put in effort. Positive framing from the group will encourage future quit attempts.

3. Place-based and community-centric

- Work with and be guided by people who have leadership, respect, or popularity within communities.
- Use your network of relationships in the community, and link with other networks that align.
- Do everything local: source local products, talent, knowledge, businesses, people. Use local facilities, e.g. Council community centres, libraries.
- Go to popular events in the community to observe who attends and what makes the atmosphere work.
- Work out where and how to create spaces and conditions for starting conversations and connecting people to the Stop Smoking Services.

4. Practicalities and access

- Organise events as well as quit programme sessions that are convenient and fit in with people's daily lives and their commitments with whānau. Make events whānau-friendly.
- Be ready to work at the times that suit the community. This is not 9-5: events happen in the evenings and in the weekends.

- Provide the practical help people need to quit, e.g. Stop Smoking Service provides them with vapes and shows how to use them. Make sure they are enrolled with Stop Smoking Services.

5. Positive reinforcement and celebration

- Use events and activities to reflect the positive features of a smokefree lifestyle, e.g. good health to live longer and be there for whānau, saving money, more energy to enjoy going out.
- Ask the group in advance how they would like to celebrate on the last day of the course, e.g. group t-shirts, food for a shared meal, certificates, a group photo.

6. Working in collaboration

- Only work with facilitators and partner organisations that will commit to applying a strengths-based, mana-enhancing approach. This approach was highly appreciated across all quit programmes surveyed.
- For collaboration with existing services, seek commitment from managers to helping to test and apply innovations.
- Allow time for training if activities will require services to change their usual procedures and co-develop innovations.

Appendix 7: Timeline of events and group quit programmes

This section presents a chronological list of the events and group quit programmes in which the Auahi Kore Hapori Whānui was involved. The level of involvement varied: leading and being the main organiser: co-organising: and attending an event organised by others. For some of their innovative approaches, they had to co-create and organise the whole activity from scratch. For others, they identified and approached organisations and groups who were already working with the selected communities in ways that aligned with the Auahi Kore Hapori Whānui approach. In those cases, they would propose a smokefree component customised for that particular event (e.g. workshop, event, educational or health promotion-type activity). In many cases it was thanks to trust and established relationships with individuals and organisations that the Auahi Kore Hapori Whānui activation team was able to work in such creative and constructive partnership with them. The overall result is an impressive series of events and activities tested out and refined between 2020 and 2023.

Note: The following list does not aim to list all the partners involved in all the activities, but instead to give the basics for readers to get a sense of what was developed and implemented, and the extent to which Auahi Kore Hapori Whānui managed to achieve what the community voices and funders had hoped to achieve.

2020

► **Mana Wāhine – International Woman’s Day – Glen Innes**

This first item in the timeline did not use any Council funding, due to delays accessing allocated Council funding. Navigating the Council’s financial system and requirements and getting funds to flow in a timely manner was a challenge for the Auahi Kore Hapori Whānui activation team, especially in the early days. ‘Mana Wāhine’ was funded thanks to local partners pooling funds and connections to celebrate with a day of music, dance, crafts, and food. ‘Mana Wāhine’ values the contribution women make to their families, communities, and countries, and promotes the empowerment of women. The role of Auahi Kore Hapori Whānui role in the event was largely due to the longstanding links that the lead activator and Hāpai have with key community figures and organisations.

2020 March 8 – Glen Innes – c. 70 people

► **Tāmaki Touched Rugby – Touch Tournament – Tāmaki**

Auahi Kore Hapori Whānui sponsored this day, which involves a touch tournament as well as other activities for families, e.g. a tug-of-war. No Stop Smoking Services attended, so two Auahi Kore Hapori Whānui activation team members went around approaching groups where people were smoking and vaping to initiate conversations, and to provide information and referral to Stop Smoking Services. Auahi Kore Hapori Whānui was implementing a completely new way of engaging with the community about quitting smoking – connecting with people directly in the community, in locations and at occasions unrelated to health. This implied a new way of working for the Stop Smoking Services and their practitioners. Over time, various Stop Smoking Service practitioners developed and refined the specific and valuable role they could play at each type of event, as is demonstrated in the following pages.

2020 December 18 – Tāmaki – c. 200 people

► **Te Kotuku Festival – Cultural Performances by Children – Ruapōtaka Marae**

Auahi Kore Hapori Whānui sponsored the Kotuku festival, which sees primary school students doing cultural performances with their families watching on. Auahi Kore Hapori Whānui wove in smoke-free messaging and awarded a new smoke-free trophy, which recognised the best student messaging about smoke-free lifestyles.

"So, Kotuku festival wasn't a smokefree event. It's about primary kids, students and their families, performing the culture, the reo, everything. We tagged on to something that was already set up."

"Alongside Hāpai we created a smokefree trophy and that smokefree trophy wasn't about performance on the day. The smokefree trophy was more about how the students' messages were on the day around smokefree."

2020 November 21 – Ruapōtaka Marae – c. 500 people

► **QuitStrong campaign for the 9 priority areas**

Auahi Kore Hapori Whānui liaised with the Health Promotion Agency to roll out their 'Quit Strong' campaign across the 9 selected communities. The campaign employs positive, encouraging messages about quitting and specialises in digital media as well as out-of-home marketing, e.g. displaying messaging on bus stops, near dairies and other key places, depending on each community. In-person community engagement had to cease when the level 4 lockdown began (25 March 2020). A second roll-out was undertaken in the first few months of 2022.

2020 (and 2022)

2021

► **Play – 'People and Things' – Glen Innes – Henderson – Ōtara**

Auahi Kore Hapori Whānui commissioned a playwright to create a play on the theme of quitting that would resonate with community audiences in the selected locations. The result was a comedy about a mother trying discretely to quit during lockdown with telephone support. She wants to hide it from her family, but this results in a misunderstanding:

"The son hears his mother talking to this person on the phone and he thinks she's having an affair but she's trying to quit smoking, so it was that type of funny side of things that, that also helped with that engaging talk when we got out of the room."

The idea of a play arose from focus groups conducted early on by Auahi Kore Hapori Whānui:

"'What will engage people?' and a lot of our Pacific people said, you know, that creative space, having music, having food, having laughter and everything is something that engages our communities and that will bring people together."

Before and after the play, the audience could enjoy music, food, a TikTok photo station. In two of the play locations, two hip-hop dancers were present to help people do moves for dances that were hugely popular at the time on TikTok. As the dancers were from the 'Royal Family' dance crew, created by world-renowned dancer and choreographer Parris Goebel from South Auckland, this activity was very well received. Stop Smoking Services were present with information and sign-up forms.

The play was held on three nights. However, each night was in a different location. This facilitated access for the 9 selected locations but was incredibly challenging as regards logistics. Partnership between the Council, Hāpai, Stop Smoking Services.

Approximately 30 people signed up for support on the first two nights; and 58 at the Ōtara Community Centre. The dates, locations and approximate audience numbers are listed below:

1. 2021 May 28 – Te Ora Arts Centre – Glen Innes – c. 110 people
2. 2021 May 29 – Zeal West – Henderson – c. 110 people
3. 2021 May 31 – Te Puke ō Tara Community Centre – Ōtara – c. 250 people

► **Group quit programme – ‘E Tipu E Rea’ young mothers – Henderson**

Auahi Kore Hapori Whānui assisted an organisation that works with young mothers who live in challenging circumstances. A group of 12 young mothers were interested in quitting. They selected driving lessons as the activity to do as their incentive to quit. Some were living in emergency accommodation. Unfortunately, Tāmaki Makaurau went into lockdown. Organisers had been delivering stop smoking supplies but had to stop, as logistics became almost impossible. One notable success was one young woman, her partner and her mother managing to switch from smoking to vaping.

2021 March – Henderson – 12 women, Māori, and Pacific

► **Workshop on SUDI and Smokefree for Pacific Papas – ‘Wellbeing Reimagined’**

Hāpai’s Coordination Group for SUDI (sudden unexpected death in infancy) organised a workshop for Pacific men to learn about SUDI and the importance of being smokefree around babies and children, as well looking after their own health and wellbeing. Auahi Kore Hapori Whānui joined in to support the smokefree aspects of the workshop. Participants were encouraged to think deeply about the role they can play in contributing to the health and wellbeing of their families. The workshop established a positive and supportive environment for these discussions by adding in a creative process: an artist came in to teach the men how to create prints on material and make wraps for babies and other items for whānau that the men could take home to their family. The following quote summarises this approach:

“It was talking about the SUDI issue but also smoking in families... it was really men rethinking their health and wellbeing as being a father.”

One of the keys to the success of the workshop was that it was a space exclusively for Pacific men and facilitated by a highly experienced Pacific man to whom they could relate and who could speak expertly about SUDI and smokefree as well as broader wellbeing.

2021 August 7 – 26 Pacific men

► **Fitness competitions – The Discipline Games – Manukau**

This 2-day fitness competition event is organised and hosted by the Discipline Performance Gym in Manukau. Day one is for individuals; Day two is a ‘Strength and Conditioning’ competition to find the top team of 4 athletes in Auckland. They are judged on strength, endurance, and teamwork.

The activation team homed in on this event because it fits the criteria for being local, popular, upbeat, fun, and attracting large crowds. Being about fitness, conversations about improving health and wellbeing would arise naturally. Also, since people attended to support and cheer on whānau and celebrate team efforts, there was a particularly good link for talking about how to quit as a group – how to support your whānau to quit and how to achieve better health and vitality by being smokefree.

Auahi Kore Hapori Whānui had worked out that although the athletes themselves are fit and very few smoke (although quite a few vape), they do bring their families to support them on Day 2 for the team events. Auahi Kore Hapori Whānui organised a presence at the event, with features designed to appeal to the athletes and their families: a marquee called the ‘Hauora Hub’ (avoiding the ‘smokefree’ label); music; a keto kitchen with food and recipes, run by a local café owner; sessions with practitioners of mirimiri and romi romi (Māori healing); and Stop Smoking Service practitioners who brought their ‘roll the dice’ activity, attractive for all ages, which initiated conversations about health and wellbeing. One lesson was that some whānau attend on Day 1, but the attendance of whānau is huge on Day 2 for the team events. In the spirit of trying out many features for attracting people to the marquee, Day 2 became too busy, as the activities were very popular. Another strategic learning was that having upbeat music is useful for attracting people, but the music did not fit with the relaxing environment required for mirimiri.

2021 – Manukau – 300 people enrolled in the competitions, plus their whānau

► Smokefree event at the barbers' – 'You don't want this smoke' – 6 locations

This popular event was held six times across the selected areas during 2021 and 2022. Free haircuts were advertised for people who smoke. Asking people to blow into a CO monitor to prove their eligibility was part of opening a space for questions about the effect of smoking on health. This could lead to a conversation if they were interested in talking. Stop Smoking Service practitioners were onsite to take over if the men wanted to sign up for quitting support. Other incentives and fun features varied across the locations but included music, games, food, spot prizes and quit swag bags for those who signed up.

The innovative approach is described as follows:

"The concept was to get these barbers to start the conversation with the men while they're sitting in the barber's seat and conversation naturally happens in barber shops... so you know, it was giving the barbers a little bit of information around starting conversations."

The idea came from several sources: focus group discussions; talking with people in communities; and observing which events or locations drew regular and/or large crowds of people. They were on the look-out for opportunities to have informal conversations with people.

"It all stems from that very first focus groups that we did... 'What brings men in, Pacific men in particular?' and I was talking a lot with Pacific men and as you as you're in the community and you're walking through communities, there is just so many barbers, barbers, everywhere..."

As for other events, Auahi Kore Hapori Whānui carefully followed community advice to avoid labelling activities as smokefree: "[It was] some of the community that came up with the 'you don't want the smoke' tagline."

A major learning from the first barbers' event was that the Stop Smoking Service practitioners needed to reduce the time and intensity of their initial contact with someone. Instead of following their usual practice (completely a lengthy questionnaire-based assessment), they needed to keep it upbeat and short.

This was one of the Auahi Kore Hapori Whānui events that required minimal logistics and funding. It demonstrated how events in collaboration with local businesses could be successful in nudging people towards conversations and decisions about trying to quit. As with other Auahi Kore Hapori Whānui activities, they recognised that people like opportunities to feel good about their appearance and that this can be a safe way into a conversation about improving health for them and the family. It also proved that people are likely to feel comfortable striking up a conversation when they are in their own community environment and with people from their community.

2021 January 22 and February 12 in West Auckland; March 5 in Māngere; March 19 in Manukau (also in 2022: May 14 in Manurewa; June 11 in Papakura)

2022

► Fitness competition – Disciplines Games, Day 2 "Fourtress" events for Teams

This was the second year for Auahi Kore Hapori Whānui to have a presence at the games. (See 2021 for more detail.) In 2021 it had become clear that it was only worth having a smokefree presence with stop smoking practitioners on Day 2. Day 1 was for individual competitors – who generally do not smoke and are very focused on their events. In contrast, Day 2 was when all the families arrived to support whānau who were competing as teams. Sign-ups on Day 2 in 2022 included some people who were now ready to have a conversation about stopping smoking, having taken away some information the previous year. This indicates that having some continuity in the presence of support for stopping smoking is useful. Also, having multiple locations and events where people know they can go for a talk and to sign up.

2022 May 1 – Manukau

► **Smokefree event at the barbers’ – ‘You don’t want this smoke’**

Free haircuts and other incentives to initiate conversations and opportunities to sign up with Stop Smoking Services. See 2021 above for more details about this series of events.

2022 May 14 in Manurewa; June 11 in Papakura

► **Concert – ‘Switch it up’**

Activities were organised in the foyer to get people engaging with the smokefree team before the concert started. There were haircuts from barbers, hair braiding, food stalls, a 360 photo station, among other things. The feel was inspired by the pop-up stands at market days like Māngere’s. An electric bike was offered as a competition prize. QuitStrong ads were playing on the screen.

A member of the famous band Smashproof, who lives locally, had helped to organise the concert. His recommendation was to invite young, up-and-coming garage scene artists. This approach turned out to be very popular with the locals, including lots of youth. Auahi Kore Hapori Whānui had again shown the value of tapping into the right people locally who can use their connections and make amazing things happen, as is explained here:

“When you pull down the barriers and create a way of how to access this group to come together and it was done through social media and it was done through someone that understood what was happening in the music scene, at ground level.”

The concert was assisted by some community sponsorship while Council funding came through. As someone close to the action explained: “It was very difficult for the Council to release funding fast enough...when things are happening in a community, you have to jump, like really fast, to pull it together.”

2022 May 21 – c. 3000 people

► **Māngere event – ‘275 Day’**

This market-type day celebrates life in Māngere and the sense of identity that locals are proud of. Crowds are attracted by the wide range of stands of local businesses, services, and community groups. With music and fun activities for all ages, it is popular for families. This is a further example of how astutely Auahi Kore Hapori Whānui scanned across the selected areas to organise a presence at events already being organised. It creates a space for casual, spontaneous conversations about smokefree lifestyle and family wellbeing. It aims to do more than just raise awareness. Their approach is to have Stop Smoking Service practitioners present to answer questions, provide brief advice about quitting or switching to quit and to offer a quick, effortless way for people to sign up for more detailed conversation and support later. This is so that it does not become an obviously ‘smokefree’ event and that the conversation does not take too much of people’s time. This way, they can continue enjoying the event. Hopefully, they would also associate quitting with the positive, supportive, fun activities (i.e. very different from earlier Stop Smoking Service approaches in more formal settings).

2022 May 27 – Māngere

► **Group quitting ‘I am Woman’ – Wāhine Māori**

At the very start, the wāhine Māori participants were asked what focus and activities would help their quit journey, so that they would have a positive, fun journey together towards improved health and wellbeing. The programme was developed around their hopes and wishes, as follows:

“[They were] wanting to feel good about themselves and they wanted to lose weight and they wanted to eat better and just feel good. So, this came up that we would do something... around nutrition and exercise.”

Fourteen women enrolled, from all over Auckland and one in the Kaipara. Much of the programme was delivered during traffic light orange COVID restrictions, so it was online with a couple of sessions in person, which had low attendance. The online sessions involved participating in motivational talks about wellbeing, watching pre-recorded videos and doing exercises at home. Packs with food plans and food were couriered to the wāhine to facilitate their uptake of the nutrition and wellbeing learnings.

Observation, focus group and survey data reveal that in general participants, including a single mother with six children and a newborn baby, found that the programme was enjoyable and easy to integrate into their routine, lifestyle, and whānau commitments, as the following comments show:

“Just juggling the kids, I didn’t find it too hard actually. I quite enjoyed it.”

” It was just the right time. It slotted in really well for me personally and my family.”

Participants indicated that before the programme they had limited understanding of the consequences of unhealthy eating and limited knowledge about how to incorporate healthy eating and physical activity into their lives. Part of what motivated them to continue was wanting to gain some practical skills for achieving good nutrition and exercise.

“What I really liked about the programme was being mindful about kai and my exercise and having a healthy tinana now.”

“Be more aware of my body and looking after it.”

“I feel like I’ve got a way better relationship with my body now than I did have before the programme.”

Further enablers were evident. A Facebook messenger group chat enabled the wāhine to provide positive encouragement and share their journeys with each other. The following example shows the value of peer support:

“You might be down on yourself and not quite hitting those targets which makes it hard to carry on....What I like about this programme was all the wāhine were, like, you know, ‘Next time you [will] do better and make a better choice next time’....that really helped me.”

The programme set out to be mana-enhancing and empowering. It encouraged the wāhine to seek support from their whānau, which was a powerful enabler for many. Several mentioned encouragement from whānau saving them when they felt like giving up. For the following participant, it was her children in particular who helped her to continue: “...the encouragement from my kids. They were excited for me not to give up and it was a big boost for me.”

A consequence of being online and with wāhine from across the whole region was that they hardly saw each other face to face. Many could not get to the gym sessions. As one of the organisers explained, comparing ‘I am Woman’ with later iterations of the programme:

“It needed to be very localised...because when it's more localised, you had more of a community connection with each other. You could go to the gym together, or you could have it wrapped around a gym if possible, so they all had a space to go to.”

Despite the constraints of online delivery, the organiser recommends refining and testing a fully online version in the future. This would make group quitting more accessible for those who cannot travel easily. It would also provide a format that might suit some people’s lifestyles and availability better. They could, for example, follow the videos and do the exercises in their own time and space. Quitting, however, would have to be self-reported

and participants would miss out on weekly CO measurements, which Auahi Kore Hapori Whānui has found to be highly motivational for those trying to quit in a group setting.

As the invitation had been for wāhine Māori who smoke, two participants presumed it would take a fully Kaupapa Māori approach. One noted: “I didn’t feel like it was necessarily a Māori programme, as a Māori wāhine.” There were circumstances to explain the features referred to, but it highlighted how important clear messaging is.

2022 August 25 for 6 weeks – 14 Māori women

► **Wahakura wānanga wāhine hapū Māori**

Auahi Kore Hapori Whānui coordinated with an existing activity for pregnant Māori women, run by another group. As a group, the women learn to weave a traditional Māori flax baby bed while hearing gentle messages about wellness and how to look after themselves and the baby. This time the activity included more messaging and on-the-spot support for stopping smoking. Stop Smoking Service practitioners were present and joined in with the weaving to establish a connection before setting up support for the women’s quit journey. The women came back one month later to receive their baby beds, as the flax bed needed to dry and be checked for safety.

2022 September 3-4 to do the weaving – 20 pregnant Māori women and about 45 whānau

2022 October 8 to receive their completed baby bed

Three Group Quit Programmes – Kava Groups – Tongan men

Led by Tongan facilitators, in the Tongan language, with support in the background from Auahi Kore Hapori Whānui team and Stop Smoking Service practitioners. All three groups below achieved mass quitting over the 8-week period. This has shown that the group quit programme approach to cessation can be provided in a community-led and culturally responsive way.

► **Kava Group – Tongan men – Glen Innes**

This was a collaboration between Auckland Council and The Fono to support the journey to quitting for Tongan men who regularly gathered to consume kava, most of whom smoked (18-70 years-old). The men had been gathering in three separate garages as they had no one location large enough. The group quit programme brought them together at the Glen Innes community hub every Monday night for eight weeks.

Two Tongan facilitators already knew these groups and how widespread the smoking was, as can be seen in the following quotes:

“[He] had been going back to these kava groups and pretty much he said ‘It’s just so difficult. They’re all smoking’ ... And he goes, and no matter what he says it doesn’t make a difference.”

“It was interesting how the group sort of starts off inside and then at a certain time there’s just this mass exodus of men going outside and they’re all sparking up and all having their cigarettes.”

In accordance with the Auahi Kore Hapori Whānui approach, the men were asked what they would like to do to help them quit. As one organiser explained, this was “probably the first time that this group, this large group of men, were actually given an opportunity to determine what they wanted to do in terms of a quit journey.”

The men decided they wanted to do exercise and become healthier in addition to quitting smoking. They also wanted a T-shirt for their group, which speaks to their pride in working collectively towards their goal of quitting.

The organisers scheduled a nurse to perform an initial health check for the men. This included measuring blood pressure, body weight and lung capacity to establish a baseline for tracking their progress. Next, the participants

were taught an exercise routine and encouraged to continue it throughout the week. This exercise routine was repeated each week before sitting down to enjoy kava.

After eight weeks, the programme concluded with a final health check. The results were highly encouraging. All participants lost weight, except for two individuals who maintained their initial weight. Several participants showed an improvement in lung capacity. One participant, whose lung capacity initially measured at 56%, saw an impressive increase to 98%.

The programme received entirely positive feedback. Participants recommended repeating the programme for others who had started asking when the next one was being held. Several recommended that the programme should be adapted to address other health issues as well. Many had already tried quitting and NRT (Nicotine Replacement Therapy) to no avail, but found this approach quite different and effective, as is explained by this participant:

“I once joined a Quit programme before. But it was not like this. [Here] the nurse recorded our weight and blood pressure. The exercise gave us some work to do, and the vape helped some of us to take the quit and manage it.”

Several described the effect of the programme’s nutrition education, which included managing cultural foods and eating in moderation. They became more aware of their own eating behaviour, as expressed here: “I notice that I am more conscious of what I eat” and “I am conscious of what I eat, the portion of the food I take.” Others described swapping unhealthy food choices, for example: “I have changed from the usual bakery food for breakfast, to eating cereal and healthier food from breakfast.”

Many participants reported that exercise was helpful in managing the physical and mental challenges of quitting smoking. The financial benefits of quitting smoking were also highlighted. One participant reported saving \$150 in a single week after quitting.

The success and acceptance of the Glen Innes programme was also partly due to the dedication, good organisation, and hospitality of the organising team as well as the facility provided by the Council. The venue was described as a spacious, clean, warm venue with plenty of parking, which would have made attendance very convenient and comfortable.

Quit data: All 28 participants had quit smoking by the end of the programme, as verified by CO readings at week 4 after the Quit Date. See also Appendix 3 and Figure 7.

2022 September 12 for 8 weeks – 28 men – Glen Innes

► **Group quit programme – Tokelau Women and Men – East Tāmaki**

This group met weekly at the Ōtara Community Centre for 6 weeks. As usual for the Auahi Kore Hapori Whānui programme, week 1 was an Introduction session. CO readings were taken, and the standard information was shared (i.e. what stop smoking support and treatment options are available; how to use them; and how to access support services). Culturally relevant information was added for this group: beetle nut and tobacco use.

To accompany their quit smoking journey together, the group decided: Zumba for 3 sessions; discussions about how to access financial support; a celebration with food, music and conversation for the final session.

Separate focus groups were held for men and for women. The main motivations for wanting to quit were like most other groups. Top reasons were related to personal and family health and wellbeing; saving money; desire to live longer and healthier to be there for their children and families. As one woman shared: "I want to see my children grow. I don't want my smoking habit to cut my life short and leave them early." In addition to saving money, one man was concerned his own smoking might mean his son would become a smoker: "Save money and I don't wanna see my son smoking."

Symptoms of poor health and concern about the amount they were smoking and/or vaping were triggers to try to quit, for example: "I noticed that I was becoming more breathless. I could hardly play with my kids without panting. I knew it was high time to quit."

Quitting as a group was highlighted as helpful. Features of this format, such as sharing experiences, not feeling alone, wanting to be accountable, are illustrated in these quotes:

"When I hear, the group is going to make quit smoking, I need to come because for me it's good with a group to help quit smoke. Because if I do it by myself, I can't do it."

"The stories and experiences that others shared in the group really touched me. It made me realize that I wasn't alone in this journey."

"Having people to check in on me and keep me accountable was extremely helpful. I didn't want to let them down."

Several participants drew attention to the value of having a well-organised and structured programme. This included having resources such as the stop smoking products and support available there for them, but one man also seems to specifically acknowledge the value of the programme's coordinating role in bringing together the right combination of support from a variety of sources, presumably the partnership between Council, Hāpai, Stop Smoking Services and key community people: "I think the programme is well planned and heaps of help from other departments and things. That's why it's been easier for us."

Learning coping mechanisms was one key takeaway. As two participants expressed: "Cos like when me and my partner would have an argument, so instead of having a cigarette, I would go for a walk" and "I've learned better ways to manage stress rather than reaching for a cigarette."

Educational information had a useful impact. As one woman relates: "The information provided about the harmful effects of smoking was really an eye-opener. It helped me stay on track."

Commenting on one of the unique and innovative features of group programme, many participants expressed gratitude for the flexibility to customise the programme, such as being allowed to choose Zumba instead of personal training, which was one of the options. Two participants described their reasoning as follows:

"Having the choice in deciding the program activities made me feel more in control of my own journey."

"I'm very satisfied with how the programme was run. I felt heard and respected."

Quit data: All 13 participants had quit smoking by the end of the programme, as verified by CO readings at week 5 after the Quit Date. See also Appendix 3 and Figure 6.

2022 October 25 for 6 weeks – Tokelauan women and men – East Tāmaki

► **Group quit programme – Second Kava Group – Tongan men – Mount Wellington**

The third kava group started their quit journey in March 2023. The group expanded as more people joined – word had been spreading. They also took on some participants from the Glen Innes kava group who sought their support to get back into quitting, as the following quote explains:

“It was just amazing. And some of the Glen Innes group turned up at the Mount Wellington Group because they had relapsed, and they came to this group to get back on the programme...there was about two of them...They were so apologetic that they had relapsed, and they said “We knew that this was starting. We just needed to kick-start us off again.” And so, they got on the programme again and quit.”

A common theme in the evaluation survey data of this group was how much switching to vaping had helped them to stop smoking, as follows:

“The only thing I can recommend [is] to add more vapes. This is a big help for those trying to stop smoking.”

“It was difficult to stop smoking especially when I drink kava, but it became easier because of vaping.”

One survey question asked whether they would recommend the programme to others. Answers revealed that a successful programme like this can have an exponential effect on quitting in the community. If satisfied participants talk about their successful quitting and how much better they feel, this is likely to carry a strong message to family and others they meet in their daily life. Examples of their answers:

“Yes, I will tell my family and those who I know are smokers.”

“Yes, I want all the smokers to be part of this.”

“Yes, a lot of people I know are already ready for the next program.”

It was also common for participants to mention that they had noticed positive changes in their body, energy levels and mental health, as these examples show:

“My mind no longer worries about thinking about tobacco. I have more energy.”

“I have more energy, and my body has more strength. I save money.”

“I stopped coughing, and I don’t feel tired fast.”

Several wrote about their family being happy that they had stopped smoking, for example: “My life has changed, my family are much happier.”

Based on the success of community-led approach to quitting with kava groups, the Fono has expanded their way of working, according to a quit smoking expert from outside the Fono: “this really kick started the formula and how they engaged with their communities in a way that works in a cultural manner.”

Quit data: 17 of the 18 participants had quit smoking by the end of the programme, as verified by CO readings at week 4 after the Quit Date. See also Appendix 3 and Figure 8.

2023 March 8 – 18 Tongan men enrolled (others joined in later) – Mount Wellington

► **Group quit programme – Third Kava Group – Tongan men and women – Ōtāhuhu**

It was usually men only who consumed kava together but their partners who smoked were asked if they wanted to form a group as well. They joined in on the 8-week programme to quit smoking.

An opportunity to try using vaping to quit smoking was attractive for many, according to one of the people close to the programme:

“a lot of them had tried nicotine replacement therapy in the past and they wanted to give vaping a try, so a probably a good 90% of the group wanted to use vaping.”

In recommendations to the programme, several participants highlighted the utility of vapes, as follows:

“There was more than enough help from this program but there really needs to be more vapes and vouchers to try encourage more people.”

Participants all indicated they would recommend the programme, for example: “Yes, I will tell the church I am part of as well as my kava group as this will be useful for them.”

One success was a pregnant woman managing to quit.

Quit data: 28 of 30 participants had quit by the end of the programme, as verified by CO readings at week 4 after Pre-Quit Date CO testing. See also Appendix 3 and Figure 9.

2023 July 1 for 8 weeks – 30 men and women – Ōtāhuhu

► **Group quit programme – Youth Group – West Auckland**

The Fono led the quit programme for this church-based group of young people (18-30 years). Having something in common, in that they went to the same church, is likely to have helped create a sense of solidarity as a group. The effect of the group approach is described in one participant’s words here: “Participants from our youth helped motivate each other so it was a fun journey overall which helped in me quitting.” Discussing as a group may also have helped to work out how to deal with the particular social challenges encountered by these age groups when they are trying to quit. One participant singled out a barrier they had encountered: “Being around group of friends that were still smoking and that were not in my quit journey.”

The programme’s holistic approach to quitting, which includes how to look after and improve your mental health and wellbeing, seemed to resonate with several of the participants. For example:

“It got me to understand myself more and discover other things.”

“Being able to overcome everything above & learning self-motivation in the process.”

Quit data: 11 of 12 participants had quit smoking by the end of the programme, as verified by CO readings at week 4 after the Quit Date. Sadly, 1 participant passed away. See also Appendix 3 and Figure 10.

2023 February 17 for 8 weeks – 12 young people – Massey

► **Play ‘One Call is All It Takes’ – 2023 May 16, 17, 18 – Glen Innes**

Voices from the community about the play, ‘One Call is All It Takes’

Interviews suggested that the play had been powerful, fun, and memorable, and culturally relatable for its target audiences. The location, manaakitanga and activities before and after the play resonated with the community. Extracts from different interviews are brought together below to highlight some of these features.

Why did you attend the play?

“Knowing that locals were involved made it more personal to me.”

“A chance to hang out with whānau and friends. A chance to be with whānau who takes this really seriously.”

Do you remember the key messaging in the play? In terms of smokefree, what do you remember?

“It was that smoking is endangering everyone’s health. That includes the traumatising for whānau with people that smoke get sick and die.”

“It was really powerful messaging about multi-generational smoking harm. About the dangers of starting smoking young, about how normalised smoking was when I was young. And how far we’ve come.”

“None of it was medicalised...it was really, truly a community voice, family voice, whānau voice and the play was about a whānau...because, you know, compared to, say, a practitioner's approach...you bring a smoker and you can talk about their smoking and it's one-on-one and it's normally...within a closed space and there's just two people there, as opposed to having an entire audience where you're laughing with a crowd of strangers, and you're not the centrepiece. You're not being judged.”

“I think it was like the role that they [whānau] play in either helping or hindering the person from quitting...it shows how important they can be to somebody's quitting journey.”

What did you experience at the play? In addition to the play itself?

“The photobooth was hilarious. It wasn’t about winning the prize but about learning a recent technology and getting over my ego. Because it didn’t matter that I embarrassed myself, but it also showed a record that I was supporting the event.”

“It felt special having kai and the band and the welcome before the play in the lobby. It wasn’t just we are paying to go to a play, it felt Māori and it felt community. I met people there that I hadn’t seen in years, so it was a shared experience with whānau and friends.”

“Typical health promotion tools and resources were not used...they had gaming there, you had your TikTok. At all the events, it's just all different. And also like having the coffee machine and coffee people there too, for people who love their coffee, using their coffee culture to say, “hey, we can just have a chat.” It doesn't have to be all about the smoking, but essentially, you're going to get to that point because everything in the room's about being smokefree.”

How did the play make you feel?

“My mother died of lung cancer and father of other related causes but had lung cancer...I thought about them...I remember as a child he was a chain smoker. He wanted to quit...It became a part of our life, but we never talked about it. We weren't allowed to discuss it, and it was a taboo subject. The stuff was deeply buried, and the play brought it up...The play gave the effect of a lightbulb where I realised that whilst I don't smoke, it does affect me. Hadn't thought about how it's affected family over the decades.”

“I actually cried. Because it resonated with my own experiences with my older generation. I thought about my mum and her generation that had died and how sad it was that they didn't have this kind of messaging, and I also worry that the next generations are also targeted by big pharmaceuticals and the tobacco industry. It is our indigenous mokos that suffer. The Pacific messaging resonated with me as much as the Māori.”

“The use of mahi toi, the arts, and pūrākau was much more powerful than standard health messaging, like tv ads and pamphlets and the doctor telling us.”

“Being able to be engaged through the messaging such as the Manaaki that was offered, we were able to be involved in dialogue. It was a bit like a wānanga, we weren't just being told, it was interactive and [there was a] variety of engagement points.”

What did you take away from the play?

“I thought I would be more up front with whānau that do smoke. I know people in family that have switched from smoking to vaping. I'm concerned about vaping, more than cigarettes. I made the decision to speak out more. Being understanding, honest and open. I've come to the understanding that keeping quiet is not helping anyone.”

“I loved how the script was flipped, in that it is about looking for a healthier lifestyle, like being more aspirational rather than just 'You're smoking. You have got to stop it', but rather it's 'Look at all this life that we have, that we could be a part of' ...It was more about how we become smokefree, as opposed to how do we quit smoking.”

Would you like to see more variety of events, like this play, in the community?

“Yes, and can I just say I really was pleased that the organisers of that event they really reached out to the right community. The venue was comfortable. It wasn't the Townhall ...They came right into the community that really needed to hear that message. More variety? Of course, there are many more ways to reach into the community. It's not a marae, but it sort of is, because it is a community facility that brings people together.”

Would you bring others to these events?

“If I got a call to ask me to go and support a whanaunga or moko at something, I would prioritise this. Don't target us nannies if the mokos aren't involved. The mokos will get me there.”

“Yes, if it was something that was relevant to them...diabetes for instance, huge issue with Pacific and Māori...It would be good to have these plays and the messaging. I don't have diabetes, but I would go to an event that focussed on diabetes.”

► Concert 'Switch it Up' 2023

This was the second year a concert was held. Musicians from the community were selected to perform. Auahi Kore Hapori Whānui activators aimed to have fewer activities this year but a clearer focus on smokefree (without labelling it as such) as well as more space for families to circulate and discover what was on offer. New features this year were displays of chatbots and apps for Māori and Pacific peoples interested in quitting smoking. Smokefree team members were there to help people download the chatbots and app via QR codes, which provided a natural link for sparking conversations about quitting.

Getting a CO monitor reading done was another trigger for awareness about the health consequences of smoking. There was a high uptake of this activity, delivered by the Stop Smoking Service practitioners, who signed up many people for follow-up.

To cater for the youth demographic attracted by the concert, Auahi Kore Hapori Whānui organised for some young people, who are advocates of living without smoking and vaping, to talk directly with other youth and their whānau about reducing youth vaping. This linked in with a very popular arcade game event activation, 'Later Vaper Arcade,' which had been rolled out in the community as part of the Health NZ youth vaping campaign 'Protect your Breath.' The arcade was a space where young people could play interactive games that started with a question about vaping and its effects and involved a metaphorical challenge to do with airflow (as a symbol of breath and lung health).

2023 20 May – Manukau Events Centre

► Group quit programme – Māori and Pacific women – South Auckland

This 4-week programme was the last implemented by Auahi Kore Hapori Whānui. Supported by partners Hāpai and Counties Manukau Stop Smoking Services, it finished by testing the feasibility and appropriateness of its approach for populations within the community facing compounding barriers to health and less likely to access support to quit smoking. They connected with LinkPeople, an organisation in South Auckland that supports women who are dealing with significant mental health and/or other challenges such as homelessness. The organisation assists the women in getting into a home and looking after their health and wellbeing.

Additional support was organised to facilitate participation in the programme. The women's care and case support workers could pick up and drive the women to the sessions.

As with all the Auahi Kore Hapori Whānui group quit programmes, the women were asked to decide collectively on activities they would like to motivate them and help them celebrate their quit journey together. The activities were scheduled to start after the stop smoking content of each session had been completed. At week 5 they received a Stop Smoking Services follow-up to ensure they were well prepared before the Christmas break.

Participant survey data reflected extremely high participant satisfaction with the programme. Of the 15 responses, many indicated they would strongly recommend it to others. 13 out of 15 described positive changes in their body they had noticed by the end of the course (the most quoted were improvements in breathing). Many comments referred to learning skills to help quitting, but that would also help deal with other challenges these participants may be confronting, for example:

"The project helped find ways to turn habits into a good group effort to support each other breaking habits and saving money while having fun. I've found diverse ways to cope with stress like going for walks and taking one step at a time."

The programme had an impact on reducing vaping as well, as one vaper attests: "This project has helped me cut down on my vaping intake. I would sleep with my vape close by so that when I wake up, I can have a few puffs. Now I can go without vaping for hours." Another described similar success: "I appreciate seeing the cravings disappear for cigarettes but also vaping which as well was my go-to option 24 hours a day really."

14 of 15 described very positive effects when asked how the programme had affected their mental health and sense of wellbeing. Two examples follow:

“Mentally, I felt good saying no in social smoking settings. Felt in control of my actions and decisions.”

“It has [a]ffected my mind in a positive way helping me learn how to cope with things properly.”

One question asked how they felt about mana during the journey and whether enough support had been provided. Of 14 responses, 13 wrote extremely positive comments. Together they reflect an approach that succeeds in being empowering, mana-enhancing, positive and non-judgmental, as this one following example shows: “My mana throughout this journey became stronger and stronger each time. The support and team leader were great, made me confident and made me feel good about myself.”

Another comment reinforces how important it is for the programme to ensure that participants leave knowing how to contact the Stop Smoking Services and others for further support: “Helpful was the constant reassurance that if we didn't succeed that support would still be with us after the program.” Being able to access effective follow-up support would help people who relapse to get back into quitting.

The quit data below demonstrate successful outcomes and bodes well for running the programme again with similar groups.

Quit data: Of the 17 wāhine, 4 wāhine were vaping and wanted to quit vaping. By week 4, 1 of the 4 wāhine vaping had quit completely; 3 had cut down considerably and reported that they were committed to continuing to quit vaping. Of the 13 who were smoking, 12 set a quit date and 9 of the 12 were smokefree at week 4.

2023 November 20 – for 4 weeks plus 1 Stop Smoking Services follow-up at week 5 – 17 Māori and Pacific women

Appendix 8: Incentive activities chosen by groups to support their group quit journey

Driving qualifications

One group of women chose driving licence qualifications as their activity and secondary goal for the weeks they were doing their quit smoking programme. They enrolled for whichever exam they needed to do next, e.g. learner's, restricted or full, or defensive driving. Auahi Kore Hapori Whānui provided the funding and the motivation to make it happen; the women were responsible for the rest: "we just set it up and they just booked in and got themselves sorted."

The choice of driving qualifications was the outcome of a discussion during which the women agreed they wanted to choose something that would make the most difference to their lives and help them the most, rather than something they would enjoy or be doing for fun. As one of the organisers remembered:

"They said, 'we need a license to even get a job', you know, so that is what they were thinking. It was always future thinking about money, jobs. It was all of these other things that put pressure on them... as well as they just feared the process of doing the test. Because they'd never done well at school, it was 'How are we going to get over the line with a test?' So they chose what they wanted, what they prioritised."

" 'Doing this together. We get to do this together. We all get to go for our license.' And 'I'm nervous' – 'Yes, I'm nervous too. We can do it together.' It was that type of real connection and even though they were focussed on their driver's license...they knew that they were in the quit group, and they knew that they were also stopping, quitting, not purchasing anymore tobacco. It all linked somehow."

Financial capability

Some groups asked for speakers who could teach them skills that would help them improve their financial situation, e.g. how to budget, reduce debts and have a savings plan. As one facilitator explained:

"A lot of these things were introducing financial capability – people to come in and have those conversations...Yeah, it was local – it was the local budgeting services. So, the Henderson local budgeting services or there was a local budgeting service from the Whānau Ora at Orakei."

"Many were interested in home ownership, and, you know, obviously they really wanted to get into home ownership, and they sort of wanted to talk about how they could do that. And that came down to their budget, reducing their debt, putting savings goals in place. So that was a really good discussion with women. They really liked that."

Starting or running a small business

Another speaker topic was how to start or run a business from home. A facilitator believed there may have been heightened interest in ways to work from home due to the COVID lockdown:

"That really made people see life differently in terms of making money...Or they haven't had a job, and this is one way that they could do a job and still stay at home because they've got kids."

Stopping or reducing alcohol consumption

One group of women chose to get help with how to quit or reduce drinking. They added another challenge (and potential gain) to their quit smoking journey. Since many of them associated drinking with having a smoke, they felt their attempts to quit smoking would work better if they could reduce alcohol at the same time. The quit programme approach encouraged people to focus on working towards a healthy life – not just stopping smoking. The choice of this group reinforces the appropriateness of that approach. Participants themselves decided to work on two addictions at once. This highlights the value of letting the community determine how they want to do things. Alcohol was another product that they felt was harming their health and costing them money they would prefer to spend on other things.

Getting fit and healthy

Setting additional fitness- and health-related goals was popular. In addition to quitting smoking, several groups were keen to work on their fitness together, e.g. Zumba classes; gym training. One of the kava groups asked for health checks to motivate them. They had their weight and blood pressure measured, in addition to the CO monitoring, which was a standard component of the group quit programme.

Self-esteem and wellbeing

In a way, all groups chose activities and outings that they felt would make them feel better and bolster their confidence in their ability to quit. However, some activities could be categorised as relating to self-care and raising self-esteem by improving wellbeing. Examples included sessions of mirimiri (Māori healing approach). One group of women included an activity that was free:

“Sessions just feeling good about themselves because...they really didn’t put a lot of energy in themselves... a lot of them had just lost that confidence in...thinking about how to dress for their shapes. So, they did this upcycling clothing thing where some of them brought clothes in, and they sort of figured out “okay, this would probably be more for your shape, or this colour”

Cooking

Food was linked to health, wellbeing and enjoying community life. This chosen activity was about learning how to cook to a budget as well as healthy ways to prepare culturally important food. As one of the organisers explained:

“But if they want to learn how to cook food, on a budget, then [we’re] going to find someone local because then if it’s local, they can always have that connection with that person – so it continues in their communities. And cooking on a budget, again we’re fitting with money, the financial side of things, but we’re also fitting with cooking in a way that a lot of them are going to be cooking for families...‘How do we cook healthy?’ So how do we cook healthy food that includes their cultural foods?”

Learning a craft

Culturally relevant arts and crafts were selected as a group activity in some of the quit programmes organised by Auahi Kore Hapori Whānui and some related health promotion activities organised by others. The list included weaving; making kawakawa balm; sewing; and printing art on fabric.

Having a group turn their attention to a creative activity can create a positive atmosphere that is good for listening to others and tackling what might otherwise be stressful topics. One example involved the craft of weaving. Auahi Kore Hapori Whānui was able to join and support the provision of smokefree messaging at the Wahakura wānanga wāhine hapu Māori – for young pregnant Māori women on the theme of Sudden Unexpected Death in Infancy (SUDI). This Kaupapa Māori activity had been implemented before; it was organised by Hāpai. Whānau were

welcome to join in and support. One attendee described the scene: young pregnant Māori women were sitting on the ground weaving, helped by fathers as well as older generations of whānau while Māori facilitators explained the significant cultural importance of weaving as well as sharing guidance about how to prevent SUDI. While the young women were creating with their own hands this bed to protect their baby, conversations could also flow in a non-threatening, non-judgmental way about how the young women could also protect their baby's health by quitting smoking. An important contribution from Auahi Kore Hapori Whānui was organising the participation of Stop Smoking Service practitioners. This meant the wāhine and their whānau could learn about quitting support on the spot. A facilitator commented that this felt much better than referring the wāhine and hoping that they would contact Stop Smoking Services later themselves.

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