



Department of Health

Monitoring and Evaluation Framework for the Tackling Indigenous Smoking Programme

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1. Introduction

Tobacco is one of the leading contributors to the burden of disease among Aboriginal and Torres Strait Islander peoples. The overall goal of the Tackling Indigenous Smoking (TIS) programme is to improve the health of Aboriginal and Torres Strait Islander peoples through local population specific efforts to reduce harm from tobacco. The programme is an adjunct to primary health care and is supplementary to broader measures for tobacco control such as plain packaging and excise duties.

The Department of Health has delivered a region specific population health programme to reduce Indigenous smoking rates (Tackling Indigenous Smoking) since 2010. The TIS programme was redesigned in 2015 following a review to emphasise outcomes in reducing tobacco smoking. The TIS programme consists of a number of components, including grant funding for regional tobacco control activities and innovative projects, a range of national supports for implementation, performance monitoring and evaluation, enhanced Quitlines, training and leadership and coordination.

The Cultural and Indigenous Research Centre Australia, in conjunction with, the Incus Group and the Centre for Health Initiatives, University of Wollongong, has been contracted to conduct the evaluation. This document is a guide for the monitoring and evaluation of the national TIS programme from 2016-2018. It includes information on the TIS programme, the purpose of the evaluation, the questions the evaluation aims to answer, and how these questions will be answered. The national evaluation will rely on a wide range of data sources to address the evaluation questions, including monitoring data reported by grant recipients and primary evaluation data collected by CIRCA.

This Framework will be supplemented by an Evaluation Plan that will include information on the methodology, discussion guides, surveys and timeframe for primary evaluation data collected by CIRCA. This will be finalised in the second half of 2016.

2. Context – the TIS programme

The prevalence of smoking among Aboriginal and Torres Strait Islander people is close to three times that of the total Australian population (ABS, 4714.0 - National Aboriginal and Torres Strait Islander Social Survey, 2014-15).

Tackling Indigenous Smoking was delivered through a regional grants programme to fund Tackling Smoking and Healthy Lifestyle Teams from 2010 - 2015. The Australian Government is committed to ensuring that all actions taken to address high rates of smoking are based on the available evidence, and are delivered in the most appropriate, effective and efficient way. To support this, a review of Tackling Indigenous Smoking was commissioned by the Department of Health.¹ The review was undertaken by the University of Canberra in 2014 and included stakeholder input in various forms. The review recommended developing the evidence base that underpins the programme, channelling advice to programme teams about the types of activities that are effective, and integrating a reporting and evaluation framework into future iterations of the programme.

A revised TIS programme with a budget of \$116.8 million over 3 years (\$35.3 million in 2015-16; \$37.5 million in 2016-17 and \$44 million in 2017-18) was announced in May 2015. A significant proportion of the funding (\$93.4m) has been allocated to regional grants.

The key performance areas for the revised TIS programme are the use of multi-component tobacco control strategies, using and promoting best practice approaches to tobacco control, and building partnerships and collaborations to support innovation, capacity-building and behaviour change. Rather than continuing a programme that ties funding to salaries, the current TIS programme offers flexibility in how the activities are delivered, with a focus on the outcomes to be achieved, rather than being prescriptive in relation to the activities to be delivered.

The redesigned TIS programme should achieve:

- Outcomes-based approaches that ensures expected outcomes are defined, while the means of achieving the outcomes can vary
- Place-based approaches that include local planning and ownership of solutions, and tailoring flexible programmes that are responsive to local needs, and are population based
- Promotion and use of evidence-based activities
- An enhanced service system for Indigenous tobacco control across local/regional and national areas, and between clinical/non-clinical services; and sharing of information/resources so there is seamless service provision for individuals

¹ Faculty of Health University of Canberra, *Tackling Indigenous Smoking and Healthy Lifestyle Programme Review: Stakeholder Consultation*, 2014

- Population reach through targeted approaches for specific population and age groups, different communities/locations and families across regions
- Modelling of the message, through smoke-free workplace policies including community events, smoke-free homes policies, smoke-free and alcohol-free sporting and cultural events, and promotion of local role models/ambassadors
- Monitoring and measuring with Monitoring and Evaluation built into activity planning; performance measures that are linked to activity objectives and outcomes; and stages of progress that are measured and reported in a nationally consistent format.

It is important to note that there are a large number of national, state/territory, regional and local initiatives and an Indigenous-focused National Tobacco Campaign targeting smoking cessation in Aboriginal and Torres Strait Islander communities, and the TIS programme operates within this broader environment. This is a key consideration for the national evaluation of the TIS programme in relation to attributing change to the TIS where other variables impact on outcomes.

2.1 TIS programme objectives

The principles of the redesigned TIS programme provide the rationale for the TIS programme objectives, as follows.

Overall objectives of the TIS programme

1. Reduce gap in prevalence of smoking among Aboriginal and Torres Strait Islander people compared to that among non-Indigenous people, through accelerated reductions in the uptake of smoking and an increase in sustained cessation
2. Reduce exposure to second-hand smoke in cars, homes, workplaces, community areas and events

Component/immediate objectives of the TIS programme

Population health tobacco control initiatives

3. Increase community involvement and support for tobacco control initiatives by including communities in the design and delivery of programmes
4. Increase use of a multi-component and evidence-based intervention approach that includes elements such as community education, quit support groups, and youth based interventions
5. Build positive attitudes and social norms around reducing tobacco use
6. Increase understanding of health impacts of smoking and pathways to quitting
7. Increase quitting intentions and number of quit attempts among Aboriginal and Torres Strait Islander people, especially among pregnant women
8. Reduce exposure to second-hand tobacco smoke

Access to quit support	<p>9. Increase uptake of services supporting quitting through partnerships and collaborations built through TIS</p> <p>10. Increase in specific skills among those professionals in contact with Aboriginal and Torres Strait Islander people</p>
Capacity development for tobacco control initiatives	<p>11. Improve capacity and capability of local services to provide accessible and appropriate tobacco control support and services</p>
Use and promotion of innovation and best practice	<p>12. Identify and promote use of evidence to enhance quality and relevance of tobacco control approaches</p> <p>13. Promote innovation in tobacco control initiatives and contribute to evidence base</p>
Coordination, Leadership and Advocacy	<p>14. Improve leadership and advocacy in tobacco control at the national and regional level</p>

2.2 The delivery of the TIS programme

The redesigned TIS programme comprises a number of strategies to meet its programme objectives:

- **Regional tobacco control grants** (commenced early 2016): 36 organisations have been provided funding through Regional Tobacco Control Grants to undertake multi-level approaches to tobacco control, which combine a range of evidence-based tobacco control activities to meet the needs of different population groups within a region.

Rather than funding provided specifically for the employment of a tackling smoking workforce, the new programme offers flexible funding for organisations to select from various evidence-based approaches with a focus on measurable outcomes for reducing smoking rates. Organisations involved in rolling out the programme have the flexibility to select evidence-based mechanisms and tools to reduce tobacco use within their region, that suit the local context and utilise their strengths.

- **National Best Practice Unit TIS (NBPU TIS)** (commenced late 2015): The objective of the NBPU TIS is to support grant recipients to plan and implement an evidence-based, outcomes-focused approach to reduce smoking by Aboriginal and Torres Strait Islander peoples. Support from the NBPU TIS will be provided from project planning through to generating evidence that feeds into delivery and outcome improvements to maximise the effectiveness of the TIS programme.
- **National Coordinator Tackling Indigenous Smoking** (commenced March 2010): The National Coordinator role includes providing high-level advice and insights to assist in the shaping of policy and approach for the TIS programme, and providing practical leadership and

advocacy in the national implementation of the programme, having regard for traditional culture and values.

- **Innovation Grants** (commencing in 2016): The Innovation Grants support innovative and intense activities to reduce smoking prevalence, through collaborative partnerships between research organisations and service providers. The aim is to increase the evidence-base on the implementation of effective tobacco control activities in regions or sub-populations requiring special attention, and enable intense work in these areas of need. These areas of need have been identified as remote and very remote geographical areas, pregnant women and young people especially in remote areas. The approach includes the delivery of interventions in the target population groups which are designed, developed and evaluated.
- **Quitline enhancements** (2015 – 2018): The Indigenous Quitline enhancement grants aim to improve the capacity of Quitline services to provide accessible and appropriate services to Indigenous people, including enhancements for young people, pregnant women and new mothers. The funds support employment of Indigenous staff, as well as training and resources for all Quitline staff.
- **Quitskills training** (2015 - 2018): Brief intervention and motivational training in best-practice intervention methods aimed at increasing the number of suitably trained and qualified professionals working with Aboriginal and Torres Strait Islander smokers and their communities.

3. Purpose of the Monitoring and Evaluation Framework

The Department of Health is interested in identifying and delivering effective approaches to tobacco control in Aboriginal and Torres Strait Islander communities. TIS utilises a locally tailored population health approach as a supplementary effort to broader national tobacco control measures to reduce the high smoking rates among Aboriginal and Torres Strait Islander people. The national evaluation of TIS will assess this approach in terms of:

- level of change that has occurred through the TIS programme (effectiveness)
- fit between the TIS programme and the needs of Aboriginal and Torres Strait Islander communities (appropriateness)
- how well is the TIS programme progressing towards achieving the long term outcomes

The national evaluation will not focus on long-term impact in relation to a reduction of smoking rates at a national level, because this impact cannot be measured within the timeframe of this evaluation, due to several factors including 1) the lack of baseline data, 2) the absence of population health surveys in the timeframe of the evaluation, 3) lack of time for population level behaviour change to occur and 4) difficulties in attribution. The national evaluation will instead focus on the short and medium term impact of the TIS programme. This will enable the evaluation to assess the progress made by the TIS programme towards achieving the long-term outcomes.

The national TIS Programme evaluation will include:

- **Monitoring data** reported by regional tobacco control grant recipients against nationally consistent performance indicators and any other grant recipient identified indicators
- **Primary evaluation data:** surveys, site visits, interviews, and case studies conducted by CIRCA. This data collection will take place over two waves (in late 2016 and 2017).
- **Secondary analysis of other monitoring and evaluation data:** CIRCA will analyse data such as Quitline data, Quitskills data and innovation grant data that other organisations collect.

The aim of this Monitoring and Evaluation (M&E) Framework is to provide guidance for the assessment of the national TIS programme against a range of performance areas. The M&E Framework will support the overall evaluation of the national TIS programme which is implemented through 36 organisations receiving regional tobacco control grants and further supported by the National Best Practice Unit TIS (NBPU TIS), a National Coordinator, the Innovation grants, Quitline enhancements; and Quitskills training. This M&E Framework provides the basis for the ongoing monitoring of the range of strategies delivered by the programme, and evaluation activities.

The key reporting milestones for the evaluation are March 2017 (preliminary evaluation results) and April 2018, when the final summative evaluation results will be provided.

This M&E Framework provides overall guidance and context for the monitoring and evaluation activities conducted by the 36 regional tobacco control grant recipients, insofar as it provides:

- the basis for the development of nationally consistent performance indicators (TIS Performance Indicators) that are based on the objectives of the TIS programme, used by grant recipients for compliance and continuous improvement, and which can be used to answer evaluation questions.
- guidance for grant recipients when developing additional indicators with outcome measures for informing their practice and which could also be used for the national evaluation.

The M&E Framework identifies the questions to be answered by the national evaluation, and the data sources that can be used to answer these questions, including data collected periodically by CIRCA, and monitoring data collected on an ongoing basis by grant recipients.

Implementation of the Monitoring and Evaluation Framework

This M&E Framework will guide the national evaluation, as well as performance reporting and data collection. The regular reporting that grant recipients are required to submit as part of their agreements will include reports against the TIS Performance Indicators. These indicators are based on the M&E Framework and listed in the grant recipients' Action Plans. In their programme Action Plans, grant recipients identify what locally-specific outcome measures they will use to monitor and measure their activities and report against the TIS Performance Indicators. These data will be collected on an ongoing basis by all grant recipients and included in the six monthly performance reporting to ensure national consistency for a range of data collected. The M&E Framework may also be used by grant recipients to guide the collection of additional locally-specific outcome data that are collected against any additional indicators developed.

CIRCA's role in implementing the M&E is summarised below:

- Review and analyse locally reported data as input into the national evaluation, provide feedback to grant recipients, the NBPU TIS and the Department on the TIS Performance Indicators.
- Collect additional data (in consultation with grant recipients) to address any information gaps.
- Make available the national results to all grant recipients through the NBPU TIS portal and newsletter.
- Conduct a range of evaluation activities for the national evaluation, which will include consultations with grant recipients, stakeholders and community members. CIRCA will work with NBPU TIS and grant recipients to ensure there is no duplication in relation to data collection, evaluation activities and reporting requirements, and to ensure these evaluation approaches add value for grant recipients and the Department.

The role of NBPU TIS in implementing the M&E is summarised below:

- Work with grant recipients to include locally-specific outcome measures in their Action Plan to report against the TIS Performance Indicators. This will ensure approaches for reporting against the TIS Performance Indicators are locally-tailored to accommodate the unique contexts and activities of all grant recipients.
- Support grant recipients and build capacity where needed in relation to collecting and analysing data and measuring change.
- Work with grant recipients to review the results included in the progress reports, in order to reflect on opportunities for improvement.
- Answer any questions raised by grant recipients around reporting against the TIS Performance Indicators.

The M&E Framework will also outline the evaluation data collected periodically by CIRCA. CIRCA will utilise a range of methods to collect information for the TIS evaluation, including the use of data reported by grant recipients. The type of methods that are being considered include:

- Semi-structured interviews with representatives from all grant recipient organisations, including quantitative data collection in 2016 and 2017
- Quantitative survey with stakeholders (telephone and online) in 2016 and 2017
- Site visits in 12-15 regions in 2016 and 2017, including qualitative consultations with grant recipients, stakeholders, relevant service users and group discussions/mini-groups with Aboriginal and Torres Strait Islander community members
- TIS Activity Case Studies in 2016 and 2017. The case studies will include examples of good/promising practice for some of the TIS performance indicator areas (for example community engagement, collaboration with organisations involved in tobacco reduction in the region, building capacity to support quitting, referrals to quitting support, supporting smoke-free environments). Case studies may also highlight implementation challenges and examples of how these were overcome. Case studies will utilise monitoring data, and qualitative feedback from grant recipients, stakeholders and community members
- Qualitative consultations/interviews with NBPU TIS, Quitline, National Coordinator, Department of Health, and innovation grant recipients in each state and territory in 2016 and 2017

- Contribution analysis workshops in 2016 and 2017. These workshops will provide an opportunity for the TIS Evaluation Advisory Group and/or grant recipients to review evaluation findings and discuss contribution of TIS activities to outcomes achieved.

4. Developing the Monitoring and Evaluation Framework

The development of the M&E Framework is underpinned by the evidence-base on tobacco control programmes, the TIS programme design and feedback from key stakeholders on the evidence for, and design of, the TIS programme. These sources were utilised to develop a theory of change and programme logic for the TIS programme. The programme logic was used to frame key evaluation questions, indicators and data sources, including monitoring and evaluation data sources.

4.1 Methodology for developing the Monitoring and Evaluation Framework

The following steps have been taken to develop this M&E Framework:

Evidence-base – literature scan on outcome measures of tobacco control programmes

The literature and data scan provided an understanding of: theories to support action for behaviour change, particularly for quitting or not taking up smoking; potential outcomes of community based tobacco control programmes, particularly Indigenous-specific programmes; and outcome metrics used to measure the performance of such programmes. The data scan reviewed datasets such as the Australian Aboriginal and Torres Strait Islander Health Survey 2013. Evaluations of other tobacco control programmes provided information on evaluation designs and analytical methods used to evaluate tobacco control interventions. Details of the findings will be provided in subsequent evaluation reports.

Programme documentation

The Indigenous Australians' Health Programme (IAHP) Programme Guidelines, incorporating the Tackling Indigenous Smoking Annex, were the source of programme objectives and principles. The regional grant applications from the 2015 round were reviewed to understand how the grants are intended to operate and which data are planned to be collected through specific evaluation activities and centralised reporting.

Development of the Theory of Change

There are several factors that have influenced the TIS programme's basic design and revision elements, reflecting the complexity of the context of tobacco smoking among Aboriginal and Torres Strait Islander communities. A theory of change model was created for the evaluation framework against which the TIS programme could be evaluated (Figure below). The theory of change reflects the integration of social, cultural and personal influences on health behaviours such as smoking (Flay, 1994). The three columns of the model correspond to these three streams of influence.

The theory of change incorporates the structure of the IAHP programme logic and key elements of the TIS programme consistent with these processes in each column. It maps service delivery addressing cultural, social and individual needs; and the potential influence of the service system on

social and cultural norms around smoking behaviour and self-efficacy to achieve smoking-related behaviour change.

This was used to inform the development of the programme logic which is a map of programme elements intended to address these influences.

Consultations with key stakeholders

A range of stakeholders were consulted to assist the development of the programme logic for the TIS programme and to identify data that can be derived from locally collected performance monitoring and accountability data, and complemented by primary data collection conducted by CIRCA. The consultations assisted in determining and articulating its intent, and this then fed into the design of the M&E Framework. Consultations were conducted with ten regional tobacco control grant recipients, representatives of the NPBU TIS and the Department of Health (through a one-day workshop), and the Evaluation Advisory Group.

Programme logic

The programme logic represents the intended outcomes of the TIS programme, including the various activities and outputs which will lead to the proposed outcomes in the short, medium and longer term. The outcomes for Aboriginal and Torres Strait Islander individuals and communities and at the service system level have been identified, to reflect the broad focus of the TIS programme. This fits within the overarching logic for the IAHP.

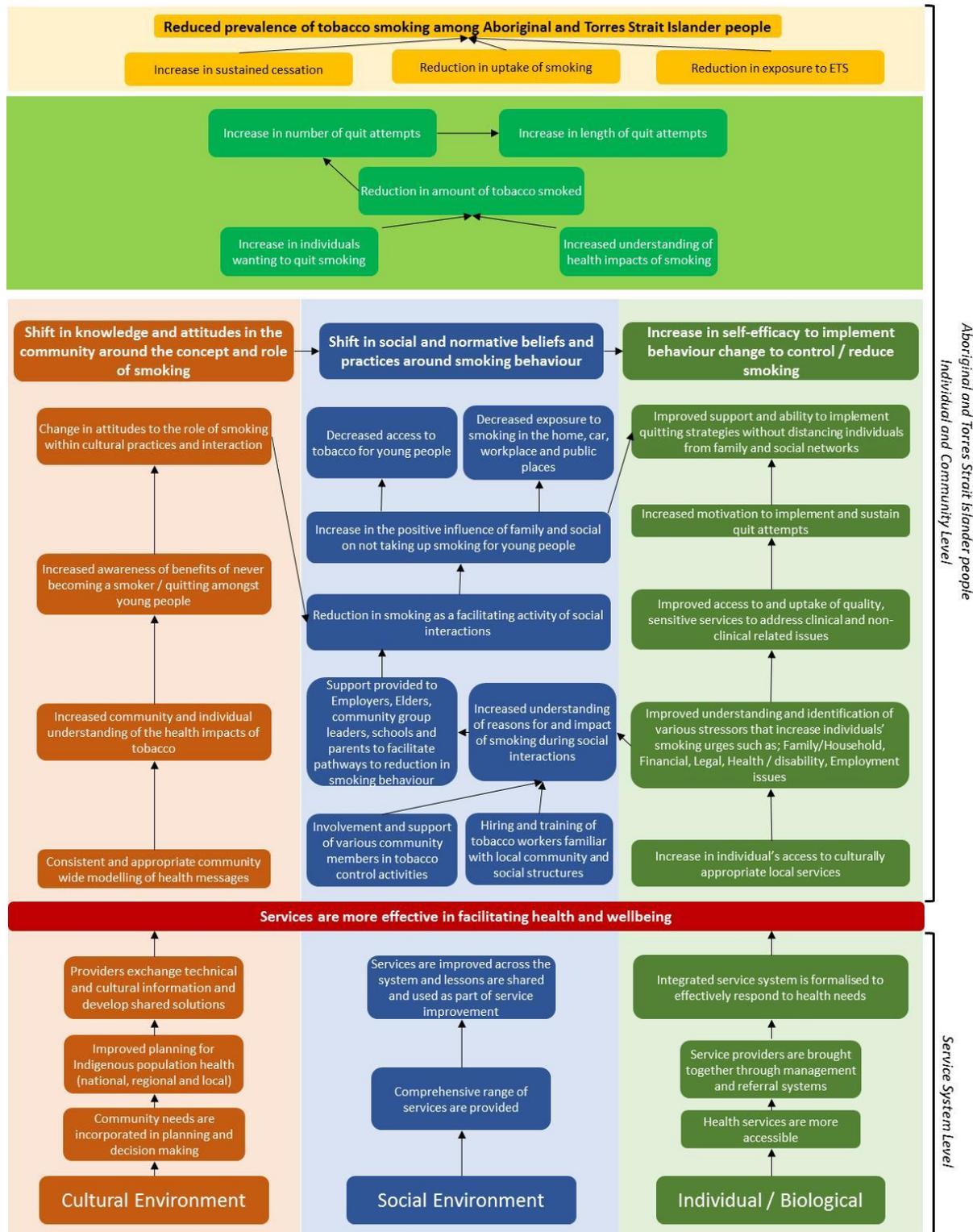
Identification of indicators

The M&E Framework is the basis for the five nationally consistent TIS Performance Indicators finalised through consultation with all regional grant recipients. The process involved consideration of a range of the outcome metrics used to measure performance towards the potential outcomes identified and captured in the programme logic. The Framework can also be used to develop additional indicators or measures of success for grant recipients and other components of the TIS programme.

Ongoing review and refinement

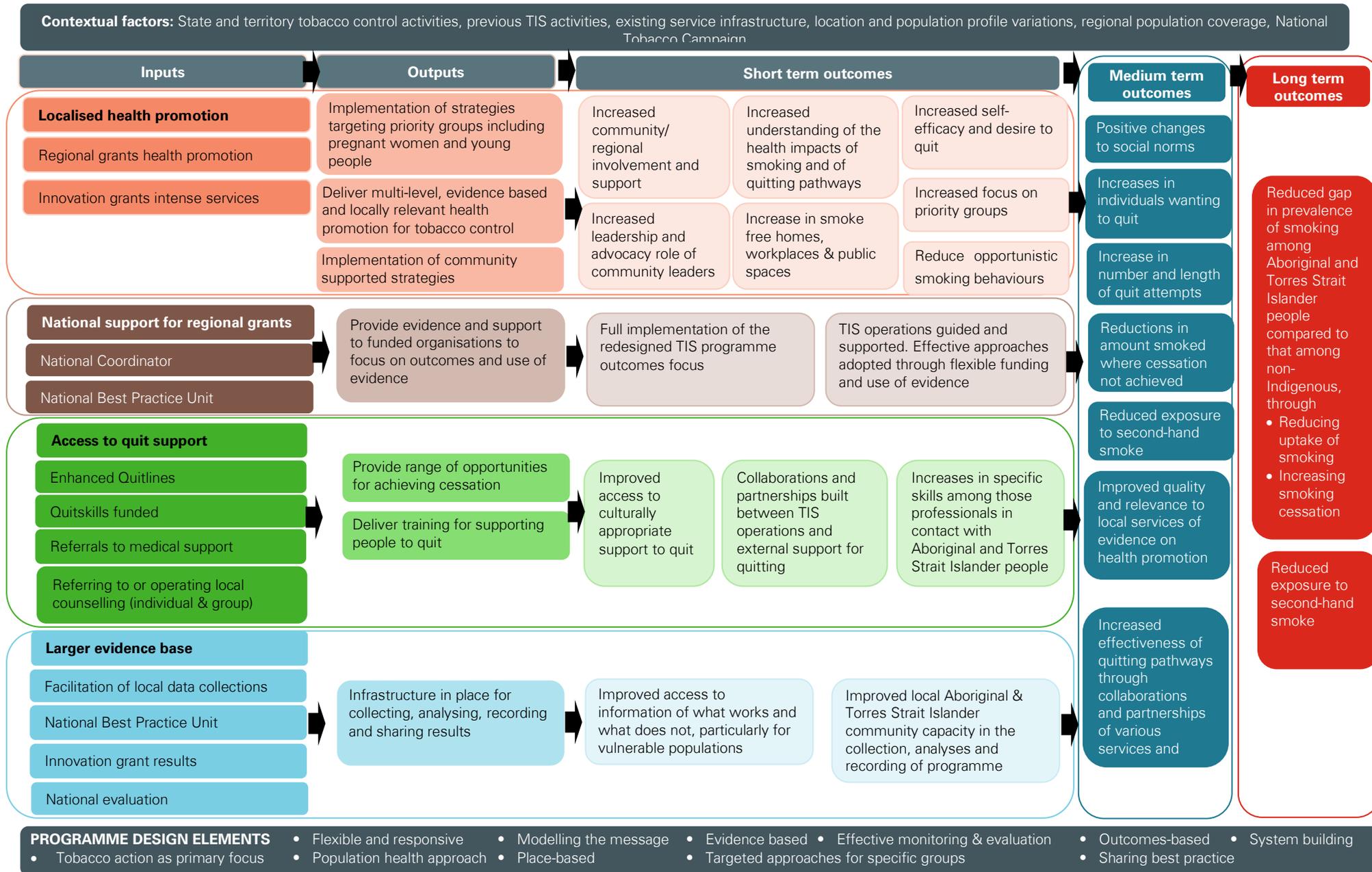
There will be ongoing dialogue with recipients of regional tobacco control grants, the NPBU and the Evaluation Advisory Group to ensure the M&E Framework continues to align with, and adequately reflects the ongoing implementation of the TIS programme over the evaluation period.

4.2 Theory of Change



5. Tackling Indigenous Smoking Programme Logic

The new TIS is established to provide effective local smoking reduction support for Indigenous people supplementary to national broad efforts to reduce smoking in the Australian population



6. Evaluation questions

The national evaluation has a number of critical areas for investigation, including fit between TIS and the needs of local communities and other stakeholders and the policy context (appropriateness); the level of change that the programme has brought about including the level of systems capacity development facilitated from TIS (effectiveness). As noted earlier, the national evaluation will not look at long-term impact in relation to a reduction of smoking rates at a national level, although the evaluation will assess the likelihood that the TIS programme is making a contribution to these long-term goals.

Evaluation domain	Key evaluation question	Sub questions
Appropriateness	1. Is the local population health approach appropriate as a supplementary effort to reduce the high smoking rates among Aboriginal and Torres Strait Islander people	<ul style="list-style-type: none"> a. Did the programme design (health promotion grants for some health services with national supports) encourage activities based on the evidence about influences on Aboriginal and Torres Strait Islander smoking behaviour and motivations and agency to quit? b. Were the funded organisations able to reach and influence a larger population than their health service clients? c. To what extent were the delivery strategies utilised in TIS regional grants appropriate for its purpose? d. In what ways did the TIS programme work alongside other related initiatives? e. Were there gaps in expected areas of coverage and what was the effect of these gaps?
Effectiveness Localised health promotion	2. To what extent did the grants approach meet its objectives?	<ul style="list-style-type: none"> a. To what extent did the regional grants increase community involvement and support of tobacco control initiatives? b. To what extent did the regional grants increase understanding of health impacts and pathways to quitting? c. To what extent did the regional grants enhance leadership and an advocacy role of community leaders in tobacco cessation? d. To what extent did the regional grants build positive attitudes and social norms about use of tobacco (e.g. smoke free policies and smoke free spaces in the region, quitting intentions, and self-efficacy among young people and other priority groups)? e. To what extent did the regional grants influence quitting behaviour? (including priority groups such as pregnant women and young people) f. Are the innovation grants underway and on track towards achieving their aims?

3. How effective were the changes to the grants in implementing successful strategies?
 - a. Were grant recipients given sufficient assistance and time to understand and make the changes?
 - b. Were improvements in results evident in the timeframe?
 - c. To what extent did the TIS programme promote innovation in tobacco control initiatives?
 - d. To what extent was monitoring used for quality improvements?
 - e. How different were the activities designed by grant recipients under the new TIS programme?
 - f. To what extent was evidence taken into account to produce these differences?
 - g. What shifts in emphasis were achieved?

Effectiveness
National support for regional grants

4. To what extent did the support of the NBPU TIS and the coordinator enhance the effectiveness of the programme?
 - a. To what extent did the National Best Practice Unit identify and promote best practice approaches by grant recipients to tobacco control?
 - b. To what extent did the grant recipients increase use of evidence-based tobacco control approaches and data collection under guidance from NBPU TIS?
 - c. To what extent did the National Coordinator successfully support and mentor grant recipients?

Effectiveness
Access to quit support

5. How effectively were regional grants able to increase access through the range of possible services?
 - a. Have effective collaborations and partnerships been built? Are more referrals from grant recipients to health professionals being made in the TIS regions? Can grant recipients assess the results of this?
 - b. How well are referrals made to supports such as Quitline, social media tools and local community support groups?
 - c. Have relevant health professionals accessed training and feel more comfortable handling the conversations and making referrals?
 - d. Has the uptake of services been influenced by the collaborations built through TIS?

Effectiveness
Improved evidence base

6. To what extent are grant recipients using evidence to improve programme design and/or implementation?
 - a. Have grant recipients gained a better understanding of evidence?
 - b. Are they able to provide a rationale based on evidence for their strategies and activities?
 - c. Are they modifying their work based on new data, either from their own or from others?
 - d. Is the programme revealing a better understanding of what works and what does not and in what circumstances?

Effectiveness**Overarching TIS
programme**

7. Is the programme as implemented worth maintaining?
 - a. To the extent possible to determine, are there measurable signs of success in the time available?
 - b. Is the trend positive and likely to continue with more time?
 - c. How likely is it that the programme will accelerate the behaviour changes required (reduction in prevalence of tobacco smoking and reduced exposure to second-hand smoke)?
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7. Evaluation strategy table

The table below lists the national evaluation questions and possible data sources that could be used to answer these questions when assessing the TIS programme against expected outcomes.

Data sources have been categorised as to whether they are a monitoring data source collected by grant recipients (columns 2, 3 and 4), or an evaluation data source (i.e. collected by CIRCA, columns 5 and 6).

Refer to Section 3 for explanations of monitoring data, primary data sources, outcome measures and TIS Performance Indicators.

The table provides a number of examples of the type of local monitoring data that could be collected, and it should be noted that it is not expected that all of this data will be collected by grant recipients.

The evaluation will also access monitoring or evaluation data from other agencies, such as Quitline data and referrals, evaluation data from training providers, research data collected as part of the innovation grants, NBPU TIS portal analytics, and data on access to NRT (where available).

Evaluation Question	Data source				
	TIS Performance Indicators (all grant recipients to report against)	Examples of possible data for TIS Performance Indicators	Any additional evaluation data collected by grant recipients	Evaluation primary data collection (CIRCA)	
				Focus of Evaluation	Evaluation Method
Appropriateness:					
1. Is the local population health approach appropriate as a supplementary effort to reduce the high smoking rates among Aboriginal and Torres Strait Islander people					
<p>a. Did the programme design (health promotion grants for some health services with national supports) encourage activities based on the evidence about influences on Aboriginal and Torres Strait Islander smoking behaviour and motivations and agency to quit?</p> <p>b. Were the funded organisations able to reach and influence a larger population than their health service clients?</p> <p>c. To what extent were the delivery strategies utilised in TIS regional grants appropriate for its purpose?</p> <p>d. In what ways did the TIS programme work alongside other related initiatives?</p> <p>e. Were there gaps in expected areas of coverage and what</p>	<p>Indicator 1: Quality and reach of community engagement</p> <p>Indicator 2: Organisations involved in tobacco reduction</p>	<p>Refer to examples provided in Effectiveness below (2. To what extent did the grants approach meet its objectives?)</p> <p>Refer to examples provided in Effectiveness below (5. How effectively were regional grants able to increase access through the range of possible services?)</p>	<p>Regional/local evaluations</p> <p>Feedback from client groups and stakeholders on the strategies employed</p>	<p>Faced with high Indigenous smoking rates, effort is required additional to measures for the general population. The policy behind this programme is that additional health promotion and support is required, designed and delivered locally and with a region's population targeted through outreach. The evaluation will consider the appropriateness of this approach. It will consider the issues arising from the design using grants for only selected health services.</p> <p>The evaluation will consider the alignment of programme design with evidence (e.g. strength of the evidence supporting Indigenous specific support and style of support with community involvement</p>	<p>Review of literature</p> <p>Qualitative consultations with community members in selected number of locations</p> <p>Stakeholder telephone interviews and online surveys</p> <p>Face-to-face consultations with stakeholders</p> <p>TIS Activity Case Studies – develop criteria for selection in order to cover range of local contexts and activity types.</p> <p>Interviews with grant recipients</p> <p>Consultations with NBPU TIS</p> <p>Contribution analysis workshop (workshops held to review evaluation results and</p>

Evaluation Question	Data source				
	TIS Performance Indicators (all grant recipients to report against)	Examples of possible data for TIS Performance Indicators	Any additional evaluation data collected by grant recipients	Evaluation primary data collection (CIRCA)	
				Focus of Evaluation	Evaluation Method
was the effect of these gaps?				and population health basis). Level of implementation of programme as designed and issues arising that affect implementation (such as logistics, management, human resources, community dynamics)	trends)
Effectiveness: Localised health promotion					
2. To what extent did the grants approach meet its objectives?					
a. To what extent did the regional grants increase community involvement and support of tobacco control initiatives?	Indicator 1: Quality and reach of community engagement	Data on groups/organisations involved in planning and implementing TIS activities	Social media analytics	Assessment of attributes of success in health promotion, not exposing others to smoke and opportunities for quitting, and using local inputs and local ambassadors	Qualitative consultations with community members, stakeholders and grant recipients on level of involvement, support and perceived influence of this involvement, including perceptions of changes in community involvement and smoke-free policies as a result of the TIS activities.
b. To what extent did the regional grants increase understanding of health impacts and pathways to quitting		Number and type of social marketing and community education activities undertaken (type of activities, target audience, and number reached)	Surveys completed as part of ongoing programmes (e.g. fixed duration support group programme)	Level of participation in/exposure to TIS activities	Qualitative research with participants of specific TIS activities (e.g. quit groups, reference groups, ambassadors, etc.)
c. To what extent did the regional grants enhance leadership and an advocacy role of community leaders in tobacco cessation?		Feedback collected during social marketing and community	Reports on community consultations/needs assessments	Level of support for tobacco control activities	
d. To what extent did the regional grants build positive attitudes			Regional/local evaluations	(Including level of support for smoke-free policies, smoke free homes, level of	
			Data on smoking rates for pregnant women		

Evaluation Question	Data source				
	TIS Performance Indicators (all grant recipients to report against)	Examples of possible data for TIS Performance Indicators	Any additional evaluation data collected by grant recipients	Evaluation primary data collection (CIRCA)	
				Focus of Evaluation	Evaluation Method
<p>and social norms about use of tobacco (e.g. smoke free policies and smoke free spaces in the region, quitting intentions, and self-efficacy among young people and other priority groups)?</p> <p>e. To what extent did the regional grants influence quitting behaviour? (Including priority groups such as pregnant women and young people)</p> <p>f. Are the innovation grants underway and on track towards achieving their aims?</p>		<p>education activities on message recall (qualitative)</p> <p>Number of community leaders, community groups and other sectors engaged in tobacco reduction work in grant recipient region</p> <p>Information on how the TIS programme has engaged the community to support tobacco reduction (qualitative)</p> <p>Number of smoke free public areas and events established in TIS region</p> <p>Number and type of workplaces with smoke free policies implemented in TIS region</p> <p>Feedback from stakeholders on satisfaction with the support provided by TIS</p> <p>Feedback from clients and community</p>		<p>support from Board and management, etc.)</p> <p>Have there been changes in</p> <ul style="list-style-type: none"> - awareness of health impacts - awareness of quitting pathways/support available <p>Results for young people, pregnant women, and other vulnerable groups</p> <p>Have there been changes in</p> <ul style="list-style-type: none"> - attitudes towards smoking in cars, homes workplaces, community areas, events, and around children - quitting intentions and confidence/self-efficacy - advocacy/passing on information to others <p>Awareness and perceived influence of role models/ambassadors, and perception of whether local community leaders disapprove of smoking</p>	<p>Qualitative consultations with grant recipients</p> <p>Quantitative surveys (online and telephone) with primary stakeholders on understanding of health impacts and awareness of quitting pathways</p> <p>TIS Activity Case Studies</p> <p>Feedback from grant recipients, stakeholders and community members</p> <p>Interviews with innovative grant recipients</p>

Evaluation Question	Data source				
	TIS Performance Indicators (all grant recipients to report against)	Examples of possible data for TIS Performance Indicators	Any additional evaluation data collected by grant recipients	Evaluation primary data collection (CIRCA)	
				Focus of Evaluation	Evaluation Method
See above	Indicator 5: Supporting smoke-free environments	<p>members on attitudes to smoke-free spaces and quitting intentions/stages of change/readiness to quit</p> <p>Client records on quitting behaviour</p> <p>Information on the cultural appropriateness of TIS activities that promote smoke free homes, workplaces and public spaces</p> <p>Awareness and community knowledge of TIS activities to promote smoke free homes, workplaces and public spaces</p> <p>Community involvement in TIS activities to promote smoke free homes, workplaces and public spaces</p> <p>Information on how the TIS programme has supported changes to</p>		See above	See above

Evaluation Question	Data source				
	TIS Performance Indicators (all grant recipients to report against)	Examples of possible data for TIS Performance Indicators	Any additional evaluation data collected by grant recipients	Evaluation primary data collection (CIRCA)	
				Focus of Evaluation	Evaluation Method
		policies on smoke free homes, workplaces and public spaces (qualitative)			
Effectiveness: Localised health promotion					
3. How effective were the changes to the grants in implementing successful strategies?					
<p>a. Were grant recipients given sufficient assistance and time to understand and make the changes?</p> <p>b. Were improvements in results evident in the timeframe?</p> <p>c. To what extent did the TIS programme promote innovation in tobacco control initiatives?</p> <p>d. To what extent was monitoring used for quality improvements?</p> <p>e. How different were the activities designed by grant recipients under the new TIS programme?</p> <p>f. To what extent was evidence</p>				<p>Barriers and enablers in implementing the TIS programme</p>	<p>Examination of reports for rates of progress and reporting of issues.</p> <p>Qualitative data collected from grant recipients</p>

Evaluation Question	Data source				
	TIS Performance Indicators (all grant recipients to report against)	Examples of possible data for TIS Performance Indicators	Any additional evaluation data collected by grant recipients	Evaluation primary data collection (CIRCA)	
				Focus of Evaluation	Evaluation Method
taken into account to produce the difference? g. What shifts in emphasis were achieved?					
Effectiveness: National support for regional grants					
4. To what extent did the support of the NBPU TIS and the coordinator enhance the effectiveness of the programme?					
a. To what extent did the NBPU TIS identify and promote best practice approaches by grant recipients to tobacco control? b. To what extent did the grant recipients increase use of evidence-based tobacco control approaches and data collection under guidance from NBPU TIS? c. To what extent did the National Coordinator successfully mentor and support grant recipients?			Level of engagement with NBPU TIS Level of engagement with National Coordinator Reports on use of evidence base in implementation	Effectiveness and appropriateness of support provided by the NBPU TIS and National Coordinator Enablers and barriers Opportunities for improvement	Analytics on NBPU TIS portal and newsletter Quantitative survey with all grant recipients and qualitative consultations with selection of grant recipients Qualitative consultations with NBPU TIS Evaluation feedback from workshops/conferences Interview with National Coordinator

Evaluation Question	Data source				
	TIS Performance Indicators (all grant recipients to report against)	Examples of possible data for TIS Performance Indicators	Any additional evaluation data collected by grant recipients	Evaluation primary data collection (CIRCA)	
				Focus of Evaluation	Evaluation Method
Effectiveness: Access to quit support					
5. How effectively were regional grants able to increase access through the range of possible services?					
<p>a. Have effective collaborations and partnerships been built? Are more referrals from grant recipients to health professionals being made in the TIS regions? Can grant recipients assess the results of this?</p> <p>b. How well are referrals made to supports such as Quitline, social media tools and local community support groups?</p> <p>c. Have relevant health professionals accessed training and feel more comfortable handling the conversations and making referrals?</p>	<p>Indicator 4: Referrals to appropriate quitting support</p>	<p>Number of clients whose clinical records include a record of advice or assistance to stop smoking being provided</p> <p>Data on internal referrals, brief interventions, Quitline referrals, referrals to other services</p> <p>Number of clients attending quit support groups (if relevant)</p> <p>Information on how the TIS programme has supported access to quitting support (qualitative)</p>		<p>As achievement of sustained quitting is dependent on many other parties, the evaluation will examine the effectiveness of funded organisations in increasing the participation of the other parties as a community integrated system. Explore any suggestions for additional support services.</p> <p>Explore influence of TIS on collaborations with clinical and non-clinical services and changes noticed as a result of these collaborations (referral pathways, promotion, networking)</p>	<p>Evaluation from training providers (pre and post results)</p> <p>Analysis of Quitline data/evaluations</p> <p>Data on access to NRT</p> <p>Qualitative consultations with grant recipients</p> <p>Survey with primary stakeholders and grant recipients</p> <p>Quantitative surveys with staff on capacity and confidence</p> <p>Qualitative feedback from service users on accessibility and appropriateness of service in selection of locations</p>

Evaluation Question	Data source				
	TIS Performance Indicators (all grant recipients to report against)	Examples of possible data for TIS Performance Indicators	Any additional evaluation data collected by grant recipients	Evaluation primary data collection (CIRCA)	
				Focus of Evaluation	Evaluation Method
d. Has the uptake of services been influenced by the collaborations built through TIS?	Indicator 2: Organisations involved in tobacco reduction in the region	<p>Number and type of services where links have been made with TIS grant recipients</p> <p>Data on activities conducted to build relationships/develop collaborations with other community services and agencies - Type and number of collaborations developed</p> <p>Case studies on collaboration to illustrate impact of linkages on integrated service delivery (qualitative)</p> <p>Number of partnerships</p> <p>Quality of partnerships</p> <p>Formation of coalitions and alliances</p>		<p>Assess evidence of any changes in regional service provision as a result of TIS activities (e.g. increase in brief interventions, increase in access to support for clinical and non-clinical services)</p> <p>Differences for young people, pregnant women, etc.</p>	<p>Qualitative consultations with clinical and non-clinical service providers (mix of telephone and face-to-face) for selection of grant recipients on influence of TIS on service system, enablers and barriers</p> <p>Qualitative consultations with grant recipients</p> <p>TIS Activity Case Studies</p>

Evaluation Question	Data source				
	TIS Performance Indicators (all grant recipients to report against)	Examples of possible data for TIS Performance Indicators	Any additional evaluation data collected by grant recipients	Evaluation primary data collection (CIRCA)	
				Focus of Evaluation	Evaluation Method
See above	Indicator 3: Building capacity to support quitting	<p>Training participation for external organisations</p> <p>Quitskills participation of grant recipient staff and other professionals</p> <p>Data on participation in training of grant recipient staff and staff from other organisations</p> <p>Number and % of staff with major focus on tobacco control who have undertaken formal training</p> <p>Number, % and roles of staff who do not have major focus on tobacco control who have undertaken formal training</p> <p>Number, % and roles of staff from other organisations who have undertaken formal training</p> <p>Number of community</p>		See above	See above

	Data source				
Evaluation Question	TIS Performance Indicators (all grant recipients to report against)	Examples of possible data for TIS Performance Indicators	Any additional evaluation data collected by grant recipients	Evaluation primary data collection (CIRCA)	
				Focus of Evaluation	Evaluation Method
		leaders who have undertaken formal training			
Effectiveness: Improved evidence base					
6. To what extent are grant recipients using evidence to improve programme design and/or implementation?					
<p>a. Have grant recipients gained a better understanding of evidence?</p> <p>b. Are they able to provide a rationale based on evidence for their strategies and activities?</p> <p>c. Are they modifying their work based on new data, either from their own or from others?</p> <p>d. Is the programme revealing a better understanding of what works and what does not and in what circumstances?</p>				<p>Information on the use of evidence to inform practice/development and perceived impact of this on TIS activities/outcomes</p> <p>Barriers and enablers to implementing evidence-based tobacco control approaches</p>	<p>Review of reports for information on rationales used and modifications in the light of new data</p> <p>Quantitative and qualitative feedback from all grant recipients</p> <p>TIS Activity Case Studies</p> <p>Audit of action plans and progress reports that identifies 'evidence to support activities'</p> <p>Qualitative consultations with NBPU TIS</p> <p>Research data collected as part of the innovation grants</p>

Evaluation Question	Data source				
	TIS Performance Indicators (all grant recipients to report against)	Examples of possible data for TIS Performance Indicators	Any additional evaluation data collected by grant recipients	Evaluation primary data collection (CIRCA)	
				Focus of Evaluation	Evaluation Method
Effectiveness: Overarching TIS programme					
7. Is the programme as implemented worth maintaining?					
<p>a. To the extent possible to determine, are there measurable signs of success in the time available?</p> <p>b. Is the trend positive and likely to continue with more time?</p> <p>c. How likely is it that the programme will accelerate the behaviour changes required (reduction in prevalence of tobacco smoking and reduced exposure to second-hand smoke)?</p>			Data on changes in smoking status/quitting behaviours	<p>Views of key stakeholders (health agency managers and community leaders) regarding trends in smoking behaviour and contribution of TIS programme activities</p> <p>Trends in smoking behaviour among Aboriginal and Torres Strait Islander people in selected programme sites</p>	<p>Consultations with NBPU TIS staff</p> <p>Consultations with Department of Health staff</p> <p>Interviews with programme managers</p> <p>Interviews with stakeholders</p> <p>Interviews with grant recipients</p> <p>Qualitative consultations with community members in selected number of locations</p> <p>Contribution analysis workshop (workshops held to review evaluation results and trends)</p>

8. Key stakeholders

Separate to grant recipients, the evaluation will engage with a range of stakeholder groups who have an interest in the TIS programme, whose support is needed for the evaluation, or who will be required to contribute to the evaluation.

In addition to grant recipients, i.e. those involved with the implementation of the TIS programme (e.g. TIS coordinators, tobacco workers), the evaluation will engage with stakeholders at three levels:

1. Project governance stakeholders, including members of the TIS Evaluation Advisory Group (see table below), National Coordinator TIS and Department of Health
2. Primary stakeholders, including those indirectly involved in TIS activities such as CEOs, Board Members, Managers from the grant recipient organisations, partner services, staff from other health services, primary and secondary teachers and school representatives, sport and recreation workers, youth and Alcohol and Other Drug workers, staff from other community-based organisations and community leaders.
3. Secondary stakeholders including NBPU TIS staff, Quitline and Quitskills representatives from each state and territory, and innovation grant recipients.

The schedule below identifies individuals and groups that CIRCA needs to engage with as part of the evaluation of the TIS programme. It is expected that other stakeholders will be identified as part of the evaluation process.

TIS Evaluation Advisory Group

The role of the TIS Evaluation Advisory Group is to steer the evaluation of the evaluation of the TIS programme.

Organisation	Name(s)
Geraldton Regional Aboriginal Medical Service (GRAMS) and Telethon kids	Dr Julie Coffin
Baker IDI	Dr Sandra Eades
National Aboriginal Community Controlled Health Organisations (NACCHO) and Queensland Aboriginal and Islander Health Council (QAIHC)	Robert Starling
National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC)	Louise Symons
Menzies School of Health	Dr David Thomas
Cessation, Partnerships and Priority Settings Manager at Quit Victoria	Luke Atkins
MacDonald Wells Pty Ltd	Margaret MacDonald

9. Monitoring and evaluation roles and responsibilities

A number of parties will be involved in the development and implementation of the evaluation, including the Department of Health (Indigenous Health Division at the national level and Regional Services Grants at the regional level), the NBPU TIS, grant recipients, the evaluator and the TIS evaluation advisory group.

The key roles are detailed in the following table.

Organisation	Monitoring and evaluation roles
Department of Health	Management of TIS programme
Preventive Health Section, Indigenous Health and Sector Development Branch, Indigenous Health Division	Management of the CIRCA evaluation contract Management of NBPU TIS contract Ongoing advice and feedback for the evaluation
Department of Health	
Regional Grant Management	Grant management of regional grants for TIS
Grant recipients	Collect and report ongoing monitoring data in line with M&E Framework
NBPU TIS	Assistance to grant recipients to develop locally-specific outcome measures Assistance to grant recipients in implementing M&E Framework and reporting processes Ongoing advice on implementation of M&E Framework
Evaluator	Develop TIS Performance Indicators Finalise M&E Framework Support the Evaluation Advisory Group Review and analyse secondary data from a wide range of sources (six monthly data), including grant recipient reports, programme documentation and administrative data sets Conduct primary research including qualitative and quantitative research with community members, community leaders, stakeholders, workforce, programme managers Share learning with grant recipients, Department and NBPU TIS
TIS Evaluation Advisory Group	Provide guidance for the development and implementation of the TIS Programme Evaluation

10. Timeframes

The deliverables and timeframes for the M&E Framework and reporting are shown below.

Milestone	Timeframe
Primary evaluation data collection wave 1	Sep - Nov 2016
Draft evaluation report on the preliminary evaluation results	31 Mar 2017
Final evaluation report on the preliminary evaluation results	15 Jun 2017
Primary evaluation data collection wave 2	Sep - Nov 2017
Draft final evaluation report	30 Apr 2018
Final evaluation report	30 Jun 2018

The precise content of the reports will be planned as the evaluation progresses. This will include planning for sharing learnings, in collaboration with the NBPU TIS, the Department and other key stakeholders.

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