Tackling Indigenous Smoking Programme

TIS Performance Indicators

10 June 2016
1. Background on the Tackling Indigenous Smoking (TIS) programme

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 part of primary health care funding for the Indigenous Australians Health Programme, and is supplementary to broader measures for tobacco control such as plain packaging and excise duties.

The Department of Health funded a region specific population health programme to reduce Indigenous smoking rates through Tackling Smoking and Healthy Lifestyle (TSHL) teams from 2010-2015. The TIS programme was redesigned in 2015 following a review, with a focus on achieving reductions in tobacco use.

The TIS programme no longer restricts funding to TSHL salaries, and now consists of a number of complementary components, including flexible grant funding for regional tobacco control activities, a range of national supports for implementation, performance monitoring and evaluation, enhanced Quitlines, training and leadership and coordination, outlined in Figure 1 below.

Figure 1: The TIS programme 2016-2018

- Regional Tobacco Control Grants
- Quitline Enhancements
- National Best Practice Unit (NBPU)
- National Coordinator Tackling Indigenous Smoking
- Quitskills Training
- Innovation Grants
- National Evaluation
2. How will the TIS programme be evaluated?

The Cultural and Indigenous Research Centre Australia has been contracted to conduct the evaluation of the entire TIS programme (as shown in Figure 2). A large part of the evaluation will be about measuring the impact of the regional tobacco control grants, as the major component of the TIS programme. CIRCA has developed a Monitoring and Evaluation Framework (M&E Framework) as a guide for the monitoring and evaluation of all seven components of the national TIS programme from 2016-2018. The M&E Framework 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 include:

- **Monitoring data** collected by regional tobacco control grant recipients through national performance indicators and other data for TIS (the purpose of this document)

- **Primary evaluation data**: surveys, site visits, interviews, and case studies conducted by CIRCA. This data collection will supplement the monitoring data collected by regional tobacco control grant recipients and 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.

**Monitoring data from regional tobacco control grant recipients**

Monitoring is the routine collection of information by regional tobacco control grant recipients (grant recipients). The information might be about activities, services, relationships or smoke free environments. Grant recipients will collect two types of monitoring data:

1. **National TIS Performance Indicators**: These broad indicators will be used by all grant recipients as part of their regular TIS performance reporting (every 6 months) and will allow the national evaluation to look at the performance of TIS as a whole.

2. **Locally-specific outcomes data**: Grant recipients will collect locally relevant evidence of the effectiveness of their activities in relation to outcomes important to their community in regards to tobacco control (i.e. locally-specific outcomes data). Selected locally-specific outcomes data will feed into the national TIS performance indicators. The NBPU TIS will support grant recipients to identify and collect this data.

The accompanying Monitoring and Evaluation Framework provides more detail about the proposed monitoring and evaluation approach, activities and rationale.

**Figure 2**: summarises the distinction around monitoring and evaluation for the TIS programme.
Organisations and programmes need evidence of their effectiveness for funders. They also need to communicate achievements to stakeholders and communities. The monitoring and evaluation of TIS will be used for two key purposes:

- For grant recipients to learn about and improve on their own activities and results, and to support internal planning and development
- To look at the effectiveness of activities, and if activities have led to changes in the community
4. Purpose of this document

This document provides grant recipients with information on the TIS performance indicators that they will need to report on (in their Final Action Plan and in IAHP funding progress reporting). Information from grant recipients’ progress reports will feed into the national TIS evaluation. This document sits alongside the broader M&E Framework.

5. What outcomes will grant recipients need to report on for TIS?

The Monitoring and Evaluation Framework provides a programme logic, which is a visual representation of the steps that need to occur for the TIS programme to achieve its intended outcomes. These outcomes together will contribute to longer term impacts in reducing smoking prevalence and exposure to environmental tobacco smoke in the long-term.

The TIS programme logic (figure 3) outlines the short and medium outcomes that the whole of the TIS programme is aiming to achieve. The Regional Tobacco Control Grants are one part of the suite of TIS initiatives that are expected to contribute to these outcomes (see localised health promotion and access to quit support in figure 3). Grant recipients will need to report on some of these outcomes, but not all of them.
Figure 3: Tackling Indigenous Smoking Programme Logic

**Contextual factors:** State and territory tobacco control activities, previous TIS activities, existing service infrastructure, location and population profile variations, regional population coverage, National Tobacco Campaign

**Inputs**
- Localised health promotion
- Regional grants health promotion
- Innovation grants intense services

**Outputs**
- Implementation of strategies targeting priority groups including pregnant women and young people
- Deliver multi-level, evidence based and locally relevant health promotion for tobacco control
- Implementation of community supported strategies

**Short term outcomes**
- Increased community/ regional involvement and support
- Increased leadership and advocacy role of community leaders
- Increased in smoke free homes, workplaces & public spaces

**Medium term outcomes**
- Positive changes to social norms
- Increases in individuals wanting to quit
- Increased focus on priority groups

**Long term outcomes**
- Reduced gap in prevalence of smoking among Aboriginal and Torres Strait Islander people compared to that among non-Indigenous, through:
  - Reducing uptake of smoking
  - Increasing smoking cessation

**Access to quit support**
- Enhanced Quitlines
- Quitskills funded
- Referrals to medical support
- Referring to or operating local counselling (individual & group)

**Outputs**
- Provide range of opportunities for achieving cessation
- Deliver training for supporting people to quit

**Short term outcomes**
- Improved access to culturally appropriate support to quit
- Collaborations and partnerships built between TIS operations and external support for quitting
- Increases in specific skills among those professionals in contact with Aboriginal and Torres Strait Islander people

**Outputs**
- Infrastructure in place for collecting, analysing, recording and sharing results
- Improved access to information of what works and what does not, particularly for vulnerable populations
- Improved local Aboriginal community capacity in the collection, analyses and recording of programme evaluation data

**PROGRAMME DESIGN ELEMENTS**
- Flexible and responsive
- Modelling the message
- Evidence based
- Effective monitoring & evaluation
- Outcomes-based
- Tobacco action as primary focus
- Population health approach
- Place-based
- Targeted approaches for specific groups
- Sharing best practice
- System building
6. National TIS Performance Indicators

CIRCA has finalised the national performance indicators based on feedback from grant recipients (Table 1). The national TIS Performance Indicators will be used by grant recipients in Final Action Plans and progress reports for IAHP funding. The National Best Practice Unit for TIS (NBPU TIS) can provide advice on how to use the performance indicators and support you to develop data collection tools.

Grant recipient reporting on the national performance indicators aims to:

- provide consistency in information from one report to another and between grant recipients
- document progress throughout the life of the grant
- encourage measurement for an outcomes focus (to show what changes have been achieved).

Table 1: National performance indicators for TIS Programme

<table>
<thead>
<tr>
<th>Performance indicator</th>
<th>Outcome area related to indicator</th>
<th>Select data against this indicator (these are some examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality and reach of community engagement</td>
<td>Increased community/regional involvement and support</td>
<td>Data on groups/organisations involved in planning and implementing TIS activities</td>
</tr>
<tr>
<td></td>
<td>Increased leadership and advocacy role of community leaders in tobacco cessation</td>
<td>Number and type of social marketing and community education activities undertaken (type of activities, target audience, and number reached)</td>
</tr>
<tr>
<td></td>
<td>Increased focus on priority groups</td>
<td>Feedback collected during social marketing and community education activities on message recall (qualitative)</td>
</tr>
<tr>
<td></td>
<td>Increased understanding by the community of the health impacts of smoking</td>
<td>Number of community leaders, community groups and other sectors engaged in tobacco reduction work in grant recipient region</td>
</tr>
<tr>
<td></td>
<td>Increased understanding by the community of quitting pathways</td>
<td>Information on how the TIS programme has engaged the community to support tobacco reduction (qualitative)</td>
</tr>
</tbody>
</table>

| Indicator 2:          |                                   |                                                            |
| Organisations involved in tobacco reduction in the region | Improved access to culturally appropriate support to quit. | Number and type of services where links have been made with TIS grant recipients |
| (proxy for stronger relationships) | Collaborations and partnerships built between TIS operations and external | Case studies on collaboration to illustrate impact of linkages on integrated service delivery (qualitative). |
**Indicator 3:**

**Building capacity to support quitting**

- Increases in skills among those professionals in contact with Aboriginal and Torres Strait Islander people

Data on participation in training of grant recipient staff and staff from other organisations:

- Number and % of staff with major focus on tobacco control who have undertaken formal training
- Number, % and roles of staff who do not have main focus on tobacco control who have undertaken formal training
- Number, % and roles of staff in other organisations who have undertaken formal training
- Number of community leaders who have undertaken formal training

Feedback from training surveys:

- Impact of TIS activities on understanding and confidence of community leaders
- % of training with increased understanding of health impacts and quitting pathways, increased confidence in ability to provide advice/support to clients and ability to facilitate/refer clients to appropriate quit pathways and deliver brief interventions.

**Indicator 4:**

**Referrals to appropriate quitting support**

(proxy for improved access to quitting support)

**Improved access to culturally appropriate support to quit.**

Number of clients who are current smokers, ex-smokers or have never smoked

Number of clients from TIS supported health services in the region whose clinical records include a record of advice or assistance to stop smoking being provided

Number of clients from TIS supported health services in the region attending quit support groups (if relevant)

Number of clients referred to Quitline services

Number of pharmaceutical referrals for NRT products

Information on how the TIS programme has supported access to quitting support (qualitative)
**Indicator 5:**

**Supporting smoke-free environments**
(proxy for environmental tobacco smoke)

- Increase in smoke free homes, workplaces and public spaces.
- Number of smoke free public areas and events established in TIS region
- Number and type of workplaces with smoke free policies implemented in TIS region

OR

- Number and type of smoke free policies in TIS region established, maintained or improved in
  - Workplaces / organisations
  - at community events, and
  - public areas

Information on the culturally appropriateness, awareness and community knowledge/involvement in promoting smoke free homes, workplaces and public spaces

Information on how the TIS programme has supported these changes (qualitative)

---

There would be no restriction on how this data is collected, and grant recipients are advised to use the method which will be most effective in their community. However suggestions for evidence-based methods are provided on the Evidence-base for TIS (EB_TIS) which is being produced by the NBPU TIS and will be circulated to all grant recipients. In addition to EB_TIS, the NBPU TIS can provide one-on-one advice to help with performance reporting.

7. **Telling the story of change**

Grant recipients will also collect locally relevant evidence of the effectiveness of their activities in relation to outcomes important to their community in regards to tobacco control (i.e. locally-specific outcomes data). Selected locally-specific outcomes data will feed into the national TIS performance indicators.

This will be important for telling the *story of change*. For example, data on community engagement should not be limited to groups/organisations involved in planning and implementing TIS activities. The evaluation will also aim to capture the story behind the indicator, i.e. that community engagement is not a passive thing, and that it takes energy, effort and skills to effectively engage communities.

Locally-specific outcomes data collected by grant recipients, and the primary data that CIRCA collects across the regions (e.g. surveys, interviews, case studies) will be important sources of information for telling TIS’s performance story.