



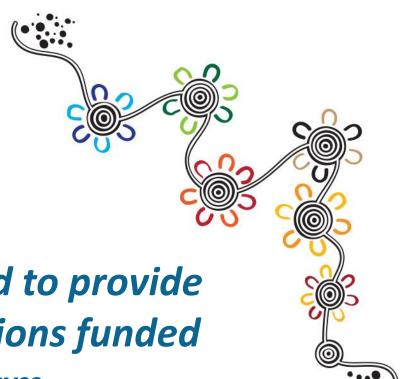
NBPU TIS Update





Acknowledgement of the traditional owners and custodians of the land on which we meet, the Kuarna people.

I pay respect to the Elders, past and present and future. I also acknowledge any Elders that we have here today.



The NBPU TIS was established to provide tailored support to organisations funded under the National TIS program.







We have held a series of well-attended and highly successful TIS jurisdictional workshops





- Established the NBPU TIS Advisory Group
- We provided intensive support to some organisations and we responded to the identified needs of TIS organisations by providing specific monitoring and evaluation workshops
- We work closely with the National Co-ordinator TIS, Professor Tom Calma AO





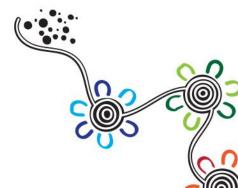


NBPUTIS Future Directions



- > Recommendations from the Evaluation
- > Attend Conferences to showcase the Program
- National & Jurisdictional Workshops





- Regularly updating the TIS Portal
- More Workforce Development Training
- Maintaining and establishing connections to key

stakeholders







The Tackling Indigenous Smoking portal

Introduction



Welcome to the Tackling Indigenous Smoking (TIS) portal. This portal hosts information for organisations funded through the national Tackling Indigenous Smoking Programme, but will also be useful for people working in the many other initiatives that support Aboriginal and Torres Strait Islander people to quit or reduce their smoking.

This portal is where you will find information on the Tackling Indigenous Smoking Resource and Information Centre (TISRIC). The TISRIC has been developed by the National Best Practice Unit for Tackling Indigenous Smoking (NBPU TIS) and is tailored to the needs of TIS organisations, with information on: planning your activities and interventions; activities that work; resources that work; and how to determine how well your activities work.

You will also have access to publications, resources, and information about projects and activities that relate to tobacco cessation. Workforce information includes job opportunities, funding sources and other organisations interested in tobacco control. The events section has information on courses and training, conferences, workshops and other events. These resources have been brought together in one place to help you in your job to support your clients and communities.

This web resource also links to the TIS Yarning Place and many social media platforms to encourage information sharing and collaboration among TIS-funded organisations.

About the Tackling Indigenous Smoking Resource and Information Centre





















TACKLING

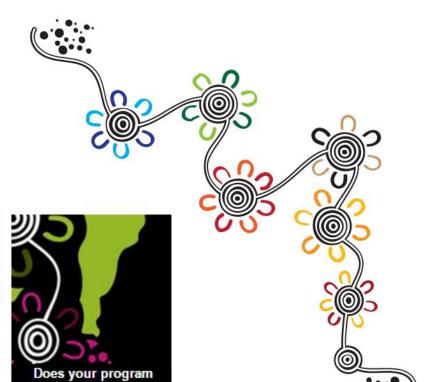
INDIGENOUS SMOKING



Today we'll look at the portal, and how it's being used



The TISRIC











work?





Planning



When planning a program to address a health problem such as smoking it is important to be able to clearly identify the problem. Once you have described the problem, you will need to develop a strategy to address the issue based on local needs.

There is good evidence that programs work better when different activities are part of a multi-component approach to tackling smoking. This page outlines ways of planning a program that includes both community and individual approaches to smoking cessation programs. It includes strategies to map community strengths, develop partnerships, and build workforce capacity. This page also describes how the TIS Programme can be seen as part of a larger preventive health care system.

For more resources to support planning see also Planning tools in the Resources that work section.

Identifying and describing the problem

Developing a strategy

What is the multi-component approach to TIS?

A systems approach to tackling smoking

Further reading





It is important to clearly identify and describe the problem that needs to be addressed by asking questions such as:

- · What is the size of the smoking problem in our region?
- · Are there any particular groups with specific needs?
- · Are there any groups who are going to be harder to engage?

To find out more about the current smoking problem in your region you will need to draw on local knowledge about smoking. Some of this information can be found from sources such as:

- · GPs and/or clinical information systems
- . the findings of projects like the national Talking About The Smokes study (TATS)
- · consulting with the local community
- · information already held by your organisation
- · State and Territory health data.

If you are not sure where to begin with planning, a good starting point are the following resources developed by the Aboriginal Health and Medical Research Council of NSW (AH&MRC). They are designed to help Aboriginal Community Controlled Health Services (ACCHSs) in NSW reduce tobacco use among their clients:

Aboriginal tobacco resistance toolkit

Another useful set of planning resources that can help you to set goals and objectives can be found here:

Community tool bo

See also:

Resources that support planning and getting started

Covers:

- Identifying and describing the problem
 - Developing a strategy
- What is a multi-component approach to TIS?
 - A systems approach to tackling smoking.



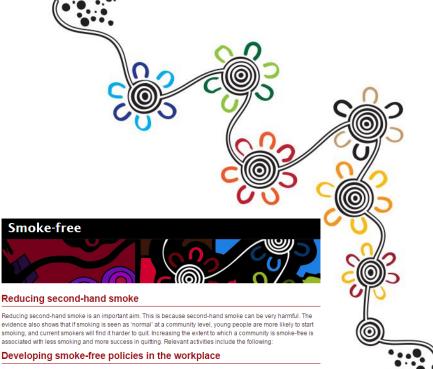
Activities that work

Community health promotion activities:

- Smoke-free
- Mass media/social marketing
- Social media and social networking
- Mothers and babies
- Adolescence/school based activities

Individual level activities:

- Pharmacology
- **Brief intervention**
- Counselling
- Quitline
- Using physical activity to enhance quit rates
- Cold turkey



Reducing second-hand smoke

evidence also shows that if smoking is seen as 'normal' at a community level, young people are more likely to start smoking, and current smokers will find it harder to quit. Increasing the extent to which a community is smoke-free is



Workplace

To be successful, smoke-free policies need community participation - not just consultation - in their development. Policies that have local ownership and commitment are more likely to be followed. There is also evidence that introducing smoke-free policies in the workplace can lead to increased support for smoke-free spaces in other areas such as smoke-free homes and cars Successful smoke-free workplace policies also result in more workers wanting to

Combining locally owned smoke-free policies with access to quit support services increases the success of these policies. Working in an environment with a smoke free policy can also encourage individuals to quit.

Here are some quick tips on setting up a smoke free environment: How to set up a smoke-free environment

The Aboriginal Health and Medical Research Council (AH&MRC) of New South Wales provide a good set of resources to help you support workplaces to set up

smoke-free policies. The second module, Workplace smoking policy in the Aboriginal tobacco resistance toolkit provides; advice on how to begin the process, templates for worker consultation, and templates to assess how much smoking happens at work

· Tools and resources to support smoke-free policies in the workplace

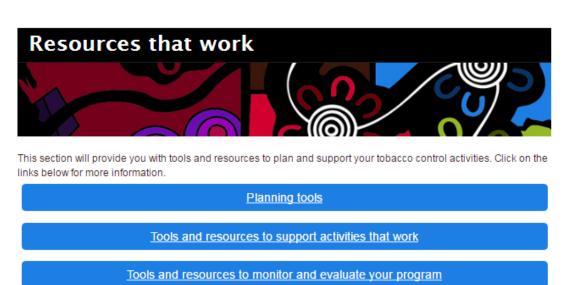
Supporting smoke-free homes and cars

Second-hand smoke is a health risk factor, particularly for children. Children are at greater risk for a number of reasons, including their size, faster breathing rates and less developed respiratory and immune systems. Secondhand smoke is associated with a number of childhood illnesses including

- asthma
- croup
- bronchitis
- bronchiolitis pneumonia
- ear nose and throat infections

NATIONAL BEST PRACTICE UNIT TACKLING

Resources that work



NBPU TIS workshop and training materials

Provides TIS workers with tools and resources to plan and support their tobacco control activities



Tools and resources to support activities that work



This section provides tools and resources to support your TIS activities including practice guidelines, health promotion and other resources.

Smoke-free

Media/social marketing

Social media and social networking

Mothers and babies

Adolescence/school-based education and awareness activities

Pharmacology

Brief intervention

Counselling

Quitline

Using physical activity to enhance quit rates

Cold turkey

NATIONAL BEST PRACTICE UNIT TACKLING INDIGENOUS



Mothers and babies

Brochures, posters and booklets



Butt out for baby

This booklet provides health and community workers with information to educate young parents about the effects of smoking whilst pregnant.



Stay strong and healthy: pregnancy resources for Aboriginal wome

This resource package is part of series of resources for Aboriginal and Torres Strait Islander women and their families which aim to raise awareness about alcohol and other drugs (including tobacco) and mental health issues during or following pregnancy.



Alcohol, tobacco and other drugs during pregnancy and breastfeeding

This booklet was created as part of the Growing strong: feeding you and your baby set of resources developed by Queensland Health to help health staff talk with Aboriginal and Torres Strait Islander families about the harmful effects of alcohol, tobacco and other drugs to pregnant women and their babies.



Let's make their world smoke-free

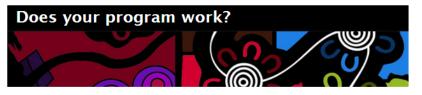
These posters were developed to support, assist and educate Aboriginal and Torres Strait Islander people and communities about the importance of keeping their environments tobacco smoke-free. The posters specifically target pregnant women, or women who are thinking about becoming pregnant.



Strong babies

This brochure provides information on alcohol and other drugs (including tobacco) during pregnancy for Aboriginal and Torres Strait Islander women. The resource describes ways for mothers to maintain their health as well as their baby's health, how to get help if they need it, as well as the effects of alcohol, other drugs, and tobacco on both mother and baby during pregnancy.

Does your program work?



How will you determine if your program is working? This section will provide you with a general overview of strategies and examples of tools to monitor and evaluate your programs.

For more information see also:

- · Tools and resources to monitor and evaluate your program
- Monitoring and evaluation methods

Monitoring and evaluating your project

The processes of monitoring and evaluation use carefully planned and well-thought-out methods to measure the success of a project (or program) in meeting its goals. They are an important part of the project management process, because they provide:

- evidence of what is working
- guidance on what could be done better, which can be used to improve your project's performance (progress towards and achievement of results)
- · a check on whether you are meeting your project aims
- o feedback to everyone involved in the project, including community members and partner organisations
- · compliance with funding body reporting requirements

Key terms used when talking about monitoring and evaluation are shown in Box 1.

Box 1: Monitoring and evaluation key terms

- o performance: what the project is achieving (observable results)
- measurement: how we determine the impact of a project or program on intended outcomes (e.g. using a
 questionnaire to find out how many people have smoke-free homes or conducting interviews to find out
 how people keep their homes smoke-free)
- indicator: measures that show the extent of progress toward outcomes, especially differences in the lives
 of the people the project is working for
- data collection: process used to gather evidence (e.g. giving smoke-free event participants a
 questionnaire survey)
- o output: what the project is producing with its resources (e.g. a specific activity, product or service)
- outcome: results and impacts of the project (e.g. a percentage reduction in smoking, a change in behaviour).

A central hub for information on monitoring and evaluation, with three sections on:

- Monitoring and evaluating your project
- TIS evaluation
- Monitoring and evaluation methods.



Evaluation

National TIS Performance Indicators

The Department of Health (DoH) has described five TIS Programme objectives and associated national indicators that Delay to assess TIS Programme progress. Each of these indicators is described below, along with examples of possible data sources and data collection methods.

National Indicator 1: Quality and reach of community engagement

Outcomes related to this indicator include the following:

- increased community/regional involvement and support
- increased leadership and advocacy role of community leaders in tobacco cessation
- · increased focus on priority groups
- · increased understanding by the community of the health impacts of smoking
- · increased understanding by the community of quitting pathways.

Examples of possible data sources provided by CIRCA include:

- data on community groups/organisations involved in planning and implementing TIS activities
- number and type of social marketing and community education activities undertaken (type of activities, target audience, and number reached)
- feedback collected during social marketing and community education activities on message recall (qualitative)
- number of community leaders, community groups and other sectors engaged in tobacco reduction work in the grant recipient region
- · information on how your TIS activities have engaged the community to support tobacco reduction (qualitative).

Numerical data on the number and type of groups/organisations or individuals involved in your project, or the number of people attending your activities/smoke-free events is a simple way of addressing this indicator. This indicator is concerned with increasing the reach of your activity, so if your project is working, the number of organisations or people involved in your activities should increase over time. If they don't then you will need to think about why this is happening. It might be, for example, that there are no more local organisations to involve in your activities. In this case, maintaining different organisations' involvement will become a key task for you.

Another way of measuring reach is to find out what people think about your TIS activities and if they have learnt anything new about smoking, such as ways to quit, or support for quitting that is available in your community. This is because reach is not just about the number of people who attend your activities, but about how many listen and understand the message. This kind of data can be either quantitative or qualitative, and can be collected through:

- questionnaire surveys
- interviews
- focus/yarning groups.

You could also provide a detailed description of what you did to engage the community, reflecting on what worked and what didn't work and why.

Includes key information from the Department of Health and CIRCA around monitoring and evaluation.

Reporting on your TIS activities: filling out the Department of Health's performance reports

You will need to provide a formal written report to the TIS Programme funder, the Australian Government Department of Health (DoH), using the <u>Indigenous Australian's Health Programme (IAHP) twelve month performance report template</u> and the <u>TIS six month performance report template</u>.

If you need assistance with either report, the document, Guidance on filling out your IAHP performance report can be found here. It comprises a good practice example of reporting against all five National TIS Performance Indicators, along with general tips. Reference is made to the TIS Programme logic, which comes from the TIS Programme monitoring and evaluation framework. The TIS Programme logic diagram is useful to keep in a prominent place so all of your team members can refer to the elements and intended outcomes of the TIS Programme.



Other portal sections











Listing of events from across Australia

Series of health promotion videos on smoking cessation

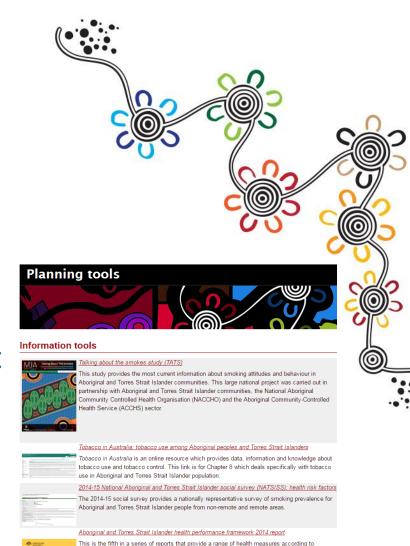
A collection of evaluated tobacco cessation initiatives



Changes to the portal 2016-17

- Re-work of the resources pages to make visible and appealing to users
- Addition of TIS Innovation Grant information
- Creation of sub-pages and drop down headings (mostly within TISRIC)
- Addition of new content to the TISRIC as per new evidence

However the majority of Health*InfoNet* work on TIS portal is around maintenance and curation.



the Aboriginal and Torres Strait Islander health performance framework which is published every

two years. See section 2.15 for information on tohacco use

NATIONAL BEST PRACTICE UNIT TACKLING INDIGENOUS SMOKING

Encouraging use

New guide on the portal and Yarning Place



Tackling Indigenous Smoking (TIS) portal and Yarning Place user's guide

May 2017

Australian Indigenous HealthInfoNet

Edith Cowan University 2 Bradford Street Mt Lawley 6050 Western Australia

Ph: (08) 9370 6336 Fax: (08) 9307 6022 Web: www.healthinfonet.ecu.edu.au Email: healthinfonet.web@ecu.edu.au



The Planning section is the first component of the TISRIC, and in here you will find PRACTICE UNIT

Identifying and describing the problem Developing a strategy

What is the multi-component approach to TIS A systems approach to tackling smoking

Further reading

a range of approaches for planning

SMOKING control programs at both the individual and community level.

You can see each Planning heading on the left-hand side here,

which you can click and it will open up to further information. This section will provide you with information and strategies for planning tobacco control activities to meet local needs, and examples of practical tools and links to further resources.

In this example of 'Identifying and describing the problem' you can see how the headings drop down to display further information.

In the highlighted blue boxes you can see links that will either take you to further information about the topic. (i.e a project information entry), or links to resources.

Activities that work

In Activities that work you will find examples of community-based health promotion activities as well as individual level activities.

The community health promotion activities in this section include:

- Smoke-free
- Mass media/social marketing
- Social media and social networking
- Mothers and babies
- · Adolescence/school based education and awareness activities.

The individual level activities in this section include:

- Pharmacology
- Brief intervention
- Counselling

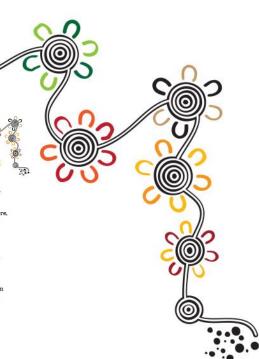
ional Best Practice Unit | Tackling Indigenous Smoking

Hackney Road, Adelaide SA 5069

ndigenous Smoking programme.

Hardney Road, Adelaide SA 5059





Portal usage

- The usage of the portal has remained fairly consistent since launch
- Average time spent on portal is roughly six minutes
- Survey of the portal showed all GR organisations were aware of it, and a high percentage found the information on there useful.

Portal sessions* August 2016 – May 2017





Popular content

Popular portal content: August 2016 – April 2017:

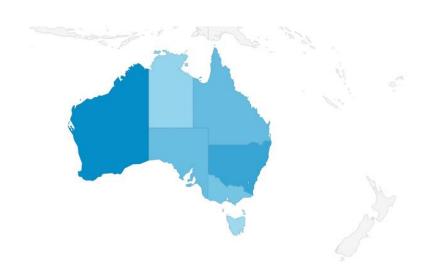
- 1. Portal homepage
- 2. Resources that work
- 3. Tools and resources to support activities that work
- 4. Activities that work
- 5. Events
- 6. Planning
- 7. Workforce information
- 8. Does your program work.

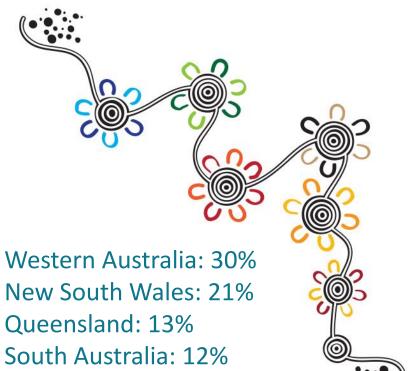




Visitor location

Visitor location August 2016 – May 2017





South Australia: 12%

Victoria: 10%

Australian Capital Territory: 9%

Northern Territory: 4%

Tasmania: 2%



Acquisition

Visitor location August 2016 – May 2017

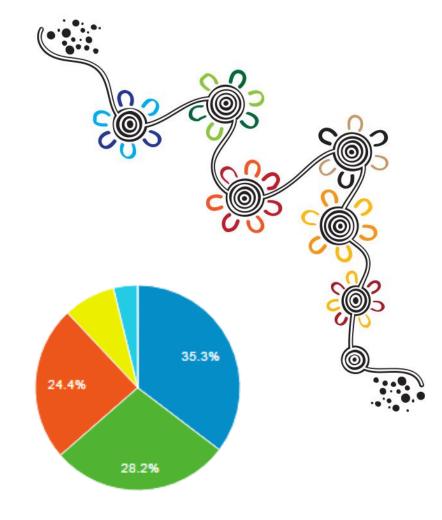
Referral traffic*: 35%

Direct: 28%

Organic search: 24%

Links in emails: 8%

Links on social media: 4%





Yarning Place

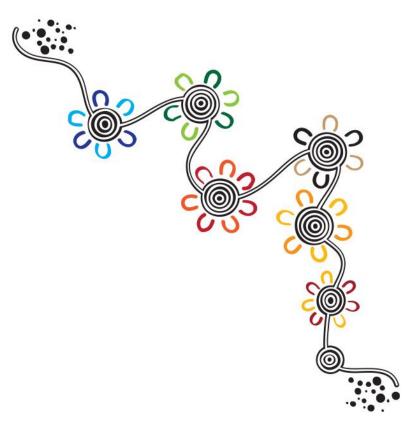
- Originally high influx of members, which has slowed in 2017
- Some good discussion generated on the Yarning Board
- Needs more
 encouragement for GRs to
 get on there and start
 yarning.





Future directions

- Need a place (or places) on the portal for grant recipients to share their project information and success stories
- Considering the best way to take some of the TIS content offline
- Always open to suggestions about improving the portal





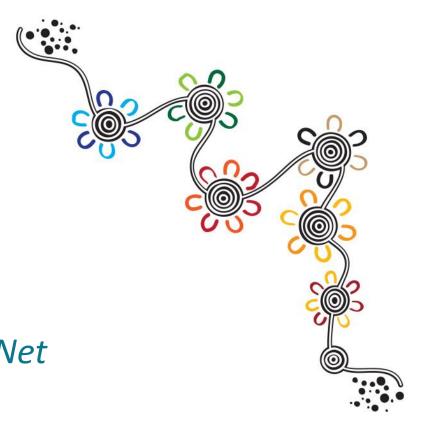
Contact details

Thanks for listening!

Millie Harford-Mills
Senior Research Officer
Australian Indigenous Health*InfoNet*

Ph: (08) 9370 6358

Email: m.harford-mills@ecu.edu.au





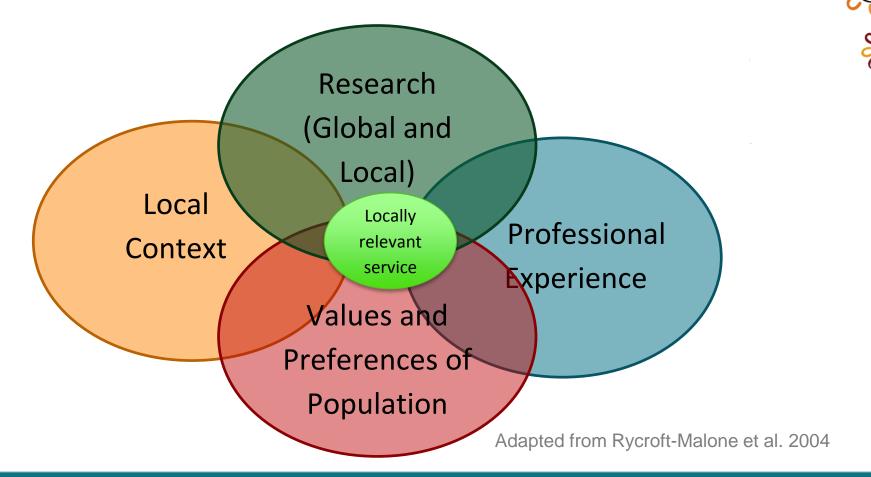
NATIONAL BEST PRACTICE UNIT

TACKLING INDIGENOUS SMOKING



Gathering the evidence to support TIS (why we need to hear and share your stories)

Evidence-based TIS









2017 AIATSIS NATIONAL INDIGENOUS RESEARCH CONFERENCE

IMPACT | ENGAGEMENT | TRANSFORMATION

21-23 MARCH, CANBERRA ACT





NATIONAL BEST PRACTICE UNIT TACKLING INDIGENOUS SMOKING



Prison quit smoking program

Pangula Mannamurna Aboriginal Corporation, Mount Gambier South Australia



- Session 1
- Information about smoking
- Collect a brief smoking history/ CO breath test
- Patches provided through prison GP 2 weeks later.
- Session 2 (one month after session 1)
- Changes in smoking habits
- Triggers that they found hard to cope with.
- Session 3 (one month after session 2)
- Further follow up similar to session 2





Program completed with 26 inmates

- Staff continuity is important
- Cigarettes are currency and can be linked to bullying
- Second hand smoke is an issue especially at night

Program participants were:

- Happier
- More motivated,
- Had more energy
- Were breathing better
- Had fewer asthmatic symptoms
- Were sleeping better
- Had saved money







Waru Dyoorahba Noorwundyuk (We Quit Tobacco)

Gippsland Tobacco Action and Healthy Lifestyles Team



Would you like to learn ways to quit smoking? Join us!!!

Waru Dyoorahba Noorwundyuk Group Women's Group



A free, four week program presented by the Gippsland Tobacco Action & Healthy Lifestyle Team

at , 37-55 Dalmahoy street, Bairnsdale, Elders Lounge @ GEGAC



Chantelle Mobourne Tobacco Action Worker

Open to all Aboriginal Community members and their families

Week 1

"Physical effects of tobacco / Medications to help you quit" 11am-1:30pm 23rd March 2017

Week 2

"Changing your environment" 11am-1:30pm 30 March 2017 Week 3 "Adjusting behaviour"

11am-1:30pm 6th April 2017



Karen Maggs Tobacco Action Worker

Week 4 "Managing emotions" 11am-1:30pm 13th April 2017 **Light Lunch Provided**

> To register contact Chantelle Mobourne on (03) 5155 8465 or 0427967211



Carolyn Alkemade Tobacco Treatment Specialist Nurse



Start your journey to a healthy life







- 5/95 (5.3%) had quit at the end of the course
- 67/95 (70.5%) reduced number of cigarettes smoked/day
- 48/95 (50.5%) had increased time to first cigarette
- 47/95 (49.5%) had reduced CO levels





School Education Program

Bullinah Aboriginal Health Service





Amazing Race to Happy

- Engages students in interactive learning
- Successful collaboration with other organisations Students exposed to other services in their area
- Targeted messages
- Evaluation tools built in from the start





Evaluation

- What have you learnt?
- Which check point did you like?
- What did you enjoy about the Amazing Race?
- What would you like to see in the Amazing Race?
- What does Solid Mob do?

















Related resources

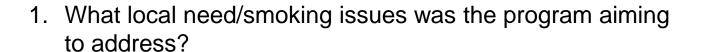
Programs and projects
Health promotion resources
Health practice resources
Organisations

Funded by

Core funding is provided by the Australian Government Department of Health

Contribute

Share your information » Give us feedback » Share your promising practice »

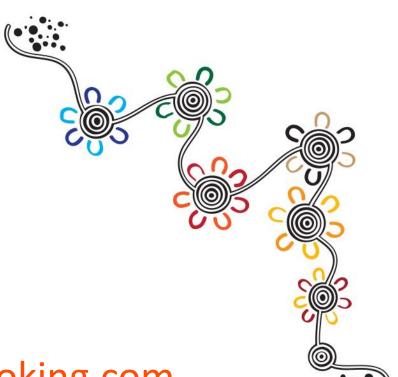


- 2. What theory, model or evidence was used to inform the program (if any)?
- 3. What activities did you use to tackle smoking issues?
- 4. What impact did the program have on the community? On individual smoking behaviours?
- 5. What evaluation methods were used to measure the outcomes of the program (how did you measure change)?





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TACKLING INDIGENOUS SMOKING



CONTACTING US

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