National Best Practice Unit

TACKLING INDIGENOUS SMOKING

Welcome to the Northern Territory TIS Jurisdictional Workshop 28/03/2018

TIS NBPU NT Regional Workshop 2018

Smoking & Prevention

28 March 2018

Prof Tom Calma AO
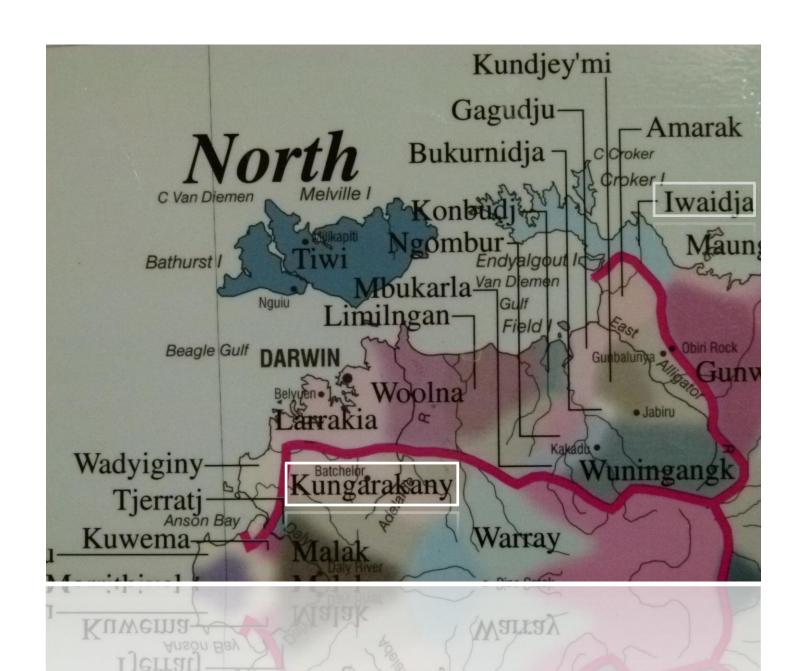
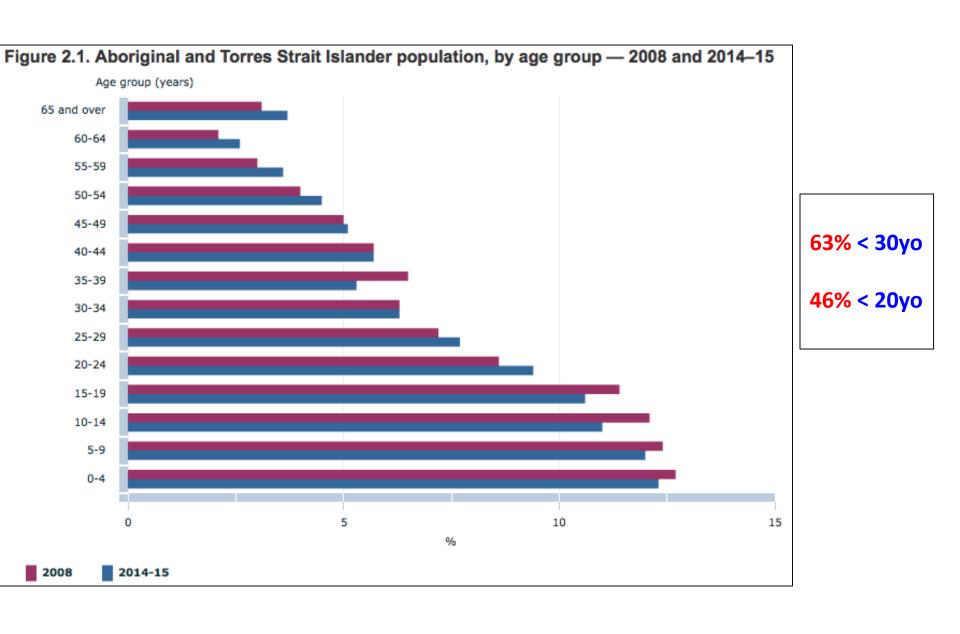## National Coordinator Tackling Indigenous Smoking

Figure 2.1. Aboriginal and Torres Strait Islander population, by age group — 2008 and 2014–15

63% < 30yo

46% < 20yo

Figure 7.17

Age distribution of proportion of deaths, by age and Indigenous status, NSW, Qld, SA, WA and NT, 2007–2011
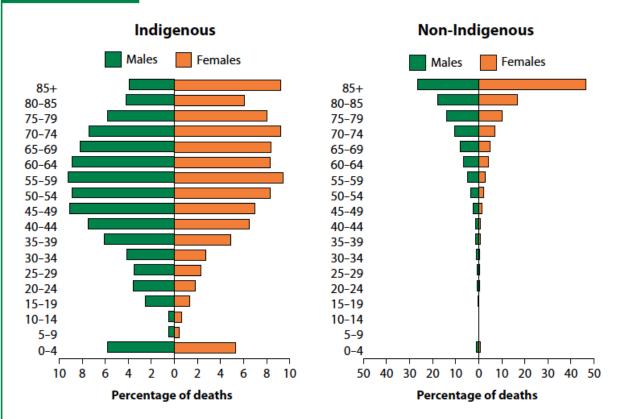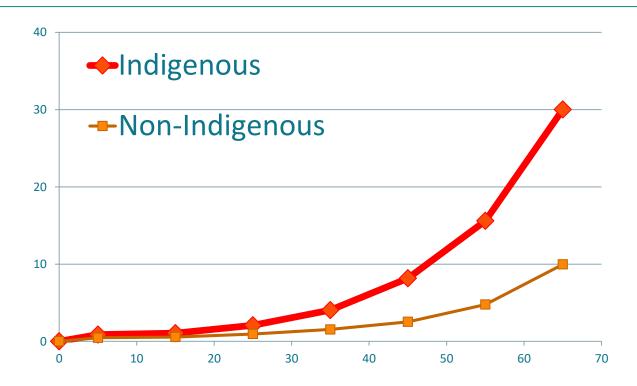
Note: Indigenous data for Vic, Tas and ACT were of insufficient quality for the reporting period.
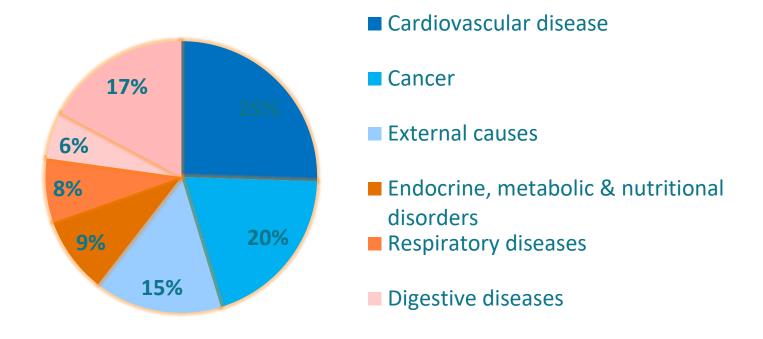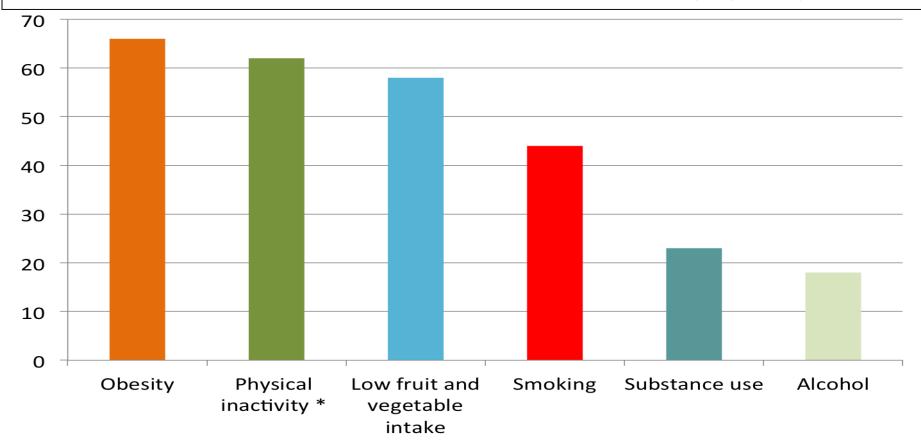
Broad causes of death

► Most common broad causes of death in Indigenous peoples
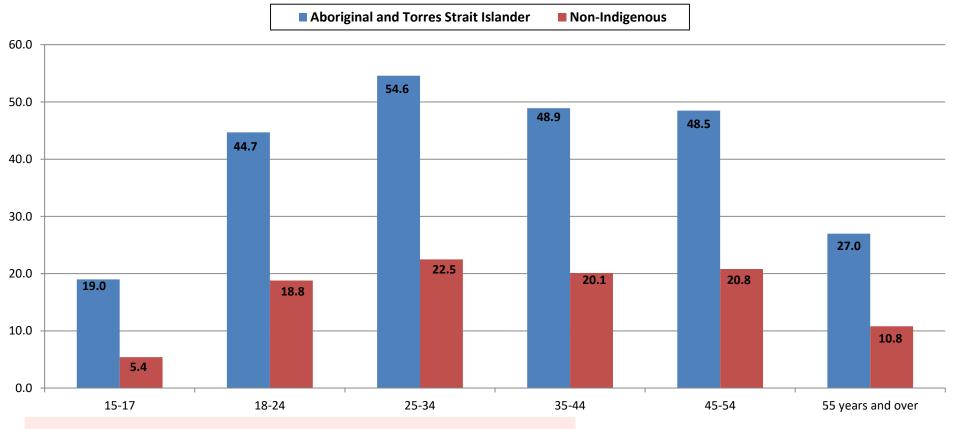
Legend:
- Cardiovascular disease
- Cancer
- External causes
- Endocrine, metabolic & nutritional disorders
- Respiratory diseases
- Digestive diseases

Pie chart values: 25%, 20%, 15%, 9%, 8%, 6%, 17%

Chronic Disease Risk Factors – 2012-13 (pop^n impact)
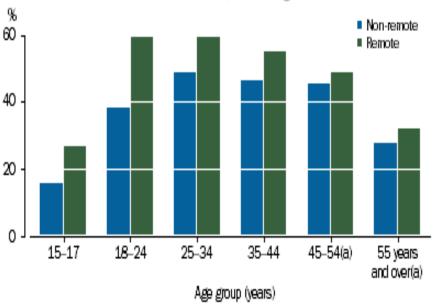
Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report

Aboriginal and Torres Strait Islander Smoking

Source: ABS Aboriginal and Torres Strait Islander Health Survey 2012-13
*Data for non-Indigenous people are for 2011-12, from the Australian Health Survey 2011-13.

CURRENT DAILY SMOKERS BY REMOTENESS AND AGE, Aboriginal and Torres Strait Islander people—2012–13

(a) Difference between non-remote and remote rate is not statistically significant.

Source: 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey

Lifestyle factors

Smoking and passive smoking

Smoking is a major cause of cancer in humans, and is responsible for one in five of all deaths in Aboriginal and Torres Strait Islander peoples in Australia (Vos et al. 2007). Indigenous Australians generally take up smoking at an earlier age, continue to smoke for longer and make fewer quitting attempts than non-Indigenous Australians (CCA 2007).

In 2010, Indigenous Australians were 2.2 times as likely as non-Indigenous Australians to smoke tobacco (38% compared with 18% after age-standardisation). Further, among current smokers, on average Indigenous Australians smoked 46 cigarettes more per week (147) than non-Indigenous Australians (101) (AIHW 2011a).

Evidence indicates that active and for some cases, passive smoking, can cause cancers of the following sites:

- bladder
- cervix
- kidney
- larynx
- liver
- lung
- myeloid leukaemia
- nasal cavity and nasal sinuses
- oral cavity (lip, mouth, tongue)
- oesophagus
- pancreas
- pharynx
- stomach.

NATSISS 2014 / 15

- The proportion of Aboriginal and Torres Strait Islander children aged 0–14 years who were **living in a household** in which there was at least one daily smoker was **56.7% in 2014–15, down from 63.2%** in 2008 (Table 8).

- About **six in 10 (60.3%)** Aboriginal and Torres Strait Islander people aged 15 years and over were **living in a household** in which there was at least one daily smoker in 2014–15 (Table 16), **down from 67.5%** in 2008.

- In 2014–15, the proportion of Aboriginal and Torres Strait Islander people aged 15 years and over who were **daily smokers** was **38.9%, down from 44.6%** in 2008 and 48.6% in 2002. Between 2002 and 2014–15, there was a significant **improvement in non-remote areas** (down 11.4 percentage points) (Table 1).

Aboriginal and Torres Strait Islander Peoples are **70%** more likely to die from heart disease

ABORIGINAL HEALTH NEWS ALERT
nacchocommunique.com

Probably go back to 1997, my father died of a heart attack
▶ YouTube

Heart Disease is the main cause of death for **Aboriginal and Torres Strait Islander Peoples**

Here are the URL links to the App – alternatively you can type NACCHO into both stores and they come up!

iPhone/iPad

ios.giveeasy.org/naccho

Android

android.giveeasy.org/nacho

Cancer mortality over time

- Indigenous rate
- Non-Indigenous rate

RATE PER 100,000

1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015

21%

13%
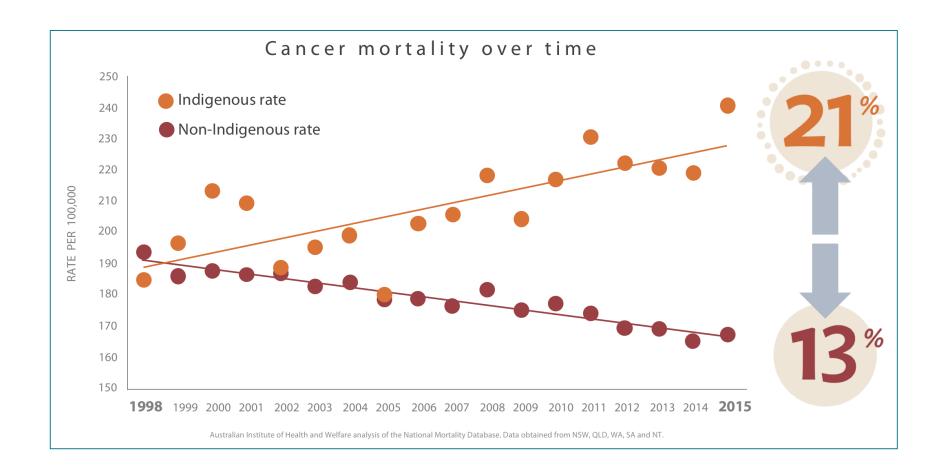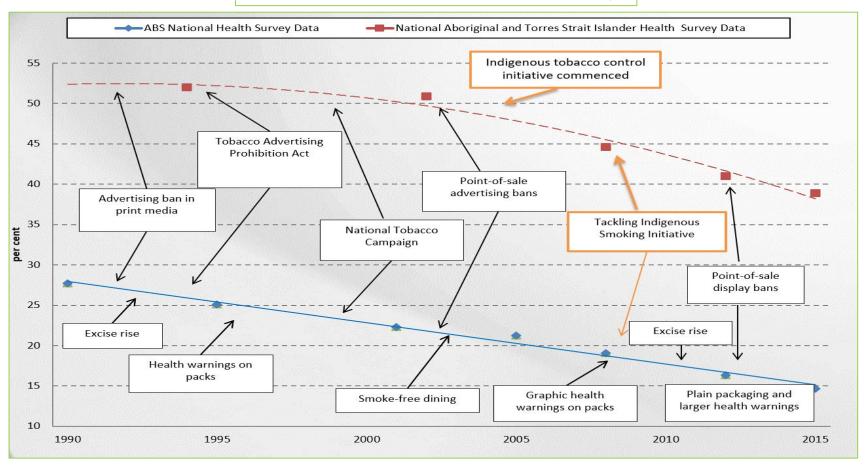
Australian Institute of Health and Welfare analysis of the National Mortality Database. Data obtained from NSW, QLD, WA, SA and NT.

The Tobacco Control Story

What is the Tackling Indigenous Smoking initiative?

National Indicators

1. Quality and reach of community engagement
2. Organisations involved in tobacco reduction in the region
3. Building capacity to support quitting
4. Referrals to appropriate quitting support
5. Supporting smoke-free environments

The **New** TIS Programme up to July 2018
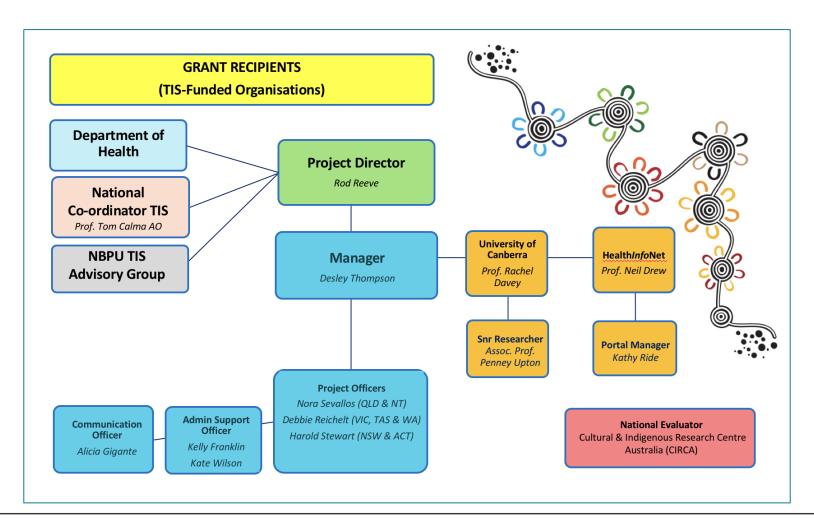
- Grant Recipients (GR)
- Whole of service approach – **population health** + smoking cessation
- Greater discretion to GR – **outcomes focused**
- Smoking cessation and healthy lifestyle
- No healthy lifestyle funded
- **NCTIS**
- **Quit Skills support** & **Quitline enhancement**
- Dedicated TIS policy section at national office – **amalgamated in March 2017 – Preventive Health & Renal Policy Section**
- Grants Services Division - Health State Network (HSN)
- NBPU
- Evaluation Framework

What is Tackling Indigenous Smoking initiative?

- National Coordinator Tackling Indigenous Smoking
- National Best Practice Unit
- Grants – 37 orgs funded (GRs) – *national coverage*
- Evaluation Framework

- Quit skills training
- Quitline enhancement
- Targeted / Innovation projects – pregnant mothers, youth and remote

Innovation Grants 2016/17

The innovation projects have now commenced. The projects are as follows:

-

-

-

-

-

-

- Tackling Indigenous Smoking Innovation Grant Project – Western Australian Centre for Remote and Rural Medicine Ltd

http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-tis-innovation-grants

GRANT RECIPIENTS
(TIS-Funded Organisations)

Department of Health

National Co-ordinator TIS
Prof. Tom Calma AO

NBPU TIS Advisory Group

Project Director
Rod Reeve

Manager
Desley Thompson

University of Canberra
Prof. Rachel Davey

Health*InfoNet*
Prof. Neil Drew

Snr Researcher
Assoc. Prof. Penney Upton

Portal Manager
Kathy Ride

Project Officers
Nora Sevallos (QLD & NT)
Debbie Reichelt (VIC, TAS & WA)
Harold Stewart (NSW & ACT)

Communication Officer
Alicia Gigante

Admin Support Officer
Kelly Franklin
Kate Wilson

National Evaluator
Cultural & Indigenous Research Centre Australia (CIRCA)

National Best Practice Unit -Tackling Indigenous Smoking

Victorian Aboriginal Quitline 2016 to 2017

Aboriginal Quitline	2016	2017	+ / - Previous Period
Total Aboriginal callers	247	328	+ 32.8%
- referred by Health Professionals	45	107	+ 137.8%
- callers on callback	116	185	+ 59.5%

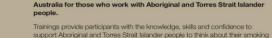| Highlights	2016	2017	Notes
Organisation 1 (shared-care model introduced) (won VicHealth Award)	0	35	**Additional 19 referred** non-Indigenous people (parents and partners)
Organisation 2 (now has visiting Tobacco Cessation Workers fortnightly)	12	26	**116%** increase of referrals

Quitline 13 7848

Quit Victoria

Smoking cessation training for tackling Indigenous smoking

Cancer Council SA provide free smoking cessation training across Australia for those who work with Aboriginal and Torres Strait Islander people.

Trainings provide participants with the knowledge, skills and confidence to support Aboriginal and Torres Strait Islander people to think about their smoking and make some changes.

The following free trainings are available to those working with Aboriginal and Torres Strait Islander people:

Quitskills

- three-day competency based training
- gain knowledge, skills and confidence in supporting clients' smoking cessation
- basic motivational interviewing skills
- receive three units of competency and an academic transcript from TAFE SA

Graduates of the Quitskills course can now undertake:

Quitskills refresher course

- one-day attendance based training
- updated smoking cessation information including nicotine replacement therapy
- motivational interviewing skills

Motivational interviewing training

- two-day competency based training
- enhance basic skills in motivational interviewing and it's applicability in supporting Aboriginal and Torres Strait Islander people to think about their smoking and make some changes
- receive one unit of competency and an academic transcript from TAFE SA
- this competency combined with the three Quitskills competencies gain an academic smoking cessation skill set.

Nurses and other registered health professionals are eligible for Continuing Professional Development points (CPD).

Register your interest in completing these trainings at atsitraining@cancersa.org.au

Quitskills for remote communities

🔊 Listen ▶

This nationally recognised program is aimed at Aboriginal Health Workers and those working in remote Aboriginal and Torres Strait Islander communities.

Quitskills for Remote Communities consists of a two-day classroom-based training, as well as the provision of necessary support for participants to organise and run a community information session to share the skills and knowledge learnt.

The training focuses on supporting smoking cessation and providing participants with the knowledge, skills and confidence to share information on smoking and smoking cessation. The training is tailored to the context of a remote community setting.

The course covers the following topics.

- Tobacco in Australia
- Social determinants of health
- Health consequences
- Cessation methods and products
- Supporting clients to cease or cut down smoking
- Stakeholders who can help support your strategies
- Legal and organisational policies and procedures
- Developing a Behavioural Change Plan

Participants successfully completing the course will be issued with the following competency:

- Assess readiness for and effect behaviour change (HLTPOP014)

NBPU initiated and supported initiatives

- Health*InfoNet* **TIS Portal**
- NBPU TIS website
- Social media accounts
- Mailing list/ register protocols
- eNews
- Promotion strategy
- Performance monitoring, analysis and reporting systems in association with program evaluators

Engagement with grant recipients and other stakeholders and disseminating evidence and information on best practice for the TIS program

NBPU TIS team works with grant recipients to discuss

- Priorities for NBPU TIS **organisational support** and **workforce development** including developing and implementing **local performance indicators**

- **Existing systems** for data collection and reporting

- Process and timing **for reviewing grant recipient action plans**

- **Tackling Indigenous Smoking Resource and Information Centre – Prev called National Operational Guidelines** see Portal

DON'T MAKE SMOKES YOUR STORY

Leveraging the mainstream

Targeted sports social media campaigns

Figure 7.11

Health checks per 1,000 people

Rate of MBS health checks for Indigenous Australians, by age, 2006–2011

Source: AIHW 2013.

Information Booths reach the community especially if associated with activities

ABORIGINAL HEALTH NEWS ALERT
nacchocommunique.com

Talking About the Smokes project and the Tackling Indigenous Smoking program

Issue 32 / 21 August 2017
Mass-reach anti-smoking campaigns must return

The evidence tells us that we need a mix of approaches

No Smokes
NINTI ONE: INNOVATION FOR REMOTE AUSTRALIA

Google Custom Search   Search ×   teachers and health workers

home   the facts   your health   quitting   fun   blog

smoking calculator

$

no smokes guest bloggers

Our bloggers share their thoughts on the impact that smoking has on them, their friends and family. Read their inspiring stories. [more...]

My QuitBuddy
IS PACKED WITH SPECIAL FEATURES TO GET YOU SMOKE-FREE

Click here for more information

Tobacco and its environmental impact: an overview

… the estimated discarded waste from global cigarette consumption in 2014 could be anywhere between 340–680 million kg. is does not include the weight of remnant tobacco and other by-products of the discarded waste.

… other waste products associated with tobacco use such as the 2 million tonnes of paper, ink, cellophane, foil and glue that are used in tobacco product packaging.

… standard toxicity assessment protocols to show that cigarette butts soaked in either fresh or salt water for 96 hours have a lethal concentration that killed half the exposed test fish.

http://apps.who.int/iris/bitstream/handle/10665/255574/9789241512497-eng.pdf;jsessionid=458B1BF6595E38BD6A465E1BD445B085?sequence=1

What do we need to focus on?

- **Evaluation** findings

- Demonstrate **reach**

- Demonstrate **impact**

- Demonstrate **community buy-on**

- Demonstrate **responsiveness** and **resilience**

NACCHO
140+ member orgs

TIS
37 Grant Recipients

Other providers
Clinical
Pop Health teams
NGOs

http://www.naccho.org.au/member-services/www-what-where-when-in-aboriginal-health/
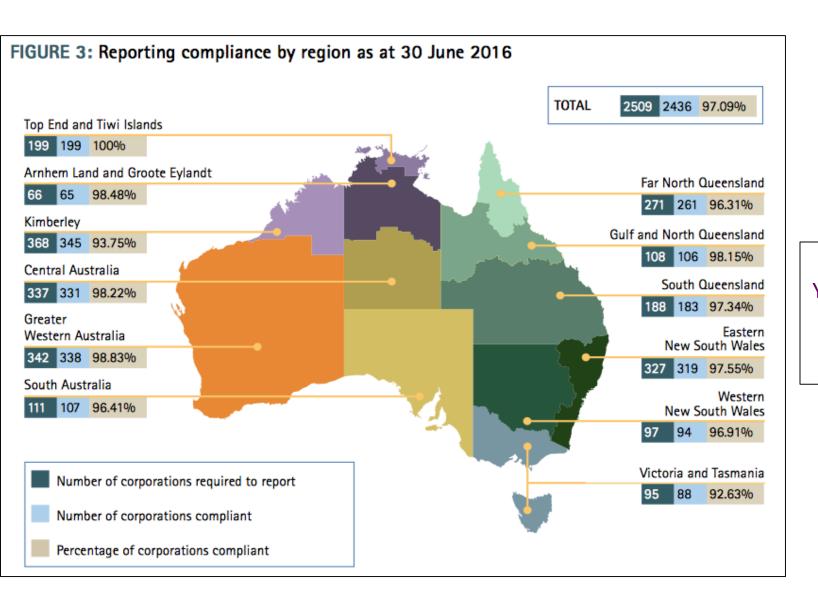
Grant Recipient Locations

NATIONAL BEST
PRACTICE UNIT
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INDIGENOUS
SMOKING

Do services cover the State/ Territories?

- The TIS Program is considered a national program.

- Funding is not just to support the GR Organisation but a geographic region sometimes covering multiple ACCHO regions

Map is not complete and is displayed to seek inputs from GRs to confirm service areas

Quick Runs

- Smoke free workplaces
- Local events
- Commonwealth, State / Territory & Local Politicians
- Media engagement
- Uploading to the TIS Portal
- Contracting / engaging support to achieve outcomes

FIGURE 3: Reporting compliance by region as at 30 June 2016

TOTAL | 2509 | 2436 | 97.09%

Top End and Tiwi Islands
199 | 199 | 100%

Arnhem Land and Groote Eylandt
66 | 65 | 98.48%

Kimberley
368 | 345 | 93.75%

Central Australia
337 | 331 | 98.22%

Greater Western Australia
342 | 338 | 98.83%

South Australia
111 | 107 | 96.41%

Far North Queensland
271 | 261 | 96.31%

Gulf and North Queensland
108 | 106 | 98.15%

South Queensland
188 | 183 | 97.34%

Eastern New South Wales
327 | 319 | 97.55%

Western New South Wales
97 | 94 | 96.91%

Victoria and Tasmania
95 | 88 | 92.63%

Legend:
- Number of corporations required to report
- Number of corporations compliant
- Percentage of corporations compliant

ORIC Yearbook 2015/16

Pg 17

Tackling Indigenous Smoking Programme 2018 - 22

- We must **learn from** past experience
- We must **gather the evidence** as we deliver our services
- We must **perform** – strategically and regionally
- We must **report accurately** and **timely**
- We must **leverage the support of** the community, NGOs and other stakeholders including States/ Territory and local Govts

http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-tis-lp
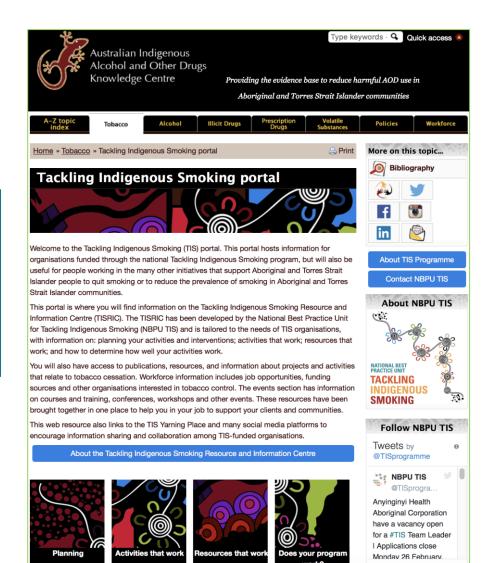
What works?

- Community involvement and engagement

- Adequate resourcing, and planned and comprehensive interventions

- Respect for language and culture

- Working together through partnerships, networks and shared leadership

- Development of social capital

- Commitment to doing projects with, not for, Indigenous people

- Creative collaboration which builds bridges between public agencies and the community and coordination between communities, non-government and government to prevent duplication of effort

- Understanding that issues are complex and contextual

What doesn't work

- **One size fits all** approaches

- **Lack of collaboration** (which can result in inaccessible services)

- External authorities **imposing change** and reporting requirements

- Interventions **without local Indigenous community control** and culturally appropriate adaptation

- **Short-term one-off funding,** piecemeal interventions, provision of services in isolation and **failure to develop Indigenous capacity** to provide services
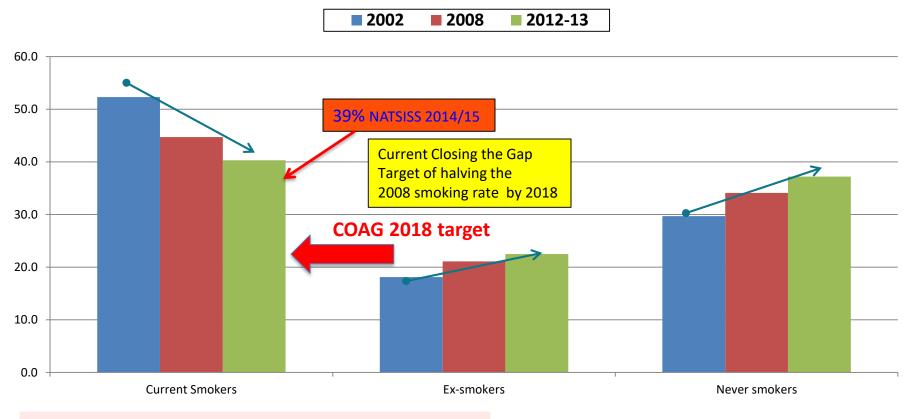
Health *info*Net

TIS Portal

Partner support

Recommendation 3: the Closing the Gap Strategy elements such as maternal and infant health programs and the focus on chronic disease (including the Tackling Indigenous Smoking program) are maintained and expanded in a refreshed Closing the Gap Strategy.

then National Aboriginal Community Controlled Health Organisation (NACCHO) Chair, Justin Mohammed said:

*We're only at the beginning of the journey to close the gap in life expectancy by 2030. We can't turn back now because closing the gap needs long-term commitment and policy continuity. Aboriginal and Torres Strait Islander health in our hands is having an impact and we must keep supporting our people to deliver their own health outcomes.*31

Aboriginal and Torres Strait Islander Smoking

Legend: 2002 | 2008 | 2012-13

39% NATSISS 2014/15

Current Closing the Gap Target of halving the 2008 smoking rate by 2018

COAG 2018 target

Categories: Current Smokers, Ex-smokers, Never smokers

The Aboriginal and Torres Strait Islander smoking epidemic: what stage are we at, and what does it mean?

Raymond Lovett[a,d], Katherine A Thurber[a] and Raglan Maddox[b,c]

- Central to the model is the **long delay between smoking and its associated cancer mortality;** even when the prevalence of smoking begins to decline, smoking-attributable mortality continues to increase, reflecting the smoking behaviours **of up to three decades earlier.**[3,4]

- The burden of tobacco-related cardiovascular disease **is likely to continue to decline in the short term** as smoking prevalence continues to decline. The burden of tobacco-related **cardiovascular diseases** among Indigenous people **decreased between 2003 and 2011**, while the burden of tobacco-related **cancer and respiratory disease increased.**[1]

Stability and impactful

The revamped TIS program will:
- *Continue the successful Regional Tobacco Control grants scheme including school and community education, smoke-free homes and workplaces and quit groups*
- *Expand programs targeting pregnant women and remote area smokers*
- *Enhance the Indigenous quitline service*
- *Support local Indigenous leaders and cultural programs to reduce smoking*
- *Continue evaluation to monitor the efficiency and effectiveness of individual programs, including increased regional data collection "*
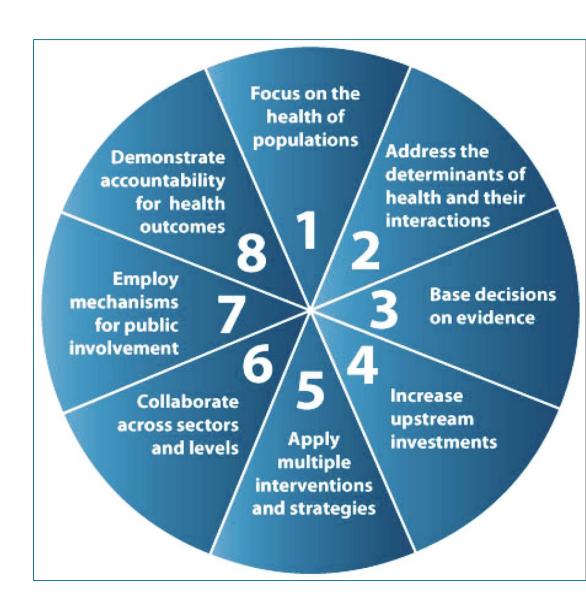
Extract from letter that went Grant Recipients

For the TIS program going forward, there will be specific requirements for TIS organisations, namely all will be required to:

- prioritise **evidence-based population health approaches** with **maximum reach** within their identified TIS region;

- ensure that Indigenous people **who do not attend** Aboriginal Community Controlled Health Services (ACCHS) or Aboriginal Medical Services (AMS') **are targeted and reached;** and

- provide evidence of **how their primary health care funding** (where provided by the Commonwealth) **is being used to complement TIS activities** as part of a larger mix of tobacco cessation interventions.

Population Health approach

ABORIGINAL HEALTH NEWS ALERT
nacchocommunique.com

NACCHO Members
Deadly Good News Stories
From #WorldNoTobaccoDay events

I don't want my dreams goin' up in smokes...

Everyone has a right to clean

ABORIGINAL HEALTH NEWS ALERT
nacchocommunique.com

acosh AMA
Dirty Ashtray Award
National Tobacco Control Scoreboard 2017

NACCHO Chair Matthew Cooke

"Smoking is responsible for one in every five deaths among Aboriginal and Torres Strait islander

Governments across Australia need to step up, take action and avoid complacency.

Smoking rates among Aboriginal people are two and a half times that of non-Indigenous Australians – 41% of Aboriginal and Torres Strait Islander people are daily smokers.

In some communities that estimate is as high as 83%." Matthew Cooke

"Aboriginal health in Aboriginal hands " #WNTD2017

Aboriginal Health ✔ @NACCHOAustralia · 7s
.@Matt_Cooke86 thank you @DaveGillespieMP for attending #Burunga2017 with Ted #ntpol #dontmakesmokesyourstory #QuitSmoking @KenWyattMP

World No Tobacco Day, 31 May 2018

Tobacco and cardiovascular disease

World No Tobacco Day 2018 will focus on the impact tobacco has on the cardiovascular health of people worldwide.

Tobacco use is an important risk factor for the development of coronary heart disease, stroke, and peripheral vascular disease.

Despite the devastating harms of tobacco to heart health, and the availability of solutions to reduce tobacco-related death and disease, knowledge among large sections of the public that tobacco is one of the leading causes of CVD is low.

More on World No Tobacco Day

TOBACCO BREAKS HEARTS

Choose health, not tobacco

31 MAY: WORLD **NO TOBACCO** DAY   #NoTobacco

http://www.who.int/campaigns/no-tobacco-day/2018/en/

https://www.humanrights.gov.au/our-work/race-discrimination/projects/national-anti-racism-strategy-and-racism-it-stops-me-campaign

No one is born hating another person because of the colour of his skin, or his background or his religion. People learn to hate, and if they can learn to hate, they can be taught to love, for love comes more naturally to the human heart than its opposite.

Nelson Mandela

"From self respect comes dignity; from dignity comes hope; and from hope comes resilience"

The Pledge is: As a citizen of the world community, I stand with the United Nations **against** Racism, Discrimination and Intolerance of any kind.

Throughout my life **I will try to promote** equality, justice and dignity among all people, in my home, my community and everywhere in the world.

United Nations Pledge against Racism December 2001

Acknowledgement of the Larrakia people, traditional owners, custodians of the land on which we meet.
I pay respect to Elders, past and present and future and also acknowledge Elders we have here today.

➢ The NBPU has developed a strong and supportive relationship with TIS organisations

➢ Established the NBPU TIS Advisory Group

➢ We have held a series of well-attended and highly successful TIS Jurisdictional Workshops

➢ 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

➢ Introduced Leadership Workshops

➢ Since its launch in early August 2016, the TIS Portal has become an important and well-regarded source of evidence-based information and support for TIS organisations

Tackling Indigenous Smoking portal

About TIS Programme

Contact NBPU TIS

About NBPU TIS

NATIONAL BEST PRACTICE UNIT
TACKLING INDIGENOUS SMOKING

Newsletters

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Tweets by @TISprogramm

NBPU TIS Retweeted

DrGillianGould
@GillianSGould

Certainly our @sistaquit trial in #ACCHS will emphasise #quitting #pregnancy @NACCHOAustralia @TISprogramme @joley_manton @billie_bonevski @yaelbarzeev @michelle_bovill

Mar 26, 2018

Embed   View on Twitter

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

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

Planning

Activities that work

Resources that work

Does your program work?

Workforce information

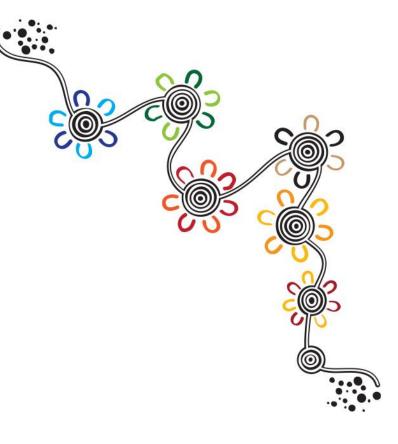Events

Videos

Grant Recipient activities

The TISRIC

The Tackling Indigenous Smoking Resource and Information Centre is the central section of the portal for grant recipients to access specific content on tackling smoking

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**TACKLING
INDIGENOUS
SMOKING**

Planning

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

Identifying and describing the problem

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 box

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.

NATIONAL BEST
PRACTICE UNIT
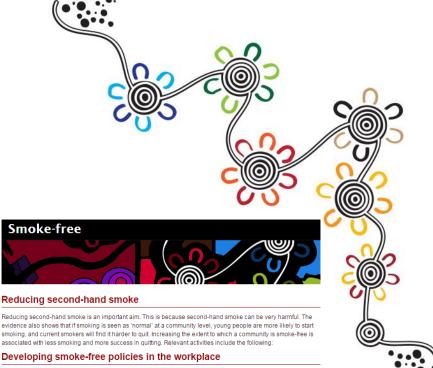**TACKLING**
INDIGENOUS
SMOKING

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

Smoke-free

Reducing second-hand smoke

Reducing second-hand smoke is an important aim. This is because second-hand smoke can be very harmful. The 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 associated with less smoking and more success in quitting. Relevant activities include the following:

Developing smoke-free policies in the workplace

This is a Smoke Free 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 quit.

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.

See also:
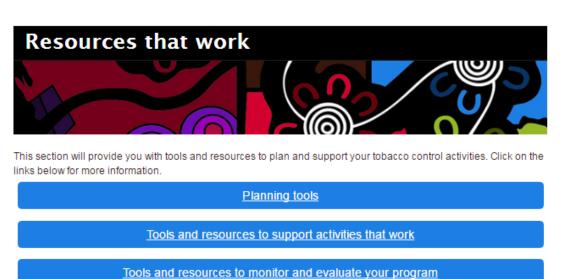- Tools and resources to support smoke-free policies in the workplace

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. Second-hand smoke is associated with a number of childhood illnesses including:
- asthma
- croup
- bronchitis
- bronchiolitis
- pneumonia
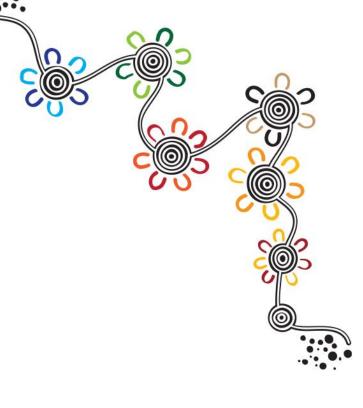- ear, nose and throat infections.

Resources that work

This section will provide you with tools and resources to plan and support your tobacco control activities. Click on the links below for more information.

Planning tools

Tools and resources to support activities that work

Tools and resources to monitor and evaluate your program

NBPU TIS workshop and training materials

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

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INDIGENOUS
SMOKING**

Tools and resources to support activities that work

Tools and resources to support activities that work

This section provides tools and resources to support your TIS acitivities 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

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 women

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
- 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

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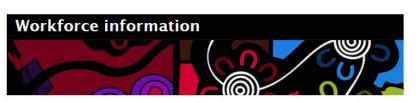
You will need to provide a formal written report to the TIS Programme funder, the Australian Government Department of Health (DoH), using the *Indigenous Australian's Health Programme (IAHP) twelve month performance report template* and the *TIS six month performance report template*.

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

Workforce information

Training, Organisations, Funding and Job opportunities

Events
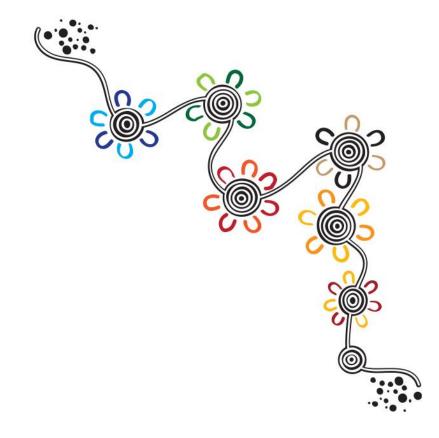
Listing of events from across Australia

Videos

Series of health promotion videos on smoking cessation

Grant Recipient activities

THE TACKLING INDIGENOUS SMOKING PORTAL

http://www.aodknowledgecentre.net.au/aodkc/aodkc-tobacco/tackling-indigenous-smoking

*Session refers to a period of time that a user is actively engaged with the website

Future Directions for the NBPU TIS

Continue to support GRs
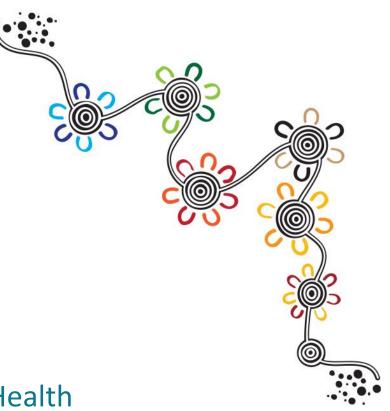
Workshops:
- Jurisdictional Workshops
- National Workshop
- Leadership Workshops

Negotiate contract with Department of Health

National TIS Team Workshop

Await direction from Department of Health

*Session refers to a period of time that a user is actively engaged with the website

Desley Thompson
Manager – NBPU TIS
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Adelaide SA 5069
Phone: 08 8211 0430
Mobile: 0491 217 151
Email: desley.thompson@nintione.com.au
Skype: desley113

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INDIGENOUS
SMOKING
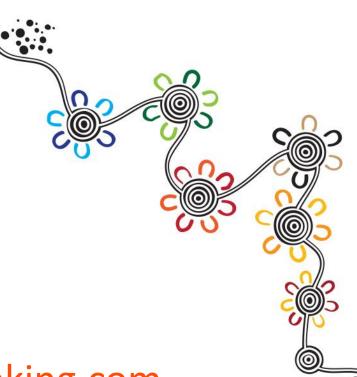
CONTACTING US

p: 1800 282 624

e: info@tacklingindigenoussmoking.com

Morning Tea

NATIONAL BEST PRACTICE UNIT

TACKLING INDIGENOUS SMOKING

Monitoring & Evaluation 1: Foundation

Steve Fisher

Measuring Local Change
(or generating evidence from our work)

Northern Territory Workshop
28th March 2018

Three parts to this work....

1. Foundations

2. TIS activities

3. Developing our skills

On 10th February 2018, The Age and the Sydney Morning Herald reported:

Lena-Jean Charles-Loffel, who leads a Victorian Aboriginal Health Service anti-smoking initiative, runs sessions every Friday at Yappera Children's Services. They include reading, games and an Aboriginal super hero called Deadly Dan to educate kids on the dangers of smoking.

"It's important to target the younger generation because they are going to be our best smoke-free ambassadors not just because of the choices they can make when they are older but because they are having an influence on the people around them,"
Ms Charles-Loffel said.

A recent focus group conducted by her organisation had found families in the local community had gone completely smoke-free because of the influence of their children spreading the word.

Purpose

To be an interactive session that enables us to practise and learn from each other about:

1. Methods for generating evidence in TIS work
2. What works best
3. How we can apply the methods in our work
4. How we can improve

Three parts to this work….

1. Foundations

2. TIS activities
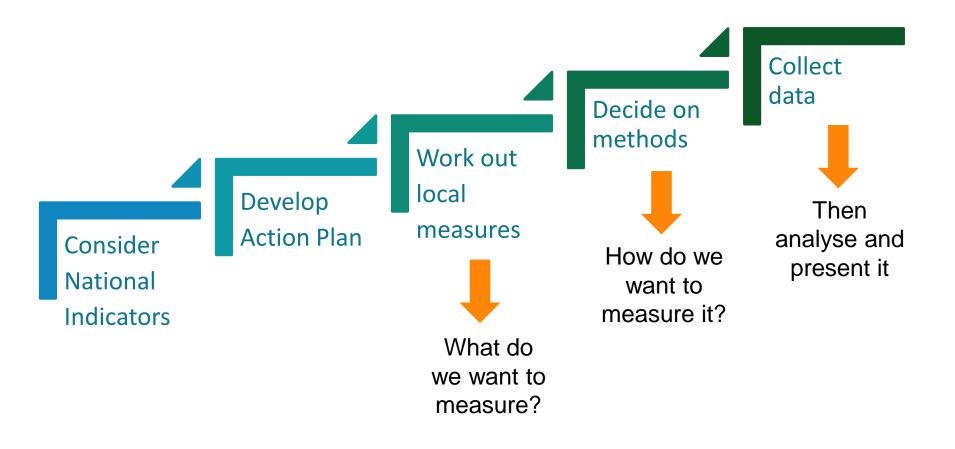
3. Developing our skills

Steps for measuring change

Consider National Indicators

Develop Action Plan

Work out local measures

What do we want to measure?

Decide on methods

How do we want to measure it?

Collect data

Then analyse and present it

Data collection methods

Method	Remarks
Surveys, including online and social media	Flexible, adaptable but questions need care
Case studies (eg. stories of reducing and quitting)	People-centred, based on relationships
Focus groups (eg. school students or mums and bubs)	In-depth and enables opinions and subtle changes to be picked up
Interviews (eg. council workers, AHWs, school principals)	Enables a community focus

Choosing and combining methods

Quantitative

Numbers that tell us a little about a lot of people

Survey about smoke-free homes

Large sample size and reach, but gives limited information

Data that tells a story

Qualitative

Conversation that tells us a lot about a few people

Focus group at parent support meeting

Small sample size and reach, but rich data
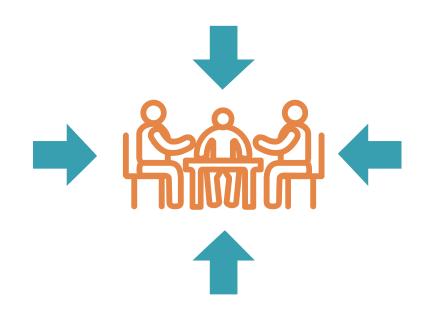
Using research me

- Surveys

- Interviews

- Focus groups

- Case studies

Focus Groups

- Small samples
- Enable variety of questions and exploration of answers
- Rich, complex data

Mind Map

Quitting Smoking

Challenges
- Socialising
- Smokos
- Breaking habits

Actions
- Nicotine Replacement Therapy
- Portion control
- Reduction

Services
- Quitline
- TIS Worker
- GP

Advice & Information
- Shared stories
- Media
- Internet Resources

Influences
- Health
- Cost
- Enjoyment

River of time method for focus group discussions
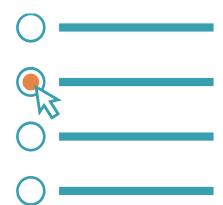
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INDIGENOUS
SMOKING**

Surveys

- Reach (and require) large samples

- Limited exploration of answers

- Simple to analyse, but limited data

- Can be done online and via social media (i.e. Survey Monkey)

Interviews

- Very small samples
- Very rich data
- Time intensive
- Can be done via phone/skype

Case Studies

- Examine stories, e.g.
- Individuals who have quit
- Homes becoming smoke-free
- Workplaces staying smoke-free
- Partnerships and networks

Ethel-Anne Gundy talks about quitting

Marlene talks about quitting

Ray talks about quitting

Developing research questions

Quantitative

Numbers that tell us a little about a lot of people

Answer questions of:

- How many?
- How often?
- How much?

Useful for comparison

Qualitative

Conversation that tells us a lot about a few people

Target questions to gain information that is hard to gather from quantitative data:

- How?
- Why?

Mixed methods

Both reach and detail

Reminder of the three parts to this work….

1. Foundations

2. TIS activities

3. Developing our skills

What TIS activities do we do?

ACTIVITIES: USING DATA COLLECTION METHODS TO SUIT DIFFERENT SETTINGS

Let's get some examples and then work out how best to measure the results of those.

Let's do some practice sessions for these methods:

- Surveys

- Interviews

- Focus groups

SKILLS: USING DATA COLLECTION METHODS TO SUIT DIFFERENT SETTINGS
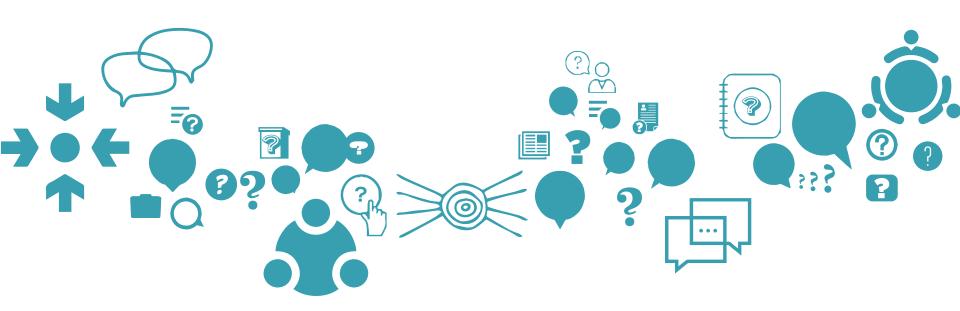
The TIS Portal has downalodable guides as well as short videos showing examples.

Summary comments on data collection methods

Method	Remarks
Surveys, including online and social media	Flexible, adaptable but questions need care
Case studies (eg. Janine's story of reducing and quitting)	People-centred, based on relationships
Focus groups (eg. school students or mums and bubs)	In-depth and enables opinions and subtle changes to be picked up
Interviews (eg. council workers, AHWs, school principals)	Enables a community focus

Thinking about your local TIS program, what are the pros and cons of each method?

Any questions and further discussion

Lunch

Quitline and Cancer Council SA Updates
Nathan Rigney

What is Quitline?

research

prevention

support

Quitline 13 7848

Cancer Council

Quitline.13 7848

Information, support and counselling

Quitline counsellors

- Trained counsellors, focus on Motivational Interviewing
- Up to date knowledge of smoking cessation pharmacotherapy

Cost of a local call

(higher for mobiles, we can call you back)

Counsellors available from (-1hr for SA daylight savings)

8:30am – 8pm weekdays

2 – 5pm Saturdays

Register with the Quitline

quitlinent.org.au

Cancer Council

Why refer to Quitline?

NT referrals

Since July 1st 2017

Aboriginal and Torres Strait Islander

Active   5

Self/verbal   17

Total   22 (out of 126)

Quitline 13 7848

Quitline is effective[1,2,3]

Quit rates higher for those using Quitline

12mth quit rates 31.7% compared to 16.4% control[4]

Referral to Quitline is 'Best Practice' in smoking cessation management (RACGP Smoking Cessation Guidelines 2011)

Referral to Quitline fulfils PBS authority when prescribing smoking cessation pharmacotherapies

1 Stead, Lindsay; Perera, Rafael; Lancaster, Tim (2009) Telephone Counselling for Smoking Cessation, The Cochrane Library

2 Zhu, S-H, Anderson, C., Tedeschi, G.J., Rosbrook, B., Johnson, C., Byrd, M., et al. Evidence of real-world effectiveness of a telephone quitline for smokers. N Eng J Med. 2002 3 October; 347 (14): 1087-93.

3 Borland, R., Segan, C., Livingston, P., Owen, N. The effectiveness of callback counselling for smoking cessation: a randomised trial. Addiction. 2001; 96:881-9

4 TCRE Quitline SA Evaluation Dec 2012

Cancer Council

Quitline. 13 7848

We have the time to talk to your clients and follow up with ongoing support!

Proactive call back: a counsellor calls your client

Calls can be scheduled in the planning stages of quit attempt

Receive feedback – tick 'yes to reports' on the referral form

Cancer Council

Quitline Enhancement Model

Quitline Enhancement

- **Support for Health Professionals and maintaining an ongoing work relationship**

- **6 x unsuccessful call attempts**

- **Case management (if preferred)**

- **Attending community events**

- **Providing community based 'Yarning Sessions'**

Cancer Council

Talking about the Smokes

The survey interviewed a nationally representative sample of 2522 Aboriginal and Torres Strait Islander people from 35 locations, including 1643 smokers (1392 daily smokers)

- 70% of smokers wanted to quit
- 48% of daily smokers had made a quit attempt in the last year.
- 47% of daily smokers who had made an attempt in the last five years had sustained an attempt for at least one month

Cancer Council

SAHMRI survey of health professionals

Barriers and facilitators to referring to Quitline

Of 56 Health Professionals invited to participate in the survey 33 responded with the following results.

- Promote active referrals
- Promote brief interventions
- Promote Quitline (particularly that Quitline can initiate)
- Continue to visit Health Services
- Continue to train Health Professionals

Cancer Council

How to refer to Quitline

- **Online referral through Quitline NT website**

  quitlinent.org.au
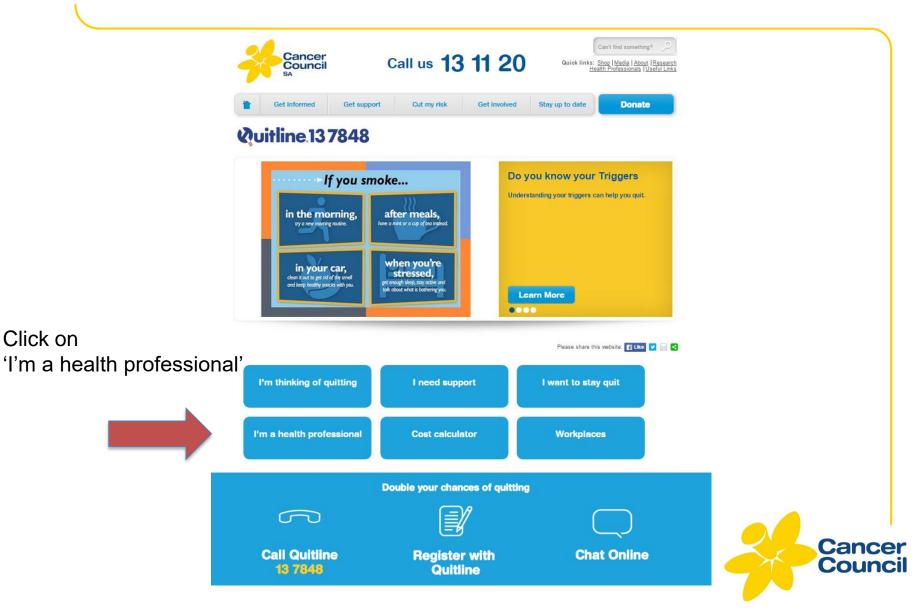
  Click on 'I'm a Health Professional'

- **Faxed Quitline referral form**

How do I refer someone to Quitline?

Click on
'I'm a health professional'

How do I refer someone to Quitline?

Quitline. 13 7848

I'm a health professional

Contents

- Refer a client to Quitline
- What is my role?
- Common barriers for health professionals
- Resources to support my client

Refer a client to Quitline

Click here to complete an online referral to Quitline for your client.

Order Resources

Click here to order resources

What is my role?

The majority of people who smoke are interested in quitting (but not necessarily ready to take action). Research shows that encouragement and brief advice from health professionals is appreciated and will often lead to action. As a health worker you are not expected to spend hours counselling patients through the quitting process but providing your support and encouragement can support your patient to quit smoking. You can refer your patient to Quitline who will provide over the phone support throughout your patient's quitting.

Support your clients by:

- *asking about their smoking*
- *providing a referral to Quitline*
- *referring to other services or health professionals*
- *offering the support of nicotine replacement therapy or medications if appropriate (GP only)*
- *actively encourage and support their patients/clients in their quitting journey.*

Refer a client to Quitline

Resource order form

Opening hours
(SA local time):

Monday-Friday	8:30 am – 7:45 pm
Saturday	2:00 pm – 4:45 pm

Call 13 7848 *or*
Speak to a qualified Quit counsellor — Phone — Email

Cancer Council

Online Quitline Referral Form

What will Quitline talk about?

The three aspects of smoking

Physical
Nicotine addiction

Behavioural
Habits/triggers

Emotional
Triggers

Cancer Council

Narrative Therapy

- **A client-centred counselling approach**

- **Acknowledges client as the expert**

- **Views the problem as the problem, not the person**

- **Supports client to identify skills, knowledge and experience to overcome issues**

- **Takes into account context of family, culture and community**

Cancer Council

Motivational Interviewing

"Motivational interviewing is a collaborative conversation to strengthen a person's own motivation for and commitment to change"

Miller & Rollnick (2009)

Cancer Council

Talking about Smoking

- **Ask permission to talk about smoking**

- **Ask how your client feels about smoking at the moment**

  Elicit more change talk and acknowledge sustain talk

- **Ask about previous quit attempts – what has worked in the past?**

- **Leave the next step to the client**

  Offer referral to Quitline

Cancer Council

Quitline. 13 7848

Thank you!

Nathan Rigney
Coordinator, Aboriginal Programs
nrigney@cancersa.org.au

Cancer Council

Afternoon Tea

Department of Health

Wrap-up & Closing Remarks

TIS NBPU NT Regional Workshop 2018

Round-up

28 March 2018

Prof Tom Calma AO

National Coordinator Tackling Indigenous Smoking

National Indicators

1. Quality and reach of community engagement
2. Organisations involved in tobacco reduction in the region
3. Building capacity to support quitting
4. Referrals to appropriate quitting support
5. Supporting smoke-free environments

What do we need to focus on?

- **Evaluation** findings

- Demonstrate **reach**

- Demonstrate **impact**

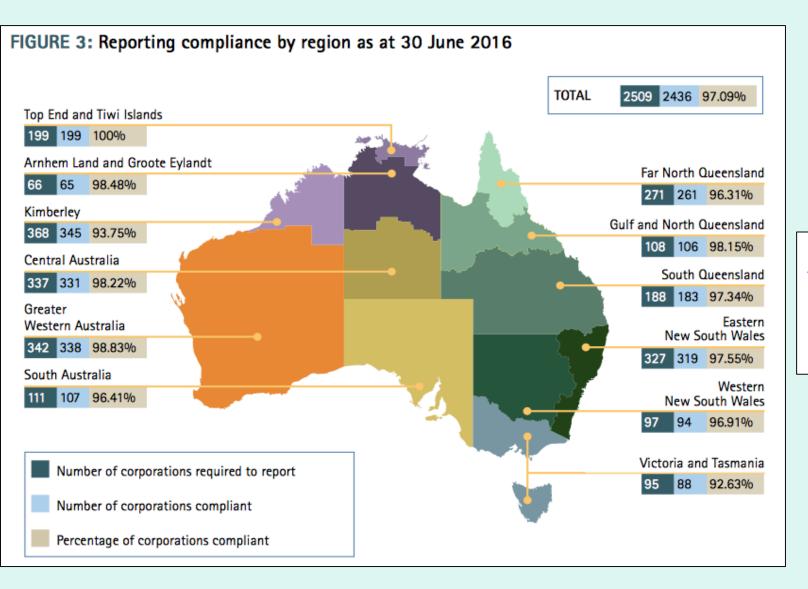- Demonstrate **community buy-on**

- Demonstrate **responsiveness** and **resilience**

Do services cover the State/ Territories?

- The TIS Program is considered a national program.

- Funding is not just to support the GR Organisation but a geographic region sometimes covering multiple ACCHO regions

Map is not complete and is displayed to seek inputs from GRs to confirm service areas

Quick Runs

- Smoke free workplaces
- Local events
- Commonwealth, State / Territory & Local Politicians
- Media engagement
- Uploading to the TIS Portal
- Contracting / engaging support to achieve outcomes

FIGURE 3: Reporting compliance by region as at 30 June 2016

TOTAL 2509 2436 97.09%

Top End and Tiwi Islands
199 199 100%

Arnhem Land and Groote Eylandt
66 65 98.48%

Kimberley
368 345 93.75%

Central Australia
337 331 98.22%

Greater Western Australia
342 338 98.83%

South Australia
111 107 96.41%

Far North Queensland
271 261 96.31%

Gulf and North Queensland
108 106 98.15%

South Queensland
188 183 97.34%

Eastern New South Wales
327 319 97.55%

Western New South Wales
97 94 96.91%

Victoria and Tasmania
95 88 92.63%

Number of corporations required to report

Number of corporations compliant

Percentage of corporations compliant

ORIC Yearbook 2015/16

Pg 17

Targeted sports social media campaigns

Tackling Indigenous Smoking Programme 2018 - 22

- We must **learn from** past experience
- We must **gather the evidence** as we deliver our services
- We must **perform** – strategically and regionally
- We must **report accurately** and **timely**
- We must **leverage the support of** the community, NGOs and other stakeholders including States/ Territory and local Govts

http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-tis-lp

Research and Evaluations

- Surveys
- Case Studies
- Interviews
- Focus Groups
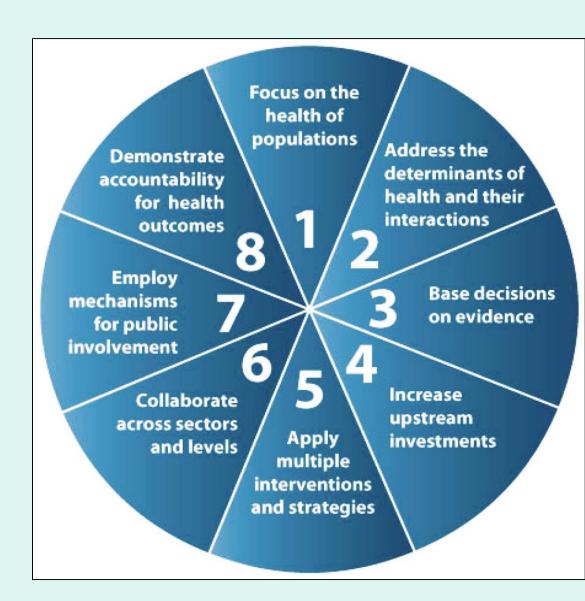
Templates on the Portal

Stability and impactful

The revamped TIS program will:
- *Continue the successful Regional Tobacco Control grants scheme* including school and community education, smoke-free homes and workplaces and quit groups
- *Expand programs targeting pregnant women and remote area smokers*
- *Enhance the Indigenous quitline service*
- *Support local Indigenous leaders and cultural programs to reduce smoking*
- *Continue evaluation to monitor the efficiency and effectiveness of individual programs, including increased regional data collection "*

Population Health approach

Grant Agreement negotiations for 2018-22

… this letter does not constitute an offer of funding.   A formal offer by the Commonwealth **is subject to successful negotiations of a funding agreement** and no legal obligations shall arise unless and until a funding agreement is signed by the Commonwealth.

Grant Agreement negotiations for 2018-22

For the TIS program going forward, there will be specific requirements for TIS organisations, namely all will be required to:

- prioritise **evidence-based population health** approaches with **maximum reach** within their identified **TIS region**;

- ensure that Indigenous people **who do not attend** Aboriginal Community Controlled Health Services **(ACCHS)** or Aboriginal Medical Services (AMS') **are targeted and reached;** and

- provide evidence of **how their primary health care funding** (where provided by the Commonwealth) **is being used to complement TIS activities** as part of a larger mix of tobacco cessation interventions.

Grant Agreement negotiations for 2018-22

…negotiations will be **based on a range of information** including:

- the above requirements;

- the IAHP Programme **Guidelines**;

- the **TIS program evaluation** (2015-16 to 2017-18); and

- TIS **organisations' performance reports** to the Department.