Welcome to the Northern Territory TIS Jurisdictional Workshop
28/03/2018
Welcome to Country
Intro & Overview of TIS Program
Professor Tom Calma AO
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

Indigenous

Non-Indigenous

Percentage of deaths

Note: Indigenous data for Vic, Tas and ACT were of insufficient quality for the reporting period.

Age distribution of proportion of deaths, by age and Indigenous status, NSW, Qld, SA, WA and NT, 2007–2011
Risk of death to age 65, by Indigenous status, Australia 2010

Dead by age 65:

- **30% Indigenous Australians**
- **9% non-Indigenous Australians**
Most common broad causes of death in Indigenous peoples

- Cardiovascular disease: 25%
- Cancer: 20%
- External causes: 17%
- Endocrine, metabolic & nutritional disorders: 15%
- Respiratory diseases: 15%
- Digestive diseases: 9%

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.
• 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.

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

Lessons learnt

Indigenous Australians more likely to die from cancer than non-Indigenous Australians

Cancer mortality gap widening

![Chart showing increase in Indigenous cancer death rate]

Cancer mortality over time

Indigenous rate
Non-Indigenous rate

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

- ABS National Health Survey Data
- National Aboriginal and Torres Strait Islander Health Survey Data

- Tobacco Advertising Prohibition Act
- Advertising ban in print media

- Point-of-sale advertising bans
- National Tobacco Campaign

- Indigenous tobacco control initiative commenced
- Tackling Indigenous Smoking Initiative

- Excise rise
- Health warnings on packs

- Smoke-free dining
- Graphic health warnings on packs

- Plain packaging and larger health warnings

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

- Aboriginal Males Shedding the Smokes - Aboriginal Health Council of South Australia Inc.
- Growing a smoke-free story - Metro South Hospital and Health Service, Queensland Health
- The Top End Smoke-Free Spaces Project - Aboriginal Resource and Development Services Aboriginal Corporation (ARDS)
- Smoking, Nutrition, Alcohol and Physical Activity 'SNAP' - National Drugs and Alcohol Research Centre, University of New South Wales
- The Balaang and Binjilaang Aboriginal Women Tobacco Intervention Project - South Coast Women's Health & Welfare Aboriginal Corporation
- Growing the Smoke Free Generation - Northern Territory Department of Health
- Tackling Indigenous Smoking Innovation Grant Project - Western Australian Centre for Remote and Rural Medicine Ltd

National Best Practice Unit - Tackling Indigenous Smoking
# Victorian Aboriginal Quitline 2016 to 2017

<table>
<thead>
<tr>
<th>Aboriginal Quitline</th>
<th>2016</th>
<th>2017</th>
<th>+ / - Previous Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Aboriginal callers</td>
<td>247</td>
<td>328</td>
<td>+ 32.8%</td>
</tr>
<tr>
<td>- referred by Health Professionals</td>
<td>45</td>
<td>107</td>
<td>+ 137.8%</td>
</tr>
<tr>
<td>- callers on callback</td>
<td>116</td>
<td>185</td>
<td>+ 59.5%</td>
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<table>
<thead>
<tr>
<th>Highlights</th>
<th>2016</th>
<th>2017</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisation 1</strong> (shared-care model introduced) (won VicHealth Award)</td>
<td>0</td>
<td>35</td>
<td>Additional 19 referred non-Indigenous people (parents and partners)</td>
</tr>
<tr>
<td><strong>Organisation 2</strong> (now has visiting Tobacco Cessation Workers fortnightly)</td>
<td>12</td>
<td>26</td>
<td>116% increase of referrals</td>
</tr>
</tbody>
</table>
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 astatraining@cancersa.org.au

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**QuitSkills for remote communities**

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 (HLTOP014)
NBPU initiated and supported initiatives

- HealthInfoNet 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
Leveraging the mainstream
Targeted sports social media campaigns
Figure 7.11

Health checks per 1,000 people

Year

Source: AIHW 2013.

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

AIHW Australian Health Status Report 2014
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
… 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

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.
<table>
<thead>
<tr>
<th>Quick Runs</th>
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<tbody>
<tr>
<td>• Smoke free workplaces</td>
</tr>
<tr>
<td>• Local events</td>
</tr>
<tr>
<td>• Commonwealth, State / Territory &amp; Local Politicians</td>
</tr>
<tr>
<td>• Media engagement</td>
</tr>
<tr>
<td>• Uploading to the TIS Portal</td>
</tr>
<tr>
<td>• Contracting / engaging support to achieve outcomes</td>
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</tbody>
</table>
FIGURE 3: Reporting compliance by region as at 30 June 2016

- **Top End and Tiwi Islands**: 199 (100%)
- **Arnhem Land and Groote Eylandt**: 66 (98.48%)
- **Kimberley**: 368 (93.75%)
- **Central Australia**: 337 (98.22%)
- **Greater Western Australia**: 342 (98.83%)
- **South Australia**: 111 (96.41%)
- **Far North Queensland**: 271 (96.31%)
- **Gulf and North Queensland**: 108 (98.15%)
- **South Queensland**: 188 (97.34%)
- **Eastern New South Wales**: 327 (97.55%)
- **Western New South Wales**: 97 (96.91%)
- **Victoria and Tasmania**: 95 (92.63%)

Legend:
- Dark grey: Number of corporations required to report
- Light grey: Number of corporations compliant
- Orange: Percentage of corporations compliant
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

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
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 (NBPUS) 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.
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.
Aboriginal and Torres Strait Islander Smoking

Source: ABS Aboriginal and Torres Strait Islander Health Survey 2012-13
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.\textsuperscript{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.\textsuperscript{1}
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"
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.
NACCHO Members

Deadly Good News Stories

From #WorldNoTobaccoDay events

“Smoking is responsible for one in every five deaths among Aboriginal and Torres Strait Islander people.”

Matthew Cooke

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 the estimate is as high as 83%.”

“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

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
NBPU TIS Update
Desley Thompson
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
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.

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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.
Planning

Covers:

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

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 (AHMRC). They are designed to help Aboriginal Community Controlled Health Services (ACCHS) 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
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
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
Tools and resources to support activities that work

This section provides tools and resources to support your TIB 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

Mothers and babies

Brochures, posters and booklets

- Quit set 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 resource 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 "Being strong: feeding you and your baby well" 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 the 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 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?

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

- Monitoring and evaluating your project
- TIS evaluation
- 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)
- **Indicance**: 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).
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/make-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:
- questionnaires
- interviews
- focus/visioning 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 map, 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
THE TACKLING INDIGENOUS SMOKING PORTAL


*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*
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Email:  desley.thompson@nintione.com.au
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p: 1800 282 624

e: info@tacklingindigenoussmoking.com
Morning Tea
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

1. Consider National Indicators
2. Develop Action Plan
3. Work out local measures
4. Decide on methods
5. Collect data

Then analyse and present it

What do we want to measure?
How do we want to measure it?
## Data collection methods

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<td><strong>Case studies</strong> (eg. stories of reducing and quitting)</td>
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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

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

Data that tells a story
Using research methods

- Surveys
- Interviews
- Focus groups
- Case studies
Focus Groups

- Small samples
- Enable variety of questions and exploration of answers
- Rich, complex data
River of time method for focus group discussions
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
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
- Case studies

**SKILLS: USING DATA COLLECTION METHODS TO SUIT DIFFERENT SETTINGS**

The TIS Portal has downloadable guides as well as short videos showing examples.
### Summary comments on data collection methods

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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?
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
Why refer to Quitline?
NT referrals

Since July 1\textsuperscript{st} 2017
Aboriginal and Torres Strait Islander

Active \hspace{1cm} 5
Self/verbal \hspace{1cm} 17
Total \hspace{1cm} 22 (out of 126)
Quitline is effective\textsuperscript{1,2,3}

Quit rates higher for those using Quitline

12mth quit rates 31.7\% compared to 16.4\% control\textsuperscript{4}

Referral to Quitline is ‘Best Practice’ in smoking cessation management \textsuperscript{(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


4 TCRE Quitline SA Evaluation Dec 2012
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
Quitline Enhancement Model

- History
- Holistic
- Engaging with Community
- Yarning Tools
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’
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
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
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?

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

(9A local time):

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

Call 13 7848

Speak to a qualified Quit counsellor

or

Phone

Email

Cancer Council
Online Quitline Referral Form

Quitline referral

Title:
Name:
Address:
Postcode:
Contact number:
Aboriginal or Torres Strait Islander?:
Interpreter required?:
When to call:
Date of first call (dd/mm/yyyy):
Best time to call:
Does your client give permission to send you reports regarding their quitting progress?:
Referring professional's name:
Organisation:
Profession:
Address:
Postcode:
Contact Phone or Email:

Privacy collection statement
Your privacy is as important to Cancer Council SA as it is to you. That's why any personal information you give us will be treated with respect and in strict confidence. Personal information is collected to process donations, issue tax receipts and to send you updates. We may disclose your information to agents, contractors and third parties who provide services to us, and in doing so we take reasonable steps to ensure any information held by our service providers is protected. A full copy of our Privacy Policy is at www.cancersa.org.au/privacy with details about how you can access and correct your personal information and how we handle any privacy complaints. Or call us on 1300 65 66 85 for more details about our commitment to your privacy.

* Required field

Send
What will Quitline talk about?
The three aspects of smoking

Physical
Nicotine addiction

Behavioural
Habits/triggers

Emotional
Triggers
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
Motivational Interviewing

“Motivational interviewing is a collaborative conversation to strengthen a person’s own motivation for and commitment to change”

*Miller & Rollnick (2009)*
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
Thank you!

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

Research and Evaluations

• Surveys
• Case Studies
• Interviews
• Focus Groups

Templates on the Portal
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.
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.