



Tackling Indigenous Smoking Programme

Preliminary evaluation findings

May 2017



Presentation outline



- Evaluation approach



- Findings & case studies



- Recommendations

National evaluation

From 2016-2018 the national evaluation of TIS programme will assess:

Effectiveness



Level of change
that has occurred
through the TIS
programme

Appropriateness



Fit between the TIS
programme & the
needs of
Aboriginal & Torres
Strait Islander
communities

Outcomes



How well the TIS
programme is
progressing
towards achieving
the long-term
outcomes

Evaluation approach

A mixed method approach was used for wave 1 of data collection. In total, 104 qualitative consultations were conducted with 260 participants & 154 participants responded to two online surveys

Qualitative evaluation
data

n=260

132 TIS staff (from all 37 grant recipients)

43 primary stakeholders

14 secondary stakeholders

71 community members

Quantitative evaluation
data

n=154

108 TIS staff responded to survey

46 primary stakeholders responded to survey

Monitoring data

n=37

37 grant recipient performance reports

State/Territory level
Quitline referral data Jan - Dec 2016

Quitskills evaluation data

Shift to TIS



- All grant recipients primarily focussed on tobacco reduction, and more targeted and tailored activities
- Some are leveraging TIS off broader healthy lifestyle to maximise reach and effectiveness
- Varying degrees of clarity about the flexibility to tap into healthy lifestyle activities

Case study – VAHS six week challenge

- 110 community members, 80% retention rate
- Embedded tobacco control messaging throughout
- Collects pre and post smoking cessation data
- Celebrates community role models



... they come in pre-contemplative and leave contemplative



Community engagement



- Strong community engagement & involvement in support of tobacco control
- Local champions & elders participating in local education & awareness raising events & activities
- Evidence of community & regional leadership & advocacy



It's good when you've got community people promoting the program because a lot of the community know these people and they're going to be listening carefully, and wanting to be involved. Grant recipient, rural

Partnerships



- Collaborations & partnerships built between TIS grant recipients & external organisations
- This has broadened the population reach & strengthened support for quitting
- Local partnerships crucial to the successful implementation of health promotion activities



Source: Kimberley Aboriginal Medical Service

Partnerships

Case study – Ready Mob: Partnership with rural community to jointly fund community event

- Geographical & funding challenges overcome through partnering with community & services to deliver smoke-free event
- By pooling resources, organisations involved were able to increase the reach of the event & Ready Mob were able to broaden the impact of their local TIS activities



the whole approach was trying to create this partnership with the community

Bowraville Memorial Cup And Youth Expo
Hennessey Tape Oval, Bowraville

Friday 25th November
Youth Expo 10.00am-3.00pm

Activities on Friday include: Weaving, Footy Workshops, Story Telling & Yarning Space, Fire truck, Jumping Castle, Little ones space with games, Dental Van, Elders Tent, DJ and Youth Space, Painting, Memorial Mosaic, Free BBQ, Tug o' war, and Interactive Stalls & Education.

Saturday 26th November
Memorial Cup 10.00am-4.00pm

Activities on Saturday include: Youth Touch Footy (Free to Play, Registration closes 14th of November, Come and have some fun!!), Under 14s Boys/Girls, Under 16s Boys/Girls, Under 18s Boys/Girls, Under 12's Mixed, Barefoot Sprints, Free BBQ, and Elders Tent.

Drug and Alcohol Free Event

SMOKE FREE
Anywhere on the sports ground

For further Information or register to play contact event coordinator David Reid on 6652 0800 or david.reid@galambila.org.au

READY MOB

NSW Education Aboriginal Affairs

Source: Galambila Aboriginal Health Service

Partnerships

Case study – FIAAI & Tasmania Aboriginal Health Reference Group (TAHRG)

- FIAAI: partnering with TAHRG to broaden population reach and strengthen leadership support and advocacy
- FIAAI TIS Coordinator now member of State Tobacco Coalition



TAHRG spreads ownership of the TIS programme



Case study – LEAHA partnering with Quitline for a shared care approach

- LEAHA has large area so limited capacity to reach individuals
- Quit Victoria receiving limited calls from Aboriginal people
- Trialling an 'opt out' approach for shared care to reach more community members
- Early indications suggest increase in referrals



Community education



- Priority populations including pregnant women & to a greater extent young people are being targeted
- Strong use of community education including: health promotion activities at community/sporting events, drama shows & comedy & social marketing
- Social marketing campaigns are used to supplement other health promotion activities but challenges exist in measuring impact



I've seen the TV ads, they are good because they show strong role models who don't smoke and look after themselves...Our children and young people see them and I think they want to be strong and healthy and not smoke like them. Community member, urban

Priority populations – young people

Case study – IUIH: Linking schools & Aboriginal Medical Services

- IUIH & Aboriginal Medical Services expanded delivery of the Deadly Choices program to 89 primary & secondary schools, with almost 1,150 Indigenous students completing the eight-week program during the period (2015-16 Financial Year).
- Program shown to be effective in increasing knowledge of smoking related harms & shifting smoking related attitudes/behaviours
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**QUITTING IS A
DEADLY
CHOICE**



it's all relationship based, the biggest learning we have found is to just knock on all the doors of the schools and introduce ourselves and have your resources ready to go to show them what we have to offer and what the outcomes will be



expanded to 89
schools

reaching 1,150
Indigenous students



Increased knowledge
of health impacts of
smoking

Smoke-free environments



- Commitment to setting up smoke-free homes, workplaces, & public spaces with evidence of early success
- Prioritisation of modelling smoke-free environments within grant recipient organisations
- Some challenges to gaining support for smoke-free workplaces exist
- Monitoring the compliance of smoke-free environments also challenging



Events are now becoming smoke-free events, which is helping in the campaign to get people to quit. This is good because now you can take your kids to events and not worry that they will inhale second- hand smoke. Community member, rural

Systems approach to quitting support



It's a continual support for them, so we're implementing a quit program so they get rewarded, so they have to keep in contact with us as well. Building that rapport, so they trust us, that we're there for them.

Grant recipient, remote



- Adopting a systems approach to quitting support through providing a range of opportunities for achieving smoking cessation including:
 - ✓ local GP
 - ✓ local counselling support individually or as part of a quit support group
 - ✓ Quitline
- Quitline usage higher in urban and some rural areas
- Building partnerships with external organisations key to success of referral pathways

Increasing workforce capability to support quitting



- Demonstrated commitment to increasing workforce capability to support Aboriginal & Torres Strait Islander people to quit through:
 - ✓ staff participation in Quitskills training
 - ✓ conferences
 - ✓ other University training courses
- Evidence smoking cessation education has increased the confidence & capacity of TIS staff & stakeholder to provide quit support



Before I did the course, I was just asking people if they were a smoker and they would say yes and I would say would you like a bit of support to give up ...[and] I just told them we have a TIS team here that can offer you all sorts of information and nicotine replacement therapy...but now [after] doing the course [it] showed more depth of what we can ask...with this course it [provides] an understanding of how we can help them and ask better questions. Primary stakeholder, remote

Increasing workforce capability to support quitting

Case study – KAMS & TIS Consortia: Building capacity of health professionals to support quitting

- KAMS have developed a TIS specific service level agreement (SLA) with each member service to guide the delivery of the TIS program & improve the number of smoking assessments completed
- KAMS & BRAMS have developed a 2 hour brief intervention training package
- In the last 6 months, over 100 health professionals, including Aboriginal Health Worker's, Doctors and Nurses have received the training
- Aboriginal Health Council of WA (AHCWA); ACOSH and Quilt Line Aboriginal Liaison Team have joined forces to develop a state wide Aboriginal Health Worker Smoking Cessation and Brief Intervention Training Package



Output achieved

- Over 100 health professionals have received training across the region

Intended outcome

- 10% increase in number of brief interventions
- Increase in clinical referrals to local TIS program
- Increase in dispensation of NRT

Medium - LT outcome

- Increased quitting support
- Increased quitting attempts

Contribution to the evidence base

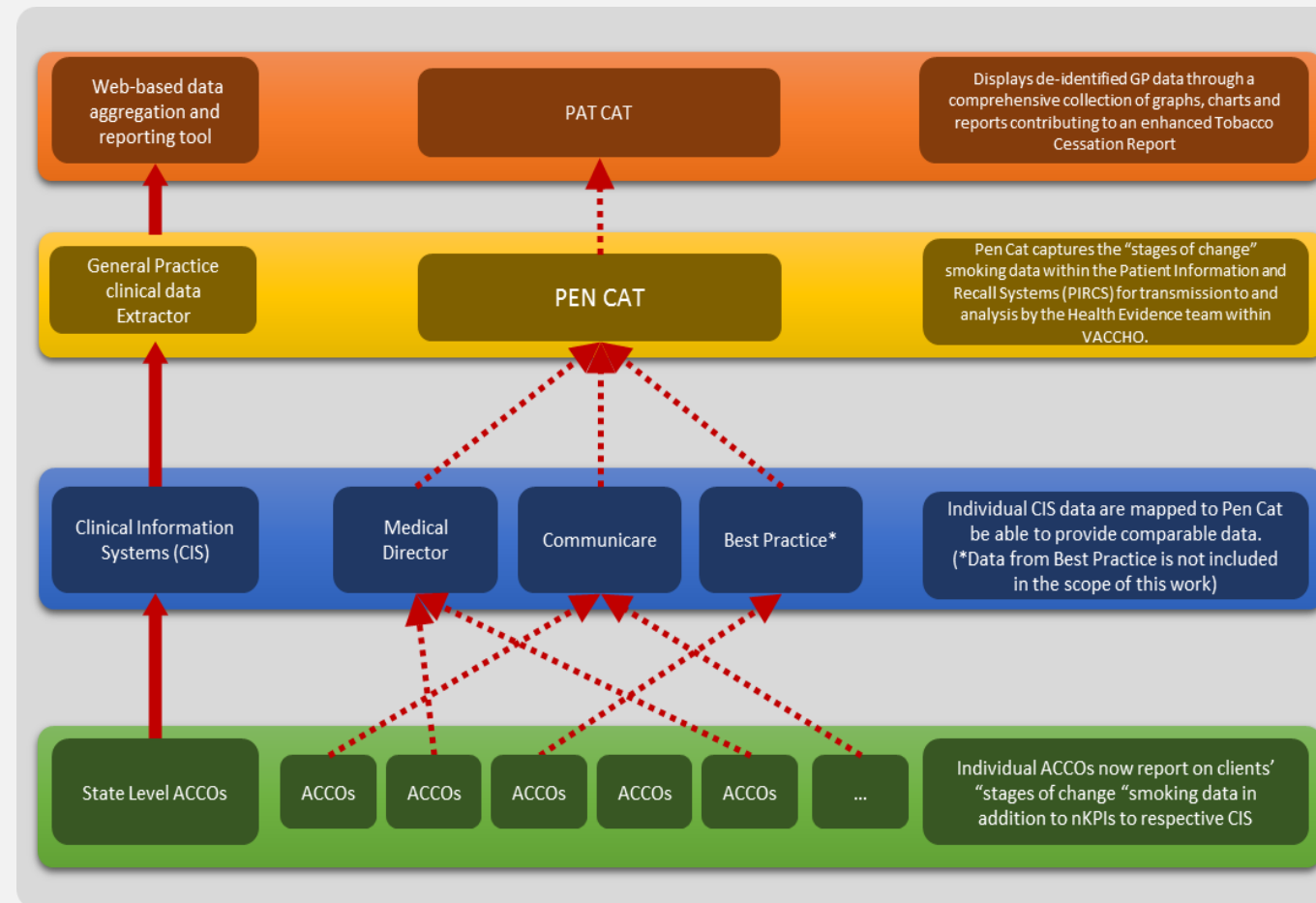
- Shift to outcomes-focused approach to TIS programme welcomed by grant recipients & embedded within organisations
- Some challenges to collecting & interpreting data remain
- TIS grant recipients demonstrate increased confidence & capacity to report on outcomes as evidenced through the use of data to inform program design & quality improvement



Contribution to the evidence base

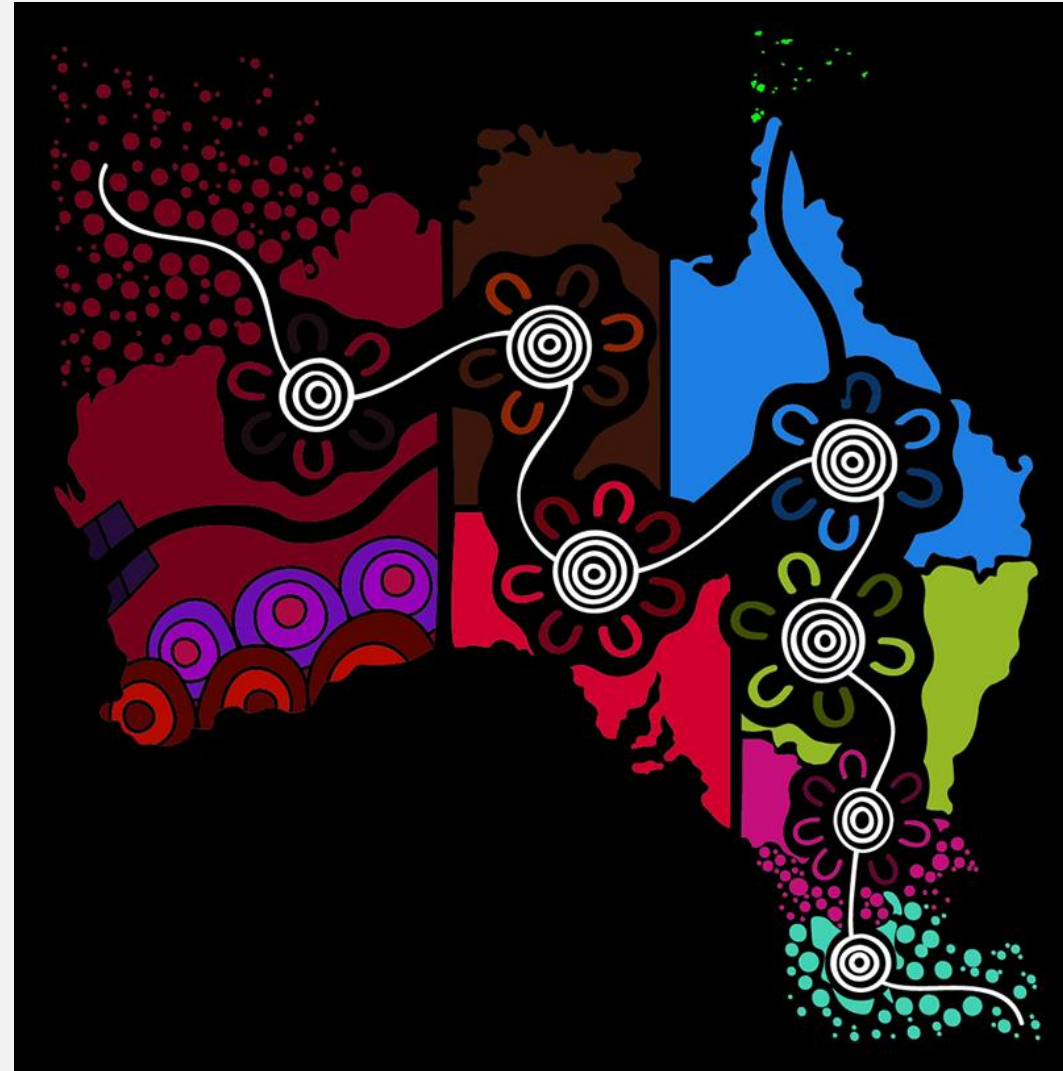
Case study – VACCHO systematic data collection

- Database to collect consistent data across regions covered by Victorian ACCOs
- PENCAT captures stages of change data and the ability to look at behaviour change across demographics allowing organisations to identify priority groups
- Organisations have more accurate data regarding clients through reports that are easy to access and aggregate
- Building an evidence base to better evaluate and design programs



NBPU TIS support & TIS portal

- Grant recipients value support provided by NBPU TIS & this support has increased their confidence & capacity to undertake M&E activities & be more outcome focused
- The diversity of grant recipients means support provided by NBPU TIS needs to be tailored
- Grant recipients are utilising the TIS portal, however the useability of the website were questioned



Governance and communication

- Planning & implementation of TIS activities was impacted by loss of experienced staff due to funding uncertainty & recruitment & retention remains an issue for many grant recipients (especially in a remote context)
- Workforce stability would be strengthened with timely advice regarding the outcome of ongoing funding arrangements

Recommendations

Grant recipients

-  Continue to broker partnerships & leverage relationships
-  Continue to identify & prioritise key groups, especially pregnant women
-  Ensure evidence-based best practice community education models (including monitoring & evaluation approaches) are sought & adopted where appropriate
-  Continue to explore implementing smoke-free workplaces & enhance support for smoke-free public spaces
-  Continue to strengthen partnerships with Quitline & other quit support structures where appropriate
-  Build on routine & existing data sources to reduce data collection burden
-  Continue to seek feedback from NBPU TIS regarding M&E activities where required



Recommendations

NPBU



Continue to build capability of grant recipients to broker partnerships & leverage relationships through the distribution & promotion of relevant resources



Ensure the evidence-based best practice community education models (including monitoring & evaluation approaches) are available, particularly for priority target groups such as pregnant women & activities around social marketing



Continue to respond to feedback from GRs around M&E needs & TIS portal content & useability



Recommendations

Department



The TIS programme in its current form should be continued, with a move away from short-term funding cycles



Provide clarity around what is allowable in relation to healthy lifestyle activities within the current iteration of the TIS programme



Articulate the role of the National Coordinator in the context that the Programme has evolved & as such his role has evolved



Provide greater clarification of TIS funding parameters, especially in terms of incorporation of healthy lifestyle activities & one-on-one smoking cessation support



Provide immediate advice about the funding of TIS from June 2017 to end of current funding cycle

National Coordinator



Lead a dialogue between regional leaders, including CEOs, Board members of TIS & non-TIS funded organisations around establishing smoke-free environments



What next?

2017

July-
Nov

CIRCA will conduct the second wave of the evaluation

Aim to show continued momentum and build on evaluation results

Build on case studies

2018

Jan -
Mar

Final CIRCA report delivered





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