WELCOME

South Australia TIS Jurisdictional Workshop
Wednesday 19th October 2016
HOUSEKEEPING
INTRODUCTIONS

Team Leaders to introduce the team:

• the name of the organisation you’re representing
• the region you service
• name and title of the workers
Overview of TIS Programme

Professor Tom Calma AO
National Co-ordinator TIS
“TIS SA Workshop”

19 October 2016

Nunkuwarrin Yunti of SA
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 is TIS?**

1. NCTIS
2. NBPU
3. Grants to orgs - **37** Individual orgs funded
4. **Quit skills** training
5. **Quitline** enhancement
6. Evaluation Framework
7. Targeted projects – pregnant mothers, youth and remote populations
The Old TIS Programme

- TIS Teams hosted by orgs
- Smoking cessation and healthy lifestyle
- Referral to smoking cessation support
- Population health approach
- NCTIS
- Quit Skills support
- **Quitline** enhancement
- Regional Tobacco Fund
- National Office provided policy advice and some grant funding – Regional Grants and marketing
- Managed other chronic disease programmes
New TIS Programme

- 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 – Some TIS priority projects
- NCTIS
- Quit Skills support
- Quitline enhancement
- Dedicated TIS policy section at national office
- Grants Services Division
- NBPU
- Evaluation Framework
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
NBPU initiated and supported initiatives

- **HealthInfoNet** TIS section
- NBPU TIS website
- Social media accounts
- Mailing list/ register protocols
- eNews
- Promotion strategy
- Performance monitoring, *analysis and reporting systems* in association with program evaluators
Evidence-based approaches to tobacco control

• Identify and prioritise new products required for NBPU TIS to effectively support grant recipients based on external research, evidence base, stakeholder feedback and grant recipient experience (peer to peer learning)

• TIS Advisory Group – Brad Brown, Cancer Council Vic

• TIS Resource and Information Centre

• annual regional and national meetings / workshops
Impact assessment, performance indicators and data collection and reporting on results

• To enable GRs to adopt evidence-based and results-oriented approaches in order to reduce rates of smoking among Indigenous people

• Monitoring and Evaluation framework and program performance indicators

• final year of funding for grant recipients relies on evaluation results in March-June 2017
The TIS Portal

Kathy Ride
HealthInfoNet
MORNING TEA
Quitskills and Quitline

Nathan Rigney
Cancer Council SA
Role of the National Best Practice Unit (NBPU)

Desley Thompson
Ninti One
Works with grant recipients to develop

**Action Plans:**
- Strategy and theory of change
- Roles and responsibilities
- Timelines

**Monitoring and evaluation plans:**
- Performance indicators
- Data collection
Sharing our Stories – Group 1

- Nunkuwarrin Yunti of SA
- Pangula Mannamurna Aboriginal Corp.
LUNCH
Strategies for a successful TIS Program
TIS Principles:

- Regional reach, meeting local needs
- Evidence based activities
- Outcomes focus - intended impact
- Multi component approach
- Systems Thinking
  - Community leaders
  - Local and regional organisations
  - Healthcare services
  - Quit services
What do we mean by ‘evidence’?

Adapted from Rycroft-Malone et al. 2004

- Research (Global and Local)
- Local Context
- Values and Preferences of Population
- Professional Experience

Locally relevant service

Adapted from Rycroft-Malone et al. 2004
Outcomes based

**Output**
- TIS activities

**Outcome**
- TIS impact
Multi-component approach
System thinking

Increase the number of Australians who are healthy at every stage of life

Healthy & Safe Community Environments
Clinical & Community Preventive Services
Empowered People
Elimination of Health Disparities

Tackling Indigenous Smoking

(Adapted from Centers for Disease Control and Prevention, 2016)
Action Plan: Expectations

**TIS Principles & Objectives**
- Locally owned solutions
- Progress measured in terms of outcomes
- Partnerships to extend reach
- ‘Be the change’: smoke-free policies, spaces, and events

**ACTION PLAN**
- Applies evidence to local context

**Tobacco-related outcomes**
- Community more aware and involved
- Key professionals better equipped
- Advancements in research and practice
- Reduction in active and passive tobacco consumption
Exercise

Please use the butchers paper to write down:

1. What data collection methods would you like to know more about?

2. What would you like to know about the National Indicators?
Data collection methods
<table>
<thead>
<tr>
<th><strong>Monitoring and measuring for TIS: Key terms</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data</strong></td>
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<tr>
<td>• Information of any kind that helps us measure changes due to TIS</td>
</tr>
<tr>
<td><strong>Indicator</strong></td>
</tr>
<tr>
<td>• Measures that show progress toward desired changes</td>
</tr>
<tr>
<td><strong>Data collection</strong></td>
</tr>
<tr>
<td>• Process used to gather information</td>
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<tr>
<td><strong>Impact</strong></td>
</tr>
<tr>
<td>• Desired long-term changes</td>
</tr>
<tr>
<td><strong>Methods</strong></td>
</tr>
<tr>
<td>• Ways to collect data</td>
</tr>
</tbody>
</table>
Key considerations for collecting data

- Sample sizes
- Population coverage
- Ethics (‘do no harm’)

Judgement needed
Ethical Considerations

Conflicts of Interest

Informed Consent

Social Research

Cultural appropriateness

Monetary incentives

See also: Ethics Guidelines from the Australasian Evaluation Society
Do I need ethics approval?

Does the activity pose a risk to:

- Privacy or well-being of participants?
- Professional reputation of providers or organisations?
- Do you intend to publish?

Then YES. For further info

- Human Research Ethics Committees with focus on Aboriginal and Torres Strait Islander populations
Data that tells a story

Quantitative

Numbers that tell us a little about a lot of people

Qualitative

Conversation that tells us a lot about a few people

Mixed methods

Both reach and detail
Making use of existing data

How can you draw from existing data to tell a story of change?

- What are useful sources of information?
- How are they relevant to your local TIS activities?
- What connections can we make between different data we collect?
- Where are the gaps?

- **Efficient but needs access**
Questionnaire Surveys

- Reach (and require) large samples
- Limited exploration of answers
- Simple to analyse, but limited data
- Can be done online and via social media (e.g. Survey Monkey)

- Flexible, adaptable but questions need care
Focus Groups

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

- In-depth, enables opinions and subtle changes to be picked up BUT group may be swayed by one strong opinion
Interviews

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

- Enables a unique community focus
Case Studies

Examine stories, e.g.

• Individuals who have quit
• Homes becoming smoke-free
• Workplaces staying smoke-free
• Partnerships and networks

• People-centered, based on relationships
Story telling

- Capture individual or group experiences
- Focus on how people make sense of significant change
- Uses creative approaches such as storyboards or photo essays, video, painting, dance or drama
- A reflective approach to evaluation

- Using imagery can be more powerful than words but may needs careful interpretation
Measuring change: Defining Indicators
National Indicator 1

Quality and reach of community engagement

Geographical reach
No. and type of contacts across the population
No. of meeting groups for specific people eg pregnant women
No. and quality of partnerships

Examples of local measures
National Indicator 2

Organisations involved in tobacco reduction in the region

- No. and quality of partnerships
- Quality of networks
- New initiatives with other organisations
- Formation of coalitions and alliances

Examples of local measures
National Indicator 3

Building capacity to support quitting

No. and effectiveness of ambassadors, advocates, etc.

School-based knowledge and support

No. and effectiveness of brief interventions

No. and effectiveness of Yarning Groups

Examples of local measures
National Indicator 4

Referrals to appropriate quitting support

- No. and effectiveness of referral pathways
- Outreach to new groups eg in disability and mental health
- Availability and quality of local quitting support
- Effective partnerships with clinical services

Examples of local measures
National Indicator 5

Supporting smoke-free environments

Population reach

Effectiveness of advocacy on smoke-free places

No. of smoke-free homes, cars and workplaces

Compliance with smoke-free agreements

Examples of local measures
Measuring change: Collecting information
Levels of measuring change in TIS

National Outcomes

National Indicator 1

National Indicator 2

National Indicator 3

National Indicator 4

National Indicator 5

Local level

GR1

GR2

GR3... 37

CIRCA

National outcomes and process
Steps for measuring change

1. Consider National Indicators
2. Develop Action Plan
3. Work out local indicators
4. Decide on methods
5. Collect data
6. What do we want to measure?
7. How do we want to measure it?
8. Then analyse and present it
Developing research questions

Mixed methods
Both reach and detail

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?

NATIONAL BEST PRACTICE UNIT
TACKLING INDIGENOUS SMOKING
Choosing reasonable measures

You are not expected to measure all possible outcomes. When choosing what to measure, it is important to be reasonable in terms of:

Number
- How many measures
- What is a reasonable set of measures to include? How can we best decide that?

Reach
- What is being measured
- Example – You may not be able to measure whether a school program prevents smoking, but you may be able to observe quality of engagement (KPI1)
Effective local measures for TIS

- Measure outcomes, not just outputs
- Use mixed methods
- Represent local TIS strategies
- Align with national indicators (KPIs)
- Cost effective
## Data analysis in practice

<table>
<thead>
<tr>
<th>Method</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using <strong>existing data</strong> (eg. referrals, sales of cigarettes)</td>
<td>Descriptive, pre-/post-activity</td>
</tr>
<tr>
<td><strong>Surveys</strong>, including online and social media</td>
<td>Descriptive, pre-/post-activity</td>
</tr>
<tr>
<td><strong>Case studies</strong> (eg. Janine’s story of reducing and quitting)</td>
<td>Content analysis, observation (e.g. visits to quit-support groups)</td>
</tr>
<tr>
<td><strong>Focus groups</strong> (eg. school students or mums and bubs)</td>
<td>Content analysis, observation (e.g. body language), pre-/post-activity</td>
</tr>
<tr>
<td><strong>Interviews</strong> (eg. council workers, AHWs, school principals)</td>
<td>Content analysis, pre-/post-activity</td>
</tr>
</tbody>
</table>
Approaches to analysing and presenting evidence…

Once information is collected, it can be presented in different ways according to local preferences.

<table>
<thead>
<tr>
<th>Age</th>
<th>Population</th>
</tr>
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<tbody>
<tr>
<td>Children 0 – 4</td>
<td>286</td>
</tr>
<tr>
<td>Children 5 – 14</td>
<td>483</td>
</tr>
<tr>
<td>Young adults 15 – 24</td>
<td>420</td>
</tr>
<tr>
<td>Adults 25+</td>
<td>922</td>
</tr>
<tr>
<td>Total Population</td>
<td>2,111</td>
</tr>
</tbody>
</table>

Simple numbers

Bar chart

Pie chart
Example of a Dashboard

WADEYE
Stronger Communities for Children
Community Dashboard

1. **Good Start**
   - Children have a good start in life and grow up healthy.
     1.1 Pregnant mums going to clinic for check ups. 41% ✔
     1.2 Pregnant mums who don’t smoke. *49% ❌
     1.3 Mums aged 18 years and older. 30% 18

2. **School**
   - Children engage with school and have success in their learning.
     2.1 Children ready for school learning. 26%
     2.2 Children needing special learning support. 55%

3. **Safety**
   - Children and young people are loved and safe.
     - Percentage of kids 10-18 in trouble with the law
     - Annual rate of repeat youth offending
     - Annual rate of substantiated child protection reports
     - Percentage of children in families where family violence is reported

What’s the local story?
Example of a dashboard adapted from Stronger Communities for Children

Pregnant mums who don’t smoke

- Community = 49%
- State average 82%
- Don’t smoke
- Smoke

Dashboards are a good way of showing progress over time
Next Steps

• Schedule for local measurement

• Dates for delivering local data
  Next national reporting date

• Further support needs?

• NBPU can provide support for planning your monitoring and evaluation
Concurrent session
Exercise

Please use the cards to write down:

1. Where you have confidence and clarity – purple

2. Areas of support and assistance needed – yellow

3. Anything you find puzzling or unclear - green
AFTERNOON TEA
Sharing our Stories – Group 2

- Aboriginal Health Council of SA
- Griffith Aboriginal Medical Service
Wrap-up

Desley Thompson
Closing remarks

Professor Tom Calma AO
Thank you for your attendance

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