TIS NBPU WA Regional Workshop 2017

Smoking & Prevention

30 August 2017



Prof Tom Calma AO

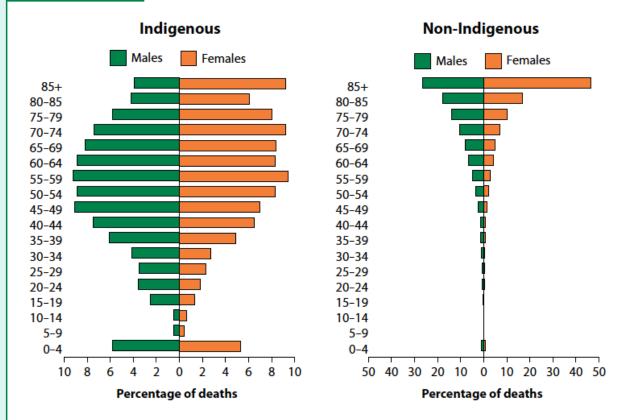


National Coordinator Tackling Indigenous Smoking



Figure 2.1. Aboriginal and Torres Strait Islander population, by age group — 2008 and 2014–15 Age group (years) 65 and over 60-64 55-59 50-54 45-49 63% < 30yo 40-44 35-39 46% < 20yo 30-34 25-29 20-24 15-19 10-14 5-9 0-4 10 15 % 2008 2014-15

Figure 7.17



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

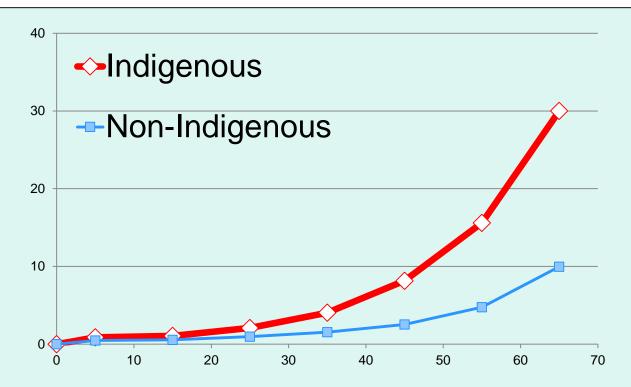
AIHW Australian Health Status Report 2014

Risk of death to age 65, by Indigenous status, Australia 2010

Dead by age 65:

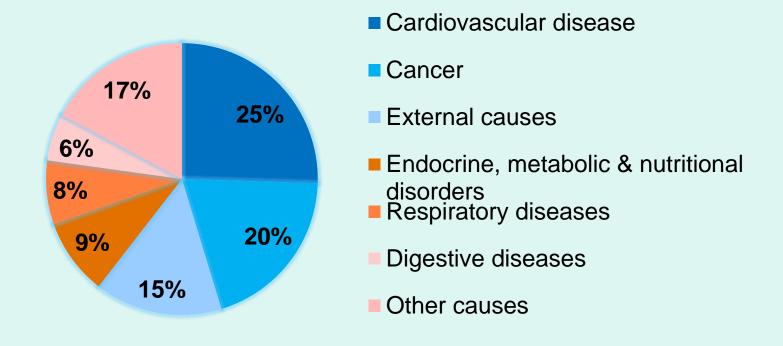
30% Indigenous Australians

9% non-Indigenous Australians



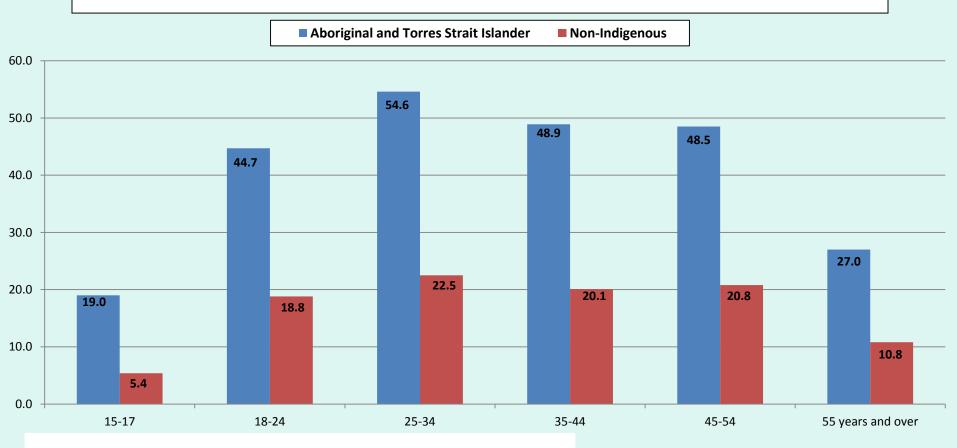
Broad causes of death

Most common broad causes of death in Indigenous peoples



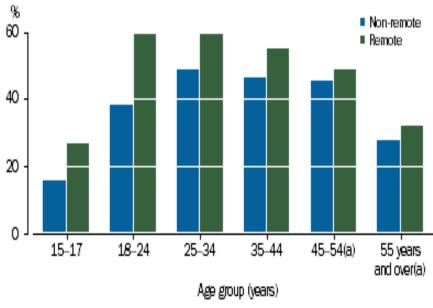
Australian Institute of Health and Welfare 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. cat. No. IHW 147. Canberra: AIHW.

Aboriginal and Torres Strait Islander Smoking



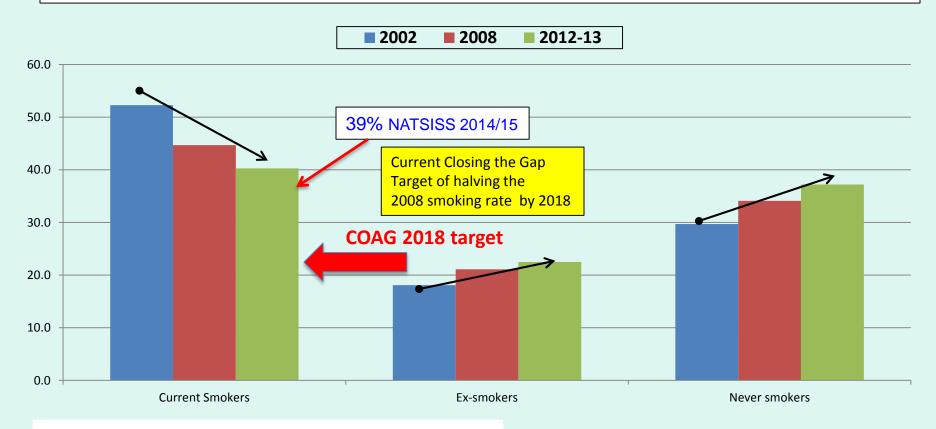
Source: ABS Aboriginal and Torres Strait Islander Health Survey 2012-13

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

Aboriginal and Torres Strait Islander Smoking

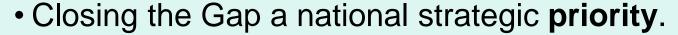


Source: ABS Aboriginal and Torres Strait Islander Health Survey 2012-13

COAG CTG Targets

- Professor Ian Anderson AO Deputy Secretary PM&C
 - Portfolio and community consultations to inform target setting
- DoH Indigenous Health Division sponsoring a multi
 - disciplinary team to consider the NATSIHPIP from a social and cultural determinants perspective – reporting in September 2017
- Redfern Statement Indigenous priorities
- Distractions statues, 26 Jan, referendum & treaties

CTG Refresh - time for change



- COAG to consider refreshed agenda by end 2017.
- Progress in many areas, but political and community sense that we need to **do better**.
- Guide \$300 billion investment over next decade.
- Collaboration and partnership, a new way of

"While work in great a critical role in setting policies and implementing programs, true gains are made when Aboriginal and Torres Strait Islander people are able to work with governments to set the agendas that impact on their wellbeing."

Prime Minister, 2017 Closing the Gap Report

Redfern Statement - Key commitments sought

- Commit to resource Aboriginal and Torres Strait Islander ledsolutions,
- Commit to better engagement with Aboriginal and Torres Strait Islander peoples through their representative national peaks,
- Commit to addressing the unfinished business of reconciliation,
- Recommit to Closing the Gap in this generation, by and in partnership with COAG and Aboriginal and Torres Strait Islander people:
 - Setting targets and developing evidence based, prevention and early intervention oriented national strategies which will drive activity and outcomes addressing:
 - family violence (with a focus on women and children);
 - incarceration and access to justice;
 - child safety and wellbeing over-representation in out-of-home care;

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).

The **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
- 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
- New NBPU initiatives videos & leaders workshops

Innovation Grants 2016/17

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
- <u>Tackling Indigenous Smoking Innovation Grant Project Western Australian Centre for</u>
 <u>Remote and Rural Medicine Ltd</u> (The project will use a women-centred approach to achieve a better understanding of Aboriginal women's barriers to smoking cessation)

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

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

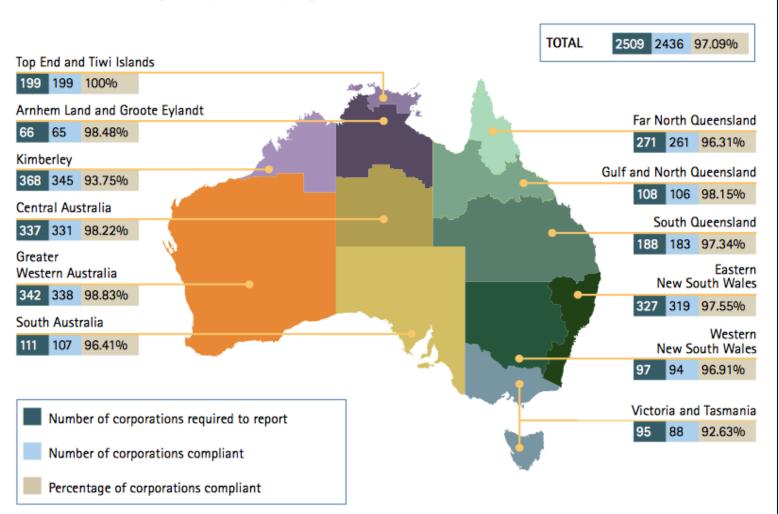
Impact assessment, performance indicators and data collection and reporting on results

- 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
- Third year of funding for grant recipients relies on evaluation results for first 2 years. Reported in March 2017 – got it – NOW FOR 2018 ++ FUNDING

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

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



ORIC Yearbook 2015/16

Pg 17



NACCHO

140+ member orgs

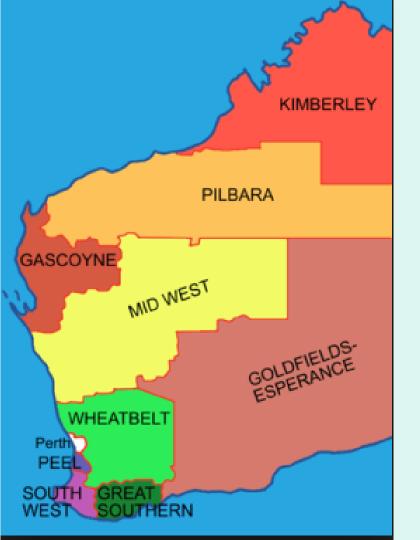
TIS

37 Grant Recipients

Other providers

Clinical Pop Health teams NGOs

http://www.naccho.org.au/memb er-services/www-what-wherewhen-in-aboriginal-health/



Do services cover the whole of WA?

Does your service coverage comply with your funding agreement?

Where are the gaps and how do we service the gaps?







Murri Rugby League Carnival



Come see your mob play to win \$50,000 in the open Mens, \$8000 in the Womens and the U15 Boys play for state selection. patron



Men - Old Murri selection tour to USA U15 - Murri selection to PNG and

U16 Allstars

Women - Qld selection for Allstars to play **NSW Kooris**



All players

Compulsory Health checks (QAIHC & IUIH) Under 15 player 90% attendance at school Over 18 enrolment forms (AEC)

- 50 plus service & career stalls
- funfair carnival rides (free)
- market stalls
- traditional arts & crafts

troy@murrirugbyleague.com.au

NOMINATION FEES* mens \$2,750

womens \$1,650

includes iersev, shorts, socks



TICKETS

adult \$12 adult concession \$8

4 day passes also available

www.murrirugbyleague.com.au











Lionel

Morgan























MY DEADLY CHOICE IS "TO GET A HEALTH CHECK & QUIT SMOKING"

TAMANA TAHU

Targeted sports social media campaigns



What do we need to focus on?

- Evaluation findings
- Demonstrate reach
- Demonstrate impact
- Demonstrate community buy-on
- Demonstrate responsiveness and resilience

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 – NBPU ACR team



NACCHO Members Deadly Good News Stories From #WorldNoTobaccoDay events











NACCHO Chair N
"Smoking is respon

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



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





Good News Messages for the portal

• "Well here are my stats. 365 days no boondahs - \$7,306 saved. This time last year I was very sick in hospital."

 "My wife and I used to smoke a pack of 30s between us every day. After we quit smoking we put all of the money we didn't spend on smokes into a savings account. After 18 months we had saved about \$14,000, which paid for half of the deposit on our investment property."



NCTIS visits and uploading to the TIS Portal