Evaluating the impacts of TIS regional grants on smoking outcomes

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WHO WE ARE
Evaluation Team

Led by researchers from:
- Aboriginal and Torres Strait Islander Health Program (Australian National University)
- Tobacco Control Research Program (Menzies School of Health Research)

Working together with:
- You (organisations with regional grants)
- Other Aboriginal Community Controlled Health Services
- NBPU
- CIRCA (other part of Evaluation)
- QuitVictoria
Aboriginal and Torres Strait Islander Health Program

We want to answer: what works to improve health and wellbeing?

Ways of working:
- Aboriginal leadership, governance
- Indigenous data sovereignty
- Community-driven research
- Partnership approaches
- Strengths-based
- Mixed methods
THE EVALUATION
Governance

Program Executive:
- Ray Lovett (Wongaibon) – Director
- David Thomas
- Katie Thurber
- Jill Guthrie (Wiradjuri)

Reference group, *Thiiu Tharrmay*:
- “to share knowledge” (Ngiyampaa)
- Aboriginal and Torres Strait Islander only
- Representation from Department
- Representatives from TIS services?
  - *If you want to join, please nominate yourself or any staff members*
What are we trying to answer?

Have smoking related-outcomes *improved faster* in areas with TIS funding compared to areas without TIS funding?

This includes changes in:
- % of people who smoke
- % of people who quit and stay quit
- Behaviours related to quitting (e.g. calls to Quitline; stop smoking medications)
- Smoking initiation
- Second-hand smoke exposure, including such as smoke-free homes
- % of women who smoke during pregnancy
- Attitudes about smoking and quitting
- Recording smoking status in health services
Why do we need to do this?

If we have evidence that TIS RTCGs are helping improve smoking-related outcomes, this can be used to support TIS expansion.

If we have evidence that TIS RTCGs are *not* contributing to improvements, we can try to understand what is not working, why, and how it can improve.
What are we going to do?

1. Define boundaries: mapping TIS areas
2. Analyse existing data
3. Analyse new data: *Mayi Kuwayu* Study
4. Bring findings together
5. Evaluation Report, publications, community feedback

At each stage: discussions with and feedback from stakeholders
1. Defining boundaries

Draft map – to be updated
2. Analyse existing data

- No single data source can tell us everything -- look at multiple data sources
- No new data collection -- analyse data that already exist

- ABS nationally representative surveys
- The National Perinatal Data Collection (smoking during pregnancy)
- Health services data
- Pharmaceutical Benefits Scheme (stop smoking medications)
- Quitline (quit attempts)
Example

% Aboriginal and Torres Strait Islander mothers smoking during pregnancy

Before TIS implementation  After TIS implementation
3. Analyse new data

- **Mayi Kuwayu**: the National Study of Aboriginal and Torres Strait Islander Wellbeing
  - Study about culture and wellbeing
  - Aboriginal led, governed
  - Conducted in partnership

- Data collection underway (~8,000 so far)
- Measure change 2019 to 2021 in:
  - Smoking behaviours
  - Participation in tobacco control programs
  - Smoking attitudes and beliefs
  - Can look at relationship with culture, trauma, racism, other

Mutual capacity building

- Learning from service providers and partners
- Increased investment in Aboriginal tobacco control research
- Dissemination of research findings and materials
  - Research, policy, and community formats
  - *Mayi Kuwayu* Study data back to services, communities at the regional level
- Recruitment, training, support of Aboriginal and Torres Strait Islander staff, students