Department of Health

Draft Monitoring and Evaluation Framework for the Tackling Indigenous Smoking Program 2018-19 to 2021-22

May 2019

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1. Introduction

Tobacco is one of the leading contributors to the burden of disease among Aboriginal and Torres Strait Islander peoples. The Tackling Indigenous Smoking (TIS) program aims to improve the health of Aboriginal and Torres Strait Islander peoples by minimising harms related to tobacco use. The program aims to achieve this goal through preventing the uptake of smoking and supporting smoking cessation among Aboriginal and Torres Strait Islander peoples. It is a multi-component program which focuses on evidence-based activities and tobacco reduction outcomes and supports implementation of approaches that are culturally tailored for and targeted to Aboriginal and Torres Strait Islander peoples. The program supplements broader tobacco control measures such as plain packaging, health warnings and excise duties.

The Department of Health has delivered a region-specific population health program to reduce Indigenous smoking rates (Tackling Indigenous Smoking) since 2010. Following a Review in 2015, the 2015-16 to 2017-18 TIS program emphasised a focus on tobacco control and on achieving outcomes, i.e. reducing tobacco smoking in Indigenous communities. The Australian Government provided $116.8 million over 2015-16 to 2017-18 for the program with a significant proportion of the funding ($93.4m) allocated to regional grants. The 2015-16 to 2017-18 program consisted of a number of components, including grant funding for regional tobacco control activities, a range of national supports for implementation including the National Best Practice Unit (NBPU) and a National Coordinator, performance monitoring and evaluation, innovation grants, enhanced Quitlines and training and leadership and coordination.

The Cultural and Indigenous Research Centre Australia (CIRCA) was contracted to conduct the evaluation of the 2015-16 to 2017-18 TIS program in collaboration with the Incus Group, Renee Williams and Professor Shane Hearn. A preliminary evaluation report was published in June 2017, with a final evaluation report published in March 2019. This evaluation concluded that the TIS program had been successful in meeting its short-term outcomes and was on track to achieving its medium-term and long-term outcomes. It recommended that the TIS program continue. A number of considerations and changes for the program going forward were also recommended.

In February 2018, the Hon. Minister Ken Wyatt AM MP, Minister for Indigenous Health and Minister for Aged Care, announced funding of up to $183.7 million to continue the TIS program for four years from 2018-19 to 2021-22. The key components of the 2018-19 to 2021-22 program remain very similar to the previous iteration with the addition of enhanced activities targeting priority groups (pregnant women and remote communities) and ceasing funding for innovation grants. CIRCA has been contracted to undertake the evaluation of the 2018-19 to 2021-22 program (Part A) and the Department has also contracted the Australian National University for enhanced data collection and analysis (Part B of the national evaluation), to assess impacts and outcomes from TIS Regional Tobacco Control Grants (RTCGs).

This document is a Monitoring and Evaluation (M&E) framework for Part A of the evaluation of the TIS program from 2018-19 to 2021-22. It includes information on the TIS program, the purpose of the evaluation, the questions the evaluation aims to answer, and how these questions will be answered. The national evaluation will rely on a wide range of data sources to address the evaluation questions, including monitoring data reported by grant RTCG recipients and primary evaluation data collected by CIRCA. It builds on the M&E framework that was developed for the previous evaluation and where necessary makes reference to Part B of the program evaluation.

2. The Tackling Indigenous Smoking program

According to the Australian Bureau of Statistics report, *Aboriginal and Torres Strait Islander People: Smoking Trends, Australia, 1994 to 2014-15*, significant progress has been made in reducing smoking prevalence since the commencement of targeted investments in Aboriginal and Torres Strait Islander tobacco control. However, smoking prevalence remains substantially higher in Aboriginal and Torres Strait Islander populations than among other Australians. In 2014–15, 42 per cent of Aboriginal and Torres Strait Islanders aged 15 years and over reported being a current smoker, which is 2.7 times the rate for other Australians.

As noted in the introduction section above, TIS has been implemented in various forms since 2010. The current TIS program has a funding allocation of $183.7 million over four years from 2018-19 to 2021-22. The current TIS program contains most of the key components of the previous iteration of the program with the addition of activities focused on priority population groups and with the removal of funding for innovation grants. The key components of the current program include:

- Regional Tobacco Control Grants to organisations to undertake evidence-based regional tobacco control activities designed to meet local needs.
- The National Best Practice Unit (NBPU) to support RTCG recipients in planning and implementing evidence-based, outcomes-focused approaches and in developing their monitoring and evaluation capabilities.
- National Coordination to provide high-level advice and insights, support and leadership to assist in the shaping of policy and program approaches and engagement with RTCG recipients.
- Enhanced activities targeting priority groups including pregnant women and people living in remote communities.
- Indigenous Quitline Enhancement to support the capacity of Quitline services to provide accessible and appropriate services to Aboriginal and Torres Strait Islander peoples.
- Quitskills training to provide brief intervention and motivational training aimed at building the capability of professionals working with Aboriginal and Torres Strait Islander smokers and their communities.
- Evaluation of the national program (Part A of the national program evaluation and the primary focus of this M&E Framework).
- Impact and outcome assessment of TIS Regional Tobacco Control Grants (Part B of the national program evaluation and not the focus of this M&E Framework).

The current TIS program builds on the success and lessons learned from the previous iterations of the program and has been re-focused by the Department in several ways, including:

- A greater emphasis on evidence-based population health approaches
- Broadening the influence of TIS outside of traditional service areas, to include individuals who are not clients of Aboriginal Community Controlled Health Services (ACCHS), and exploring opportunities to increase the geographical reach of activities

- Supporting local Aboriginal and Torres Strait Islander leaders and cultural programs to reduce smoking
- Expanding programs for key priority groups, including pregnant women and people living in remote areas.

It is important to note that there are a large number of national, state/territory, regional and local initiatives that target smoking cessation in Aboriginal and Torres Strait Islander communities, and the TIS program operates within this broader environment. This is a key consideration for the national evaluation of the TIS program in relation to attributing change to TIS where other variables may impact on outcomes.

2.1 TIS program objectives

Overall objectives of the TIS program

1. Minimise harm related to tobacco use among Aboriginal and Torres Strait Islander peoples, through reductions in the uptake of smoking and an increase in sustained cessation.
2. Reduce exposure to second-hand smoke in cars, homes, workplaces, community areas and events.

Component/immediate objectives of the TIS program

Population health tobacco control initiatives

3. Increase community involvement and support for tobacco control initiatives by including communities in the design and delivery of programs.
4. Increase use of multi-component and evidence-based intervention approaches that include elements such as community education, quit support groups, and youth-based interventions.
5. Build positive attitudes and social norms around reducing tobacco use.
6. Increase understanding of health impacts of smoking and pathways to quitting.
7. Increase quitting intentions and number of quit attempts among Aboriginal and Torres Strait Islander peoples, especially among pregnant women.
8. Reduce exposure to second-hand tobacco smoke.

Access to quit support

9. Increase uptake of services supporting quitting through partnerships and collaborations built through TIS.
10. Increase in specific tobacco control skills among those professionals in contact with Aboriginal and Torres Strait Islander peoples.

Capacity development for tobacco control initiatives

11. **Improve capacity and capability of local services to provide accessible and appropriate tobacco control support and services**.

Use and promotion of innovation and best practice

12. Identify and promote use of evidence to enhance quality and relevance of tobacco control approaches.
13. Promote innovation in tobacco control initiatives and contribute to evidence base.

Coordination, Leadership and Advocacy

14. Improve leadership and advocacy in tobacco control at the national and regional level

2.2 The delivery of the TIS program

The 2018-19 to 2021-22 TIS program comprises a number of strategies to meet its program objectives:

Regional Tobacco Control Grants (RTCGs): 37 organisations have been provided funding through RTCGs to undertake multi-level approaches to tobacco control, which combine a range of evidence-based tobacco control activities to meet the needs of different population groups within a region. The program offers flexible funding for organisations to select from various evidence-based approaches with a focus on measurable outcomes for reducing smoking rates. Organisations involved in rolling out the program have the flexibility to select evidence-based mechanisms and tools to reduce tobacco use within their region, that suit the local context and utilise their strengths. Regional Tobacco Control Grants focus on population health approaches that reach Indigenous Australians across specified regions.

National Best Practice Unit TIS (NBPU TIS) The objective of NBPU TIS is to support grant RTCG recipients to plan and implement an evidence-based, outcomes-focused approach to reduce smoking by Aboriginal and Torres Strait Islander peoples. Support from NBPU TIS is provided from project planning through to generating evidence that feeds into delivery and outcome improvements to maximise the effectiveness of the TIS program.

National Coordinator Tackling Indigenous Smoking: The National Coordinator role includes providing high-level advice and insights to assist in the shaping of policy and approach for the TIS program and providing practical leadership and advocacy in the national implementation of the program, having regard for traditional culture and values. The role also includes an emphasis on supporting Indigenous leadership for tobacco control / health promotion at the regional level.

Quitline enhancements: The Indigenous Quitline enhancement grants aim to improve the capacity of Quitline services to provide accessible and appropriate services to Aboriginal and Torres Strait Islander peoples, including enhancements for young people, pregnant women and new mothers. The funds support employment of Indigenous staff, as well as training and resources for all Quitline staff.

Quitskills training: This component provides brief intervention and motivational training, to increase the number of suitably trained and qualified professionals working with Aboriginal and Torres Strait Islander smokers and their communities.

Enhanced activities targeting priority groups including pregnant women and people living in remote communities. The University of Newcastle has been contracted from 2018-19 to 2021-22 to implement its evidence-based iSistaQuit program to a selection of Aboriginal Community Controlled Health Services and to mainstream health services where there is a large Indigenous population. The University of Newcastle will also deliver social marketing to promote smoking cessation during pregnancy. Purpose and scope of the Evaluation and the M&E Framework

2.3 Purpose and scope of the TIS Evaluation

The purpose of Part A of the evaluation of the 2018-19 to 2021-22 TIS program is to assess the extent that best practice and evidence-based interventions are in place and are effectively implemented in the program, and to determine where program improvements can be made.

The evaluation will incorporate both formative (process) and summative (outcomes) components. Formative evaluation will identify process or implementation findings that may contribute to ongoing refinement of the TIS Program, assess barriers and enablers for effective implementation across the program, and identify opportunities for improvement. Summative evaluation will consider TIS Program outcomes to date, aligned broadly with anticipated short and medium-term TIS Program outcomes included in the program logic (See section 4).

The approach for this part of the evaluation (Part A) is largely qualitative and will provide important information from the various stakeholders involved in implementing TIS and community members about their experience of the implementation of the program, the extent to which the program is being implemented as intended and their perceptions of progress towards achievements of program outcomes. Rigorous and objective measurement of long-term outcomes and impact of the program (e.g. reduction in smoking rates) is outside the scope of this part of the evaluation. That will be the focus of the enhanced data collection component (Part B) of the evaluation. This part of the evaluation (part A) will focus on the short and medium-term outcomes of the TIS program, and in doing so, will assess progress made towards achieving long-term outcomes.

The national evaluation of TIS will assess this approach in terms of:

- the extent to which evidence-based and best practice population health approaches are being implemented (implementation);
- the fit between the TIS program and the needs of Aboriginal and Torres Strait Islander communities (appropriateness);
- the extent to which the TIS program is meeting its short and medium-term outcomes and progressing towards achieving the long-term outcomes (outcomes).

Since the overall evaluation of TIS is being conducted by two separate consortiums, CIRCA will ensure that there is effective communication and collaboration with the consultants conducting the enhanced data collection (Part B) of the evaluation to ensure the best possible evaluation outcomes for the TIS program.

2.4 Purpose of the M&E Framework

The aim of this M&E Framework is to provide guidance for the assessment of the national TIS program. It details the key short, medium and long-term outcomes for the program and performance indicators for Regional Tobacco Control Grants. It also identifies the questions to be answered by the national evaluation, and the data sources that can be used to answer these questions, including data collected periodically by CIRCA and monitoring data collected on an ongoing basis by RTCG recipients.

The M&E Framework will guide the national program evaluation but can also be used by other stakeholders involved in implementation of the TIS Program (e.g. RTCG recipients) to inform monitoring and assessment of their own progress against the aims and outcomes of the TIS program.

The key reporting milestones for the evaluation are October 2020 (mid-term evaluation results) and February 2022, when the final evaluation results will be provided.

2.5 Development and implementation of the M&E Framework

This M&E Framework is based on the framework that was developed for the previous TIS evaluation and published in 2016. It has been revised and updated to take account of changes in focus to the TIS program and lessons learnt through the previous evaluation. The revisions to this M&E Framework have also been informed by consultations with the Department of Health, key program stakeholders and members of the Evaluation Advisory Group.

The development of the M&E Framework is underpinned by the evidence-base on tobacco control programs, the TIS program design and feedback from key stakeholders on the evidence for, and design of, the TIS program. These sources were utilised to develop a program logic for the TIS program which has been updated in this current version of the M&E Framework. The program logic has been used to frame key evaluation questions, performance indicators and data sources, including monitoring and evaluation data sources.

This M&E Framework will guide the national evaluation, as well as performance reporting and data collection within the TIS program. The regular reporting that RTCG recipients are required to submit as part of their agreements will include reports against the TIS Performance Indicators. Regional Tobacco Control Grant recipients will report against these performance indicators using locally-specific systems to monitor and measure their activities. This data will be collected on an ongoing basis by all RTCG recipients and included in the six-monthly performance reporting to ensure national consistency for a range of data collected.

CIRCA's role in implementing the M&E Framework is summarised below:

- Review and analyse locally reported data as input into the national evaluation.
- Collect additional data (in consultation with RTCG recipients) to address any information gaps.
- Make available the national results to all RTCG recipients through presentations at workshops, the NBPU TIS portal and newsletter.
- Conduct a range of evaluation activities for the national evaluation, which will include consultations with RTCG recipients and community members. CIRCA will work with researchers undertaking the enhanced data collection component (Part B) of the evaluation, NBPU TIS and RTCG recipients to ensure there is no duplication in relation to data collection, evaluation activities and reporting requirements, and to ensure these evaluation approaches add value for RTCG recipients and the Department.

The role of NBPU TIS in implementing the M&E is summarised below:

- Work with RTCG recipients to include locally specific outcome measures in their Activity Work Plan to report against the TIS Performance Indicators. This will ensure approaches for reporting against the TIS Performance Indicators are locally tailored to accommodate the unique contexts and activities of all RTCG recipients.
- Support RTCG recipients and build capacity where needed in relation to collecting and analysing data to report against the TIS Performance Indicators.
- Work with RTCG recipients to review the data and information included in the progress reports, in order to reflect on opportunities for improvement.

- Answer any questions raised by RTCG recipients around reporting against the TIS Performance Indicators.

Overview of CIRCA data collection

CIRCA will utilise a range of methods to collect information for the TIS evaluation, including the use of data reported by RTCG recipients. The methods include:

Site visits to nine Regional Tobacco Control Grant recipient locations at each wave of data collection phases of the evaluation. While there are 37 RTCG recipients, CIRCA will focus the site visits on nine locations allowing for an in-depth review of progress at these sites over time. This will include qualitative consultations with RTCG recipients, stakeholders, relevant service users and group discussions with Aboriginal and Torres Strait Islander community members. This approach will follow the evolution of nine RTCG recipients over two waves of data collection (mid-term and final data collection). Selected sites will include a mix of urban, regional and remote locations. and each site visit will be arranged in close consultation with RTCG recipients to ensure that the approach for each location is appropriate and reflective of the local context and local needs.

Semi-structured interviews with Regional Tobacco Control Grant recipients who are not the subject of site visits. Fourteen RTCG recipients will be interviewed during each wave of data collection (a total of 28 across the mid-term and final data collection). This will ensure that all 37 RTCG recipients are involved in either a telephone consultation or site visit during the course of the evaluation.

Comprehensive online survey of all RTCG recipients at each of the mid-term and final phases of the evaluation. The online survey will collect data feedback on the progress of the TIS programs against the revised Performance Indicators and facilitators and challenges to implementation.

Qualitative in-depth interviews with NBPU TIS, Quitline, National Coordinator, Department of Health, at each of the mid-term and final phases of the evaluation.

Regional Tobacco Control Grant recipients performance report data will be analysed at each of the mid-term and final phases of the evaluation to explore progress over time against the program performance indicators.

Analysis of Quitline and Quitskills data drawing on the approach used in the previous evaluation.

2.6 Components of the M&E Framework

TIS Program Logic

The program logic represents the intended outcomes of the TIS program, including the various activities and outputs which will lead to the proposed outcomes. CIRCA has been contracted to undertake the evaluation of the forward program 2018-19 to 2021-22 measuring progress against short and medium-term outcomes (Part A). The Department are also funding an enhanced data collection project (Part B of the national evaluation) which will carry out an impact and outcome assessment of TIS Regional Tobacco Grants and will assess progress against the longer-term outcomes of the program.

Identification of key performance indicators

The TIS Performance Indicators have been developed in consultation with the NBPU, the Department and some members of the EAG for the previous TIS evaluation, including RTCG recipients. The Performance Indicators reflect the key short and medium-term outcomes of the TIS program outlined in the program logic. The process involved consideration of a range of data sources that can be used by RTCG recipients to measure outcomes against the performance indicators.

Evaluation questions

This section of the Framework details the key questions and related sub-questions for the evaluation including questions relating to the appropriateness, implementation and outcomes of the Program.

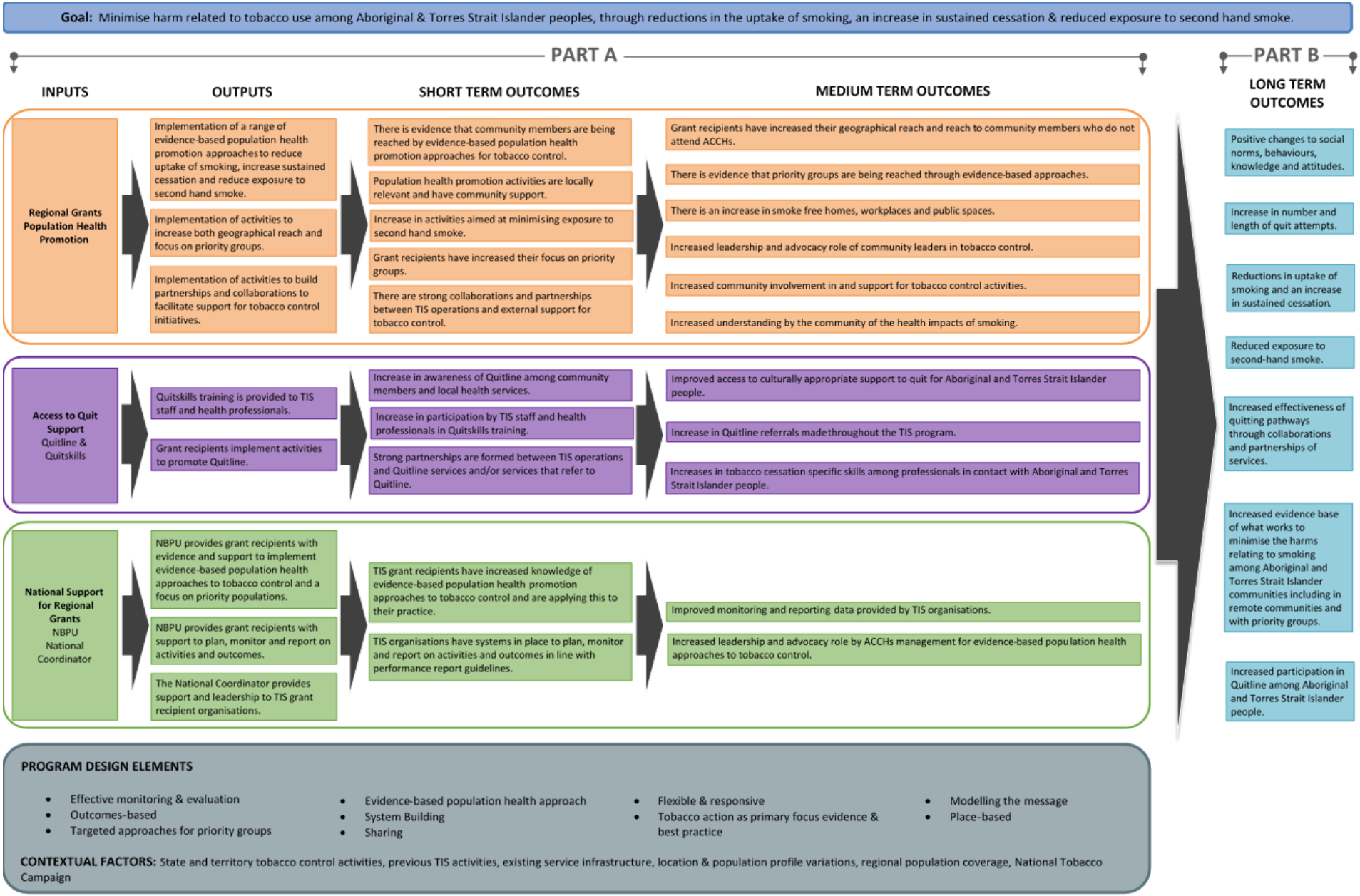
Evaluation strategy table

The evaluation strategy table outlines the key evaluation questions and data sources that can be used to answer these questions when measuring TIS outcomes.

Ongoing review and refinement

There will be ongoing dialogue with RTCG recipients, the NPBU and the Evaluation Advisory Group to ensure the M&E Framework continues to align with, and adequately reflect the ongoing implementation of the TIS program over the evaluation period.

3. Tackling Indigenous Smoking Program Logic



4. TIS Performance Indicators (RTCG recipients)

As part of the previous evaluation, CIRCA developed five nationally consistent performance indicators through consultation with RTCG recipients and the Evaluation Advisory Group. The National TIS Performance Indicators have now been updated to reflect the current program objectives, including the addition of two new indicators. These indicators are specifically designed for use by and in relation to the work of the RTCG recipients. They will be used as the basis for planning and reporting by RTCG recipients in TIS Activity Work Plans and Performance Reports. The National TIS Performance Indicators aim to promote consistency in how performance is measured and reported by RTCG recipients by measuring performance towards the outcomes identified in the program logic.

Performance indicator	**Outcomes related to indicator**	**Measure** (data source)[1]
Indicator 1: **Implementation of evidence-based population health promotion activities aimed at preventing uptake of smoking and supporting the promotion of cessation**	Increased community involvement in and support for initiatives to reduce the uptake of smoking and increase sustained cessation. Increased leadership and advocacy role of community leaders in tobacco control. Increased understanding by the community of the health impacts of smoking. Population health promotion activities are locally relevant and have community support.	No. of community members participating in population health promotion activities and events. No. of community leaders participating in population health promotion activities and events. No. and type of evidence-based population health promotion activities including social marketing, community education and community engagement. No. and reach as evidenced by social media analytics, other media activities, and production/distribution of health promotion materials.
Indicator 2: **Partnerships and collaborations facilitate support for tobacco control**	Collaborations and partnerships are built between TIS operations and external support for tobacco control initiatives.	No. and type of organisations involved in planning/implementing TIS activities. No. and type of collaborative projects/partnership activities. No. and type of partnerships with local service providers to enable increased geographical reach. No. and type of partnerships with local service providers to enable increased reach to priority groups.
Indicator 3: **Increased access to Quit support through capacity building**	Improved access to culturally appropriate support to quit. Increase in awareness of Quitline among community members and local health services.	No. of Quitline referrals. No. of referrals to other services for Quit support, e.g. Quit support groups. No. of FTE positions with a focus on tobacco control.

[1] Measures will also include qualitative data collected in the grant recipient performance reports and primary data collected by CIRCA as part of the evaluation. These additional sources are outlined in the Evaluation Strategy Table.

	Increases in skills among those professionals in contact with Aboriginal and Torres Strait Islander peoples. Increases in Quitline referrals made throughout the TIS program.	No. of FTE positions with a focus on tobacco control that are currently filled. No. and type of assistance provided to organisations to establish, maintain or improve brief interventions. No. and % of staff with a major focus on tobacco control/TIS staff who have completed formal training. No. and % and role of staff who do not have a major focus on tobacco control (e.g. clinicians) who have completed formal training in brief advice, smoking cessation or tobacco control.
Indicator 4: **Reduced exposure to second hand smoke**	Increase in smoke free homes, workplaces and public spaces. Increase in activities aimed at minimising exposure to passive smoking.	No. and type of smoke-free policies adopted and/or reviewed by relevant organisations. No. of local events organised to be smoke-free. No. and type of assistance provided to organisations to establish, maintain or improve a smoke free policy. No. of smoke free homes and/or pledges to keep homes smoke free.
Indicator 5: **Increased focus on priority groups, e.g. pregnant women**	Evidence based approaches are being used to reach priority groups. Increase in population health promotion activities targeting priority groups, particularly pregnant women.	No. of people in priority groups participating in/reached by population health promotion activities. No. and type of population health promotion activities that have a specific focus on pregnant women and other identified priority groups.
Indicator 6 **Increased reach into communities**	Increase in reach (including geographical reach) of population health promotion activities. Increase in reach to community members, including those who do not attend ACCHS.	No. and location of activities conducted that extend geographical reach of activities. No. and type of population health promotion activities and partnerships that have a specific focus on people who do not attend ACCHS.

5. Evaluation questions

The national evaluation has a number of critical areas for investigation, including fit between the TIS program and the needs of local Aboriginal and Torres Strait Islander communities, other stakeholders and the policy context (appropriateness); the extent to which evidence-based and best practice population health approaches are being implemented (implementation), progress against the short and medium-term outcomes (outcomes). As noted earlier, Part B of the national evaluation will explore long-term impact of the TIS program in relation to a reduction of smoking rates, although this part (A) of the evaluation will assess the progress of the TIS program in contributing to these long-term outcomes.

Evaluation domain	Key evaluation question	Sub questions
Implementation Appropriateness	1. Is the local population health promotion approach appropriate as a supplementary effort to reduce the high smoking rates among Aboriginal and Torres Strait Islander peoples?	a. Does the current TIS program support activities based on an evidence-based population health promotion approach? b. Were the funded organisations able to reach and influence a larger population than their health service clients? c. To what extent were the delivery strategies utilised in TIS RTCG recipient programs evidenced based? d. What were the key successes and barriers to implementing the population health promotion approach as part of the 2018-19 to 2021-22 program? e. Are the approaches and activities delivered through the TIS program culturally appropriate?
Outcomes Localised population health promotion approaches to reduce the uptake of smoking, increase sustained cessation and reduce exposure to second hand smoke.	2. To what extent have short term outcomes been achieved for RTCG recipients Population Health Promotion?	a. To what extent are RTCG recipients successfully delivering a range of evidence-based population health promotion approaches including to priority groups? b. To what extent and how are these activities reaching their intended community members? c. To what extent and how are activities locally relevant and have community support? d. To what extent and how have RTCG recipients built strong collaborations and partnerships with external organisations and individuals to achieve the goals of the TIS program? e. To what extent and in what ways is there an increased focus on priority groups, particularly pregnant women? f. What have been the key successes and barriers to RTCG recipients achieving their

		short-term outcomes? How have these differed for remote communities?
	3. To what extent have the medium-term outcomes of the TIS program been achieved?	a. To what extent and how have RTCG recipients prioritised evidence-based population health promotion approaches with maximum reach within their identified TIS region? b. To what extent and how have RTCG recipients been successful in reaching priority groups, particularly pregnant women? c. To what extent and how have RTCG recipients been successful in increasing their geographical reach? d. To what extent and how have RTCG recipients ensured that Aboriginal and Torres Strait Islander peoples who do not attend Aboriginal Community Controlled Health Services (ACCHS) or Aboriginal Medical Services (AMS) are prioritised and reached? e. To what extent and how has the program increased community involvement and support of tobacco control initiatives? f. To what extent and how did the RTCG recipients enhance leadership and an advocacy role of community leaders in tobacco control? g. To what extent and how have RTCG recipients contributed to an increase in the number of smoke free homes, workplaces and public spaces? h. What evidence exists from the evaluation about if and how the RTCG recipients s have prevented uptake among community members? i. What have been the key successes and barriers to achieving medium term and longer-term outcomes? How have these differed for remote communities? j. Were RTCG recipients given sufficient assistance and time to understand and make any changes required as a result of the key areas of focus of the forward TIS program?
Implementation National support for RTCG recipients	4. To what extent did the support of NBPU TIS and the National Coordinator enhance the program implementation and outcomes?	a. To what extent have RTCG recipients increased their knowledge and implementation of evidence-based population health approaches through the support provided by NBPU TIS and the National Coordinator? b. To what extent did NBPU identify and promote best practice evidence-based

		approaches by RCTG recipients to tobacco control? c. To what extent did the National Coordinator successfully support and mentor RCTG recipients? d. To what extent has there been increased leadership and advocacy by ACCHS management for evidence-based population health approaches to tobacco control? e. To what extent and how have RCTG recipients improved their monitoring and reporting systems in line with performance reporting guidelines and through the support provided by NBPU TIS? f. To what extent has the monitoring data collected by RCTG recipients about the performance of TIS improved since the previous evaluation?
Outcomes Access to quit support	5. To what extent have outcomes been achieved in relation to access to quit support?	a. To what extent and how have RCTG recipients continued to form effective collaborations and partnerships to improve access to culturally appropriate quit support and have new partnerships been built? b. To what extent and how has Quitline been promoted throughout the TIS program and what evidence exists from the evaluation about the extent to which there are increased referrals and uptake of the service by Aboriginal and Torres Strait Islander peoples? c. How well are referrals made to supports such as Quitline, social media tools and local community Quit support groups? d. To what extent do Aboriginal and Torres Strait Islander peoples have improved access to culturally appropriate Quit support? e. To what extent has there been an increase in TIS staff and relevant health professionals receiving Quitskills training and to what extent are they better equipped to provide culturally appropriate quit support as a result? f. To what extent and how has the program increased community understanding of the health impacts of quitting and pathways to quitting?
Implementation Improved evidence base	6. To what extent are RCTG recipients using evidence to improve program design and/or implementation?	a. Have RTCG recipients gained a better understanding of evidence-based population health promotion approaches? b. Are RTCG recipients able to provide a rationale based on evidence for their strategies and activities?

		c. What is the quality of the evidence used to influence program design, implementation and improvement? d. Are RTCG recipients modifying their work based on new data, either from their own data sources or from others? e. Is the program revealing a better understanding of what works and what does not and in what circumstances?
Outcomes Overarching TIS program	7. Is the program as implemented worth maintaining?	a. Overall does the evidence collected through this evaluation suggest that the program as implemented is worth maintaining? b. What changes or refinements are required for the program going forward?

6. Evaluation strategy table

The table below lists the key evaluation questions and data sources that could be used to answer these questions when assessing the TIS program against expected outcomes.

Data sources have been categorised as to whether they are a monitoring data source collected by RTCG recipients or an evaluation data source collected by CIRCA.

	Data source		
Evaluation Question	**TIS Performance Indicators**	**Secondary data collection**	**Primary data collection (CIRCA)**
Implementation: Appropriateness **1. Is the local population health approach appropriate as a supplementary effort to reduce the high smoking rates among Aboriginal and Torres Strait Islander peoples?**			
a. Does the current TIS program support activities based on an evidence-based population health promotion approach? b. Were the funded organisations able to reach and influence a larger population than their health service clients? c. To what extent were the delivery strategies utilised by RTCG recipients evidence based? d. What were the key successes and barriers to implementing the population health promotion approach as part of the 2018-19 to 2021-22 program? e. Are the approaches and activities delivered through the TIS program culturally appropriate?	Indicator 1 Indicator 2 Indicator 6	Data from grant recipient activity plans and performance reports	Qualitative consultations during site visits and telephone consultations with RTCG recipients Online survey of TIS RTCG recipients
Outcomes: Localised population health promotion approaches **2. To what extent have short term outcomes been achieved for Regional Grants Population Health Promotion?**			
a. To what extent are RTCG recipients successfully delivering a range of evidence-based population health promotion approaches including to priority groups? b. To what extent and how are these activities reaching their intended community members? c. To what extent and how are activities locally relevant and have community support? d. To what extent and how have RTCG recipients built strong collaborations and partnerships	Indicator 1 Indicator 2 Indicator 4 Indicator 5	Data from grant recipient activity plans and performance reports	Qualitative consultations during site visits and telephone consultations with RTCG recipients Online survey of TIS RTCG recipients

with external organisations and individuals to achieve the goals of the program? e. To what extent and in what ways is there an increased focus on priority groups, particularly pregnant women? f. What have been the key successes and barriers to RTCG recipients achieving their short-term outcomes? How have these differed for remote communities?			Consultations with program stakeholders
Outcomes: Localised population health promotion approaches **3. To what extent have the medium-term outcomes of the TIS program been achieved?**			
a. To what extent and how have RTCG recipients prioritised evidence-based population health promotion approaches with maximum reach within their identified TIS region? b. To what extent and how have RTCG recipients been successful in reaching priority groups, particularly pregnant women? c. To what extent and how have RTCG recipients been successful in increasing their geographical reach? d. To what extent and how have RTCG recipients ensured that Aboriginal and Torres Strait Islander peoples who do not attend Aboriginal Community Controlled Health Services (ACCHS) or Aboriginal Medical Services (AMS) are prioritised and reached? e. To what extent and how has the program increased community involvement and support of tobacco control initiatives? f. To what extent and how did the RTCG recipients enhance leadership and an advocacy role of community leaders in tobacco control? g. To what extent and how have RTCG recipients contributed to an increase in the number of smoke free homes, workplaces and public spaces? h. What evidence exists from the evaluation about if and how the RTCG recipients have prevented uptake among community members? i. What have been the key successes and barriers to achieving medium term and longer-term outcomes? How have these differed for remote communities? j. Were RTCG recipients given sufficient assistance and time to understand and make any changes required as a result of the key areas of focus of the forward TIS program?	Indicator 1 Indicator 2 Indicator 4 Indicator 5 Indicator 6	Data from Grant recipient activity plans and performance reports.	Qualitative consultations during site visits and telephone consultations with RTCG recipients Online survey of TIS RTCG recipients Consultations with program stakeholders

Implementation: National support for RTCG recipients 4. **To what extent did the support of the NBPU TIS and the National Coordinator enhance the program implementation and outcomes?**			
a. To what extent did NBPU identify and promote best practice evidence-based approaches by RTCG recipients to tobacco control? b. To what extent have RTCG recipients increased their knowledge and implementation of evidence-based population health approaches through the support provided by NBPU TIS and the National Coordinator? c. To what extent did the National Coordinator successfully support and mentor RTCG recipients? d. To what extent has there been increased leadership and advocacy by ACCHs management for evidence-based population health approaches to tobacco control. e. To what extent and how have RTCG recipients improved their monitoring and reporting systems in line with performance reporting guidelines and through the support provided by NBPU TIS? f. To what extent has the monitoring data collected by RTCG recipients about the performance of TIS improved since the previous evaluation?	Indicator 1 Indicator 2 Indicator 3 Indicator 4 Indicator 5	Level of engagement with NBPU TIS Level of engagement with National Coordinator Reports on use of evidence base in implementation Analytics on NBPU TIS portal and newsletter	Qualitative consultations during site visits and telephone consultations with RTCG recipients Online survey of TIS RTCG recipients Consultations with program stakeholders Analysis of improvements in quality of performance monitoring over time
Outcomes: Access to quit support **5. To what extent have outcomes been achieved in relation to access to quit support?**			
a. To what extent and how have RTCG recipients continued to form effective collaborations and partnerships to improve access to culturally appropriate quit support and have new partnerships been built? b. To what extent and how has Quitline been promoted throughout the TIS program and what evidence exists from the evaluation about the extent to which there are increased referrals and uptake of the service by Aboriginal and Torres Strait Islander peoples? c. How well are referrals made to supports such as Quitline, social media tools and local community support groups? d. To what extent do Aboriginal and Torres Strait Islander peoples have improved access to culturally appropriate Quit support? e. To what extent has there been an increase in TIS staff and relevant health professionals	Indicator 2 Indicator 3 Indicator 4 Indicator 5 Indicator 6	Data from Grant recipient activity plans and performance reports	Analysis of Quitline and Quitskills data and evaluations Qualitative consultations during site visits and telephone consultations with RTCG recipients Online survey of TIS RTCG recipients Consultations with program stakeholders

receiving Quitskills training and to what extent are they better equipped to provide culturally appropriate quit support as a result? f. To what extent and how has the program increased community understanding of the health impacts of quitting and pathways to quitting?			
Implementation: Improved evidence base **6. To what extent are RTCG recipients using evidence to improve program design and/or implementation?**			
a. Have RTCG recipients gained a better understanding of evidence-based population health approaches? b. Are RTCG recipients able to provide a rationale based on evidence for their strategies and activities? c. Are RTCG recipients modifying their work based on new data, either from their own or from others? d. Is the program revealing a better understanding of what works and what does not and in what circumstances? e. Are RTCG recipients able to demonstrate what evidence they used?	Indicator 1 Indicator 2 Indicator 3 Indicator 4 Indicator 5	Data from Grant recipient activity plans and performance reports	Qualitative consultations during site visits and telephone consultations with RTCG recipients Online survey of TIS RTCG recipients Consultations with program stakeholders
Outcomes: Overarching TIS program **7. Is the TIS program as implemented worth maintaining?**			
a. Overall, does the evidence collected through this evaluation suggest that the program as implemented is worth maintaining? b. What changes or refinements are required for the program going forward?	All 6 indicators	Data from Grant recipient activity plans and performance reports	Qualitative consultations during site visits and telephone consultations with RTCG recipients Online survey of TIS RTCG recipients Consultations with program stakeholders

7. Key stakeholders

The success of the evaluation will be dependent on effective engagement with a range of stakeholder groups who have an interest in the TIS program, whose support is needed for the evaluation, or who will be required to contribute to the evaluation.

The schedule below identifies individuals and groups that CIRCA needs to engage with as part of the evaluation of the TIS program and strategies that will be used for ongoing engagement of these stakeholders.

7.1 Stakeholder engagement

Stakeholder(s)	Activity
Department of Health	Regular teleconference progress meetings. Regular email and telephone correspondence as required, flexible and responsive to the Department's needs and requests. Meetings with the Department at least twice a year at the Department's Canberra offices and opportunistic meetings at jurisdictional and national TIS workshops. Face-to-face workshops around mid-term and final evaluation findings and recommendations.
Evaluation Advisory Group	CIRCA will provide secretariat services for the TIS Evaluation Advisory Group, which will meet at least twice a year during the evaluation. Members may be requested to provide advice out of session. The Terms of Reference will be finalised with the Department and the EAG. Face-to-face workshops will be arranged in Sydney for discussion of the mid-term and final evaluation findings and recommendations.
Supplier for Activity B	CIRCA will arrange regular teleconferences with the Activity B supplier and regular correspondence via email and telephone. Face-to-face meetings may be arranged at jurisdictional and national workshops organised by NBPU TIS.
NBPU TIS and National Coordinator TIS	Regular teleconferences will be held with NBPU TIS to discuss progress of the evaluation and opportunities to collaborate and coordinate our work around supporting RTCG recipients. Face-to-face meetings may be arranged at jurisdictional and national workshops organised by NBPU TIS. We will discuss with the Department the most effective way of keeping the National Coordinator informed of the evaluation and seeking input into key phases of the evaluation. Formal interviews will also be undertaken with the National Coordinator as part of the evaluation.

RTCG recipients and their partners	A phone call to the CEO and TIS program manager from each organisation at the outset of the project to re-introduce CIRCA and to gain letters of support for the ethics application for those involved in site visits. Regular attendance at jurisdictional workshops and national conferences. Engagement through evaluation activities including EAG meetings and data collection activities.
Aboriginal and Torres Strait Islander communities	CIRCA will work with RTCG recipients and our national network of Aboriginal and Torres Strait Islander researchers to engage community members to participate in consultations during site visits and ensure that these are undertaken in a culturally appropriate way.

7.2 TIS Evaluation Advisory Group

A TIS Evaluation Advisory Group (EAG) will be formed to steer the evaluation of the TIS program. The membership and Terms of Reference of the group will be developed in conjunction with the Department.

8. Monitoring and evaluation roles and responsibilities

A number of parties will be involved in the development and implementation of the evaluation, including the Department of Health, NBPU TIS, RTCG recipients, the evaluator and the TIS evaluation advisory group.

The key roles are detailed in the following table.

Organisation	Monitoring and evaluation roles
Department of Health Preventive Health Section, Indigenous Health and Sector Development Branch, Indigenous Health Division	Management of TIS program Management of the CIRCA evaluation contract Management of NBPU TIS contract Ongoing advice and feedback for the evaluation
RTCG recipients	Collect and report ongoing monitoring data in line with M&E Framework Participate in data collection activities for the evaluation
NBPU TIS	Assistance to RTCG recipients to develop locally specific outcome measures Assistance to RTCG recipients in implementing M&E Framework and reporting processes Ongoing advice on implementation of M&E Framework
Evaluator	Finalise M&E Framework Support the Evaluation Advisory Group Review and analyse secondary data from a wide range of sources (six monthly data), including RTCG recipient reports, program documentation and administrative data sets Conduct primary research including qualitative and quantitative research with community members, community leaders, stakeholders, workforce, program managers Share learning with RTCG recipients, Department and NBPU TIS
TIS Evaluation Advisory Group	Provide guidance for the development and implementation of the TIS Program Evaluation

9. Reporting and dissemination

The mid-term and final evaluation reports will present evaluation findings for each evaluation component, address the evaluation questions and provide an assessment of the TIS Program in relation to its appropriateness, effectiveness of implementation and sustainability. Within this, TIS program performance will be considered in the context of the principles that underpin the TIS program grants and the areas of focus for the program.

CIRCA will produce plain English evaluation reports, which is important so that the findings can be accessible to a broad range of stakeholders. This will include an executive summary, a detailed report that includes background, methods, results and key findings, an overall assessment of the TIS program and recommendations. CIRCA will ensure that all reports meet current accessibility requirements. The mid-term evaluation report will also provide recommendations that support continuous program improvement.

Face-to-face presentation of results

CIRCA will workshop the mid-term and final evaluation findings with the Department and the EAG prior to finalisation. As with the previous evaluation, this will be an important mechanism to discuss and refine findings and their implications for policy and practice and to gain stakeholder input and agreement to any recommendations developed.

10. Timeframes

The deliverables and timeframes for the evaluation are included below.

Key activities and milestones	Date
Evaluation planning	
Project commencement	December 2018
Draft project plan submitted	January 2019
Consultations to revise M&E Framework, NPIs and performance report templates	January - February 2019
Draft M&E framework, revised NPIs and performance reporting/activity work plan templates and final project plan submitted	February 2019
Final M&E framework, revised NPIs and performance reporting/activity work plan templates submitted	March 2019
Development of evaluation tools and preparation of ethics applications	April-May 2019
Submission of ethics applications	June 2019
Finalisation of ethics	August 2019
Phase 1 – Mid-term evaluation	
Set up of Mid-term evaluation fieldwork	August -September 2019
Mid-term evaluation data collection	October 2019 – February 2020
Analysis and reporting	March – August 2020
Draft mid-term evaluation report	August 2020
Final mid-term evaluation report	October 2020
Phase 2 – Final evaluation	
Set up of final evaluation fieldwork	February – March 2021
Final evaluation data collection	April – August 2021
Analysis and reporting	August – November 2021
Draft final evaluation report	December 2021
Final evaluation report	February 2022

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