National TIS Workers Workshop

Alice Springs 2-4 April 2019

Prof Tom Calma AO
National Coordinator Tackling Indigenous Smoking
Our promise to all participants, is that we deliver a workshop that aims to:

- Provide the **tools** to assist effective delivery of best practice activities;
- Ensure you **understand the relationships** of all the elements of the TIS program;
- **Explore** innovative local service delivery approaches;
- **Reflect** and **learn** from our history of the TIS Program; and
- **Empower**
The Arrernte Aboriginal people\[6\] have made their home in the Central Australian desert in and around the site of Alice Springs for thousands of years; evidence suggests Indigenous occupation of the region dating back at least 30,000 years.\[7\]
Welcome new and old workers
**Proportion of Aboriginal and Torres Strait Islander People Living in Capital Cities, 2016 (a)**

- **Darwin**: 11,960, 20.5%
- **Brisbane**: 54,158, 29.0%
- **Sydney**: 70,135, 32.4%
- **Adelaide**: 18,403, 53.8%
- **Canberra**: 6,476, 99.5%
- **Melbourne**: 24,062, 50.4%
- **Hobart**: 8,534, 36.2%

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**Proportion of Population by Age, 2016 (a)**

- **0-4**: 11.3%, 6.1%
- **5-14**: 22.7%, 12.2%
- **15-24**: 19.1%, 12.6%
- **25-44**: 24.8%, 27.9%
- **45-64**: 17.4%, 25.3%
- **65+**: 4.8%, 15.9%

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- **Aboriginal and Torres Strait Islander people**
- **Non-Indigenous people**

(a) *Usual resident* Census counts. Excludes overseas visitors. Includes Other Territories.

Most common broad causes of death in Indigenous peoples

- Cardiovascular disease: 25%
- Cancer: 20%
- External causes: 17%
- Endocrine, metabolic & nutritional disorders: 15%
- Respiratory diseases: 12%
- Digestive diseases: 9%
- Other causes: 6%
Chronic Disease Risk Factors – 2012-13 (pop\textsuperscript{n} impact)

Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report
Proportion of population aged 15 years and over reporting they are a current smoker, by Indigenous status and age, 2014–15

Passive / secondhand smoking

Figure 2.03-3
Proportion of Indigenous children aged 0–14 years living in households where smoking occurs indoors, by remoteness, 2014–15

Figure 2.03-4
Proportion of Indigenous Australians (all ages) living in households with daily smoker(s), by age, 2014–15

Source: ABS and AIHW analysis of 2014–15 NATSISS

Source: ABS and AIHW analysis of 2014–15 NATSISS
Figure 2.03-1
Proportion of children aged 0–14 years living in households with daily smoker(s), by Indigenous status and state/territory 2014–15

... the estimated discarded waste from global cigarette consumption in 2014 could be anywhere between 340–680 million kg. is does not include the weight of remnant tobacco and other by-products of the discarded waste.

... other waste products associated with tobacco use such as the 2 million tonnes of paper, ink, cellophane, foil and glue that are used in tobacco product packaging.

... standard toxicity assessment protocols to show that cigarette butts soaked in either fresh or salt water for 96 hours have a lethal concentration that killed half the exposed test fish.
The revamped TIS program will:

- Continue the successful Regional Tobacco Control grants scheme including school and community education, smoke-free homes and workplaces and quit groups
- Expand programs targeting pregnant women and remote area smokers
- Enhance the Indigenous quitline service
- Support local Indigenous leaders and cultural programs to reduce smoking
- Continue evaluation to monitor the efficiency and effectiveness of individual programs, including increased regional data collection
Population Health approach

Information Booths reach the community especially if associated with activities.
What is the Tackling Indigenous Smoking initiative?
Overview of TIS Program Responsibilities, Relationships and Processes

- **NATIONAL EVALUATION PERFORMANCE INDICATORS FOR TIS**
  - National Evaluators (Part A: CIRCA and Part B: TBC)

- **NATIONAL COORDINATOR FOR TIS (NCTIS)**
  - Leadership, strategic direction and advice to support the effectiveness of the Program

- **NBPU-TIS**
  - Enabling access of TIS Teams to high-quality information, knowledge, advice and support for their work

- **TIS PROGRAM REGIONAL GRANT RECIPIENTS**
  - Supporting TIS teams and workers to:
    - achieve their objectives
    - build and maintain their skills and knowledge and
    - attend key workshops and other events organised by NBPU-TIS

- **TIS TEAMS**
  - Designing, delivering, monitoring, evaluating and continually improving a range of population health promotion activities as defined by an agreed Action Plan

- **Community action, engagement and advocacy**
  - National evaluation
  - Continuous Improvement Cycle

- **Performance reporting**

- **Grant administration and compliance**

- **Commonwealth Grants Hub**

- **State and Territory Departments of Health**

- **Relationship building**

- **Partnership working**

- **Policy and Program design**

- **Commonwealth Government Department of Health**
Evaluation

Recommendations

Community engagement and partnerships

1. **Regional grant recipients**: Continue involving community members in the design, delivery and evaluation of local TIS programs and sustain use of partnerships to broaden reach, strengthen referral pathways, and support other program objectives including preventing uptake, promoting expansion of smoke free spaces, and changing social norms.

Localised health promotion

2. **Regional grant recipients**: Continue delivering targeted, multi-level, tobacco-focused health promotion.

3. **NBPU TIS**: Provide additional training and information on best practice, multi-level, tobacco-focused health promotion for targeted groups including pregnant women.

Overarching TIS program

17. **Department**: Continue the delivery of the TIS program.

18. **Department**: Commit to funding longer term (at least 4 years) and provide immediate advice about future funding to minimise funding uncertainty and associated staff turnover and underspend.
A key commitment of the Partnership is the creation of a new Joint Council on Closing the Gap, comprising Commonwealth, state and territory ministers, representatives of the Coalition of Peaks, and the President of the Local Government Association. The Joint Council met for the first time on 27 March 2019.

Cross system priorities

The draft framework issued by COAG addresses racism, discrimination and social inclusion, healing and trauma, and the promotion of culture and language for Aboriginal and Torres Strait Islander peoples as cross system priorities requiring action and responses across all target areas.

The targets and potential cross system priorities will be finalised through the formal partnership between the Commonwealth, state and territory governments and Indigenous Australians through their representatives.

Through the development of draft targets it became apparent that some priority areas have wide reaching impacts on Aboriginal and Torres Strait Islander Australians. These priority areas include culture, racism and discrimination, trauma and healing, disability and social inclusion. While there was universal agreement on the importance of these issues and acknowledgement that they influence outcomes in all other target areas, there were differing views on whether setting a target for such priorities was appropriate and also what such a target might be.

All Australian governments recognise the need to address intergenerational change, racism, discrimination and social inclusion (including in relation to disability, gender and LGBTQI+), healing and trauma, and the promotion of culture and language for Aboriginal and Torres Strait Islander peoples.
About the Tackling Indigenous Smoking Resource and Information Centre

The Tackling Indigenous Smoking Resource and Information Centre (TISRIC) has been developed by the National Best Practice Unit for Tackling Indigenous Smoking (NBPU) as part of the best practice by organisations funded under the Australian Government Tackling Indigenous Smoking (TIS) program.

From 2013 the emphasis for organisations delivering TIS activities (regional grant holders) is to:

- make sure their activities are based on evidence of effectiveness (there is information that the activity has worked well to reduce smoking in their region);
- measure the impact which they are having on smoking in their region (monitoring and evaluation).

The TISRIC supports TIS-funded organisations by bringing together information and evidence on what works for tackling smoking in Aboriginal and Torres Strait Islander communities, and providing a space where funded organisations can share their knowledge of what is working in their local community.

Information on the TISRIC is provided to help TIS-funded organisations choose:

- evidence based activities
- resources to support these activities
- information/tools for evaluating and monitoring TIS activities.

The TISRIC is managed and run by NBPU TIS, who will keep it updated with information and tools to help TIS-funded organisations to plan, monitor and evaluate their TIS-funded activities. TIS-funded organisations are encouraged to share information about what is working to reduce tobacco use in their local area. If you have information on successful initiatives making a difference to reduce smoking, please contact NBPU TIS.
Tackling Smoking Resources

Aboriginal Health News Alert
nacchocommunique.com

Talking About the Smokes project and the Tackling Indigenous Smoking program

Aspire Nautilus / Eleaf iStick 40W Complete Premium Vapour Kit

The evidence tells us that we need a mix of approaches

no smokes guest bloggers

nicorette
freshmint - 2mg gum nicotine

NicAssist 1.5mg INHALATOR NICOTINE
Helps you feel the urge to smoke and helps reduce cravings
for those who smoke 20 or fewer a day

My QuitBuddy
IS PACKED WITH SPECIAL FEATURES TO GET YOU SMOKE-FREE

Click here for more information
A packet a day:
My current stats are:

• Time without smoking 950 days
• Cigarettes not smoked 23,751
• Money Saved $19,000
Aboriginal and Torres Strait Islander Smoking

Source: ABS Aboriginal and Torres Strait Islander Health Survey 2012-13
• Central to the model is the long delay between smoking and its associated cancer mortality; even when the prevalence of smoking begins to decline, smoking-attributable mortality continues to increase, reflecting the smoking behaviours of up to three decades earlier.\textsuperscript{3,4}

• The burden of tobacco-related cardiovascular disease is likely to continue to decline in the short term as smoking prevalence continues to decline. The burden of tobacco-related cardiovascular diseases among Indigenous people decreased between 2003 and 2011, while the burden of tobacco-related cancer and respiratory disease increased.\textsuperscript{1}
Cancer mortality over time

- Indigenous rate
- Non-Indigenous rate

Australian Institute of Health and Welfare analysis of the National Mortality Database. Data obtained from NSW, QLD, WA, SA and NT.
World No Tobacco Day, 31 May 2018

Tobacco and cardiovascular disease

World No Tobacco Day 2018 will focus on the impact tobacco has on the cardiovascular health of people worldwide.

Tobacco use is an important risk factor for the development of coronary heart disease, stroke, and peripheral vascular disease.

Despite the devastating harms of tobacco to heart health, and the availability of solutions to reduce tobacco-related death and disease, knowledge among large sections of the public that tobacco is one of the leading causes of CVD is low.

More on World No Tobacco Day

World No Tobacco Day 2019 – 31 May

Tobacco and lung health

World No Tobacco Day (WNTD) is an opportunity to raise awareness on the harmful and deadly effects of tobacco use and second-hand smoke exposure, and to discourage the use of tobacco in any form.

The "tobacco and lung health" campaign will increase awareness on:

• the negative impact that tobacco has on people’s lung health, from cancer to chronic respiratory disease,
• the fundamental role lungs play for the health and well-being of all people.

The campaign also serves as a call to action, advocating for effective policies to reduce tobacco consumption and engaging stakeholders across multiple sectors.

https://www.who.int/news-room/events/detail/2019/05/31/default-calendar/world-no-tobacco-day

Michelle Mattingly + Follow
This is how I rock an oxygen tank! Usually I'm at home with my breathing machine, but decided to step out with my little heavy metal accessory. Then I saw a guy sporting a oxygen tote bag that you just carry over your shoulder. I'm so jealous now. Must fi
What is health literacy?

Health Literacy is:

- your health
- health & health care information
- your health decisions
- making decisions together
- taking health action
- feeling good about your health

Health literacy for consumers

- seek information
- make sure you understand
- ask for information
- educate yourself
- prepare & ask questions
- bring relatives or friends to appointments
- ask for things to be explained differently
- be open and honest
- talk about your values & preferences
- speak up if you are unhappy with your care
- give all your medical details
- request an interpreter

www.safetyandquality.gov.au
Lateral Violence

https://www.youtube.com/watch?v=ZR9LQyrC4Gk
“Think of three women in your life. Statistically, one of them will report having experienced physical or sexual violence at some point in her life. I am committed to helping uncover Australia’s dark secret. That secret is the true and shocking extent of men’s violence against women in Australia where at least one woman is killed every week by a current or former partner.”

Adam Goodes, Australian of the Year and White Ribbon Ambassador

Photo courtesy of The Australian Women's Weekly
An unexpected message