NATIONAL BEST PRACTICE UNIT

TACKLING INDIGENOUS SMOKING

Welcome to the Queensland Jurisdictional Workshop

12 June 2019

NATIONAL BEST PRACTICE UNIT

TACKLING INDIGENOUS SMOKING

Facilitator

Haydyn Bromley

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TACKLING INDIGENOUS SMOKING

Welcome to Country

Kerry Neill

Kerry Neill Gubbi Gubbi/Kabi Kabi man

Sunshine Coast region in South East Queensland

Kerry Neill is a Gubbi Gubbi/Kabi Kabi man from the Sunshine Coast region in South East QLD. Kerry has been working with Aboriginal and Torres Strait Islander peoples in community services and education for over 15 years. He is the director of Goombuckar Pty Ltd and runs two successful businesses, Goombuckar Creations and TribalLink.

Kerry has facilitated anger management courses in correctional facilities and schools across NSW and has toured nationally and internationally as a dancer and yidaki (didgeridoo) player.

Kerry has developed and delivered cross cultural communication, dance and behaviour management programs across NSW and QLD. His company delivers Aboriginal education to over 30,000 children a year and provides cultural education and training for various industries including schools, universities, medical centres and hospitals.
He brings a wealth of knowledge through his upbringing and professional experience. He enjoys working with people to create a greater understanding of Gubbi Gubbi/Kabi Kabi culture and creates a fun-filled and memorable experience for all participants.

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TACKLING INDIGENOUS SMOKING

TIS Program Update

Professor Tom Calma AO

Qld Jurisdictional TIS Workshop

Caloundra Qld

12 June 2019

Prof Tom Calma AO

National Coordinator Tackling Indigenous Smoking

Country
Culture
Language
Kids

TIS Family 2019

TIS CEO Workshop

8 May 2019

Tackling Indigenous Smoking Program

Final Evaluation Report

Prepared for the Australian Government Department of Health

July 2018

circa

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.

Stability and impactful

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* "

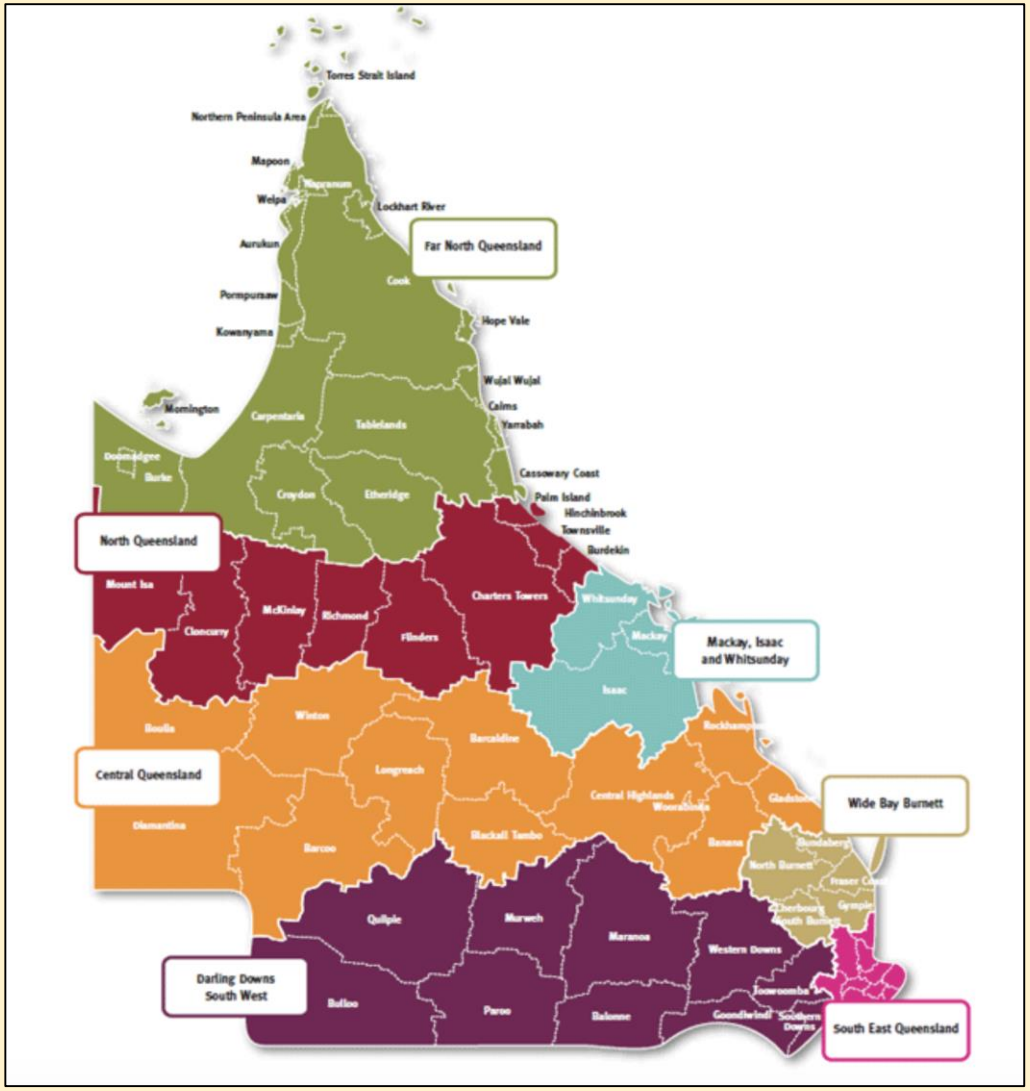
https://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2018-wyatt012.htm

11 February 2018

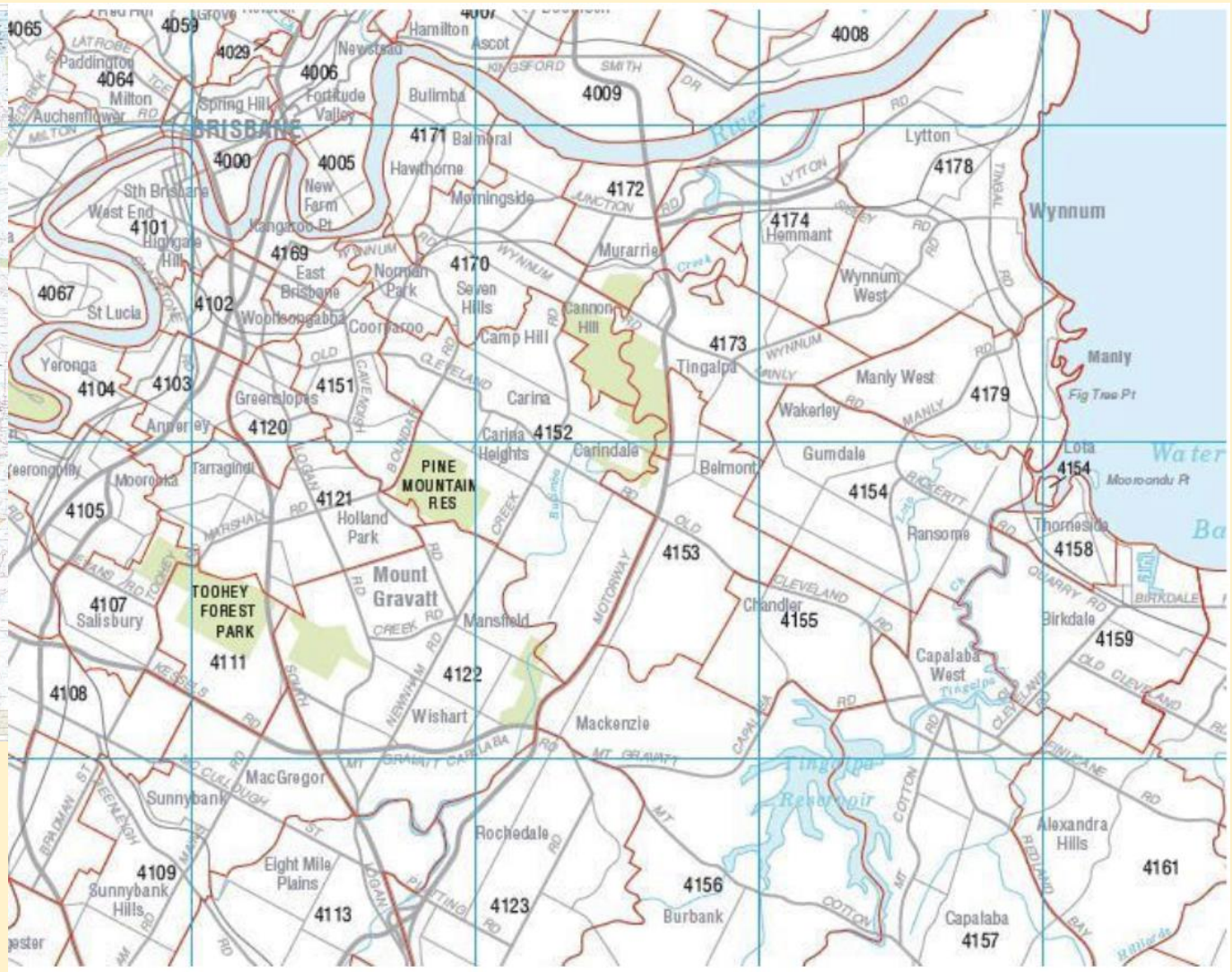
Extract from letter that went to Grant Recipients

For the TIS program going forward, there will be specific requirements for TIS organisations, namely all **will be required to:**

- prioritise **evidence-based population health approaches** with **maximum reach** within their **identified TIS region**;
- ensure that Indigenous people **who do not attend** Aboriginal Community Controlled Health Services (ACCHS) or Aboriginal Medical Services (AMS') **are targeted and reached;** and
- provide evidence of **how their primary health care funding** (where provided by the Commonwealth) **is being used to complement TIS activities** as part of a larger mix of tobacco cessation interventions.



Defining Service Boundaries


4065
4059
4029
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Hamilton
Ascot
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Paddington
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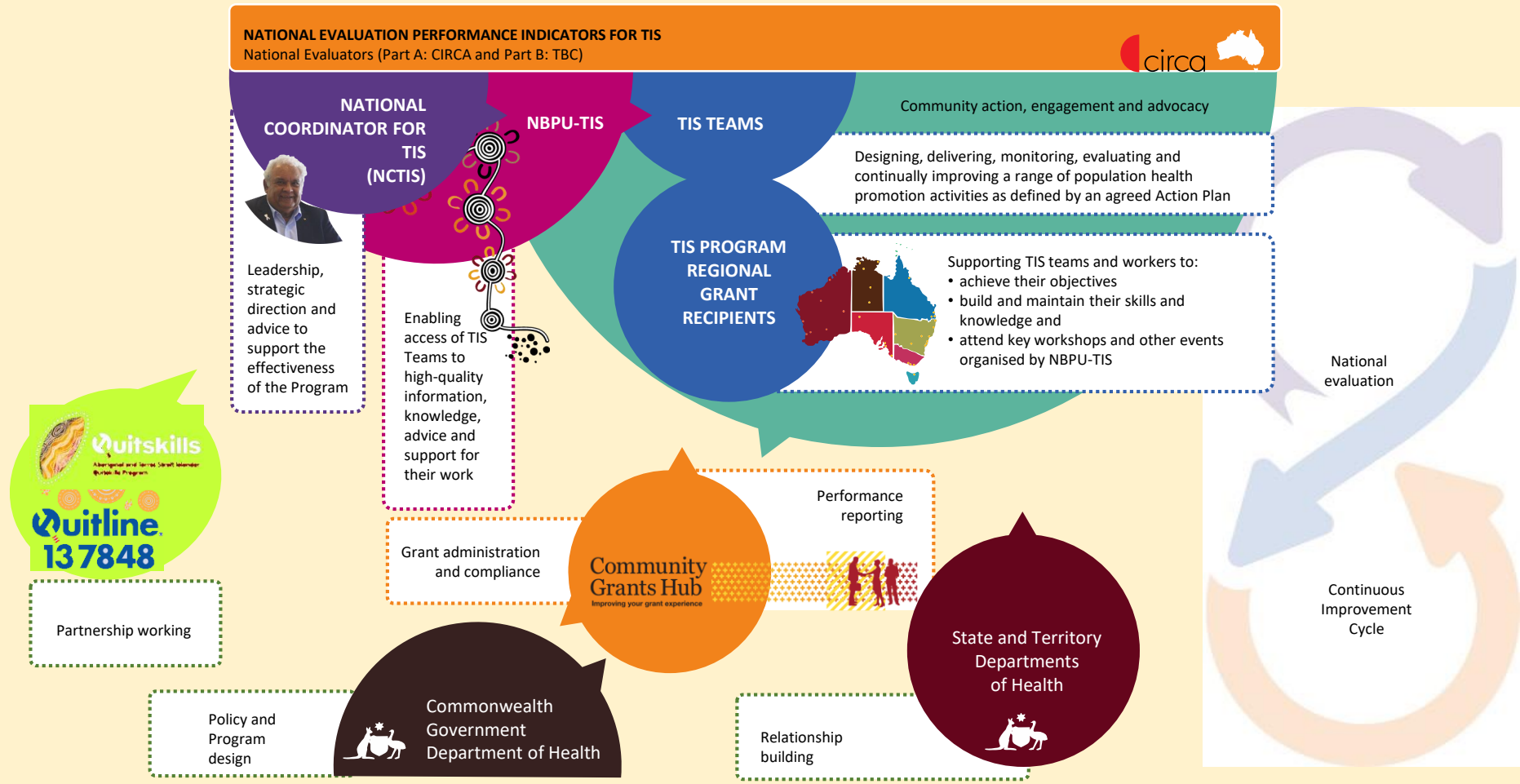
Milton
Auchenflower
Spring Hill
Fortitude Valley
Bulimba
4009
BRISBANE
4171
Balmoral
4000
4005
Hawthorne
Lytton
4178
Sth Brisbane
New Farm
Morningside
4172
Wynnum
West End
4101
Highgate Hill
Kangaroo Pt
4174
Hemmant
4169
Murarrie
4170
Norman Park
Seven Hills
Wynnum West
4067
St Lucia
4102
Woolloongabba
Coorparoo
Cannon Hill
Camp Hill
4173
Manly
Yeronga
4104
4103
4151
Tingalpa
Manly West
4179
Greenslopes
Carina
Wakerley
Annerley
4120
Carina Heights
4152
Carindale
Gumdale
Lota
4154
Moorooka
Tarragindi
PINE MOUNTAIN RES
Belmont
4105
4121
Holland Park
Ransome
Thornesida
4158
Mount Gravatt
4153
TOOHEY FOREST PARK
Chandler
4155
Birkdale
4159
4107
Salisbury
Mansfield
4111
Capalaba West
4108
4122
Wishart
Mackenzie
MacGregor
Sunnybank
Alexandra Hills
Rochedale
4109
Sunnybank Hills
Eight Mile Plains
4161
4156
4113
4123
Burbank
Capalaba
4157

Overview of TIS Program Responsibilities, Relationships and Processes



Evaluating the impacts of TIS regional grants on smoking outcomes

Ray Lovett & Katie Thurber
Aboriginal and Torres Strait Islander Health Program
Research School of Population Health, Australian National University

Tackling Indigenous
Smoking Program
Evaluation
circa

Issues raised by TIS Workers to discuss at the CEO Workshop

- **Increased TIS awareness**
  - CEOs and Managers need to be more awareness about the TIS Teams roles, requirements
  - CEO understanding of TIS expectations around branding/ co-branding/ stand-alone branding and using TIS resources within the AMS
- **Improved communication**
  - Timely communication please – often people on the ground experience delays in receiving communication/ updates due to delays through many levels within the organisations. E.g.: reporting templates, approvals etc.
  - Communicate information from CEO's meeting to TIS teams re: what was said etc. or NBPU to add in their newsletter
  - Ensuring continuity of staff by clear roles, funding requirements / limitations

CEOs / Grant Recipients to consider

- **Delivery Limitations**
  - Restricted weekend work impacts on service provided
  - Restrictions on leaving office – aren't allowed to attend events
  - Capacity to hold weekend events
  - Insists the TIS Team to continue one-on-one delivery sessions instead of population health
- **Scope of delivery**
  - Re-classification of remote to recognise extremely remote locations
  - Define region of delivery
  - Title TIS Educators or Officers
  - Attend other outlying communities within shire regardless of ACCHO borders

Issues for CEOs

- **Funding/Budgets**
  - More access/ knowledge of TIS Budget
  - TIS Team more ownership and control over budget not the AMS Business Manager
  - Funding being used for other programs ie people be paid salary from TIS $$s when they aren't in the TIS Team
  - Advise budget to TIS workers on the ground. This will help TIS Workers to plan events
- **Resources**
  - Better phone – software
  - Humbugging for TIS Resources
  - Internal / Social media access / access to social marketing tools. E.g.: Facebook
  - *Re-classification of remote* to recognise extremely remote locations

Issues for CEOs / NBPU / DoH

- **Partnerships/collaboration**
  - State/ Territory-based:
    - collaboration
    - partnerships
  - TIS Collaboration - resources/ working together (like WA)
  - Integration of TIS throughout all services – ie sexual health, Mums and Bubs etc
  - Co-ordinated approach – State level i.e. state carnival, share finance
  - Can we have more partnerships with other TIS teams in our State?
  - Work across regions with similar challenges

Issues for CEO, DoH and NCTIS

- **Other**
  - More support for TIS Teams and modelling the message – walk the talk, enforce policies ie how can we stop smoking in our own organisation – in uniform, clock off for breaks etc.
  - Increase Aboriginal and Torres Strait Islander employment
  - Population Health approaches
  - More opportunity to attend conferences for broader learning and widening perspectives and networking
  - Drive strategic strategy planning - so momentum is developed and maintained
  - Evaluation framework asap in consultation with grant recipients
  - Lobbying CIRCA/ NBPU/ DoH for feedback on TIS Programme performance/ reporting/ national directives
  - Lack of report feedback
  - Clarity on / position of scope of delivery

Policy Advice – TIS Workers in **prisons** and **detention centres**

Formal Advice

- "…it is Constitutionally permissible **for TIS to be delivered in prisons** – **but IAHP* guidelines states that only to Indigenous prisoners**".
- "TIS policy is currently that **it is permissible if we know that the states/territories aren't doing anything** in this space, and the TIS team *can demonstrate that this is a priority population group for them* …"

- **DSS Hub Managers have been advised** of this policy advice re Commonwealth funded workers being able to deliver TIS in prisons

* Indigenous Australians' Health Programme

Policy Advice – TIS Workers in **prisons** and **detention centres**

Response for TIS activities

- Activity in prisons must still be POPULATION HEALTH focussed with referral to Quitline etc
- All current rules for TIS funding still apply
- Encourage other agencies to join the prison visits ie state and territory govts, ACCHOs, Cancer Councils and Quitline etc
- Establish clear referral procedures with the prison health staff
- Utilise NBPU videos where permitted
- Ensure that prison visits do not distract from other TIS outreach community activities

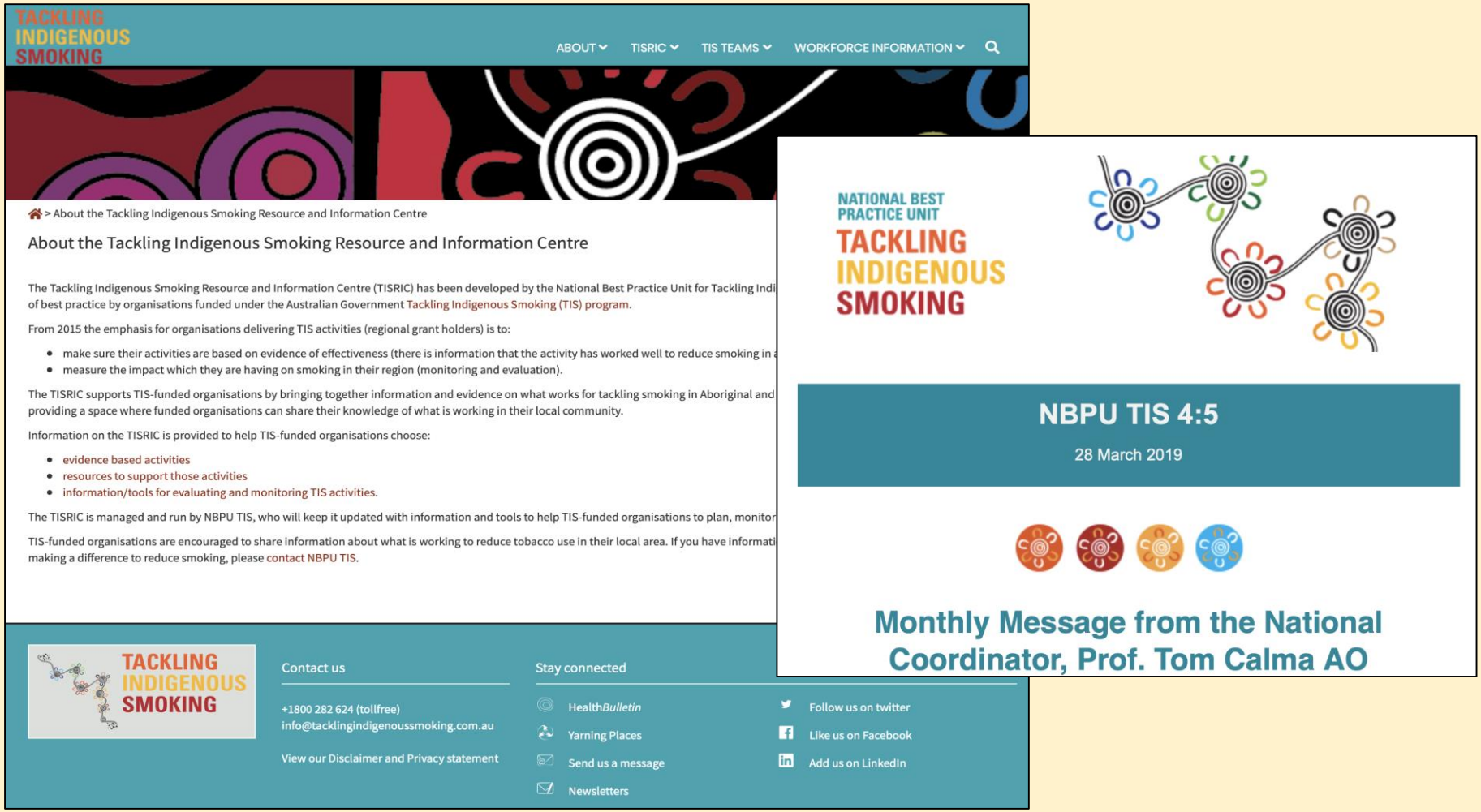
Collecting data and monitoring and evaluating activity

Present

- If not already in Activity Plans ensure prison activity is in the next plan
- Report on activity ie numbers, referrals etc
- Endeavour to identify smoking behaviour post release
- Department will advise state and territory government stakeholders through National Expert Reference Group on Tobacco (NERGOT) and Tobacco Policy Officers Group (TPOG)

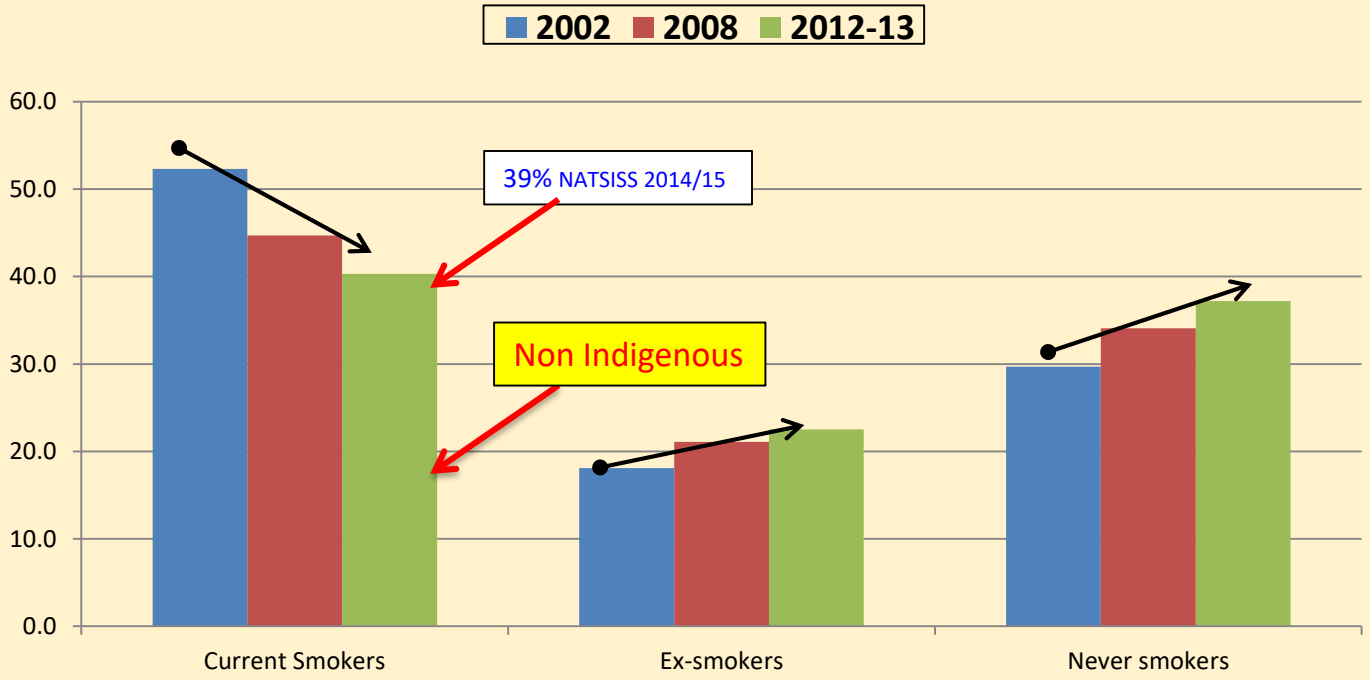
Future

- The Department will work with CIRCA to:
  - Identify how TIS prison activity is evaluated, and
  - Identifying the outcomes of referrals



http://tacklingsmoking.org.au/about-the-tackling-indigenous-smoking-resource-information-centre/

Aboriginal and Torres Strait Islander Smoking



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

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NBPU Update

Benjamin Stewart

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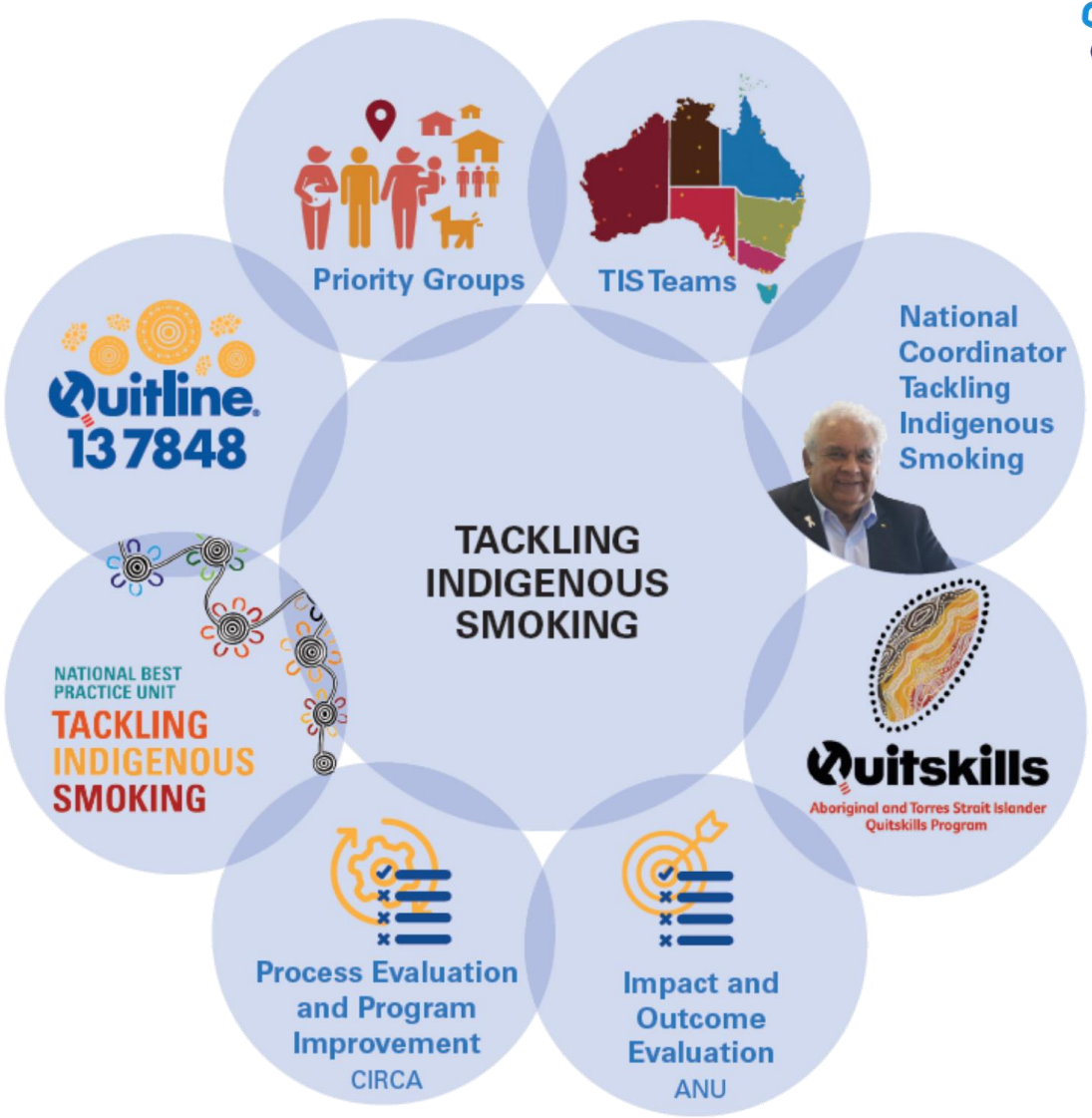
NBPU Update



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Element of the Tackling Indigenous Smoking (TIS) Program?

Overview of TIS Program processes

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

NATIONAL COORDINATOR FOR TIS (NCTIS)

Leadership, strategic direction and advice to support the effectiveness of the Program

NBPU TIS

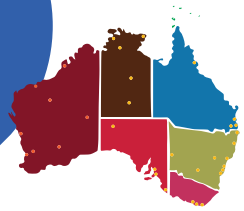
Enabling access of TIS Teams to high-quality information, knowledge, advice and support for their work

TIS TEAMS

Community action, engagement and advocacy

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

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

National evaluation

Performance reporting

Grant administration and compliance

Community Grants Hub
Improving your grant experience

Quitskills
Quitline

Partnership working

Continuous Improvement Cycle

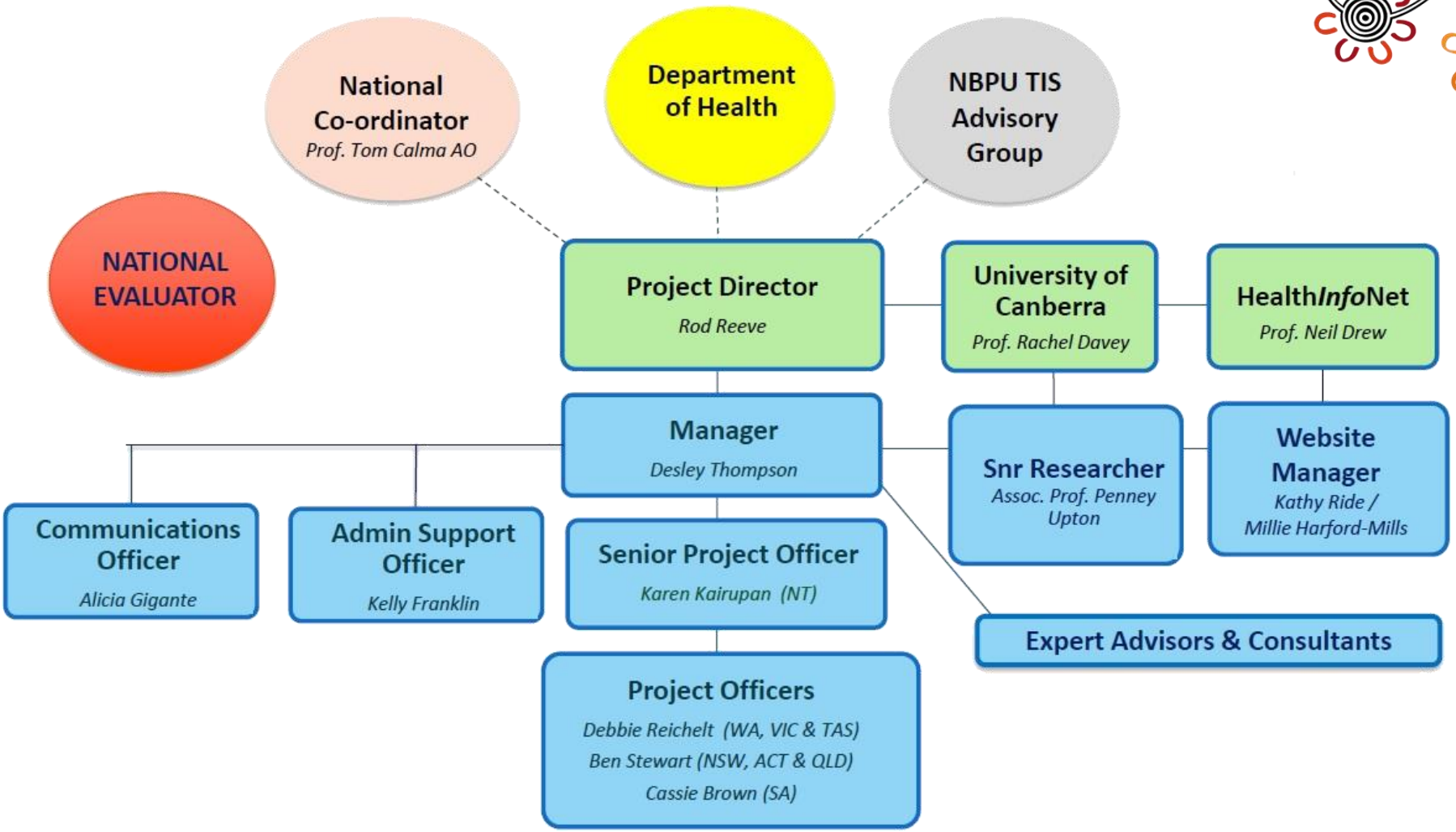
Policy and Program design

Commonwealth Government Department of Health

Relationship building

State and Territory Departments of Health

Grant Recipients GRs



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NBPU Structure June 2019

What's new

- 4 Project Officer looking after 37 Grant Recipients (GRs)
- Updating the TIS Coordinator Induction package
- Advice to GRs on Activity workplans & 6 monthly progress reports
- Working on a workforce needs analysis

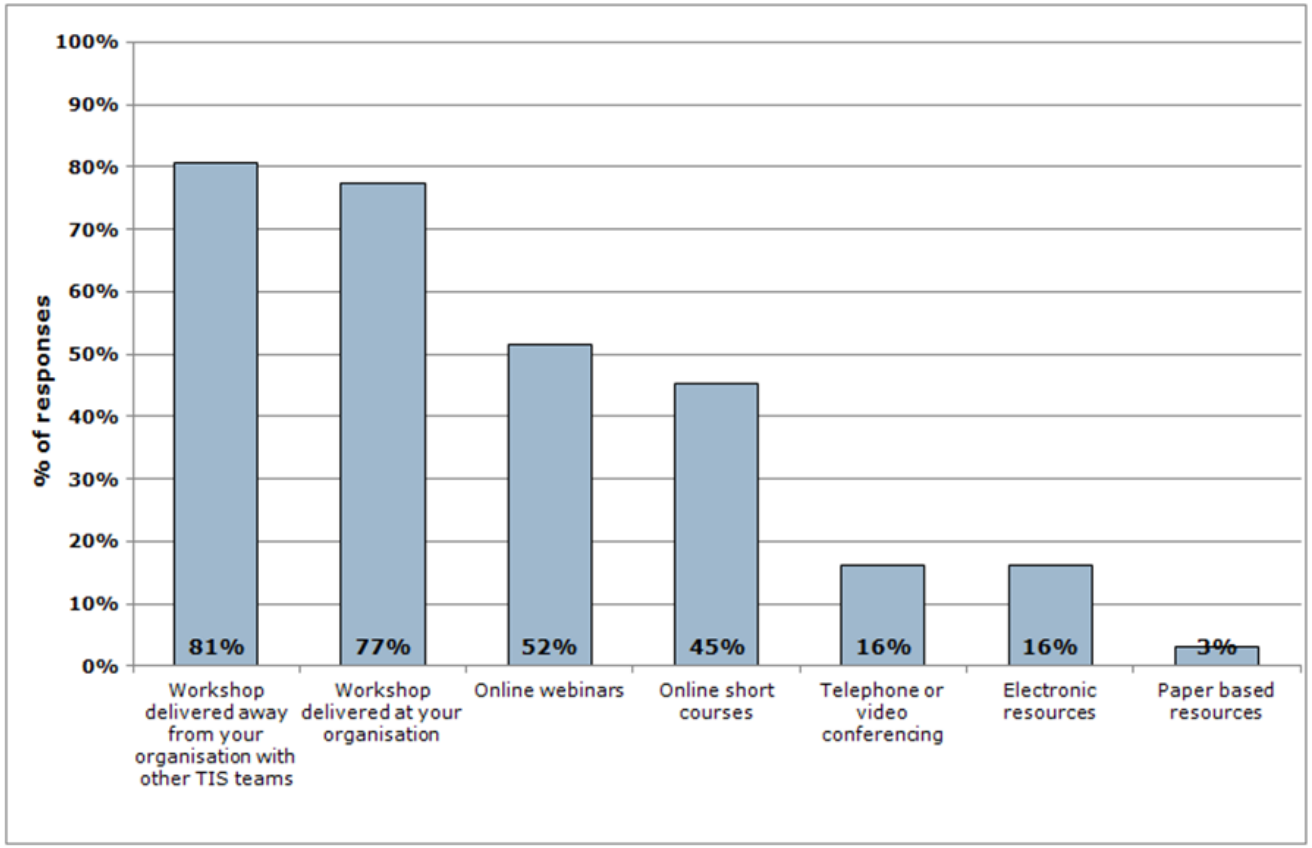
TIS Survey conducted

Survey	Completed	Valid responses	Response rate
Survey # 1	December 2016	**22**	59%
Survey # 2	June 2017	**25**	68%
Survey # 3	November 2017	**31**	84%
Survey # 4	May 2018	**32**	86%

Key areas

Area	% of GRs
Population health strategies in general	**69%**
Supporting pregnant women and families to be smoke-free	**63%**
Monitoring and evaluation for quality improvement	**63%**
Using social media for effective health promotion	**53%**
Data collection and analysis	**53%**
Working with youth	**50%**
Smoke-free homes	**47%**
Effective group work	**47%**
Smoke-free workplaces	**44%**
Action planning processes	**41%**
Working with remote communities	**31%**
Smoke-free events	**28%**
Developing partnerships in your region	**25%**
Report writing	**25%**
Other	**13%**

Preferred modes of receiving training



Congratulations to teams on their World No Tobacco Day (May 31) events

Latest update on TISRIC

- Presentations loaded from the TIS National workshop in Alice Springs - https://tacklingsmoking.org.au/tis-workforce-information/national-tackling-indigenous-smoking-workers-workshop/
- Photos taken during the workshop are available - https://www.dropbox.com/sh/jfqpcu491601m5k/AAD5ODltJrTC89c-WdWIhRp1a?dl=0

Questions

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Morning Tea

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Aboriginal Community Researchers

Steve Fisher

Tammy Abbott and Sharon Forrester
Senior Researchers

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How the Aboriginal Community Researcher (or ACR) program can help TIS teams

Australian Government

Department of Health

NINTI ONE

Ada Lechleitner conducting interviews on housing maintenance in Ntaria, NT

Better support to rough sleepers in a country town in South Australia

Purpose: To help local services connect more effectively with a group of up to 80 people, especially those people who are hard-to-reach.

Methods:

1. Semi-structured interviews
2. Focus groups
3. Workshop sessions

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Prevention of Rheumatic Heart Disease in Maningrida, Nov. 2018

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Research on vehicle safety by Ninti One at Ntaria, Northern Territory, 2011 (see Lovell et al, 2011)

Research to support Collective Impact for Stronger Communities for Children in the NT

How ACRs can help TIS teams

Example: Family Day organised for World No Tobacco Day in Halls Creek, two Fridays ago, 31st May.

The local TIS team of two men from Yura Yungi Aboriginal Medical Service coordinated the event at the main park in town.

Let's say that 200 people came along, ate lunch, heard some speeches by local pollies and sports players, visited stalls on health promotion, talked to TIS workers, used the smokerlyzer, saw videos on 'Don't Make Smokes Your Story' and listened to a local band.

How ACRs can help TIS teams

Every research project needs one or more high-level research questions. In this case, there could be a single question:

How effective was the Family Day in helping to tackle Indigenous smoking in Halls Creek?

If there were 200 people coming and going during the event, the TIS workers are going to struggle to do the necessary research on their own.

This is where the ACRs come in.

Ninti One website

www.nintione.com.au

Any questions and further discussion

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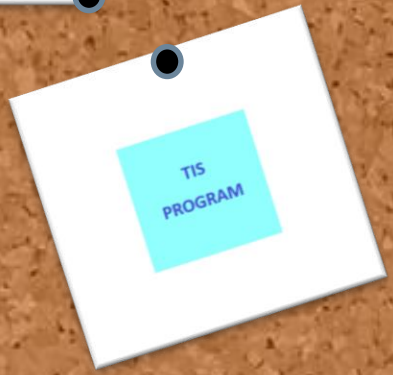
Population Health Promotion

Penney Upton

Population Health Promotion



Quitline
137848

Quitline 137848

Tobacco Free Living
Preventing Drug Abuse & Excessive Alcohol Use
Healthy Eating
Active Living
Mental & Emotional Wellbeing
Reproductive & Sexual Health
Injury & Violence Free Living
Healthy & Safe Community Environments
Clinical & Community Preventitive Services
Empowered People
Elimination of Health Disparities
Increase the number of Australians who are healthy at every stage of life

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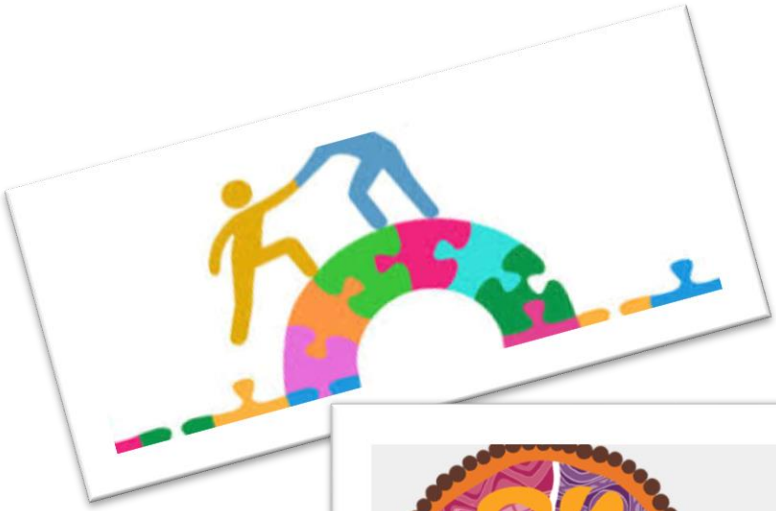
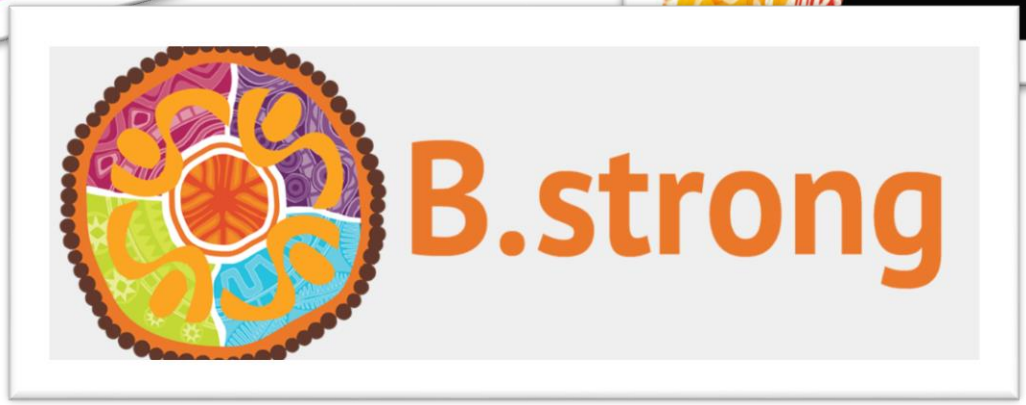


Quitskills
Aboriginal and Torres Strait Islander
Quitskills Program


B.strong

car and home
smoke free zone

car and home
smoke free zone

TOYOTA KLUGER SUV

DON'T MAKE SMOKES YOUR STORY
"I QUIT FOR MY FAMILY"
- TED
australia.gov.au/quitnow

SCHOOL

SCHOOL

A model of working, which identifies how a

population health approach

can be implemented through action on the full range of

health determinants

by means of

health promotion strategies

Population Health

Focus:

- Improve the health outcomes and wellbeing of an entire population*
- Reduce health inequalities

*Population = people within and across a defined locality, region, or nation

Health promotion strategies:

- Enable people to take control over their health/wellbeing;
- Health is a positive concept and includes social and personal resources;
- Requires community participation, partnership working and attention to the determinants of health

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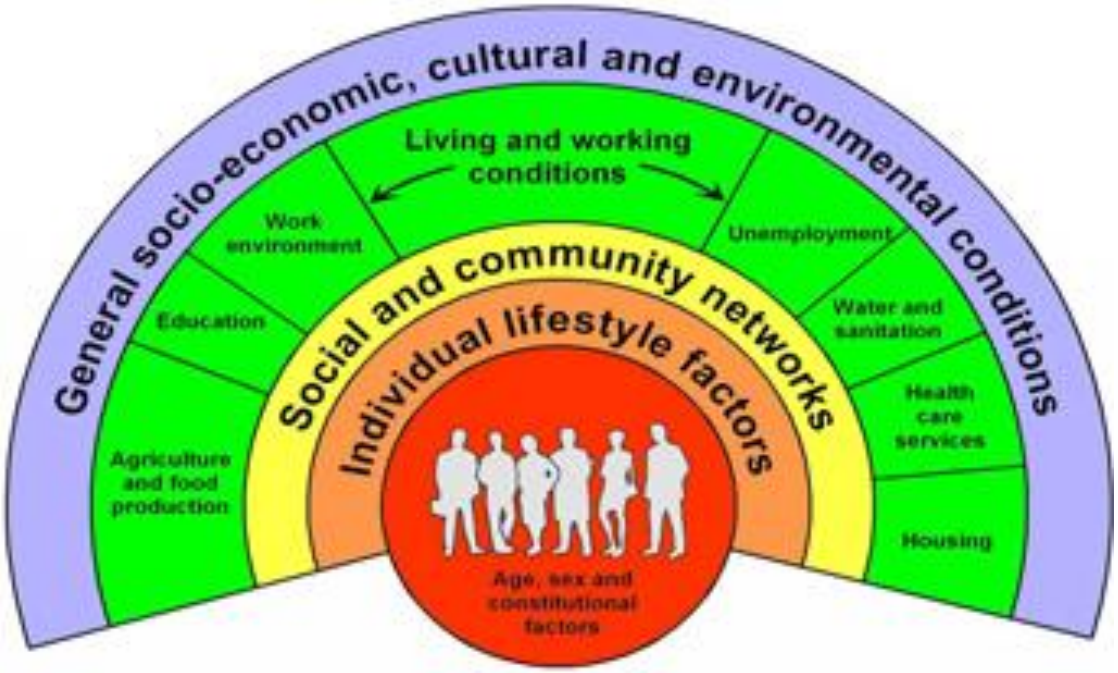
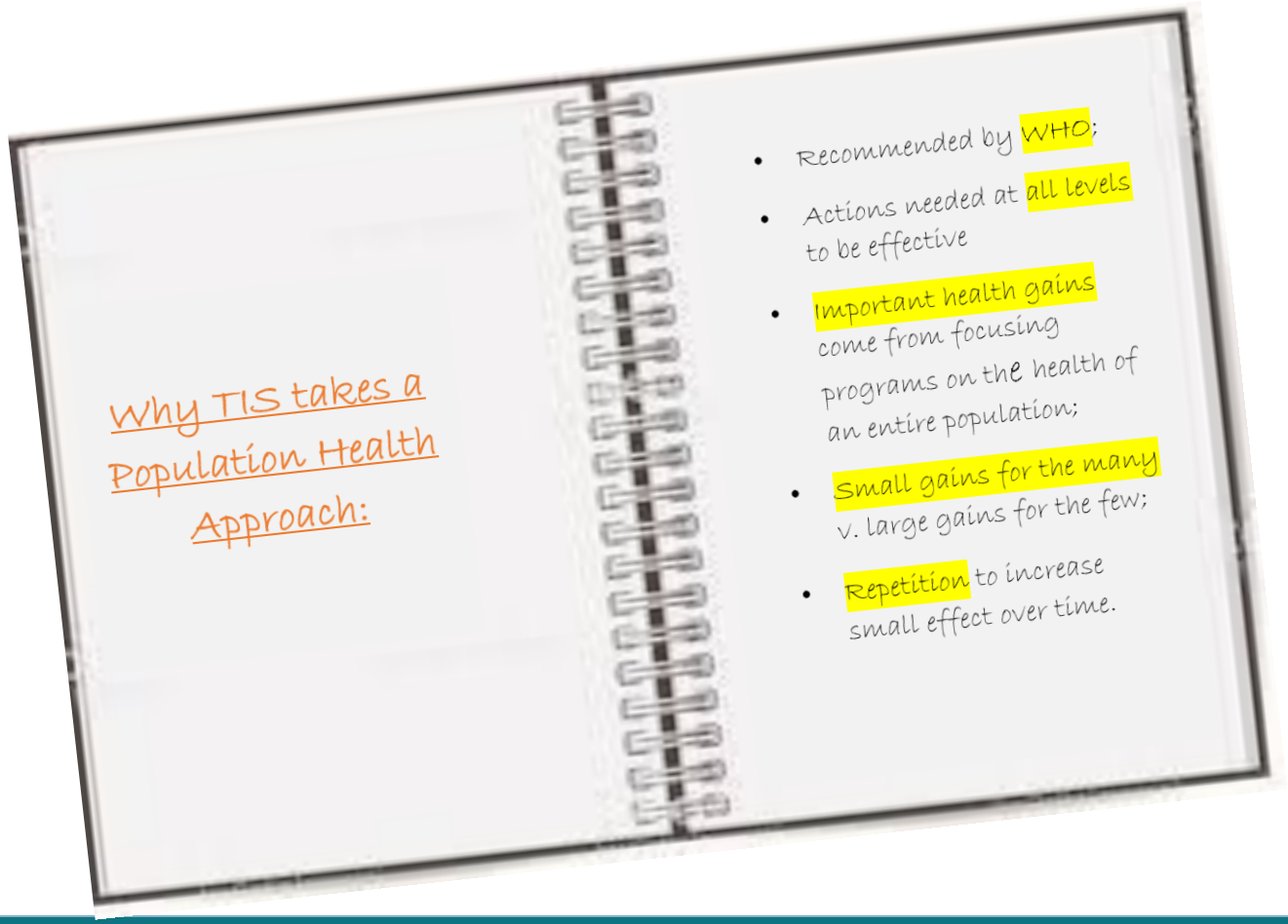
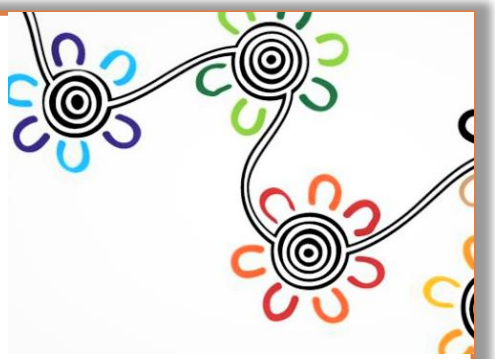

General socio-economic, cultural and environmental conditions
Living and working conditions
Work environment
Unemployment
Education
Water and sanitation
Social and community networks
Individual lifestyle factors
Health care services
Agriculture and food production
Housing
Age, sex and constitutional factors


Why TIS takes a Population Health Approach:
Recommended by WHO;
Actions needed at all levels to be effective
Important health gains come from focusing programs on the health of an entire population;
Small gains for the many v. large gains for the few;
Repetition to increase small effect over time.



Community based action to improve and maintain population health and reduce inequalities in health

3 Minutes of Influence

Clinical setting:

1 Brief Intervention

Population Health Promotion:

1 TV Ad

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Lunch

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Monitoring and evaluation for TIS teams

Steve Fisher

‘Go and see the chook lady’

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Monitoring and evaluation for TIS teams

Australian Government

Department of Health

NINTI ONE

Three parts to this session:

1. ‘Think of a moment when…’
2. Tuning in to M&E
3. How our Action Plan helps us

Think of a moment when…

…you knew your TIS work
was making a difference

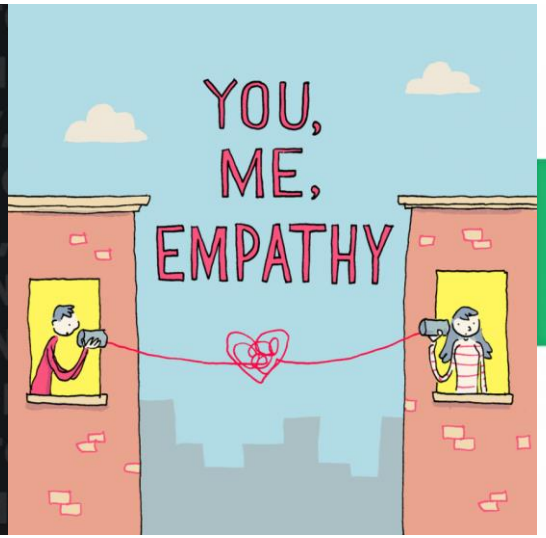
Please write that moment on a coloured card.

This is anonymous and we are going to stick them on the wall and see what people say

‘Go and see the lady with the chickens’

‘The story of Mrs. Kumar makes us realise how our program makes a difference’

7STORIES
REAL PEOPLE. REAL EXPERIENCES


YOU,
ME,
EMPATHY

MENTAL
HEALTH
STORIES
YOU ARE NOT ALONE

Case Studies

Examine stories, e.g.

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

Ethel-Anne Gundy talks about quitting

Marlene talks about quitting

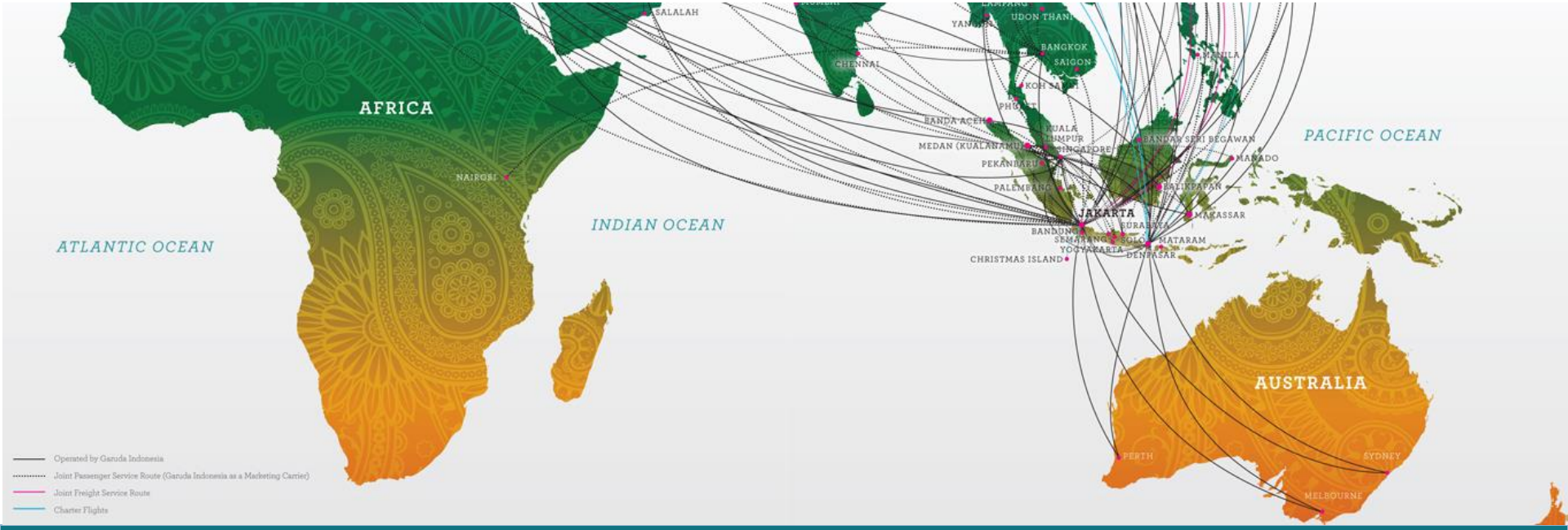
Ray talks about quitting

Tuning in to M&E

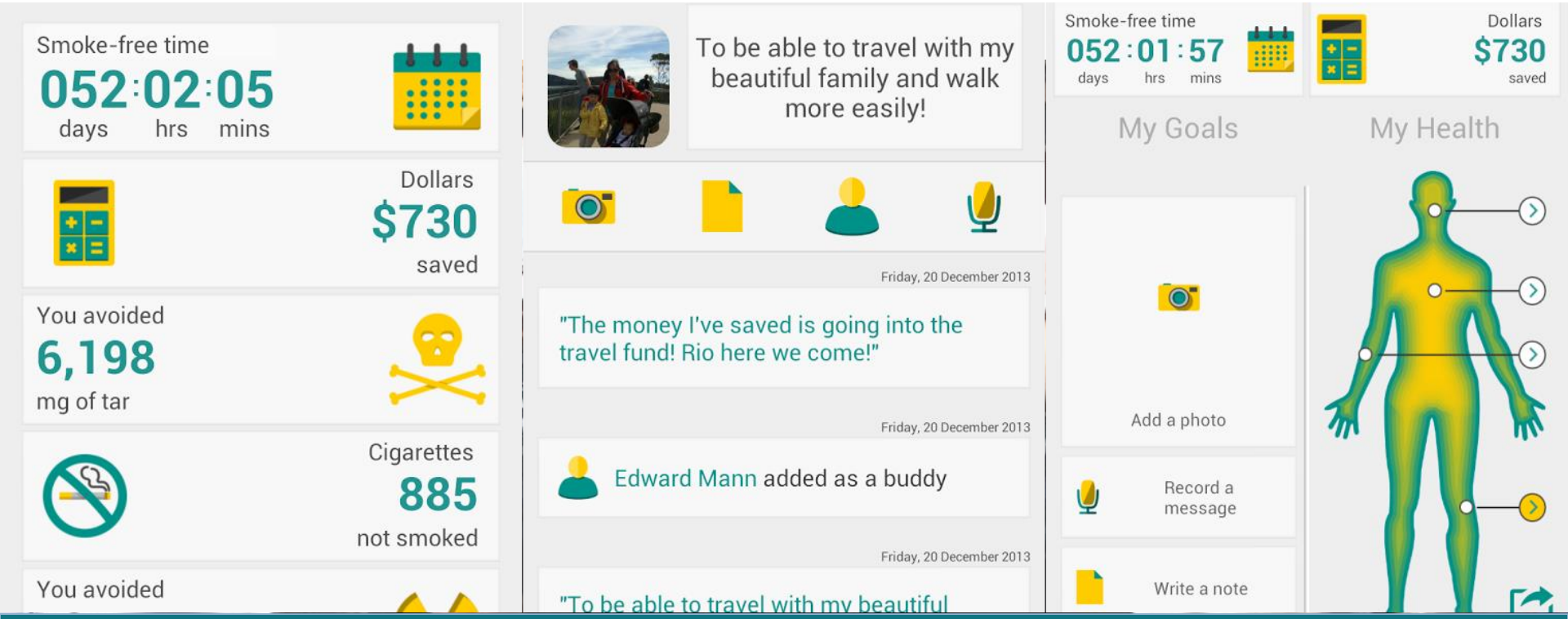
What is monitoring and evaluation?

Monitoring = Regular collection of information on progress you are making

Evaluation = Taking a step back to look at the bigger picture of the difference TIS work is making in the community



Monitoring = Regular collection of information on progress you are making



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Evaluation = Taking a step back to look at the bigger picture of the difference TIS work is making in the community

Monitoring and evaluation is research

Most people working in services do it.

For example, think of hotel questionaires, ‘please stay on the line’ surveys, etc.

Why do M&E?

1. To know what works best

2. To improve the way we do things

3. To produce information for reports

What works best for us in different parts of Queensland?

How do we know?

Steps for M&E for TIS

Consider National Indicators

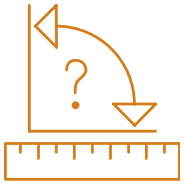
Develop Action Plan

Work out local measures

What do we want to measure?

Decide on methods

How do we want to measure it?



Collect data

Then analyse and present it

National Indicators

1. Implementation of evidence based population health promotion activities aimed at preventing uptake of smoking and supporting the promotion of cessation
2. Partnerships and collaborations support tobacco control
3. Increased access to Quit support through capacity building
4. Reduced exposure to second hand smoke
5. Increased focus on priority groups, e.g. pregnant women
6. Increased reach into communities

For each indicator, a simple approach is to measure:

What we have done in **numerical** terms:

- No. of people reached
- No. of events
- No. of visits to communities
- No. of activities

What **difference** it has made in the community:

- Knowledge people have
- Their participation
- Actions they are taking as a result (pledges, smoke-free homes, etc.)

How our Action Plan helps us

To be able to monitor and evaluate, we need to know exactly what we are trying to achieve.

This is where the Action Plan comes in…

Every TIS team produces an Action Plan

Activity Work Plan for Transition grant period 1 January 2019 – 30 June 2019

This action plan provides an overview of the key aims, activities and performance measures for the TIS program.

Aims *What are you trying to achieve?*	**Strategies** *How will you do this?*	**Performance Indicators** *How will you measure performance?*	**Targets** *What are your targets?*	**Timeframe** *When will this be delivered?*
More smoke-free homes in the community	Outreach work to help people to make pledges and then to support them to maintain their home smoke-free	• No. of pledges • Interviews with 20% of heads of families	25 homes in the community declared and remaining smoke-free	By end of June 2019

This activity contributes to National Indicator Nos. 1, 4 and 6.

National Indicators

1. Implementation of evidence based population health promotion activities aimed at preventing uptake of smoking and supporting the promotion of cessation
2. Partnerships and collaborations support tobacco control
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TIS website

ABOUT
TISRIC
TIS TEAMS
WORKFORCE INFORMATION
TACKLING
INDIGENOUS
SMOKING
Providing support to organisations funded under the national Tackling Indigenous Smoking program
Australian Indigenous HealthInfoNet
NATIONAL BEST PRACTICE UNIT
TACKLING INDIGENOUS SMOKING

Any questions and further discussion

NATIONAL BEST PRACTICE UNIT

TACKLING INDIGENOUS SMOKING

Afternoon Tea

NATIONAL BEST PRACTICE UNIT

TACKLING INDIGENOUS SMOKING

Department of Health

Question & Answer

Key questions asked from TIS Teams

- When are we getting the template for the Action Plan 2019
- Scope to increase service delivery where need exists or there are gaps?
    - Potential to negotiate with DoH funding to increase capacity?
- Prof Tom Calma AO mentioned that we will be required to report by postcode…
    - What level of data/reporting is required? E.g. Pop. Health reach?

NATIONAL BEST PRACTICE UNIT

TACKLING INDIGENOUS SMOKING

Wrap-up

Haydyn Bromley