Welcome to the Queensland Jurisdictional Workshop
12 June 2019
Facilitator
Haydyn Bromley
Welcome to Country
Kerry Neill
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.
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
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.
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


11 February 2018
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.
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 TEAMS
Designing, delivering, monitoring, evaluating and continually improving a range of 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

Community action, engagement and advocacy

Performance reporting

Grant administration and compliance

Community Grants Hub

Commonwealth Grants Hub

Commonwealth Government Department of Health

State and Territory Departments of Health

Partnership working

Policy and Program design

Relationship building

Continuous Improvement Cycle

National evaluation

Partnership working

Policy and Program design

Relationship building
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
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
• **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
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
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 (TIS) of best practice by organisations funded under the Australian Government Tackling Indigenous Smoking (TIS) program.

From 2015 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); and
- 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 those 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 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 initiatives that are making a difference to reduce smoking, please contact NBPU TIS.

Aboriginal and Torres Strait Islander Smoking

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

**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

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

**TIS TEAMS**
- Enabling access of TIS Teams to high-quality information, knowledge, advice and support for their work
- Building and maintaining skills and knowledge
- Attending key workshops and other events organised by NBPU-TIS

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

**Grants Hub**
- Grant administration and compliance

**State and Territory Departments of Health**
- Relationship building

**Commonwealth Government Department of Health**
- Policy and Program design

**Community action, engagement and advocacy**

**Performance reporting**

**Partnership working**

**Continuous Improvement Cycle**

**National evaluation**
Grant Recipients GRs
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

<table>
<thead>
<tr>
<th>Survey</th>
<th>Completed</th>
<th>Valid responses</th>
<th>Response rate</th>
</tr>
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<tbody>
<tr>
<td>Survey # 1</td>
<td>December 2016</td>
<td>22</td>
<td>59%</td>
</tr>
<tr>
<td>Survey # 2</td>
<td>June 2017</td>
<td>25</td>
<td>68%</td>
</tr>
<tr>
<td>Survey # 3</td>
<td>November 2017</td>
<td>31</td>
<td>84%</td>
</tr>
<tr>
<td>Survey # 4</td>
<td>May 2018</td>
<td>32</td>
<td>86%</td>
</tr>
</tbody>
</table>
### Key areas

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

- Workshop delivered away from your organisation with other TIS teams: 81%
- Workshop delivered at your organisation: 77%
- Online webinars: 52%
- Online short courses: 45%
- Telephone or video conferencing: 16%
- Electronic resources: 16%
- Paper based resources: 3%
Congratulations to teams on their World No Tobacco Day (May 31) events
Latest update on TISRIC


• Photos taken during the workshop are available - [https://www.dropbox.com/sh/jfqpcu491601m5k/AAD5ODItJrTC89c-WdWlhRp1a?dl=0](https://www.dropbox.com/sh/jfqpcu491601m5k/AAD5ODItJrTC89c-WdWlhRp1a?dl=0)
Questions
Morning Tea
Aboriginal Community Researchers
Steve Fisher
Tammy Abbott and Sharon Forrester
Senior Researchers
How the Aboriginal Community Researcher (or ACR) program can help TIS teams
Other methods for generating ideas

- Action learning sets
- Participatory action research
- Brainstorming
- Mind mapping
- Sector gap analysis
- Asset pentagons
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
Prevention of Rheumatic Heart Disease in Maningrida, Nov. 2018
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

BUILDING OPPORTUNITIES FOR PEOPLE IN REMOTE AUSTRALIA THROUGH RESEARCH, INNOVATION AND ENGAGEMENT

www.nintione.com.au
Any questions and further discussion
Population Health Promotion
Penney Upton
Population Health Promotion
Increase the number of Australians who are healthy at every stage of life.
car and home smoke free zone
DON'T MAKE SMOKES YOUR STORY

"I QUIT FOR MY FAMILY"
- TED

australia.gov.au/quitnow
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.
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
Lunch
Monitoring and evaluation for TIS teams
Steve Fisher
‘Go and see the chook lady’
Monitoring and evaluation for TIS teams
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’
Case Studies

Examine stories, e.g.

- Individuals who have quit
- Homes becoming smoke-free
- Workplaces staying smoke-free
- Partnerships and networks
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
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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 questionnaires, ‘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?
- How do we want to measure it?
- Decide on methods
- 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.

<table>
<thead>
<tr>
<th>Aims</th>
<th>Strategies</th>
<th>Performance Indicators</th>
<th>Targets</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| 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

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
Any questions and further discussion
Afternoon Tea
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?
Wrap-up
Haydyn Bromley