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.
Defining Service Boundaries
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

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

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

Community action, engagement and advocacy

Performance reporting

Grant administration and compliance

State and Territory Departments of Health

Commonwealth Government Department of Health

Partnership working

Policy and Program design

Continuous Improvement Cycle

National evaluation
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
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
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 Collaborative Indigenous Smoking Project of best practice by organisations funded under the Australian Government’s 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 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 that you think would be useful to others, please contact NBPU TIS.
Aboriginal and Torres Strait Islander Smoking

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