# 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



## **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

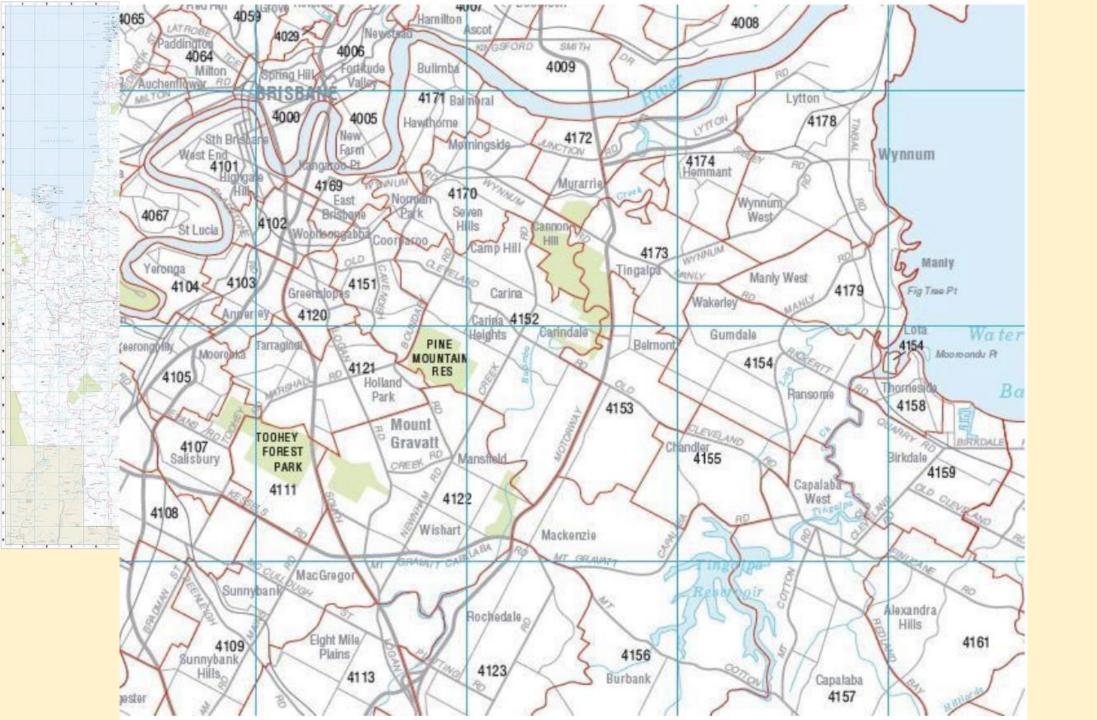
# Extract from letter that went to Grant Recipients

**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.

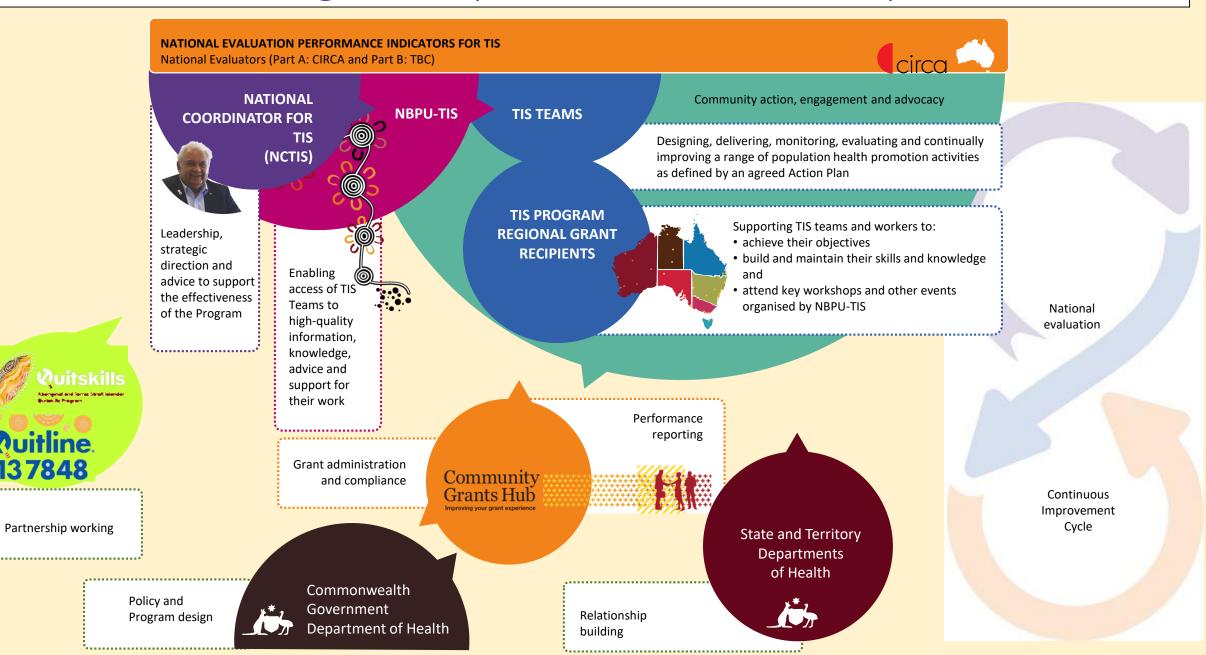
# Northern Peninsula Area Lockhart River Aurukun Far North Queensland Pormpurasw Kowanyama Cassowary Coast North Queensland Mackay, Isaac and Whitsunday Central Queensland Wide Bay Burnett **Darling Downs** South West

Defining
Service
Boundaries

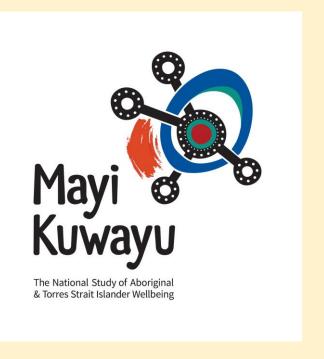


# Overview of TIS Program Responsibilities, Relationships and Processes

**Wuitline** 



# 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



## 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



#### 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 Indi 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
- 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 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

TIS-funded organisations are encouraged to share information about what is working to reduce tobacco use in their local area. If you have information making a difference to reduce smoking, please contact NBPU TIS.

**SMOKING** 



#### **NBPU TIS 4:5**

28 March 2019









#### **Monthly Message from the National** Coordinator, Prof. Tom Calma AO



#### Contact us

+1800 282 624 (tollfree) info@tacklingindigenoussmoking.com.au

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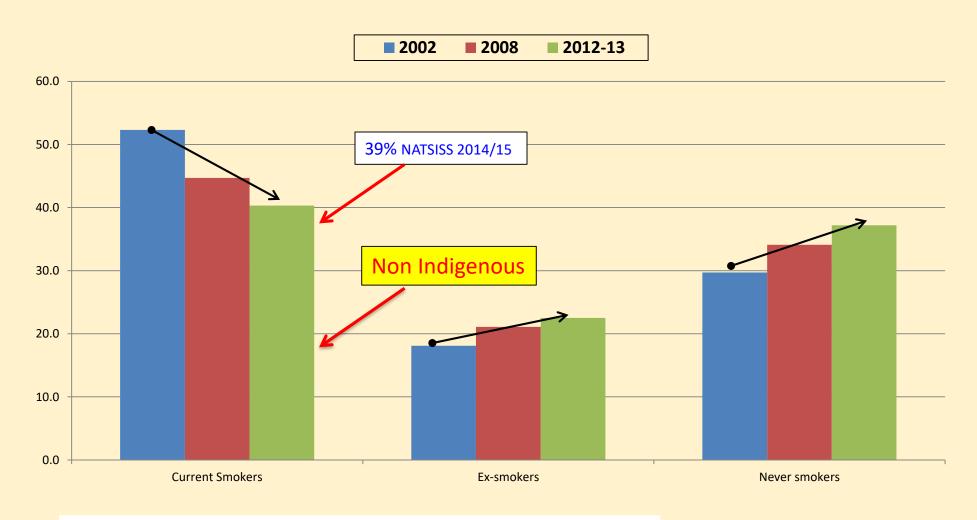
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# Aboriginal and Torres Strait Islander Smoking



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