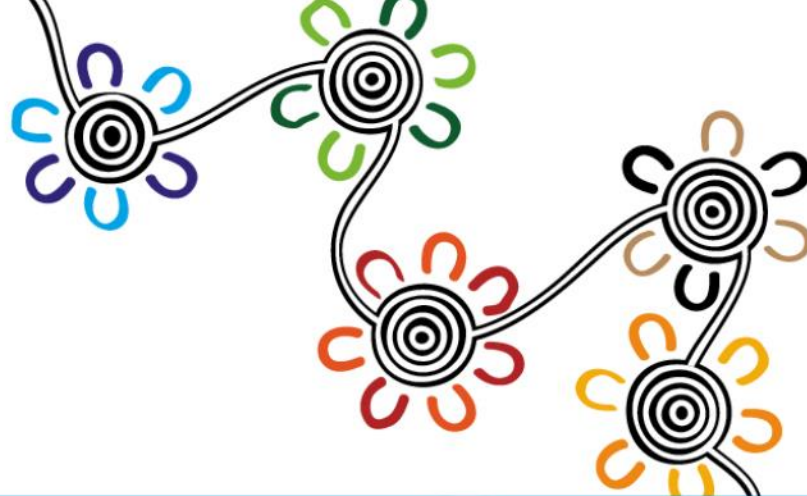


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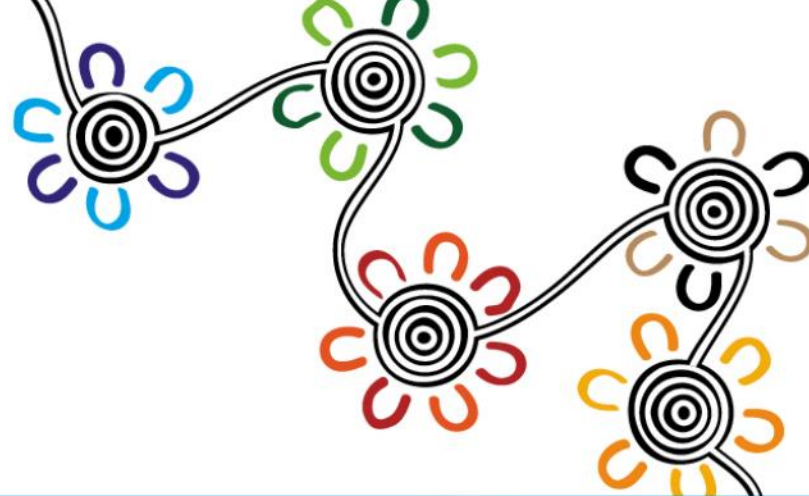
**TACKLING
INDIGENOUS
SMOKING**



Welcome to the NSW & ACT Jurisdictional Workshop 4 September 2019

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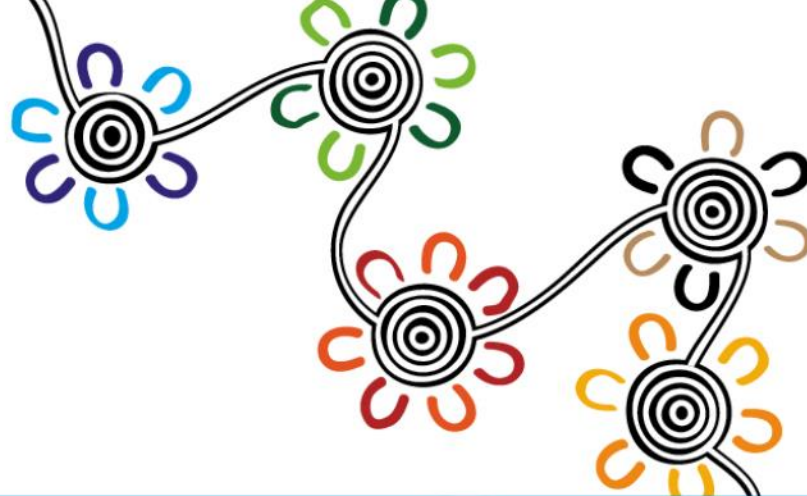
**TACKLING
INDIGENOUS
SMOKING**



Welcome to workshop
Jason Bromley

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**TACKLING
INDIGENOUS
SMOKING**



Welcome to Country

Aaron McGrath

AARON MCGRATH

Redfern, Sydney New South Wales

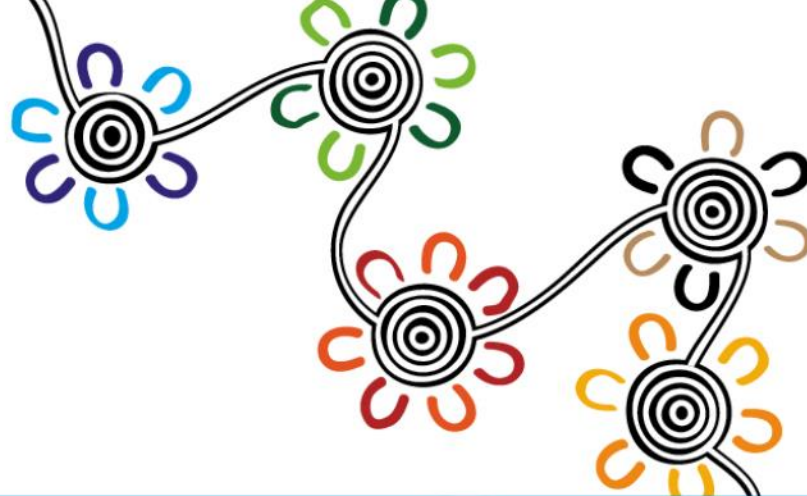
Aaron McGrath is an up and coming Aboriginal Australian actor, who grew up in Redfern and is of the Wiradjuri tribe.

Aaron is best known for his television and film roles in Mystery Road, Redfern Now, The Code, Glitch, My Place, The Gods of Wheat Street and Jasper Jones



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**TACKLING
INDIGENOUS
SMOKING**



TIS Program Update

Professor Tom Calma AO

NSW Jurisdictional TIS Workshop



NCIE Sydney
4 September 2019



Prof Tom Calma AO
National Coordinator Tackling Indigenous Smoking



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



**ABORIGINAL HEALTH
NEWS ALERT**
nacchocommunique.com

**Min Ken Wyatt MP announces a
\$183.7 million 4 years funding
commitment #ClosingTheGap
Tackling Indigenous Smoking**

**DEADLY
READY**
TO MAKE OUR MOB SMOKE FREE!

**LET'S STAND UP
TO SMOKE!**

WWW.SMOKEFREECOMMUNITY.COM.AU
#DEADLYREADY #READYTOBORN #SMOKEFREECOMMUNITY

**This is a
Smoke Free Zone**
STAY SMOKE FREE

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 (*quitskills*)
- *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 in March 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.

Participation in TIS events

- ▶ All Grant Recipients will be reminded that a condition of receiving TIS funding is for staff to attend;
 - Their state or territory jurisdictional meetings
 - National meetings of TIS workers, and
 - CEO workshops
- ▶ As appropriate, GRs will be asked why their CEO or senior staff did not attend the CEO workshop or the TIS workers, the national workshop.
- ▶ Funding for participation is built into GR funding.

Overview of TIS Program processes

NATIONAL EVALUATION PERFORMANCE INDICATORS FOR TIS

National Evaluators
(Part A: CIRCA
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

TIS PROGRAM REGIONAL GRANT RECIPIENTS



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

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

Grant administration and compliance

Community Grants Hub
Improving your grant experience

Performance reporting



Partnership working

National evaluation

Policy and Program design



Commonwealth Government Department of Health

Relationship building

State and Territory Departments of Health



Continuous Improvement Cycle

Internal evaluation

A photograph of three Indigenous women. The woman on the left has long grey hair and is wearing a pink shirt, looking towards the center. The woman in the middle has dark curly hair, is wearing a green shirt, and is smiling broadly. The woman on the right has dark curly hair and is wearing an orange and purple patterned shirt, also smiling. They appear to be in a group setting, possibly a community meeting or a social gathering.

Tackling Indigenous Smoking Program Evaluation



External evaluation

Evaluating the impacts of TIS regional grants on smoking outcomes



The National Study of Aboriginal
& Torres Strait Islander Wellbeing

Ray Lovett & Katie Thurber

Aboriginal and Torres Strait Islander Health Program
Research School of Population Health,
Australian National University

<https://mkstudy.com.au/the-survey/>

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

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 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 s
- 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 informati making a difference to reduce smoking, please **contact NBPU TIS**.



Contact us

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

[View our Disclaimer and Privacy statement](#)

Stay connected

 [HealthBulletin](#)

 [Yarning Places](#)

 [Send us a message](#)

 [Newsletters](#)




NBPU TIS 4:5

28 March 2019



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

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

Monthly TIS Communique

- targeting major partners in govt and NGO sector working on tobacco control
- won't duplicate the NBPU newsletter or the National Coordinators Monthly Message but will draw from both
- the targeted partners are also invited to contribute
- Develop better coordinated and targeted activity and allow for collaborative strategies and initiatives
- Enable team leaders and grant recipients to speak with authority and conviction at state and territory coordination meetings

National Housing Conference

Housing future communities

27-30 August 2019 | Darwin

National
Housing
Conference



WORLD INDIGENOUS
CANCERCONFERENCE '19

WICC 2019



SEPT.

17-19

Calgary
Canada

Development Opportunities

Oceania
Tobacco
Control
CONFERENCE

22-24 OCTOBER 2019,
Doltone House
Jones Bay Wharf, Sydney

Innovation and Impact

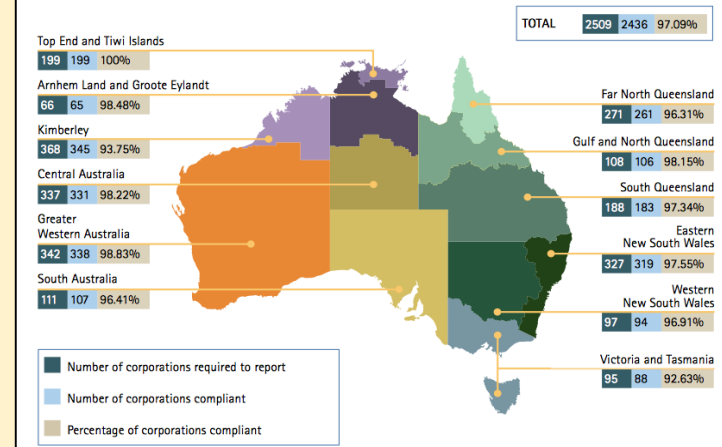
Smoke free homes & community areas



Apunapima TIS Team at Napranum FNQ

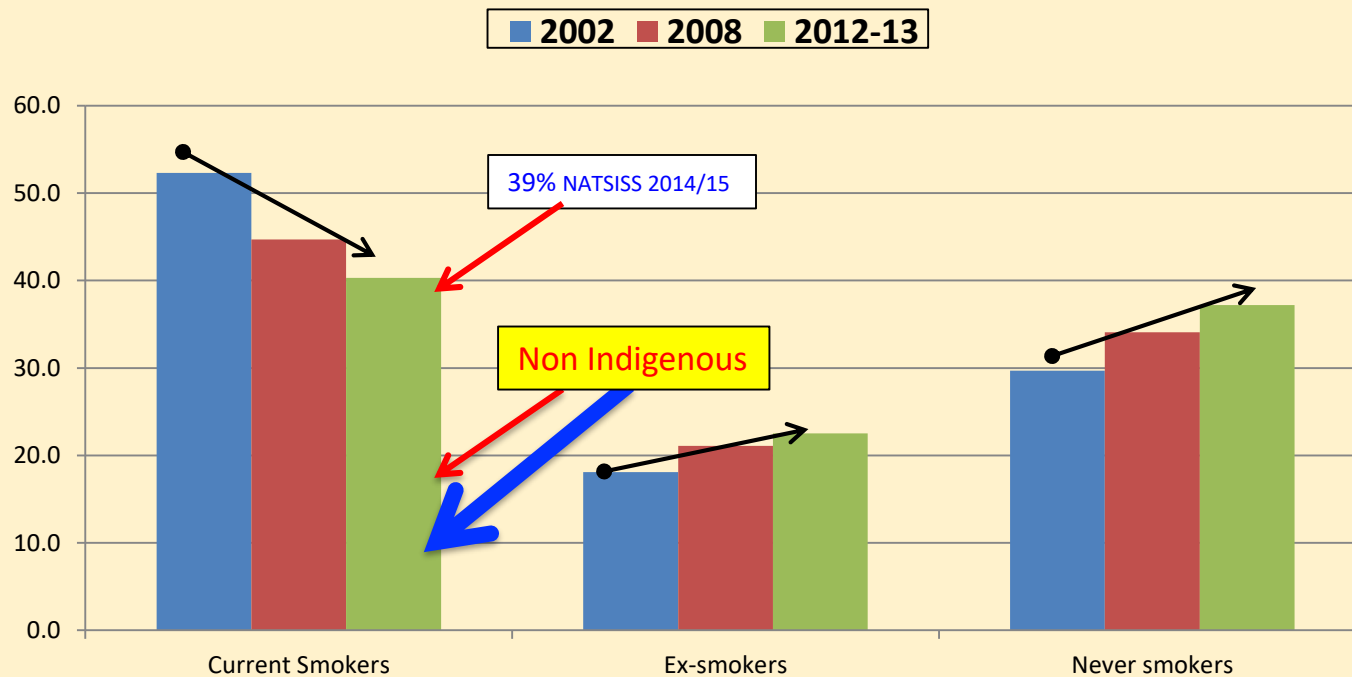
Smoke free workplaces

FIGURE 3: Reporting compliance by region as at 30 June 2016



ORIC Yearbook 2015/16
Pg 17

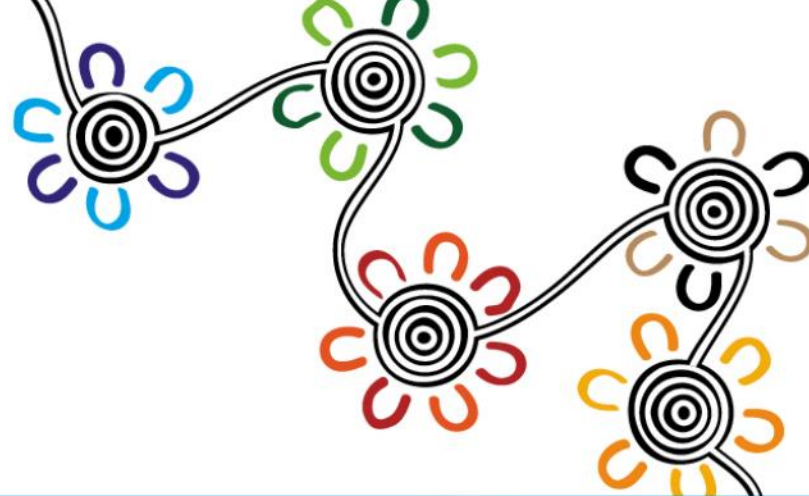
Aboriginal and Torres Strait Islander Smoking



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

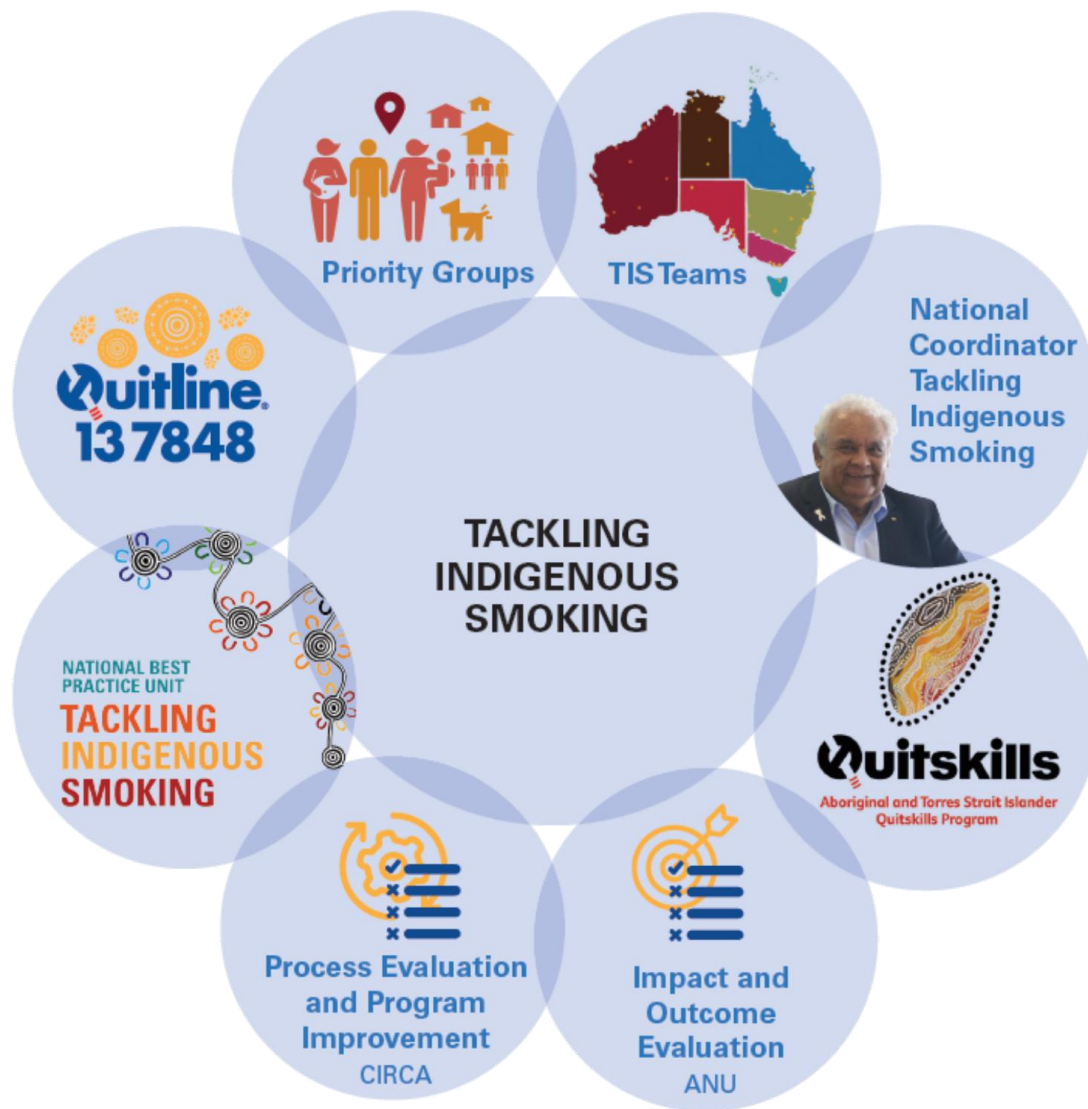
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SMOKING**



NBPU Update

Benjamin Stewart

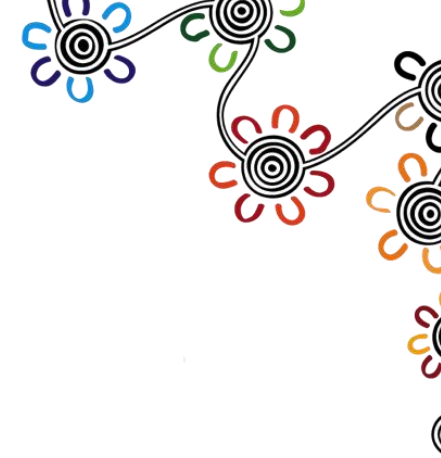


What's new

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

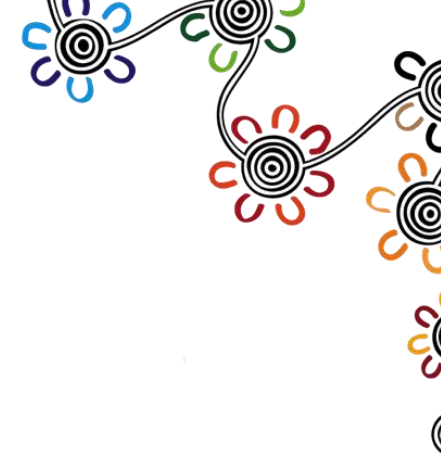


TIS Survey conducted



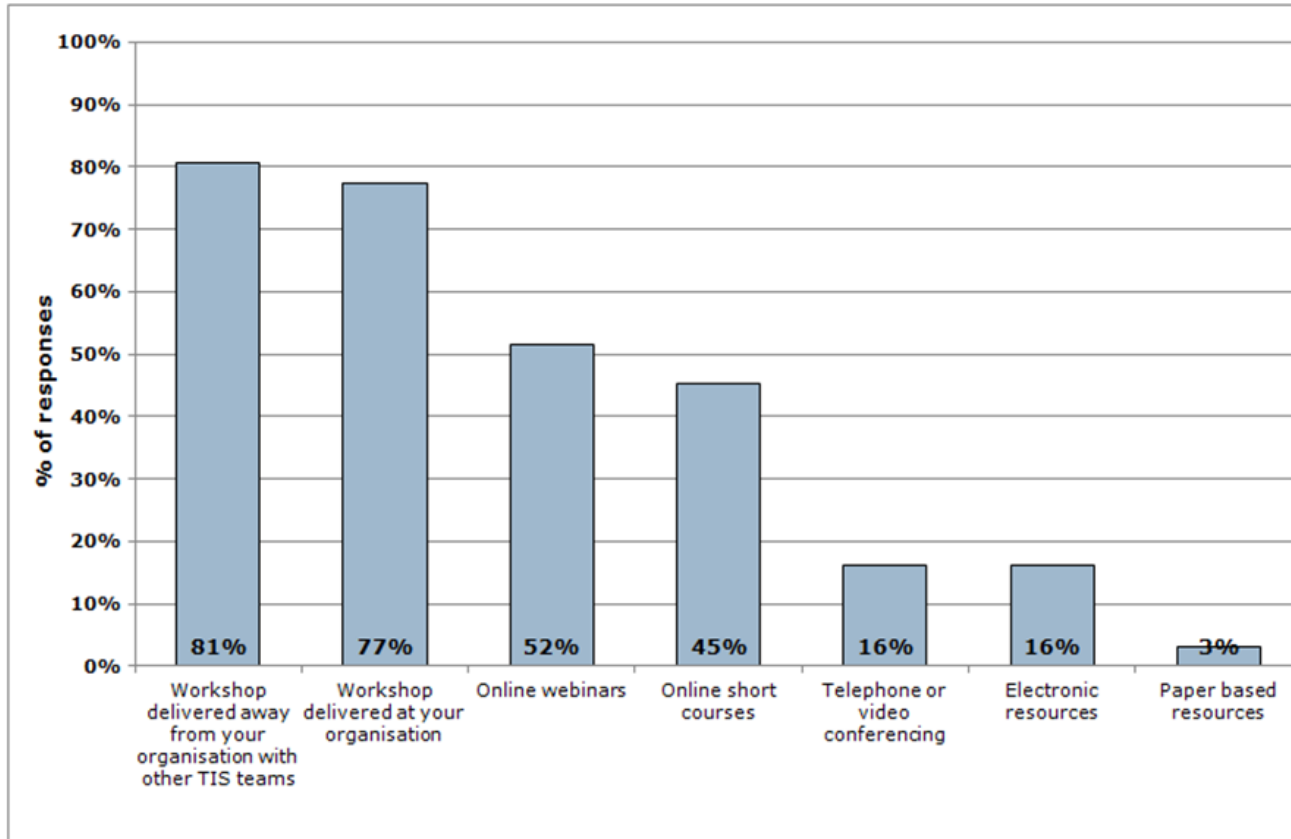
Survey	Completed	Valid responses	Response rate
Survey # 1	December 2016	22	59%
Survey # 2	June 2017	25	68%
Survey # 3	November 2017	31	84%
Survey # 4	May 2018	32	86%

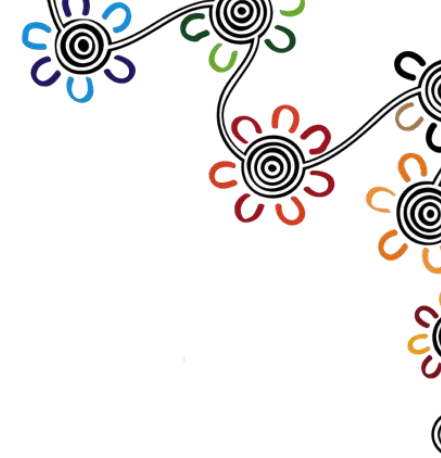
Key areas



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





Questions

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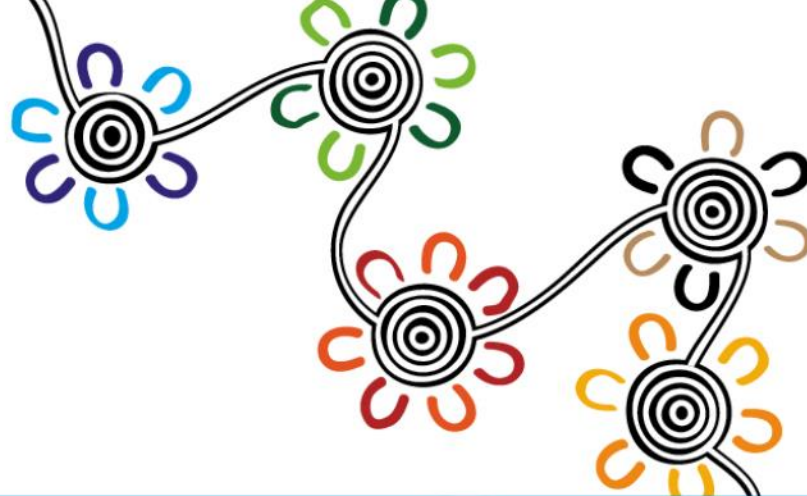
**TACKLING
INDIGENOUS
SMOKING**



Morning Tea

NATIONAL BEST
PRACTICE UNIT

**TACKLING
INDIGENOUS
SMOKING**



Update on the evaluation

Victoria Smith -Principal Consultant - CIRCA

A photograph of three Indigenous women. The woman on the left has long grey hair and is wearing a pink shirt, looking towards the center. The woman in the middle has dark curly hair, is wearing a green shirt, and is smiling broadly. The woman on the right has dark curly hair and is wearing an orange and purple patterned shirt, also smiling. They appear to be in a group conversation.

Tackling Indigenous Smoking Program Evaluation



Presentation outline



- Evaluation approach



- Performance Indicators



- Questions

Who are Cultural and Indigenous Research Centre Australia (CIRCA)?



CIRCA has been working with culturally diverse communities and Aboriginal and Torres Strait Islander communities for more than 20 years to deliver research and evaluation solutions.



CIRCA works with a network of Aboriginal and Torres Strait Islander researchers and evaluators across Australia.



CIRCA completed the previous TIS evaluation which supported continued funding of the TIS program

CIRCA website: www.circaresearch.com.au

What is the purpose of the TIS evaluation?



Assess TIS contribution to minimising the harms from smoking among Aboriginal and Torres Strait Islander peoples.



Determine where TIS program improvements can be made.



Provide evidence to assist decision making about future implementation of the program.

National evaluation - Part A

From 2018-2022 the national evaluation of TIS program will assess:

Implementation



Use of evidence based and best practice population health promotion approaches

Appropriateness



Fit between the TIS program & the needs of Aboriginal & Torres Strait Islander communities

Outcomes



How well the TIS program is achieving the short-term and medium-term outcomes

Evaluation approach

A mixed method approach with 2 waves of data collection during the evaluation

Qualitative and quantitative data collection



Site visits to 9 locations in each wave – 2019/20 and 2021

Phone interviews with all grant recipients

Online survey of all grant recipients – 2020 and 2021

Interviews with NBPU TIS, National Coordinator, Quitline, Quitskills and Health Department

Evaluation approach

A mixed method approach with 2 waves of data collection during the evaluation

Monitoring data



Grant recipient performance reports and activity work plans

State/Territory level Quitline referral data

Quitskills evaluation data

A group of children's hands are arranged in a circle, holding a collection of small, round, hand-drawn cards. The cards feature various anti-smoking messages and illustrations, such as "Don't Smoke", "Good heart", "Smoking Stinks", and "No Smoking". The background is a blue and green patterned fabric. The text "Working together for better evaluation" is overlaid at the bottom.

TIS Performance Indicators

1

Implementation of evidence based population health promotion activities aimed at preventing uptake of smoking and supporting the promotion of cessation



Increased community involvement in and support for initiatives to reduce the uptake of smoking and increase sustained cessation.



Increased understanding by the community of the health impacts of smoking.



Increased leadership and advocacy role of community leaders in tobacco control.



Population health promotion activities are locally relevant and have community support.



Partnerships and collaborations facilitate support for tobacco control



Collaborations and partnerships are built between TIS operations and external support for tobacco control.



Increased access to Quit support through capacity building



Improved access to culturally appropriate support to Quit.



Increases in Quitline referrals made throughout the TIS program.



Increases in skills among those professionals in contact with Aboriginal and Torres Strait Islander peoples.



Increase in awareness of Quitline among community members and health services.



Reduced exposure to second hand smoke



Increase in smoke free homes, workplaces, cars and public spaces.



Increase in activities aimed at minimising exposure to passive smoking.

5

Increased focus on priority groups e.g. pregnant women



Evidence based approaches are being used to reach priority groups.



Increase in population health promotion activities targeting priority groups.



Increased reach into communities



Increase in reach of population health promotion activities, including geographical reach.



Increase in reach to community members, including those who do not attend Aboriginal Community Controlled Health Services.

What next?

August-
October 2019

Ethics applications

October
2019- March
2020

CIRCA to conduct the 1st
wave of data collection

October
2020

Mid-term evaluation report

April-August
2021

2nd wave of data
collection

February
2022

Final CIRCA evaluation
report





CIRCA

Level 1, 93 Norton St
Leichhardt NSW 2040
www.circaresearch.com.au
02 8585 1353

Victoria Smith

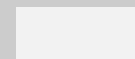
victoria@circaresearch.com.au

Andrew Anderson

andrew@circaresearch.com.au

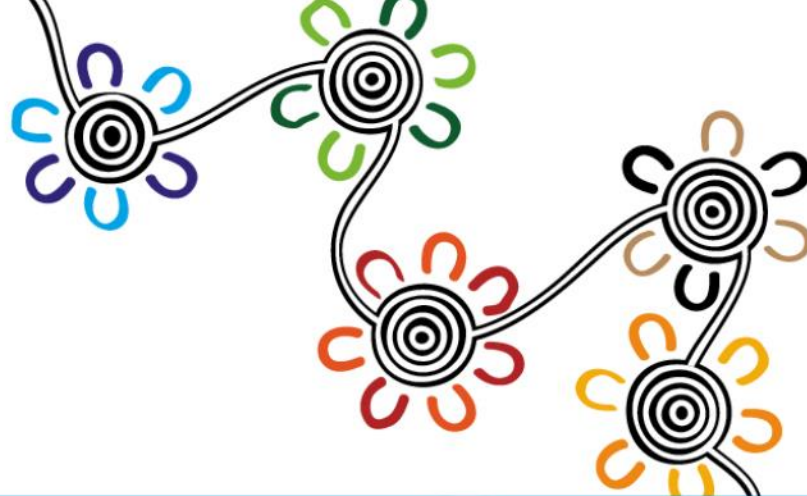
Previous TIS Evaluation available at:

[https://beta.health.gov.au/resources/publications/tackling-indigenous-smoking-program-final-evaluation-report.](https://beta.health.gov.au/resources/publications/tackling-indigenous-smoking-program-final-evaluation-report)



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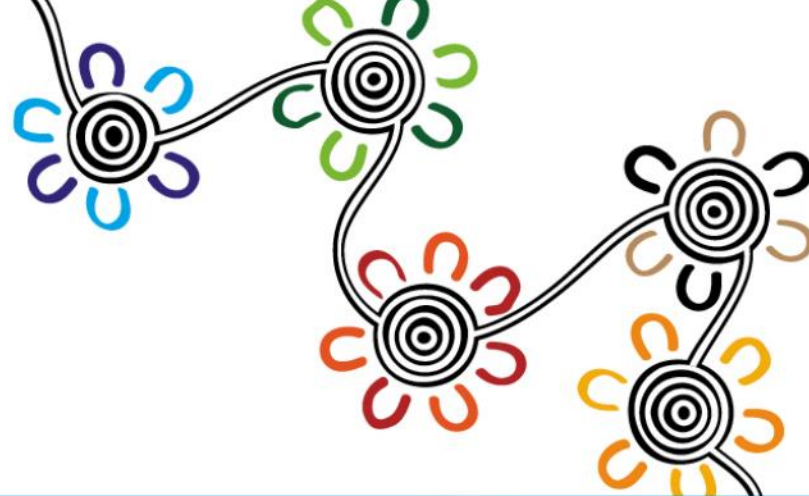


Activities against the National Indicators

Desley Thompson NBPU TIS

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SMOKING**



ISistaQuit

Gillian Gould - University of Newcastle

SISTAQUIT[®]

Supporting Indigenous Smokers To Assist Quitting

implementation phase - iSISTAQUIT

Associate Professor Gillian Gould – Lead Investigator

gillian.gould@newcastle.edu.au

Acknowledgement of Country

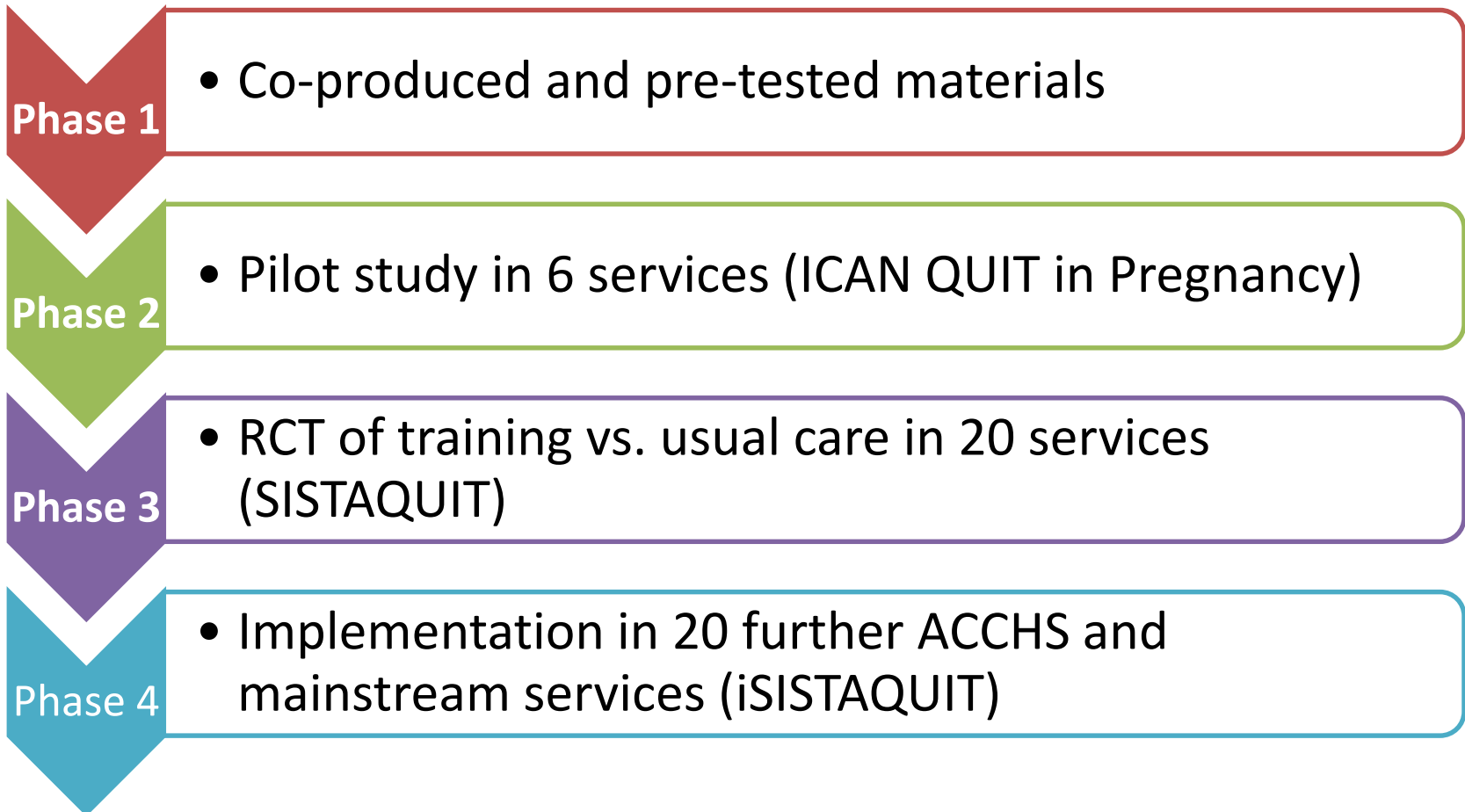


Why we need iSISTAQUIT



- Smoking prevalence ~43% for pregnant Indigenous women
- Little known about what works for Indigenous pregnant women
- Health providers lack confidence, skills and training for smoking cessation in pregnancy
- *Pregnancy - an opportunity to prevent chronic disease in 2 people*

A 4-phase study



What is SISTAQUIT?



A CULTURALLY COMPETENT
EVIDENCE-BASED TRAINING
IN SMOKING CESSATION
CARE



DEVELOPED FROM GRASS-
ROOTS WITH AMS



TRAINING SPECIFIC TO
PREGNANCY



RESOURCES FOR HEALTH
PROVIDERS AND PREGNANT
WOMEN



VALIDATED BY EXPERT
PANEL, PRE-TESTS AND A
PILOT STUDY

iSISTAQUIT funded by DOH - part of TIS special population focus

All sites signing up get training + resources

Self-paced internet learning + 'before and after' surveys

Sites use CO meter to record smoking

Communicare/MD templates to remind and record patient data

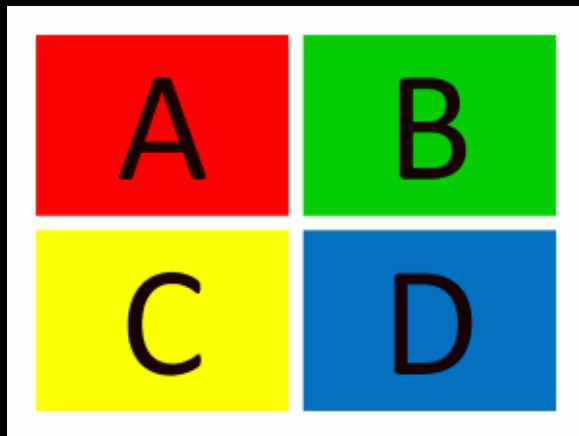
SISTAQUIT®

implementation



ABCD approach

- A - Ask/Assess
- B - Brief Advice
- C - Cessation
 - Behaviour Change Techniques
 - NRT
- D - Discuss psychosocial context



Gould GS, et al (2015) A Pragmatic Guide for Smoking Cessation Counselling and the Initiation of Nicotine Replacement Therapy for Pregnant Aboriginal and Torres Strait Islander Smokers. JoSC, 10:96-105.

SISTAQUIT Resources

- Treatment manual and flip chart
- Patient Booklet
- Posters
- Oral NRT supplies



Culturally safe care - importance and content

In this document, when referring to Aboriginal and Torres Strait Islander peoples' health, we use a holistic approach:

"Aboriginal health means not just the physical well being of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life".

Practices should pay attention to cultural safety for Aboriginal and Torres Strait Islander clients, so women feel encouraged to attend for follow-up healthcare".

As opposed to the terms "Cultural Awareness" and "Cultural Sensitivity" that focus more on raising the awareness and knowledge of individuals about the experiences of cultures that are different from their own, the term Cultural Safety includes "...a process of reflection (by the health provider) on his or her own cultural identity and will recognise the impact of his or her culture on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual".

The following are essential features of cultural safety:

1. An understanding of one's own culture.
2. An acknowledgement of difference, and a requirement that caregivers are actively mindful and respectful of differences.
3. It is informed by the theory of power relations - any attempt to depoliticise cultural safety is to miss the point.
4. An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on the lives and wellbeing of First Nations People, both in the past and the present.
5. Its presence or absence is determined by the experience of the recipient of care, it is not defined by the caregiver.

SISTAQUIT
Treatment Manual

In terms of the clinical interactions between health providers and patients, specifically in regard to the power relationship between them, cultural safety calls for an honest partnership where the power is shared between the two parties, leading to a joint or shared decision making".





How will iSISTAQUIT be implemented?

- **Early Adopter** services needed now
- Will work with us to refine the online learning modules
- Be part of our advisory group
- Be first to get iSISTAQUIT in 2020
- Other services can join later



- Any ACCHS or mainstream service
- Urban and regional – main focus
- Cares for Indigenous pregnant women, antenatal or mums and bubs program
- Services that were involved in ICAN QUIT in Pregnancy pilot ✓
- Services in the current SISTAQUIT Trial ✗

Which services can
be involved?

iSISTAQUIT Social Media Campaign



1. To **promote quitting** in Indigenous pregnant women and families
2. To inspire health providers to **assist** Indigenous pregnant women to quit

iSISTAQUIT Social Media Campaign



Rapid review of evidence about quit messages

Analysis of existing media/messages for pregnancy

TIS programs consult to get best outcomes

Aboriginal Social Media Advisors

Social media targeted to areas implementing iSISTAQUIT

Channels - Facebook, Instagram, radio etc.

What messages do we need in pregnancy?

- What do women need to know?
- What messages are out there for pregnant Indigenous women about smoking?
- What needs to be said that is not being said in media messages?
- Developing media messages from a range of places in Australia

- Send us your pregnancy resources to look at
- Become a Social Media Advisor
- Get involved in helping us make a social media video in your area
- Can you recommend a great creative company or filmmakers?



Supporting Indigenous Smokers To Assist Quitting
Implementation Phase

WE NEED YOU!!

CALLING ALL ABORIGINAL AND TORRES STRAIT ISLANDERS SMOKING IN PREGNANCY CESSATION RESOURCES !!

iSISTAQUIT "implement Supporting Indigenous Smokers To Assist Quitting" program is ready to start, and we WANT your help!!

Our focus is to improve health providers' (HP) provision of smoking cessation care for pregnant Aboriginal and Torres Strait Islander women. We are currently developing our training materials into an on-line format, making social media resources, and exploring effective ways of recruiting services.

STAFF PROFILE: JESSICA TAGGART

Meet Jess, a Registered Neonatal Nurse and Aboriginal Research Assistant for iSISTAQUIT. Jess is helping us collect your resources and ideas to develop the best health messages for your communities.

WE NEED YOUR HELP!!

To help us develop the media campaigns, we are looking for resources that are provided to pregnant women to support smoking cessation (print, digital, video or social media). If you have developed resources or have examples that you give to pregnant women or ideas for messages for quitting in pregnancy, please contact us and/or send your resources to iSISTAQUIT@newcastle.edu.au



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Get involved....become a partner service

- Aim to embed iSISTAQUIT into usual care
- Is there a service in your area that needs iSISTAQUIT?
- Early adopter services – about 6 needed now
- 10 AMS + 10 mainstream altogether
- Planning for start in 2020
- Previous pilot sites can sign up
- Some data collected but not a research trial



What will 'early- adopter' partner services do?



Advise on
engagement and
implementation
strategy



Advise on digitalizing
format for our
training resources



Contribute to social
media campaign

Opportunities



Available to meet you/services to discuss now or zoom later



Oceania Workshop on smoking in pregnancy



Aboriginal PhD scholarships



isistaquit@newcastle.edu.au



Any
Questions?



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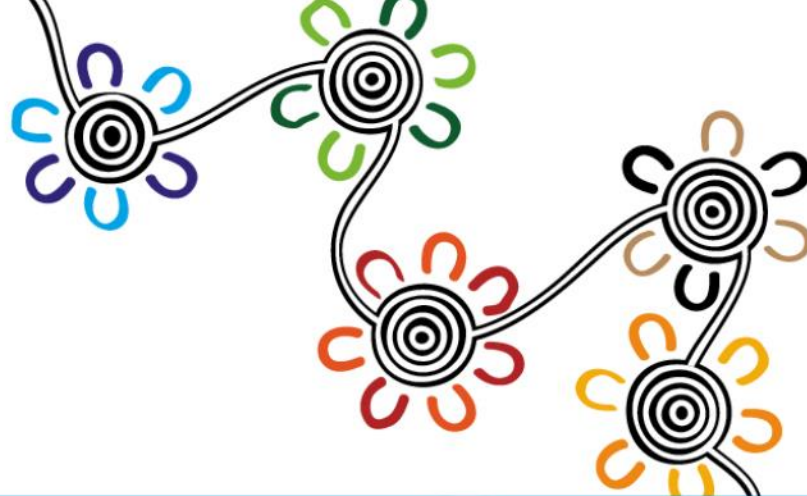
TACKLING INDIGENOUS SMOKING



Lunch

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Yarn Up Conference & ATRAC Framework Tool

Lee Bradfield - AHMRC

19/20 NRT PROJECT Collaboration



Aboriginal
Health & Medical
Research Council
of NSW

Acknowledgement of Country:

I would like to acknowledge the Gadigal People of the Eora Nation, the traditional custodians of this land and pay my respects to the Elders both past and present.

The importance of Partnerships

AH&MRC would like to acknowledge the ACCHS Sector, Member Services and all of our partners who work tirelessly in improving health outcomes for Aboriginal Australians.

We'd like to acknowledge Cancer Institute NSW for working in collaboration with AH&MRC to provide our Member Services with access to funding for Nicotine Replacement Therapy (NRT) in 2019/20.

“Free NRT Initiative”

AH&MRC will be:

- in a position to provide funds to all Member Services to purchase free NRT in 2019/20 through an Expression of Interest process.
- establishing an advisory committee for the project
- conducting a pre and post NRT project survey of Member Services’ staff
- facilitating training opportunities
- conducting a “Yarn Up” forum in May 2020
- gathering good news stories

“Deadly smoking cessation sites”

Sites will collaborate with AH&MRC and share their stories of best practice with other Member Services

This includes:

- successful strategies for smoking cessation including NRT provision and related CQI initiatives
- organisational NRT policies
- what is successful regarding data indicators to track progress
- insights from de-identified data collected to date
- best ways for documenting and reporting progress and successes.

How will we know if we have done well?

The following data is likely to be collected:

- smoking status recorded
- proportion of regular clients who are current smokers, ex-smokers or never smoked
- proportion of regular clients who gave birth in the previous 12 months by smoking status
- proportion of current smokers receiving a smoking cessation intervention in previous 12 months
- quantity and type of NRT distributed
- Aboriginal Quitline referrals received

How will we know if we have done well? (cont)

Additional performance measures for “Deadly Smoking Cessation Sites” may include:

- proportion of current smokers provided with NRT
- number of referrals to smoking cessation services
- number of follow up sessions with individual patients provided with NRT
- NRT provided/change of smoking status to ex-smoker
- NRT provided/date of last quit attempt.

For more information

Jo Alley
Public Health Officer
AH&MRC
Ph 02 92124777
jalley@ahmrc.org.au

Shana Quayle
Public Health Officer
AH&MRC
Ph 02 92124777
squayle@ahmrc.org.au

Lee Bradfield
Public Health Manager
AH&MRC
Ph 02 92124777
lbradfield@ahmrc.org.au



Who we are

The Aboriginal Health and Medical Research Council (AH&MRC) assists Aboriginal Community Controlled Health Services (ACCHSs) across NSW to ensure they have access to an adequately resourced and skilled workforce to provide high-quality health care services for Aboriginal communities.

We work in collaboration with other Aboriginal health and non-Aboriginal health partners to address the social determinants of health and wellbeing.

We have strong fundamental values of unity, loyalty, inclusion and respect and are committed to carrying out our duties with professionalism and integrity

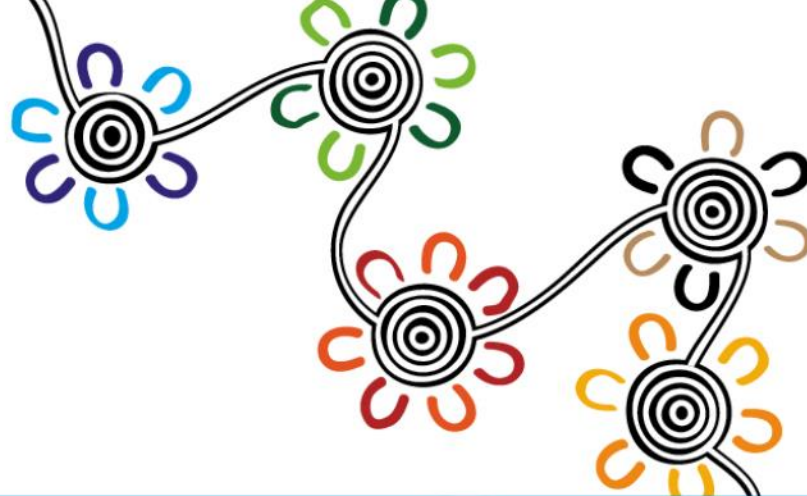
[Learn More](#)

<https://www.ahmrc.org.au/programs/public-health/health-promotion/aboriginal-tobacco-resistance-and-control/>



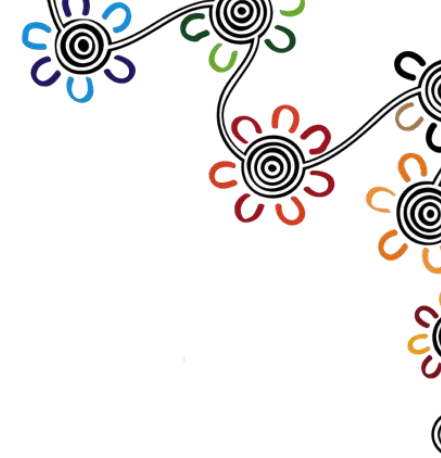
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Making Population Health Promotion Happen for TIS

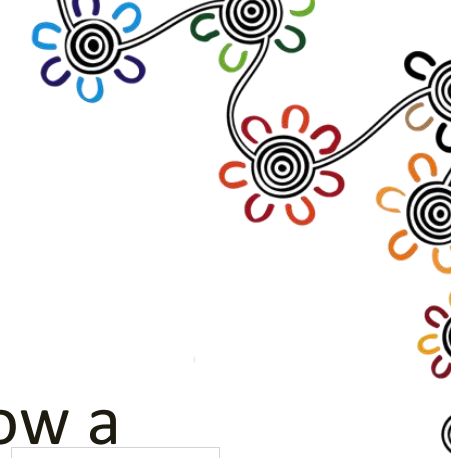
Penney Upton



Keeping Population Health Promotion Happening for TIS

What is population health promotion?

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



A population health approach

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



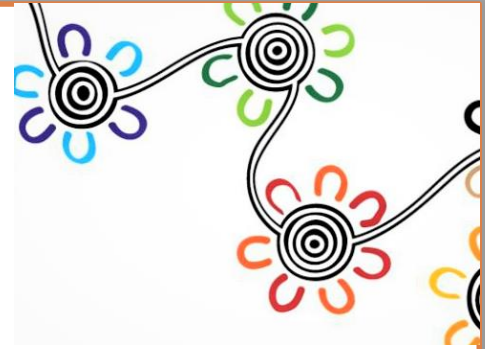
*Population = people within and across a defined locality, region, or nation

Health promotion strategies.....

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

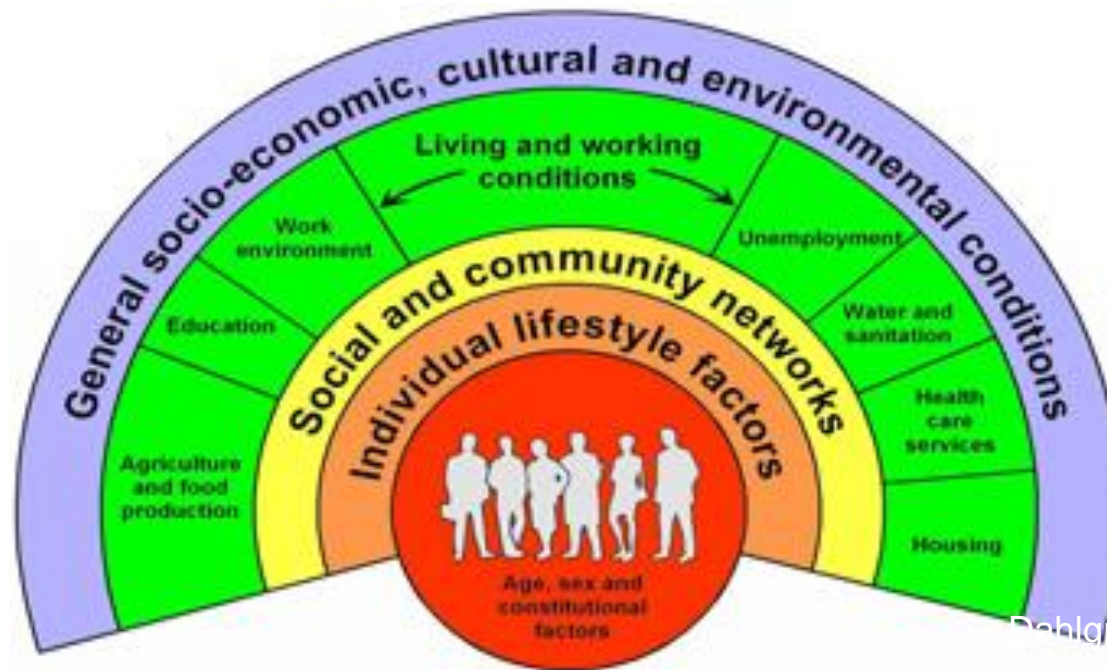


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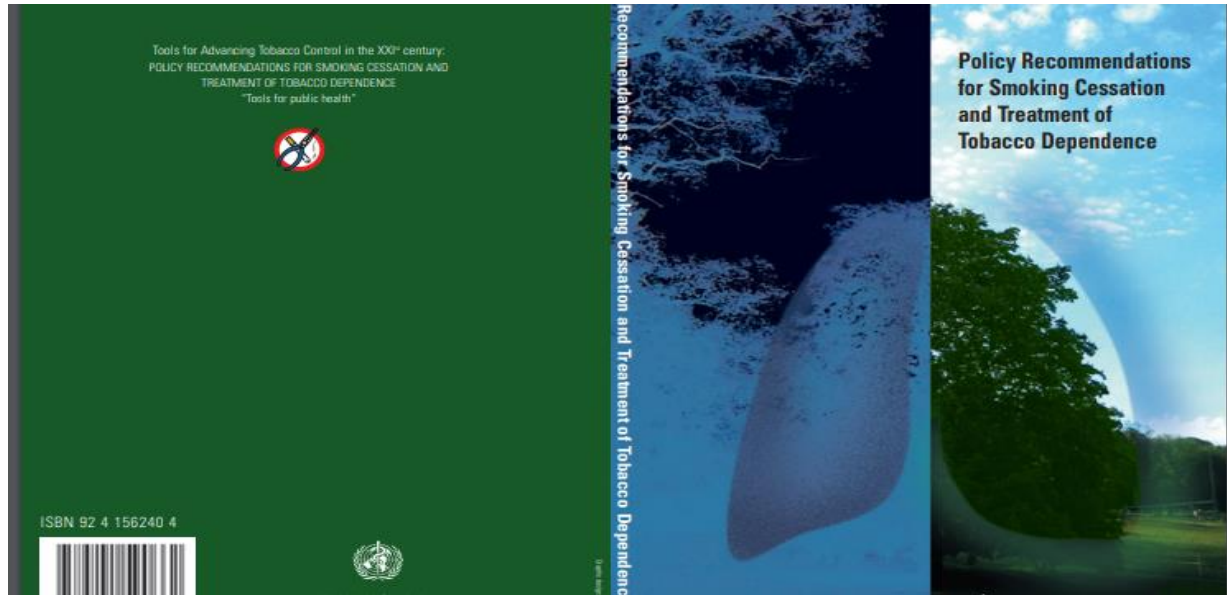


Community based action to improve and maintain population health and reduce inequalities in health

1. It takes a broad view of health.....



2. It is an evidence based approach.....



2. It is an evidence based approach.....

- **Change social Norms**
- **Develop supportive environments**
- **Build capacity for smoking cessation and treatment of tobacco dependence**



3. We can reach the population effectively and efficiently.....

3 Minutes of
Clinical setting:

1 Brief
Intervention



Population Health Promotion:
1 You Tube Video



Through our Activity Work Plans

1. Make sensible, evidence based choices about what population health promotion activities we are going to do with our resources

2. Choose relevant targets we can measure



Exercise:

For this exercise you will need the AWP and the AWP Checklist provided by NBPU TIS.

Working together in your teams, use the checklist items to decide whether the AWP :

- Includes the right kind of activities, targets and measures for the communities you work with and the resources you have;
- Has followed TIS program funding guidelines;
- Does it use a SMART approach?

TIS GRANT RECIPIENT ACTIVITY WORK PLAN CHECKLIST

Regional tobacco control activities need to:

1. meet the objectives and deliver on the outcomes for the TIS program,
2. reflect the principles which underpin the TIS program

The following checklist is designed to help you check your AWP fulfils these requirements.

Our AWP includes:	Yes/No
Activities which cover prevention, quitting and maintaining smoke-free behaviours (not just one of these stages)	
A range of different activities (e.g. community education, quit support groups, and youth-based interventions)	
Coverage for the whole population in our region (this includes all age groups, and not only the client population for the health service)	
A focus on appropriate priority groups particularly pregnant women	
Activities to build positive attitudes and social norms around reducing tobacco use	
Activities to increase understanding of health impacts of smoking and pathways to quitting	
Activities to increase quitting intentions and number of quit attempts among Aboriginal and Torres Strait Islander people	
Activities to reduce exposure to second-hand tobacco smoke	
Activities to increase uptake of services supporting quitting through partnerships and collaborations built through TIS	
Activities to increase specific tobacco control skills among those professionals in contact with Aboriginal and Torres Strait Islander peoples	
Activities to improve capacity and capability of local services to provide accessible and appropriate tobacco control support and services	
Activities to improve leadership and advocacy in tobacco control at the regional level	

Each activity on our AWP is:	Activity 1	Activity 2	Activity 3	Activity 4	Activity 5	Activity 6	Activity 7	Activity 8
population health promotion focused								
culturally appropriate and tailored to community needs								
designed and delivered in collaboration with the community								
evidence based (i.e. reference research literature or local data/reports in support of the effectiveness of activities)								
linked to SMART outcome(s) which are relevant to TIS Program objectives, i.e. outcomes are: Specific Measurable Achievable Relevant/realistic Time-bound								
aligned with appropriate indicator(s)								

SMART targets are:

Specific (what exactly do we want to achieve?)

Measurable (how will we know we have achieved our target?)

Achievable (do we have the resources for this activity?)

Relevant (why does this target matter?)

Time-bound (when do we want to achieve this?)

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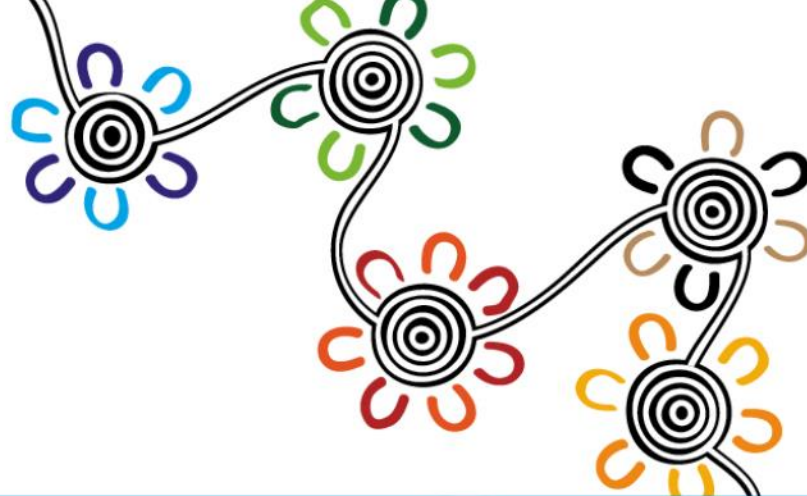
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Afternoon Tea

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Department of Health

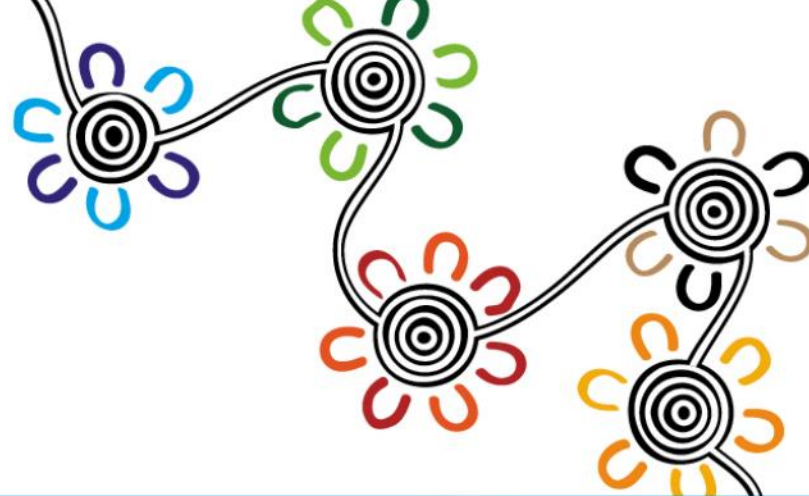
Question & Answer

Key questions asked from TIS Teams



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Wrap-up

Prof Tom Calma AO