Welcome to workshop
Jason Bromley
Welcome to Country
Aaron McGrath
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.
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
Tackling Indigenous Smoking Program

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 (quitskills)

• 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.
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.
Tackling Indigenous Smoking Program 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

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 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)
- 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. It provides 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 making a difference to reduce smoking, please contact NBPU TIS.
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
WORLD INDIGENOUS CANCER CONFERENCE '19

Development Opportunities

WICC 2019

SEPT.
17-19

Calgary Canada

Oceania Tobacco Control Conference

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

Smoke free workplaces

Smoke free homes & community areas

Apunapima TIS Team at Napranum FNQ

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
Element of the Tackling Indigenous Smoking (TIS) Program?
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

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

<table>
<thead>
<tr>
<th>Area</th>
<th>% of GRs</th>
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<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>
</tr>
<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>
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<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

- 81% Workshop delivered away from your organisation with other TIS teams
- 77% Workshop delivered at your organisation
- 52% Online webinars
- 45% Online short courses
- 16% Telephone or video conferencing
- 16% Electronic resources
- 3% Paper based resources
Morning Tea
Update on the evaluation
Victoria Smith - Principal Consultant - CIRCA
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
Working together for better evaluation
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.
Collaborations and partnerships are built between TIS operations and external support for tobacco control.
3. Increased access to Quit support through capacity building

- Improved access to culturally appropriate support to Quit.
- Increases in skills among those professionals in contact with Aboriginal and Torres Strait Islander peoples.
- Increases in Quitline referrals made throughout the TIS program.
- Increase in awareness of Quitline among community members and health services.
4 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.
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:
Activities against the National Indicators
Desley Thompson NBPU TIS
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

Phase 1
- Co-produced and pre-tested materials

Phase 2
- Pilot study in 6 services (ICAN QUIT in Pregnancy)

Phase 3
- RCT of training vs. usual care in 20 services (SISTAQUIT)

Phase 4
- Implementation in 20 further ACCHS and mainstream services (iSISTAQUIT)
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
ABCD approach

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

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 people's health, we use a holistic approach. Aboriginal health cannot just be the physical well-being of an individual but relate to the social, emotional and cultural well-being of the whole community in which they live and act to achieve their full potential as a human being. Cultural safety promotes the holistic well-being of their community. It is a fundamental principle of culturally safe care.

Practitioners should pay attention to cultural safety for Aboriginal and Torres Strait Islander clients, or women in need exposed to violence for follow-up healthcare.

As opposed to the term "Cultural awareness" and "Cultural sensitivity" that focus more on creating the awareness and knowledge of individuals about the experience of culture that are different from their own, "Cultural Safety" goes much further; it encompasses the health issues that exist within the health of individuals and the community as a whole. The following are essential features of cultural safety:

1. An understanding and even "in" culture.
2. An acknowledgement of different and a requirement that caregivers are truly involved and respectful of differences.
3. It is lived in the dynamic process of dialogues and a genuine attempt to respect cultural values and norms that are from the point.
4. It is recognized as the personal nature of culture, the position of cultural identify and the collective identity of the community, including the collective identity and well-being of all people.
5. It is presented as a dimension that can be used as a measure of the experience of the recipient of care, not defined in the caregiver.
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
Which services can be involved?

- 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
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?

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.

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

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.
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?
Lunch
Yarn Up Conference & ATRAC Framework Tool
Lee Bradfield - AHMRC
19/20 NRT PROJECT Collaboration
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

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 aims 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
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.........
Through our Activity Work Plans we ......

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

3. Show clear positive impacts through the work we are doing.
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?
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?)
Department of Health
Question & Answer

Key questions asked from TIS Teams