Welcome to the Western Australian Jurisdictional Workshop 2019
Housekeeping:
- toilets/exits
- breaks
- photo permission forms
- evaluation forms
Welcome to Country
Introduction Activity

Steve Fisher
TIS Program Update
Professor Tom Calma AO
WA Jurisdictional TIS Workshop

Scarborough
28 August 2019

Prof Tom Calma AO
National Coordinator Tackling Indigenous Smoking
TIS Family 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.
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.
Overview of TIS Program processes

NATIONAL EVALUATION PERFORMANCE INDICATORS FOR TIS

National Evaluators
(Part A: CIRCA
Part B: ANU)

Leadership, strategic direction and advice to support the effectiveness of the Program

NATIONAL COORDINATOR FOR TIS (NCTIS)

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

NBPU-TIS

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

TIS TEAMS

Performance reporting

Quitline

QuitSkills

Partnership working

National evaluation

Continuous Improvement Cycle

Grant administration and compliance

State and Territory Departments of Health

Commonwealth Government Department of Health

Policy and Program design

Community Grants Hub

Relationship building
Tackling Indigenous Smoking Program Evaluation

Internal 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
• **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
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 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 the past);
- 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 TIS-funded 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 about what is working to reduce smoking, please contact NBPU TIS.

Contact us

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

View our Disclaimer and Privacy statement

Stay connected

HealthBulletin
Yarning Places
Send us a message
Newsletters

Follow us on twitter
Like us on Facebook
Add us on LinkedIn

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
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
Morning Tea
Tackling Indigenous Smoking website

Avinna Trzesinski
The Tackling Indigenous Smoking website

• Designed, created and managed by the Australian Indigenous HealthInfoNet
• Has custom-built navigation and pages
• Responsive design
• Search function
• Section for GRs including for GR-produced resources
What’s new?

- National TIS Indicators
- Activity Work Plan (AWP) template
- TIS RTCG 6 month performance report template
- Facts about smoking - bush tobacco
- Qld Jurisdictional workshop presentations added
- GR resources added
Live tour

Now what?

• Think of the TIS website as a living resource!
• There are lots of ways GRs can have input into the website:
  – e.g. send us content to personalise your sections
• Newsletters
• Twitter
• Get in touch with us!
Please contact us

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Thank you
Update with the Department of Health via Telelink
Making population health promotion happen for TIS

Penney Upton
Making Population Health Promotion Happen for TIS
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........

3 Minutes of Influence

Clinical setting:
1 Brief Intervention

Population Health Promotion:
1 TV Ad
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 draft AWP which you brought to the workshop and a copy of the Activity Workplan Checklist provided by NBPU TIS.

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

- chosen the right activities, targets and measures for the communities you work with and the resources you have;
- followed TIS program funding guidelines.
Six opportunities for improvement

1. Applying the new indicators with confidence
2. The rationale column – explaining our reasons clearly
3. Use SMART targets!
4. Making best use of the performance report format to tell the story of our work
5. Making good, sound, well-informed choices of activities
6. Deciding on appropriate population groups
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?)
The new QALT team
I’d like to begin by acknowledging the Traditional Owners of this land on which we meet today, the Whadjuk people of the Noongar Nation and pay my respects to Elders past, present and emerging.
Quitline Aboriginal Liaison Team (QALT)

- The newly appointed QALT Project Officers are;
  - Rickesha Burdett
  - Tara Rowe

Our positions will be based at AHCWA, and we commenced in our roles on Monday 12th August, 2019
• My name is Rickesha Burdett. I am a noongar woman from the Menang region (Albany).

• In 2012 I worked as a conditional Aboriginal Health worker at the Great Southern Aboriginal Health Service, in 2013 I completed my Cert IV in Aboriginal & Torres Strait Islander Primary Health Care.

• The Quitskills training became available for staff, it was the training that started my passion to help my mob quit smoking. In 2016 I commenced my role at AHCWA as a Tackling Indigenous Smoking Educator.

• I have learnt a lot since being in the role. I have enjoyed being out in the community promoting smoking cessation and preventing the uptake in youth smoking.

• I am now moving into the QALT Project Officer role. I can’t wait to meet you all and work collaboratively in reducing the smoking rates further.
Introduction of QALT PO - Tara Rowe

• My name is Tara Rowe, I have been working in the Aboriginal Community Health sector for approx. 14 years in a variety of locations East Kimberley (Miriwoong, and Gidja people), Pilbara (Bunjima, Yinhawangka and Nyiyaparli people).

• In 2014 when I relocated back to the Perth region where I commenced working at AHCWA as the Ethics Officer of the West Australian Aboriginal Health Ethics Committee (WAAHEC) focusing on quality, ethically sound and culturally appropriate research being conducted in Aboriginal communities within Western Australia.

• After nearly 5 years in the role in health research, I felt like I had needed a change. I had helped out at community events with the TIS team here at AHCWA and always admired their work and the fact they are making a difference, I decided to apply and move into the role as the QALT Project Officer.

• Even though I’m new to this sector, I have inspiration from my mum who was a smoker for 40+ years and now in the later stages of COPD, I will use my story to drive my passion to see this role thrive in WA for Aboriginal and Torres Strait Islander people and their communities and make a difference with all you mob’s help.
Aims for QALT

• By now everyone should have received our WA QALT Project Officers – Introductory Email

• Updating our contacts list, ensuring we have the most relevant contacts on our database

• Contacting Regional TIS coordinators to identify how QALT can support and promote QALT in the regions

• Our primary focus is servicing areas, that are not accessible or serviced by a TIS grant recipient
Aims for QALT

Questions we have been asking to TIS coordinators;

• How can we help your team?
• Review of the current QALT resources and feedback
• Attending more regional community events
• Cancer Council SA Quitskills training for TIS Educators and or / other health professionals
Ordering – QALT Resources

• Go to the Department of Health website - https://ww2.health.wa.gov.au/

• Click Reports and Publications
Ordering – QALT Resources

• Click Online Publication Ordering System – external site
• If not registered, you will need to register and complete all the fields a confirmation email will be sent for account registration, this can take up to (2) business days
• If registered, login
• Maximum order for resources is quantity x 100
Discussion

Identifying the following for QALT;

• Challenges & Barriers?
  • Coverage – majority pre–paid phones, alternate phone numbers –
  • Reporting – intermediate support another option
  • Newman – coverage non existence in three communities, language barriers
  • Access – credit for phones, access to phones – public phones – use to call human services – calling Quitline non a priority
  • Visit to the lands, NG health strong focus – facilitate meetings with staff to upskill

• What worked well?

• How can we improve our service delivery?
  • Travel to regional locations – events, more interaction with other TIS teams
THANK YOU

Quitline Aboriginal Liaison Team (QALT) Project Officers

Rickesha Burdett & Tara Rowe

(08) 9227 1631
The best TIS activity workplan the world has ever seen

Steve Fisher
Good communications that lead to great partnerships

Steve Fisher
Western Australia Workshop
28th August 2019
Two important questions for TIS workers in talking about their work to other people:

Why should you be interested in what I am telling you?

How do I get you interested?
We need to be engaging.

Interesting
Confident
Inspiring

But most of all, engaging

What does that look like?
The classic ‘Elevator Pitch’

Pitch your elevator speech...

...but don't pitch it TOO much.
Mary G and ‘the little room that goes ping’
How it works

The idea is to be disciplined enough to get your message across to someone in a lift before it reaches the 7th floor.

Who you are
Name and organisation

What you do
What TIS does in your area

Why audience should engage with you
Why is this important to the other person
Ways of practising the pitch for TIS

- **Vision Pitch** describes a desired future
- **Question Pitch** begins with a question to engage reader
- **Twitter Pitch** description using 140 characters or less
- **Pixar Pitch** 6-sentence formula used to describe every Pixar film story
- **Client-led Pitch** starts with a description of what clients ask for and need
Tips for writing an ‘Elevator Pitch’

- Get attention: think relevant, not recent
- Learn about your audience
- Be specific
- Focus on skills-base
- ‘Connect the dots’
Key messages from the pitches

- A question gets you off to a good start – not too long or short but provocative works;
- Take every opportunity to sell your pitch;
- Be prepared for the ‘what is in it for me question’;
- Finding common goal/ground with the organisation/person you are pitching to;
- Passion - a message from the heart. Does not need to be loud, but needs to be meant;
- Having a vision;
- Personal connection or story that motivates;
Partnerships for Tackling Indigenous Smoking

What we can offer

- Connection to community
- Expertise on tobacco related topics
- Resources for quit support and prevention

What we can gain

- Amplify our messages
- Expertise on other topics
- Greater ability to deliver resources

and more...
The value of partnerships

Partnerships enable us to:

- Incorporate diverse thinking and values
- Share workloads and resources
- Develop new service models
- Access new people to work with

Better Outcomes

[QLD government & CheckUp Australia]
Types of partnership

Continuum based on:
- Commitment
- Change required
- Risk involved
- Levels of interdependence
- Power
- Trust
- Willingness to share turf

Networking
- Coordinating
- Cooperating
- Collaborating

[VicHealth]
Ingredients for success

- Open, quick communication
- Clear purpose
- Mutual commitment
- Enthusiasm from both sides
- Add value for both partners
- Respect
- Patience
- Careful planning

[QLD government & CheckUp Australia; VicHealth 2011]
Thanks for participating.
Using virtual reality

AHCWA
Acknowledgement of Country

We like to begin by acknowledging the Traditional Owners of this land on which we meet today, the Whadjuk people of the Noongar Nation and pay our respects to Elders past, present and emerging.

We would also like to acknowledge and pay our respects to all fellow TIS members who have travelled to Perth from their homelands.
Welcome
to the world of
AHCWA Tackling Indigenous Smoking
Virtual and Augmented Reality
Thank you
A Stitch in Time

Greg Hire
Afternoon Tea
Wrap-up & Closing Remarks