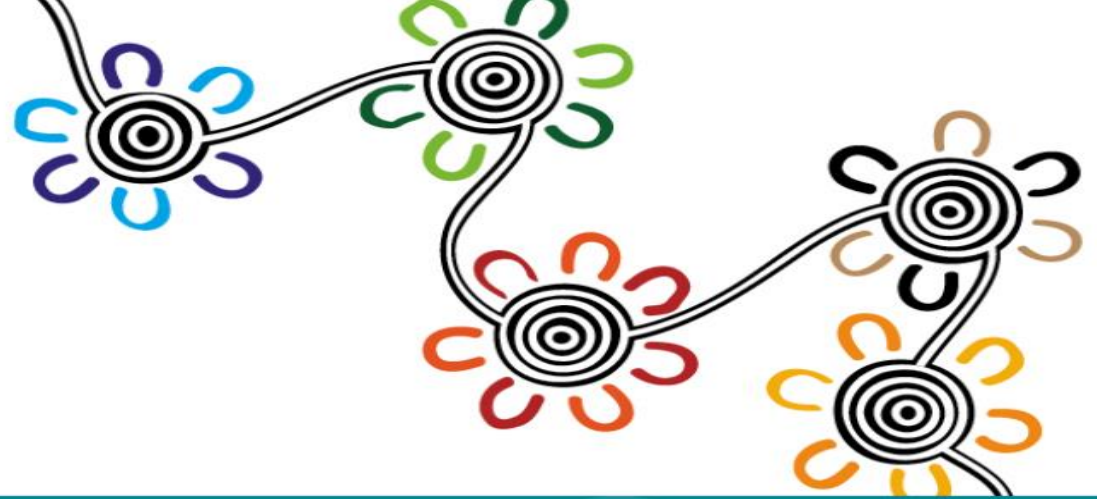


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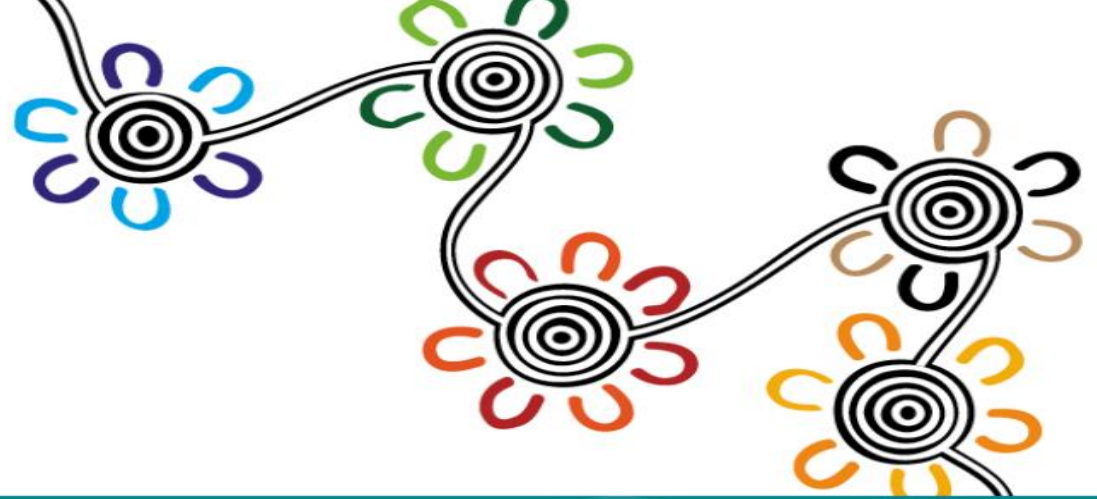
**TACKLING
INDIGENOUS
SMOKING**



Welcome to the Western Australian Jurisdictional Workshop 2019

NATIONAL BEST
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TACKLING INDIGENOUS SMOKING



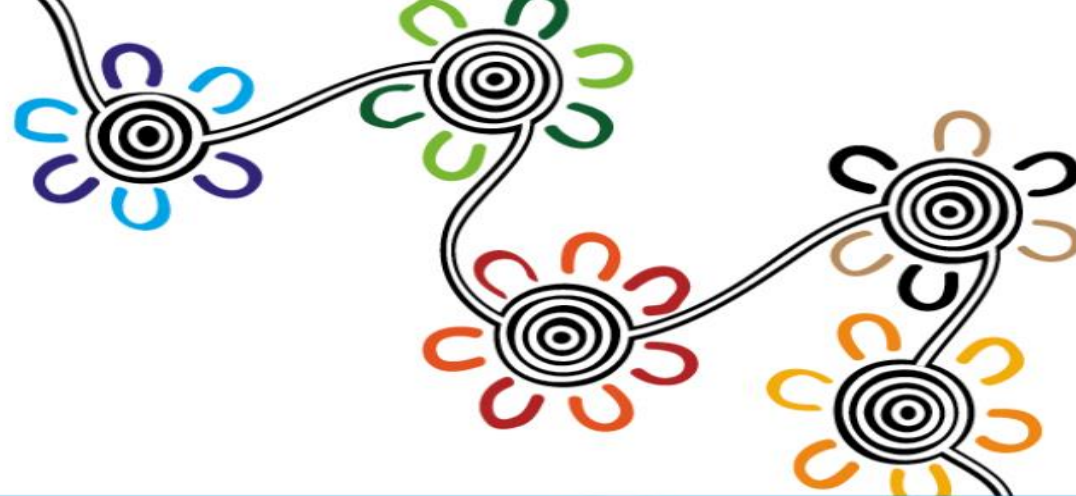
Housekeeping:

toilets/exits

breaks

photo permission forms

evaluation forms



Welcome to Country

NATIONAL BEST
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**TACKLING
INDIGENOUS
SMOKING**

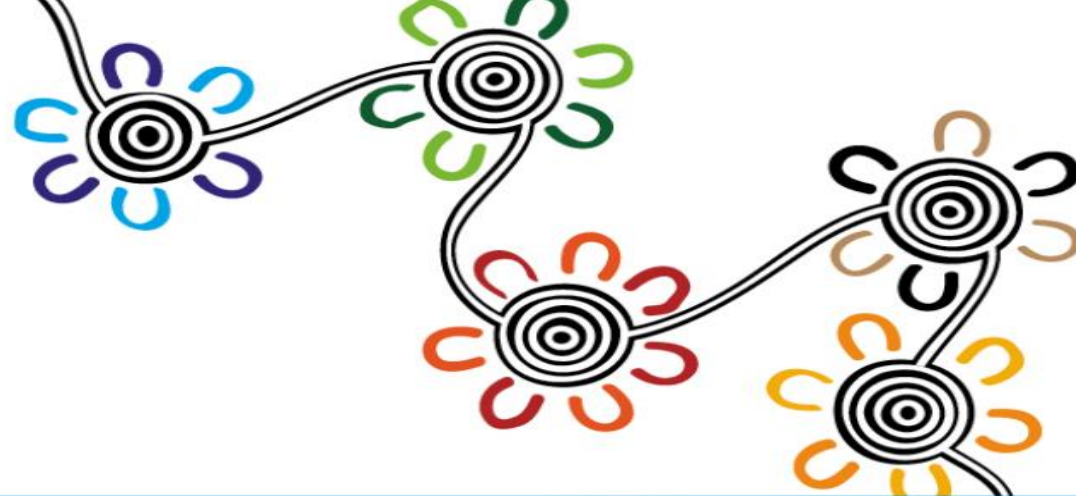


Introduction Activity

Steve Fisher

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INDIGENOUS
SMOKING**



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





TIS CEO Workshop

8 May 2019

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.

Tackling Indigenous Smoking Program

Final Evaluation Report

Prepared for the Australian Government Department of Health
July 2018



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!
WWW.SMOKEFREECOMMUNITY.COM.AU
#DEADLYREADY #READYMOB #SMOKEFREECOMMUNITY
Deadly Ready is an initiative brought to you by the Smokefree Community

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**:

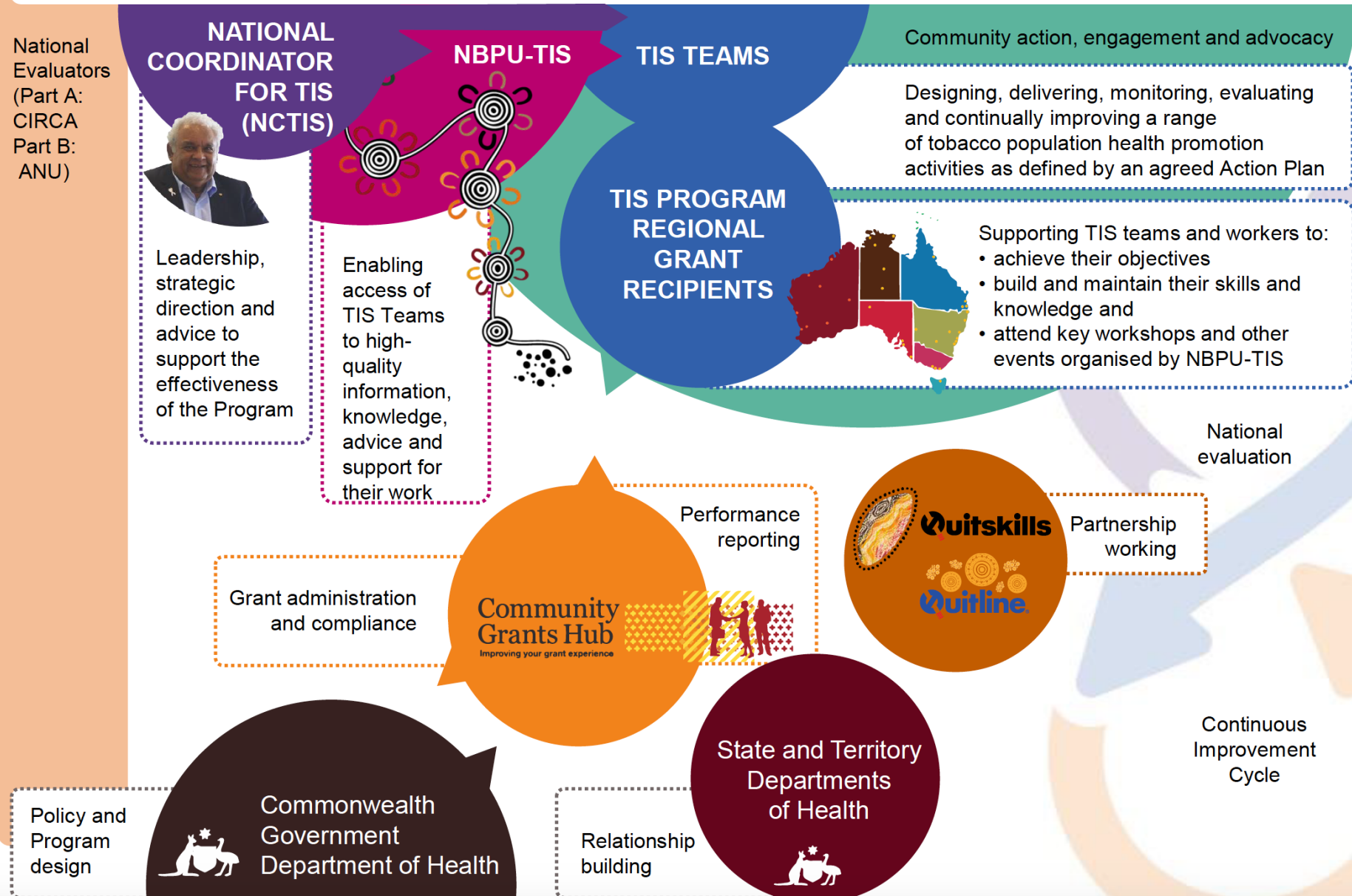
- prioritise **evidence-based population health approaches** with **maximum reach within their identified TIS region**;
- ensure that Indigenous people **who do not attend** Aboriginal Community Controlled Health Services (ACCHS) or Aboriginal Medical Services (AMS') **are targeted and reached**; and
- **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



Internal evaluation

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

Tackling Indigenous Smoking Program Evaluation



External evaluation

Evaluating the impacts of TIS regional grants on smoking outcomes



**Mayi
Kuwayu**

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

[Home](#) > 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 (NBPU TIS) 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 a 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, 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 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 or resources that are making a difference to reduce smoking, please **contact NBPU TIS**.

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SMOKING**



NBPU TIS 4:5

28 March 2019



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



Contact us

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

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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

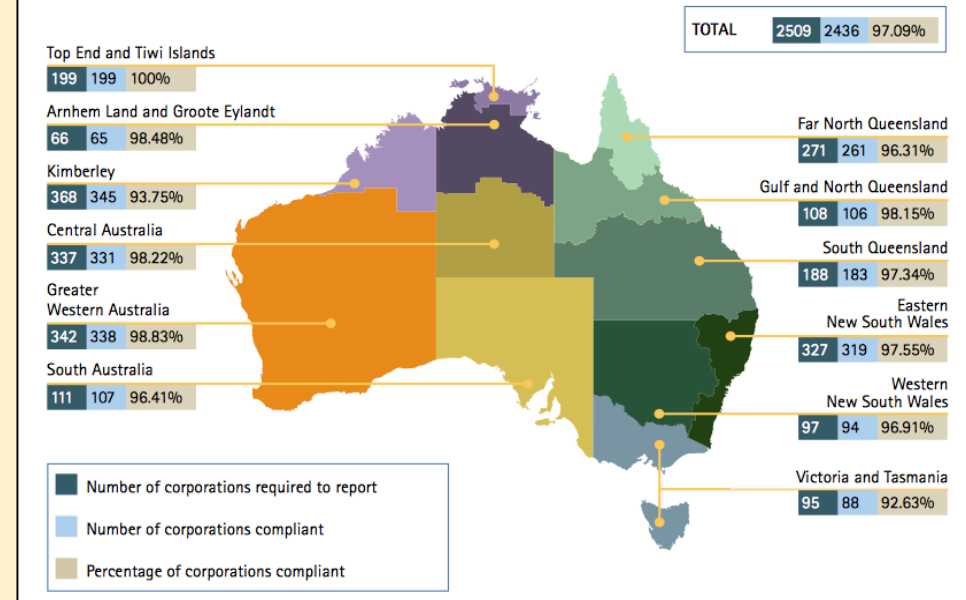
Smoke free homes & community areas



Apunapima TIS Team at Napranum FNQ

Smoke free workplaces

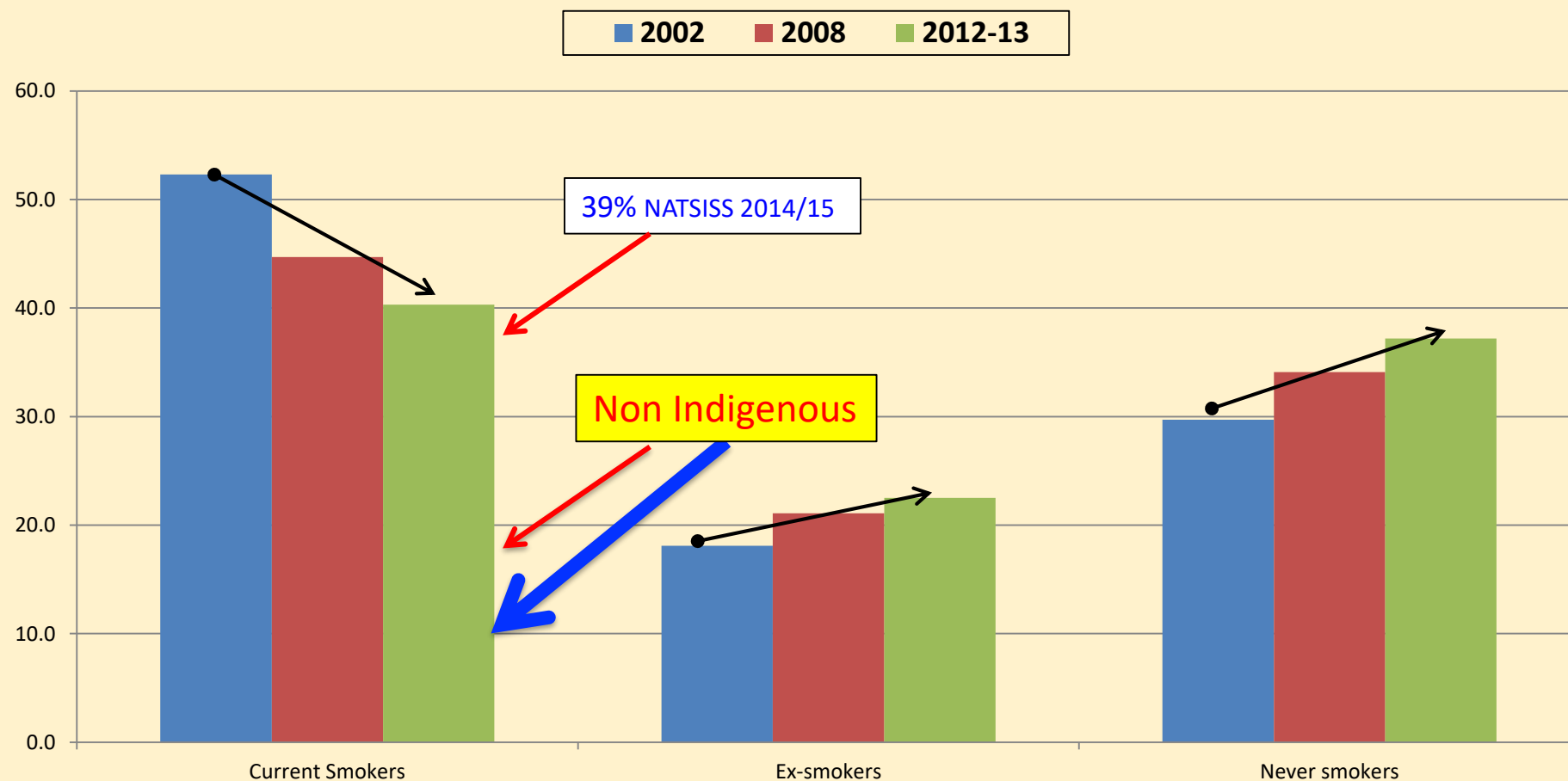
FIGURE 3: Reporting compliance by region as at 30 June 2016



ORIC Yearbook 2015/16

Pg 17

Aboriginal and Torres Strait Islander Smoking



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



Morning Tea

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SMOKING**



TIS Website

Avinna Trzesinski

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SMOKING**



Tackling Indigenous Smoking website

Avinna Trzesinski

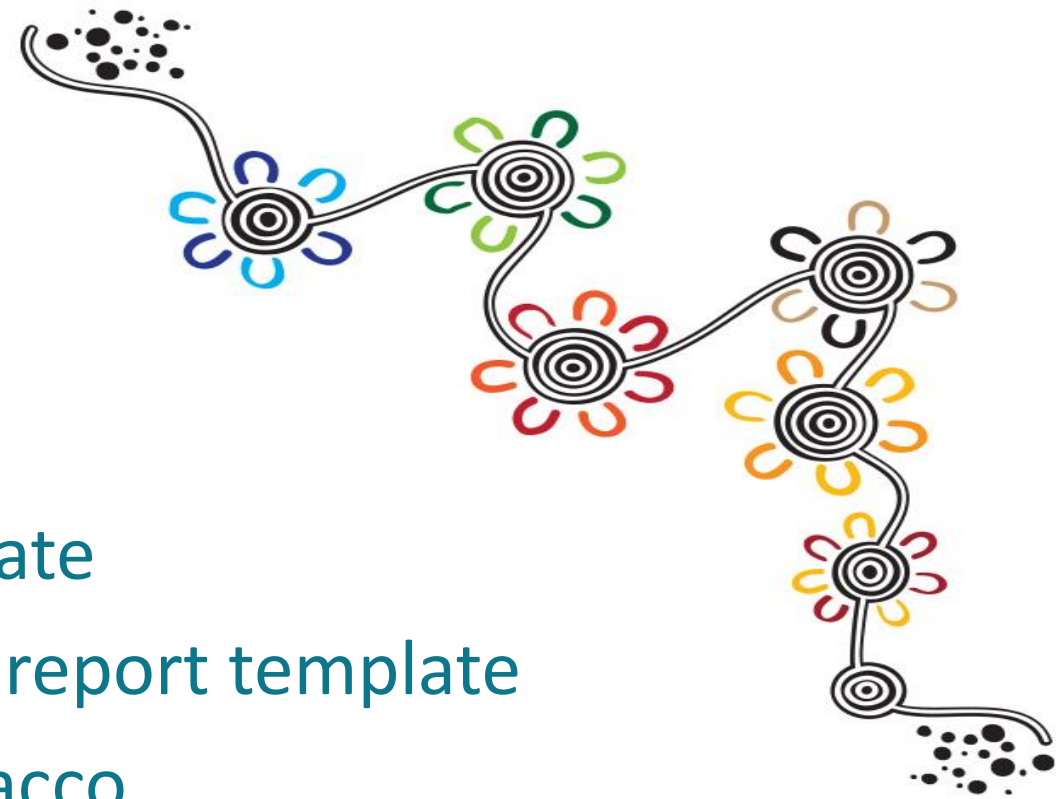
The Tackling Indigenous Smoking website

- Designed, created and managed by the Australian Indigenous Health*InfoNet*
- 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



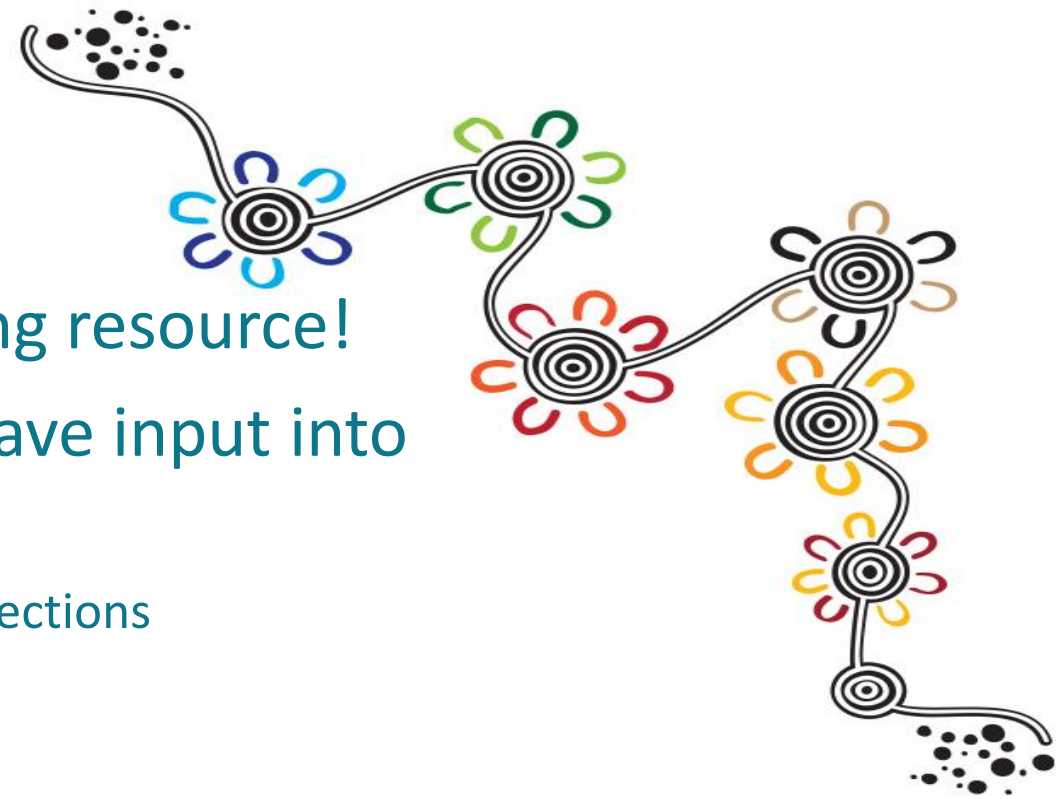
Live tour



<https://tacklingsmoking.org.au/>

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

Avinna Trzesinski

Research Coordinator

Ph: (08) 9370 6395

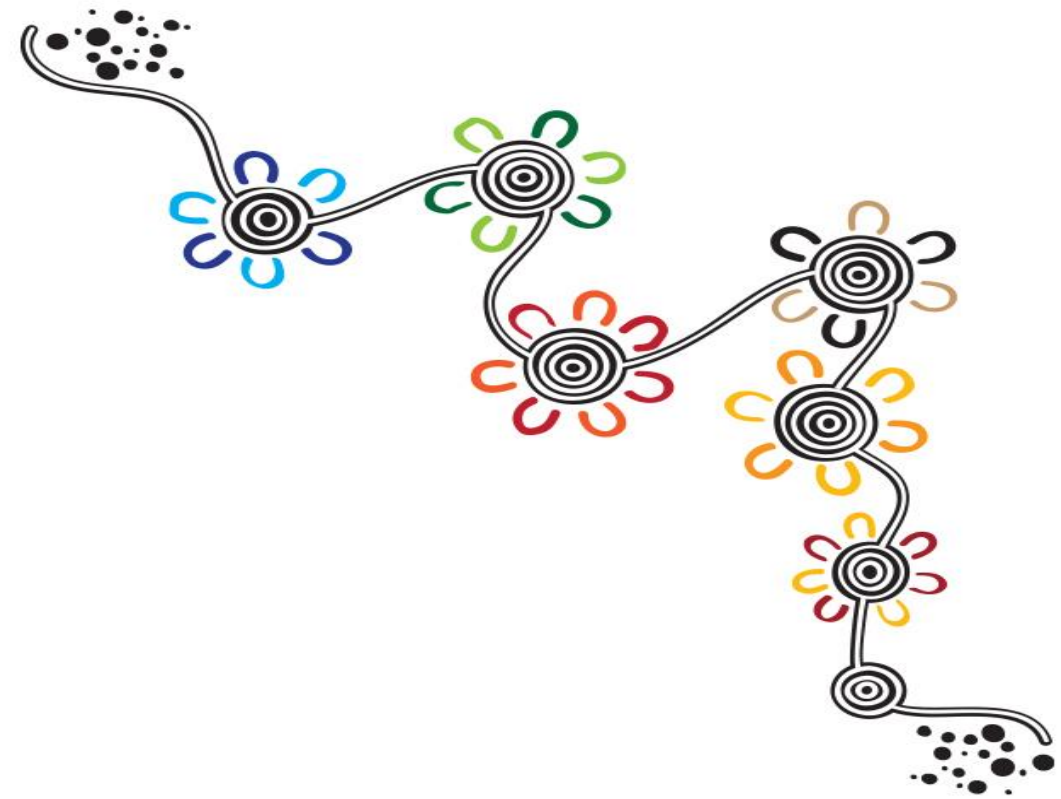
Email: a.trzesinski@ecu.edu.au

Jane Burns

Research Team Leader

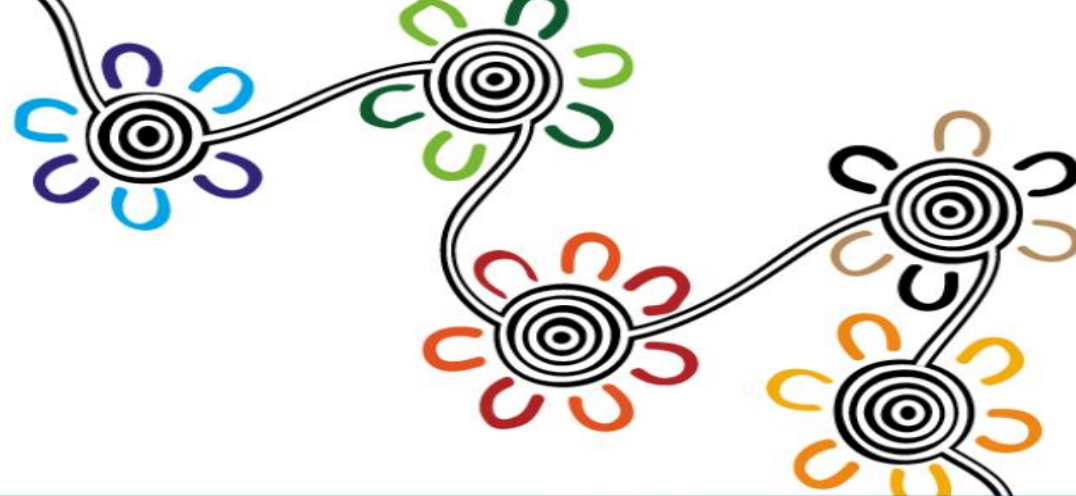
Ph: (08) 9370 6136

Email: j.burns@ecu.edu.au

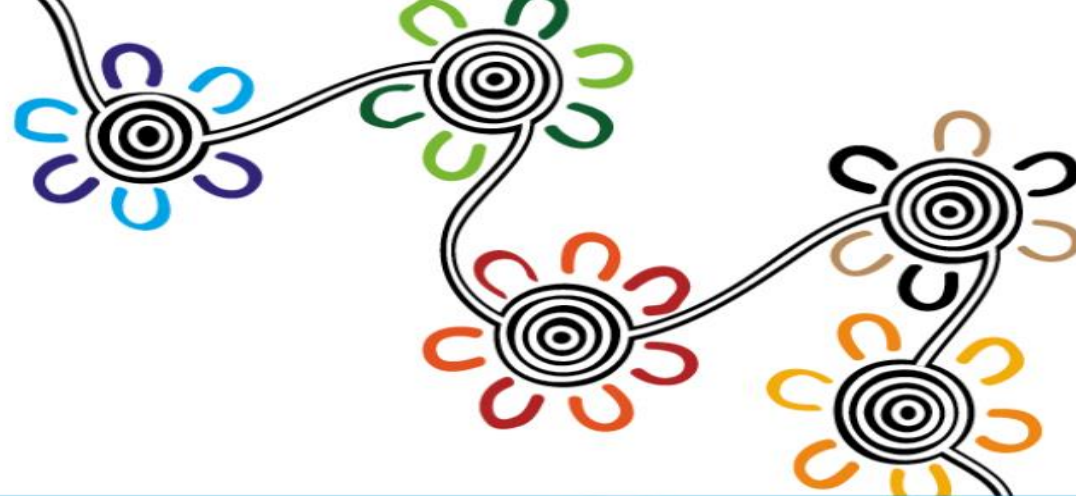


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SMOKING**



Update with the
Department of Health
via Telelink

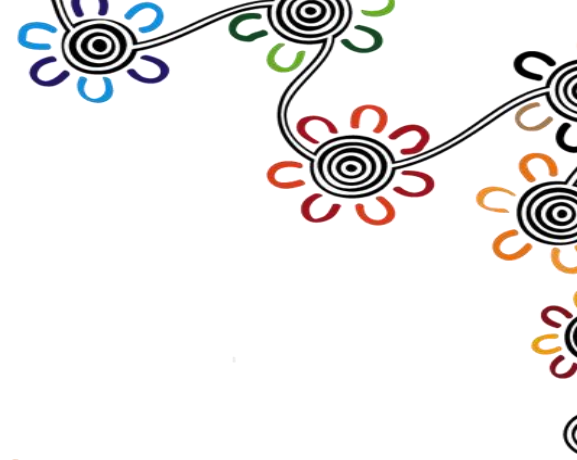


Making population health promotion happen for TIS

Penney Upton

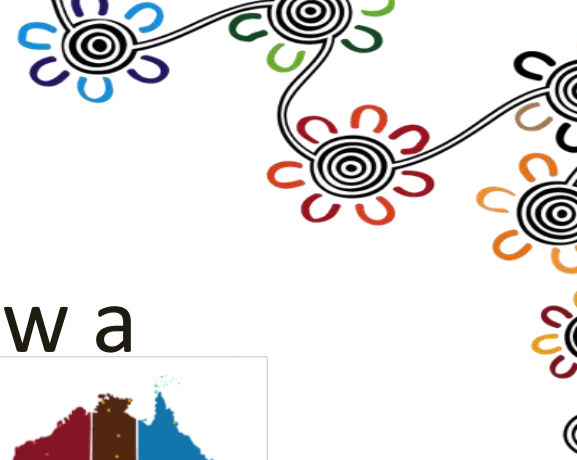


Making Population Health Promotion Happen for TIS



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



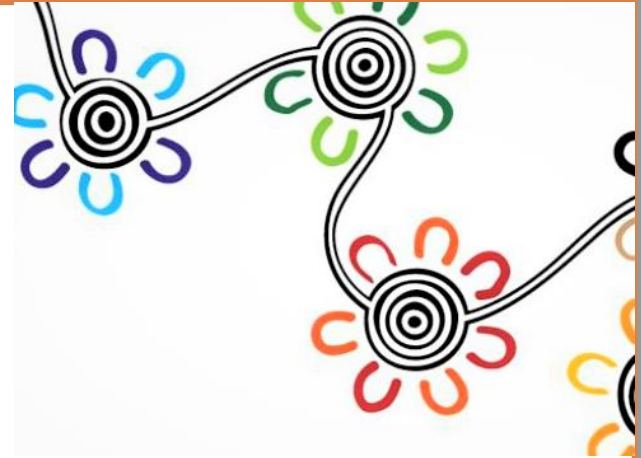
*Population = people within and across a defined locality, region, or nation

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

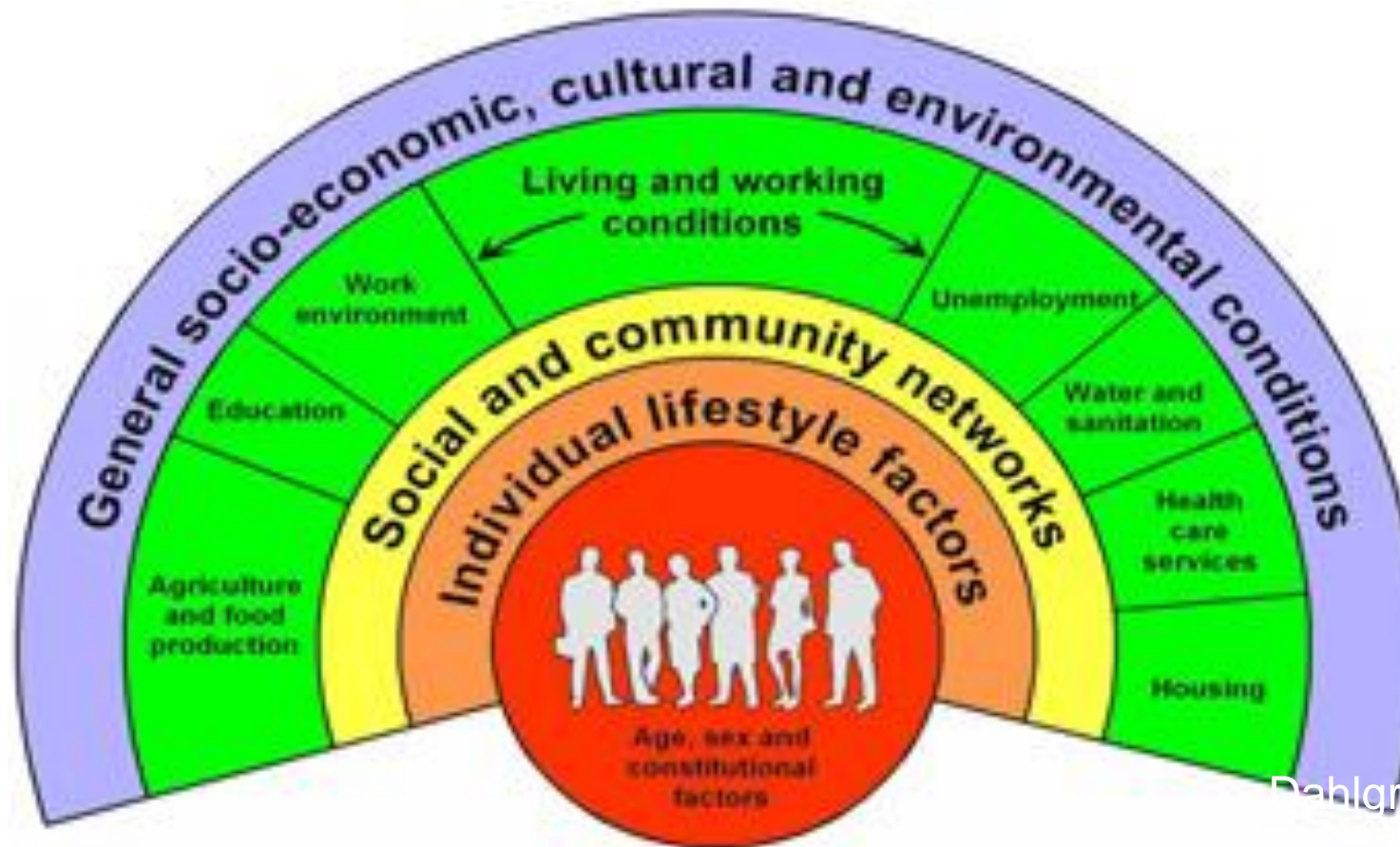


[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

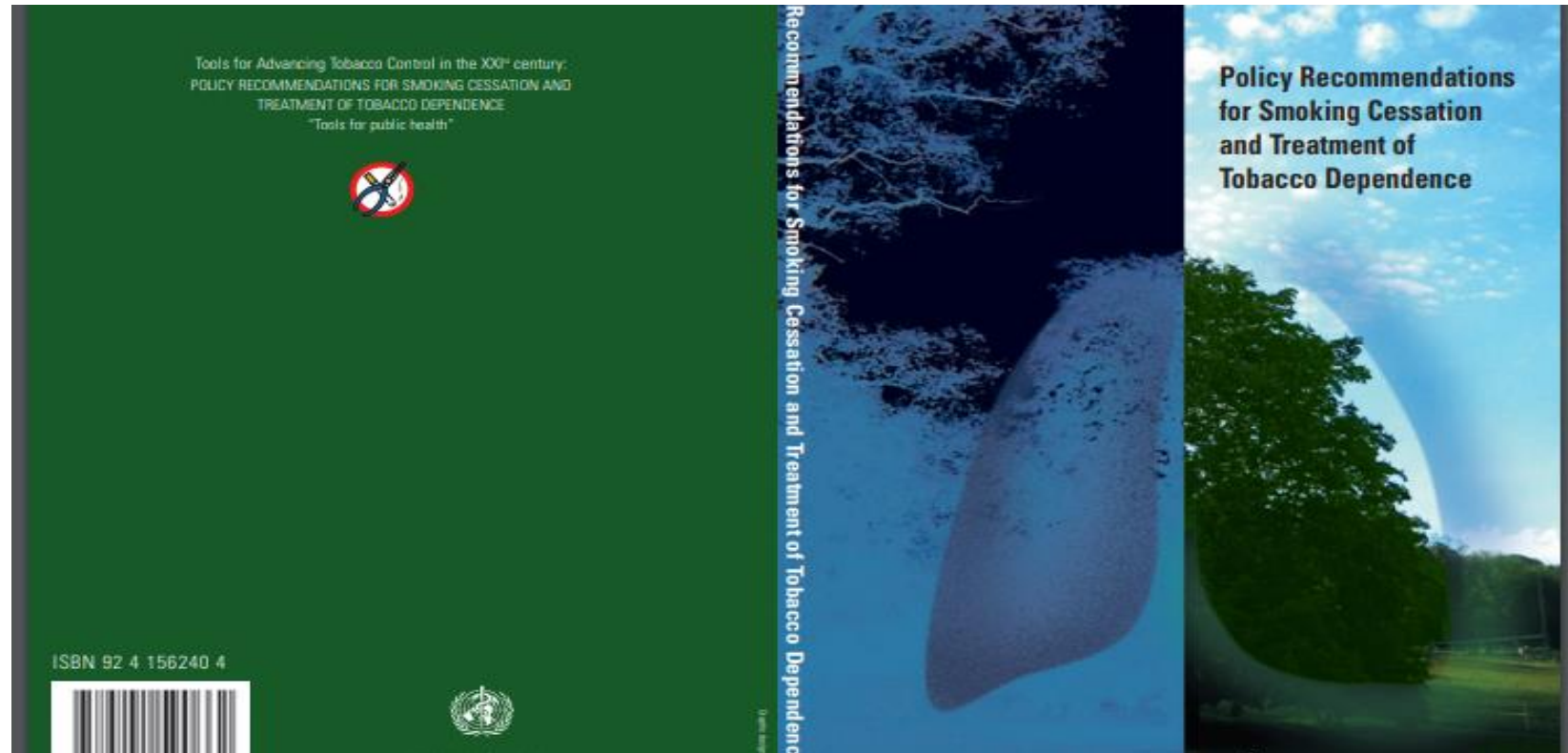


*Community based action to improve and
maintain population health and reduce
inequalities in health*

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



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



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

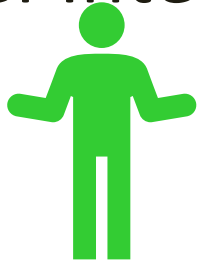
- **Change social Norms**
- **Develop supportive environments**
- **Build capacity for smoking cessation and treatment of tobacco dependence**



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

3 Minutes of Influence

Clinical setting:
1 Brief Intervention

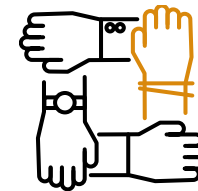
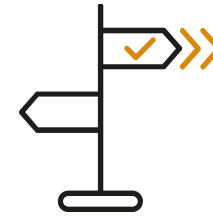


Population Health Promotion:
1 TV Ad



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.

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)								

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



AHCWA

Aboriginal Health Council
of Western Australia

Acknowledgement of Country

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



AHCWA

Aboriginal Health Council
of Western Australia

Introduction of QALT PO – Rickesha Burdett

- 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.



AHCWA

Aboriginal Health Council
of Western Australia

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.



AHCWA

Aboriginal Health Council
of Western Australia

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



AHCWA

Aboriginal Health Council
of Western Australia

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



AHCWA

Aboriginal Health Council
of Western Australia

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



AHCWA

Aboriginal Health Council
of Western Australia

THANK YOU

Quitline Aboriginal Liaison Team (QALT) Project Officers

Rickesha Burdett & Tara Rowe

(08) 9227 1631



AHCWA

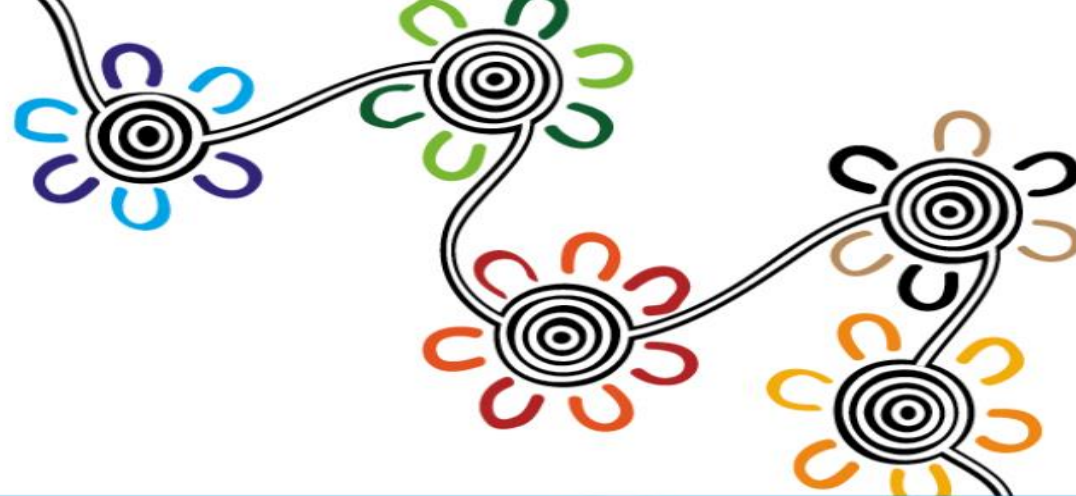
Aboriginal Health Council
of Western Australia

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INDIGENOUS
SMOKING**



Lunch

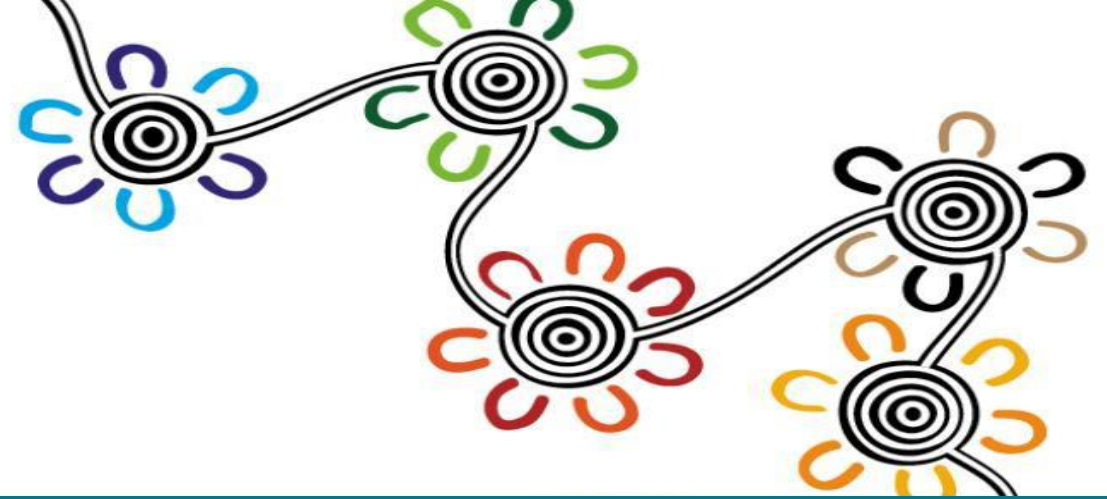


The best TIS activity
workplan the world has ever
seen

Steve Fisher

NATIONAL BEST
PRACTICE UNIT

TACKLING INDIGENOUS SMOKING



Good communications that lead to great partnerships

Steve Fisher

Western Australia Workshop

28th August 2019



Australian Government

Department of Health



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?

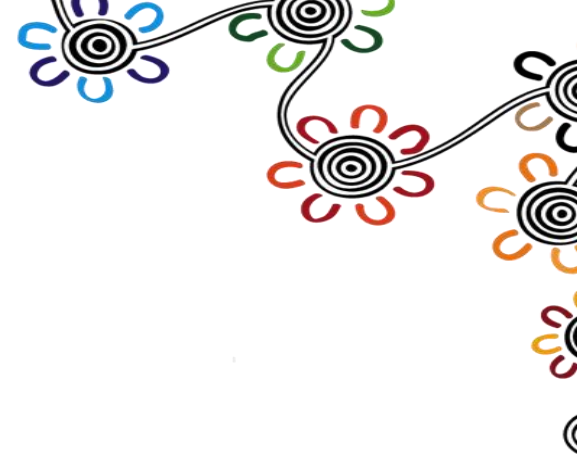
How do I get you interested?

We need to be engaging.

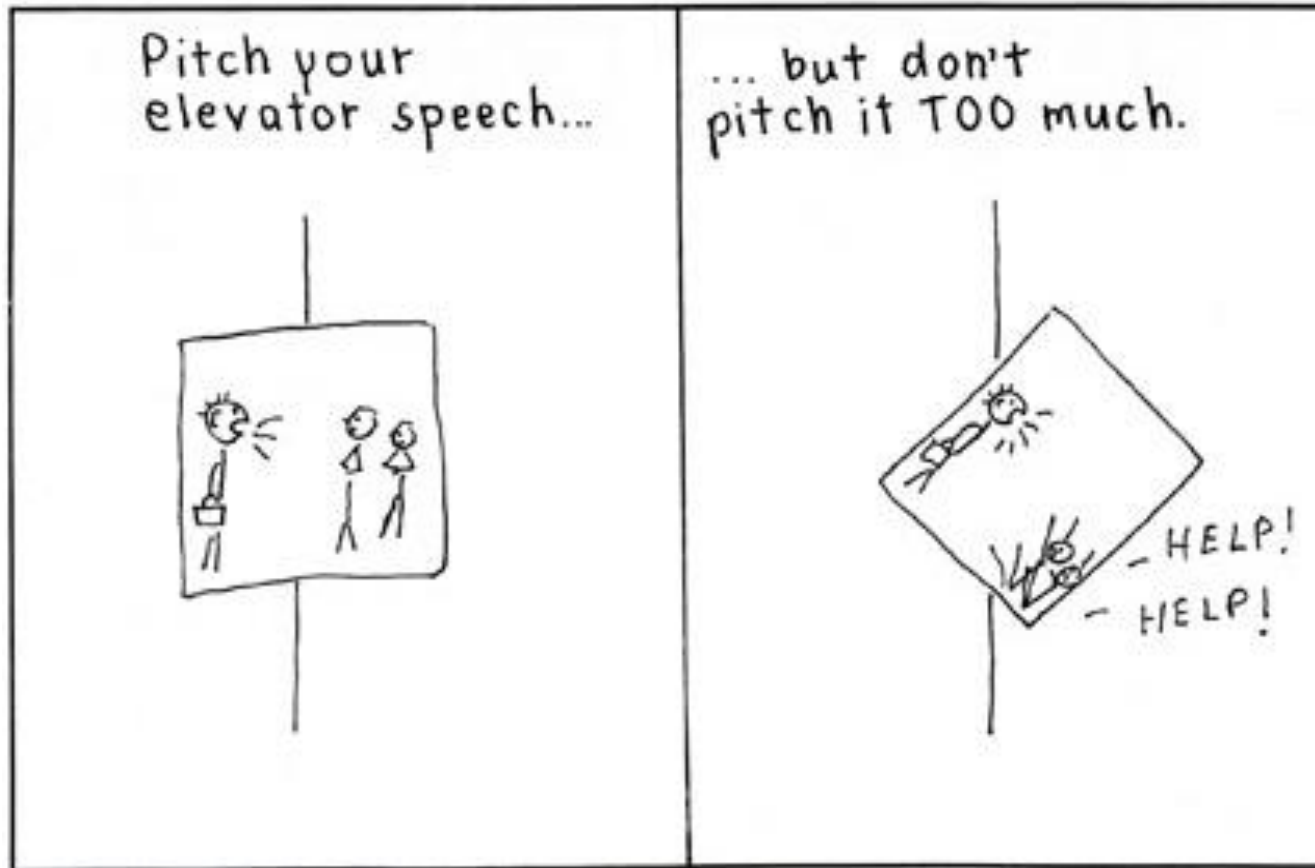
Interesting
Confident
Inspiring

But most of all, engaging

What does that look like?



The classic 'Elevator Pitch'





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.



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

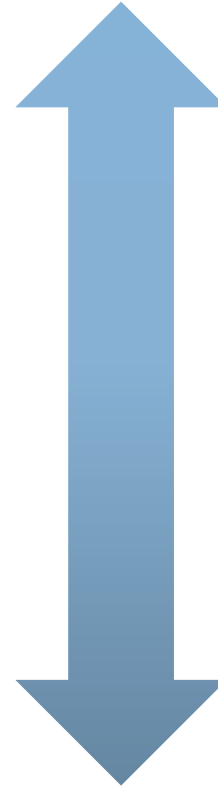
Better Outcomes

[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.



NATIONAL BEST
PRACTICE UNIT

**TACKLING
INDIGENOUS
SMOKING**



Using virtual reality

AHCWA



AHCWA

Aboriginal Health Council
of Western Australia

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



AHCWA

Aboriginal Health Council
of Western Australia

Play VR clip



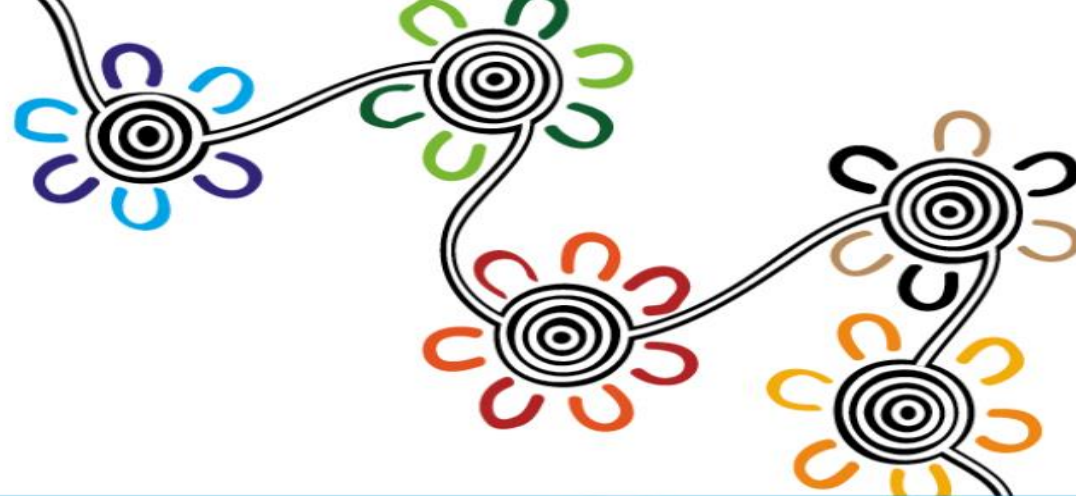
AHCWA

Aboriginal Health Council
of Western Australia

Thank you

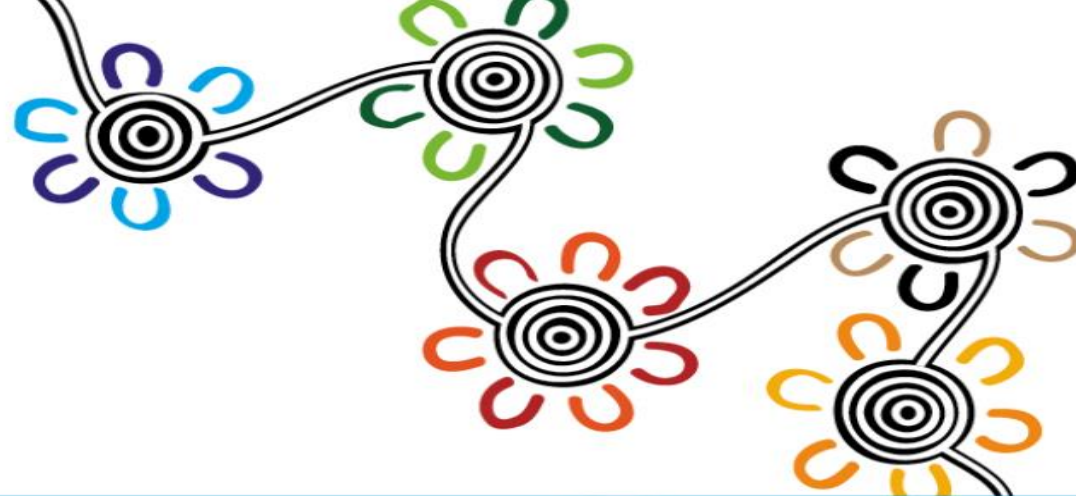


AHCWA Aboriginal Health Council
of Western Australia



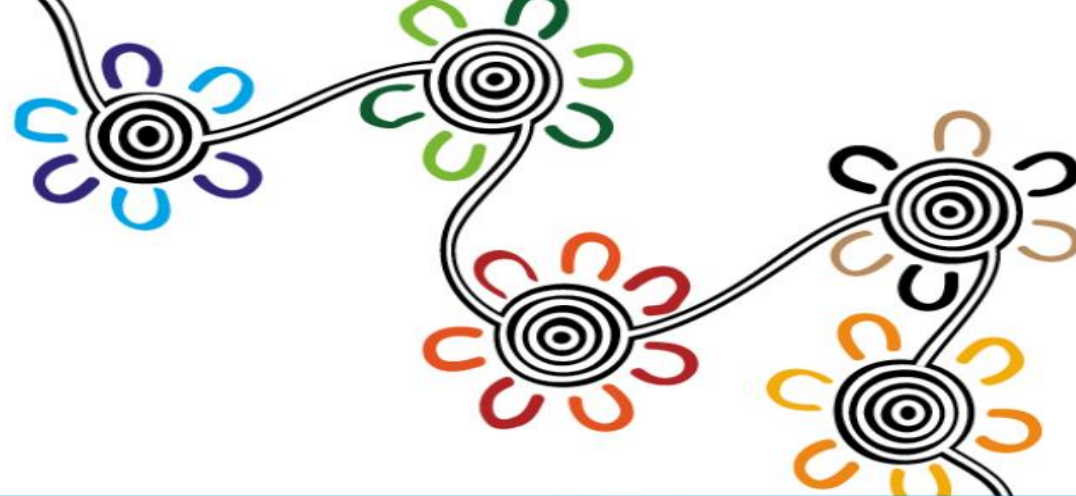
A Stitch in Time

Greg Hire



iSistaQuit

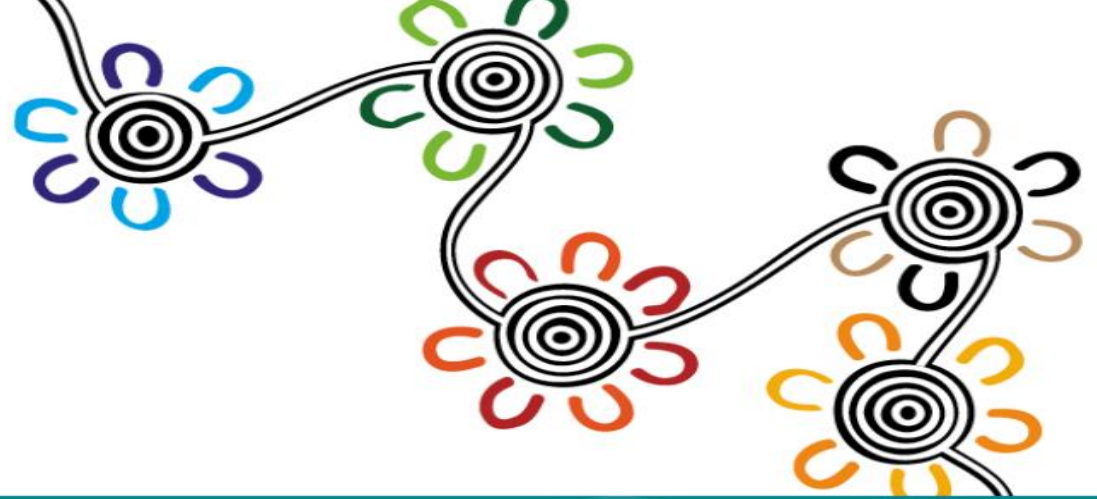
Gillian Gould



Afternoon Tea

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INDIGENOUS
SMOKING**

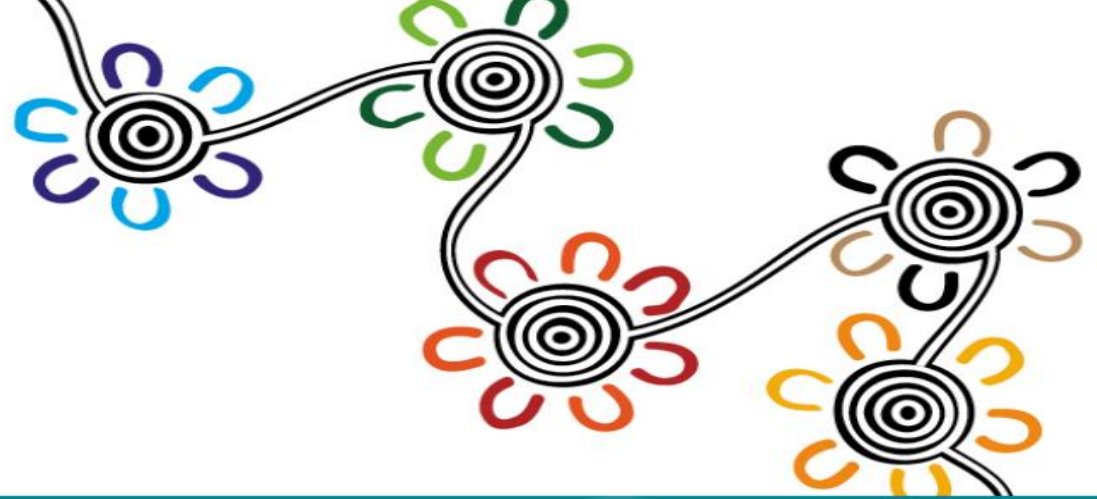


Workshop Reflections

Desley Thompson

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INDIGENOUS
SMOKING**



Wrap-up & Closing Remarks