



Welcome to the Victorian & Tasmanian Jurisdictional Workshop 2019





Welcome to Country





Curious Qs – an introductory exercise Steve Fisher





TIS Program Update Professor Tom Calma AO

Vic / Tas Jurisdictional TIS Workshop



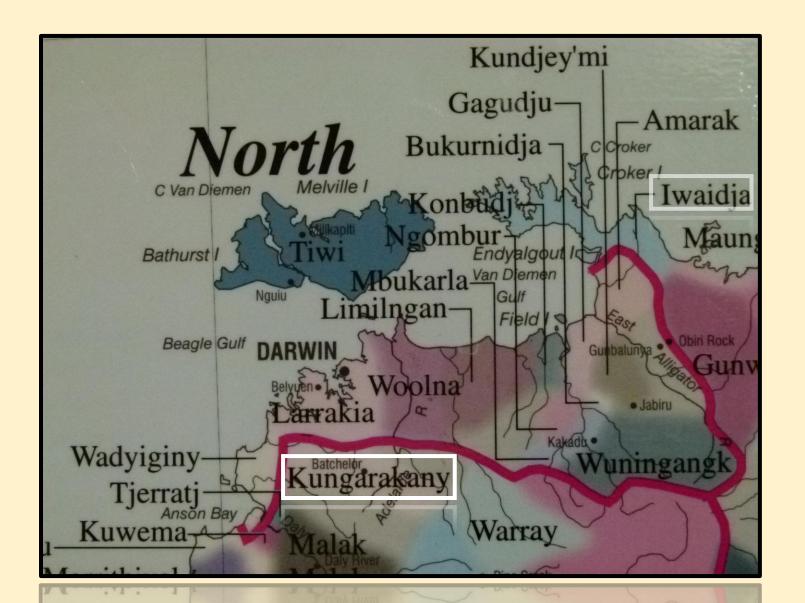


Koorie Heritage Trust 16 October 2019



Prof Tom Calma AO

National Coordinator Tackling Indigenous Smoking



Wairay

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

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

- 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 "

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 are 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.

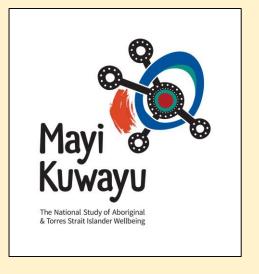
Overview of TIS Program processes NATIONAL EVALUATION PERFORMANCE INDICATORS FOR TIS **NATIONAL** Community action, engagement and advocacy National **NBPU-TIS TIS TEAMS** COORDINATOR **Evaluators FOR TIS** Designing, delivering, monitoring, evaluating (Part A: and continually improving a range CIRCA (NCTIS) Part B: of tobacco population health promotion activities as defined by an agreed Action Plan ANU) **TIS PROGRAM REGIONAL** Supporting TIS teams and workers to: **GRANT** Leadership. · achieve their objectives Enabling strategic · build and maintain their skills and **RECIPIENTS** access of direction and knowledge and **TIS Teams** advice to attend key workshops and other to highsupport the events organised by NBPU-TIS quality effectiveness information, of the Program knowledge, National advice and evaluation support for their work Performance **Wuitskills** Partnership reporting working Grant administration Community and compliance Grants Hub Continuous State and Territory Improvement Cycle Departments Commonwealth of Health Policy and Government Program Relationship Department of Health design building

Internal evaluation



External 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

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

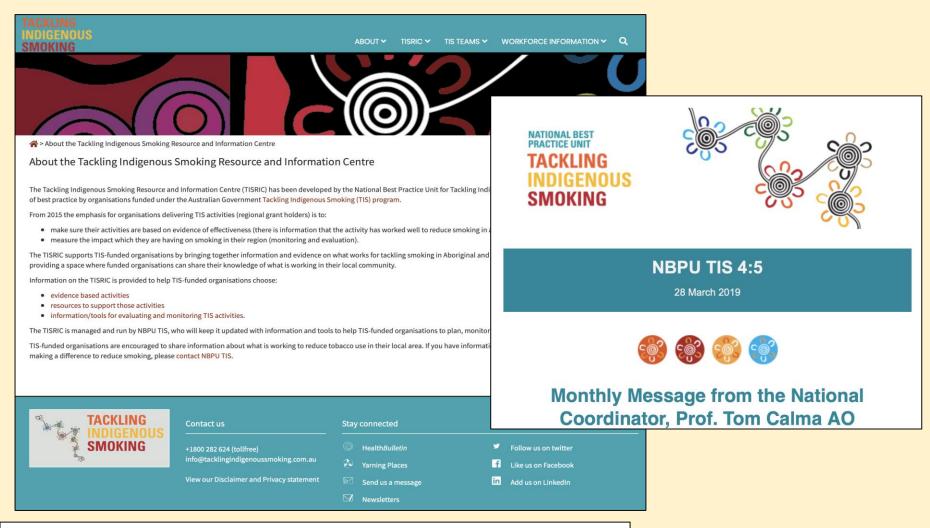
Collecting data and monitoring and evaluating activity

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



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





WORLD INDIGENOUS CANCERCONFERENCE '19

Development Opportunities





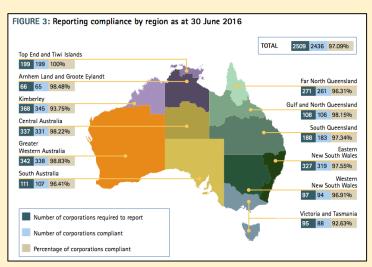
Innovation and Impact

Smoke free homes & community areas



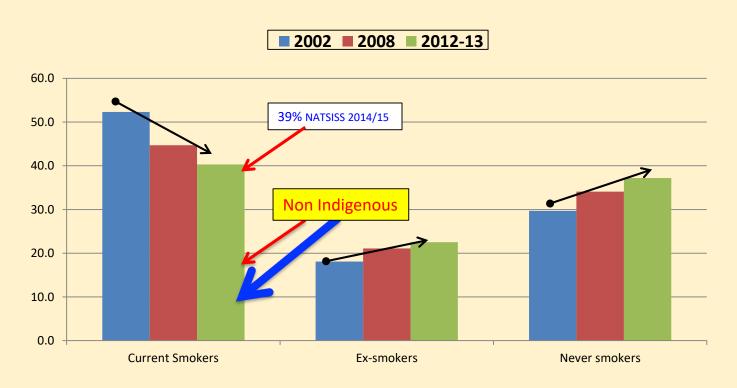
Apunapima TIS Team at Napranum FNQ

Smoke free workplaces



ORIC Yearbook 2015/16
Pg 17

Aboriginal and Torres Strait Islander Smoking



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

Severe Pulmonary Disease Associated with Using E-Cigarette Products

Centres for Disease Control Health Alert NetworkAugust 30, 2019, 0935 AM ET (9:35 AM ET)

Youtube 'The Art of Vape' 40,269,919 views





FLAVOR "MENU

30%

SWEET TOOTH - VANILLA GRAHAM CRACKER JADE - CUCUMBER MINT + MELON SCAPLETT - LYCHEE FLATLING - PINEAPPLE + MANGO + CREAM RINGER - BLUE COTTON CANDY CHILLAXIN - REFERESHING MINT CURIOUS JORGE - BANANAS HARD CANDY - SWEET TART FLAVOR CHERRY BOMB - DELICIOUS CHERRY XXX - KIWI, MANCO, PINEAPPLE ANDROMEDA - BLUEBERRY + POMEGRANATE STARSHIP 1 - VANILLA CUSTARO + KIWI OMEGA - PEACHES AND CREAM M80 - WATERMELON + DRACONFRUIT SNAKE OIL - MINT + WATERMELON PLUTO- MELON, BUBBLE GUM + MINT KEY LIMEPIE - KEY LIME + GRAHAM CROCKER

GORILLA GUTS - BANANA + BUTTERSCOTCH APPLE DELIGHT - CARAMEL APPLE APPLE JACKS-LIKE THE CEREAL TKO - RASPBERRY LEMPNADE TATER-NEOPOLITAN ICE CREAM FRENCH VANILLA PARADISE - PINEAPPLE, GUAVA, ORANGE F. U.E. S. - VANILLA CUSTARD BULLSEYE - NY CHEESECAKE A-TRAIN- MANGO & PINCAPPLE SWEET MCLON- HONEYDEN + MELON DOUBLE TAP - STRAUBERTY + DRAGONFRUIT C4- Blueberry Shortcake CREAMY STRAWDERY - CREAM + STRAWDERRY ASTRO- APPLE, PEACH, BETTY LAVAFLOW- PINA COLADA, COCONUR, PINEAPPLO TIGERS Blood- Watermelon, Strawberry, COCONUT

Source: Boston University https://www.bu.edu/articles/2014/behind-the-vapor/

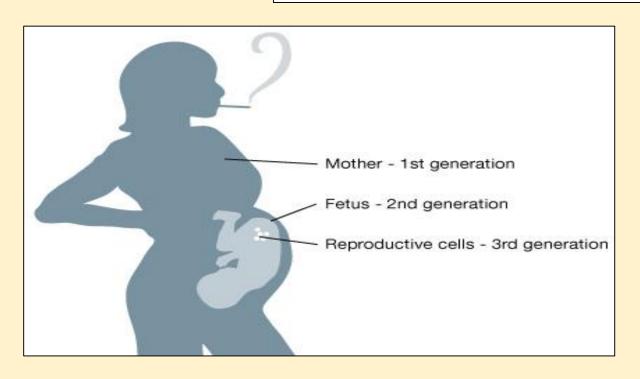
The Barker Hypothesis



A hypothesis proposed in 1990 by the British epidemiologist David Barker (b. 1939) that intrauterine growth retardation, low birth weight, and premature birth have a causal relationship to the origins of hypertension, coronary heart disease, and non-insulin-dependent diabetes, in middle age.

https://www.oxfordreference.com/view/10.10 93/oi/authority.20110803095447459

Epigenetic Inheritance Theory



In a pregnant mother, three generations are directly exposed to the same environmental conditions at the same time.

An epigenetic effect that continues into the 4th generation could be inherited and not due to direct exposure.

Three generations at once are exposed to the same environmental conditions.

learn.genetics.utah.edu

















Morning Tea





Update with the Department of Health





Relaxation DVD LEAHA





Makin population health promotion happen for TIS Penney Upton



Keeping Population Health PromotionHappening for TIS



Yesterday we defined Population Health Promotion as.....





.....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







A population health approach aims to.....

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



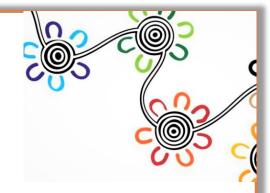
*Population = people within and across a defined locality, region, or nation

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



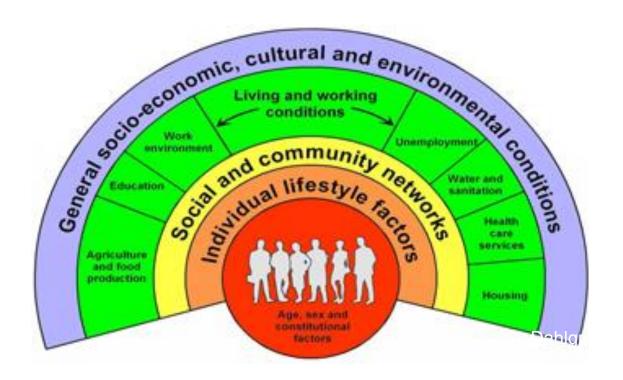
Community based action to improve and maintain population health and reduce inequalities in health



Why does the TIS Program have a Population Health Promotion focus?

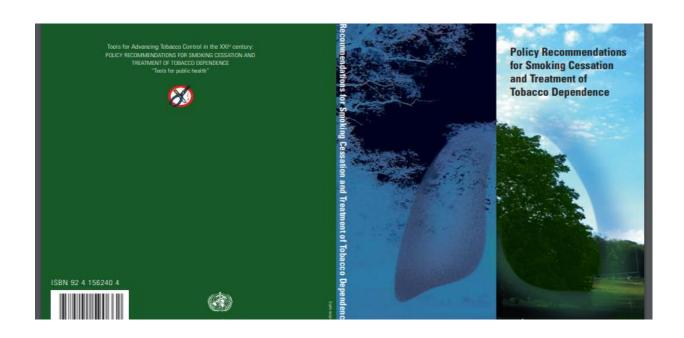


1. It takes a broad view of health......





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





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



- 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 You Tube Video





How do you keep on track with a Population Health Promotion focus?



Through your Activity Work Plans you

 Make sensible, evidence based choices about what population health promotion activities you are going to do with your resources





- 2. Choose relevant targets you can measure
- 3. Show clear positive impacts through the work you are doing.

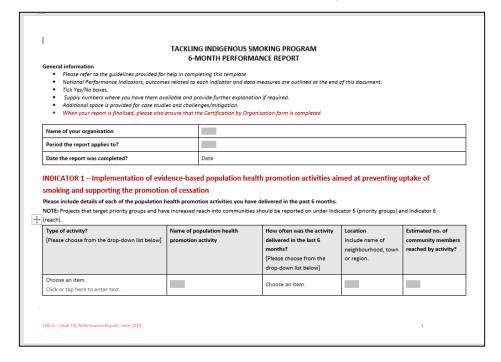




How do you show the impact of your Population Health Promotion activities?



Through your Performance Reports....



Through your Performance Reports....

General information Please refer to the guidelines provided for National Performance Indicators, outcome Tick Yes/No boxes. Supply numbers where you have them ave Additional space is provided for case studies When your report is finalised, please also e	es related to each indicator and ailable and provide further explo es and challenges/mitigation.	t. data measures are outlined at the end mation if required.	of this document.	
Name of your organisation				
Period the report applies to?				
Date the report was completed? INDICATOR 1 – Implementation of evid	lence-based population	nealth promotion activities ai	med at preventing u	ıptake of
	n of cessation nealth promotion activities you	have delivered in the past 6 months.		
INDICATOR 1 – Implementation of evid smoking and supporting the promotion Please include details of each of the population h NOTE: Projects that target priority groups and hav	n of cessation nealth promotion activities you	have delivered in the past 6 months.		

In the past 6 months, how many events have you held to support prevention of uptake of smoking and/or smoking cessation?				
In your service delivery region				Number
There is at least one tobacco control poster/banner promoting smoke-free homes or cars in a public space in your organisation.				Yes □ No □
You have produced at least one tobacco control poster/banner featuring an Aboriginal and/or Torres Strait Islander person or artwork.				Yes 🗆 No 🗆
At your organisation				Yes/No
Click or tap here to enter text.				
Choose an item.		Choose an item.		
Choose an item. Click or tap here to enter text.		Choose an item.		
Choose an item. Click or tap here to enter text.		Choose an item.		
Choose an item. Click or tap here to enter text.		Choose an item.		
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NATIONAL BEST PRACTICE UNIT TACKLING INDIGENOUS SMOKING

Through your Performance Reports....

Quitline Referrals	Number
Number of written referrals made to Quitline in the past 6 months.	
Number of referrals to other services for Quit support in the past 6 months, e.g. medical service, Quit support group.	
Capacity building	Number
How many FTE TIS funded positions does your organisation have?	
How many FTE TIS funded positions does your organisation have that are currently filled?	
How many of the TIS funded staff positions are filled by Aboriginal or Torres Strait Islander people?	
How many non-TIS funded positions with a major focus on tobacco control does your organisation have?	
In the past 6 months, how many TIS funded staff within your organisation have undertaken Quitskills training?	
In the past 6 months, how many non-TIS funded staff in your organisation (e.g. clinicians) have undertaken Quitskills training?	
Total number of current staff in your organisation?	
In the past 6 months, how many other organisations have you assisted to establish, maintain or improve the provision of support for smoking cessation, including through providing or organising training?	OF .
Case Study or Success Story (if available) Please provide an example of a successful activity related to Indicator 3. Please include how you have monitored the activity and pridemonstrates the success of this activity against indicator 3.	ovide any data or information that
Description of challenges and mitigation Please provide key challenges/risks in delivering results against indicator 3 and any strategies or approaches that you are using to a	ddress these.

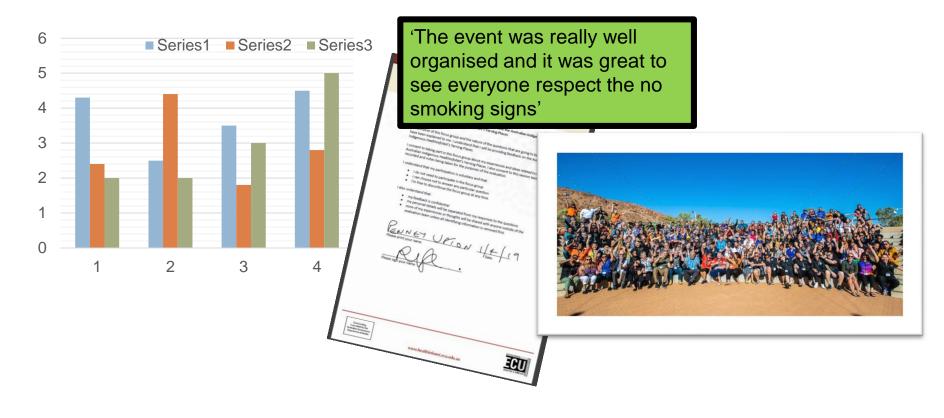
What is a case study/success story?

A story that shows the impact your activities have against one of the program indicators. The focus could be:





It should include evidence of impact:





Exercise: Writing a success story

- Each table has been allocated one of the program indicators;
- We invite you to write a success story related to this indicator;
- Please use the template provided to help you put your success story together.



Thank you for participating

You can find more information and resources for writing case studies/success stories on TISRIC:

https://tacklingsmoking.org.au/monitoring-andevaluation/evaluation-methods/







Lunch





Boorais & smoke don't mix VAHS





Effective communication for building partnerships Steve Fisher

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?





Interesting Confident Inspiring

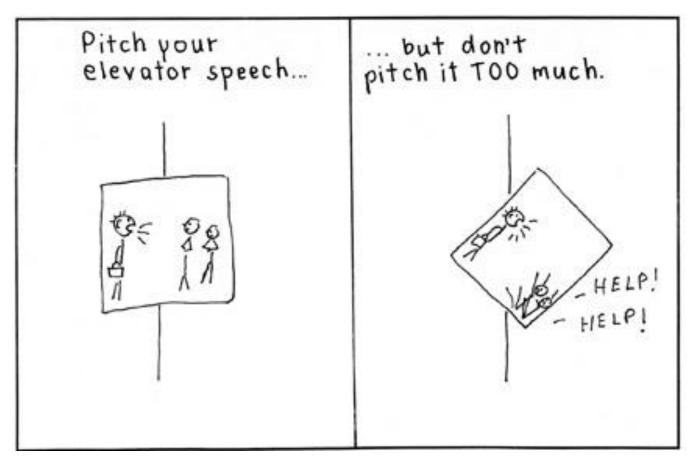
But most of all, engaging

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.



TACKLING
INDIGENOUS
SMOKING

Ways of practising the pitch for TIS



Vision Pitch

describes a desired future



Question Pitch begins with a question to engage audience



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'



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...





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 governement & 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 governement & CheckUp Australia; VicHealth 2011]

Thanks for participating.



NATIONAL BEST PRACTICE UNIT TACKLING INDIGENOUS SMOKING





Afternoon Tea





Quit Tasmania Tessie Strong & Sam Kluk



Quitline Enhancement Project Quit Tasmania

Sam Kluk - Aboriginal Quitline Counsellor Tess Strong - QEP Aboriginal Liaison Officer

Acknowledgment of Country

On behalf of Cancer Council Tasmania, I would like to acknowledge the Aboriginal people of the country we're standing on, the Traditional Custodians of the land on which we meet, and pay my respects to their Elders past, present and emerging. We also extend that respect to other First Australians who are present today.



Focus of QEP: 2018 - 2022

- Building, maintaining and strengthening relationships with Aboriginal Health Services, organisations and communities
- ☐ Identifying and responding to local communities' needs
- To strengthen the relationship between GP/Health professionals and Aboriginal Quitline Service
- ☐ To retain and strengthen the position of Aboriginal Quitline Counsellor
- Benefits of QEP for CCT



Relationships

- Regular visits to Aboriginal organisations statewide
- Attendance at community events e.g Men's Sheds, Community lunches, wellbeing events
- Supporting staff at Aboriginal Health Services and other organisations
- ☐ Identifying and responding to local communities' needs
- Resources



Relationships with GP and Health Professionals

- To strengthen the relationship between general practitioners and the Aboriginal Quitline Service. Focus on improving response to pregnant women who smoke, including referral to the Quitline.
- ☐ To strengthen the relationship between health professionals (General Practice, Aboriginal Health Workers, allied health) and the Aboriginal Quitline Service.



Aboriginal Quitline Counsellor

- Quitline counselling mainstream and Aboriginal
- Community capacity building
- Monthly visits to organisations
- Attendance at events with FIAAI TIS team
- Attendance at Quit Cafes and Men's Groups



Benefits of QEP for CCT

- Reconciliation Action Plan completed
- Cultural awareness training
- Openness to diversity in the workforce



Aboriginal Liaison Officer

- Strong community connections and involvement
- Passionate about improving health for Aboriginal peoples
- Focusing on smoking cessation







Quit Victoria Glen Benton



Tackling Indigenous Smoking Vic/Tas Jurisdictional Workshop 2019

Glen Benton

Partnerships Officer – Aboriginal Quitline





Acknowledgement of Country







About Me...

Glen is a Wiradjuri man from regional NSW. Glen has been a counsellor, support worker and professional mentor for 15 years in both Aboriginal and non-Aboriginal organisations.

Glen is the Partnerships Officer for Aboriginal Quitline and an Aboriginal Quit Specialist as well.





What is a smoking addiction?

And how to understand it...To be able to quit...

Knowledge is power!













Aboriginal Quitline

What's the difference?





- Same Aboriginal counsellor the whole way through the quitting journey.
- Yarning and narrative Storytelling focus.
- Client autonomy to set the pace and focus of sessions.
- AQL clients can bring non-smoking issues into the session to assist them in progress to quit.
- Cultural Safety is our main service focus.
- The right to self-identify and self-determine is given to everyone who
 we work with.
- Needs respected around 'men's and women's business.'
- Normal confidentiality and privacy agreements/boundaries apply.









Hello, I'm Jamara. I'm a proud Butchulla and Meriam Mir woman. I'm passionate about helping our community quit, my job is rewarding and I get to speak to a variety of community

"Come on! You'll be deadly for giving us a call!"



Hi there, I'm Tokerau. I'm a proud Indigenous Pacific woman. I've been with the Aboriginal Quitline since it began in 2011, supporting many people to quit smoking. Smoking isn't part of our cultures, so let's chat about giving it up.



Hi, I'm Glen. I'm a proud Wiradjuri man. I've come back to Aboriginal Quitline after a few years away because I am really passionate about seeing our communities healthy and thriving. I believe that smoking is something that we can all leave in the past as we continue to embrace and reconnect with our true history.

quit.org.au

facebook.com/Aboriginalquitline

members.













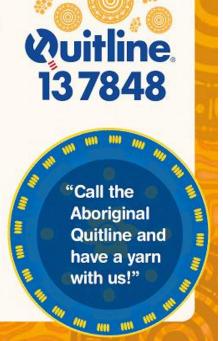
READY TO STOP SMOKING? NOT READY? NOT SURE? LET'S HAVE A YARN.

The **Aboriginal Quitline** is a culturally safe space to have a yarn about smoking and quitting.

It is a confidential service with friendly Quit Specialists available to talk to you about your smoking history and how we can help you quit!

Did you know that the best chance to quit the smokes is by using nicotine replacement therapy products plus talking to Aboriginal Quitline?

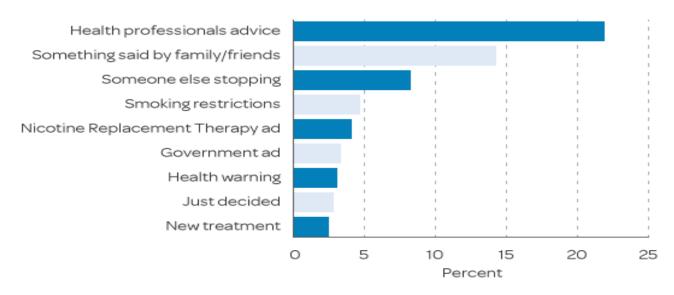
We offer a free call-back service and we're here for you 8am to 8pm Monday to Friday.







Triggers for prompting quit attempts



www.rjwest.co.uk - Smoking Toolkit Study. Available at: http://www.smokinginengland.info/sts-documents/





TIS Workers...

One of the toughest jobs in our Support Community.





Ways to start a yarn about quitting...

Open Questions vs Closed Questions.

Open questions:

"What do you think about about quitting smoking?"

Closed Questions:

"Do you want to quit smoking?"





Ways to start a yarn about quitting...

Empathy statements:

"I get the sense that smoking, and trying to quit has got you feeling stressed out? What's it been like to deal with that lately?"





Join Our Podcast







Ask a question on AQL facebook For Quit-Tips.



Quit-Tip Of The Week

Let us know the questions you have about ways to cut down and quit smoking...And we'll answer them for you.





An example of Quit-Tips



Quit-Tip of The Week

#4

How To Deal With Side-Effects From NRT Patches





Let us know your ideas...

Glen's email:

glen.benton@cancervic.org.au

Aboriginal Quitline on Facebook:

facebook.com/Aboriginalquitline

13 78 48

Quit.org.au





Thank You!







Workshop reflections Haydyn Bromley





Wrap-up & closing remarks Tom & Desley