How would you rank these Community/Cultural challenges?

1. Applying Population Health Promotion approaches in remote settings
2. Smoking not being high up the priority list locally
3. Maintaining community engagement and commitment to TIS between visits to locations in your service area
4. Navigating community and cultural complexity
5. Misunderstanding of the TIS team role
6. Identifying appropriate M&E approaches to use

How would you rank these Systems challenges?

1. Lack of appropriate clinical services for onward referral
2. Adapting elements of the TIS Program (e.g. Quitskills, Aboriginal Quitline, priority groups) for remote area working
3. Developing effective partnerships

How would you rank these Training /Workforce challenges?

1. Recruitment and retention of staff
2. Smoking attitudes and behaviours at my organisation
3. Organisational policies around use of social media

What challenges would you add to this list for remote service delivery?

- Social Determinants of Health
- Unable to travel.
- Recruitment and retention of community based staff
- Times spent in remote areas
- Making smoking a community problem and not just a health problem
- Lack of Health Literacy
- Access to clinical support and NRT's
- Time spent out in remote areas not long enough for our team to provide adequate face-to-face education and support
- Lack of cultural make female balance
- Not enough time allocated for work in remote communities. More focus on urban
- "Road conditions and weather
- unwillingness of partnerships of community organistations"
- Best practice resources, templates, etc to used in placed based work
- Resistant communities
- transient population, organisation controlling TIS activities and funding
- Access to NRT
- Cultural implications eg can impact on delivery like funerals sorry business mens budiness
- Relocation of Key Staff, Fragmentation, limited relationships
- Social determinants of health - access to education and jobs (economic opportunity)
- On arrival to remote communities, unplanned cultural responsibilities are priority
- High cost of travelling to deliver the program & to go out there frequently
- Cost, expense to provide frequentservice delivery to the outer islands.
- Budget restraints

- Swapping team members each outreach trip , doesn't allow the clients to get to know the TIS team properly so the feel comfortable
- More time out
- Organisation dictating where we set up in communities and how we visit them. Some times it's not very effective nor does it help the community
- "ACCHOs not understanding their role in tobacco control vs other health initiatives
- Tis team not knowing or controlling their funding
- COVID restrictions
- Access to funding for mass media campaigns
- Tis staff not fully understanding their rog"
- Community tired of being informed and educated
- Shops making money out of sales
- Community members perhaps not having access to internet/social media which we assume; and yet this form a large part of the marketing work we do particularly the reliance on it over the last 12 months

If you had to rank these additional list of challenges from Remote Service Delivery, what would you highest to lowest?

1. Community based staff retention and male/female balance
2. Smoking a community problem
3. Social determinants of health
4. Resistant communities/partnerships with communities/cultural responsibilities come first
5. Unable to travel/time spent in remote areas/inadequate face to face support/cost of travel
6. Lack of health literacy
7. Access to clinical support and NRTs
8. Transient population
9. Access due to weather/road conditions

On a scale of 1-5 where 5 means strongly agree, to what extent do you agree that these strengths are important to overcoming the challenges of TIS in Remote areas?

Using a range of tailored activities to ensure the message reaches everyone in the community (4.3)
Including community consultation and co-design with respect to being inclusive of individuals, community and culture (4.4)
Local networking, collaborating and building relationships (4.2)
Involvement in community events and cultural festivals to build rapport brand recognition (4.1)
Localised campaigns featuring local people, local language, local ideas and artwork to ensure campaign has meaning to people (4.4)
Adaptable, flexible and consistent approach to meet local needs (4.1)
Capacity building through education at formal and informal events (4.1)
Employing a local workforce to overcome barriers of language and ensure sustained activity (4.3)

What strengths for remote service delivery would you add to this list?

- Adaptability

- In-language messaging
  Stakeholder Collaborations
- Connection to community
- Genuine, mutual relationships that are long lasting between non-Indigenous and Indigenous staff, and community as a whole
- Recognised organisation for Health matters in the region.
- Innovative team
- Cultural sensitivity
- Cultural knowledge, and local relationships that were role models
- Ability to 'pivot' quickly: take advantage of every opportunity
- In depth knowledge of Cultural and Community protocol and practices
- Cultural knowledge, local relationships that we are local role models
- we have the time to really sit with people. also the location, we can practice in some beautiful places which is very special
- Known people/community, easy to build relations, easy to plan and implement activities.
- Acceptance into the community
- Word of Mouth, Information Being Shared
- Larger Community impact
- Utilising local champions and ambassadors from school kids to Elders.
- Knowing the people, Language
- Cultral sensitivity
- Local people employed. Culturally appropriate service delivery
- local role models and champions

If you had to choose from the list of strengths from the previous slide, what would you rank from highest to lowest?

1. Community connection and role models, ambassadors, elders and knowing the locations
2. Cultural sensitivity, knowledge and practices
3. Genuine mutual relationships between Indigenous/non-Indigenous staff and community Recognition by local health agencies and being known in the community makes it easier to plan activities
4. Employing local people
5. Adaptability/flexibility/innovation/able to pivot
6. Word of mouth and sharing information
7. In-language messaging stakeholder collaborations
8. Larger community footprint