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National Best Practice Unit –  
Tackling Indigenous Smoking

**TIS JURISDICTIONAL  
WORKSHOP REPORT  
WESTERN AUSTRALIA**

3 September 2020

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## Introduction

The Tackling Indigenous Smoking (TIS) jurisdictional workshops are an important way in which the National Best Practice Unit Tackling Indigenous Smoking (NBPU TIS) provides support to the TIS teams located in the Regional Tobacco Control Grant (RTCG) organisations.

The workshops aim to:

- promote an evidence-based approach to tackling smoking in Aboriginal and Torres Strait Islander communities;
- share best practice of 'what works' and develop a community of practice amongst TIS teams (peer-to-peer learning and network building);
- provide a forum for resolving implementation challenges;
- provide training and tools to assist TIS teams in program delivery; and
- ensure a shared understanding of the TIS program

There are six jurisdictional TIS workshops per year<sup>1</sup>.

## The Western Australia Jurisdictional Workshop

Usually TIS jurisdictional workshops are held face-to-face in a major or regional centre within the jurisdiction(s). Unfortunately, the COVID-19 pandemic has made this impossible, and the Western Australia jurisdictional workshop was held by videoconference (Zoom). The workshop was held on its planned date of 3 September but was shortened to a half-day (3 ½ to 4 hours) to fit the online format.

### Program

A draft workshop program was developed in consultation with TIS teams from the Western Australia. See [Attachment A](#) for an outline of the program as distributed to participants ahead of the workshop. Details of the Workshop session are as follows<sup>2</sup>.

- 1. Housekeeping and Zoom meeting workshop guidelines (Benjamin Stewart, NBPU TIS)**
- 2. Acknowledgement of Country & Introductions (Maxine Turner, NBPU TIS)**
- 3. Latest Update for the TIS Program from the National Co-ordinator (Prof. Tom Calma AO)**

Professor Calma gave an overview of the TIS Program for the new participants as well as for existing teams. Information covered in the presentation included: the expansion of programs to target pregnant women and remote area smokers; continuing evaluation to monitor the efficiency and effectiveness of individual programs; an overview of TIS program processes; evaluation of TIS (CIRCA and ANU); performance report lodgement and review process; monthly TIS communique and TIS Yarning Places; e-cigarettes (Big Tobacco and Vaping, TGA directions on e-cigarettes); the TIS

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<sup>1</sup> The workshops for New South Wales and the Australian Capital Territory, and for Tasmania and Victoria are combined.

<sup>2</sup> See <https://tacklingsmoking.org.au/resources/jurisdictional-workshop-presentations/> for copies of presentations. It is planned to make a video of the workshop available online.

program's response to the COVID-19 pandemic; information about World No Tobacco Day 2020; and staying healthy during COVID-19.

#### **4. Impact evaluation of TIS regional grants on smoking outcomes (Raglan Maddox, ANU)**

This presentation was delivered by Raglan Maddox from the Australian National University (ANU). Information in the presentation relates to: an impact evaluation conducted of TIS regional grants on smoking outcomes; the Mayi Kuwayu study; the [Review of tobacco use among Aboriginal and Torres Strait Islander peoples](#); and EOIs to pilot the TIS Intensity Tool.

#### **5. Program update from the Department of Health (Trudy McInnis, Department of Health)**

Ms McInnis updated participants on the TIS program from the perspective of the Department of Health, including on: new smoking rate data; new/expanded remote RTCGs; new NT remote Indigenous Tobacco Control Working Group; Indigenous Smoking in Pregnancy Roundtable (presentations now available on the TIS website [here](#)); updates to governance and administration; COVID-19; and plans for the coming year.

#### **6. Supporting Indigenous Smokers to Assist Quitting, Implementation phase (Gillian Gould, iSISTAQUIT)**

This presentation was delivered by Associate Professor Gillian Gould from the University of Newcastle about the Supporting Indigenous Smokers to Assist Quitting (SISTAQUIT), iSISTAQUIT, and Which Way? projects.

#### **7. TIS Team Shared Success Stories (TIS Team Volunteers)**

Each TIS team was invited to brief the workshop about their approach to tackling smoking in the Aboriginal and Torres Strait Islander communities they serve and their successes and challenges.

#### **8. Joint presentation by Cancer Council SA (Quitskills) and Quitline Aboriginal Liaison Team (WA)**

Cancer Council SA provided information on updates to the Quitskills program, including new staff members and new modes of program delivery (online and online live); World No Tobacco Day; and the Jumper Drive to promote the Quitline.

The Quitline Aboriginal Liaison Team (QALT) in association with the Aboriginal Health Council of Western Australia (AHCWA) updated meeting participants on what QALT has been doing; QALT resources; promotion, including social media; and how Quitline counsellors can support a person's quit journey.

#### **9. Update / actions and follow up (NBPU TIS)**

The Manager of the NBPU TIS summarised key outcomes from the meeting.

#### **10. Reflections on the messages from the workshop / Wrap up from the National Co-ordinator (Prof. Tom Calma AO)**

Professor Tom thanked teams for their presentations and sharing the work that is being done across WA. He reminded teams that this is the third year of the 4-year TIS funding

cycle and that everyone needed to continue their great work to reduce smoking rates in the communities they serve.

## Attendance

The workshop was well-attended, with 46 participants in the videoconference. This included 29 representatives from 8 different TIS teams from across Western Australia.

See [Attachment B](#) for a list of participants.

## Participant Evaluation

Each jurisdictional workshop includes participant evaluation, with both quantitative and qualitative feedback. This assists the NBPU TIS to ensure that future workshops are of most use to TIS teams. When workshops are held face-to-face, participant evaluation feedback is able to be received both online and in hardcopy; with online videoconferences participants are asked to respond using an online survey platform (Qualtrics).

Response rates for online videoconferencing are generally lower than for face-to-face workshops, partly because multiple TIS team members attending through one video location are likely to give one response, and partly because it may be difficult for participants to find the time to respond once they leave the workshop and return to their busy workplaces.

For the WA workshop NBPU TIS used the following approach as a way to increase evaluation response rates in the videoconference format:

- a short video showing how to access the survey through the Zoom chat function, and how to respond to the online questions was played at the start of the workshop;
- a test question was included at the start of the survey, so participants could experience the functionality and flow of the survey process; and
- regular reminders to complete the survey were given at the end of each presentation, and again at the end of the workshop.

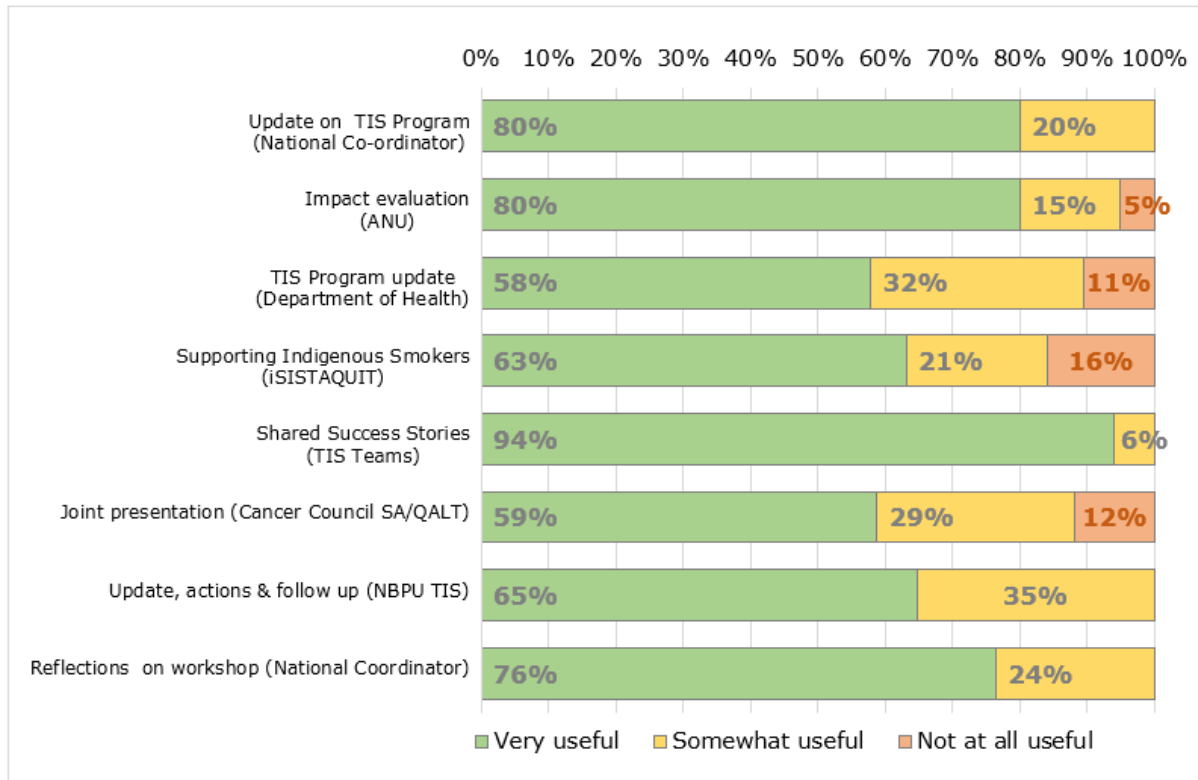
A total of 20 participant evaluation responses were received for the WA jurisdictional workshop. Overall satisfaction with the workshop was high. Sessions were predominantly rated as 'very useful' or 'somewhat useful' (see *Figure 1*).

The session in which TIS teams shared their success stories received the highest rating, with 94% of responses rating this session as very useful and 6% rating it as somewhat useful.

Four sessions were rated as 'not at all useful' by a minority of participants. These were the Impact Evaluation session presented by ANU (1 response), the Department of Health's update (2 responses), overview of ISISTAQUIT (3 responses) and the presentation by Cancer Council SA and QALT (2 responses). One participant did provide further information regarding why the ANU and ISISTAQUIT presentation had not been useful, noting that:

*ANU attends our WA Strategic Aboriginal Tobacco Control Leadership Network so we felt we already were aware of the work occurring hence why we felt the presentation was not of value. ISISTA Quit, the team have viewed the presentation previously at Oceania and pre-recorded at pregnancy round table. This would have been use of time to discuss how to talk about smoking with pregnancy, what interventions work and how to talk with clinicians and community about smoking*

and build capacity of staff (TIS and Health Workers etc.) to support reducing of smoking.



**Figure 1: Participant evaluation of Western Australia jurisdictional workshop sessions, September 2020**

Qualitative comments on the workshop were generally positive, expressing satisfaction in the workshop experience:

*Very informative*

*Zoom worked well with minor disruptions. Well done All!!*

*Fantastic gathering. Thank you so much to the organizers for all the hard work you put into the day. I absolutely loved it.*

*Great day*

*Well done*

*Good job!*

*Recording the session was beneficial and we will use this to link new staff into certain sessions etc*

However, there was also a view that some of the material presented was not new and had been seen before in other forums:

*I feel that some presentation are repetitive and I would [have] liked to see more from the TIS teams...*

*This was a meeting to showcase WA and provide practical and pragmatic support to delivering population health approach to the TIS program. Our team felt that the presentations have been heard before either at previous TIS meetings, Oceania Tobacco Control, WA Aboriginal Strategic Tobacco Control Network Meeting etc. They were interesting but would have been better to pre-record or see out of session.*

*This meeting should be an opportunity for practical support and discussion from the teams on the ground and local to WA. It would be good to see the sharing of what is working, what isn't, the tools being used and how we can link in better via short presentations from each team.*

One participant would also have liked more information about how to deal with an underspend (Department of Health Program Update):

*I am interested in more information on how we can make our organisation share our budget information with us. We have had underspends but we are not told our budget till it is too late to use it.*

Most participants (80%) were happy that enough time had been set aside for discussion, with the remaining 20% feeling more discussion time during the workshop would have been beneficial. No-one felt there was too much discussion. NBPU TIS is continuing to refine the design of workshops to maximise discussion time between participants, noting that this is inherently challenging in the videoconference format and the need to balance participatory processes with the length of the workshops.

The improved rate of satisfaction with discussion time shown by participants in this workshop compared to that from other jurisdictional workshops this year reflects the changes made to the workshop format in response to RTCG participant requests. Despite this improvement, the NBPU TIS recognizes that most suggestions on how to improve the workshop format refer to opportunities to increase discussion time between teams.

## **Feedback on use of Zoom for the workshop**

The Zoom delivery was acceptable to participants, with the use of Zoom rated as 'very good' by almost two-thirds (65%) of respondents and 'okay' by the remaining participants (35%). No-one felt the use of Zoom to be a problem, although one person did state they were '*not a fan of Zoom workshops*' clarifying that this was due to '*trouble with connections.*' Two other participants also expressed a desire to return to in person meetings:

*My internet connection keep on dropping out particularly early on in the workshop. Looking forward to the next face-to-face jurisdictional workshop.*

*Best to have face to face meeting as we learn more from other teams*

Just over half of participants (55%) had a very good Zoom connection during the workshop. The remaining 45% reported having a few problems. No-one found it was not good at all.

Almost two-thirds of participants stated that three hours was just the right length for the workshop (65%). However, a quarter of respondents (25%) felt the workshop was too long. A small number also felt the workshop was not long enough (10%).

Just over a third of participants (35%) felt the number of breaks provided during the workshop was just right. The remaining two-thirds (65%) felt a short break (10 minutes) every hour would have been better. No-one felt there were too many breaks.

The main benefit of using Zoom for the workshop was noted by respondents concerned the visual element, which means you are able to see other participants (and their presentations) as well as hear what they had been doing:

*Was good to see and hear from all the teams*

*You can see people's faces*

*Great just to touch base with everyone*

*That we can see powerpoints*

*See everyone*

People also appreciated the ease and convenience of the Zoom facility:

*It was easy to attend*

*Easy to use*

*Convenience*

*Easy access*

Several positive comments were received about the Zoom format working well. One participant was especially complementary noting that:

*The session was well organised and planned to run on zoom. NBPU were friendly and worked hard to engage with the team. All presenters were well briefed, and the presentations were concise to be engaging so well done!*

It was even suggested that other meetings between NBPU and teams could be facilitated via Zoom:

*Obviously NBPU did not visit our site as planned and at times responses to emails etc. have been delayed. We as a team thought a zoom meeting would be beneficial and more sustainable approach rather than face to face visit this year. We would like a discussion on what we are achieving and where there are opportunities for improvement via our report and activity plan.*

Suggestions about how to improve the workshop included having 'a couple more breaks' during the meeting as well as giving more time over to the teams to present and discuss what they are doing:

*Have the team's presentations to be longer and actually have a time to present properly.*

*More change to discuss as WA network and facilitate discussion between teams.*

*TIS team presentations to be longer and have a little more time to ask each other questions and discuss TIS day to day related things*

*There was also not much opportunity to have input into the agenda for the day which we would have appreciated a bit more of ... [for] our teams.*

It was felt that facilitating this discussion between teams in jurisdictional workshops would enable teams to increase their skills and therefore capacity to deliver health promotion activities:

*We appreciate all the support NBPU provide and the e-newsletter updates are great. It would be excellent to facilitate more discussion between teams, opportunities to link new staff in together and pre-recorded sessions to support with staff orientation around tobacco, health promotion etc. We are struggling to recruit and maintain staff and finding suitably skilled staff is a challenge we would like to see these jurisdictional [workshops] as an opportunity to up skill our teams and build their capacity to deliver HP in the community.*

*This is the whole team's one chance to celebrate success and learn new skills about TIS and HP and those conversations with other teams are paramount to this. This meeting should be an opportunity for practical support and discussion from the teams on the ground and local to WA. It would be good to see the sharing of what is working, what isn't, the tools being used and how we can link in better via short presentations from each team.*

Other suggestions included 'a recorded update from each team' and 'shorter time frames for content' both of which might allow for more discussion time.

TIS coordinators should have a separate meeting 'to discuss challenges and successes' and that 'the earlier presentations could be targeted at them (out of session) to feedback to the teams.' Again this approach would allow more time for discussion during the workshop, although it would also put additional burden on the coordinator since it would require them to (a) attend an additional meeting (b) act as a conduit for information about the TIS program which is currently provided directly to all team members.



# ATTACHMENT A: Workshop Program

## WA TIS Jurisdictional Workshop Program

Thursday 3 September 2020

ZOOM Meeting ID: 979 2909 1374

PASSWORD: 878073



**START TIMES: WA - 9:30am / SA & NT - 11:00am / NSW & ACT - 11:30am**

Duration	Session	Facilitators/Speakers
START TIME	<b>Welcome</b>	
10 MINS	Housekeeping - Zoom meeting workshop guidelines	Benjamin Stewart NBPU Project Officer
5 MINS	Acknowledgement of Country & Introductions	Maxine Turner NBPU Project Officer
30 MINS	National Co-ordinator - Latest Update for the TIS Program and Q&A	Prof. Tom Calma AO National Co-ordinator TIS
30 MINS	Impact evaluation - TIS regional grants on smoking outcomes	Raglan Maddox PhD MPH
30 MINS	Department of Health - Program update and Q&A	Trudy McInnis Department of Health
30 MINS	iSISTAQUIT - Supporting Indigenous Smokers to Assist Quitting, Implementation phase	Associate Professor Gillian Gould
15 MINS	<b>Video conference break</b>	
40 MINS	RTCGR / TIS Team Shared Success Story <ul style="list-style-type: none"> <li>• Bega Garnbirringu HS (5 mins)</li> <li>• Kimberley Aboriginal Medical Service (5 mins)</li> <li>• Geraldton Regional Aboriginal Medical Service (5 Mins)</li> <li>• Mawarnkarra HS (5 mins)</li> <li>• Wheatbelt Aboriginal HS (5 mins)</li> <li>• Aboriginal Health Council of WA (5 mins)</li> <li>• Puntukurnu Aboriginal Medical Service (5 mins)</li> <li>• Ngaanyatjarra Health Service Corp (5 mins)</li> </ul>	NBPU-TIS Desley Thompson
15 MINS	Joint Presentation <ul style="list-style-type: none"> <li>• Cancer Council SA</li> <li>• Quitline Aboriginal Liaison Team WA</li> </ul>	Sarah Agius (Cancer Council SA) QALT Coordinator WA
10 MINS	NBPU TIS - Update/Actions/follow up	Desley Thompson Manager NBPU TIS
10 MINS	National Co-ordinator - Reflections on the messages from the workshop - Wrap up	Prof. Tom Calma AO National Co-ordinator TIS
<b>Workshop close</b>		

## Attachment B: Attendance

	<b>Name</b>	<b>Organisation</b>
1	Tara Rowe	Aboriginal Health Council of Western Australia
2	Samuel Stubbs	Aboriginal Health Council of Western Australia
3	Rickesha Burdett	Aboriginal Health Council of Western Australia
4	Zachary Alexander	Aboriginal Health Council of Western Australia
5	Tricia Pearce	Aboriginal Health Council of Western Australia
6	Dawn Flanagan	Aboriginal Health Council of Western Australia
7	Amanda Collins-Clinch	Aboriginal Health Council of Western Australia
8	Raglan Maddox	Australian National University
9	Annarella Mongoo	Bega Garnbirringu Health Service
10	Ana King	Bega Garnbirringu Health Service
11	Sachin Khera	Bega Garnbirringu Health Service
12	Cassandra Matsumoto	Broome Regional Aboriginal Medical Service
13	Stanley Francis	Broome Regional Aboriginal Medical Service
14	Victor Smith	Broome Regional Aboriginal Medical Service
15	Dwayne Shaw	Broome Regional Aboriginal Medical Service
16	Ben Phillips	Broome Regional Aboriginal Medical Service
17	Mykaela Tullock	Broome Regional Aboriginal Medical Service
18	Sarah Agius	Cancer Council SA
19	Clinton Bennell	Cancer Council SA
20	Trudy McInnes	Australian Government Department of Health
21	Cherie Mincherton	Australian Government Department of Social Services
22	Glenys Gillespie	Derby Aboriginal Health Service
23	Kurt McIntosh	Geraldton Regional Aboriginal Medical Service
24	Allison Hart	iSISTAQUIT – University of Newcastle
25	Gina La Hera Fuentes	iSISTAQUIT – University of Newcastle
26	Tabassum Rahman	iSISTAQUIT – University of Newcastle
27	Joley Foster	iSISTAQUIT – University of Newcastle
28	Jarlyn Spinks	Kimberley Aboriginal Medical Service
29	Jamilah Bin Omar	Kimberley Aboriginal Medical Service
30	Janelle Mowarin	Mawarnkarra Health Service
31	Jeramey Bonney	Mawarnkarra Health Service
32	Penny Stevens	Mawarnkarra Health Service
33	Sandra Coventry	Mawarnkarra Health Service
34	Prof Tom Calma AO	National Coordinator
35	Benjamin Stewart	NBPU TIS
36	Maxine Turner	NBPU TIS

## Attachment B: Attendance

	<b>Name</b>	<b>Organisation</b>
37	Kelly Franklin	NBPU TIS
38	Raquel Kerdel	NBPU TIS
39	Rod Reeve	NBPU TIS
40	Desley Thompson	NBPU TIS
41	Janis Koolmatrie	Ngaanyatjarra Health Service
42	Georgia Thorpe	Ngaanyatjarra Health Service
43	Penney Upton	Health Research Institute University of Canberra
44	AlyssaThompson	Wheatbelt Country Health Service
45	Zoe Ashby-Deering	Wheatbelt Country Health Service
46	Connie Yarran	Wheatbelt Country Health Service