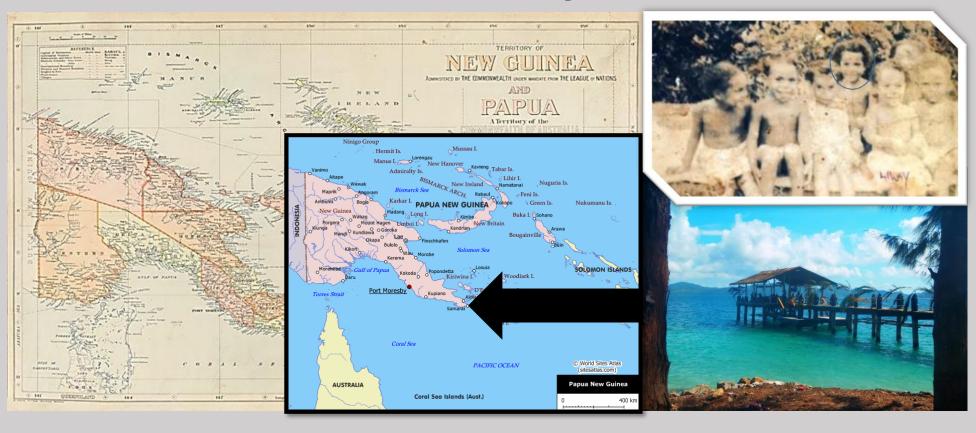


Tackling Indigenous Smoking impact and outcome assessment

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What are we trying to answer?

Have smoking related-outcomes *improved faster* in areas with TIS funding compared to areas without TIS funding?

This includes changes in:

- 1. % of people who smoke
- 2. % of people who quit and stay quit
- 3. Behaviours related to quitting (e.g. calls to Quitline, stop smoking medications, etc.)
- 4. Smoking initiation
- 5. Second-hand smoke exposure, including such as smoke-free homes
- 6. % of women who smoke during pregnancy
- 7. Attitudes about smoking and quitting
- 8. Recording smoking status in health services

What are we going to do?

1. Define boundaries: mapping TIS areas

2. Analyse existing data

a. Analyse new data: *Mayi Kuwayu* Study

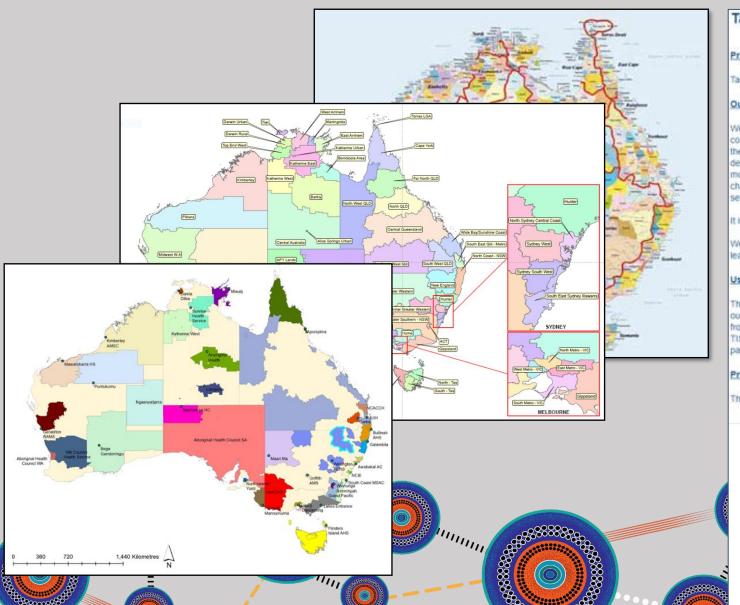
4. Bring findings together

5. Evaluation Report, publications, community feedback

Ongoing discussions and feedback



1. Defining boundaries and intensity



Tackling Indigenous Smoking Program Activity Intensity Tool

Project Title

Tackling Indigenous Smoking: Regional Grants Impact and Outcome Assessment General

Outline of the Project

We want to look at the changes in smoking for Abonginal and Torres Strait Islander peoples living in areas with a TIS team, compared to those without one. To do this, we need to map out who is being reached by TIS services. We will begin by using the boundaries provided by the Department of Health from the TIS funding agreements. We would like to work with you to develop a more detailed understanding of service reach. We would like to know where your service has high levels of activity, moderate levels of activity, and lower levels of activity. We would also like to find out from you how these activity levels changed over time, and whether there were any times during the funding period that your team was unable to provide TIS services.

It is important to note that the information from this interview will not be published or shared with the Department of Health.

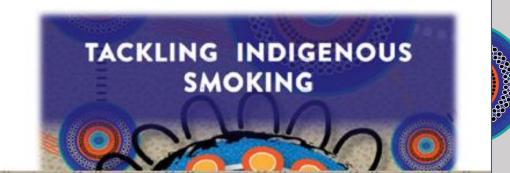
We are inviting all TIS Coordinators (or a representative from the TIS team) to participate in an interview. We would like at least one person from each of the 37-41 current TIS teams to be involved.

Use of Data and Feedback

The information you share with us will help us see if higher levels of TIS activity are linked to improvements in smoking outcomes. We will not share this information with other TIS services, or with other parties. We will provide the information from your service back to you, so that it can be used for future planning. We will provide updates on our research through the TIS Communique and may present at a TIS workshop. A summary of the evaluation findings will be made available to all participants.

Project Funding

This project is funded by the Australian Government Department of Health.



2. Analyse existing data

- No single data source can tell us everything: look at multiple data sources overtime
- No new data collection analyse data that already exist

ABS nationally representative surveys

The National Perinatal

Data Collection

(smoking during pregnancy)

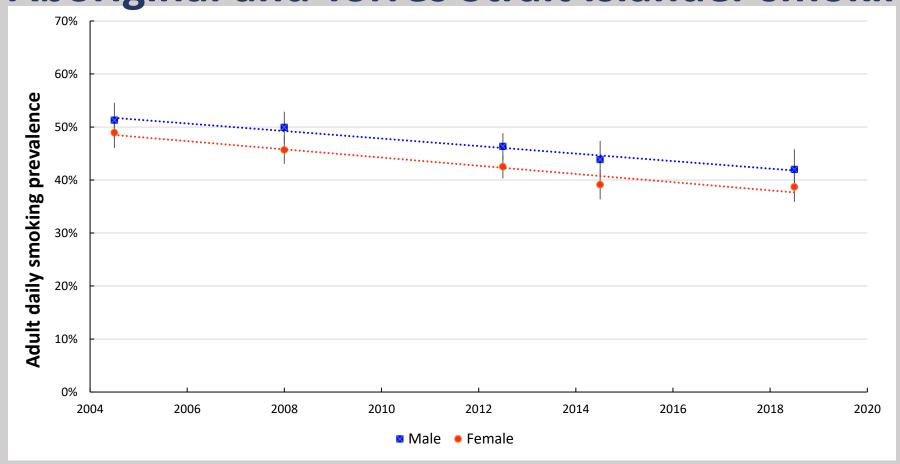
Health services data

Pharmaceutical Benefits Scheme

(stop smoking medications)

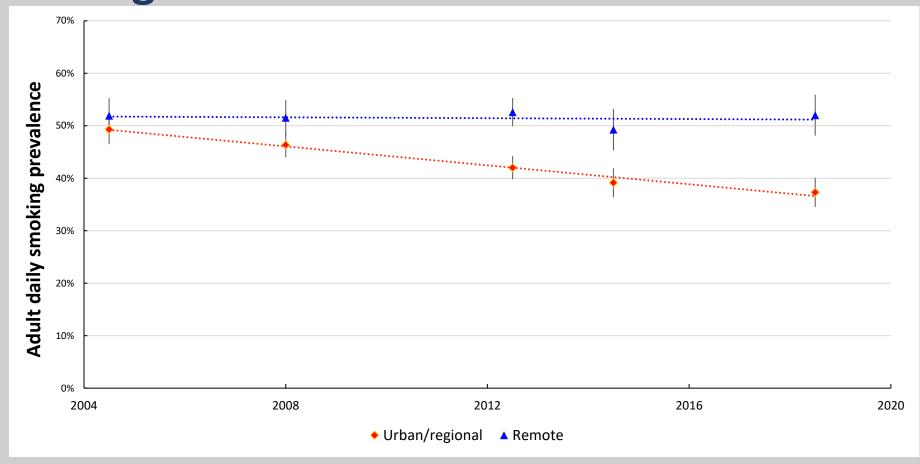
Quitline (quit attempts)





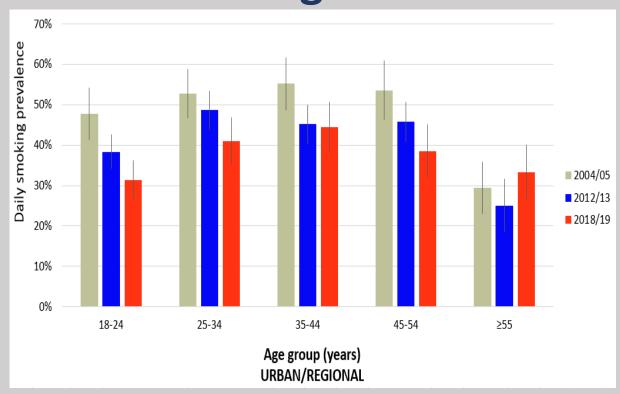
Maddox, R., Thurber, K.A., Calma, T., Banks, E. and Lovett, R. (2020), Deadly news: the downward trend continues in Aboriginal and Torres Strait Islander smoking 2004–2019. Australian and New Zealand Journal of Public Health, 44: 449-450. https://doi.org/10.1111/1753-6405.13049

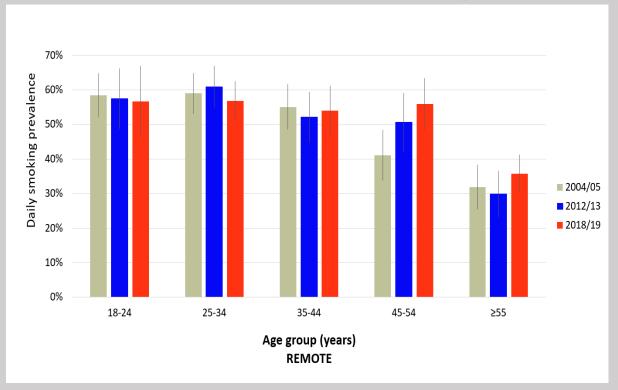




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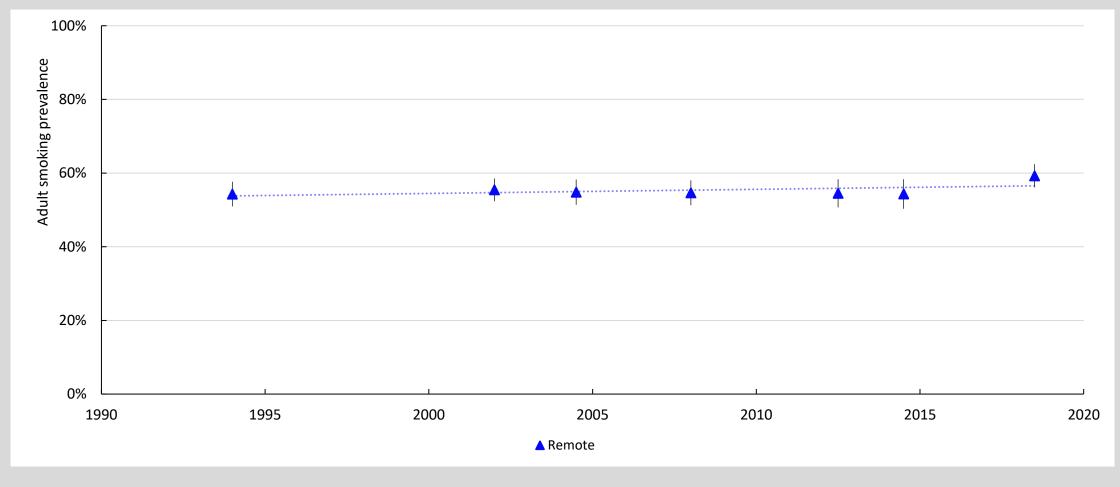


*146,300 daily smokers living in urban/regional settings

*49,000 daily smokers live in remote areas

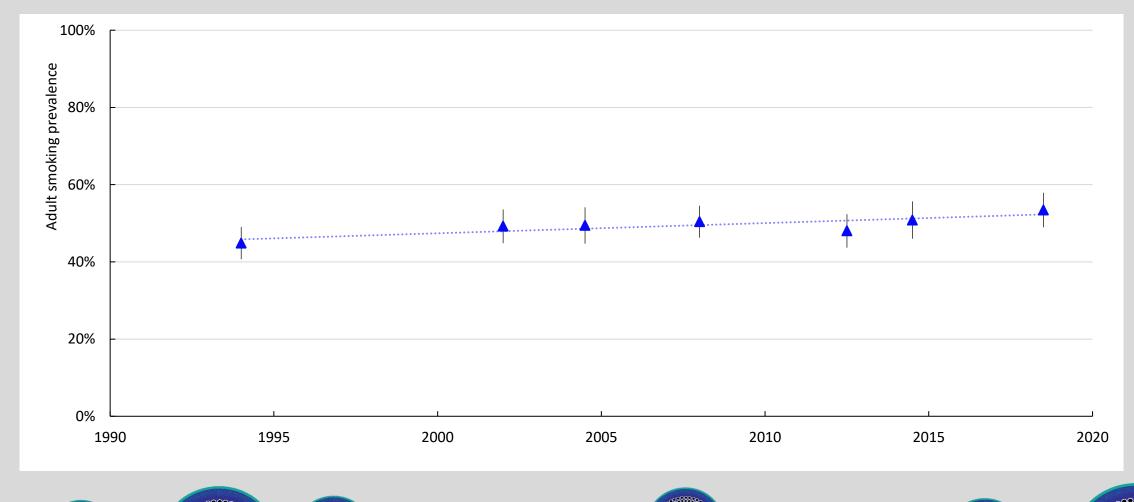
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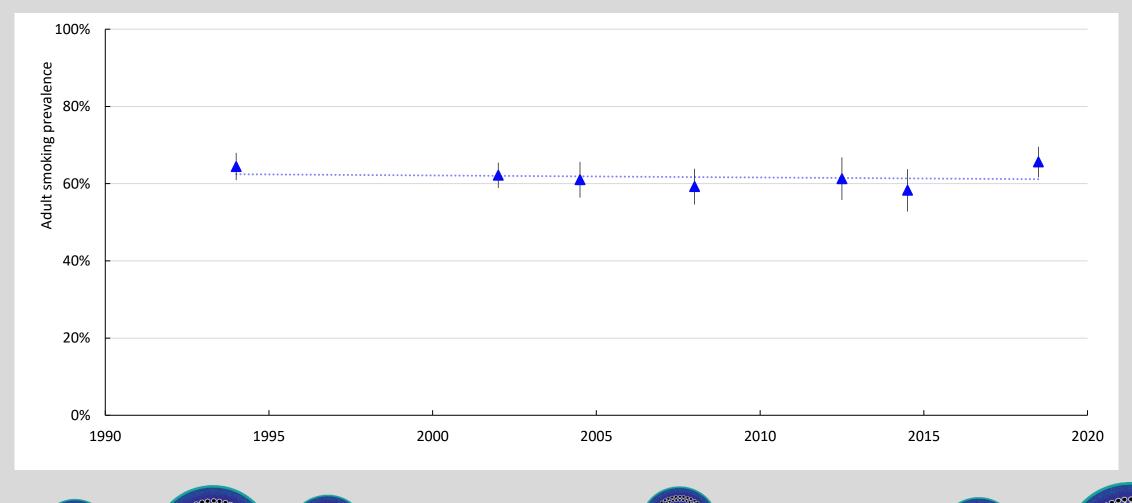


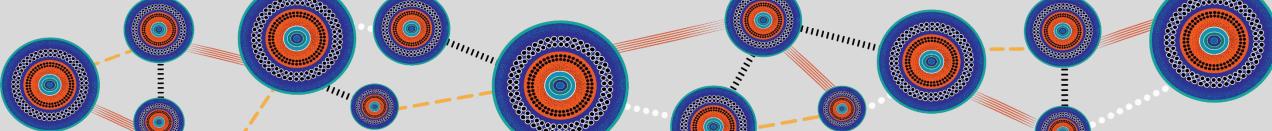
Females





Males

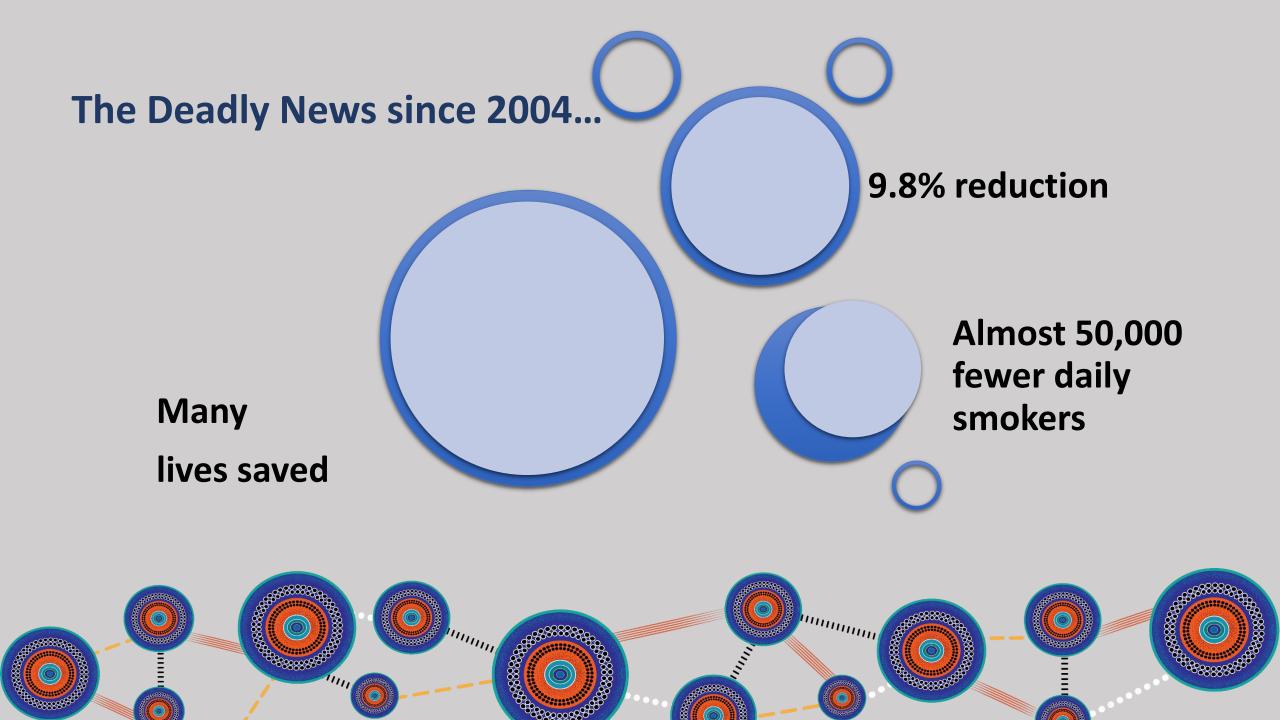




Preliminary findings: Precursory shifts

- Community disapproves of smoking
- Smoking in the home
- Why do you want to quit pregnancy
- Consumption







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