
National Best Practice Unit – Tackling Indigenous Smoking

REMOTE SERVICES WORKSHOP REPORT

3 to 4 March 2021



Introduction

The National Best Practice Unit – Tackling Indigenous Smoking (NBPU TIS) runs a range of workshops to support the effectiveness of the Tackling Indigenous Smoking (TIS) program. The broad aims of TIS workshops include:

- sharing evidence and best practice and strategies for adaptation at local and regional levels,
- resolving implementation challenges,
- enhancing support, collaboration, network building and communication, and
- providing training and tools to assist in program delivery.

The workshops include jurisdictional TIS workshops (1 per jurisdiction per year¹), plus a national workshop for TIS organisation CEOs and Board members (1 per year). In addition, in April 2019 the NBPU TIS organised a one off National Workshop for TIS teams from the 39 TIS Grant Recipients to share their experience, skills and expertise².

Following the success of that workshop, and given that tackling smoking in remote areas is a priority for the TIS program, the NBPU TIS hosted an online workshop for the 22 TIS teams who service communities in remote and very remote Australia on 3 and 4 March 2021. Participants joined a three hour Zoom session on both days, with an offline activity undertaken by teams in between the Zoom meetings.

Designing the workshop

The NBPU TIS held an online survey of remote and very remote TIS teams in early February 2021 to help design the workshop content and format to best meet the needs of participants.

The survey received 17 valid responses from TIS teams across all relevant jurisdictions, with the exception of Tasmania.

Using outcomes from the Remote Service Delivery Yarning Session held at the National TIS Worker's Conference in 2019 and subsequent feedback from individuals and teams since that time, teams were asked to indicate how useful sessions on a range of topics would be in the Remote Services Workshop (see *Figure 1* for a summary of results). Teams were also asked to nominate any other issues that they would like covered.

The results of these questions were used to help determine the program for the Workshop.

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

² See <https://tacklingsmoking.org.au/tis-workforce-information/national-tackling-indigenous-smoking-workers-workshop/>

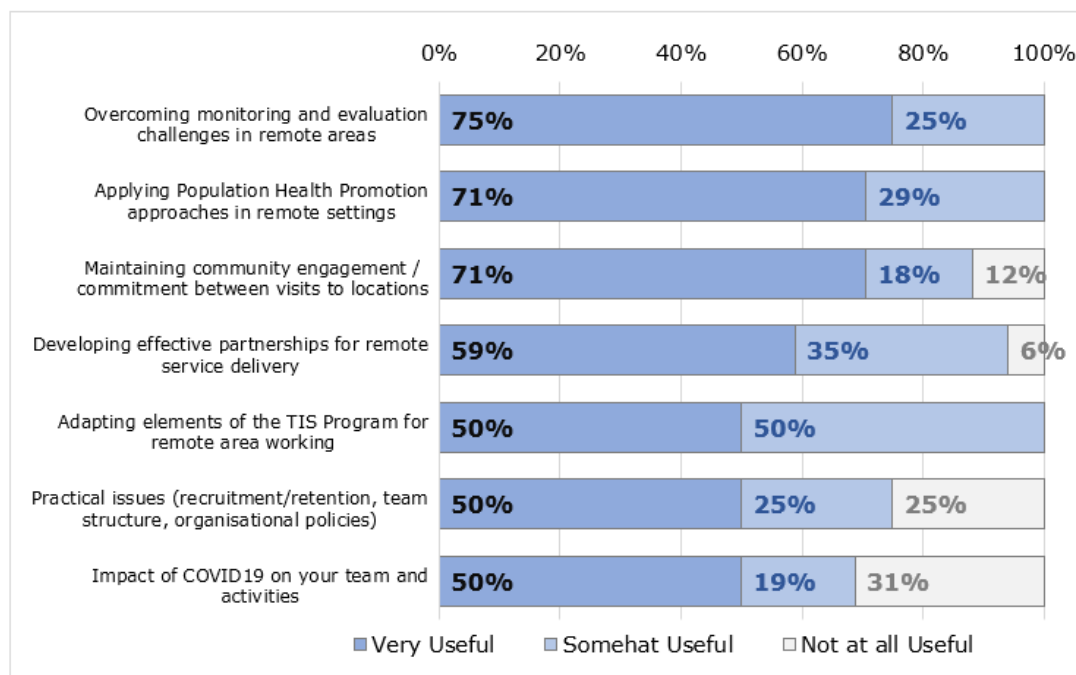


Figure 1: Results of survey of TIS teams on potential sessions for inclusion in the Remote Services Workshop

The survey also sought TIS teams' feedback to determine the format of the workshop: a conventional face-to-face workshop in a single location (Darwin); fully online; or a hybrid format where teams in each jurisdiction (or across more than one jurisdiction if travel restrictions allowed) could gather in a single location, and could then be linked online.

The key issue to determine the format was the extent to which teams were restricted due to COVID-19. While three-quarters (75%) of respondents reported no restrictions on their ability to travel *within* their home State or Territory, the same proportion reported a range of problems with travelling *outside* their jurisdiction.

Given the advantages of face-to-face meetings, some teams suggested delaying the workshop until COVID-19 travel restrictions might be lifted. However, the uncertainty of when this might be, and the priority of focussing on the needs of remote services as soon as possible given the ending of the current funding period in June 2022 meant that this possibility was reluctantly excluded.

It was therefore decided that it was not possible to proceed with a face-to-face workshop as had originally been hoped.

Regarding the 'hybrid' meeting format, respondents were equally split on whether this or a fully online format was the preferred mode of delivery. Given the additional costs to participants and the complexity of a 'hybrid' model, it was decided that its challenges outweighed its advantages.

It was therefore decided to proceed with a fully online format for the workshop but with an emphasis on interactive and out-of-session activities to maximise the engagement within and between teams.

The Program

The Program was developed using the feedback from TIS teams, taking into account the availability of presenters.

To maximise engagement, and to account for time differences across States and Territories, the Workshop was held over two half-days, with interactive sessions, presentations and offline activities. See [Attachment A](#) for an outline of the program as distributed to participants ahead of the workshop.

Summaries of the Workshop sessions follow – please see available participant presentations on the Jurisdictional Workshop presentations page of the TIS Website³ for details.

Day One

1. Key Note Address from the IIS National Coordinator (Prof Tom Calma AO)

The workshop opened with a Keynote address from TIS National Co-coordinator Professor Tom Calma AO, who highlighted the importance of expanding the program to cover more of remote Australia, whilst also acknowledging the great work already happening. Tom also reminded participants of the TIS Program principles of using evidence-based, community-centred population health promotion activities. This included using strengths-based approaches to educate people around the health benefits of smoke free homes, as well the financial savings of not smoking

2. Introduction to the Department of Health team (Nick Pascual)

Nick Pascual, Director of the Child and Family Health Section of the Australian Government Department of Health introduced his team and provided an overview of how tobacco use is tracking against 'big picture' goals including smoking by pregnant Aboriginal and Torres Strait Islander women, youth and adults.

Nick noted that whilst some of these were not on track (such as the goal for mothers who smoke during pregnancy) progress on others was positive, including the goals for youth smoking rates, rates of youth never-smoking, and adult smoking rates. However, smoking rates tended to be higher in remote areas compared those living in non-remote areas, meaning the priority focus on tobacco use in remote communities remains key.

3. An update on what's happening in remote areas re smoking prevalence (Dr. Raglan Maddox)

Dr Raglan Maddox from the Australian National University provided an update on the changes in smoking prevalence in Aboriginal and Torres Strait Islander communities that can be demonstrated from an analysis of 'big data'.

Raglan reminded participants that since 2004 the decline in smoking rates has led to almost 50,000 Aboriginal and Torres Strait Islander lives saved, but that the data suggests this is mostly due to a change in smoking rates in urban areas. However, he explained that if we dig deeper into the data there are definite indicators of a change starting in remote areas too. This includes fewer young people taking up smoking, an increase in smoke free home and changes in community attitudes towards smoking.

³ See <https://tacklingsmoking.org.au/resources/jurisdictional-workshop-presentations/>

4. An interactive session on population Health Promotion (Dr. Penney Upton)

This session used the Zoom interactive white board to record teams' ideas about best practice approaches to applying TIS Program principles. This included:

- where to find evidence for practice,
- approaches to community outreach activities,
- monitoring and evaluation techniques, and
- how to ensure the community is engaged at all stages of activity planning and implementation.

See [Attachment B](#) for a copy of the interactive white board as produced by participants.

Penney then introduced the out of session activity, which focused on applying these principles to supporting pregnant women. Teams were asked to map out the activities happening in their communities that support women to be smoke free during pregnancy and beyond. The map was to include activities happening outside the team (e.g. national and State/Territory action), indirect activities (e.g. smoke free homes and cars) as well as targeted activities.

Teams were then asked to reflect on the strengths of the activities happening across their local system, identify any gaps and think about how they might address these. Teams were asked to capture their discussions in any way they wished (e.g. as a list or a diagram) using butcher's paper or a whiteboard, then send a photo of that work to NBPU so the work could be shared on screen during the feedback session the next day.

5. Four sessions led by TIS teams on Wise Practice (Developing Partnerships, Social Media, Co-designing resources for TIS, Monitoring and Evaluation)

Each of these sessions took a different approach:

- *Developing Partnerships* – this discussion was captured on the Zoom whiteboard and listed the challenges teams face when working with other organisations, as well as team strengths used to address these challenges.
- *Social Media* - this session was led by the team from the Institute of Urban Indigenous Health, who described how Deadly Choices use champions to deliver their messages through Facebook, Instagram and podcasts.
- *Co-designing resources for TIS* – this session was led by the Tobacco Action Team from Bega Garnbirringu, who shared some of the posters, brochures and smoke-free stickers they have produced with input from community.
- *Monitoring and Evaluation* – this session was led by the Aboriginal Health Council of South Australia who shared their rigorous approach to monitoring and evaluating TIS activities and how they use the resulting data as part of a Continual Quality Improvement (CQI) process.

Day Two

6. Social Marketing/Social Media presentation and discussion group (Claudine Thornton)

Claudine Thornton, a visual Content Marketing and Strategist, described best practice approaches to using Social Media Marketing for TIS. Claudine emphasised the importance

of knowing your 'market' as the starting point for any successful campaign. She explained how knowing people's mind-sets at different stages of tobacco use can help in designing a campaign that will speak to people and engage their interest. Claudine also shared her experience of working with Quitline on a recent marketing campaign and provided practical tips for campaigns related to this year's *World No Tobacco Day* in May 2021. This theme was picked up during the breakout group discussions which used Padlet to capture people's ideas⁴.

7. Tobacco Control Guide for health services and discussion group (David Thomas)

Professor David Thomas from the Menzies School of Health Research introduced a tobacco control guide which is based on research evidence and consultations with health providers in the Northern Territory (NT).

The purpose of the guide is to assist NT health services to make achievable improvements in tobacco control and smoking prevalence. It describes three key areas of tobacco control activities all health services should employ – marketing and messaging, smoke free spaces, and tobacco control as a part of routine care.

David described how tobacco control activities should follow seven key principles and confront four myths to increase their impact. These topics and others were considered in more depth during break out group discussions.

It is anticipated that the guide will have a much broader reach than just the NT and could be a useful resource for all remote Primary Health Care services who work with Aboriginal and Torres Strait Islander clients.

8. Offline activity feedback and discussion Offline Activity

Teams were asked to map out the activities happening at various levels in their communities to support women to be smoke free during pregnancy and beyond. They were then asked to reflect on the activities and identify:

- the strengths of these activities,
- any gaps in action, and
- how team strengths might address those gaps

Unfortunately, there was not enough time to share all of the fantastic work that teams had done offline. However, some very clear themes emerged from the mapping work, with teams identifying a number of direct and indirect actions implemented by themselves and others which were addressing smoking behaviours in pregnant women at community, state/territory and national level:

Direct action by teams:

- Education and support programs targeted at pregnant mums (run by TIS teams alone or in collaboration with others);
- working with relevant healthcare practitioners (e.g. midwives, GPs, hospital staff)
- Partnerships with organisational (internal) and local (external) services who work with pregnant women and families;

⁴ This is an ongoing resource which can be accessed here: <https://padlet.com/ctcreative/k9jbeb5zpulxlcj>

- Providing or facilitating education and training for staff who work with pregnant women;
- Targeted social marketing which usually engaged local role models/champions (pregnant women) to promote TIS message.

Indirect Action by teams:

- Smoke free spaces (home, car, stores, workplaces, services);
- Non-targeted social marketing of TIS message;
- Education to youth of reproductive age (Schools and other youth groups/venues);
- Events promoting women's health/healthy life styles;
- Promoting TIS message at other community activities including men's groups;

Activities by other local organisations:

- Targeted activities (eg mums groups, referral to TIS);
- Indirect Action (eg access to quit support at hospitals and clinics, promotion of TIS message);

Broader State, Territory, or National activities:

- Targeted activities (eg tobacco policies prioritising pregnant women, SistaQuit and IsistaQuit, Maternal Child Health Program);
- Indirect Action (e.g. media campaigns to de-normalise smoking and promote positive role models, TIS program and all its elements (Quitline, Quitskills etc), action on broader determinants of health);

Team's identified a number of *strengths* in their approach to implementing population health promotion approaches to working with pregnant women including:

- Local positioning (e.g. local workers, local champions, local messaging);
- Maximising multi-method approaches and messaging (e.g. continuous, consistent reinforcement of TIS message through multiple education sessions and using different methods and media, evidence-based tailored activities);
- Strong relationships and community engagement (e.g. Working closely with local people to ensure program ownership, collaborating with other parts of the organisation to deliver message eg Public health team, family services, midwifery services);

Challenges in service provision were also identified:

- Challenges related to working with clinics (including staff capacity, competing priorities and misunderstanding of TIS role);
- Environmental challenges (including limited access to communities due to weather and access to transport, limited resources in remote settings);
- Social and cultural challenges (including negative social determinants, harmful social norms, competing Community and cultural priorities);
- Capacity of TIS team (staff turnover, lack of access to resources);

Teams were able to identify a number of approaches to addressing the gaps in services resulting from these challenges, typically relating to strengthening the work already in progress, increasing community consultation to co-design solutions and further training to build TIS staff capacity.

9. Exploring Service Delivery Priorities using Mentimeter polling

During this session teams participated in a live poll of priorities for remote service delivery and team strengths for addressing these challenges. Teams voted on the topics presented which prioritised the following challenges for remote area working:

Community/Cultural challenges:

- Applying Population Health Promotion approaches in remote settings
- Smoking not being high up the priority list locally
- Maintaining community engagement and commitment to TIS between visits to locations in your service area
- Navigating community and cultural complexity
- Misunderstanding of the TIS team role
- Social determinants of health
- Resistant communities
- Lack of health literacy
- Transient population

Systems challenges:

- Access to clinical services/NRT
- Adapting elements of the TIS Program (e.g. Quitskills, Aboriginal Quitline, priority groups) for remote area working
- Developing effective partnerships

Training /Workforce challenges:

- Recruitment and retention of staff and male/female balance
- Smoking attitudes and behaviours at my organisation
- Organisational policies around use of social media
- Identifying appropriate M&E approaches to use
- Access to community due to weather/road conditions
- Unable to travel/time spent in remote areas/inadequate face to face support/cost of travel

Participants also identified several team strengths that were important for addressing these challenges:

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

- Employing a local workforce to overcome barriers of language and ensure sustained activity
- Community connection and role models, ambassadors, elders and knowing the locations
- Cultural sensitivity, knowledge and practices
- Genuine mutual relationships between Indigenous/non-Indigenous staff and community Recognition by local health agencies and being known in the community
- Word of mouth and sharing information

10. Closing remarks (Prof Tom Calma AO)

Professor Tom thanked all the participants for their engagement in the workshop. He said that TIS teams should feel proud of the work they are doing, with the TIS program making a significant contribution to the fall in smoking rates which is saving the lives of many Aboriginal and Torres Strait Islander people. He reminded participants of the importance of working with and mobilising other organisations seeking to reduce smoking rates.

Tom stated that the health and wellbeing benefits being demonstrated by the TIS program makes the case for it to be extended beyond June 2022. It is important that the program and its successes get the exposure deserved so that the rest of the nation can see how valuable TIS work is. He suggested that Grant Recipients do this through:

- sharing best practice resources through the Tackling Indigenous Smoking Resource and Information Centre (TISRIC),
- inviting the local leaders to TIS events, and
- profiling events to get wide publicity.

Tom also reminded teams to go back and share their learnings from the workshop with colleagues who had not been able to attend, including non-TIS managers so that they know the successes as well as understand the challenges to the program so as to help overcome them.

Some of the barriers emerging from the workshop that need to be addressed included:

- *Restrictions on social media activities.* TIS teams have a job to do and that includes marketing through social media. If organisational social media policies impede a team's capacity to do that job, and the issue cannot be resolved internally, it is important to speak to the NBPU TIS who may be able to assist.
- *Confusion over the TIS team role.* TIS is a health promotion approach focussed on the whole population. It is not about providing smoking cessation for individuals, which is a core service for primary health care services. Accordingly, TIS work is predominantly outreach to communities, not one on one clinical support.
- *Misinformation about vaping, NRT and efficacy of treatments* needs to be corrected in order to overcome common myths and promote quitting.
- *Restrictions on community visits due to lack of time or funding.* The TIS program is well-funded, so there should be no impediment on teams getting out to communities and spending as long out there as needed.
- *Difficulties with staff recruitment.* Ways to overcome this include partnership with other organisations who do similar work (e.g. Heart Foundation). It is important to

be creative and make best use of the financial resources you do have, even if you don't have the human resources.

- *Teams not knowing their budgets.* This must be addressed to avoid underspends: the TIS program is addressing a substantial, real need in the community and teams need to be able to spend their funding to address this need and ensure they are in the best position to obtain future funding for themselves and the TIS program as a whole.

Highlights of the workshop noted by Tom included:

- the best practice videos and posters shown on Day One,
- the new resource presented by David Thomas, which should ensure other key players such as primary health care services play their part in tackling smoking,
- the messaging from Claudine Thornton about getting into the mindset of the people we want to reach, and
- the way ambassadors can be used to get the message across as described by Deadly Choices;

Finally Tom reminded everyone of the importance of planning for activities, pointing towards the potential of the boundaries map on the website for helping teams to understand the demographics of the communities they work with and allowing teams to keep up the good work!

Registration / Attendance

The workshop was well attended by 61 participants on the first day (42 from Grant Recipients) and 57 on the second day (38 from Grant Recipients). On Day 1, 19 out of the 22 TIS teams serving remote and very remote areas attended and on Day 2, 88 of the 22 teams (see Figure 2). See [Attachment C](#) for a list of participants and the organisations they represented, noting that this may not include all participants as multiple TIS Team members may have been present at the meeting but sharing a single screen so may not be counted / listed.

| Number of Participants | Day 1 | Day 2 |
|--------------------------|-----------|-----------|
| TIS National Coordinator | 1 | 1 |
| Grant Recipient | 42 | 38 |
| Department of Health | 5 | 4 |
| Other | 2 | 3 |
| NBPU TIS | 11 | 11 |
| TOTAL | 61 | 57 |

| Number of Grant Recipient organisations | Day 1 | Day 2 |
|---|-----------|-----------|
| Number of organisations | 19 | 18 |

Figure 2: Registration / attendance at TIS Remote Services Workshop, March 2021

Participant Evaluation

Evaluation surveys were completed by the majority of attendees (Day 1 - 25 responses, Day 2 - 27 responses).

All sessions were rated as either very useful or somewhat useful by at least 84% of respondents. On Day One the three sessions rated highest were:

- *Example of Wise practice: Social Media*, rated as very useful by 78% of respondents
- *Update on what's happening in remote areas re smoking prevalence*, rated as very useful by 67% of respondents
- *Example of Wise practice: Developing Partnership*, rated as very useful by 67% of respondents

Day Two sessions rated highest were:

- *Tobacco Control Guide for health services and discussion group*, rated as very useful by 67% of respondents
- *Closing remarks*, rated as very useful by 67% of respondents
- *Exploring Service Delivery Priorities using Mentimeter polling*, rated as very useful by 65% of respondents

See *Figure 3* and *Figure 4* below.

In addition to the formal sessions of the Workshop, showcases were provided during the three virtual breaks on Day One for examples of good practice by the TIS teams including videos and posters. Almost four-fifths (79%) of respondents to the survey reported that they had watched at least some of these showcases (37% watched them all, 42% saw some of them).

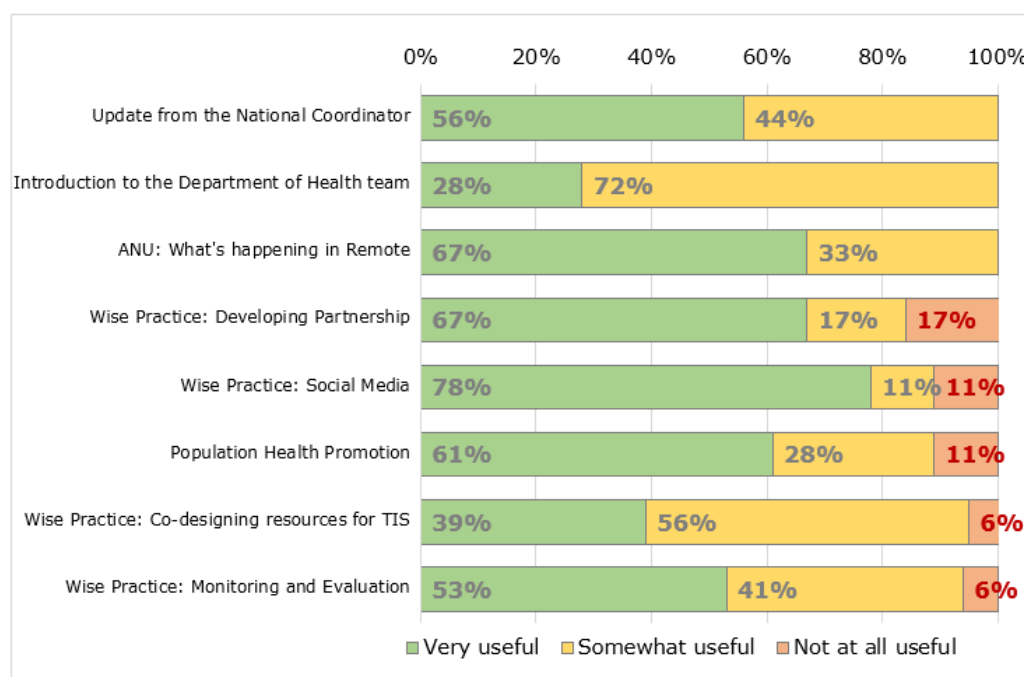


Figure 3: Participant evaluation of Day 1 sessions of the TIS Remote Services Workshop, March 2021

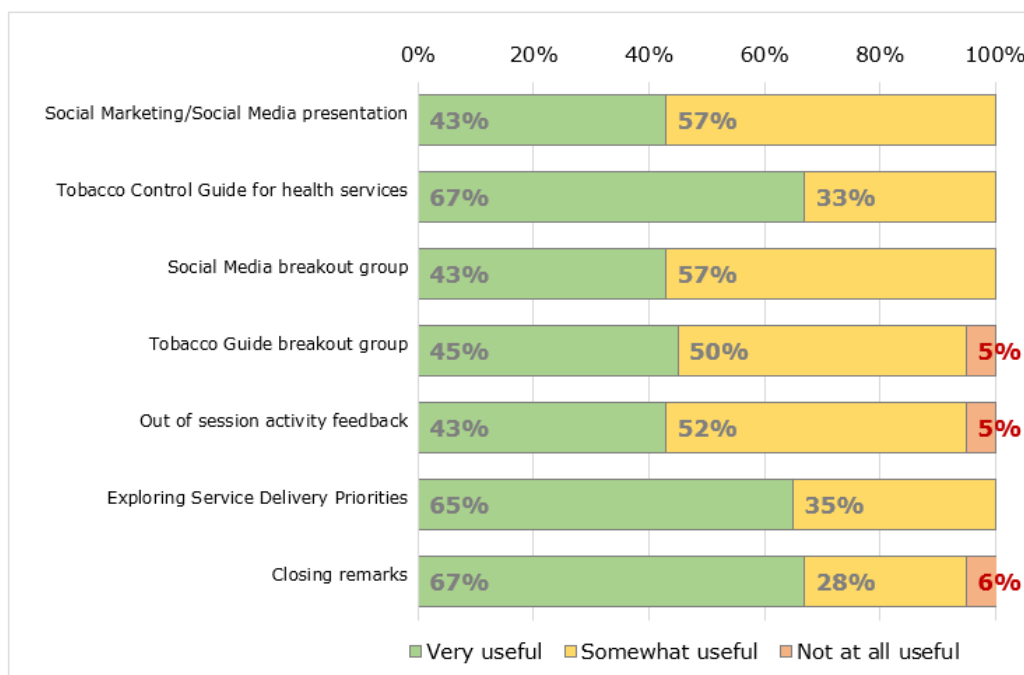


Figure 4: Participant evaluation of Day 2 sessions of the TIS Remote Services Workshop, March 2021

As well as feedback on individual sessions, the evaluation also sought participant views on the structure and format of the online workshop.

The majority of respondents (86%) felt the time spent online over the two days of the workshop was just right. The remaining 14% felt it was too long. No one felt it was not long enough.

The majority of respondents (95%) felt a follow up workshop held in person later in the year would be useful, with 71% feeling attendance would be possible for their team. The remaining respondents were not sure how useful a follow up meeting would be (5%) or whether they could attend a face to face meeting (29%).

Almost all participants reported having a very good problem free Zoom connection during the workshop (92% Day 1 and 82% Day 2). No one had a very bad connection.

Almost three quarters of respondents felt enough time was allowed for discussion during both days of the workshop.

Feedback on the interactive nature of sessions was also very positive and included comments such as:

Great effort to get engagement over zoom. Well done.

Realise due to COVID 19 this workshop could only be online etc, however it was very challenging to maintain interest and attention to the sessions. Not particular sessions, just in general. Really enjoyed the interactive last session, was great for immediate responses. Thanks to NBPU and everyone involved for making this happen!

I think workshops (like this) that are interactive and share stories, achievements, etc are very helpful for TIS teams in rural/remote areas.

the concurrent sessions were really great having that time to talk in more detail with the presenter

thank you for the opportunity to hear from others

enjoyed it thoroughly gave some ideas for way forward.

There were also some constructive comments on how the workshop might have been improved, including:

I think longer presentations with more discussion time and activities would have been great, but really enjoyed the first day!

While it's good to have short, sharp sessions, it did feel a little rushed and presenters were only able to speak at the superficial level. I feel a face to face workshop would have been more beneficial.

The workshop was too long dragged at the end of day 2. Please keep up with time and buzz presenters if they are going too long.

Would really like to hear more from the local workers delivering TIS.

Discussion was very basic/entry level. Which is great for those new to this space & TIS program. I was hoping for discussion at a more advanced level.

Would it be possible to consult with TIS teams for future workshops/meetings etc. for feedback on the agenda. Perhaps sending a survey monkey.

Lessons for future workshops

While recognising the generally very positive response to the workshop, the NBPU TIS is committed to listening to feedback to continue to ensure that TIS workshops (including jurisdictional workshops) meet the needs of participants. There are four areas that we will discuss and consider for future workshops, as follows:

1. For online workshops, consider scheduling fewer sessions but give each more time especially to allow discussion and sharing of ideas. Making some materials available off line and encouraging teams to discuss these together prior to the workshop may assist this.
2. Further support for interactive, peer-to-peer learning that encourages interaction by more TIS team members. This could be through providing more sessions led by the TIS teams themselves, or more breakout sessions with fewer participants.
3. Follow up teams to ensure that the NBPU TIS has the most recent / appropriate contacts so that invitations to participate in workshop design are received by the correct person. While the NBPU TIS surveyed teams to help design the content and format of the workshop (see page 2), it was clear from some feedback that this had not been seen by some TIS team members.
4. Note that face-to-face workshops are preferred so plan to use these whenever possible.

ATTACHMENT A: Workshop Program

DAY ONE – Wednesday 3 March 2021

Pre-workshop requirement for each TIS team

Prior to the workshop, please post one or two examples of your recent impactful TIS health promotion work to TISRIC. Posting your good news stories and ideas is an important part of the way TIS teams work, learn and share knowledge.

| Time (SA TIME) | Session Name | Speaker | Presentation Details |
|----------------|--------------------------------|--|---|
| 1pm | Zoom workshop officially open | | |
| 10 mins | Acknowledgement of Country | Facilitator | |
| | Welcome & Housekeeping | Facilitator | <p><i>Welcome to the 2-day Remote Services workshop for TIS (including housekeeping)</i></p> <ul style="list-style-type: none"> • <i>Introduction to the NBP TIS.</i> <ul style="list-style-type: none"> ○ <i>Project Director</i> ○ <i>Manager</i> ○ <i>Project Officer's</i> ○ <i>Support Staff</i> • <i>Introduce Consortium members</i> <ul style="list-style-type: none"> ○ <i>Assoc. Prof Penney Upton University of Canberra</i> ○ <i>Health Info Net</i> • <i>Introduce the National Coordinator Prof Tom Calma AO</i> |
| 25 mins | Keynote Address | Prof Tom Calma AO, National Co-ordinator TIS | Update from the National Coordinator |
| 10 mins | Department of Health | Nick Pascual, Director, Child and Family Health, Indigenous Health | Introduction to the Department team, reason for the focus on remote from DoH perspective |
| 10 mins | Virtual break | Video | TIS Teams Social Marketing Showcase (TV ads) |
| 20 mins | Australian National University | Raglan Maddox PhD MPH | What is happening in Remote – evidence from big data |

Workshop Program (continued)

| Time (SA TIME) | Session Name | Speaker | Presentation Details |
|----------------|--|----------------|--|
| 10 mins | Theme 1 - Developing Partnership | TIS Team (TBC) | Example of wise practice |
| 10 mins | Theme 2 - Social Media | TIS Team (TBC) | Example of wise practice |
| 10 mins | Virtual break | Presentation | TIS Teams Health Promotion Showcase (Posters) |
| 20 mins | Population Health Promotion | Penney Upton | Reminder of the principles of Population Health Promotion Approach and introduction to the out of session activity (working with pregnant women and families) |
| 10 mins | Theme 3 – co-designing resources for TIS | TIS Team (TBC) | Example of wise practice |
| 10 mins | Theme 4 - Monitoring and Evaluation | TIS Team (TBC) | Example of wise practice |
| 10 mins | Wrap-up | Facilitator | <i>Brief overview of the day. Check for any burning issues/comment/s feedback. Briefly go over the next day's proceedings, particularly when registration is open.</i> |
| 3:45 pm | Close | | |

Workshop Program (continued)

DAY TWO – Thursday 4 March 2021

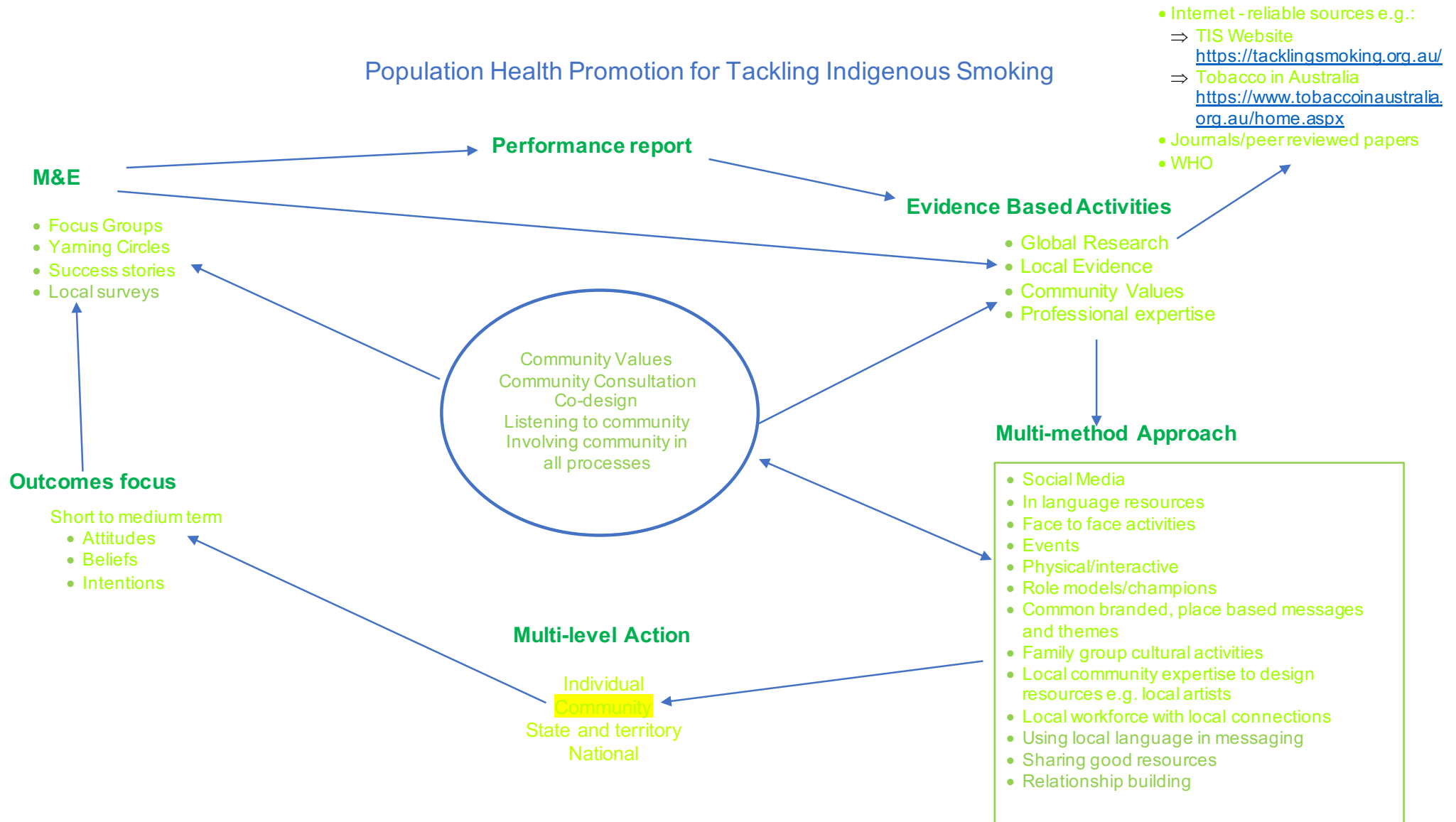
| Time | Session Name | Facilitators/Speaker | Presentation Details |
|----------------------------|-------------------------------|--|---|
| 1pm | Workshop Open | | |
| 15 mins | Opening remarks | Facilitator | <i>Brief recap on yesterday's proceedings and what is on the program for the day</i> |
| 30 mins | Social Marketing/Social Media | Claudine Thornton (TBC) | <i>Introducing Social Marketing through social media Training Tool for TIS teams – best practice for planning your campaign</i> |
| 30 mins | NT Remote Toolkit | Professor David P Thomas, Head, Tobacco Control Research | <i>Developing remote working which is informed by Local Evidence- best practice for collecting that evidence</i> |
| 10 mins | Virtual break | | |
| CONCURRENT SESSIONS | | | |
| 20 mins | Breakout group 1: | Claudine | <i>Discussion around planning social media marketing campaigns</i> |
| | Breakout group 2: | David Thomas | <i>Discussion around collecting evidence in remote settings (M&E)</i> |
| 20 mins | Breakout group 2: | Claudine | <i>Discussion around planning social media marketing campaigns</i> |
| | Breakout group 1: | David Thomas | <i>Discussion around collecting evidence in remote settings (M&E)</i> |
| 10 mins | Virtual break | | |
| PLENARY SESSIONS | | | |
| 30 mins | Out of session feedback | Facilitator | Feedback from out of session work – group discussions from the previous day will have been captured on butcher's paper/whiteboard and a photo of that work sent to us so we can share each piece of work on screen, and a nominated speaker from each group will give an overview |

Workshop Program (continued)

| Time | Session Name | Facilitators/Speaker | Presentation Details |
|---------|---------------------------------------|--|--|
| 30 mins | Exploring Service Delivery Priorities | All teams – live polling exercise | <p>Key Priorities - Using our strength to overcome challenges</p> <ul style="list-style-type: none"> - NBPU to build a live poll of priorities for remote service delivery based on previous feedback from teams who work remotely, along with learnings from the current workshop. Teams will vote on the topics presented and together the workshop will decide on an order of importance. The focus will be on how team strengths can be used to overcome remote service delivery challenges |
| 15 mins | Closing remarks | Prof Tom Calma AO, National Co-ordinator TIS | <ul style="list-style-type: none"> - Wrapping up the workshop - Next steps |
| 4:30pm | Close | | |

ATTACHMENT B: Interactive Whiteboard – Population Health Promotion for Tackling indigenous Smoking

Population Health Promotion for Tackling Indigenous Smoking



ATTACHMENT C: Attendance

| Organisation | Participant* |
|---|---|
| TIS National Coordinator | Tom Calma |
| Aboriginal Health Council of South Australia | Jessica Stevens Tim Lawerance Trevor Wingard |
| Anyinginyi Health Aboriginal Corporation | Reanna Bathern Name unknown |
| Apunipima Cape York Health Council | Carrie Rolfe Jodie Fitzpatrick |
| Bega Garnbirringu Health Service | Ana King Annarella Mongoose Jack Champion Naureen Sultan Sachin Khera |
| Central Australian Aboriginal Congress | Justine White Name unknown |
| Flinders Island Aboriginal Association | Ty Ebdon |
| Geraldton Regional Aboriginal Medical Service | Brent Walker Denise Garlett Jodi Whitby |
| Institute for Urban Indigenous Health | Keiron Lander Luke Dumas Nathan Appo Patrick Johnson |
| Katherine West Health Board Aboriginal Corporation | Jessica Hagley |
| Kimberley Aboriginal Medical Services | Mandy McSherry |
| Maari Ma Health Aboriginal Corporation | Cathy Dyer Sharon Hooker Tiffany Lynch |
| Mawarnkarra Health Service Aboriginal Corporation | Holly Randall Jeramey Bonney Reagan Hicks |
| Miwatj Health Aboriginal Corporation | Gordon Boot Juliette Mundy Justine White |
| Nganampa Health Council | Cyndi Cole |
| Puntuturnu Aboriginal Medical Service | Jodi Whitby Nicholas Haney Robby Chibawe |
| Sunrise Health Service | Cecilia Johns Janita Gibson Sam Bigwood |
| Torres Health Indigenous Corporation | Joanna Michael Paula Arnol |

Attendance (continued)

| Organisation | Participant* |
|---|---|
| Victorian Aboriginal Community Controlled Health | Dean O'Loughlin Louise Green |
| Wellington Aboriginal Corporation Health Service | Chris AhSee |
| West Australian Country Health Service | Adam Ryan Caitlyn AhSee Jaden Wright |
| Wurli Wurlinjang Aboriginal Corporation | Peter Gazey |
| Australian Government Department of Health | Nick Pascual Clayton Irwin Jean Wasaga-Thompson Jo Barrett-Menzies Marlene Duus |
| Australian National University | Raglan Maddox Shauvann Wells |
| Menzies School of Health Research | David Thomas |
| National Best Practice Unit Tackling Indigenous Health | Rod Reeve Ashleigh Parnell Benjamin Stewart Courtney Aarons Eileen Van Iersel Kelly Franklin Maxine Turner Penney Upton Raquel Kerdel Scott McLennan Sunil George |

* Note that the Attendance List is taken from the Workshop sign-in sheet. Due to the online format, it has not been possible to identify all participants, for example because multiple TIS Team members may have been present at the meeting but sharing a single screen.