

Themes from the off-line activity

Direct Action

- 1. Targeted programs run by TIS teams alone or in collaboration with others**
 - Providing education and support to quit through targeted yarning circles and support groups with pregnant mums;
 - Family focused education and support for quit/smoke free homes;
 - Working in collaboration with other programs that work with pregnant mothers to provide education and support;
 - Providing education and information via mums and bubs groups
 - Pamper groups and incentive programs
 - Education sessions at venues where pregnant women and young mothers visit;
 - Education through Maternal Early Childhood Sustained Home-visiting (MECSH) groups;
 - Deliver school education programs to targeted schools e.g. schools which support young pregnant women to continue their education during pregnancy and after birth of baby
 - Connection with school nurses to help educate and support young pregnant women through quitting smoking for the benefit of the baby
- 2. Working with relevant healthcare practitioners (e.g. midwives, GPs, hospital staff)**
 - Working with the midwives at GP clinics to support pregnant clients;
 - Working with hospitals to target pregnant women who smoke;
 - Supporting GPs to support pregnant women who smoke
- 3. Partnerships with relevant organisational (internal) and local (external) services**
 - MECSH
 - Maternal Child Health Team
 - Connected Beginnings
 - Catholic Care
 - Baby One Program
 - Family wellbeing services
 - AOD services
- 4. Providing or facilitating education and training for staff who work with pregnant women**
 - Provide training to Maternal Child Health/Indigenous Health Workers (MCH IHW)
 - Quitskills training for midwives and other staff
 - In service training for midwives and other staff
 - Training for Australian Nurse-Family Partnership Program (ANFPP) staff
 - Development of easy to understand desktop resource for practitioners and clients which will include section on smoking in pregnancy
- 5. Targeted Social Marketing**
 - Engage local role models/champions (pregnant women) to promote TIS message
 - Social Media campaigns focused on pregnant women

- Traditional media campaigns – e.g. Radio advertising/programs, TV ads, newspaper articles
- Sharing images and messages via banners and posters in relevant services
- Champions/campaign identified and celebrated through all media

Indirect Action

1. Smoke free spaces (home, car, stores, workplaces, services)

- Provide resources that promote smoke-free homes and cars (posters, air-fresheners, stickers, towels)
- Provide support to families at their homes by delivering group education sessions on second-hand smoking;
- Supporting organisations (including stores and sports clubs) to develop/update/implement smoke-free policy;
- Providing smoke-free signage to organisations (eg stores, sports clubs)
- Promotion and sponsorship of smoke free events;
- Smoke-free Pledges;

2. Non-targeted social marketing

- Development of local Social Marketing campaigns delivered through
 - Traditional media messages - radio, tv ads
 - Social media messages
- Bus campaign, billboards, posters etc
- Develop age appropriate methods to promote TIS messaging

3. Education to youth of reproductive age

- Education sessions at High School
- Developing local resources with youths
- Education to out of school programs such as STARS, Clontarf etc
- Attend Community Youth Summits to promote smoking messaging to youth
- School camps

4. Events promoting women's health/healthy life styles

- Offering women's specific programs
- Participate in public events/community activities that promote women's health
- Gapuwiyak Women's walking group
- Cooking classes

5. Promote TIS message at other community activities

- Activities that promote lifestyle changes including smoking cessation;
- All community engagement activities and events
- Learning on Country Activities
- Health Promotion activities with stakeholders who work with families e.g. Families as First Teachers (FaFt groups)
- Men's health program
- Supporting fathers to quit

Activities by other local organisations

1. Targeted activities:

- Mums groups
- Local private clinics offering support to pregnant women
- Connected beginnings program
- Non-TIS incentives programs for pregnant women
- Referral to TIS early in pregnancy
- Obstetrician visits to community

2. Indirect Action:

- Aboriginal Liaison Officers at Hospitals – offering support and advice
- Smoking cessation nurse at the hospital
- Resources left in the community that display awareness messages and where to access quit support services;
- TIS Promotion bags provided to hospital and clinic clients;
- Resources translated into local languages;
- Clinical staff promotion of TIS program and referral to TIS program
- Weekly Clinic Quit Days

Broader State, Territory, or National activities

1. Targeted activities:

- Tobacco policies placing pregnant women and their families as priority population group
- Quit Tas - free NRT, pregnancy quit packs
- SistaQuit and IsistaQuit research study/trial
- MECSH Program
- Maternal Child Health Program
- Families as First Teachers program
- Connected Beginnings
- Child Care
- Baby HUB
- Smoke Free Generation campaign (includes a target at pregnancy)
- Sharing of other TIS teams videos resources etc on smoking in pregnancy on Facebook and clinic tv's

2. Indirect Action:

- State and Territory media campaigns to de-normalise smoking and promote positive role models
- TIS program and all its elements (Quitline, quitskills etc)
- Don't make smokes your Story campaign
- Graphic warnings on cigarettes
- Border protection – decreases illegal tobacco etc
- Australian Gov. Dept of Health Tobacco Control Plan
- Tobacco control / sales legislation
- Broader determinants of health:
 - Strategies to increase school attendance

- Investment in diversionary activities for young people
- Strategies to improve food security

TIS team Strengths

1. Local positioning

- TIS workers are local people
- Community driven activities
- Local partnerships and collaboration
- Using local champions
- Messaging is locally developed and culturally appropriate -
- Participating in community public events
- Community consultation
- Local elders as cultural advisors

2. Maximising multi-method approaches and messaging

- Continuous reinforcement of the prevention messages through multiple education sessions and methods
- Reach through different platforms e.g. social media, radio, trad media
- Consistent approach across messaging
- Branding – recognisable, increase exposure to all campaigns
- Evidence based strategies
- Holistic approach i.e. healthy lifestyles
- Messages are tailored to and developed for priority group – mums to be, people of reproductive age
- Staff are non-smokers so good role models
- Involving whole family once it is culturally appropriate to do so

3. Strong relationships and community engagement

- Building rapport with pregnant mums
- Inclusive school environment – often parents attend
- Work closely with other parts of the organisation eg Public health team, family services, midwifery services
- All ante-nates engaged with health programs
- Aboriginal and Torres Strait Islander leadership – stamping presence in mainstream community
- Using local artists to develop resources and featuring local pregnant women for posters gains community buy in and ownership
- Listen to what pregnant women want to provide tailored support

Gaps

1. Challenges related to working with clinics:

- Capacity of clinical staff
- Staff turnover in the remote
- limited knowledge and support from local staff
- Competing priorities of stakeholders, including clinical KPIs

- Perception that smoking cessation is TIS business only
- Organisational challenges – e.g. clinicians updating smoking status in client records
- Time constraints of staff
- Capacity of local clinic to continue cessation support/quit support
- Hard to tap into outside orgs that service pregnant women

2. Environmental challenges

- limited access to transportation.
- Extreme weather conditions
- Limited resources in very remote
- Internet – access and limitations of service in remote areas

3. Social and cultural challenges

- Compliance (family issues no social support, mental health problems).
- Negative social determinants.
- Peer pressure and harmful social norms.
- Community priorities
- Social determinants of health – ability to address
- Health literacy
- English is not first language
- Community and cultural priorities
- School attendance rates
- Hard to engage with pregnant women– e.g. unplanned pregnancy often don't attend clinic, or women not in community at time of TIS visit

4. Capacity of TIS team

- Recruitment to TIS team and community-based positions
- staff turnover
- providing services to many diverse communities
- Lack of work space, access to ICT etc.
- Population health approach
- Staff capacity

Using strengths to plug gaps

- Develop closer working relationship with clinic and community-based staff
- Provide more education and training to clinic and community staff to increase knowledge and awareness and build capacity
- Strengthen activities directly aimed at priority groups
- Strengthen Social Marketing messages aimed at priority groups
- Strengthen Social Media messages aimed at priority groups
- Training in social media campaigns
- Undertaking focused consultation with the community to identify a way forward (Direct action through new co-designed activities)
- Advocating for change in organisations;
- Develop resources in language;
- Partnership working with external organisations;
- Evaluation and benchmarking of activities
- Using incentives/Pamper days
- strengthen our approach in supporting smoke free organisations
- share the responsibility of smoke free pregnancies, - whole of family approach

- building rapport/connections with our client base is essential (going on home visits with midwives/ sit in consults with people who are pregnant and are concerned about tobacco)
- Build capacity of TIS staff to lead/drive collaboration with stakeholders

Gaps teams are unable to fill

- Peer pressure – need ongoing education sessions to change the norms.
- Providing trauma-informed care.
- More robust advertisement needed to fill the vacant positions.
- Delivering culturally appropriate content to indigenous men about women's health
- Retention male workers