# National CEO TIS Workshop





Video Conference 25 May 2021

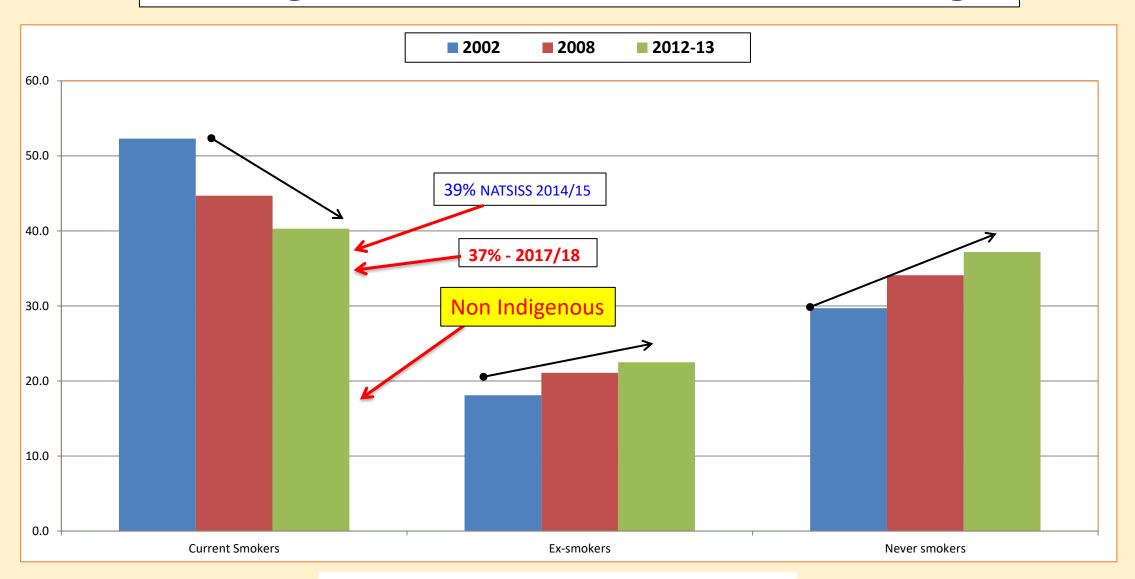


### **Prof Tom Calma AO**

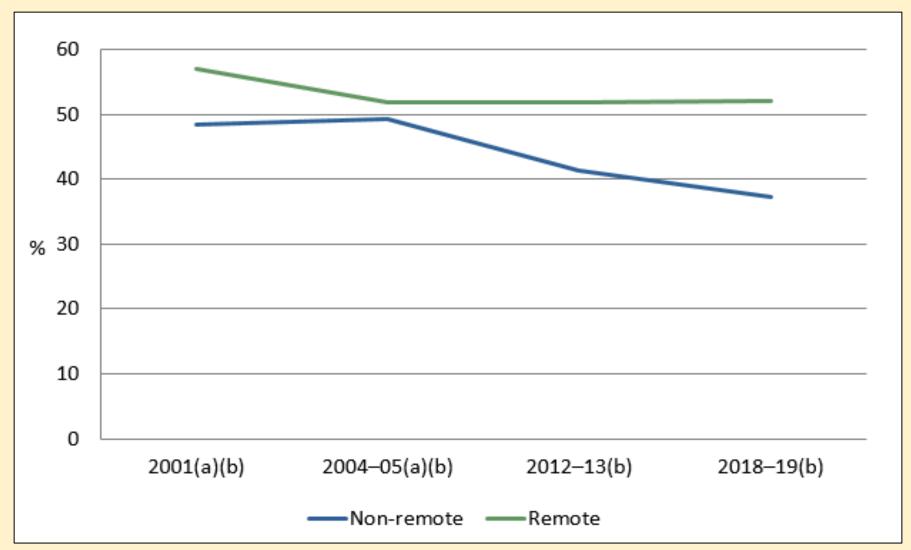
National Coordinator Tackling Indigenous Smoking



# Aboriginal and Torres Strait Islander Smoking



# Current daily smokers, by remoteness, 2001 to 2018–19 Aboriginal and Torres Strait Islander people aged 18 years and over



**Sources:** 2001 National Health Survey, 2004–05 National Aboriginal and Torres Strait Islander Health Survey, 2012–13 National Aboriginal and Torres Strait Islander Health Survey and 2018–19 National Aboriginal and Torres Strait Islander Health Survey

# Tackling Indigenous Smoking program 2018 - 2022

Forty (40) teams funded nationally for 4 years

Annually \$41m disbursed to TIS Teams

Current funding ceases on 30 June 2022

Review current position and what's needed for next 12 months

Opportunity for CEOs to raise issues and comment on the program.

# Coral https://tacklingsmoking.org.au/about-the-tis-program/tis-teams/

# ACCHOs and TIS Regions

143 NACCHO affiliates and 40 TIS teams

31 hosted by ACCHOs and 8 by others parties

TIS teams service a geographic area that generally is greater than the ACCHO service area

TIS teams service multiple ACCHO services

#### Stability and impactful



#### The revamped TIS program will:

- Continue the successful Regional Tobacco
   Control grants scheme including school and
   community education, smoke-free homes and
   workplaces and quit groups
- Expand programs targeting pregnant women and remote area smokers
- Enhance the Indigenous quitline service
- Support local Indigenous leaders and cultural
- Continue evaluation to monitor the efficiency and effectiveness of individual programs, including

increased regional data collection



https://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2018-wyatt012.htm

11 February 2018

# Extract from letter that went to Grant Recipients in March 2018

For the TIS program going forward, there will be specific requirements for TIS organisations, namely all will be required to:

- prioritise evidence-based population health approaches with maximum reach within their identified TIS region;
- ensure that Indigenous people who do not attend Aboriginal Community
  Controlled Health Services (ACCHS) or Aboriginal Medical Services (AMS') are
  targeted and reached; and
- provide evidence of how their primary health care funding (where provided by the Commonwealth) is being used to complement TIS activities as part of a larger mix of tobacco cessation interventions.

#### **Overview of TIS Program processes**

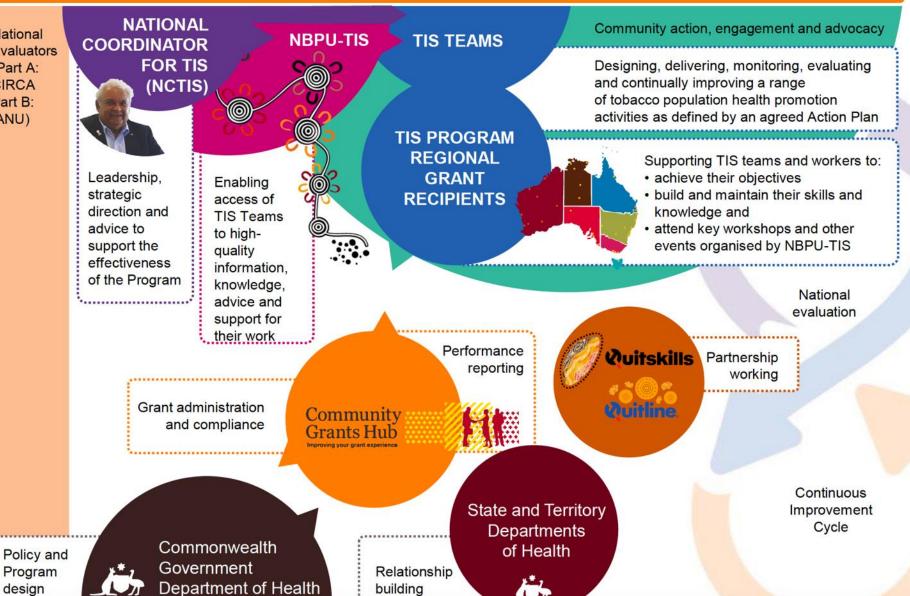
#### NATIONAL EVALUATION PERFORMANCE INDICATORS FOR TIS



National **Evaluators** (Part A: CIRCA Part B: ANU)

Program

design



**Tackling** Indigenous **Smoking** 

**Technical Advisory** Group

(TIS TAG)

# So, what are your ideas on

- What can or needs to be done over the next six months when no public contact with groups?
- What can be done from a home based environment when working without colleagues? (self development)
- How can we do creative and innovative programs from home?
- What planning is needed for when restrictions are relaxed?
- How do we report on our activity if not in the office?
- What resources are needed to work from home, and
- What support is needed from the NBPU and the NCTIS?

# Tobacco smoking and mortality among Aboriginal and Torres Strait Islander adults in Australia Authors: Thurber, K.A, et al

#### WHAT DID WE FIND?

- We found health risks linked to current and past smoking.
- People who never smoke live an extra 10 years, compared to those who smoke.
- People who smoke have 4 times the risk of early death.
- More cigarettes | | | = increased risk of early death.
  No amount of smoking is safe.
- Quitting smoking at any age = lower risk of early death.
- Smoking causes half of all deaths of people aged 45 years and older.



Smoking causes one third of all deaths at any age.



Smoking has taken away over **10,000** Aboriginal and Torres Strait Islander peoples lives in the last 10 years.

#### SO WHAT?

The negative impact of smoking on families and communities has always been underestimated.

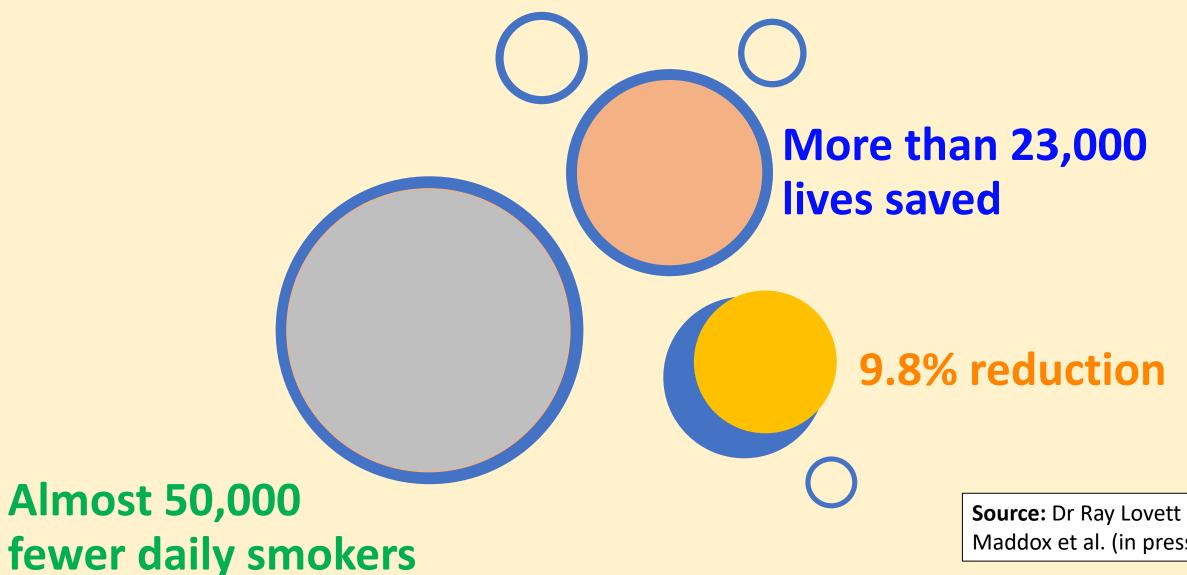


We have Aboriginal and Torres Strait Islander specific evidence about smoking and deathfor the first time.



We need to expand tobacco control efforts because they are saving lives.

# Over the past decade 2004 – 2018/19



Maddox et al. (in press)

## Cost-savings after quitting







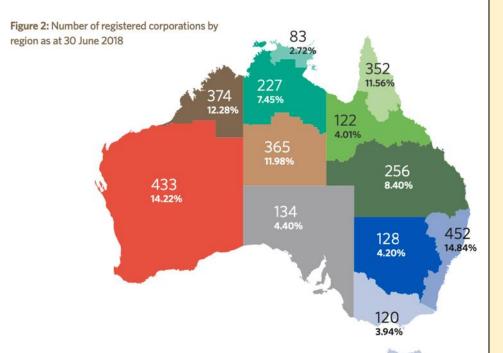
How your service can be involved?

Associate Prof Gillian Gould

Dr Marilyn Clarke

https://www.youtube.com/watch?v=vYwI6 KmKqE

Nikki Mercer & Ally Hart are available to answer questions



**Table 2:** Number of registered corporations by region as at 30 June 2018

REGION	NO. OF CORPS	% OF TOTAL
Eastern New South Wales	452	14.84%
Greater Western Australia	433	14.22%
Kimberley	374	12.28%
Central Australia	365	11.98%
Far North Queensland	352	11.56%
South Queensland	256	8.40%
Top End and Tiwi Islands	227	7.45%
South Australia	134	4.40%
Western New South Wales	128	4.20%
Gulf and North Queensland	122	4.01%
Victoria and Tasmania	120	3.94%
Arnhem Land and Groote Eylandt	83	2.72%
Total	3046	100%

#### Smoke free workplaces

#### Quitskills

Cancer Council SA provides **free smoking cessation training** across Australia for those who work with Aboriginal and Torres Strait Islander people.

**Quitskills** is a nationally recognised smoking cessation training program funded as **part of the Tackling Indigenous Smoking** Closing the Gap Federal Government initiative. The training provides participants with the confidence to support Aboriginal and Torres Strait Islander people to think about their smoking and support them with any changes they wish to make.

#### **Quitskills** training delivery

The Aboriginal & Torres Strait Islander Quitskills team are currently adapting the Quitskills training program to online platforms.

# Sample Smoke Free Workplace Policy

Updated 21 June 2019

Employers have a duty of care at common law and under work health and safety laws to protect employees from the harmful effects of tobacco smoke in the workplace. Reasonable measures should be taken to prevent the risk of passive smoking.

'Anti-smoking' legislation exists across most states and territories of Australia. Generally speaking, anti-smoking legislation aims to restrict smoking in public places. In addition, some states have enacted legislation to specifically address smoking in the workplace.

Employers should develop a smoking policy in order to comply with anti-smoking legislation, and to reduce liability for employees potentially developing illnesses due to exposure to environmental tobacco smoke in the workplace.



https://www.aigroup.com.au/resourcecentre/hr/templates-resources/policies-practices/sample-smoking-in-the-workplace-policy/

#### NBPU TIS Update: 6: 4







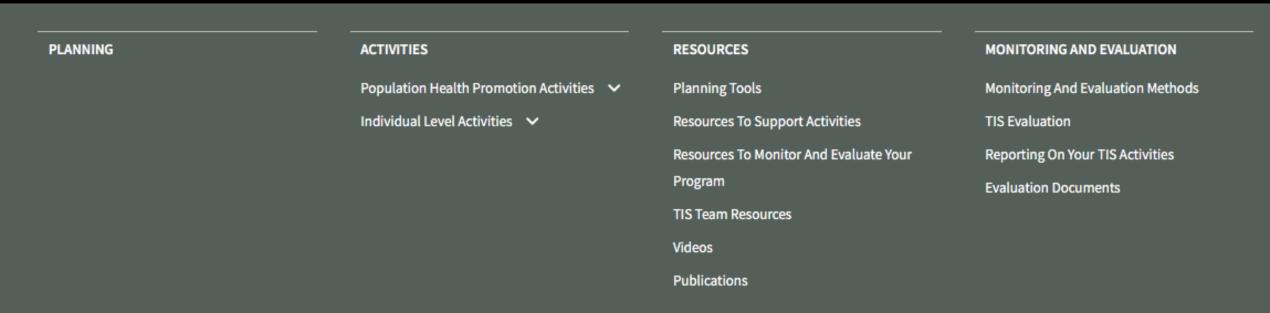


MESSAGE FROM THE NATIONAL COORDINATOR, PROF TOM CALMA AO

#### **Monthly TIS Communique**

- targeting major partners in govt and NGO sector working on tobacco control
- won't duplicate the NBPU newsletter or the National Coordinators Monthly Message but will draw from both
- the targeted partners are also invited to contribute
- Develop better coordinated and targeted activity and allow for collaborative strategies and initiatives
- Enable team leaders and grant recipients to speak with authority and conviction at state and territory coordination meetings





PRIORITY POPULATIONS >

TISRIC V

TIS TEAMS >

ABOUT ~

WORKFORCE INFORMATION >

♠ > About the Tackling Indigenous Smoking Resource and Information Centre

#### About the Tackling Indigenous Smoking Resource and Information Centre

The Tackling Indigenous Smoking Resource and Information Centre (TISRIC) has been developed by the National Best Practice Unit for Tackling Indigenous Smoking (NBPU TIS) to support the use of best practice by organisations funded under the Australian Government Tackling Indigenous Smoking (TIS) program.

The emphasis for organisations delivering TIS activities (regional grant holders) is to:

- make sure their activities are based on evidence of effectiveness (there is information that the activity has worked well to reduce smoking prevalence in a similar situation)
- measure the impact which they are having on smoking behaviours in their region (monitoring and evaluation) and feeding this into a continuous quality improvement process (developing and improving TIS activities to be more effective)
- · take a population health promotion approach, maximising program reach across the region for which they are funded.

# Current and future challenges for Grant Recipients

- Review and closely monitor TIS Team activities to ensure they are meeting the program objectives
- Evaluation of TIS performance is reviewing
  - Implementation
  - Appropriateness
  - Outcomes
- Unspent Funds Can carry over \$50,000
  - **2017-18** Underspend Total: \$1,316,776.82 Recovered: \$425,764.02
  - **2018-19** Underspend Total: \$ **604,905.67** Recovered: \$**264**,894.41
  - 2019-20 currently being assessed
- Servicing contracted areas and Boundaries



# Commit to quit

The COVID-19 pandemic has led to millions of tobacco users saying they want to quit. Commit to quit today and sign the pledge.

Pledge to quit today!

# TIS Family 2019



Questions or comments?

# **SMOKES** STORY