



TIS EVALUATION (PART A) MID-TERM EVALUATION FINDINGS

Presentation to NSW/ACT TIS Teams at Jurisdictional Workshops

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Lena Etuk, CIRCA Research & Evaluation Manager

National evaluation - Part A

From 2018-2022 the national evaluation of TIS program will assess:

Implementation



Use of evidence based and best practice population health promotion approaches

Appropriateness



Fit between the TIS program & the needs of Aboriginal & Torres Strait Islander communities

Outcomes



How well the TIS program is achieving the short-term and medium-term outcomes

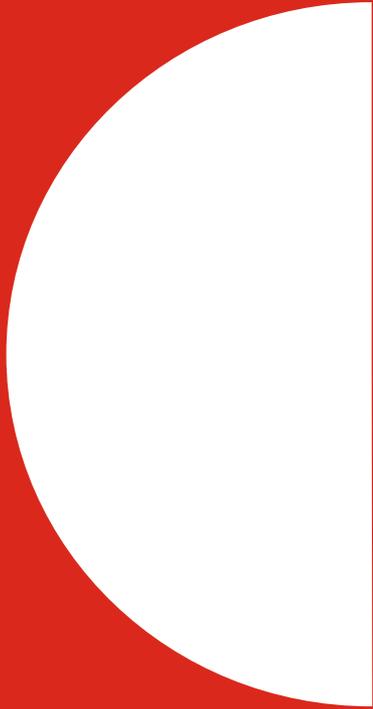
Evaluation methods

A mixed method approach with 2 waves of data collection during the evaluation

Qualitative and quantitative data collection



- Site visits in each wave: 8 in 2020 and 9 2021
- Phone interviews with all other grant recipients: 14 in 2020, different 14 in 2021
- Online survey of all grant recipients: 13 sites participated in 2020
- Interviews with NBPU TIS, National Coordinator, Quitline, Quitskills and Health Department in 2020 and 2021
- Analysis of Activity Work Plans from all grant recipients
- Analysis of July-Dec 2019 Performance Reports from all grant recipients
- Analysis of Quitskills and Quitline data



FINDINGS

EVIDENCE BASED, APPROPRIATE, AND SUPPORTED?

Goals	Evidence of achievement?	Goals	Evidence of achievement?
Increased understanding among TIS teams about evidence	Somewhat	Evidence-based pop health approach supported by NBPU and National Coordinator	Yes
TIS teams are monitoring performance	Yes	RTCG recipients mentored by National Coordinator	Somewhat
It's clear to teams what works and what doesn't	Yes	Increased leadership and advocacy by ACCHS management	Not at this point
Cultural appropriateness	Yes	TIS teams improve their monitoring and reporting via support from NBPU	Somewhat
Evidence-based	Yes, but room for improvement	Improvement of monitoring by teams	Yes, but room for improvement
Reached populations beyond ACCHS clientele	Yes, but unclear of the impact		
NBPU identifies and promotes evidence-based approaches	Yes		

ACHIEVEMENT OF SHORT-TERM OUTCOMES

Short-term outcome goals	Evidence of achievement?	Barriers:
Community members reached	Yes	<ul style="list-style-type: none"> - limited capabilities to capture data - logistical challenges of reaching a large number of people with messages - limited staff capacities - limited literacy and numeracy in communities - tensions between the population-level and one-on-one personal approaches - limited community interest in TIS work
Activities are locally relevant and have community support	Yes, but room for improvement	
Activities aimed at minimising exposure to second-hand smoke	Yes	
Increased focus on priority groups	Yes	
Strong collaborations and partnerships	Yes	

ACHIEVEMENT OF MEDIUM-TERM OUTCOMES

Medium-term outcome goals	Evidence of achievement?
Increased geographical reach and reach to community members who do not attend ACCHSs	Unclear yet
Evidence that priority groups are being reached	Yes, but there are some data limitations
Increase in smoke free homes, workplaces, and public spaces	Yes
Increase in the leadership and advocacy roles of community leaders	Yes
Increase in community involvement in and support for tobacco control	Somewhat, but not yet entirely clear
Increase in understanding by community of health impacts of smoking	Somewhat
Prevention of smoking uptake	A bit, but not entirely clear

ACHIEVEMENT OF MEDIUM-TERM OUTCOMES

Barriers/Challenges:

- Distance
- Bad weather conditions and poor infrastructure
- Competing commitments to DOH and to community
- not having the right staff on board to reach a particular priority group being targeted
- Duplication in community
- Difficulties enforcing smoke-free policies
- Community member resentment of messages and quit encouragement by TIS staff
- COVID-19 challenged community members' desires to quit and affected TIS teams' abilities to reach people

Enablers:

- Collaborations and partnerships
- staffing of TIS teams by Aboriginal and Torres Strait Islander individuals
- Taking an educational approach with community members
- Funding smoke-free events
- legislation that has come into effect that outlaws smoking around people in certain circumstances
- creating opportunities for local leaders to step up into leadership and advocacy roles for tobacco control
- Creating space for community involvement in TIS program design
- Focusing on young people for prevention

IMPROVED ACCESS TO QUIT SUPPORT

The TIS program is expected to improve Aboriginal and Torres Strait Islander peoples' access to and uptake of services that can help them quit smoking.

Goals	Evidence of achievement?
Collaborations to improve access to culturally appropriate quit support	Somewhat
Promotion of Quitline	Mostly
Referrals to quit support services	Yes
Improved access to culturally appropriate Quit support	Yes, but room for improvement
Increasing tobacco control skills among health professionals who engage with Aboriginal and Torres Strait Islander peoples	Somewhat

IS THE PROGRAM WORTH MAINTAINING?

Is the TIS program as implemented worth maintaining?

Goals	Evidence of achievement?
Supporting smoking cessation	Yes
Preventing uptake of smoking	A bit, but not entirely clear



Our mid-term evaluation has revealed that in many ways the TIS program is operating as intended and is having the desired initial outcomes. Our recommendation overall is for the program to continue as it is currently being implemented. But there are some opportunities for improvements...

RECOMMENDATIONS

RECOMMENDATIONS

- Improve the planning and reporting processes for TIS teams
- Increase TIS teams' capacity to gather evidence
- Retain, but consider some improvements to TIS team national supports
- Help teams reflect on what works and what does not, and take the time to consider implications
- Improve processes and approaches to achieving TIS program outcomes
- Improve access to and create pathways to culturally appropriate quit support

IMPROVE THE PLANNING AND REPORTING PROCESSES FOR TIS TEAMS

- Teams should try to **update their Activity Work Plans regularly**, perhaps annually, so they can reflect on what is working and what is not and make adjustments.
 - We support the recent decision by the national implementation stakeholders to encourage TIS teams to update their Activity Work Plans themselves.

INCREASE TIS TEAMS' CAPACITY TO GATHER EVIDENCE

- Keep up **monitoring**
- Teams need more help with **monitoring and evaluation frameworks and data collection tools**
 - Part of this may involve developing standardised data collection tools and frameworks for TIS teams.
- Teams should consider putting **data storage and data analysis systems** into place.
- Adjustments to **Performance Report template** to enhance data precision and accuracy.
- Consider array of indicators of community support including, but not limited to, partnerships and requests to co-host events
- The process of **making and tracking Quitline referrals** by TIS teams should be reviewed to ensure that data are not lost along the way.

RETAIN, BUT CONSIDER SOME IMPROVEMENTS TO TIS TEAM SUPPORTS

- NBPU should **continue offering training and education** in evidence-based population health promotion approaches, and **conduct assessments of knowledge gained** as a result of these trainings.
- Develop or host **programs or activities** on the NBPU website that TIS teams can **download and immediately use** on various tobacco control topics

HELP TEAMS REFLECT ON WHAT WORKS AND WHAT DOES NOT, AND TAKE THE TIME TO CONSIDER IMPLICATIONS

- Make sure all TIS teams are **aware of the enablers and challenges** that will affect program implementation
- Encourage TIS teams to **reflect on the approaches that seem to be working**:
 - making messaging clearly visible, active enforcement of no-smoking areas at events, educating youth about harms of smoking, utilising hands-on tools to convey messages, using social and traditional media, distributing incentives, and working through Ambassadors.
- TIS teams and the national implementation stakeholders should **reflect on ways to mitigate and navigate challenges**:
 - limited coordination and connections between TIS teams and Quitline, limited abilities of TIS teams to monitor and identify longer-term impacts on people they interact with, difficulties addressing smoking among young women and pregnant women in remote areas, and challenges influencing the wider community to understand and adopt a population health promotion approach.

DISCUSSION: Which of these things have you taken on board in your team? What might you now?

IMPROVE PROCESSES AND APPROACHES TO ACHIEVING TIS PROGRAM OUTCOMES

- **Continue educating ACCHS management**
- **Include community members more** in design
- Continue partnership efforts and **identify ways to navigate the challenges associated with staff turnover** and its effects
- Improve methods of garnering **community involvement and support or gauging extent of it**
- **Create opportunity for young people and Elders** to share messages about smoking cessation, as well as other leaders from a variety of backgrounds
- **Normalise leadership in tobacco control** and **fight stereotypes** that ex-smokers do not have the right to be role models

DISCUSSION: Which of these things have you taken on board in your team? What might you now?

IMPROVE ACCESS TO AND CREATE PATHWAYS TO CULTURALLY APPROPRIATE QUIT SUPPORT

- Build Quitline and TIS team capacities and confidence to help remote community members access that type of quit support.
 - This may involve some **collaborative planning sessions between remote TIS teams and Quitline**, or planning sessions among the national implementation teams.
- Continue to support and encourage TIS teams to make **referrals to a variety of quit support providers**, as appropriate for their communities.
- Explore ways that **Quitline services can become closer connected** to and better known within remote communities.

DISCUSSION: Which of these things have you taken on board in your team? What might you now?



Any questions?

• Any points you'd like to discuss later? Contact me:

- Lena Etuk
- lena@circaresearch.com.au
- 02 8585 1353