

Performance Reporting July 2021

General Advice

Q: My organisation has been funded under the Remote Priority Group Grant (2020) as well as the Regional Tobacco Control Grant (2018). Do I need to complete separate reports for each grant?

A: Yes – you must present separate reports for each set of funding. It states clearly on the reporting template under funding stream that you should tick one box – even though it is possible to tick both, please ensure you only tick one box.

Q: Why can't I add text to the text boxes under Indicator 3?

A: There are a number of questions under this indicator where you only need to provide numbers, so the text boxes are not live. You only need to provide information in the boxes that have an instruction such as 'Click or tap here to enter text'

Q: Because of covid19 we have one activity that goes across several indicators. For example WNT activity on social media saw us increase our reach to new people, but also saw community members take a pledge and our follow up showed they had put actions in place. Can we report this across indicators?

A: it is good practice to be outcomes driven and to do activities which hit different outcomes and targets, so we expect to see a lot of this. You should be able to disaggregate some of this information – eg reach measured by new followers, number of pledges for smoke free homes (unvalidated), number of smoke free spaces put in place. If you can do that you can report across indicators. But don't just repeat the same numbers in several places.

Q: Should we describe the financial impact of COVID19 in our reports

A: Yes, this kind of context and discussion is helpful. You can describe this in the challenges section, and perhaps use this as an opportunity to reflect on how else the money can be used. DoH are anticipating some underspend because of the impact of the pandemic and will be undertaking a specific project around this to support teams. Please look out for further advice from your FAM. NBPU can provide individual advice and support to teams to address this underspend.

Q: What do we do about activities we planned but couldn't carry out

A: It is important to discuss what you did achieve in this period (such as planning for an activity) then explain why it could not be completed and how you have addressed this. Again, this maybe something for the challenges and mitigation section. We anticipate this section of each indicator will be used extensively during this reporting period.

Q: Do we include attachments with the draft report for NBPU?

A: Yes – include everything as it is useful for us to see context of your report and activities

Q: Who from NBPU reviews our draft reports

A: To ensure a comprehensive review, draft reports are reviewed by your project officer and by Penney (NBPU Research and Evidence Lead) or Sunil (NBPU Research Fellow).

Q: There are 34 pages in the template. This is really long – do I have to fill every page?

A: No you do not have to fill every page – the template is only this long because there are a lot of rows for indicators 1,5, and 6 because CIRCA wanted to be sure that there was enough space for teams doing activities across a lot of locations.

Success stories and case studies

Q: Do we need to provide a story for each indicator?

A: Yes please! Your success stories are very important as they provide context for your activities AND provide evidence of change and impact. CIRCA in particular need this to understand what change is happening in community because of your work. Give as much detail as possible. There are templates on the website that help you focus on the kind of detail to include. There are also a couple of examples you can look at on this page:

<https://tacklingsmoking.org.au/monitoring-and-evaluation/evaluation-methods/>

Some tips to help with preparing your stories:

- don't forget to include the collaboration and engagement you do with community when first planning and designing activities. It might be obvious to you (and to us) that this is happening because it is just the way you work – but CIRCA won't know, or be able to evidence this if you don't report it.
- Remember that the only difference between a success story and case study is the point of view – success story is from your viewpoint as an organisation running an event, a case study is written from the point of view of participants.
- Please try and report one story for each indicator - Even if a story only had some success but could have been improved in some way, it is important to include it
- Challenges and mitigation are also really important to report – reflecting on these demonstrates involvement in the CQI process.
- Include attachments to illustrate your stories – there is no limit on the number. We want to see your photos and other reports or media stories generated and so do CIRCA.

Indicator 1 (and by default 5&6)

Q: All our activities are Health promotion and evidence based. What do we include under Indicator 1 as we have a lot of activities?

A: Everything unless it fits under a different indicator. Do not double count. If an activity fits under priority populations (eg youth activities, pregnant women, put them under indicator 5. Or if the activities are about extending your reach into populations you don't typically work with they go under indicator 6)

Q: How should we define reach?

A: It is important to use the usual health promotion definition which is 'The number and proportion of people willing to **participate** in activities or **engage** with the message'

Q: How do we report activities that are repeated in different locations/with different populations but are essentially the exact same activity

A: You should report by individual location as this will identify differences in reach and frequency in each location.

Q: what if we repeat the same activity in different locations, but we know the population attending is the same one because people are travelling from different communities to the events?

In this case you should report this activity in a single row as your reach is the same, but the frequency and therefore the intensity or strength of the activity will be different and this is something CIRCA needs to know. In this case it will be helpful to label the location in a way that reflects this. For example if you held the same event in 2 different suburbs Nosmokes Bay and Smokefree which are both in the local town of Port Freetown, and the same people attended both events, label the location as Port Freetown region, not as Nosmokes Bay and Smokefree.

Q: What is the definition of 'held' – is it events the team was responsible for, or does it include ones we participated in (p4, Section headed 'In Your Service Delivery Region'?)

A: Held=hosted by. Do not include an event organised by another organisation where you had a stall. You can report these under the dropdown list of activities 'Community Engagement (incl event attendance/support)'

Please note: in the current version of the template there is a typo as this question reads: 'In the past six months how many events have you **help** to support prevention of uptake of smoking and/or smoking cessation?' (this should read '...how many events have you **held**...')

Q: What is an event? Does it include School activities, support groups and so on?

A: Event=large event. So a big footie game or NAIDOC week rallies, WNTD community barbeque etc

Q: Due to pandemic restrictions, social media activities are the only way we can reach communities outside of our organisation's usual catchment. These activities will also reach usual users. Should be still put this under indicator 6?

A: Yes – if the main purpose is to communicate with individuals outside your usual region. You can explain in the free text box that this will also have captured 'local' clients

Q: How do we assess social media? This is going to be most of our work going forward. What about reach?

A: NBPU have provided some further tips in the narrated PowerPoint 'Monitoring and Reporting Social Media December 2020). Use the data that is available from Facebook Audience and Page Insights if you have access to this. If you cannot disaggregate reach and know that this work is taking you beyond your usual client group then report under 6 and explain in the free text box that this will also have captured 'local' clients. You might want to think and plan for how you can target certain groups in your social media work. As with social marketing, one way to try and get a better picture of the impact and reach of messages would be to survey people in and outside of your boundaries. This will give another indicator of how people are engaging with your messaging. So is the messaging and branding recognised, is the message understood, what is the response to your call to action. This can also inform your work going forward.

Q: What do we do when we have a TV campaign that will be going out beyond our region? We cannot get disaggregated data from TV companies to see where viewers are located – we have tried but it does not seem to be possible. You Tube clips are similar

A: If you are targeting a specific population then the data goes under indicator 5. If it is a local community radio etc, clearly goes under Indicator 1. A broader media reach such as national station, or station that goes beyond your boundaries should be reported under 6 as your reach is extending out, even if we don't know by how much. Explain the difficulties of the figures in the challenges and mitigation section. Ideally, we would like to see disaggregated figures, but if you are really not able to get this from the media companies who are showing your ads, then this would be the preferred solution. One way to try and get a better picture of the impact and reach of messages would be to survey people in and outside of your boundaries. This will give an indicator of how people are engaging. So is the messaging and branding recognised, is the message understood, what is the response to your call to action. This can also inform your work going forward.

Q: We do a lot of events with partners – we collaborate in organising events and provide some financial input where do we record this?

A: Under indicator 1, there is an item in the dropdown box called "Community engagement (incl. event attended/supported) " - these events can be recorded here.

Q: We have partnered with other TIS teams. They use our resources do we report their reach in our figures as going beyond our usual catchment?

A: You should both report the partnership entered into and can describe how it works under case study/success story, including what you are sharing etc. In terms of any resource developed by one team then used by a partner team, the developer only reports reach etc for the occasions when they have used the resource (ie with their communities) – they do not report the number of people reached etc when the resource is used by the partner since the partner org should be reporting this, not them.

Q: where can we find the data for the number of community members living in our service delivery area?

A: Most people get their population data from the ABS, you can also find this through the interactive map on the website: <https://tacklingsmoking.org.au/about-the-tis-program/tis-teams/>

Q: ABS data for our service area is out of date – our service records show that there are more Aboriginal and Torres Strait Islander people living in our region than the ABS data suggests. Can we use this service data instead?

A: Yes we would support you in choosing to use this data. However it might be useful to make a note explaining this for CIRCA/FAMs in case it is queried.

Q: Finding total numbers for some of our priority populations can be quite challenging because the population is hidden or embedded within the wider community. What advice can you give us?

A: We appreciate that it can be more of a challenge to provide data for populations that are embedded across the community – this challenge in defining the population may be true for indicator 5 or 6. This is why you are only asked to estimate this number, CIRCA recognise this challenge.

An example under 5 is the LGBTQI+ population. One solution to getting local population numbers for an embedded group like this might be to talk to a local organisation or community group for that population, perhaps a community group you are partnered with to increase reach to this population. They are likely to be able to give you an estimate of population numbers in your service region.

It can also be difficult to know who you are not reaching in terms of Aboriginal or Torres Strait Islander people who don't usually use your service (indicator 6). It may be tricky to identify numbers in an urban setting if people are embedded into the broader local community. In remote or regional settings where there are discrete geographically located communities, you may well have a better idea of where/who your service doesn't reach. One way to do this might be to calculate how many people use your service already and subtract this number from the number of Aboriginal and Torres Strait Islander people living in your service area. The number you are left with should give you an idea of numbers not being reached.

Indicator 2

Q: Do we include all our partnerships and collaborations, formal (MOU) and informal? Does it include schools?

A: Yes – include everything, formal and informal. Includes schools, AMSs, ACCHOs and other orgs. Partners are any organisation you work with on events, activity etc (ongoing). It is important to be able to show maintenance of partnerships as well as bringing on new partners over the past 6 months. First Q about how many orgs have you partnered with includes all ongoing partnerships. Second Q is focused on new partnerships developed over the current reporting period (so you may have partnered on an activity during this time period or have started to plan/work together for a future activity).

Q: What if we have partnerships with two different groups or services within an organisation? Is this still recorded as one because it is a single organisation?

A: Even though this Q asks about partnership with organisations, it is better to think about this in terms of services. So if you are partnered with one service in a large organisation (for example a smoking cessation clinic that you refer clients to) that is one partnership. If you then develop a partnership with a different service in the same organisation (for example mums and bubs group) then you should record this as two partnerships, even though it is only one organisation.

Q: Who are community leaders?

A: This should be defined locally, but in essence includes anyone with influence in a specific community. So this might be Elders, ambassadors, CEOs of organisations, young people who have done leadership courses etc. Note that for this question community leaders should not be double counted – so if you have already noted a partnership with an org under column 4 for example, don't also count the CEO separately under column 6 as this column refers to partnering with a leader as an individual, not as part of an org.

Q: TIS workers are also people of influence/leaders in our community. Should we include them in this list?

A: This is a good point – TIS workers should be influential in the community. However TIS workers as they are the workforce, not someone you partnered with even if you are working as a consortium – this information is captured under indicator 3, which asks about your organisation's workforce numbers (in this case the consortium is the organisation of interest).

Q: How do we make sure we are not double counting under the list of targeted partnership? For example if one partnership is both increasing our reach outside our usual geographical area and increasing reach to pregnant mothers?

A: If approach to a single organisation has indeed allowed increase to reach for several targets that organisation should be counted under each target. This will not be double counting as the responses to each question will be treated separately. There is no intention to sum these numbers.

Indicator 3

Q: Can you explain why CIRCA might expect to see the Quitline referrals go down?

A: May sound counter intuitive at first, however the purpose of this indicator is to focus on capacity building for access to quit. As a part of your population health promotion activities you will be facilitating training for others - in your organisation and elsewhere across your region – to ensure healthcare professionals are undertaking appropriate brief intervention with clients and making referrals to other services including Quitline. This should mean that as other workers take on the role of referrer, you will not need to make so many direct referrals yourselves. So the expectation is that overall referrals to Quitline will increase, but your team's referrals are likely to either reduce or stay the same. We certainly don't expect them to increase a great deal, as this would suggest you are focusing more on individual level health promotion than population health promotion activities. CIRCA will be accessing Quitline data directly so will be able to track these wider changes over time. We recognise that for some teams making referrals at big community events is an important part of their practice. We are not suggesting that this activity should stop, simply highlighting that there is no expectation that your team's referrals to Quitline should increase.

Q: Will the evaluation be able to look at PBS data so as to track increases in uptake of NRT? If our population health promotion activities are working and more people are being referred we would also expect to see more people accessing NRT to support quitting.

A: This is something ANU plans to look at. They have permission to access the data and are exploring how this analysis might look. For example, they might be able to track prescribing changes at the regional level, but only if the data is good enough. Otherwise it might only be possible to provide this story of change at a broader level, for example by State or territory, or by urban/regional/remote.

Q: Who do we include in our organisation figures? We work as a consortium so should it include all of the consortium?

A: all of the consortium otherwise there are workers funded by TIS program who will never be counted in the evaluation. The focus is on TIS workers and building capacity with anyone in the organisations who are part of your program. The case study/success story section would be a good place to provide details around how you are building capacity and leadership in TIS through employing local people.

Indicator 4

Q: How much of a driver is this issue and what is our role? It can be tricky to get orgs to engage with this. Even if you support an org to develop or review a policy, workers won't necessarily follow the policy.

A: This is an important activity. However, remember that there is no expectation that you will be policing the policies you help to review and/or update – your role (from a Health Promotion perspective) is to support the organisations to make a change. It is recognised that this can be a challenge. The PR places your own organisational policies at the top of the agenda as it is recognised that it is important for TIS funded orgs to be setting the example (see first Q under Indicator 4).

AH&MRC A-trac tool could be promoted to teams struggling in this area as a starting point for conversations. We have link to the files on TISRIC: https://tacklingsmoking.org.au/key-resources/resources/24242/?title=Aboriginal%20tobacco%20resistance%20tool%20kit&contentid=24242_1

Q: We do some work reviewing smoke free policies and supporting implementation, not so much helping organisations develop them as most places have the policy, just that the workforce don't really follow the policy. Does this matter?

A: This is not a problem and we (and CIRCA) understand that this will be the case because of state and territory legislation around smokefree workplaces. It is ok if the Q about developing policies is 0 – it just reflects where the program is at and the context in Australia in 2021.