



---

National Best Practice Unit –  
Tackling Indigenous Smoking

# REMOTE SERVICES WORKSHOP REPORT

22 February 2022

---

April 2022

## Introduction

The Tackling Indigenous Smoking (TIS) jurisdictional workshops are an important way in which the National Best Practice Unit Tackling Indigenous Smoking (NBPU TIS) provides support to the TIS teams located in the Regional Tobacco Control Grant (RTCG) and Remote Priority Group Grant (RPGG) organisations.

The workshops aim to:

- share evidence and best practice approaches and messaging, and strategies for adaptation at local and regional levels;
- resolve implementation challenges;
- enhance support, collaboration, network building and communication;
- provide training and tools to assist in program delivery; and
- resolve remote specific approaches and challenges

Generally, there are six jurisdictional TIS workshops per year, plus one national TIS workshop for CEOs and Remote Service teams per year<sup>1</sup>. However, for the final six months of this funding period of the TIS Program it has been agreed with the Department to hold three jurisdictional workshops, each with attendance from TIS teams from several jurisdictions (Australian Capital Territory, New South Wales, South Australia; Northern Territory, Queensland; and Victoria, Tasmania, Western Australia).

## The Remote Services Workshop

Due to travel restrictions resulting from the COVID-19 pandemic, the Remote Services Workshop was held by videoconference (Zoom) on 22 February 2022. The workshop was shortened to four hours to accommodate the online format.

### Program

See [Attachment A](#) for an outline of the program as distributed to participants ahead of the workshop.

Summaries of the Workshop sessions are as follows – please see participant presentations on the Jurisdictional Workshop presentations page of the TIS Website<sup>2</sup> for details.

#### **1. Update on National Best Practise Unit current projects and priorities (Maxine Turner, Senior Project Officer presented on Eileen van Iersel's behalf)**

Maxine gave the update on National Best Practice Unit TIS current projects and priorities. Maxine spoke about the below topics:

- Introduced the NBPU Team and Consortium Partners and what their roles where (Mainly for new TIS Staff)
- Doing this Differently in jurisdictions while COVID has been a distraction, Max spoke about how teams should be still delivering TIS service in community and to check out how from other teams works on the yarning page and TIS website.

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

<sup>2</sup> See <https://tacklingsmoking.org.au/resources/jurisdictional-workshop-presentations/>.

- Max spoke of how NBPU work with Grant Recipients and continue to support teams when needed.
- Performance Reporting process was spoken about again and teams were told to make sure all their great work was included into their reports.
- Finally, Max let teams know of the upcoming workshops and to always check out the TIS website for updates and seek information that will help support in delivery

## **2. Update from the TIS National Coordinator (Prof. Tom Calma)**

Tom spoke about the strategic overview and what the future for TIS, including:

- how teams need to extend reach in their jurisdictions
- the current daily smokers in community and urban areas, showing the difference from 2001 to 2018/19 and that people in urban settings have changed their behaviours, but the rates of smoking in remote hasn't changed – this the areas teams need to focus more on
- the teams the reduction of smokers quitting since 2004 (9.8%)
- sharing a story of a male that passed away due to vaping after quitting smoking.

## **3. Update from the Department of Health (Katherine McHugh)**

Katherine presented on the Government announcement of TIS Program funding extension and how it will look like moving forward especially as it affects Grant Recipients. She spoke about the TIS Program and the key responsibilities post June 2022, which will be achieving national TIS coverage; a focus on priority groups; and population health approaches.

Katherine spoke about the TIS Program components and funding for the future, clarifying with teams what will be expected for the period post June 2023, and what will be needed for the next 12 months (July 2022 to June 2023).

## **4. Reaching outstations and homelands (Discussion, facilitated by Glenn Clarke, Project Officer NBPU for Remote Services and NT/QLD TIS)**

Glenn facilitated a 20-minute session on "How do teams reach outstations/homelands in their jurisdictions and how is this measured?". TIS teams provided some great feedback on their methods which included flyers being distributed, radio announcements, TV ads shown and social media posts reaching areas that are hard to get into. Some teams were also able to form new partnerships internally and externally to reach areas that they can't access directly.

## **5. TIS Program evaluation – highlights and key findings (Lena Etuk, Manager, Research & Evaluation CIRCA)**

CIRCA reported on the findings of the final evaluation of the TIS Program as it was rolled out from 2018-2022. The evaluation has looked at the implementation, appropriateness, and short to medium term outcomes of the TIS program and concluded that:

*... the TIS program is operating as intended and is having the desired initial outcomes. There is a strong case to extend the program.*

The evaluation also made several recommendations about how to improve the Program's effectiveness.

## **6. TIS Program outcome evaluation – highlights and key findings (Dr. Raglan Maddox, Australian National University)**

This presentation was delivered by Raglan Maddox from the Australian National University (ANU) about the impact evaluation of TIS regional grants on smoking outcomes. Raglan reported that Smoking rates are declining for Aboriginal and Torres Strait Islander people. The latest results from the *Mayi Kuwayu Study* show that the TIS program covered approximately 75% of the Aboriginal and Torres Strait Islander adult population. While there is diversity in smoking rates and behaviours across Australia, areas serviced by the TIS program compared to those not serviced have higher significantly higher prevalence of smoke free homes and lower indicators of nicotine dependence.

## **7. Group Activity (breakout rooms): Using evaluation findings to improve TIS Program activities in remote and very remote Australia (Assoc Prof Penney Upton and Glenn Clarke, NBPU TIS)**

Glenn and Penney ran a breakout room activity to discuss the use of evaluation findings to improve TIS Program activities in remote and very remote Australia. The aim of this session was to stimulate discussion around the key evaluation findings as they relate to remote service areas. TIS Team members were given the opportunity to ask questions about the key findings from the impact and process evaluations as they relate to remote service delivery and encouraged to think about the relevance of these key findings to their own unique context. The key questions asked during the breakout sessions were:

- What are the strengths in your approach that you recognise from the evaluation - what activities do you do that the evaluation has shown to be effective?
- What gaps in your service delivery have the findings highlighted? Any ideas about how you might plug those gaps?
- Is there anything you might do differently after listening to what the evaluation has found?

Notes taken by NBPU TIS of key points raised during the group discussions were later pooled and subject to a thematic analysis, which resulted in the emergence of five key themes:

- Support from Organisation Leaders Increases Program Success
- Planning Increases Reach and Activity Success
- Greater Equity in Service Delivery through Increased Reach into Communities
- Working with Pregnant Women as a Priority Group
- Data Collection and Storage.

Some key messages for the NBPU TIS to consider in planning support for teams in the future were also identified.

See [Attachment C](#) for details.

## **8. The Tobacco Control Guide (Prof David Thomas, for AMSANT)**

David spoke about the Tobacco Control Guide that he developed with the guidance of the Tobacco Working Group of the Northern Territory Aboriginal Health Forum established. The Guide is now complete, and David explained to the teams in his presentation on where to find it online and how to use it.

### **9. Q & A session from the field including examples of good practices (facilitated by Glenn Clarke Remote Services Project Officer NBP TIS)**

This session was a chance for teams to share the work they have been doing in their communities. Many teams spoke about how they continued their tobacco control messaging throughout their communities whilst COVID-19 restrictions were in place, through using social media and networking with other services on community.

### **10. Closing remarks (Prof. Tom Calma TIS National Coordinator)**

Tom concluded with reinforcing the message to all teams to start extending reach within and between communities and to focus on priority groups, encouraging them to develop partnerships to extend reach to all the community mob. He touched again on the funding process and what it will look like for the next year from 1 July 2022 and the next three years. He summarised with reminding teams to contact NBP TIS with any concerns or questions in relation to TIS.

### **Attendance**

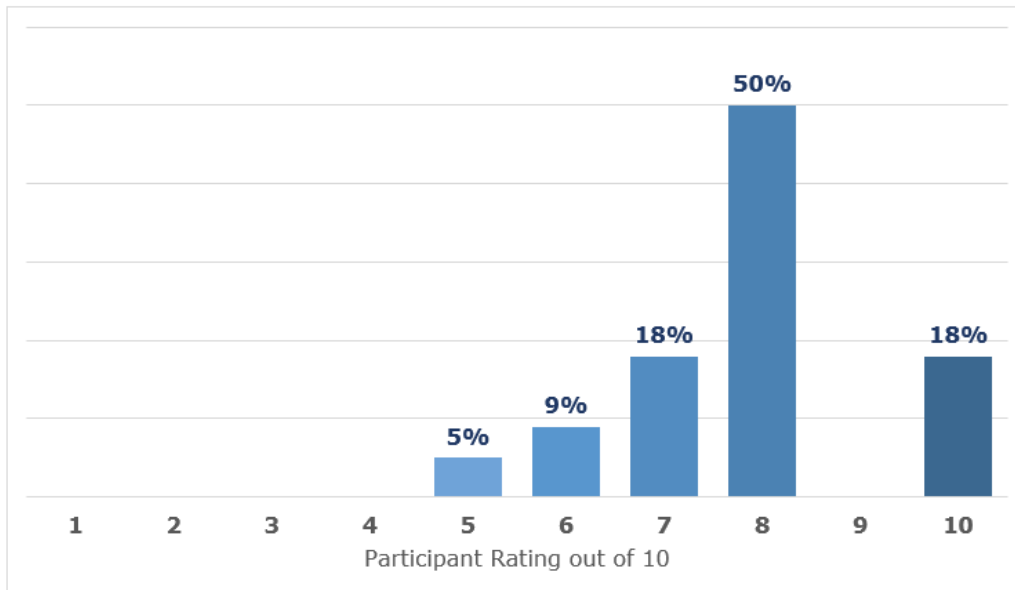
The workshop was attended by 62 participants, including 45 representatives from 21 out of the 39 Grant recipients from across Australia. See [Attachment B](#) for a list of participants. Note that names in this list are based on registrations and as they appeared through Zoom. While the names of organisations are correct, there may be some variation in the actual members attending.

### **Participant Evaluation**

Each TIS workshop includes participant evaluation, with both quantitative and qualitative feedback. This assists the NBP TIS to ensure that future workshops are of most use to Grant Recipients and their TIS teams.

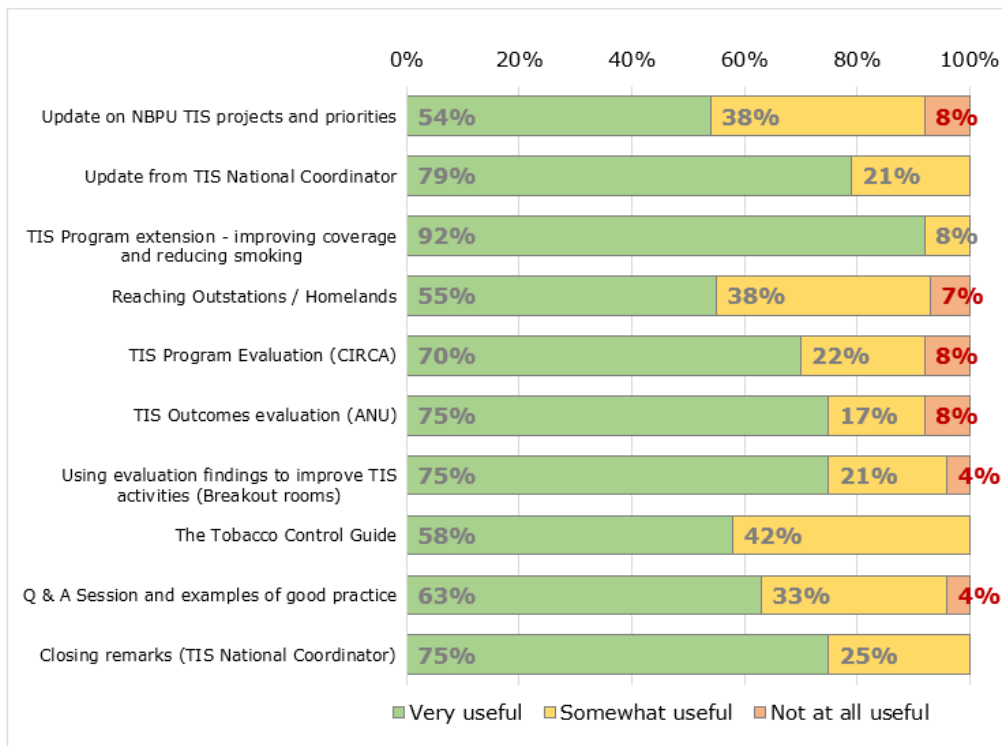
Participant evaluation feedback was collected using an online survey platform (Qualtrics). Response rates for those online may be lower than for those attending face-to-face, partly because multiple attendees at one video location are likely to give one response, and partly because it may be difficult for participants to find the time to respond once they leave the workshop and return to their busy workplaces.

30 valid responses were received from participants. The majority of respondents gave very positive feedback. When asked to rate the workshop on a scale of 1-10, scores ranged from 5/10 to 10/10, with a mode and a mean of 8/10 (*Figure 1*).



**Figure 1: Participant rating of National Remote Services Workshop (scale of 1 to 10)**

All sessions were well received by survey respondents (*Figure 2*). Most sessions were rated as ‘Very Useful’ by the majority of respondents. The most popular session was the Departmental update on the TIS program extension which was rated as very useful by 92% of participants who completed the evaluation.



**Figure 2: Participant evaluation of National Remote Services Workshop sessions, Feb 2022**

Overall, most participants who responded to the survey were very satisfied with the workshop content (71%), with the remainder somewhat satisfied (29%). One person

noted that despite the online format, the best thing about the workshop was that it was informative and kept them engaged:

*The fact that event though it was a virtual workshop, my attention and interest in the topics never waned throughout the timeframe!*

Whilst another noted that:

*It was all good*

Most respondents were either very satisfied (63%) or somewhat satisfied (29%) with the length of sessions. A minority (8%) were not at all satisfied with the length of the sessions. Most respondents were also either very satisfied (67%) or somewhat satisfied (29%) with the length of the overall length of the workshop, with 4% stating that they were not at all satisfied with the length of the workshop. Comments on the workshop length were constructive, suggesting that most of those who were dissatisfied with the length wanted a longer workshop with more breakout rooms and discussions:

*Not long enough. Needs to .... allow enough time for breakout rooms and questions to facilitate discussions.*

*Longer and more conversation*

*More opportunities to discuss with Raglan and Lena would be valuable*

However, one person noted that:


*It was quite long*

and another would have preferred not to have the breakout rooms:

*I find people are too shy to ask questions and then when a conversation does start the workshop [breakout room] ends.*

Feedback on the content of the day was generally positive. For many respondents hearing about the activities happening in remote areas was the best part of the day:

*Great activities the other teams are doing. We will try to implement some of those in our communities*

*Well done TIS teams keep up the great work for everyone involved!!!* 

*Nice to hear from NT and Qld staff doing ongoing remote work*

*Hearing from Sam at Miwatj Health*

*The sharing from other TIS teams, such as data collection.*

*Seeing what's working in other regions*

*Good stories from different teams*

*Insights into what others were doing; hearing challenges that we share*

*I liked hearing everyone's achievements in the past year, even though we had limitations the teams still provided successful programs*

For one respondent this sharing of stories gave a real sense of pride in the program:

*I loved how we are all over Australia and yet it felt like we were a part of one big movement.*

Others nominated CIRCA and ANU presentations on the evaluation findings as the best element, with two people also nominating the Tobacco Control Guide presented by Prof. David Thomas:

*Circa findings were interesting with strengths and the areas for improvement*

*Raglan & Lena's presentation*

*Raglan, Lena and Dave's presentations*

*... really enjoyed the session from Prof. David Thomas at AMSANT and hear about the Tobacco Control Guide.*

Participants were also pleased to hear the update from the Department concerning the ongoing funding for the program, and for a number this was the best part of the day:

*It's great that there is an extension of funding to TIS program as there is a lot of work still out there to do!!*

*The information on how things will look post 2022*

*I enjoyed hearing from Tom Calma and keeping the TIS teams up-to-date with future improvements of the program*

*Future direction update on TIS*

*Updates on funding*

*Funding update*

*I thought all presenters did a great job of highlighting key points for current and future delivery of the TIS program. Was great to hear from DoH staff firsthand*

One person provided very detailed comment on the benefits of the planned program updates:

*I am glad that we now have the new collaboration of the boundaries to service remote community areas that were not on the map previously. Now we get to have a say in how we would like things to happen where we live. When there is not much to do in small communities you soon realise that you have to make your own fun and usually most of our people turn to drink/drugs because it is the easy way out for them. With high unemployment getting a job can be very difficult as nobody wants to employ unskilled workers. Teaming up with the Midwest of Western Australia we can reach more people to get our message out further.*

Whilst another expressed a desire to hear more specifics around the TIS extension:

*Information from doh was vague, and no clear guidelines on time frames. Presentation they refer to on website is blurry so maps still unclear. It was a good start - but could be made much stronger!*



Finally, several comments demonstrated appreciation for the input to the workshop by the deadly Remote Services Project Officer and resident NBPU comedian:

*Excellent facilitator skills Glenn*

*Glenn did an excellent job as facilitator of the day and Maxine & Kelly contributed to it well.*

*Glenn managed the time and content well.*

*Glenn's facilitation [was what I liked best]*

There were also some constructive comments on how the workshop might have been improved. As already described above, more time for discussion would have been valued by most attendees. In addition, two people suggested there was a need for more conversation around the future of the Quitskills service:

*Unpack the future of Quitskills type of service delivery*

*Would like to hear what the plans are to replace a successful program like Quitskills. I heard that it's served its timeline, but it could be a disadvantage not to continue something on these lines.*

One person also suggested the workshop could have benefited by starting with an introduction to the teams, including where they are based and their service area:

*Maybe a round the room of each teams and where they are located e.g. Apunipima is based in Cairns and they services the Cape York Communities etc.*

Whilst another noted the need to provide opportunities for everyone to have a say:

*I would like for the quiet people sitting in the background to have their say, as I would love to know how/what they think because those who are confident enough to talk seem to have all the say and some of the topics that they speak of are not even relevant to us... for example putting the survey in five different languages*

Lastly, the desire to return to in person workshops was also expressed by respondents:

*I prefer face to face workshops*

*Needs to be face to face*

*I would have liked it to be face to face*

*Face to Face when possible (COVID19 I understand)*

With one person noting the online format had been a challenge for them:

*being virtual - a lot of connectivity disruptions & glitches*

## Attachment A: TIS Remote Services Workshop Program

### Tackling Indigenous Smoking Remote Services Workshop

Tuesday 22th February 2022

ZOOM log in details -

<https://nintione.zoom.us/j/96216472303?pwd=Q3JGdytyVi9SVUeveHZaMmwydDlqUT09>



Duration	Session	Facilitators/Speakers
5 mins	Welcome & Acknowledgement of Country	
5 mins	Virtual meeting guidelines	Glenn Clarke -Remote Services Project Officer NBPU TIS
15 mins	Update on National Best Practice Unit (NBPU) TIS current projects and priorities	Eileen Van Iersel NBPU TIS Manager
30 mins	Update from the National Coordinator	Prof Tom Calma AO, National Co-ordinator TIS
15 mins	TIS program extension - Improving TIS coverage and reducing smoking rates in remote communities	Katherine McHugh Department of Health
20 mins	How does your team reach outstations/homelands in your jurisdictions and how is this measured?	Glenn Clarke Remote Services Project Officer NBPU TIS
15 mins	<i>Break</i>	
20 mins	TIS program evaluation – highlights and key findings	Lena Etuk Manager, Research & Evaluation CIRCA
20 mins	TIS impact evaluation and related research – highlights and key findings	Dr Raglan Maddox Study Director for Tackling Indigenous Smoking Australian National University
40 mins	Group Activity (breakout rooms): Using evaluation findings to improve TIS Program activities in remote and very remote Australia	Dr Penney Upton University of Canberra
10 mins	The Tobacco Control Guide	Prof David Thomas AMSANT
15 mins	<i>Break</i>	
30 mins	All Teams Q & A session from the field. Includes highlights of examples of good practices	Glenn Clarke Remote Services Project Officer NBPU TIS
10 mins	Closing remarks	Prof. Tom Calma AO National Co-ordinator TIS

NBPU TIS Remote Services Workshop Agenda – Tuesday 22 February

5 mins	Wrap Up	Glenn Clarke Remote Services Project Officer NBPU TIS
<b>Workshop close</b>		

SESSION TIMES	NSW, VIC, TAS & ACT	SA	QLD	NT	WA
Welcome and Acknowledgement of Country Virtual meeting guidelines (10 mins)	12:30 pm	12:00 pm	11:30 am	11:00 am	9:30 am
Update on National Best Practice Unit (NBPU) TIS (15 mins)	12:40 pm	12:10 pm	11:40 am	11:10 am	9:40 am
Update from the National Coordinator (30 mins)	12:55 pm	12:25 pm	11:55 am	11:25 am	9:55 am
TIS program extension - Improving TIS coverage and reducing smoking rates in remote communities (15 mins)	1:25 pm	12:55pm	12:25 pm	11:55 am	10:25 am
Pre-Workshop exercise - How does your team reach outstations/homelands in your jurisdictions and how is this measured (20 mins)	1:40 pm	1:10 pm	12:40 pm	12:10 pm	10:40 am
<b>Break</b>	<b>2:00pm</b>	<b>1:30pm</b>	<b>1:00pm</b>	<b>12:30pm</b>	<b>11:00am</b>
TIS program evaluation – highlights and key Findings (CIRCA)- 20 mins	2:15 pm	1:45 pm	1:15 pm	12:45 pm	11:15 am
TIS impact evaluation and related research – highlights and key findings (ANU) – 20 mins	2:35 pm	2:05 pm	1:35 pm	1:05 pm	11:35 am
Using evaluation findings to improve TIS Program activities in remote and very remote Australia – 40 mins	2:55 pm	2:25 pm	1:55 pm	1:25 pm	11:55 am
The Tobacco Guide - 10 mins	3:35 pm	3:05 pm	2:35 pm	2:05 pm	12:35 pm
<b>Break</b>	<b>3:45 pm</b>	<b>3:15pm</b>	<b>2:45pm</b>	<b>2:15 pm</b>	<b>12:45pm</b>

Q & A session from the field. Includes highlights of examples of good practices 30 mins	4:00 pm	3:30 pm	3:00 pm	2:30 pm	1:00 pm
Closing remarks 10 mins	4:30 pm	4:00 pm	3:30 pm	3:00 pm	1:30 pm
Wrap Up 5 mins	4:40 pm	4:10 pm	3:40 pm	3:10 pm	1:40 pm
<b>Workshop Close</b>	4:45 pm	4:15 pm	3:45 pm	3:15 pm	1:45 pm

### Workshop Evaluation QR



## **Attachment B: Attendance**

Note that names in this list are based on registrations and as they appeared through Zoom. While the names of organisations are correct, there may be some variation in members attending.

	<b>Name</b>	<b>Organisation</b>
1.	Tom Calma	TIS National Coordinator
2.	Grant Day	Aboriginal Health Council of SA
3.	Tim Lawrence	Aboriginal Health Council of SA
4.	Benjamin Stewart	Aboriginal Health Council of SA
5.	Zena Wingfield	Aboriginal Health Council SA
6.	Trevor Wingard	Aboriginal Health Council of SA
7.	Baleshwar Sharma	Anyinginyi Health Aboriginal Corporation
8.	Reanna Bathern	Anyinginyi Health Aboriginal Corporation
9.	Jenna Pauli	Central Australian Aboriginal Congress
10.	Kirsty Hampton	Central Australian Aboriginal Congress
11.	Mark Lockyer	Central Australian Aboriginal Congress
12.	Montanna Hudson	Central Australian Aboriginal Congress
13.	Martin Braun	Central Australian Aboriginal Congress
14.	Deanne Rioli	Essendon Bombers Football Club
15.	Aimee White	Essendon Bombers Football Club
16.	Jessica Hagley	Katherine West Health Board
17.	Demi Forward	Miwatj Health Aboriginal Corporation
18.	Annie Carter	Miwatj Health Aboriginal Corporation
19.	Sam Christie	Miwatj Health Aboriginal Corporation
20.	Cyndi Cole	Nganampa Health Council
21.	Cecilia Johns	Sunrise Health Service Aboriginal Corporation
22.	Peter Gazy	Wurli Wurlinjang Aboriginal Corporation
23.	Clayton Travis	Wurli Wurlinjang Aboriginal Corporation
24.	Luke Dumas	Institute for Urban Indigenous Health
25.	Kurtis Gibson	Apunipima Cape York Health Council
26.	Fiona Gibson	Apunipima Cape York Health Council
27.	Neil Kaigey	Apunipima Cape York Health Council
28.	Clara Saleh	Apunipima Cape York Health Council
29.	Carrie Rofe	Apunipima Cape York Health Council
30.	Name Unknown	Torres Health Indigenous Corporation
31.	Name Unknown	Torres Health Indigenous Corporation
32.	Victor Smith	Bega Health Service
33.	Janis Koolmatrie	Ngaanyatjarra Health Service
34.	Brent Walker	Geraldton Regional Aboriginal Medical Service
35.	Sarah Johnston	Mawarnkarra Health Service

	<b>Name</b>	<b>Organisation</b>
36.	Nicolas Haney	Puntuturnu Aboriginal Medical Service
37.	Tina Ewen	Puntuturnu Aboriginal Medical Service
38.	Kelly Capewell	Carnarvon WA
39.	Mandy McSherry	Kimberley Aboriginal Medical Services
40.	Khristee Lade	Flinders Island Aboriginal Association
41.	Ty Ebdon	Flinders Island Aboriginal Association
42.	Sharon Hooker	Maari Ma Health Aboriginal Corporation
43.	Tiffany Lynch	Maari Ma Health Aboriginal Corporation
44.	Cathy Dyer	Maari Ma Health Aboriginal Corporation
45.	Monique Ah-See	Wellington Aboriginal Corporation Health Service
46.	Jaden Wright	Wellington Aboriginal Corporation Health Service
47.	Caitlyn Ah-See	Wellington Aboriginal Corporation Health Service
48.	Adam Ryan	Wellington Aboriginal Corporation Health Service
49.	Michelle Del Guzzo	Australian Government Department of Health
50.	Katherine McHugh	Australian Government Department of Health
51.	Clayton Irwin	Australian Government Department of Health
52.	Raglan Maddox	Australian National University
53.	Mikala Sedgwick	Australian National University
54.	Sunil George	University of Canberra
55.	Lena Etuk	CIRCA
56.	Penney Upton	NBPU TIS
57.	Maxine Turner	NBPU TIS
58.	Kelly Franklin	NBPU TIS
59.	Kureisha Wilson	NBPU TIS
60.	Eileen Van Iersel	NBPU TIS
61.	Yvonne Buza	NBPU TIS
62.	Rod Reeve	Ninti One Limited

## **Attachment C: Breakout Rooms Group Activity:** **Using Evaluation Findings to Improve TIS Program Activities in Remote and Very Remote Australia**

This activity addressed the question **'What can we learn from the evaluation findings as part of our continuous quality improvement for activities in remote and very remote communities?'**

Following the presentations by CIRCA and ANU on the process and impact evaluations respectively, workshop participants were randomly assigned to one of two breakout rooms in Zoom. Groups discussed how to use evidence from evaluation to develop TIS activities. The emphasis was on prioritising evidence from Aboriginal and Torres Strait Islander communities, which includes the information provided by CIRCA and ANU, as well as locally produced monitoring and evaluation data. Participants considered how to integrate national evidence from the evaluation with local knowledge to improve TIS Program activities. To aid the discussion, and to give both groups the opportunity to ask questions and get feedback from the evaluators, for the first 15 minutes of the session CIRCA's presenter (Lena Etuk) was allocated to Breakout room 1 and ANU's presenter (Raglan Maddox) was allocated to Breakout room 2. For the second 15 minutes of the session the presenters moved to the opposite room (i.e. CIRCA to room 2 and ANU to room 1). This allowed participants to get clarity on questions about the evaluation including the following:

**Q:** What data sets were used for the ANU impact evaluation?

**A:** As well as information from TIS teams, a number of existing data sets have been used including Quitline data, ABS trends and Mayi Kuwayu (MK) data. PBS data and NPDC

**Q:** How were remote regions selected for the ANU evaluation study/MK study?

**A:** ABS indigenous regions. E.g. Super remote – 11 hour drive

**Q:** What was meant by CIRCA's statement that organisations need to have greater impact?

**A:** This referred to the need to get Regional Tobacco Control Grant (RCTG) funded Organisation's board members, CEOs and other upper management engaged in the program. It was not a reference to TIS teams and TIS workers.

Participants also commented on the list of strengths provided by CIRCA which they felt was a good starting point for the discussion.

For the final 5 minutes of the session participants were brought together again into a plenary session which summed up the main discussion topics emerging from each breakout group. Notes taken by NBPU TIS of key points raised during the two group discussions were later pooled and subject to a thematic analysis, which resulted in the emergence of five key themes described below.

### **1. Support from Organisation Leaders Increases Program Success**

Teams generally agreed with the challenge raised by CIRCA regarding the need to get upper management more engaged in the program. This could include increasing board participation in events and cultural occasions where most of the real discussion about TIS happens. CIRCA suggested this would also be important for getting upper management to

understand the population health promotion approach to TIS, which could in turn increase teams' access to social media and knowledge about what funds were received under the RTCG. Participants agreed that getting support from upper management (board/CEO) was key to being allowed to get out and about in community and making workplace changes. Despite known challenges, participants were able to highlight a number of program strengths in this area:

- Good internal relationships are key to bringing executive staff on board;
- Changes in CEO and senior managers can present an opportunity for positive change. For example, one team described the increase in support leveraged when their organisation had new CEO who did not smoke;
- Getting support from the CEO/management is important for developing smoke-free policy and smoke free areas. For example, one team described how all the smokers at their workplace were non-Aboriginal, with the Aboriginal staff suffering from passive smoke exposure. With the support of management they were able to identify a large smoke-free area within the organisation's grounds to improve health and safety for themselves and their colleagues.

## **2. Planning Increases Reach and Activity Success**

It was agreed that planning takes time but is a worthy investment for increasing reach. Demographics are very different in each community and they are also changing, particularly in regard to the number of people who smoke. This means planning is an ongoing part of the process of delivering TIS, not a one-off activity. One team described how it is possible to run an event for TIS and find there are very few people who smoke in attendance. This may not be a good use of resources so it becomes important to drill down into those community demographics and focus on those where the level of smoking is highest. Start planning early was the advice from experienced team members. The strengths of planning included:

- Increasing program reach and allowing for a more focused reach;
- Using individual team reports from the impact mapping process (Intensity Tool Reports) to plan successful activities;
- Enabling better access across bigger regions when the shift to IREGS occurs for the next phase of TIS;
- Ensuring access to community at the right time and in the right way increases success ('you can't just rock up and expect to deliver activities without any planning').

## **3. Greater Equity in Service Delivery through Increased Reach into Communities**

It was agreed that every Aboriginal or Torres Strait Islander person not getting access to TIS was a gap that needed attention. No matter how remote the community, concentrated effort was needed to better reach communities not currently benefitting from TIS. It was also noted that there were cultural and language barriers to delivering TIS in some remote communities. For example, some staff in very remote communities have English as a 5th or 6th language and this needed to be taken into consideration when planning activities. Meeting community expectations can also be a challenge, and whilst progress has been



made regarding the use of a population health promotion approach in many communities, cultural and traditional expectations can prove difficult in this space. Ways to increase service equity by increasing community reach included:

- Using the processes that exist in an organization to help develop relationships with communities. For example, Apunipima talked about using their existing relationship with community-based Health Action Teams (HAT) who are the links into different communities because they know them so well;
- Developing relationships with community leaders/CEOs who do not smoke and have ownership of/shares in community shops. CEOs who support anti-tobacco policy can impact positively on the community. One team described how increased Centrelink payments from Job Keeper allowance during the start of the pandemic did not lead to an increase in cigarette sales as anticipated but was actually associated with a drop in sales. People were spending the extra money on food and other household items, suggesting a big change in attitudes had occurred;
- Partnership working was also seen as a key factor in developing reach into community. Working with sports organisations was believed to be very beneficial since non-smoking sports men and women can become smoke free ambassadors and role models. They may also have partners or other family members who smoke, leading to more referrals. However, participants highlighted a need for further advice regarding partnership working for 2023 onwards, when the new TIS regions based on IREG would come into play;
- Quit support mechanisms such as Quitline are not always appropriate in remote communities, however referrals to a range of other quit supports have proven to be important in remote settings.

#### **4. Working with Pregnant Women as a Priority Group**

As CIRCA evaluation highlights this can be a challenge particularly because in remote setting a female workforce is necessary. Male TIS workers doing female pregnancy tobacco control work not culturally acceptable, however generally there are more males in teams than females. Even though addressing Pregnancy is hard in remote and very remote settings, the teams felt there were a number of strengths in the approaches they used. These included:

- Where teams did not have female staff, linking in with Aunties/Female Elders provided role models and could provide a lot of wisdom and advice to support the program;
- Support from Dads and male Elders was also important, since addressing smoking and pregnancy meant thinking about second hand smoke around mums as well as whether or not mum smoked;
- The Aboriginal Maternal Infant Care (AMIC) model was provided as an example of good partnership working. AMIC workers care for Aboriginal women in partnership with midwives. In remote locations (where hospital care may be harder to access) more emphasis is placed on local practices that Aboriginal women can rely on (including birthing). Engaging with recognized elders who are endorsed to give birthing advice to get the TIS message over can be very effective as mums-to-be are more likely to take the quitting advice onboard.

## **5. Data Collection and Storage**

Participants had concerns about whether the 'coal face' data was being recorded properly. Data collection processes (for teams) were often interrupted by a range of issues including geographical problems/language barriers/internet access/ staff recruitment/ community engagement protocols and processes. For some very remote communities there were limited options to transition from hard copy data to more sophisticated online methods. Participants were keen for NBPU to consider the possibility to bring together very remote services after the workshop to track data collection methods and consider successes (what works) and mitigation processes (what can we improve). It was seen as important for NBPU TIS to increase their understanding of the diversity across remote and very remote communities and how this impacted on data collection. Accessing people to support data collection such as interpreters/ambassadors/aunts/uncles could be a limitation. Despite these challenges a number of strengths were described:

- Qualtrics was seen to work well as a data collection and storage tool;
- Survey monkey was also viewed positively, as it offers an opportunity to add more detail to the data collected. However, training around the use of survey monkey for data storage was requested from some participants;
- Communities who are stronger at data collection could work with other communities in their service delivery region to support better data collection.

## **6. Take-away messages for NBPU TIS**

- Relationships are the key factor that underpins successful work in remote and very remote regions. This includes relationships within the RTCG funded organisations (for example with CEOs and board members) as well as with community (including community leaders and partnerships with other community organisations);
- Remote and very remote regions are diverse, and it is important not to treat them as a homogenous unit – one size does not fit all;
- Language needs and cultural customs must be taken into account when planning support for remote and very remote regions (this includes monitoring and evaluation processes);
- Coming together at a future date to discuss data collection methods for remote settings could be very beneficial for remote service teams and for NBPU TIS regarding future development re monitoring and evaluation.