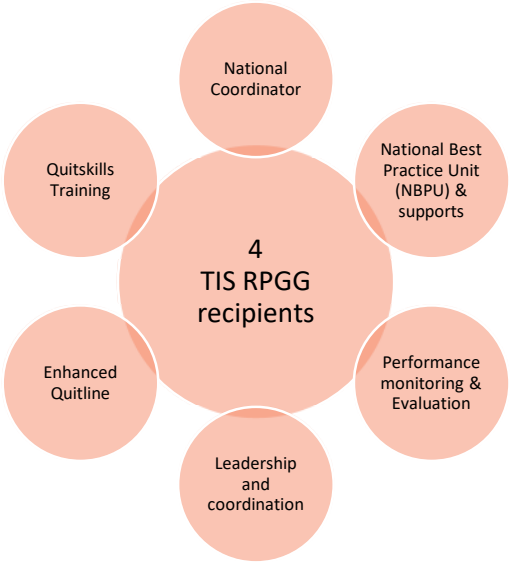
Remote Priority Group Grants Program
2018-19 to 2021-22
Evaluation findings – Lay Summary
June 2022

Smoking in remote Aboriginal and Torres Strait Islander populations

While smoking rates among Aboriginal and Torres Strait Islander peoples are declining, tobacco use continues to be widespread in these populations, especially in remote regions, and remains a leading contributor to their burden of disease. The Tackling Indigenous Smoking (TIS) Program was established to improve the health of Aboriginal and Torres Strait Islander peoples by preventing their uptake of smoking and supporting people to quit. Importantly, it promotes culturally tailored approaches designed for and by Aboriginal and Torres Strait Islander peoples. The initial national program included a focus on remote communities as a priority and, in June 2020, funding was extended to a further four remote TIS teams.

About the TIS Remote Priority Group Grants (RPGG) Program (2018-19 to 2021-22)

The Federal Department of Health (the Department) funds the TIS Program to implement regional tobacco control activities, with enhanced activities targeting priority groups, such as remote communities, pregnant women, and children. The TIS Program supplements Australia's broader national tobacco control measures, such as plain packaging, health warnings and excise duties.



The TIS RPGG Program contains a number of elements, shown opposite, designed to support the implementation and evaluation of evidenced-based population health promotion approaches in four remote locations.

About the TIS RPGG Program Evaluation

The TIS RPGG Program has been evaluated by the Cultural & Indigenous Research Centre, Australia (CIRCA), using a mixed methods approach. Qualitative and quantitative data were collected and analysed at two time points from the following sources:

This evaluation had ethics approval from relevant state Aboriginal Health Ethics Committees and the ethics or research committees of relevant Aboriginal health organisations.

Australian Government
Department of Health

circa
Cultural & Indigenous Research Centre Australia

Overall evaluation findings regarding the overarching TIS RPGG Program

The evaluation has found that the TIS RPGG Program is implementing evidence-based approaches to promote population health, although this could be strengthened. TIS is culturally appropriate and is being tailored to local communities by grant recipients. TIS is achieving its intended short-term outcomes and making inroads to achieving its intended medium-term outcomes. TIS teams are creating unique value in remote regions by: building new local datasets about smoking behaviours and, in some regions, are the only workers pushing for creation and enforcement of smoke-free zones, doing population health work or promoting quit options and quit supports. Overall, the TIS Program is achieving some successful outcomes that merit continuation and ongoing funding, with some improvements.

Evaluation findings of the TIS RPGG Program

Program appropriateness, evidence-base and national supports

The TIS RPGG Program is being delivered in a culturally appropriate way, through the program's leadership, prioritising the employment of Aboriginal and Torres Strait Islander staff, TIS team consultations with local communities and leadership, and localisation of resources and activities for the four TIS regions.

TIS remote teams have extended their reach to populations outside the health service's clientele, as intended, mainly through social media, social marketing, distribution of resources and via partnerships. TIS team reports show some weaknesses in measuring reach, indicating more guidance is needed in this area.

TIS remote teams have increased their understanding of evidence-based population health promotion. They mostly conduct activities based on evidence and routinely monitor and modify their activities. All four remote teams source evidence via NBPU support and the TIS Resource and Information Centre website, training, jurisdictional workshops, TIS Facebook group, TIS Newsletter, Yarning Circles, or direct queries to NBPU staff. Most grant recipients find NBPU support useful, although some teams called for improved timeliness and consistency of its responses. TIS remote teams also engage in peer support and learning, and generate their own evidence through monitoring their activities and collection of local data.

The National Coordinator provides direct support to TIS teams individually and collectively, **and advocates for the program at various policy levels**. Despite this, there are some areas for his increased engagement, for TIS staff to have a better understanding of his role and for his increased influence on grant recipient CEOs/management, to show leadership for evidence-based population health approaches.

Progress towards **short-term outcomes**:

Evidence-based activities – The four TIS remote teams are delivering a wide range of activities to communities that are mostly evidence-based, with teams monitoring and reviewing their activities over time. There is some room for TIS teams to improve the quality of evidence they use for activities, facilitated through more guidance and support from the NBPU and National Coordinator.

Reaching intended community members – TIS teams are reaching people in remote regions, including priority groups. Teams gave a few over-estimations of reach (for 6 of 125 activities), which have been excluded in the figures opposite; this signals a need for more NBPU guidance on estimating reach. While some community

TIS activities reached people

3,355 times

in Jul-Dec 2020

9,300 times

in Jan-Jun 2021

members interviewed for the evaluation were aware of TIS messages and said these are influencing community attitudes and behaviours, others had less recall of TIS activities or messages, signalling a need to extend and deepen program reach.

Locally relevant with community support - TIS remote teams are effectively engaging with community organisations and individuals. They are co-designing activities with communities and producing local resources reflective of remote contexts. Some community members expressed support for TIS activities, which is also evident in their participation in activities and invitations for teams to conduct activities.

Partnerships – All four TIS remote teams are entering partnerships and collaborations with diverse organisations and individuals. These arrangements are helping teams access target groups, deliver activities and distribute resources, and learn from other workers.

81 partnerships, Jul-Dec 2020

113 partnerships, Jan-Jun 2021

Increased focus on priority groups – TIS remote teams are increasing their focus on priority groups, mostly children and pregnant women and new mothers. From July to December 2020, teams implemented 10 activities reaching people in priority groups 139 times; this increased to 20 activities from January to June 2021 to reach people in priority groups 1,633 times. Strategies used include community education, social marketing and social media. Initially, teams conducted fewer activities with pregnant women than other groups, but this is changing.

Progress towards **medium-term outcomes**:

Prioritised evidence-based outcomes - While most activities listed in TIS teams' initial AWPs are evidence-based for population health promotion, a large percentage are unclear about their source of evidence. It is likely that the remote teams' capacity to cite evidence has improved over time and this should be an ongoing area of development with NBPU and peer support.

Successfully reached priority groups – TIS remote teams have increased the number of activities they conduct to reach priority groups, although the extent of that reach remains low. From July to December 2020, teams conducted 10 activities, reaching 13% of the priority group population in their region; from January to June 2021, they conducted 20 activities, reaching 12% of the priority group population in their region. The reason for the decline in percentage people reached is unclear but may reflect improved accuracy in TIS team reporting between 2020 and 2021. Partnerships (e.g. with midwives) and diverse activities (e.g. education sessions or television advertisements) are facilitating reach to priority groups.

Successfully increased geographic reach and reach beyond health service clientele – TIS remote teams are increasing their geographic reach to community members and beyond people who attend their ACCHOs or AMSs. Social media, social marketing and development of resources are the most effective strategies to do so. The figures opposite present the reach of TIS remote activities (recalculated to exclude a few activities that were significant over-estimates).

Jul-Dec 2020

4 activities to extend **geographic reach** - reaching people 1,679 times

7 activities to **reach beyond ACCHO** - reaching people 1942 times

Jan-Jun 2021

11 activities to extend **geographic reach** - reaching people 2,988 times

7 activities to **reach beyond ACCHO** - reaching people 2,863 times

Increased community involvement and support of tobacco control initiatives – All four TIS remote teams have increased community involvement and support for tobacco control initiatives. The TIS remote teams spent considerable time establishing their programs and were hit hard by COVID-19 restrictions but have since: consulted with communities about their priorities and appropriate strategies; co-designed some activities with communities; liaised with community members to access target groups; and recruited individuals as TIS Ambassadors. While community members interviewed for the evaluation were generally supportive of a tobacco control program, some struggled to recall TIS activities or messages. That finding and poor compliance with smoke-free zones in some areas indicate there is room to deepen TIS recognition and support for activities by communities.

Enhanced community leadership and advocacy for tobacco control - TIS remote teams are liaising with community leaders to identify potential advocates for tobacco control but have yet to establish many strong spokespeople. Successes have been seen in general community members stepping forward to be TIS Ambassadors or be represented in TIS campaign materials, or to publicly share their quit journey. Community members identified many people who are already strong advocates for tobacco control among their family, friends and peers. TIS teams could approach them to take up leadership and advocacy roles.

Increase in activities to minimise exposure to second-hand smoke – TIS remote teams have increased the number of their activities to minimise exposure to second-hand smoke. All four TIS remote teams have advocated strongly for smoke-free environments, assisting employers to establish or review their smoke-free policies, and assisting events and households (and cars) to be smoke-free. Teams are using props and interactive tools (like the Smokerlyzer™) to engage community interest and demonstrate the harmful effects of second-hand smoke. To support compliance with no-smoking regulations, which can be low in remote areas, teams are improving signage, training staff of organisations around enforcing compliance, and enforcing compliance themselves (e.g. at events).

July to December 2020		January to June 2021
14	**# smoke-free events**	28
3	**# organisations established or reviewed smoke-free policies**	4
1	**# smoke-free households**	2

Prevented uptake among community members – There are only anecdotal but promising signs that TIS remote activities are preventing the uptake of tobacco, most likely via TIS teams' work with children and young people, although challenges remain with engaging this cohort. Improving means of measuring this metric is important given reports of very young children taking up smoking in some remote areas.

Improved access to quit support – All four TIS remote teams are improving community access to quit support through diverse activities:

- educating groups and individuals about the benefits of quitting and quit pathways
- promoting Quitline services through TIS materials
- collaborating with GPs, chemists and other health workers to establish local referral processes to the Quitline and local quit supports, and making direct referrals to local quit support services

- encouraging and negotiating with other services to establish local quit supports (like yarning groups) and to improve community access to multiple nicotine replacement therapy options
- supporting access to Quitskills training for TIS staff and other workers.

TIS remote teams are much more likely to refer people to local quit support services than to the Quitline due to: perceived or actual language and cultural barriers with Quitline staff; telecommunication challenges; time differences; a lack of awareness of Quitline support; or reports that Quitline staff do not get back to them or preferences for face-to-face interactions. Quitline does employ Aboriginal and Torres Strait Islander staff and makes other provisions to provide culturally appropriate support. More successful state Quitline services make frequent community visits and adjust their branding to promote their service to Aboriginal and Torres Strait Islander people. All TIS remote staff are aware of Quitskills training; most have undertaken it and supported other workers to access it. While the training has usefully raised TIS staff confidence to approach community members about quitting, its one-on-one approach runs counter to TIS population health approaches and three days of training may be too long for TIS staff needs.

Enablers and barriers to implementation of the TIS RPGG Program

Enablers

- NBPU resources and support; peer support; and generating local data for evidence for strategies
- National Coordinator advocacy and support
- Community consultation on priorities; co-design of activities; localisation of activities to foster buy-in
- Participation in community events to connect with communities; using existing groups as entry points
- Partnerships to extend reach and access groups
- Use of social media, social marketing and distribution of resources to extend reach
- Use of props, games or interactive tools to engage people and demonstrate TIS messages
- Education sessions with the same group over time (e.g. school programs) to deepen messages
- Use of educational and empowering approaches and language to encourage quitting behaviour
- Focus on personal impacts of smoking (e.g. on fitness) to prevent tobacco uptake
- Increase of signage for and enforcement of smoke-free areas; training others in enforcement; TIS sponsorship of smoke-free events
- Home visits to encourage smoke-free households
- Creation of opportunities for community leadership and advocacy around TIS messages
- Having Aboriginal and Torres Strait Islander staff; a full staff complement; and supportive management
- Community support to implement activities, for small teams (e.g. 1.0 FTE)

Barriers

- COVID-19 restrictions impacting delivery and reach
- Staff recruitment delays, staff turnover, small teams; lack of gender diversity impacting delivery
- Slow or inconsistent responses from NBPU to requests for information; difficulty navigating TISRIC; lack of local or remote data and resources impacting on quality of evidence for strategies
- Management restrictions on TIS teams' ability to conduct population health (e.g. on travel budgets, overtime, access to social media)
- Travel time and financial costs to reach remote communities; community closures or clashes of events limiting or delaying the number of activities
- Time and effort to maintain partnerships; potential for duplication with other programs
- Need for indicators and data measuring tools (e.g. to measure social media reach or impact; gather community feedback)
- Lack of community understanding of population health leading to mismatch in expectations
- Difficulty connecting with pregnant women who smoke, or motivating their behaviour change
- Schools unwilling to commit to a full TIS program
- Lack of enforcement of smoke free zones; lack of compliance by some community members
- Reluctance of community leaders to put themselves forward publicly as TIS advocates
- Community perceptions of tobacco use as a low priority

Recommendations for the TIS RPGG Program going forward

In many ways the TIS Remote Program is operating as intended and having the desired outcomes. It is recommended that the program continue, with some adjustments and improvements:

Improve TIS team planning and reporting: The NBPU and the National Coordinator should have quicker access to AWPs and Performance Reports through improved links with the FAMs Community Grants Hub. TIS teams should review their AWPs annually, with NBPU support, and submit these to FAMs to promote their assessment and refinement of activities. TIS teams and national stakeholders should reflect on ways to mitigate and navigate challenges facing remote teams (e.g. finding an effective balance of activities for maximum reach and impact; and matching the size and composition of remote teams to the needs of their populations and regions). The NBPU, in consultation with CIRCA, should strengthen its guidance to TIS teams on completing Performance Reports, particularly estimates of reach.

Improve TIS team monitoring and evaluation, and build the evidence-base: The NBPU and National Coordinator should continue supporting TIS teams to use evidence-based population health promotion approaches, and improve the timeliness and consistency of this support. This includes through: facilitating access to information and resources; reviewing AWPs and performance reports; providing training; and facilitating opportunities for peer information-sharing. National stakeholders should strengthen their encouragement of TIS teams to monitor what does and does not work, and generate and gather local data. National stakeholders should also support teams to develop indicators (e.g. for social media reach), monitoring and evaluation frameworks, data collection tools, and data storage and analysis systems.

Continue and improve advocacy with host organisations: The NBPU and the National Coordinator should strengthen their advocacy with host organisations to encourage their leadership on evidence-based population health approaches to tobacco control. They should also continue to advocate for appropriate operational conditions for TIS staff for to deliver population health activities (e.g. flexibility of work hours).

Expand community engagement and support: TIS remote teams should expand their consultations with communities and partners to better identify their priorities and engage them in developing localised TIS activities. TIS remote teams should continue to monitor their community engagement and strengthen their presence in some communities or with some cohorts. TIS teams should consider expanding opportunities for community leadership on tobacco control to people who are already strong advocates.

Increase focus on priority groups: TIS remote teams should increase their focus on pregnant women and children as priority groups. A review of effective approaches for engaging pregnant women and new parents who smoke and encouraging them to quit may help guide teams in their work with this cohort. The NBPU, National Coordinator and others may be able to facilitate this knowledge review and assessment.

Continue referrals to variety of locally appropriate quit supports: TIS remote teams should continue to support the establishment of culturally appropriate and local quit referral processes and targeted supports (whether Quitline or local supports), and make referrals to these. TIS teams and Quitline should improve their coordination, including via Quitline staff visits to remote communities to make themselves better known. Quitline and TIS teams should look for ways to improve remote community members' timely access to multiple nicotine replacement therapy options. The Department and NBPU should reassess appropriate quit support training for TIS staff.