Regional Tobacco Control Grants Program

(2018-19 to 2021-22)

Evaluation findings - Lay Summary

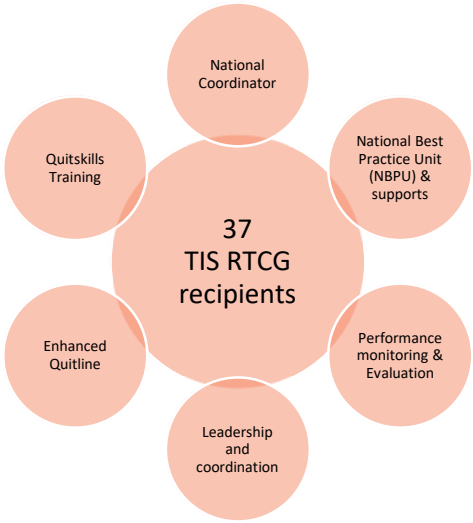
June 2022

Smoking in 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. Concerningly, smoking 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, the program promotes culturally tailored approaches designed for and by Aboriginal and Torres Strait Islander peoples.

About the TIS Regional Tobacco Control Grants (RTCG) Program (2018-19 to 2021-22):

The Federal Department of Health (the Department) funds the TIS program to implement regional tobacco control activities. It comes 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 RTCG Program contains a number of elements, shown opposite, designed to support the implementation and evaluation of evidenced-based population health promotion approaches around the country.

About the TIS RTCG Program Evaluation:

The TIS RTCG 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 findings regarding the overarching TIS RTCG program

CIRCA's evaluation has found that the TIS Program is implementing evidence-based approaches to promote population health, as intended, although this could be strengthened. TIS is culturally appropriate and is being tailored to local communities by RTCG recipients. TIS is achieving its intended short-term outcomes and making headway toward achieving its intended medium-term outcomes. Overall, the evaluation concluded that the TIS Program is achieving successful outcomes that merit continuation and ongoing funding, with some improvements.

Evaluation findings of the TIS RTCG Program

Program appropriateness, evidence base and national supports

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

TIS teams have extended their reach to populations outside their 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 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 TIS teams source evidence via NBPU support and the TIS Resource and Information Centre website, jurisdictional workshops, training, TIS Facebook group, TIS Newsletter, Yarning Circles, or direct queries to NBPU staff. Most grant recipients find the NBPU support useful, although some teams called for improved timeliness and consistency of its responses. TIS 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 for 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 – TIS teams are delivering a wide range of activities to communities that are mostly evidence-based, with TIS teams monitoring and reviewing their activities over time. There is some room for TIS teams to improve the quality of evidence for their selection of activities, facilitated through more guidance and support from the NBPU and National Coordinator.

Reaching intended community members – TIS teams are reaching people within their regions with TIS activities, including priority groups (e.g. children, pregnant women and new mothers, elders and others). In 2020, TIS teams reported reaching 13.7% of their target populations (a likely under-estimate due to missing data). Many community members interviewed for this evaluation were aware of TIS messages and indicate that they are having an influence on community attitudes and behaviours.

TIS activities reached people

2.9 million times

in Jul-Dec 2019

2.6 million times

in Jul-Dec 2020

Locally relevant with community support - TIS teams are effectively engaging with community organisations and individual community leaders and members, co-designing activities with communities, producing local resources, and delivering locally relevant activities that have community support. Community members expressed their support for many TIS activities, which is also evident in their participation in activities.

Partnerships - All TIS teams are entering partnerships and collaborations with diverse organisations and individuals, helping teams to deliver activities, distribute resources, and to learn from and share information with other workers.

3395 partnerships, Jul-Dec 2019

3484 partnerships, Jul-Dec 2020

Increased focus on priority groups – TIS teams are focusing on priority groups, with an increasing focus on children and young people. From July to December 2019, TIS teams implemented 207 priority group activities. This increased slightly in the July to December 2020 period, with the delivery of 208 priority group activities.

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 grant recipients' 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 teams are successfully connecting with their target audiences, reaching people in priority groups just over 240,000 times in the second half of 2019 and over 140,000 times in the second half of 2020. Between July and December 2020, TIS teams reported reaching on average 27% of young people, 8% of pregnant women, and 3% of Elders in their region, representing good in-roads on this metric but with room to grow.

Successfully increased geographic reach and reached people beyond health service clientele – TIS teams are successfully reaching community members across a wide geographic area, far beyond people who attend ACCHOs or AMSs. RTCG recipients used various strategies to achieve this, with social media activities reaching the most people.

Jul-Dec 2020

100 activities

910,000 engagements

to reach people beyond health service clientele

Increased community involvement and support of tobacco control initiatives – TIS teams have increased community involvement with and support of tobacco control initiatives. That is, by consulting communities about their needs, co-designing TIS activities with them, maintaining a regular presence in communities, and using strength-based approaches. Local support for the program is evidenced by community participation in TIS activities, invitations to TIS teams to conduct activities, and community members volunteering as TIS Ambassadors or to be featured in TIS resources. However, such support is not universal, for example, with poor compliance of smoke-free zones in some locations. Grant recipients are unclear about how much the TIS Program contributes to community support for tobacco control. Challenges contributing to delays or cancellation of TIS activities have included: COVID-19 restrictions; delays in TIS staff recruitment, turnover and small teams; community closures; and cancellation or clashes of events. Additionally, community perceptions in that tobacco use is not a priority or that TIS staff are the "smoking police" have also hindered support for TIS activities in some areas.

Enhanced leadership and advocacy - TIS teams are increasing community leadership and advocacy for tobacco control at varying levels, most successfully by encouraging community members to become TIS Ambassadors and spokespeople. Yet, TIS staff are reserved about the extent to which they have encouraged this leadership and community members are often hesitant to take on advocacy roles.

Increase in activities to minimise exposure to second-hand smoke – TIS teams have increased the number of smoke-free spaces in communities. This includes supporting households and events to be smoke-free, and working with organisations to establish or review their smoke-free policies. In RTCG recipient host organisations, compliance with some aspects of no-smoking policies is high (e.g. no smoking in a work vehicle), although lower for others (e.g. no smoking in a work uniform). Teams are using props and interactive tools (like the Smokerlyzer™) to engage community interest and demonstrate the harmful effects of second-hand smoke. TIS team efforts to increase signage and deliver training to organisations around enforcement of their policies are helping to improve compliance with smoke-free areas.

July to December 2019		July to December 2020
6,483	**# smoke-free households**	14,843
532	**# smoke-free events**	364
163	**# organisations established or reviewed smoke-free policies**	67

Prevented uptake among community members – There are only anecdotal but promising signs that TIS 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 -TIS teams are improving community access to quit support through diverse strategies:

- 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 either
- 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 (e.g. via making available sample or trial packs)
- supporting access to Quitskills training for TIS and other RTCG recipient staff, and external workers.

Aside from one stand-out Queensland service, grant recipients are much more likely to refer people to local quit support services than to the Quitline. This is due to: perceived or actual language and cultural barriers with Quitline staff; telecommunication challenges; and time differences; a lack of awareness of Quitline support; reports that Quitline staff do not get back to them; or that the service does not work for them.

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 staff are aware of Quitskills training and most have undertaken 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.

TIS staff supported access to Quitskills

Jul-Dec 2019

55 TIS staff & 41 non-TIS staff in RTCGs

132 staff in other organisations

Jul-Dec 2020

32 TIS staff & 61 non-TIS staff in RTCGs

75 staff in other organisations

TIS Program enablers and barriers

Enablers

- NBPU resources and support, and peer support 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
- 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 or finances) to prevent tobacco uptake
- Increased signage for and enforcement of smoke-free areas; training others in enforcement; TIS sponsorship of smoke-free events; legislation (e.g. ban on smoking in cars with children present)
- Creation of opportunities for community members to step into TIS leadership and advocacy roles
- Having Aboriginal and Torres Strait Islander staff; a full staff complement; and supportive management

Barriers

- COVID-19 restrictions impacting delivery and reach
- Staff recruitment delays, staff turnover, small teams impacting delivery; a lack of gender diversity impacting work with groups of men or women
- Slow or inconsistent responses from NBPU to requests for information or feedback; difficulty navigating TISRIC 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 more remote communities; community closures or clashes of events limiting or delaying the number of TIS activities implemented
- 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)
- Lack of community understanding of population health leading to mismatch in expectations
- Difficulty connecting with pregnant women who smoke, or motivating their behaviour change
- Lack of enforcement and lack of compliance with smoke free zones by some community members
- Reluctance of community leaders to put themselves forward publicly as TIS advocates
- Community sentiments of not wanting to be told what to do; perceptions of TIS staff as the "smoking police"

Recommendations for the TIS RTCG Program going forward

In many ways the TIS 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 teams (e.g. finding an effective balance of activities for maximum reach and impact). The NBPU, in consultation with CIRCA, should strengthen its guidance to TIS teams on completing Performance Reports, particularly around estimating reach.

Improve TIS team monitoring and evaluation, and build the evidence base: This includes through: facilitating access to information and resources, as well as opportunities for peer information-sharing; reviewing AWPs and performance reports; and providing training. National stakeholders should strengthen their encouragement for TIS teams to monitor what does and does not work, and to 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 teams should expand their consultations with communities and partners to better identify priorities and engage them in developing TIS activities to foster support. TIS teams should continue to monitor community engagement and strengthen their presence in communities or among cohorts where they have had limited impact. 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 teams should continue and 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: State Quitline services should be encouraged and funded to engage directly with communities and TIS teams more frequently, so as to improve their local connections and familiarise communities with the Quitline Aboriginal Counselling Service and staff. One Queensland TIS team is making very high numbers of referrals to Quitline, and factors contributing to this success should be explored for replication in other jurisdictions. TIS teams should also continue to support the establishment of culturally appropriate and local quit referral processes and targeted supports, and make referrals to these. The Department and NBPU should reassess appropriate quit support training for TIS staff.